

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 Iowa 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.**

EMPLOYEE  \$0	EMPLOYEE + SPOUSE  \$320	EMPLOYEE + CHILDREN  \$261	FAMILY  \$343	DOUBLE SPOUSE + FAMILY  \$0
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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.

EMPLOYEE  \$90	EMPLOYEE + SPOUSE  \$431	EMPLOYEE + CHILDREN  \$352	FAMILY  \$462	DOUBLE SPOUSE + FAMILY  \$231
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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 Iowa who are not in Level 1.

LEVEL 3
Providers from the BlueCard® network
 BlueCard providers are readily available throughout the U.S. and around the globe.

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

▶ HEALTH COSTS	UISELECT		UICHOICE		
	LEVEL 1	LEVEL 2	LEVEL 1	LEVEL 2	LEVEL 3
ANNUAL DEDUCTIBLE	Employee: \$500 Family: \$1,000	Employee: \$950 Family: \$1,900	N/A. Deductible for inpatient hospital care only. See annual inpatient care deductible below.		
INPATIENT CARE DEDUCTIBLE <small>Semi-private room</small>	See deductible		\$500 deductible followed by 10% coinsurance <small>Per admission</small>	\$750 deductible followed by 10% coinsurance <small>Per admission</small>	\$1,000 deductible followed by 40% coinsurance <small>Per admission</small>
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 <small>Includes preventive exams, gynecological exams, immunizations, mammograms, and well-child care</small>	\$0 copay Not subject to deductible		\$0 copay	\$0 copay	Participating providers: \$0 copay Non-participating providers: 0% coinsurance <small>Balance billing may apply to non-participating providers</small>
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	Primary care: \$15 copay Specialist: \$25 copay	Primary care: \$40 copay Specialist: \$55 copay	\$15 copay	\$30 copay	50% coinsurance
	Primary care copay will apply to chiropractic care, as well as physical, speech & occupational therapies.				
EMERGENCY ROOM VISIT <small>Copay waived if admitted</small>	\$150 copay followed by 10% coinsurance	\$150 copay followed by 10% coinsurance <small>Includes out-of-state ER visit</small>	\$125 copay followed by 10% coinsurance		
MENTAL HEALTH CARE VISIT	\$0 copay		\$0 copay	\$0 copay	50% coinsurance
▶ PHARMACY	BLUE RX VALUE PLUSSM		BLUE RX COMPLETESM		
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.