



THE UNIVERSITY OF IOWA

Hhealth and **D**dental
Insurance **I**nformation
Selected Graduate Students &
Fellows

Academic Year 2009-2010

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HUMAN RESOURCES

University Benefits

120 University Services Building, Suite 40
Iowa City, Iowa 52242-1911
319-335-2676 Toll Free 877-830-4001
Fax 319-335-2776
benefits@uiowa.edu

MEMORANDUM

TO: Selected Graduate Students and Fellows

FROM: Richard G. Saunders
Director of Benefits and Payroll

SUBJECT: Health and Dental Insurance Coverage

Graduate students at The University of Iowa who also hold a University appointment of at least 25% time, or a fellowship of at least \$8,000 per year, and are registered for classes, are eligible to receive a contribution from the University toward the cost of health and dental insurance coverage. The University contribution will begin the first day of the month following your appointment **and** the completion of the insurance application.

Enclosed is information describing the current plans available to you, along with a rate sheet showing the costs of each program. ***In order to receive the University contribution and pay the reduced rate for your health and dental insurance coverage, your signed and completed application must be returned to the University Benefits Office by the appropriate enrollment deadline.***

If you have questions concerning any of the insurance plans, you may visit the University Benefits Office at 120 University Services Building, Suite 40, or call 335-2676. The University Benefits Office hours are 8:00 a.m. to 5:00 p.m. Monday through Friday. Extensive information is also available at www.uiowa.edu/hr/benefits.

Once you have enrolled in a plan, you will be sent a membership card to present to care providers. The card includes phone numbers to call if you have questions or require pre-certification for certain procedures.

The rates and terms of coverage described in this booklet are effective beginning September 1, 2009 through August 31, 2010.

If you are currently enrolled in one of these plans as an employed Graduate Student or Fellow, you do not have to re-apply unless you want to add or drop a dependent or change your plan. In that case, contact the University Benefits Office.

THE UNIVERSITY OF IOWA

GRADUATE APPOINTMENTS HEALTH & DENTAL INSURANCE RATES

<u>PLAN</u>	<u>GRADUATE STUDENT</u>	<u>GRADUATE STUDENT +SPOUSE</u>	<u>GRADUATE STUDENT +CHILDREN</u>	<u>GRADUATE STUDENT +FAMILY</u>
<u>Health Plan</u>				
SHIP	\$13.00	\$121.50	\$241.50	\$265.80
UIGRADCare	\$25.60	\$126.60	\$242.70	\$269.40
<u>Dental</u>				
	\$3.45	\$12.60	\$16.80	\$18.60

- Rates shown are **AFTER** The University of Iowa contribution has been applied.
- Rates for the SHIP and UIGRADCare plans are valid from September 1, 2009 until August 31, 2010.
- If both the student and spouse have eligible appointments, above rates do not apply.

For annual enrollments, the premium shown above will be deducted from your paycheck in equal installments beginning September 1. For any other enrollment period, the premium shown above will be deducted from the effective date.

- Students with **ACADEMIC YEAR** appointments will have **THREE** premiums deducted from the June 1 paycheck to cover the months of June, July, and August.
- If you do not want coverage for the summer, The University of Iowa Benefits Office must receive a written notice from you prior to May 15 stating the date that your coverage should end.
- Students with appointments other than academic year appointments will have continuous coverage until the end of the month in which their appointment terminates.

The effective date of the reduced premiums shown above will be the first of the month following your appointment **AND** the completion of the appropriate application. If applications are completed prior to September 11, 2009 for fall semester; February 5, 2010 for spring semester, rates will be retroactive to the first day of the respective month. Applications received after those dates will take effect the first day of the following month.

THE UNIVERSITY OF IOWA

HEALTH INSURANCE PLANS

ELIGIBILITY

SHIP and UGRADCare are available to Graduate, Health Science and Professional students who are registered for University of Iowa courses at the time coverage begins and who continue to be registered. **Students registered for Guided Independent Study courses only are not eligible to participate.**

Adding Dependents:

- If a student acquires eligible dependents while insured by this plan, they may only be added within 30 days (60 days for birth, adoption, or loss of Medicare or CHIP coverage) after becoming eligible or during an open enrollment period.
- Eligible dependents are spouse or same-sex or opposite sex domestic partner; and unmarried dependent children, adopted children, stepchildren, and foster children up to the age of 25 if residing in the State of Iowa. Students wishing to insure a domestic partner must complete the Affidavit for Domestic partnership available in the University Benefits Office or on the web at www.uiowa.edu/hr/benefits.
- Children over the age of 19 may continue to be covered if they are full-time students, even if they do not reside in the State of Iowa.

