



# Affordable and Accessible Health Care

2023 UIChoice and UISelect Retiree Programs — University of Iowa Medicare Carveout Programs



# Working together for you

This brochure explains how your Wellmark Health Plan of Iowa (Wellmark) coverage sponsored by the University of Iowa, and Medicare, work together for you.

You are encouraged to read all the information you receive regarding your health insurance coverage, including this brochure. It has answers to important questions and helpful definitions, specific to Medicare.

**We look forward to serving you.**

*This is a general description of coverage. It is not a statement of contract. Actual coverage is subject to the terms and conditions specified in the contract itself and enrollment regulations in force when the contract becomes effective.*

# Retiree health insurance

As you begin your retirement, you'll undoubtedly start thinking about how you want to spend your time. Maybe you'll visit the grandkids or volunteer more. Whatever you choose, you can do it with peace of mind knowing that you won't have to worry about your health insurance.

Through this employer-sponsored retiree health insurance plan, you have health coverage from a name you know and trust — Wellmark. With more than 80 years of health insurance expertise, Wellmark is the industry leader in helping our members manage their health care needs. We continuously work to keep quality health care accessible and affordable, so you can feel confident in your coverage.

## **WITH HEALTH COVERAGE FROM WELLMARK, YOU'LL RECEIVE:**

- **Stability and confidence** — Wellmark is known for financial strength and stability. You can trust that we'll be here for you in the future.
- **Personal customer service** — Wellmark is a local company focused on providing its customers with quality products and services. You can count on friendly and courteous customer service representatives who are professionally trained to understand your Medicare benefits, accurately and efficiently answer your questions, and discuss your options.
- **Worldwide acceptance** — No matter where you go, you can trust that your Wellmark coverage will be accepted in more than 200 countries and territories around the world.
- **myWellmark®** — This valuable online resource helps you get the most out of your coverage and manage your health. Register at [myWellmark.com](https://mywellmark.com).

## **FOR QUESTIONS ABOUT YOUR UICHOICE OR UISELECT COVERAGE:**

Call Wellmark at 800-355-2031.

## **FOR ENROLLMENT QUESTIONS:**

Call the Benefits Office at 319-335-2676 or toll-free at 877-830-4001.

# What is Medicare?

The Medicare program is a federal health insurance program for people age 65 and older and people with disabilities. Medicare is administered by the Centers for Medicare & Medicaid Services (CMS) of the United States Department of Health and Human Services.

## The Medicare program includes Part A and Part B

**HOSPITAL INSURANCE (PART A)** helps pay for inpatient hospital care, some inpatient care in skilled nursing facilities, home health care and hospice care.

**MEDICAL INSURANCE (PART B)** helps pay for medically necessary doctors' services, outpatient hospital services, and a number of other medical services and supplies that are not covered by the hospital insurance part of Medicare.

For a detailed description of Medicare-covered services, you may contact the Social Security Administration office nearest you to obtain a copy of Medicare & You, the official U.S. government Medicare handbook. It provides detailed information about the program, including eligibility requirements.

Both parts of Medicare have amounts that you must pay out of your own pocket, including deductibles and coinsurance payments. These "out-of-pocket" amounts are effective Jan. 1 each year, according to formulas established by Congress.

## Why do I need the UIChoice or UISelect retiree program to complement Medicare?

Medicare provides basic protection against the high cost of health care, but it will not pay all of your medical expenses. As a former employee of the University of Iowa, you have grown accustomed to the wide range of services and benefits covered within your high-quality employee health care program.

For these reasons, the University of Iowa offers you, as a retiree, a program to continue your Wellmark

coverage in conjunction with Medicare. This is called "Medicare carveout," and is designed to complement Medicare by providing additional coverage for some hospital, medical, and surgical services that are only partially covered by Medicare. Coverage is provided for, but not limited to, hospital inpatient charges, skilled nursing facility charges, and some physician charges. Deductibles and coinsurance provisions may apply in addition to those required by Medicare.

If you choose a Medicare carveout program as your health plan, you will continue to have the benefits you experienced as an active member of the University of Iowa group, such as prescription drugs.

The benefits in your Wellmark Medicare carveout coverage are payable regardless of Medicare's coverage. The only difference is, when appropriate, Medicare will pay first and then your Wellmark Medicare carveout coverage will settle the remaining eligible expenses. For example, prescription drugs are not a covered benefit of original Medicare, however, they are a covered benefit of your University of Iowa contract.

## How does a Medicare carveout program work?

The itemized charts in this brochure show covered services for the UIChoice or UISelect program. The charts identify hospital and medical services and explain:

- The portion of each service covered by Medicare.
- The portion covered by the UIChoice or UISelect program.
- The portion for which you will be responsible.

## How do I enroll in the UIChoice or UISelect program?

To enroll in the UIChoice or UISelect program, you must first be enrolled in Medicare Parts A and B. You can ensure your Medicare eligibility by contacting the Social Security Administration Office three months prior to your 65<sup>th</sup> birthday. Once you are enrolled in Medicare, you will receive a Medicare identification card. If you are approaching retirement from the University of Iowa, you should contact the University Benefits Office for more information.

