



# THE UNIVERSITY OF IOWA

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## Health and Dental Insurance Information Graduate, Health Science, and Professional Students

Fall 2008

### **IMPORTANT:**

Health science and foreign students will be billed for insurance unless proof of other coverage is provided annually by the printed deadline (see pages 14 and 17). There will be no refunds for charges after these dates.

The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information, contact the Office of Equal Opportunity and Diversity, (319) 335-0705.



## 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: Graduate, Health Science, and Professional Students  
FROM: Richard G. Saunders  
Director of Benefits and Payroll  
SUBJECT: Health and Dental Insurance Coverage

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### Welcome to The University of Iowa

The University of Iowa is concerned about the potential threat the high cost of health and dental care may pose to a student's financial well being. For this reason, health and dental insurance coverage has been made available for Graduate, Health Science, and Professional students through The University of Iowa Student Health Insurance Plan (SHIP) and UIGRADCare, two group policies administered by Wellmark Blue Cross and Blue Shield of Iowa and a group policy administered Delta Dental of Iowa. To be eligible for student health insurance you must be registered for classes at the time coverage begins. Your coverage will end on the last day of the month in which you cease to be a student.

If you decide that you want the SHIP or UIGRADCare coverage, your signed and completed application must be returned to the University Benefits Office by the appropriate enrollment deadline. Contact the University Benefits Office at 120 University Services Building, Suite 40, or call (319) 335-2676 or toll-free (877) 830-4001, for additional information. Once you have enrolled in the plans, you will be sent membership cards to present to care providers. The cards include phone numbers to call if you have questions or require pre-certification for certain procedures.

The University of Iowa recommends that all students be covered under some type of insurance. We urge you to give the following information your immediate attention.

**FOREIGN STUDENTS:** You are required to have health insurance in order to attend The University of Iowa and will be billed automatically for student-only, SHIP coverage for each semester in which you are registered. You do not need to return an enrollment form unless you wish to cover your dependents, want to change to the UIGRADCare plan, want to include dental insurance coverage, or you are a graduate student eligible for a University contribution toward the cost of coverage (see below). If you do not want The University of Iowa health insurance coverage, you must provide proof of other health insurance coverage that meets the exemption guidelines for foreign students. The guidelines are found on page 14 of this brochure. **No refund of premiums will be given if proof of insurance is not received by the specified deadlines on page 14.**

**HEALTH SCIENCE STUDENTS IN THE GRADUATE COLLEGE AND THE COLLEGES OF MEDICINE, DENTISTRY, NURSING, AND PHARMACY:** You are required to have health insurance in order to attend The University of Iowa and will be billed automatically for student-only, SHIP coverage for each semester in which you are registered. You do not need to return an enrollment form unless you wish to cover your dependents, want to change to the UIGRADCare plan, want to include dental insurance coverage, or are a graduate student eligible for a University contribution towards the cost of coverage (see below). If you do not want The University of Iowa health insurance coverage, you must provide proof of other coverage. This proof must be presented at the beginning of each academic year by the stated deadline. **Proof of Coverage** forms for Health Science students are included in this brochure and are also available in our office. **No refund of premiums will be given if proof of insurance is not received by the specified deadlines.**

**GRADUATE ASSISTANTS WITH AN APPOINTMENT OF 25% TIME OR MORE OR GRADUATE STUDENTS WITH A FELLOWSHIP OF AT LEAST \$7,500 PER YEAR:** You may be eligible to receive a contribution toward the purchase of SHIP or UIGRADCare, in addition to dental insurance. Information regarding this will be sent, upon notification of your appointment, to your campus address. You must complete a special application process, which will be explained in the booklet you receive. If you have questions regarding eligibility, contact the University Benefits Office at (319) 335-2676.



# THE UNIVERSITY OF IOWA

## GRADUATE STUDENTS HEALTH AND 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>
SHIP	\$113.00	\$319.00	\$638.00	\$760.00
UIGRADCare	\$263.00	\$396.00	\$647.00	\$718.00
Dental	\$23.00	\$43.00	\$48.00	\$63.00

- Coverage will begin the first of the month following receipt of your enrollment form, unless the form is received during the open enrollment period (see below).
- Coverage for Foreign and Health Science Mandatory students will begin the first of the month in which the student is registered and class begins.
- Premiums will be billed in monthly installments on your University student bill, or charged to your bank account. To have your monthly premiums billed to your bank account, you must fill out an ACH authorization form that is available at the University Benefits Office or on the web at <http://www.uiowa.edu/hr/benefits/>.
- Rates for the SHIP and UIGRADCare Plans are valid until August 31, 2009.