IDENTIFICATION CARDS AND COVERAGE MANUAL

Insured students will receive identification (ID) cards. A Coverage Manual detailing complete information on benefits, terms and exclusions is available on the University Benefits Office web site at <http://www.uiowa.edu/hr/benefits/> or a printed copy may be obtained by contacting the University Benefits Office. A list of providers may be accessed at the University Benefits web site: <http://www.uiowa.edu/hr/benefits/>.

ENROLLMENT, BILLING, AND COST

To enroll, simply detach the enrollment form in this brochure, complete it and return it to The University of Iowa, University Benefits Office, 120 University Services Building, Suite 40, Iowa City, IA 52242-1911 during the appropriate enrollment period. An enrollment form is included in this booklet. Premiums will be deducted from your monthly paycheck. **For students with academic year appointments, three premiums will be deducted from the June 1 paycheck to cover the months of June, July, and August. To elect not to have summer coverage, you must submit a written notice prior to May 15 stating the date your coverage should end.**

Students may only make changes to these plans during the above open enrollment periods, unless there is a significant change in family status or eligibility for coverage under another insurance plan. A change in status can only be the result of any of the following events:

- Marriage or divorce/domestic partner affidavit
- Death of a spouse or child
- Birth or adoption of a child
- Change of employment for yourself or spouse

OPEN ENROLLMENT

FALL:	August 1 to September 11, 2009
SPRING:	January 1 to February 5, 2010
SUMMER:	May 1 to June 11, 2010

CANCELLATIONS

If an individual wishes to terminate coverage, a written request must be provided to the University Benefits Office. Coverage will terminate at the end of the month in which the request is received. **There will be no refund of premiums already charged. Foreign and health science students may not terminate coverage unless they provide proof of other insurance meeting University requirements.**

DURATION OF COVERAGE

- Students with appointments other than academic year appointments will have continuous coverage until the end of the month in which their appointment terminates.
- Students with academic year appointments will have coverage through August 31 if their appointment terminates.
- Coverage will terminate at the end of the month in which a student ceases to be registered for classes.

PRIVACY NOTICE AND RELEASE FORM

Changes in federal law require individuals to sign a release before any information can be released regarding their health benefit information. No information will be given to a spouse/domestic partner, parent, child or other representative unless the release is on file in the University Benefits Office. If you wish health information released to anyone, complete the Personal Health Information Release Form at the end of this brochure or using the forms link via the web at <http://www.uiowa.edu/hr/benefits/>.

HEALTH INSURANCE PLANS

HEALTH INSURANCE PLANS

The University of Iowa offers Graduate students and Health Science and Professional students two health insurance plans. Both plans are administered by Wellmark Blue Cross and Blue Shield of Iowa.

1. **The Student Health Insurance Plan (SHIP)** is an Alliance Select plan. Health care under this plan is provided by various groups of health care practitioners, suppliers, agencies, programs, and facilities called Select Providers.

Coverage includes hospitalization, surgery, maternity, well-baby/well-child care (to age seven), emergency care for accidents or illness, medically-necessary physician care and prescription drugs. There is a lifetime maximum benefit of \$250,000 covered under this plan.

Students are urged to take advantage of The University of Iowa Student Health Service when they need health care. SHIP may be used to help pay for laboratory and imaging services incurred at Student Health Service up to the limits of the plan.

2. **UIGRADCare** is a comprehensive health care program. Under this plan health care is provided by primary care physicians from The University of Iowa Student Health Service, primary care providers at University of Iowa Hospitals and Clinics, or Community Medical Service Clinics. A woman may also select an obstetrician/gynecologist as her co-care manager.

Coverage includes hospital, medical, surgical, outpatient, and other health care services such as physical therapy. In addition routine physicals, newborn care (including immunizations, scheduled visits, etc.), well-child checkups, prescription drugs, and mental health/chemical dependency are covered.

THE UNIVERSITY OF IOWA

SHIP (STUDENT HEALTH INSURANCE PLAN)

SHIP is an Alliance Select Plan, which provides coverage for hospitalization, surgery, maternity, well-baby/well-child care (to age seven), emergency care for accident or illness, medically-necessary physician care, prescription drugs, and mental health. There is a lifetime benefit maximum of \$250,000 per person covered under this plan.

