

SUMMARY OF RETIREE HEALTH PLANS

EFFECTIVE JAN. 1, 2022 - DEC. 31, 2022

IOWA

If Medicare eligible, all plans require enrollment in Medicare Parts A & B, but not Part D

Health Alliance Plans only available to Medicare eligible retirees/spouse living in Iowa

HEALTH ALLIANCE

HMO Plus Rx

HEALTH ALLIANCE

PPO Plus Rx

WELLMARK BC/BS

UIChoice

WELLMARK BC/BS

UISelect

	HEALTH ALLIANCE HMO Plus Rx	HEALTH ALLIANCE PPO Plus Rx	WELLMARK BC/BS UIChoice	WELLMARK BC/BS UISelect
SINGLE coverage option	\$60 monthly plan premium in addition to your monthly Medicare Part B premium	\$320 monthly plan premium in addition to your monthly Medicare Part B premium	Rates provided separately. If Medicare eligible, also pay monthly Medicare Part B premium.	
PROVIDERS	In-network Only, except in an emergency	In-network or Out-of-Network Can visit any doctor who accepts Medicare, but member will pay less with in-network providers	Level 1: All UI Health Care Providers + some affiliated providers. Level 2: Blue Choice Network providers not in Level 1 Level 3: Any provider outside of Level 1 & 2	Level 1: All UI Health Care Providers + some affiliated providers. Level 2: Blue Access Network providers not in Level 1 Level 3: Not covered except in emergencies
ANNUAL DEDUCTIBLE	\$0	\$0	Inpatient hospitalization only Reference below	Level 1: Single: \$400 Family: \$800 Level 2: Single: \$800 Family: \$1,600
COINSURANCE	Reference below	Reference below	Reference below	Reference below
OUT-OF-POCKET MAXIMUM (OPM)	\$4,000 OPM for prescription drugs: N/A	In-Network: \$1,700 Out-of-Network: \$2,000 total (combined In & Out-of-Network) OPM for prescription drugs: \$1,100	Levels 1, 2, 3 Participating Providers: \$1,700 / \$3,400 Level 3 Non-participating providers: \$2,000 / \$4,000 OPM for prescription drugs: \$1,100 / \$2,200	Level 1: Single: \$2,000 Family: \$3,400 Level 2: Single: \$3,000 Family: \$6,000 OPM for prescription drugs: \$1,100 / \$2,200

	HEALTH ALLIANCE HMO Plus Rx	HEALTH ALLIANCE PPO Plus Rx	WELLMARK BC/BS UIChoice	WELLMARK BC/BS UISelect
OFFICE VISITS	\$10 copay per Primary Care Physician visit \$35 copay per Specialist visit	Primary & Specialty Care: In-Network: \$5 copay per visit Out-of-Network: 40% coinsurance per visit	Level 1: \$10 copay Level 2: \$25 copay Level 3: 50% coinsurance	Level 1: Primary Care: \$10 copay Specialist: \$20 copay Level 2: Primary Care: \$35 copay Specialist: \$50 copay
ROUTINE PHYSICALS / PREVENTIVE SERVICES	\$0 copay	In-Network: \$0 copay per visit Out-of-Network: 40% coinsurance per visit	Level 1 & 2: Participating providers: \$0 copay Level 3: 50% coinsurance if office visit; 40% coinsurance if outpatient service	Level 1: \$0 copay Level 2: \$0 copay
IMAGING & LABS	20% coinsurance per service	In-Network: \$5 copay Out-of-Network: 40% coinsurance	Level 1: 10% coinsurance Level 2: 20% coinsurance Level 3: 40% coinsurance	Level 1: 15% coinsurance Level 2: 25% coinsurance
IMMUNIZATIONS	\$0 copay per service *specific vaccines only	In-Network: \$0 copay per service Out-of-Network: 40% coinsurance per visit	\$0 copay	\$0 copay
ROUTINE EYE EXAM	Not Covered	In-Network: \$0 copay Out-of-Network: 40% coinsurance	Level 1: \$10 copay Level 2: \$25 copay Level 3: 50% coinsurance	Level 1: \$20 copay Level 2: \$50 copay
ROUTINE HEARING EXAM	\$45 copay for Medicare covered exam; \$45 copay from TruHearing provider for non-Medicare covered test	20% coinsurance for Medicare covered exam; \$45 copay from TruHearing provider (non-Medicare covered test)	Level 1: \$10 copay Level 2: \$25 copay Level 3: 50% coinsurance	Level 1: \$20 copay Level 2: \$50 copay
EMERGENCY ROOM CARE	\$90 copay per visit	In-Network & Out-of-Network: \$50 copay per visit, then 10% coinsurance (copay waived if admitted)	Level 1 & Level 2: \$100 copay (waived if admitted) then 10% coinsurance Level 3: \$100 copay, if coded as an emergency. Non-emergency is 40% coinsurance	Level 1, 2 and 3: \$100 copay and 10% coinsurance

