



HEALTH PLAN

Wellmark Blue Cross Blue Shield of Iowa

830

Plan Code	Traditional Plan 1	Traditional Plan 2	HDHP Plan 3
Network	Alliance Select*	Blue Advantage**	Blue Advantage**

ACTUAL PLAN DESIGN

Annual Deductible	Single	\$5,000	\$5,000	\$5,500
	Family	\$10,000	\$10,000	\$10,000
Coinsurance You Pay		50%	50%	0%
Out-of-Pocket Maximum	Single	\$7,900	\$7,900	\$5,500
	Family	\$15,800	\$15,800	\$10,000

BUY DOWN PLAN DESIGN

Annual Deductible	Single	\$1,000	\$1,000	This plan does not offer the buy down option, instead a contribution would be made to your individual Health Savings Account (HSA).
	Family	\$2,000	\$2,000	
Coinsurance You Pay		20%	20%	
Out-of-Pocket Maximum	Single	\$1,500	\$1,500	
	Family	\$3,000	\$3,000	

COPAYS FOR COMMON SERVICES

Preventive		\$0	\$0	\$0
Primary Care Physician		\$30	\$30	Medical Deductible OPM applies first, once met the plan pays 100% of covered services.
Specialist		\$60	\$60	
Urgent Care		\$30	\$30	
Emergency Room		50% Coinsurance	50% Coinsurance	

PHARMACY

Annual Rx Deductible	Single	\$100	\$100	Medical Deductible OPM applies first, once met the plan pays 100% of covered Rx.
	Family	\$200	\$200	
Tier 1		\$10	\$10	
Tier 2		\$35	\$35	
Tier 3		\$80	\$80	
Tier 4		\$150	\$150	

MONTHLY PREMIUM

Employee only		\$177.04	\$90.00	\$0.00
Employee + Spouse		\$1,138.62	\$933.24	\$790.79
Employee + Child(ren)		\$988.95	\$798.98	\$671.80
Family		\$1,626.04	\$1,370.44	\$1,574.53

*As a general rule, out-of-network services will have a higher out of pocket cost when available. Emergency care, which is billed the same as if using an in-network provider, is an exception.

**Blue Advantage do not provide coverage out-of-network except in emergency situations. Doctor on Demand Virtual Visits are always in-network, and available for the same copay as an in-person visit