

UI RETIREE HEALTH PLAN COMPARISON

This document outlines the available health plan options for calendar year 2026 available to UI retirees and their covered dependents, including key features, coverage details, and cost comparisons. The UIChoice and UISelect plans, administered by Wellmark Blue Cross/Blue Shield, feature tiered provider networks. UIChoice offers broader access through three provider levels, while UISelect provides a simpler two-level network with lower premiums.

Plan Provisions Effective Jan. 1, 2026 – Dec. 31, 2026

If you are Medicare eligible, both plans require your enrollment in Medicare Parts A and B, but not Part D.

Please note: the **blue highlighted** items are plan provisions that will take effect January 1, 2026.

Plan Provision	UIChoice	UISelect
Providers	Level 1: UI Health Care + affiliated providers Level 2: Blue POS network providers not in Level 1 Level 3: Any provider not in Levels 1 or 2	Level 1: UI Health Care + affiliated providers Level 2: Blue HMO Providers Level 3: NOT COVERED, except in emergencies
Annual Deductible	Inpatient hospitalization only, reference below	Level 1: Single \$500 / Family \$1,000 Level 2: Single \$950 / Family \$1,900
Coinsurance	Reference below	Reference below
Out-of-Pocket Maximum (OPM)	Levels 1 and 2: Single \$2,300 / Family \$4,600 Level 3: Single \$3,000 / Family \$6,000 Pharmacy OPM: Single \$1,850 / Family \$3,700	Level 1: Single \$2,700 / Family \$4,700 Level 2: Single \$4,100 / Family \$8,100 Pharmacy OPM: Single \$2,450 / Family \$4,900
Office Visits	Level 1: \$15 copay Level 2: \$30 copay Level 3: 50% coinsurance	Level 1 - Primary Care: \$15 copay Level 1 - Specialist Care: \$25 copay Level 2 - Primary Care: \$40 copay Level 2 - Specialist Care: \$55 copay
Routine Physicals/Preventive Services	Levels 1, 2, and 3 participating providers: \$0 copay Level 3 non-participating providers: 0% coinsurance (balance billing may apply to non-participating providers)	Level 1: \$0 copay Level 2: \$0 copay

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Imaging and Labs	Level 1: 10% coinsurance Level 2: 20% coinsurance Level 3: 40% coinsurance	Level 1: 15% coinsurance Level 2: 25% coinsurance
Immunizations	\$0 copay	\$0 copay
Routine Eye Exam	Level 1: \$15 copay Level 2: \$30 copay Level 3: 50% coinsurance	Level 1: \$25 copay Level 2: \$55 copay
Routine Hearing Exam	Level 1: \$15 copay Level 2: \$30 copay Level 3: 50% coinsurance	Level 1: \$25 copay Level 2: \$55 copay
Emergency Room Care	Levels 1, 2, and 3: \$125 copay, then 10% coinsurance (copay waived if admitted)	Levels 1, 2, and 3: \$150 copay, then 10% coinsurance (copay waived if admitted)
Room and Board	Level 1: \$500 deductible, followed by coinsurance Level 2: \$750 deductible, followed by coinsurance Level 3: \$1,000 deductible, followed by coinsurance	Level 1: \$500 deductible, followed by coinsurance Level 2: \$950 deductible, followed by coinsurance
Inpatient/Outpatient Surgery, Physician Care, Supplies, Labs & Imaging	Level 1: 10% coinsurance Level 2: 20% coinsurance Level 3: 40% coinsurance	Level 1: 15% coinsurance Level 2: 25% coinsurance
Prescription Drugs	No Deductible Blue Rx Complete Formulary Tier 1 - Generic: \$0 copay Tier 2 – Formulary: 30% coinsurance Tier 3 – Non-Formulary: 50% coinsurance Tier 4 – Name-brand, Non-Formulary: 50% coinsurance	No Deductible Blue Rx Value Plus Formulary Tier 1 - Generic: \$0 copay Tier 2 – Formulary: 30% coinsurance Tier 3 – Non-Formulary: 50% coinsurance Tier 4 – NOT COVERED
Chiropractor	Level 1: No Providers Level 2: \$30 copay Level 3: 50% coinsurance	Level 1: No Providers Level 2: \$40 copay

Plan Provision	UIChoice	UISelect
Hearing Aids	20% coinsurance maximum benefit of \$1,500 every 36 months	Level 1: 15% coinsurance Level 2: 25% coinsurance Maximum benefit of \$1,500 every 36 months
Outpatient Physical/Speech/Occupational and Respiratory Therapy	Levels 1 and 2: 10% coinsurance Level 3: 50% coinsurance office, 40% coinsurance facility	Level 1: \$15 copay office, 15% coinsurance facility Level 2: \$40 copay office, 25% coinsurance facility
Home Health Care / Hospice Care	Levels 1 and 2: 10% coinsurance Level 3: 40% coinsurance	Level 1: 15% coinsurance Level 2: 25% coinsurance
Ambulance	Levels 1 and 2: 10% coinsurance Level 3: 40% coinsurance	15% coinsurance
Durable Medical Equipment (DME)	20% coinsurance	Level 1: 15% coinsurance Level 2: 25% coinsurance
Outpatient Mental Health	Levels 1 and 2: \$0 copay for office, 10% coinsurance for facility Level 3: 50% coinsurance for office, 40% coinsurance for facility	Levels 1 and 2: \$0 copay for office, 15% coinsurance for facility

THIS DOCUMENT IS ONLY A SUMMARY OF BENEFITS – For additional information, please refer to the applicable plan document(s) available online at hr.uiowa.edu/benefits or call Wellmark at 1-800-643-9724.