HOW AN INDIVIDUAL USES THE SHIP PLAN

Health care under this plan is provided by various groups of health care practitioners, suppliers, agencies, programs, and facilities called Select Providers who have agreed to join with Blue Cross and Blue Shield of Iowa to offer each student affordable health care. Students may also purchase coverage for their spouse or domestic partner and/or dependent children.

The SHIP plan is designed to work in conjunction with Student Health Service. Students are encouraged to take advantage of The University of Iowa Student Health Service when they need health care in order to maximize their benefits. Unlimited office visits at the Student Health Service for general medicine services, surgery, allergy treatment, sexually transmitted diseases, mental health services, and the Health Iowa Education Program are covered by a mandatory health service fee, which is included in tuition charges if a student is enrolled for five (5) or more semester hours of classes. Students who are enrolled for less than five (5) semester hours may choose to pay the health fee and obtain these same benefits. Contact Student Health Services for additional information.

Laboratory and imaging services are available at Student Health Service. Any charges incurred for such services are the responsibility of the student. SHIP may be used to pay for these services up to the payment limits of the plan.

Students may also purchase coverage for their spouse or domestic partner and/or dependent children. Family members are not eligible to use The University of Iowa Student Health Service. To receive the greatest benefits from SHIP, dependents are advised to use the physicians from the Alliance Select Provider list, which can be accessed at either our website (<http://www.uiowa.edu/hr/benefits/>) or www.wellmark.com.

HOW MUCH AN INDIVIDUAL PAYS FOR HEALTH CARE SERVICES

Per Service Co-payment/Co-insurance Amounts:

Select Provider:

- Office Visit: \$10 co-payment per visit for office visits and diagnostic imaging and lab services
- Outpatient Facility: \$50 co-payment per visit for surgery, emergency room, and ambulatory surgical centers
- Hospitalization: 10% co-insurance after \$300 deductible

Non-Select Provider:

- Office Services: \$30 co-payment per visit for office visits and diagnostic imaging and lab services
- Outpatient Facility: \$150 co-payment per visit for surgery, emergency room, and ambulatory surgical centers
- Hospitalization: 20% co-insurance after \$600 deductible

SERVICE MAXIMUMS

Coverage is limited to a total of \$1,500 per covered person per calendar year for combined additional medical services such as:

- office services and outpatient care including office examinations for gynecological pelvic exams and pap smears
- ambulance services, home infusion therapy, home medical equipment, and prosthetic appliances

Coverage is limited to a \$1,500 calendar maximum for:

- diagnostic imaging and lab as a hospital outpatient

Coverage is limited to \$500 for individuals or \$750 for family statuses per calendar year for:

- prescription drugs

Coverage is limited to a lifetime maximum of \$250,000.

PRESCRIPTION DRUGS (3-TIER PLAN)

<u>Tier</u>	<u>You pay</u>
1. Generic drugs	25%
2. Name brand formulary drugs	30%
3. Name brand non-formulary drugs	50%

Formulary drugs are drugs that are on Wellmark's preferred list available at www.wellmark.com.

If you purchase a brand name drug when an FDA-approved "A"-rated generic equivalent is available, you are responsible for your co-payment or co-insurance **plus any difference between the billed charge for the brand name drug and the billed charge for the generic. This can result in you paying substantially higher costs than if you had chosen the generic drug.**

If your physician feels it is important for you to have the brand name drug, they can write the prescription for the brand name drug with the direction "Dispense as Written" on the prescription. In this situation you will not be responsible for the difference between the billed charge for the brand name drug and the billed charge for the generic drug.

OUT-OF-POCKET MAXIMUM (OPM) EXPENSES FOR INDIVIDUALS

SHIP provides a \$1,000 OPM per hospital inpatient admission. The OPM equals the per-service deductible plus the co-insurance amounts paid during each inpatient hospital stay. Co-payments are not applied to the OPM.

When the amount paid by the insured equals the OPM, the plan pays 100% of the maximum allowable fee for covered charges incurred for that admission up to the lifetime maximum of \$250,000. The maximum allowable fee is the amount established by Wellmark using various methodologies for covered services and supplies.

