

HEALTH BENEFITS COMPARISON

Plans administered by Wellmark® Blue Cross® and Blue Shield®

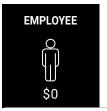
As a University of Iowa employee, you have the choice of two health plans: **UISelect** or **UIChoice**. **Before this year's open enrollment period from November 1-15, review** and compare the two plans so you can choose the one that is right for you.

COMPARE YOUR OPTIONS

The charts below will help you compare your health plan options and make an informed decision for 2025. Be sure to consider each plan's details, including premiums, deductibles, coinsurance, copays and out-of-pocket maximums.

UISELECT

Available only to lowa residents, the UISelect plan is a good option if you and your family live in-state. If you are traveling out of state, only emergency care and care from Doctor On Demand® are covered.











LEVEL 1 Most affordable care options

Includes University of Iowa Health Care, UI Health Care's Urgent Care and QuickCares, Washington County Hospital and Clinics and The Iowa Clinic in Des Moines.

LEVEL 2 Providers from the Wellmark Blue HMO™ network

Level 2 includes most providers in Iowa who are not in Level 1.

LEVEL 3 Not covered

Exceptions include emergencies or care with a Wellmark-approved out-of-network referral.

(Dependent children attending college, long-term travelers, and families living apart may be covered through guest membership.)

UICHOICE

With this plan, you can see health care providers in Iowa and across the nation. However, you'll pay less for care when you choose in-state doctors and hospitals on lower levels.











LEVEL 1 Most affordable care options

Includes University of Iowa Health Care, UI Health Care's Urgent Care and QuickCares, Washington County Hospital and Clinics and The Iowa Clinic in Des Moines.

LEVEL 2 Providers from the Wellmark Blue POS™ network

Level 2 includes most providers in lowa who are not in Level 1.

Providers from the BlueCard® network

BlueCard providers are readily available throughout the U.S. and around the globe.

To locate a provider, visit <u>wellmark.com/finder</u> and choose the *Find a Provider or Facility* link.

	UISELECT		UICHOICE		
► HEALTH COSTS	LEVEL 1	LEVEL 2	LEVEL 1	LEVEL 2	LEVEL 3
ANNUAL DEDUCTIBLE	Employee: \$500 Employee: \$950 Family: \$1,000 Family: \$1,900		N/A. Deductible for inpatient hospital care only. See annual inpatient care deductible below.		
INPATIENT CARE DEDUCTIBLE Semi-private room	See deductible		\$500 deductible followed by 10% coinsurance Per admission	\$750 deductible followed by 10% coinsurance Per admission	\$1,000 deductible followed by 40% coinsurance Per admission
COINSURANCE	15%	25%	10%	20%	Varies based on location & service
ANNUAL OUT-OF- POCKET MAXIMUM (OPM)	Levels 1 & 2 network providers combined		Levels 1 & 2 network providers combined		Level 3 participating and non-participating providers
	Employee: \$2,300 Family: \$4,000	Employee: \$3,500 Family: \$7,000	Employee: \$2,000 Family: \$4,000		Employee: \$2,500 Family: \$5,000
PREVENTIVE CARE Includes preventive exams, gynecological exams, immunizations, mammograms, and well-child care	\$0 copay Not subject to deductible		\$0 copay	\$0 copay	Participating providers: \$0 copay Non-participating providers: 0% coinsurance Balance billing may apply to non-participating providers
DOCTOR ON DEMAND®	\$0 copay		\$0 copay		
UI QUICK CARE	\$10 copay	N/A	\$10 copay	N/A	N/A
URGENT CARE VISIT	\$15 copay	\$40 copay	\$15 copay	\$30 copay	50% coinsurance
OFFICE VISIT	chiropractic care,	Primary care: \$40 copay Specialist: \$55 copay opay will apply to as well as physical, ational therapies.	\$15 copay	\$30 copay	50% coinsurance
EMERGENCY ROOM VISIT Copay waived if admitted	\$150 copay followed by 10% coinsurance	\$150 copay followed by 10% coinsurance Includes out-of-state ER visit	\$125 copay followed by 10% coinsurance		
MENTAL HEALTH CARE VISIT	\$0 c	opay	\$0 copay	\$0 copay	50% coinsurance
▶ PHARMACY	BLUE RX VALUE PLUS™		BLUE RX COMPLETE [™]		
TIER 1: Generic drugs	\$0 copay		\$0 copay		
TIER 2: Name-brand drugs	30% coinsurance		30% coinsurance		
TIER 3: Name-brand, non-formulary drugs	50% coinsurance		50% coinsurance		
TIER 4: Name-brand, non-formulary drugs	Not covered		50% coinsurance		
PHARMACY ANNUAL OPM	Employee: \$2,450 Family: \$4,900		Employee: \$1,850 Family: \$3,700		

UIHC Pharmacy fills specialty drugs for both UISelect and UIChoice plans.

QUESTIONS?

If you're still not sure which health plan is right for you, you have resources:

Visit hr.uiowa.edu/benefits/open-enroll-2025 and download the 2025 Faculty and Staff Benefits Guide to get additional details about each plan, including out-of-pocket costs.



Put the power of digital healthcare tools at your fingertips! Register for myWellmark® and download the app today.