You will receive a bill from the University of Iowa Business Office or you may elect to pay for your carveout coverage by setting up an automatic deduction from your bank account. Please call the University Benefits Office at 319-335-2676 for more information.

## What about the Medicare Prescription Drug Program?

Medicare Part D prescription drug coverage is available to everyone with Medicare. The level of your prescription drug coverage within the UIChoice and UISelect retiree program is the same as or higher than the standard Medicare prescription drug coverage, also known as “creditable prescription drug coverage” by the Centers for Medicare & Medicaid Services (CMS).

As long as you remain covered by the UIChoice or UISelect program, you do not need to enroll in a Medicare Prescription Drug Plan (PDP). If you choose to continue with your current UIChoice or UISelect program and join a Medicare PDP at a later date, you will not be subject to the Medicare PDP late enrollment fee due to creditable prescription drug coverage.

## How are claims handled?

### FOR SERVICES RECEIVED IN IOWA

*All practitioners, suppliers, or other Medicare medical insurance providers of services are required to fill out claim forms and send them to Medicare for you — whether or not they are Medicare-participating providers.*

When Medicare processes a claim, that claim will be automatically forwarded to Wellmark for further processing.

### FOR SERVICES RECEIVED IN THE U.S., BUT OUTSIDE THE STATE OF IOWA

All practitioners, suppliers, or other Medicare medical insurance providers of services are required to fill out claim forms and send them to Medicare for you — whether or not they are Medicare-participating providers.

If you receive care from a Medicare-participating provider while you are out-of-state, your claim will be automatically forwarded to Wellmark for further processing. However, if you receive care from a Medicare nonparticipating provider when out-of-state, you will need to submit a Member Submitted Claim Form to Wellmark along with a copy of your Explanation of Medicare Benefits. The Member Submitted Claim Form can be found on Wellmark.com or requested by calling customer service. Please be sure to include your name and address, the provider’s name and address, and your Wellmark identification number. You may submit the information to:

**Wellmark Blue Cross and Blue Shield  
P.O. Box 9291, Mail Station 1E238  
Des Moines, Iowa 50306-9291**

If you receive a service that is clearly not a Medicare benefit, you should submit the claim directly to the above Wellmark address (unless the provider of services agrees to submit it for you).

# 2023 UIChoice Retiree Coverage

## Medicare Part A

Services		Medicare Pays per Benefit Period	Your UIChoice Retiree Coverage Pays	You Pay
<b>Hospitalization</b> Semi-private room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$1,600	After satisfying your deductible <sup>1</sup> and 10% coinsurance <sup>2</sup> , your UIChoice coverage pays the lesser of: a) what would have been paid in the absence of Medicare or, b) \$1,600.	After deductible <sup>1</sup> , 10% of the Medicare-approved amount minus the Medicare payment up to \$2,000 out-of-pocket maximum <sup>3</sup> for Levels 1 and 2, or \$2,500 for Level 3.
	Days 61–90	All but \$400 a day	\$400 a day (after deductible <sup>1</sup> and 10% coinsurance <sup>2</sup> ).	
	Days 91–150	All but \$800 a day	\$800 a day (after deductible <sup>1</sup> and 10% coinsurance <sup>2</sup> ).	
	Beyond 150 days	Nothing	Deductible <sup>1</sup> and 10% coinsurance <sup>2</sup> , medically necessary inpatient hospital care.	Deductible <sup>1</sup> plus 10% of covered charges up to \$2,000 out-of-pocket maximum <sup>3</sup> for Levels 1 and 2, or \$2,500 for Level 3.
<b>Skilled nursing facility care</b> In a facility approved by Medicare (Medicare has a 3-day prior confinement requirement)	First 20 days	100%	Nothing	Nothing
	Days 21–100	All but \$200 a day	\$200 a day (after deductible <sup>1</sup> and 10% coinsurance <sup>2</sup> ).	Deductible <sup>1</sup> plus 10% of covered charges up to \$2,000 out-of-pocket maximum <sup>3</sup> for Levels 1 and 2, or \$2,500 for Level 3.
	Beyond 100 days	Nothing	After deductible <sup>1</sup> , 90% of maximum allowable fee for medically necessary inpatient hospital care.	Deductible <sup>1</sup> plus 10% of covered charges up to \$2,000 out-of-pocket maximum <sup>3</sup> for Levels 1 and 2, or \$2,500 for Level 3.

**Consult your benefits certificate for complete coverage information.**

<sup>1</sup> Medicare deductibles are applied once per calendar year. Wellmark deductible is \$500 for Level 1, \$750 for Level 2, and \$1,000 for Level 3 per admission and applies to the out-of-pocket maximum. Level 2 Mental Health Services are subject to the \$500 deductible.

<sup>2</sup> Your Wellmark coinsurance responsibility is calculated based upon Wellmark's maximum allowable fee.

<sup>3</sup> The Level 1 and 2 out-of-pocket maximum is \$2,000 Single or \$4,000 Family per calendar year for in-network and participating providers. The Level 3 out-of-pocket maximum is \$2,500 Single and \$5,000 Family per calendar year for out-of-network or non-participating providers.