LIMITATIONS AND EXCLUSIONS

Certain services are limited, excluded, or not considered medically-necessary under SHIP. Routine physicals, immunizations (except for children under 7 years of age), dental check-ups, and eye exam are not covered. Dental services are limited to accidental injuries (treatment must be completed within six months) and limited surgical corrections. Injuries to the eye have limited coverage. See your Coverage Manual for a complete list of exclusions.

ALLIANCE SELECT CARE PROVIDERS IN IOWA

A directory of providers can be accessed on the web at <http://www.uiowa.edu/hr/benefits/>, www.wellmark.com, or by contacting the University Benefits Office.

HEALTH CARE FOR INDIVIDUALS WHO ARE AWAY FROM IOWA

SHIP provides coverage worldwide. For covered services received in other states or outside of the USA, the provider category may be Select or Non-Select when determining payment amounts. Choosing a Select provider can be an advantage when receiving treatment.

The insured is responsible for telephoning the Blue Cross and Blue Shield of Iowa toll-free number before being admitted to a hospital for non-emergency care and within 24 hours of emergency and maternity admissions.

MEDICAL EVACUATION BENEFIT

Medical evacuation services will be covered in the event of illness or injury to students and covered family members if necessary and adequate medical care cannot be provided at the location where the illness or injury occurs.

Medical evacuation expenses to the nearest appropriate medical facility and/or to the student's home country are limited to a lifetime maximum of \$10,000 per person. Pre-certification of medical evacuation services is required.

REPATRIATION BENEFIT

A \$7,500 repatriation benefit applies to the student, spouse/domestic partner, or child covered under the policy. This must be applied toward those expenses incurred in returning the body to the person's place of residence in his or her home country including, but not limited to, the cost of embalming, coffin, and transportation of the body.

LIMITATIONS AND EXCLUSIONS

The following are limited, excluded, or not considered medically necessary by Wellmark Blue Cross and Blue Shield of Iowa and are not covered under SHIP.

- Services provided for the treatment of illness or injury arising out of or in the course of a covered person's employment for which an employer is required to furnish health care services or benefits (including Worker's Compensation benefits) or for which the employer is liable under any applicable federal, state, municipal, or other law.
- Services which you obtain, or may be entitled to obtain, through a governmental program, except Medicaid.
- Services under this policy if you are eligible for Medicare, even though you do not enroll in Medicare or waive or fail to claim Medicare benefits.
- Custodial or sanitarium care, travel, or rest cures.
- Services for cosmetic or beautifying surgery, except as specified and limited in the Coverage Manual.
- Dental services, except as specified and limited in the Coverage Manual.
- Services furnished to you prior to the effective date of the Coverage Manual.
- Services for routine or periodic physical examinations or screening for insured persons age seven years and older, except for gynecological pelvic exams and pap smears.
- Services furnished to you if, on the effective date of the policy, you are an inpatient of a hospital or a nursing facility until you are discharged.
- Services or supplies under this policy to the extent they are payable by another insurance policy in force on the date of admission to the hospital or nursing facility.
- Hospital services or supplies for those days you are on leave from the hospital or nursing facility but have not been discharged.
- Percentage reductions for covered services furnished in a non-participating facility.
- Eyeglasses or eye refractions, surgery for refraction, hearing aids, orthopedic shoes, arch supports, trusses, or examinations for the prescription or fitting of such items.
- Wigs and artificial hairpieces.
- Services or supplies for the diagnosis or treatment of infertility.
- Purchase or rental of personal convenience items.
- Services of private duty nurses.
- Services or supplies for organ transplants including, but not limited to, bone marrow, liver, heart, single lung, heart-lung and pancreas, or involving mechanical or non-human organs. This does not apply to services or supplies for cornea and kidney transplants.
- Services for recreational or educational therapy or non-medical self-help programs.
- Hospital or nursing facility admissions which are primarily for diagnostic evaluation, physical therapy, or occupational therapy.
- Investigational procedures.
- Marital and family counseling or training.
- Surgical treatment for morbid obesity, except as specified and limited in the Coverage Manual.

Accident and Injury Care Limitations: Services for home and office calls related to accident care are limited to care received within 7 days of injury; follow-up medical care (other than dental) and physical therapy will be covered when received within 90 days of injury when initial care was received within 7 days of injury.

THE UNIVERSITY OF IOWA

UIGRADCare PLAN

The UIGRADCare Plan is a comprehensive health care program that covers hospital, medical, surgical, outpatient, and other health care services such as physical therapy. Coverage is also provided for routine physicals, newborn care (including immunizations, scheduled visits, etc.), well-child checkups, mental health/chemical dependency and prescription drugs.