### OPEN ENROLLMENT PERIODS

FALL:	August 1 to September 12, 2008
SPRING:	January 1 to February 6, 2009
SUMMER:	May 1 to June 12, 2009

Students can 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
- Death of a spouse or child
- Birth or adoption of a child
- Change of employment for yourself or spouse

Coverage will begin on the first day of August, January, or May if applications are received within the open enrollment period unless the student indicates another date.

## ENROLLMENT, BILLINGS, AND COST

To enroll, simply detach the enrollment form in this brochure, complete it, and return to The University of Iowa, University Benefits Office, 120 University Services Building, Suite 40, Iowa City, IA 52242-1911 during the appropriate enrollment period.

All premiums will be charged on a monthly basis to your University account. You may choose to have premiums deducted from a savings or checking account by completing an Authorization for Pre-payment of Insurance Premium form, available in the University Benefits Office or through the forms link via the web (<http://www.uiowa.edu/hr/benefits/>).

## ELIGIBILITY

SHIP and UIGRADCare 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 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/](http://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 Benefits web site: <http://www.uiowa.edu/hr/benefits/>.

## CANCELLATIONS

Coverage will be continuous unless one of the following occurs:

- **Coverage will terminate at the end of the month in which a student ceases to be registered for classes.** This includes graduation and withdrawal during a semester. A student wishing coverage for the summer session must either be registered for that session or pre-registered for fall prior to the end of the spring semester.
- Coverage can only be terminated during a semester if a student withdraws from school or obtains other insurance. Coverage will terminate the last day of the month in which one of these events occurs. **No refunds of premiums will be given.** If cancellation is being requested because of other coverage, the student must provide written documentation to the University Benefits Office. The student may cancel coverage during an open enrollment period by providing a written request to the University Benefits Office.
- The University Benefits Office reserves the right to cancel coverage for non-payment of premium, except in the case of students for whom coverage is required by the University.

**Foreign students and health science students cannot cancel coverage unless they can provide proof of acceptable coverage under another policy by the specified deadlines.**

## 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 through the forms link via the web (<http://www.uiowa.edu/hr/benefits/>).

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.

## HEALTH INSURANCE PLANS

- 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, x-ray and laboratory services, prescription drugs, and mental health.

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 x-ray 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 The 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

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## SHIP (STUDENT HEALTH INSURANCE PLAN)

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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 x-ray 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 web site (<http://www.uiowa.edu/hr/benefits/> or [www.wellmark.com](http://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 x-ray 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 x-ray 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 combined total of \$1,500 per covered person per calendar year for additional medical services such as:

- office services and outpatient care not related to emergency, accident, surgery, or maternity services
- 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](http://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 usual, customary and reasonable (UCR) covered charges incurred for that admission up to the lifetime maximum of \$250,000. The UCR is the charge the insurance company considers to be acceptable for a particular service.

## 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 6 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/> 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.

# THE UNIVERSITY OF IOWA

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## UIGRADCare Plan

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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, gynecology 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 within 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 nothing out-of-pocket for physician charges associated with an office visit, an annual physical examination, well-child or normal newborn care. Insureds will pay a \$10 co-payment for routine eye and hearing exams.

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 \$25 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 \$75 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 \$1,100. The OPM for all other contracts is \$1,700.

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 \$1,100 per person. The OPM for all other contracts is \$1,700. 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 \$75 daily deductible for inpatient care and \$0 co-insurance 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 50% co-insurance. Approved mental health and chemical dependency providers can be accessed from [www.wellmark.com](http://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

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## UIGRADCare Clinics and Locations

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### 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) 626-5690
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	\$1,100/\$1,700 \$1,100/\$1,700 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 UCR	Not available without approved referrals
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

### OFFICE CARE

Office Calls	\$10 co-payment for Select provider; \$30 co-payment for non-Select provider; \$1,500 maximum benefit*	No cost
Routine Physicals	Not covered	No cost (10% co-insurance for lab and x-ray)
X-Ray 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; eye exam at no cost if 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 \$75 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; referral for over 12 visits
Dental Accident Care	\$10 co-payment for Select; \$30 co-payment for non-Select; treatment must be completed within 6 months of injury; \$1,500 maximum benefit*	10% co-insurance; treatment must be completed within 6 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 \$1,100 OPM for single contract \$1,700 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 \$25 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 Facility	Maximum of 30 visits per calendar year	10% co-insurance after \$75 daily deductible
Hospice Care	Covered	10% co-insurance
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 Mental Health-maximum of 30 days	10% co-insurance after \$75 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 Mental Health-maximum of 52 outpatient visits	\$0 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

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## DENTAL INSURANCE OPTIONS

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### ENROLLMENT

Students may only enroll in the dental plan during open enrollment periods (see page 1).