## 2023 UIChoice Retiree Coverage, continued

### Medicare Part B

Services	Medicare Pays per Benefit Period	Your UIChoice Retiree Coverage Pays	You Pay
<p><b>All physician medical services and outpatient hospital services</b></p> <p>Medically necessary services</p> <p>NOTE: 20% coinsurance for durable medical equipment and hearing aids</p>	<p>After \$226 Part B deductible per calendar year, 80% of the Medicare-approved amount.</p>	<p><b>Assigned claims:</b> After 10% coinsurance<sup>2</sup> for Level 1, 20% for Level 2<sup>4</sup>, or 40% for Level 3, your UIChoice coverage pays the lesser of:</p> <ol style="list-style-type: none"> <li>what would have been paid in the absence of Medicare or,</li> <li>the Medicare-approved amount minus the Medicare payment.</li> </ol> <p><b>Non-assigned claims:</b> After 10% coinsurance<sup>2</sup> for Level 1, 20% for Level 2<sup>4</sup>, or 40% for Level 3, your UIChoice coverage pays the lesser of:</p> <ol style="list-style-type: none"> <li>what would have been paid in the absence of Medicare or,</li> <li>the Medicare-limiting charge minus the Medicare payment.</li> </ol> <p><b>Not covered by Medicare:</b> Services not covered by Medicare, but covered by UIChoice, are payable at 90% for Level 1, 80% for Level 2, or 60% for Level 3 of maximum allowable fee. In certain situations a service may not be covered by either Medicare or UIChoice, and in some cases, the member may not be liable due to provider contract agreements.</p>	<p><b>Assigned claims:</b> After 10% coinsurance<sup>2</sup> for Level 1, 20% for Level 2<sup>4</sup>, or 40% for Level 3, you will pay any remaining balance after Medicare and Wellmark benefit payments up to \$2,000 out-of-pocket maximum<sup>3</sup> for Levels 1 and 2, or \$2,500 for Level 3.</p> <p><b>Non-assigned claims:</b> 10%<sup>2</sup> for Level 1, 20% for Level 2<sup>4</sup>, or 40% for Level 3 of Medicare's limiting charge minus the Medicare payment up to \$2,000 out-of-pocket maximum<sup>3</sup> for Levels 1 and 2, or \$2,500 for Level 3.</p> <p><b>Not covered by Medicare:</b> After 10% coinsurance<sup>2</sup> for Level 1, 20% for Level 2<sup>4</sup>, or 40% for Level 3 of the maximum allowable fee (plus for nonparticipating practitioners, 100% of the difference between the billed charge and the maximum allowable fee) up to \$2,000 out-of-pocket maximum<sup>3</sup> for Levels 1 and 2, or \$2,500 for Level 3.</p> <p><b>Emergency room visits:</b> \$125 plus 10% coinsurance for all levels.</p> <p><b>Office visits:</b> Level 1: \$15 copay applies to exam only, office-billed physical therapy, and chiropractors; all other services apply 10% coinsurance. Level 2: \$30 copay applies to exam only, office billed physical therapy, and chiropractors; all other services apply 10% coinsurance. Level 3: 50% coinsurance.</p> <p><b>UI Quick Care Clinics:</b> \$10 copay applies to exam only; all other services apply 10% coinsurance.</p> <p><b>Doctor On Demand®</b> \$0 copay applies to telehealth visit.</p>

Consult your benefits certificate for complete coverage information.

<sup>2</sup> Your Wellmark coinsurance responsibility is calculated based upon Wellmark's maximum allowable fee.

<sup>3</sup> The Level 1 and 2 out-of-pocket maximum is \$2,000 Single or \$4,000 Family per calendar year for in-network and participating providers. The Level 3 out-of-pocket maximum is \$2,500 Single and \$5,000 Family per calendar year for out-of-network or non-participating providers.

<sup>4</sup> 10% for Level 2 Mental Health Services.

