

# ISU PLAN MEDICAL PLANS - Effective January 1, 2023

This is a limited comparison of benefits. The Summary of Benefit and Coverage for each plan is available on-line. Benefits will be administered as described in each plan's subscriber agreement or plan document. For further detail, refer to those documents or call Wellmark Blue Cross/Blue Shield. If there are discrepancies between this comparison and Wellmark's benefit certificates, the certificates will govern in all cases.

PLAN PROVISIONS	BluePPO		BlueHMO
	BluePPO In - Network	BluePPO Out-of-Network	
Benefits from non-participating providers	Limited: <i>You are responsible for any amounts between the billed charge and the maximum allowable fee paid by Wellmark. These amounts will not accumulate towards the medical out-of-pocket limit.</i>	80% coverage to MAF (maximum allowable fee) after deductible <i>You are responsible for any amounts between the billed charge and the maximum allowable fee paid by Wellmark. These amounts will not accumulate towards the medical out-of-pocket limit.</i>	None, unless prescribed and referred by a participating physician <u>and</u> approved by Wellmark, or in an emergency medical situation
Yearly Deductible	\$0	\$400/single / \$800 other levels	\$0
Coinsurance (member pays)	10% of Maximum Allowable Fee	20% of Maximum Allowable Fee, after deductible	0% if services with network participating providers
Yearly Out-of-Pocket (OOP) Maximum	\$2000/single, \$4000/other levels  <u>Separate prescription out-of-pocket limit of \$2,000/single, \$4000 other levels.</u>	\$4000 single/\$8000 other levels  <u>Separate prescription out-of-pocket limit of \$2,000/single, \$4000 other levels.</u>	None  Prescription out-of-pocket limit of <u>\$2,000/single, \$4000 other levels.</u>
Lifetime maximum benefit	None	None	None
Dependent child age limit	Up to age 26 or no age limit if unmarried and a full-time student or if permanently disabled per Wellmark.	Up to age 26, or no age limit if unmarried and a full-time student or if permanently disabled per Wellmark.	Up to age 26, or no age limit if unmarried and a full-time student or if permanently disabled per Wellmark.
<b>PHYSICIAN SERVICES</b>			
Office exams	100% coverage after \$25 co-pay	80% coverage to MAF (maximum allowable fee) after deductible	100% coverage after \$15 co-pay
X-ray, lab and outpatient surgery	90% coverage	80% coverage after deductible	100% coverage
Routine physicals	100% coverage after \$25 copay	Not covered	100% coverage after \$15 co-pay – PCP required
Routine eye exam (eye glasses not covered)	\$25 co-pay then 90% coverage for other office related services.	Not covered	\$15 co-pay then 100% coverage, one per calendar year
Routine hearing exam (hearing aids not covered)	100% coverage after \$25 copay, one per calendar year.	Not covered	100% coverage after \$15 copay, one per calendar year.

PLAN PROVISIONS	BluePPO		BlueHMO
	BluePPO In Network	BluePPO Out-of-Network	
<b>PREVENTATIVE SERVICES</b>			
Labs, colonoscopies, sigmoidoscopies	90% coverage	Not covered	100% coverage – directed by PCP
Routine pap smears, routine mammography	90% coverage	80% coverage after deductible for mammography only, one per calendar year	100% coverage - directed by PCP
<b>INPATIENT SERVICES</b>			
Inpatient surgery	90% coverage; prior approval required for certain procedures	80% coverage after deductible; preadmission approval and prior approval required for certain procedures	100% coverage
Physician services, room and board, other inpatient care	90% coverage	80% coverage after deductible	100% coverage
<b>BEHAVIORAL HEALTH SERVICES</b>			
Inpatient mental health and chemical dependency treatment	90% coverage	80% coverage after deductible; preadmission approval required	100% coverage
Outpatient mental health and chemical dependency treatment	\$25 per visit co-pay	80% coverage after deductible	\$15 co-pay then 100% coverage
<b>MISCELLANEOUS SERVICES</b>			
Acupuncture	Not covered	Not covered	\$15 office/outpatient visit co-pay; \$500 benefit maximum per benefit year/member
Allergy treatment	90% coverage, prior approval for some treatment	80% coverage after deductible, prior approval for some treatment	100% coverage
Emergency room care	\$125 co-pay, co-pay does not apply to OOP; co-pay is waived if admitted	\$125 co-pay, co-pay waived if admitted, then deductible applies	\$125 co-pay, co-pay is waived if admitted
Ambulance	90% coverage	80% coverage after deductible	100% coverage - medically necessary
Chiropractic care	\$25/visit co-pay, then 90% coverage	80% coverage after deductible	\$15 per visit co-pay, then 100% coverage
Immunizations administered in a doctor's office	90% coverage	80% coverage after deductible	100% coverage
Outpatient chemotherapy	90% coverage	80% coverage after deductible	100% coverage
Speech, physical, occupational and respiratory therapy	90% coverage, prior approval for some treatment	80% coverage after deductible, prior approval for some treatment.	100% coverage - 20 visits/person/year for each type of therapy