### 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 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 14), 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.

# THE UNIVERSITY OF IOWA

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## FOREIGN STUDENTS ONLY

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**ALL FOREIGN STUDENTS are required to have health insurance for the academic year in order to attend The University of Iowa.** Foreign students will be automatically billed for a student-only policy under the Student Health Insurance Plan. Coverage and premium charges will begin the first of the month in which the student is registered and class begins. Foreign students must have insurance beginning the first day of classes and, therefore, will be billed for the months of August and January.

Coverage will extend over the summer unless the student graduates. Students who are pre-registered for fall, but will be out of the U.S. over the summer must bring proof of travel to the University Benefits Office prior to departure in order to avoid being billed for summer insurance premiums.

**IF YOU HAVE OTHER INSURANCE AND DO NOT WANT THE UNIVERSITY'S COVERAGE,** you must bring to the University Benefits Office either: 1) your actual policy; or 2) an identification card and a descriptive brochure (ID cards without supporting information will not be sufficient). If your coverage meets all of the University's Exemption Guidelines (see below); including the deadlines for document presentation, you will receive an exemption and will not be billed for the University insurance.

**ADDING DEPENDENTS:** If you have a spouse or children who need insurance, you must go to the University Benefits Office, 120 University Services Building Suite 40, to add them to your policy. You have only thirty (30) days from the date of arrival, or date of eligibility, to add dependents to your policy. You have 60 days from the date of birth to add dependents to your policy. After that 30-day (60-day for birth) period, dependents can only be added during an open enrollment period.

### EXEMPTION GUIDELINES

**Your documents must show the following:**

1. Your name.
2. The date your coverage begins and ends.
3. Exclusions (services not covered).
4. Hospitalization of at least \$75,000.
5. The insurance must be non-cancelable and fully paid for a minimum period of one (1) semester.
6. The insurance must be renewable for continuous coverage. Conditions covered under the initial policy must not constitute a pre-existing condition under the renewal policy.

- Monthly payment plans will not be accepted.
- Exemptions will not be made for students or family members leaving the U.S. for a period of less than two months.

### SCHOLARSHIPS, SPONSORING AGENCIES OR GOVERNMENT COVERAGE

If you have a scholarship or are sponsored by an agency that provides insurance or assumes payment of your medical costs, you must provide documentation to the University Benefits Office by the deadlines shown on this page.

### DEADLINES FOR RECEIVING EXEMPTIONS AND MAKING POLICY CHANGES

**FALL SEMESTER**  
**September 5, 2008**

**SPRING SEMESTER**  
**February 6, 2009**

**SUMMER SEMESTER**  
**June 5, 2009**

Contact your advisor or the University Benefits Office before the deadline if you have problems or questions regarding the insurance requirement.

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***After the deadlines shown above, only partial exemptions will be given. You will then be required to pay for coverage through the end of the month in which your insurance documents are accepted. If your documents are not in English, you will be required to have them translated.***

# THE UNIVERSITY OF IOWA

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## HEALTH INSURANCE REQUIREMENTS FOR GRADUATE AND HEALTH SCIENCE STUDENTS WITH SIGNIFICANT CLINICAL EXPOSURE

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All registered students in the Graduate College and the Colleges of Medicine, Dentistry, Nursing, and Pharmacy who experience significant clinical exposure as part of their training will be required to maintain health insurance (or an equivalent alternative care plan) sufficient to satisfy minimum standards of coverage. Such insurance coverage shall be maintained continuously throughout each year of attendance at The University of Iowa.

Upon registration, **and annually thereafter**, the student will be required to provide documentation of **proof of coverage**, by deadlines stated on the Proof of Coverage form.

Until acceptable documentation is provided, students shall be **automatically enrolled and will be charged** for participation in SHIP administered through Wellmark Blue Cross and Blue Shield of Iowa.\* **Charges will be fully deleted for students who provide acceptable documentation of other insurance by the deadline. After the deadline, students will be exempted the first day of the month following receipt of documentation in the University Benefits Office. Students will be responsible for paying all charges up to that date.**

Foreign students may be required to comply with additional insurance requirements in accordance with University policies and Federal law.