## 2023 UIChoice Retiree Coverage, continued

### Medicare Part B

Services	Medicare Pays per Benefit Period	Your UIChoice Retiree Coverage Pays	You Pay
<b>Outpatient mental health services</b> In-network Services (Levels 1 and 2) — 10% coinsurance Out-of-networks Services (Level 3) — 40% coinsurance Office visit copay/coinsurance is waived for Level 1 and Level 2 mental health services	After \$226 Part B deductible per calendar year, 80% of the Medicare-approved amount.	After coinsurance <sup>2</sup> your UIChoice coverage pays for: <b>Assigned claims:</b> The lesser of: a. what would have been paid in the absence of Medicare or, b. the Medicare-approved amount minus the Medicare payment. <b>Non-assigned claims:</b> The lesser of: a. what would have been paid in the absence of Medicare or, b. the Medicare-limiting charge minus the Medicare payment.	<b>Assigned claims:</b> After coinsurance, you will pay any remaining balance after Medicare and Wellmark benefit payments. <b>Non-assigned claims:</b> 10% (if in-network) or 40% (if out-of-network) of Medicare's limiting charge minus the Medicare payment up to \$2,000 out-of-pocket maximum <sup>3</sup> for Levels 1 and 2, or \$2,500 for Level 3.
<b>Physical examination</b>	Medicare covers exams once every 12 months at 100% if the provider accepts assignment.	Unlimited routine physical examinations. <b>For services by a Level 1 and 2 practitioner:</b> There is no payment made since Medicare will cover the full amount. <b>For services by a Level 3 practitioner:</b> The lesser of: a. what would have been paid in the absence of Medicare or, b. the Medicare limiting charge minus the Medicare payment.	<b>For services by a Level 1 and 2 practitioner:</b> You pay nothing for the "Welcome to Medicare" exam if the doctor accepts assignment. After you've had Part B for longer than 12 months, you can get a yearly wellness visit to develop or update a prevention plan just for you, based on your current health and risk factors. You'll pay nothing for this exam if the doctor accepts assignment. <b>For services by a Level 3 practitioner:</b> 50% coinsurance of the maximum allowable fee up to \$2,500 out-of-pocket maximum <sup>3</sup> .

**Consult your benefits certificate for complete coverage information.**

<sup>2</sup> Your Wellmark coinsurance responsibility is calculated based upon Wellmark's maximum allowable fee.

<sup>3</sup> The Level 1 and 2 out-of-pocket maximum is \$2,000 Single or \$4,000 Family per calendar year for in-network and participating providers. The Level 3 out-of-pocket maximum is \$2,500 Single and \$5,000 Family per calendar year for out-of-network or non-participating providers.



## 2023 UIChoice Retiree Coverage, continued

### Medicare Part B

Services	Medicare Pays per Benefit Period	Your UIChoice Retiree Coverage Pays	You Pay
Prescription drugs Immunosuppressive drugs	After \$226 Part B deductible per calendar year, 80% of the Medicare-approved amount for immunosuppressive drugs if Medicare helped pay for the organ transplant, during the first 36 months following a covered transplant.	<p><b>Assigned claims:</b> After 10% coinsurance<sup>2</sup> for Levels 1 and 2, or 40% for Level 3, your UIChoice coverage pays the lesser of:</p> <ul style="list-style-type: none"> <li>a. what would have been paid in the absence of Medicare or,</li> <li>b. the Medicare-approved amount minus the Medicare payment.</li> </ul> <p><b>Non-assigned claims:</b> After 10% coinsurance<sup>2</sup> for Levels 1 and 2, or 40% for Level 3, your UIChoice coverage pays the lesser of:</p> <ul style="list-style-type: none"> <li>a. what would have been paid in the absence of Medicare or,</li> <li>b. the Medicare-limiting charge minus the payment.</li> </ul> <p><b>Not covered by Medicare:</b> Services not covered by Medicare, but covered by UIChoice, are payable at 90% of maximum allowable fee. In certain situations a service may not be covered by either Medicare or UIChoice, and in some cases, the member may not be liable due to provider contract agreements.</p>	<p><b>Assigned claims:</b> After 10% coinsurance<sup>2</sup> for Levels 1 and 2, or 40% coinsurance for Level 3, you will pay any remaining balance after Medicare and Wellmark benefit payments up to \$2,000 out-of-pocket maximum<sup>3</sup> for Levels 1 and 2, or \$2,500 for Level 3.</p> <p><b>Non-assigned claims:</b> 10% for Levels 1 and 2, and 40% for Level 3 of Medicare's limiting charge minus the Medicare payment up to \$2,000 out-of-pocket maximum<sup>3</sup> for Levels 1 and 2, or \$2,500 for Level 3.</p> <p><b>Not covered by Medicare:</b> Coinsurance amount<sup>2</sup> up to \$2,000 out-of-pocket maximum<sup>3</sup> for Levels 1 and 2, or \$2,500 for Level 3.</p>
Other prescription drugs (not covered by original Medicare)	Nothing	<b>Three levels of coverage under Blue Rx Complete<sup>SM</sup>:</b> 100% after coinsurance. Generic drugs are covered at 100%.	<b>You pay:</b> 30% or 50% <sup>5</sup> up to \$1,600 out-of-pocket maximum.

**Consult your benefits certificate for complete coverage information.**

<sup>2</sup> Your Wellmark coinsurance responsibility is calculated based upon Wellmark's maximum allowable fee.

<sup>3</sup> The Level 1 and 2 out-of-pocket maximum is \$2,000 Single or \$4,000 Family per calendar year for in-network and participating providers. The Level 3 out-of-pocket maximum is \$2,500 Single and \$5,000 Family per calendar year for out-of-network or non-participating providers.

<sup>5</sup> Blue Rx Complete out-of-pocket maximum is \$1,600 Single or \$3,200 Family per calendar year.