HOW AN INDIVIDUAL USES THE UIGRADCARE PLAN

Health care under this plan is provided by primary care physicians, advanced registered nurse practitioners, certified nurse midwives, specialists at The University of Iowa Hospitals and Clinics (UIHC), Student Health Service, and Community Medical Service Clinics.

Unlimited office visits at the Student Health Service for general medicine services, surgery, allergy treatment, sexually transmitted diseases, mental health services, and the Health Iowa Education Program are included in a mandatory health service fee which is included in tuition charges if a student is enrolled for five (5) or more semester hours of classes. Students who are enrolled for less than five (5) semester hours may choose to pay the health fee and obtain these same benefits. Contact Student Health Services for additional information.

The graduate student can choose to receive primary care from Student Health Service, Family Practice or Internal Medicine with the UIHC, or Community Medical Service Clinics. Students are encouraged to develop a relationship with one provider. Female graduate students may also select OB/GYN services from the OB/GYN department at the UIHC. Spouses/domestic partners and children can select their primary care from Family Practice, Internal Medicine and/or Pediatrics. Female spouses and dependents who wish an OB/GYN Co-Care Manager must select them from the UIHC OB/GYN department.

If a student or family member requires care by a specialist, they may contact the appropriate department at UIHC directly.

HOW MUCH AN INDIVIDUAL PAYS FOR HEALTH CARE SERVICES

Insureds will pay a \$10 co-payment for physician charges associated with an office visit, routine eye and hearing exams. Co-pay is waived for preventive exams and well child care.

Insureds will pay a 10% co-insurance for most other health care services that are covered by the plan.

When care is necessitated by an emergency or an accident, the individual's share of the costs will be 10% of the charges without regard to where the services are provided or who provides the care. However, when an individual goes to an emergency room, the insured will also pay a co-payment of \$50 and then 10% of the remaining charges for treatment. The co-payment is waived upon admission to the hospital.

Whenever an insured is admitted to The University of Iowa Hospitals and Clinics, the individual will pay the first \$125 of the hospital charges each day, then 10% of the remaining charges.

OUT-OF-POCKET MAXIMUM (OPM) EXPENSES FOR INDIVIDUALS AND FAMILIES

The UIGRADCare Plan provides an annual maximum limit for the OPM expense for both individuals and families.

The OPM for an individual's expenses is \$1,200. The OPM for all other contracts is \$1,800.

When the amount paid by the insured equals the applicable OPM, the plan pays 100% of the charges for most additional medically-necessary expenses incurred during the remainder of the calendar year.

Amounts an insured pays as deductibles and the 10% co-insurance charges are included when determining the annual OPM expense. Co-payments do not apply toward meeting the OPM and continue once the OPM is met.

COVERAGE FOR PRESCRIPTION DRUGS

When prescription drugs are purchased from pharmacies that are participating in the plan, the individual will either pay \$7 or 25% of the amount charged, whichever is higher. Cost could be higher if the individual uses a non-generic or non-formulary drug. Most pharmacies in Iowa City, Coralville, and North Liberty participate in this plan.

The OPM expense provision for prescription drugs is \$1,200 per person. The OPM for all other contracts is \$1,800. This OPM is separate from the medical OPM. Once the OPM has been met, the plan pays 100% of the expenses incurred during the rest of the calendar year.

COVERAGE FOR MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICES

The individual pays 10% co-insurance after a \$125 daily deductible for inpatient care and a \$10 co-payment for outpatient care if care is provided by a participating provider. It is not necessary to contact one's Care Manager prior to treatment.

Note: If care is received from a non-participating provider or facility, you will be required to pay 25% co-insurance. Approved mental health and chemical dependency providers can be accessed from www.wellmark.com under the Blue Access network, or by calling the University Benefits Office at (319) 335-2676.

CARE PROVIDERS AT THE UNIVERSITY OF IOWA HOSPITALS AND CLINICS

A Care Manager works with each patient to develop a comprehensive and coordinated plan for health care. When care is provided at UIHC, the individual and Care Manager will agree on the role Residents play in the individual's care. An individual may choose to have all primary health care provided by faculty members. When an individual is hospitalized, Residents and medical students are an integral part of the staff which provides support for treatment by the faculty.