The minimum standards for complying with the University's proof of coverage policy is as follows:

- 1. Policy Limit:** The health plan/policy should provide coverage for hospitalization including coverage for room and board, physician visits and surgeon services, imaging and lab, and miscellaneous services.
- 2. Inpatient Deductible:** The inpatient deductible under an individual policy shall not exceed \$500 per admission and a 20% co-payment/co-insurance requirement. A higher deductible is acceptable if coverage is under a group plan.
- 3. Outpatient Coverage:** The health plan/policy shall provide coverage for medically necessary care including both physician services for treatment of emergencies, illness, accident or injury, and x-ray and lab services.

### **Required documentation:**

Completed Proof of Coverage form (page 17).

Copy of policy or ID showing student's name, effective dates of coverage, and descriptive brochure.

If your alternate care plan does not meet the above minimum standards of proof of coverage requirements and you wish to request a waiver, contact the University Benefits Office at 120 University Services Building, Suite 40 for a copy of the Health Sciences Waiver Policy.

**\*Medicaid is not acceptable for exemption purposes, unless you submit a letter from the Department of Human Services that verifies yearly coverage to the University Benefits Office.**









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## STUDENT INSURANCE PLANS

2008 - 2009

### ENROLLMENT FORM

***Please complete, sign, and return this enrollment form to:***

**THE UNIVERSITY OF IOWA  
UNIVERSITY BENEFITS OFFICE  
120 UNIVERSITY SERVICES BUILDING SUITE 40  
IOWA CITY, IOWA 52242-1911**

You will be billed monthly through The University of Iowa student billing system or bank account, if appropriate.

#### **AGREEMENT AND CERTIFICATION**

*I certify that I am legally authorized to apply for coverage myself and for all persons named in this enrollment form. I understand that I am making application for the coverage sponsored by The University of Iowa, offered by Wellmark, Inc., doing business as Blue Cross and Blue Shield of Iowa and by Delta Dental of Iowa.*

*I certify that, after this enrollment form was completed, I carefully and fully read it, that the statements and answers set forth are full, true, and correct to the best of my knowledge and belief, and that no information required to be given, either expressly or by implication, has been knowingly withheld. I understand that Wellmark Blue Cross and Blue Shield of Iowa and Delta Dental of Iowa will rely upon the completeness and truthfulness of the information given and the statement made, and that if I have made any false statements or misrepresentations, or have failed to disclose or conceal any material fact, Wellmark Blue Cross and Blue Shield of Iowa or Delta Dental of Iowa will be entitled to declare the contract applied for void and to refuse allowance of benefits to any person thereunder.*

*I authorize any provider to release medical records to Wellmark Blue Cross and Blue Shield of Iowa and Delta Dental of Iowa when reasonably related to the care for which I have applied. If any law or regulation requires additional authorization for release of medical records, I will give this authorization.*

*The University of Iowa is hereby authorized to charge my University bill or bank account, as appropriate, for the premium. I understand that if the University bill on which the premium first appears is not paid when due, the coverage may be canceled.*

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# The University of Iowa Benefits Office Personal Health Information Release Form

Please complete this form in its entirety. This release is not valid if it does not contain the employee's original signature and date signed for if it has expired as described below.

**I hereby authorize:** The University of Iowa Benefits Office  
120 University Services Building, Suite 40  
Iowa City, IA 52242

**To disclose the following information from the benefit and health records of:**

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State

Zip \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone: \_\_\_\_\_ (Home)

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ (Work)

**This information is to be disclosed to (please print):**

\_\_\_\_\_  
\_\_\_\_\_

**Covering the periods:** From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(If "To" is left blank, it is assumed to be an opened ended release.)

**Affirmation of Release:**

I give The University of Iowa Benefits Office permission to release my benefit and health information to the individual(s) or agency(s) I have named. I understand that this release is valid from the date I sign it and I may revoke this authorization at any time. Any revocation of this authorization will not affect my ability to obtain treatment or payment or my eligibility for benefits. The revocation will take effect on the day it is received in writing. I have the right to access the records of who has contacted the University Benefits Office for information about me. Copies of the records may be obtained with reasonable notice and payment of copying costs.

\_\_\_\_\_  
Signature of the Student

\_\_\_\_\_  
Date Signed

008-886



## 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 <a href="http://www.wellmark.com">www.wellmark.com</a>	Wellmark Blue Cross and Blue Shield of Iowa 636 Grand Avenue Des Moines, IA 50309-2565 <a href="http://www.wellmark.com">www.wellmark.com</a>
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

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

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

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