# 2023 UISelect Retiree Coverage

## Medicare Part A

Services		Medicare Pays per Benefit Period	Your UISelect Retiree Coverage Pays	You Pay
<b>Hospitalization</b> Semi-private room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$1,600	After satisfying your deductible <sup>1</sup> and coinsurance <sup>2</sup> , your UISelect coverage pays the lesser of: a. what would have been paid in the absence of Medicare or, b. \$1,600	After satisfying your deductible <sup>1</sup> , you pay your coinsurance <sup>2</sup> (of the Medicare-approved amount minus the Medicare payment) up to \$2,300 out-of-pocket maximum <sup>3</sup> for Level 1 and up to \$3,500 out-of-pocket maximum <sup>3</sup> for Level 2.
	Days 61–90	All but \$400 a day	\$400 a day (after deductible <sup>1</sup> and 10% coinsurance <sup>2</sup> ).	
	Days 91–150	All but \$800 a day	\$800 a day (after deductible <sup>1</sup> and 10% coinsurance <sup>2</sup> ).	
	Beyond 150 days	Nothing	Deductible <sup>1</sup> and coinsurance <sup>2</sup> , medically necessary inpatient hospital care.	After satisfying your deductible <sup>1</sup> , you pay your coinsurance <sup>2</sup> (of the Medicare-approved amount minus the Medicare payment) up to \$2,300 out-of-pocket maximum <sup>3</sup> for Level 1 and up to \$3,500 out-of-pocket maximum <sup>3</sup> for Level 2.
<b>Skilled nursing facility care</b>  In a facility approved by Medicare (Medicare has a 3-day prior confinement requirement)	First 20 days	100%	Nothing	Nothing
	Days 21–100	All but \$200 a day	\$200 a day (after deductible <sup>1</sup> and 10% coinsurance <sup>2</sup> ).	After satisfying your deductible <sup>1</sup> , you pay your coinsurance <sup>2</sup> (of the Medicare-approved amount minus the Medicare payment) up to \$2,300 out-of-pocket maximum <sup>3</sup> for Level 1 and up to \$3,500 out-of-pocket maximum <sup>3</sup> for Level 2.
	Beyond 100 days	Nothing	After deductible <sup>1</sup> , 85% for Level 1 and 75% for Level 2 of the maximum allowable fee for medically necessary inpatient hospital care.	After satisfying your deductible <sup>1</sup> , you pay your coinsurance <sup>2</sup> (of the Medicare-approved amount minus the Medicare payment) up to \$2,300 out-of-pocket maximum <sup>3</sup> for Level 1 and up to \$3,500 out-of-pocket maximum <sup>3</sup> for Level 2.

**Consult your benefits certificate for complete coverage information.**

<sup>1</sup> Medicare deductibles are applied once per calendar year. Wellmark deductibles are \$500 Single and \$1,000 Family for Level 1 and \$950 Single and \$1,900 Family for Level 2. The Mental Health Services deductible is \$500 Single and \$1,000 Family for Levels 1 and 2.

<sup>2</sup> Your Wellmark coinsurance responsibility is calculated based upon Wellmark's maximum allowable fee. Coinsurance is 15% for Level 1 and 25% for Level 2. A 15% coinsurance for Mental Health Services for Levels 1 and 2.

<sup>3</sup> Out-of-pocket maximums are \$2,300 Single and \$4,000 Family for Level 1 and \$3,500 Single and \$7,000 Family for Level 2 per calendar year.

## 2023 UISelect Retiree Coverage, continued

### Medicare Part B

Services	Medicare Pays per Benefit Period	Your UISelect Retiree Coverage Pays	You Pay
<p><b>All physician medical services and outpatient hospital services</b></p> <p>Medically necessary services</p> <p>NOTE: 15% coinsurance at Level 1 and 25% coinsurance at Level 2 for durable medical equipment and hearing aids.</p>	<p>After \$226 Part B deductible per calendar year, 80% of the Medicare-approved amount.</p>	<p><b>Assigned claims:</b> After satisfying your deductible<sup>1</sup> and coinsurance<sup>2</sup>, your UISelect coverage pays the lesser of:</p> <ol style="list-style-type: none"> <li>what would have been paid in the absence of Medicare or,</li> <li>the Medicare-approved amount minus the Medicare payment.</li> </ol> <p><b>Non-assigned claims:</b> After satisfying your deductible<sup>1</sup> and coinsurance<sup>2</sup>, your UISelect coverage pays the lesser of:</p> <ol style="list-style-type: none"> <li>what would have been paid in the absence of Medicare or,</li> <li>the Medicare-limiting charge minus the Medicare payment.</li> </ol> <p><b>Not covered by Medicare:</b> Services not covered by Medicare, but covered by UISelect, are payable at 85% for Level 1, 75% for Level 2 of maximum allowable fee. In certain situations a service may not be covered by either Medicare or UISelect, and in some cases, the member may not be liable due to provider contract agreements.</p>	<p><b>Assigned claims:</b> After satisfying your deductible<sup>1</sup>, you pay your coinsurance<sup>2</sup> (of the Medicare-approved amount minus the Medicare payment) up to \$2,300 out-of-pocket maximum<sup>3</sup> for Level 1 and up to \$3,500 out-of-pocket maximum<sup>3</sup> for Level 2.</p> <p><b>Non-assigned claims:</b> After satisfying your deductible<sup>1</sup>, you pay your coinsurance<sup>2</sup> (of the Medicare's limiting charge minus the Medicare payment) up to \$2,300 out-of-pocket maximum<sup>3</sup> for Level 1 and up to \$3,500 out-of-pocket maximum<sup>3</sup> for Level 2.</p> <p><b>Not covered by Medicare:</b> After satisfying your deductible<sup>1</sup>, you pay your coinsurance<sup>2</sup> (plus for nonparticipating practitioners, 100% of the difference between the billed charge and the maximum allowable fee) up to \$2,300 out-of-pocket maximum<sup>3</sup> for Level 1 and up to \$3,500 out-of-pocket maximum<sup>3</sup> for Level 2.</p> <p><b>Emergency room visits:</b> \$150 plus 10% coinsurance for all levels.</p> <p><b>Office visit copays:</b></p> <ul style="list-style-type: none"> <li>\$15 for Level 1 primary care physician</li> <li>\$25 for Level 1 non-primary care physician</li> <li>\$40 for Level 2 primary care physician</li> <li>\$55 for Level 2 non-primary care physician</li> </ul> <p><b>UI Quick Care Clinics:</b> \$10 copay applies to all office services.</p> <p><b>Doctor On Demand:</b> \$0 copay applies to telehealth visit.</p>