HEALTH CARE FOR INDIVIDUALS WHO ARE AWAY FROM IOWA CITY

The UGRADCare Plan provides coverage when:

- an individual is traveling
- an individual is temporarily living somewhere else
- an individual is attending another college or university

For covered individuals who are traveling, health care expenses will be covered in the same way they would be at the UIHC. Care for an accident or an emergency will be covered as if the incident had happened in the Iowa City area. Out-of-area hospitalization will not be authorized unless it results from an accident or an emergency.

For covered individuals who are temporarily living away from the Iowa City area while attending school, it is necessary to notify The University of Iowa Benefits Office at the beginning of the residency. Furthermore, when health care necessitates an admission to a hospital in situations that do not involve an emergency or an accidental injury, prior approval must be secured by telephoning the Plan's toll-free number.

An individual must arrange for routine health care, such as annual physical examinations, to be done by the individual's Care Manager. However, scheduled newborn or well-child care, such as immunizations, will be covered regardless of where the services are provided.

MEDICAL EVACUATION BENEFIT

Medical evacuation services will be covered in the event of illness or injury to students and covered family members if necessary and adequate medical care cannot be provided at the location where the illness or injury occurs.

Medical evacuation expenses to the nearest appropriate medical facility and/or to the student's home country are limited to a lifetime maximum of \$10,000 per person. Pre-certification of medical evacuation services is required.

REPATRIATION BENEFIT

A \$7,500 repatriation benefit applies to the student, spouse/domestic partner, or child covered under the policy. This must be applied toward those expenses incurred in returning the body to the person's place of residence in his or her home country including, but not limited to, the cost of embalming, coffin, and transportation of the body.

THE UNIVERSITY OF IOWA

UIGRADCare CLINICS AND LOCATIONS

PLEASE READ THE FOLLOWING:

- Internal Medicine does not accept patients under the age of 16.
 - All Family Practice providers provide GYN services.
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University Students

Student Health Service	Newton Rd, 4189 Westlawn, Iowa City, IA 52242	(319) 335-8370
OB/GYN Clinic at UIHC	200 Hawkins Drive, Iowa City, IA 52242	(319) 384-7999

University Students, Spouses and Dependents

Belle Plaine Family Care Center	105 Ninth Ave., Belle Plaine, IA 52208	(319) 444-3210
Centerville Medical Center	19876 St. Joseph Drive, Centerville, IA 52544	(641) 856-8684
Iowa City		
Family Practice Clinic at UIHC	200 Hawkins Drive, Iowa City, IA 52242	(319) 384-7999
Internal Medicine at UIHC		
OB/GYN Clinic at UIHC		
Pediatrics Clinic at UIHC		
Southeast Iowa City, UI Family Care Center	1130 Scott Boulevard, Iowa City, IA 52240	(319) 339-7472
Lone Tree Family Practice Center	109 W Jayne Street, Lone Tree, IA 52755	(319) 629-4214
Lowden Family Medical Center	305 McKinley Avenue, Lowden, IA 52255	(563) 941-5361
North Liberty, UI Family Care Center	3 Lions Drive, Hwy 965, North Liberty, IA 52317	(319) 626-5680
Perry, Heartland Family Care Center	616 Tenth Street, Perry, IA 50220	(515) 465-3553
Sigourney, UI Family Care Center	1314 S Stuart Street, Sigourney, IA 52591	(641) 622-3840
Toledo, Deer Creek Family Care	401 1st Avenue, Toledo, IA 52342	(641) 484-2602
Wapello, UI Family Care	218 N 2nd Street, Wapello, IA 52653	(319) 523-8205

THE UNIVERSITY OF IOWA

HEALTH INSURANCE OPTIONS

PLAN PROVISIONS	SHIP	UIGRADCare
Co-insurance Percentage	10% for Select inpatient hospital; 20% for non-Select inpatient hospital	10%
Out-of-Pocket Maximums Single/Family	\$1,000 per hospital stay	\$1,200/\$1,800 \$1,200/\$1,800 outpatient drugs
Pre-existing Condition Waiting Period	None	None
Pre-approval of Inpatient Admissions	Required	Required
Second Surgical Opinion	Voluntary	Voluntary
Prior Approval for Outpatient Surgery	None	Physician discretion
Benefits Available from Non-member Providers	Co-payment deductibles and co-insurance are higher plus individual is responsible for charges above the maximum allowable fee	Not available without approved referrals