	HEALTH ALLIANCE HMO Plus Rx	HEALTH ALLIANCE PPO Plus Rx	WELLMARK BC/BS UIChoice	WELLMARK BC/BS UISelect
ROOM & BOARD	Days 1 – 7: \$280 per day Days 8 & beyond: \$0	In-Network: 10% coinsurance Out-of-Network: 40% coinsurance	Level 1: \$400 deductible Level 2: \$600 deductible Level 3: \$800 deductible followed by coinsurance	Level 1: \$400 deductible Level 2: \$800 deductible followed by coinsurance; Level 1: 15% coinsurance Level 2: 25% coinsurance
INPATIENT/ OUTPATIENT SURGERY, PHYSICIAN CARE, SUPPLIES, LABS & IMAGING	\$275 copay	In-Network: 10% coinsurance Out-of-Network: 40% coinsurance	Level 1: 10% coinsurance Level 2: 20% coinsurance Level 3: 40% coinsurance	Level 1: 15% coinsurance Level 2: 25% coinsurance
PRESCRIPTION DRUGS	No Deductible Tier 1: Preferred Generic: \$0 copay Preferred Pharmacy \$9 copay In-network pharmacies Tier 2: Non-preferred Generic: \$20 copay Tier 3: Preferred Brand drugs: \$47 copay Tier 4: Non-preferred Brand: 50% coinsurance Tier 5: Specialty Tier: 33% coinsurance Preferred pharmacies: UIHC <i>(Subject to the Coverage Gap & Catastrophic Coverage)</i> No OPM prescriptions	No Deductible Tier 1: Preferred Generic: 0% coinsurance Tier 2: Non-preferred Generic: 20% coinsurance Tier 3: Preferred Brand drugs: 50% coinsurance Tier 4: Non-Preferred Brand: 50% coinsurance Tier 5: Specialty Tier: 50% coinsurance Preferred pharmacies: UIHC OPM prescriptions: \$1,100	No Deductible Tier 1: Generic Drugs: \$0 copay Tier 2: Formulary Drugs: Blue Rx Complete 30% coinsurance Tier 3: Non-formulary Drugs: 50% coinsurance Tier 4: Name-Brand, Non-Formulary Drugs: 50% coinsurance OPM prescriptions: \$1,100 / \$2,200	No Deductible Tier 1: Generic Drugs: \$0 copay Tier 2: Formulary Drugs: Blue Rx Value Plus 30% coinsurance Tier 3: Non-formulary Drugs: 50% coinsurance Tier 4: Not Covered OPM prescriptions: \$1,100 / \$2,200
CHIROPRACTOR	\$20 copay for Medicare covered service	In-Network: \$5 copay Out-of-Network: 40% coinsurance if Medicare covered	Level 1: No providers Level 2: \$25 copay Level 3: 50% coinsurance	Level 1: No providers Level 2: \$35 copay

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HEARING AIDS	Benefits from TruHearing	Benefits from TruHearing	20% coinsurance, maximum benefit of \$2,000 every 5 years	20% coinsurance, maximum benefit of \$2,000 every 5 years
OUTPATIENT PHYSICAL/ SPEECH/ OCCUPATIONAL & RESPIRATORY THERAPY	\$35 copay per visit	In-Network: 10% coinsurance Out-of-Network: 40% coinsurance	Level 1 & 2: 10% coinsurance Level 3: 40% coinsurance	Office Level 1: \$10 copay Level 2: \$35 copay Facility Level 1: 15% coinsurance Level 2: 25% coinsurance
HOME HEALTH CARE/ HOSPICE CARE	\$0 copay per visit; Medicare-certified Hospice	In-Network: 10% coinsurance Out-of-Network: 40% coinsurance; Medicare-certified Hospice	Level 1 & 2: 10% coinsurance Level 3: 40% coinsurance	Level 1: 15% coinsurance Level 2: 25% coinsurance
AMBULANCE	\$275 copay per visit	In-Network: 10% coinsurance Out-of-Network: 40% coinsurance	Level 1 & 2: 10% coinsurance Level 3: 40% coinsurance	15% coinsurance
DURABLE MEDICAL EQUIPMENT	20% coinsurance	In-Network: 20% coinsurance Out-of-Network: 20% coinsurance	20% coinsurance	Level 1: 15% coinsurance Level 2: 25% coinsurance
OUTPATIENT MENTAL HEALTH	\$40 copay per visit	In-Network: 0% coinsurance; 10% coinsurance facility Out-of-Network: 40% coinsurance	Level 1 & 2: \$0 copay for office, 10% coinsurance facility Level 3: 50% coinsurance	Office Level 1 and 2: \$10 copay Facility Level 1 and 2: 15% coinsurance

CONTACT INFO:

UICHOICE AND UISELECT

Wellmark: 1-800-643-9724; www.wellmark.com
University Benefits: 319-335-2676; hr.uiowa.edu/benefits

HEALTH ALLIANCE:

Health Alliance Medicare Services at 1-877-917-8550,
TTY 711 or visit healthalliance.org/IA-Retirees



University Human Resources

THIS IS ONLY A SUMMARY OF BENEFITS

For additional information, please refer to the applicable Plan Document(s) available online.