**Consult your benefits certificate for complete coverage information.**

<sup>1</sup> Medicare deductibles are applied once per calendar year. Wellmark deductibles are \$500 Single and \$1,000 Family for Level 1 and \$950 Single and \$1,900 Family for Level 2. The Mental Health Services deductible is \$500 Single and \$1,000 Family for Levels 1 and 2.

<sup>2</sup> Your Wellmark coinsurance responsibility is calculated based upon Wellmark's maximum allowable fee. Coinsurance is 15% for Level 1 and 25% for Level 2. A 15% coinsurance for Mental Health Services for Levels 1 and 2.

<sup>3</sup> Out-of-pocket maximums are \$2,300 Single and \$4,000 Family for Level 1 and \$3,500 Single and \$7,000 Family for Level 2 per calendar year.

## 2023 UISelect Retiree Coverage, continued

### Medicare Part B

Services	Medicare Pays per Benefit Period	Your UISelect Retiree Coverage Pays	You Pay
<b>Outpatient mental health services</b> Office visits (Level 1 and 2) — \$15 copay	After \$226 Part B deductible per calendar year, 80% of the Medicare-approved amount.	<b>Assigned claims:</b> After satisfying your deductible <sup>1</sup> and coinsurance <sup>2</sup> , your UISelect coverage pays the lesser of: <ul style="list-style-type: none"> <li>a. what would have been paid in the absence of Medicare or,</li> <li>b. the Medicare-approved amount minus the Medicare payment.</li> </ul> <b>Non-assigned claims:</b> After satisfying your deductible <sup>1</sup> and coinsurance <sup>2</sup> , your UISelect coverage pays the lesser of: <ul style="list-style-type: none"> <li>a. what would have been paid in the absence of Medicare or,</li> <li>b. the Medicare-limiting charge minus the Medicare payment.</li> </ul>	<b>Assigned claims:</b> After satisfying your deductible <sup>1</sup> , you pay your coinsurance <sup>2</sup> (of the Medicare-approved amount minus the Medicare payment) up to \$2,300 out-of-pocket maximum <sup>3</sup> for Level 1 and up to \$3,500 out-of-pocket maximum <sup>3</sup> for Level 2.  <b>Non-assigned claims:</b> After satisfying your deductible <sup>1</sup> , you pay your coinsurance <sup>2</sup> (of the Medicare's limiting charge minus the Medicare payment) up to \$2,300 out-of-pocket maximum <sup>3</sup> for Level 1 and up to \$3,500 out-of-pocket maximum <sup>3</sup> for Level 2.
<b>Physical examination</b>	Medicare covers exams once every 12 months at 100% if the provider accepts assignment.	One preventive physical exam (this includes a separate female pelvic exam and pap smear) and one preventive mammogram per benefit period are covered.  <b>For services by a Level 1 and 2 practitioner:</b> There is no payment made since Medicare will cover the full amount.	<b>For services by a Level 1 and 2 practitioner:</b> You pay nothing for the “Welcome to Medicare” exam if the doctor accepts assignment. After you’ve had Part B for longer than 12 months, you can get a yearly wellness visit to develop or update a prevention plan just for you, based on your current health and risk factors. You’ll pay nothing for this exam if the doctor accepts assignment.

**Consult your benefits certificate for complete coverage information.**

<sup>1</sup> Medicare deductibles are applied once per calendar year. Wellmark deductibles are \$500 Single and \$1,000 Family for Level 1 and \$950 Single and \$1,900 Family for Level 2. The Mental Health Services deductible is \$500 Single and \$1,000 Family for Levels 1 and 2.

<sup>2</sup> Your Wellmark coinsurance responsibility is calculated based upon Wellmark’s maximum allowable fee. Coinsurance is 15% for Level 1 and 25% for Level 2. A 15% coinsurance for Mental Health Services for Levels 1 and 2.

