

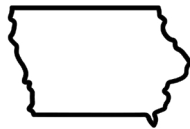
HEALTH BENEFITS COMPARISON

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**. It's important to review each option thoroughly to select the coverage that's right for you and your family.

KEY PLAN DIFFERENCES

The charts below will help you compare the two plans to make a more informed decision. Consider where you most often receive care and how this may relate to each plan's details, including premiums, deductibles, coinsurance, copays and out-of-pocket maximums.



Only available to employees living in Iowa.



Available to all benefits eligible employees.

	UISELECT	UICHOICE
Coverage	The UISelect plan is a good option if you and your family live in Iowa. Should you need care while traveling, only emergency care or virtual visits through Doctor On Demand ® are covered.	The UIChoice plan offers coverage to out-of-state employees, frequent travelers, or those who want access to nationwide and global care options. Employees living in Iowa will pay less for care when you choose in-state doctors and hospitals on lower levels.
Level 1 Most affordable	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.	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 In-network providers	Providers in the Wellmark Blue HMO SM network. Includes most Iowa-based providers not listed in Level 1.	Providers in the Wellmark Blue POS SM network. Includes most Iowa-based providers not listed in Level 1.
Level 3 Care outside of Iowa	Not covered. Exceptions include emergencies or Wellmark-approved out-of-network referrals. Dependent children attending college, long-term travelers, and families living apart may be covered through guest membership.	Participating providers in the BlueCard® network. BlueCard providers are readily available throughout the U.S. and around the globe.

2026 PREMIUM RATES

UISELECT				
EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY	DOUBLE SPOUSE + FAMILY
\$0	\$325	\$266	\$349	\$0

UICHOICE				
EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY	DOUBLE SPOUSE + FAMILY
\$95	\$456	\$372	\$488	\$244



FIND A PROVIDER:

Learn how to **locate in-network providers and facilities** near you.

▶ 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: \$2,700 Family: \$4,700	Employee: \$4,100 Family: \$8,100	Employee: \$2,300 Family: \$4,600		Employee: \$3,000 Family: \$6,000
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® by Included Health	\$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 PLUS SM		BLUE RX COMPLETE SM		
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		



QUESTIONS?

If you're still not sure which health plan is right for you, visit the [Employee Benefits page](#) to learn more.