OFFICE CARE

Office Calls	\$10 co-payment for Select provider; \$30 co-payment for non-Select provider; \$1,500 maximum benefit*	\$10 co-payment
Routine Physicals	Not covered	\$0 co-pay (10% co-insurance for lab and covered imaging)
Gynecological pelvic examinations and pap smears	Covered (1 per calendar year unless medically necessary)	Covered
Imaging and Lab	Diagnostic only; \$10 co-payment at Physicians Office \$50 co-payment at Outpatient Facility Maximum of \$1,500/year**	10% co-insurance
Well-Child Care	No cost for children to age 7 (includes required immunizations)	No cost to age 7 (includes required immunizations)
Routine Eye & Hearing Exam	Not covered	\$10 co-payment (routine eye exam \$0 co-pay at UIHC)

HOSPITAL SERVICES

Room and Board	10% co-insurance after \$300 deductible for Select; hospital; 20% co-insurance after \$600 deductible for non-Select hospital; semi-private room	10% co-insurance after \$125 daily deductible; semi-private room
Physicians Services	Included in hospital deductible and co-insurance	10% co-insurance
Inpatient Surgery	10% co-insurance after \$300 deductible for Select hospital; 20% co-insurance after \$600 deductible for non-Select hospital	10% co-insurance
Inpatient Supplies, Drugs	10% co-insurance after \$300 deductible for Select hospital; 20% co-insurance after \$600 deductible for non-Select hospital	10% co-insurance

OUTPATIENT SERVICES Student Insurance**UIGRADCare**

Ambulance	\$10 co-payment for Select providers; \$30 co-payment for non-Select; \$1,500 maximum benefit*	10% co-insurance
Allergy Treatments	\$10 co-payment for Select physician; \$30 co-payment for non-Select physician; \$1,500 maximum benefit*	\$10 co-payment
Chiropractor	\$10 co-payment for Select provider; \$30 co-payment for non-Select; \$1,500 maximum benefit*	\$10 co-payment
Dental Accident Care	\$10 co-payment for Select; \$30 co-payment for non-Select; treatment must be completed within 12 months of injury; \$1,500 maximum benefit*	10% co-insurance; treatment must be completed within 12 months of injury
Durable Medical Equipment	\$10 co-payment for Select provider; \$30 co-payment for non-Select provider; \$1,500 maximum*	10% co-insurance
Speech, Occupational, Respiratory, and Physical Therapy	\$10 co-payment for Select provider; \$30 co-payment for non-Select; \$1,500 maximum benefit*	10% co-insurance
Prescription Drugs and Oral Contraceptives	3-tier plan \$500 maximum benefit for single contract \$750 for all other contracts (see page 5)	\$7 or 25%, whichever is greater \$1,200 OPM for single contract \$1,800 for all other contracts
Immunizations	Children to age 7 only	\$10 co-payment; no cost to age 7 for required immunizations
Home Health Care	Maximum of 30 days/calendar year	10% co-insurance
Emergency Services	\$50 co-payment for Select hospital; \$150 co-payment for non-Select hospital	10% co-insurance after \$50 co-payment
Outpatient Surgery	\$50 co-payment for Select hospital; \$150 co-payment for non-Select hospital;	10% co-insurance
Organ Transplants	Prior approval; cornea, kidney coverage only	Prior approval
Skilled Nursing Services	Maximum of 30 visits per calendar year	10% co-insurance after \$125 daily deductible
Hospice Care	Covered	10% co-insurance
Dependent Child Age Limit	25 (if residing in the State of Iowa) or unlimited if full-time student	25 (if residing in the State of Iowa) or unlimited if full-time student
Lifetime Maximum	\$250,000 per individual	None
Not Covered	Eyeglasses, Hearing Aid, Infertility Treatment, Routine Physicals	Eyeglasses, Hearing Aid, Infertility Treatment

MENTAL HEALTH/CHEMICAL DEPENDENCY

Inpatient Hospital Room and Board	10% co-insurance after \$300 for Select 20% co-insurance after \$600 for non-Select	10% co-insurance after \$125 daily deductible; pre-approval of admission required; semi-private room
Inpatient Physician Care	Included in hospital deductible and co-insurance	10% co-insurance
Outpatient	\$10 co-payment for Select providers; \$30 co-payment for non-Select providers	\$10 co-payment for participating providers, otherwise 50%

*These services have a combined maximum of \$1,500

**These services have a separate maximum of \$1,500

THE UNIVERSITY OF IOWA

DENTAL INSURANCE OPTIONS

ENROLLMENT

Students may only enroll in the dental plan during open enrollment periods (see page 2).