<sup>3</sup> Out-of-pocket maximums are \$2,300 Single and \$4,000 Family for Level 1 and \$3,500 Single and \$7,000 Family for Level 2 per calendar year.



## 2023 UISelect Retiree Coverage, continued

### Medicare Part B

Services	Medicare Pays per Benefit Period	Your UISelect Retiree Coverage Pays	You Pay
<b>Prescription drugs</b> Immunosuppressive drugs	After \$226 Part B deductible per calendar year, 80% of the Medicare-approved amount for immunosuppressive drugs if Medicare helped pay for the organ transplant, during the first 36 months following a covered transplant.	<p><b>Assigned claims:</b> After satisfying your deductible<sup>1</sup> and coinsurance<sup>2</sup>, your UISelect coverage pays the lesser of:</p> <ul style="list-style-type: none"> <li>a. what would have been paid in the absence of Medicare or,</li> <li>b. the Medicare-approved amount minus the Medicare payment.</li> </ul> <p><b>Non-assigned claims:</b> After satisfying your deductible<sup>1</sup> and coinsurance<sup>2</sup>, your UISelect coverage pays the lesser of:</p> <ul style="list-style-type: none"> <li>a. what would have been paid in the absence of Medicare or,</li> <li>b. the Medicare-limiting charge minus the Medicare payment.</li> </ul> <p><b>Not covered by Medicare:</b> Services not covered by Medicare, but covered by UISelect, are payable at 85% for Level 1, 75% for Level 2 of maximum allowable fee. In certain situations a service may not be covered by either Medicare or UISelect, and in some cases, the member may not be liable due to provider contract agreements.</p>	<p><b>Assigned claims:</b> After satisfying your deductible<sup>1</sup>, you pay your coinsurance<sup>2</sup> (of the Medicare-approved amount minus the Medicare payment) up to \$2,300 out-of-pocket maximum<sup>3</sup> for Level 1 and up to \$3,500 out-of-pocket maximum<sup>3</sup> for Level 2.</p> <p><b>Non-assigned claims:</b> After satisfying your deductible<sup>1</sup>, you pay your coinsurance<sup>2</sup> (of the Medicare's limiting charge minus the Medicare payment) up to \$2,300 out-of-pocket maximum<sup>3</sup> for Level 1 and up to \$3,500 out-of-pocket maximum<sup>3</sup> for Level 2.</p> <p><b>Not covered by Medicare:</b> After satisfying your deductible<sup>1</sup>, you pay your coinsurance amount<sup>2</sup> up to \$2,300 out-of-pocket maximum<sup>3</sup> for Level 1 and up to \$3,500 out-of-pocket maximum<sup>3</sup> for Level 2.</p>
<b>Other prescription drugs</b> (not covered by original Medicare)	Nothing	<b>Three levels of coverage under Blue Rx Value Plus<sup>SM</sup>:</b> 100% after coinsurance. Generic drugs are covered at 100%.	30% or 50% <sup>4</sup> up to \$2,000 out-of-pocket maximum.

**Consult your benefits certificate for complete coverage information.**

<sup>1</sup> Medicare deductibles are applied once per calendar year. Wellmark deductibles are \$500 Single and \$1,000 Family for Level 1 and \$950 Single and \$1,900 Family for Level 2. The Mental Health Services deductible is \$500 Single and \$1,000 Family for Levels 1 and 2.

<sup>2</sup> Your Wellmark coinsurance responsibility is calculated based upon Wellmark's maximum allowable fee. Coinsurance is 15% for Level 1 and 25% for Level 2. A 15% coinsurance for Mental Health Services for Levels 1 and 2.

<sup>3</sup> Out-of-pocket maximums are \$2,300 Single and \$4,000 Family for Level 1 and \$3,500 Single and \$7,000 Family for Level 2 per calendar year.

<sup>4</sup> Blue Rx Value Plus out-of-pocket maximum is \$2,000 Single or \$4,000 Family per calendar year.

# Definitions

**ASSIGNMENT (MEDICARE PART B)** — An agreement by a provider to accept Medicare's approved amount as full payment and not to bill the patient for any amounts over the Medicare approved amount, except for deductibles, coinsurance amounts, or non-covered services. Payment is made directly to providers accepting assignment.

**BENEFICIARY** — A person enrolled in Medicare.

**BENEFIT LEVEL 1** — Applies when you receive services from providers from the University of Iowa Health Care locations including University of Iowa Hospitals and Clinics, The Iowa Clinic, and Washington Co Hospital and Clinics.

**BENEFIT LEVEL 2** — Applies when you receive services from Wellmark Blue Choice® network providers.

**BENEFIT LEVEL 3** — Applies when you receive services outside of Benefit Level 1 and 2. This only applies to UIChoice; this does not apply to UISelect.

**COINSURANCE** — The percentage of medical expenses that a beneficiary will pay for covered services.

**COPAYMENT** — A fixed dollar amount you pay for certain covered services.

**CUSTODIAL CARE** — The type of care, wherever provided, which is designed essentially to assist an individual to meet their daily living activities and is of a nature that does not require the continuing attention and assistance of licensed medical or trained paramedical personnel. Examples of custodial care include, but are not limited to, the following activities:

- Services that constitute personal care such as walking, getting in and out of bed, aid in bathing, dressing, feeding and other forms of assistance with normal bodily functions;
- Preparation of special diets;
- Supervision of medication that can usually be self-administered.

