

# THE UNIVERSITY OF IOWA

## THREE STEPS TO CHOOSING A HEALTH INSURANCE PLAN

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All health plans have trade-offs. You must decide what is most important to you based on your own personal needs. This sheet is provided as a tool to help you make your decision.

**This document is designed to be used together with the Health Plans comparison sheet.** The comparison sheet is available in your enrollment materials, in the Health Information area of the University Benefits Office website at: <http://www.uiowa.edu/hr/benefits/healthinfo/index.html>, and at the University Benefits Office (120 University Services Building, Suite 40).

**STEP ONE: Estimate what your out-of-pocket medical expenses for the following year could be for each plan you are considering.**

To make your estimate as accurate as possible, consider the lifestyle and family status and financial status factors listed below. It may be wise to do both an estimate based on an average of your past medical care and an estimate with a higher usage of medical care. This will give you a range of what your expenses could be. ***This estimate (less premium costs) will also be useful in determining if a health care flexible spending account is appropriate for you, and if so, what your annual contribution should be.***

### Lifestyle and Family Status Factors to Consider When Estimating Future Medical Expenses

- a. **Do you or a family member have a pre-existing medical condition?** *Iowa Select and Program III Plus have a one-year waiting period for coverage of pre-existing conditions. Some or all of this waiting period can be waived depending on previous coverage. See the plan descriptions for more information.*
- b. **Are you or a family member planning to have a baby?** *Premiums change when you switch from Single to Family coverage. You will also want to pay close attention to hospitalization coverage and costs, well-child coverage, and office visit costs.*
- c. **Do you or a family member travel often?** *Non-emergency out-of-area medical care requires prior approval with the managed care plans: Blue Advantage, Blue Access, and UnitedHealthcare Select.*
- d. **Will you have a family member who needs coverage in another geographic area (e.g., a child attending college)?** *When you are out of the area, some plans cover only life threatening emergencies (see "c." above). Under Blue Advantage and the UnitedHealthcare Select plan, you and/or family members must see your primary care provider for all routine care.*

### Financial Factors to Consider When Estimating Future Medical Expenses

- a. What is the monthly premium?
- b. What is the deductible? Where does it apply?
- c. How much is the co-payment for an office visit?
- d. What is the co-insurance percentage for services?
- e. How much is the out-of-pocket maximum?
- f. What is the structure of the prescription coverage plan?
- g. Will you have to pay more than your co-payment/co-insurance amount for medical services; will you be responsible for charges over what your plan considers "usual customary and reasonable" charges? Program III Plus and Iowa Select will cover charges from any provider up to what Wellmark BC/BS considers "usual customary and reasonable". Participating providers who have contracts with Blue Cross and Blue Shield, including Alliance Select preferred providers and all managed care providers have agreed to accept plan payment levels; you will not owe beyond your co-pay/co-insurance and deductible (if applicable).

h. What are the financial details pertaining to coverage that may be important to you? Things you may want to consider are:

- |                                 |                                       |
|---------------------------------|---------------------------------------|
| Office calls                    | Emergency room care                   |
| Hospital room and board         | Preventive services                   |
| Treatment of chronic conditions | Inpatient hospital services           |
| Consultations with specialists  | Prescription drugs and contraceptives |
| Hearing exam                    | X-ray and laboratory services         |
| Physical therapy                | Routine physicals                     |
| Immunizations                   | Allergy treatments                    |
| Skilled nursing facility care   | Hospice care                          |
| Well-child care                 | Routine eye exam                      |

Maternity services (including prenatal care and delivery)

Home health care (e.g., the services of a licensed private duty nurse)

Rental or purchase of medical equipment (e.g., crutches or a wheelchair)

Rehabilitation services including speech, respiratory and occupational therapy

Chiropractic care – Program III Plus and Iowa Select plans cover chiropractic as any other physician. Managed care plans sometimes require prior approval and may have a limited number of providers.

Mental health and substance abuse treatment - inpatient and outpatient – Program III Plus and Iowa Select cover specified providers for all outpatient visits and 60 days inpatient. Managed care plans cover 52 outpatient visits or 30 days inpatient per calendar year.

**STEP TWO: Consider the provider access issues below, and keep in mind the Lifestyle and Family Status Factors.**

a. Do you have to use certain physicians or hospitals? If so, given the plan's participating providers, who (or where) would you choose for:

1. A primary care provider?      2. Specialists?      3. A hospital?

Blue Advantage, Blue Access, and the United Healthcare Select plan are managed care plans and require the use of specified providers. Program III Plus and Iowa Select plans cover any provider, but BC/BS providers can lower out-of-pocket expenses. Preferred providers with Alliance Select result in additional savings.

b. Are the treatment locations convenient?

**STEP THREE: Weigh your estimates of the possible out-of-pocket costs for the plans you are considering against the provider access issues. Make your decisions based on the factors which are the most important to you.**