

ISU MEDICAL PLAN COMPARISON

Effective January 1, 2026 – December 31, 2026

Iowa State University offers two medical plans through Wellmark BCBS: BluePPO and BlueHMO. Employees with an appointment of ½ time or greater are eligible to participate, unless otherwise indicated. Retirees who meet additional eligibility requirements can also enroll.

The **ISU PPO Plan** is a managed care plan with access to providers nationwide through the Preferred Provider Organization network. Out-of-network coverage is available for covered services.

The **ISU HMO Plan** is a managed care plan that requires use of the Wellmark Health Plan of Iowa (WHPI) network. Out-of-network coverage is available for emergency services.

Benefits will be administered as described in Wellmark's Coverage Manual, available on the [ISU website](#). If there are discrepancies between this comparison and the manual, the manual will govern in all cases. A full list of preventive services is available on [Wellmark's website](#). A glossary of common medical insurance terms is also available on the [ISU website](#).

NOTE: For retiree plan participants that are *eligible for Medicare*, Medicare is your primary insurance. Following Medicare, the ISU plan typically leaves no patient liability. Some exceptions may occur.

PLAN PROVISIONS	BluePPO		BlueHMO
	In-Network	Out-of-Network	<i>*Primary Care Physician designation required</i>
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>	60% 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 <i>(Member pays)</i>	\$400 single / \$800 other levels	\$800 single / \$1,600 other levels *Does not aggregate with in-network deductible	\$250 single / \$500 other levels
Copayment <i>(Member pays)</i>	\$25 per provider per date of service	N/A – deductible/ coinsurance	\$15 per provider per date of service
Coinsurance <i>(Member pays)</i>	20% of Maximum Allowable Fee, after deductible	40% of Maximum Allowable Fee, after deductible	10% of Maximum allowable fee, after deductible
Yearly Out-of-Pocket (OOP) Maximum <u><i>Copays, deductibles & coinsurance apply to yearly OOP maximum.</i></u>	\$2,000 single / \$4,000 other levels <i>*Separate OOP for prescription</i>	\$4,000 single / \$8,000 other levels *Does not aggregate with in-network OOP max. <i>*Separate OOP for prescription</i>	\$1,500 single / \$3,000 other levels <i>*Separate OOP for prescription</i>
Lifetime maximum	Unlimited	Unlimited	Unlimited

COMMON SERVICES	BluePPO		BlueHMO
	In-Network	Out-of-Network	<i>*Primary Care Physician designation required</i>
Preventive care • Routine annual physical • Immunizations • Mammogram • Pap smear • Colonoscopy • Lab work	\$0 <i>(100% coverage)</i>	40% coinsurance, after deductible	\$0 <i>(100% coverage)</i>
Office visit • Mental health services • Speech therapy • Physical therapy • Occupational therapy • Telehealth (visual & audio required) • Routine eye or hearing exam <i>*Materials not included</i> • Chiropractic care	\$25 copay <i>*If claim is not coded as an office setting, deductible/coinsurance may apply.</i>	40% coinsurance, after deductible	\$15 copay <i>*If claim is not coded as an office setting, deductible/coinsurance may apply.</i>
X-ray & lab work	20% coinsurance, after deductible <i>*If claim is coded as office setting, copay may apply.</i>	40% coinsurance, after deductible	10% coinsurance, after deductible <i>*If claim is coded as office setting, copay may apply.</i>
Emergency room care	\$125 copay, plus 20% coinsurance <i>*Copay is waived if admitted</i>	\$125 copay, plus 20% coinsurance <i>*Copay is waived if admitted</i>	\$125 copay, plus 10% coinsurance <i>*Copay is waived if admitted</i>
Inpatient & outpatient services/surgery	20% coinsurance, after deductible	40% coinsurance, after deductible	10% coinsurance, after deductible
Durable medical equipment	20% coinsurance, after deductible	40% coinsurance, after deductible	10% coinsurance, after deductible
Acupuncture	Not covered	Not covered	\$15 copay <i>\$500 benefit maximum per benefit year/member</i>
Allergy treatment	\$25 copay <i>*If claim is not coded as an office setting, deductible/coinsurance may apply.</i>	40% coinsurance, after deductible	\$15 copay <i>*If claim is not coded as an office setting, deductible/coinsurance may apply.</i>
Outpatient chemotherapy	20% coinsurance, after deductible	40% coinsurance, after deductible	10% coinsurance, after deductible