Custodial care is only a covered benefit of the UISelect program. It is not a covered benefit of the UIChoice program.

**DEDUCTIBLE** — The amount a beneficiary must pay for covered services before Medicare or Medicare carveout benefits are available.

**HOME HEALTH AGENCY (HHA)** — A Medicare-approved or Joint Commission on Accreditation of Health Care Organizations (JCAHO) approved association or organization that provides skilled nursing care in the home that lasts two hours or less.

**HOSPICE PROGRAM** — A program that provides care in a comfortable setting (usually the home) for patients who are terminally ill and have a life expectancy of six months or less. Services include home health care plus respite services.

**HOSPITAL INSURANCE (PART A)** — The part of Medicare (also known as Part A) that helps pay for inpatient hospital care, some inpatient care in a skilled nursing facility, home health care and hospice care.

**INSURED** — A term used to refer to people enrolled in the Wellmark Medicare Carveout Program (see definition of Beneficiary).

**INTERMEDIARY** — The name given to an organization that processes claims for Medicare Part A in a given area.

**LIMITING CHARGE** — The highest amount of money you can be charged for a covered service by doctors and other health care providers who don't accept Medicare assignment. The limit is 15% over Medicare's approved amount. The limiting charge only applies to certain services and does not apply to supplies and equipment.

**MAXIMUM ALLOWABLE FEE** — The amount Wellmark sets, using various methodologies, for payment of covered services. The settlement amount will always be based on the lesser of the covered charge for a service or the maximum allowable fee.

**MEDICAL INSURANCE (PART B)** — The part of Medicare (also known as Part B) that helps pay for medically necessary doctors' services, outpatient hospital services, and a number of other medical services and supplies that are not covered by the hospital insurance part of Medicare, as well as some home health services.

**MEDICALLY NECESSARY** — Means a covered procedure, service, or supply that Wellmark considers eligible for benefits under this contract and is all of the following:

- Appropriate and necessary for the diagnosis and treatment of illness or injury.
- Consistent with professionally recognized standards of health care and given at the right time in the right setting.
- Not more costly than alternative services that would be more effective for diagnosis and treatment of the condition.
- Enables the member to make reasonable progress in treatment.

**MEDICARE'S APPROVED AMOUNT** — The amount payable under Medicare for a covered service. Physicians and other providers who accept Medicare assignment agree to accept the Medicare approved amount as full payment for services provided to Medicare beneficiaries except for Medicare deductibles, coinsurance, and noncovered services.

**MEDICARE CARVEOUT** — A provision of Wellmark group coverage that allows coordination of health care coverage among Medicare, Wellmark coverage and the beneficiary.

**MEDICARE-PARTICIPATING PROVIDER** — A physician or supplier who has signed an agreement to accept Medicare's approved amount as payment-in-full for covered services provided to the Medicare beneficiary. Payment will be made directly to a Medicare-participating provider, and the provider may not bill the difference between the billed charge and Medicare's approved amount to the beneficiary, except for noncovered services, copayments and deductibles. Participating providers will submit claims for the beneficiary.

**MEDICARE NONPARTICIPATING PROVIDER** — A physician or supplier who has chosen not to contract with Medicare to accept Medicare's approved amount as payment-in-full for covered medical services provided to beneficiaries. Such providers can charge up to 15 percent more than the Medicare-approved amount. This is called the limiting charge. Payment for services

provided by Medicare nonparticipating providers is made directly to the Medicare beneficiary when the provider does not accept assignment.

**NON-ASSIGNMENT** — Applies to claims for which the provider does not accept Medicare's approved amount as payment in full for covered services provided to Medicare beneficiaries. Such providers are limited to charging up to 15 percent more than the Medicare-approved amount. The payment is sent to the beneficiary.

**OUT-OF-POCKET MAXIMUM** — A specified amount that a Wellmark member must pay for covered services out-of (their own)-pocket in a benefit period. This amount equals the Wellmark deductible, coinsurance and copayment amounts an insured pays during the benefit period.

**OUTPATIENT FACILITY** — A facility that provides health and medical services to individuals who are not inpatients.

**PRIMARY CARE PRACTITIONER (PCP)** — Family practitioners, general practitioners, advance registered nurse practitioners, internal medicine doctors, pediatricians, geriatricians, physician assistants, or obstetrician/gynecologists. All other network providers are non-primary care providers.

**SKILLED NURSING FACILITY** — A specially qualified facility that provides continuous skilled nursing services as ordered and certified by an attending physician.

A registered nurse must supervise services and supplies on a 24-hour basis.

**WELLMARK HEALTH PLAN OF IOWA NETWORK** — The panel of providers who have contracted to provide services to enrollees of the UIChoice or UISelect program.

*These are general definitions. This is not a contract. Please see your benefits certificate for contractual definitions as they pertain to your policy.*



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