HOW AN INDIVIDUAL USES THE DENTAL INSURANCE PLAN

Dental care under this plan can be obtained from any provider; however, there are advantages to using participating providers who have contracts with Delta Dental of Iowa, the dental insurance plan administrator. A list of plan providers may be accessed via the web at <http://www.uiowa.edu/hr/benefits/>. You will receive an identification (ID) card from Delta Dental of Iowa which you should present to your provider when you receive care.

Participating providers will accept payment arrangements and file claims for you. Payment is made directly to these providers.

Non-participating providers have not agreed to accept Delta Dental's payment arrangements. This means you are responsible for any difference between your dentist's covered charges and the Delta allowance. These dentists are not responsible for filing your claims. Claims are settled directly with you and you are then responsible for making payment to your provider.

HOW MUCH AN INDIVIDUAL PAYS FOR DENTAL SERVICES

Insureds will pay nothing out-of-pocket for diagnostic and preventive services, which includes dental cleaning, oral evaluation, x-rays, diagnostic tests, fluoride applications (under age 19), sealant applications (under age 19), space maintainer (under age 14), and biopsy of oral tissue.

There is a \$25 deductible per person, with a maximum deductible of \$75 for a family, for restorative services (cavity repair, tooth extraction, root canals, treatment of gum and bone disease). In addition, the insured pays 20% of the remaining covered services.

For high cost restorations, such as crowns, inlays, dentures, and bridges there is a \$25 deductible per person, with a maximum of \$75 for a family. In addition, you pay 50% co-insurance for the remainder of covered services.

There are no benefits for orthodontics.

This plan will pay a maximum of \$1,000 per covered individual per year.

WHO TO CONTACT

SHIP	UIGRADCare
If you have questions about claims or specific questions about your SHIP coverage, you may call Wellmark Blue Cross and Blue Shield of Iowa.	If you have questions about claims or specific questions about your UIGRADCare coverage, you may call Wellmark Blue Cross and Blue Shield of Iowa.
Wellmark Blue Cross and Blue Shield of Iowa 636 Grand Avenue Des Moines, IA 50309-2565 www.wellmark.com	Wellmark Blue Cross and Blue Shield of Iowa 636 Grand Avenue Des Moines, IA 50309-2565 www.wellmark.com
Claims Inquiries (toll-free) 1-800-535-6099	Claims Inquiries (toll-free) 1-800-355-2031
For Pre-certification call (toll-free) 1-800-558-4409	For Pre-certification call (toll-free) 1-800-558-4409
Prescription claim mailing address: Catalyst RX Claims Department P. O. Box 1069 Rockville, MD 20849-1069	Prescription claim mailing address: Catalyst RX Claims Department P. O. Box 1069 Rockville, MD 20849-1069
Mail order prescription claim mailing address: Walgreens Mail Service P. O. Box 29061 Phoenix, AZ 85038-9061	Mail order prescription claim mailing address: Walgreens Mail Service P. O. Box 29061 Phoenix, AZ 85038-9061
If you have any questions about eligibility for SHIP, adding dependents, brochures and enrollment forms, enrollment periods, premium charges, and general coverage questions, call The University of Iowa Benefits Office.	If you have any questions about eligibility for UIGRADCare, adding dependents, brochures and enrollment forms, enrollment periods, premium charges, and general coverage questions, call The University of Iowa Benefits Office.

Questions about claims or specific dental coverage:

If you have questions about claims or specific questions about your dental coverage, you should call Delta Dental of Iowa.
Delta Dental of Iowa
2401 SE Tones Drive
Ankeny, IA 50021
1-800-544-0718

Questions about SHIP, UIGRADCare, or dental coverage, eligibility, adding dependents, brochures and enrollment forms, enrollment periods, or premium charges:

The University of Iowa Benefits Office
120 University Services Building, Suite 40
Iowa City, IA 52242-1911
<http://www.uiowa.edu/hr/benefits/>
Office: (319) 335-2676
Toll-free: (877) 830-4001
Fax: (319) 335-2776

**The University of Iowa Benefits Office
120 University Services Building, Suite 40
Iowa City, IA 52242-1911**

**Office (319) 335-2676
Toll-free (877) 830-4001
Fax (319) 335-2776**

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