

# 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 (OPMs). Before you decide, learn how to **find in-network providers and facilities** near you.



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 <b>Doctor On Demand</b> ® 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<br><small>Most affordable</small>      | Includes University of Iowa Health Care, UI Health Care's Urgent Care and Quick Care, 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 Quick Care, Washington County Hospital and Clinics, and The Iowa Clinic in Des Moines.                                                                                                 |
| Level 2<br><small>In-network providers</small> | Providers in the Wellmark Blue HMO <sup>SM</sup> network. Includes most Iowa-based providers not listed in Level 1.                                                                                                      | Providers in the Wellmark Blue POS <sup>SM</sup> network. Includes most Iowa-based providers not listed in Level 1.                                                                                                                                              |
| Level 3<br><small>Care outside of Iowa</small> | 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.                                                                                                                             |

## 2027 PREMIUM RATES

| UISELECT |                   |                     |        |                        |
|----------|-------------------|---------------------|--------|------------------------|
| EMPLOYEE | EMPLOYEE + SPOUSE | EMPLOYEE + CHILDREN | FAMILY | DOUBLE SPOUSE + FAMILY |
|          |                   |                     |        |                        |
| \$0      | \$346             | \$283               | \$371  | \$0                    |

| UICHOICE |                   |                     |        |                        |
|----------|-------------------|---------------------|--------|------------------------|
| EMPLOYEE | EMPLOYEE + SPOUSE | EMPLOYEE + CHILDREN | FAMILY | DOUBLE SPOUSE + FAMILY |
|          |                   |                     |        |                        |
| \$102    | \$488             | \$398               | \$523  | \$261                  |



**Understand your costs:**  
Log in to **myWellmark**® to view previous years' claims and estimate the cost of common medical procedures.

| ► HEALTH COSTS                                                                                                    | UISELECT                                                                                                  |                                                                               | UICHOICE                                                                                         |                                                                  |                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                   | LEVEL 1                                                                                                   | LEVEL 2                                                                       | LEVEL 1                                                                                          | LEVEL 2                                                          | LEVEL 3                                                                                                                                                            |
| Annual deductible                                                                                                 | Employee: \$500<br>Family: \$1,000                                                                        | Employee: \$950<br>Family: \$1,900                                            | N/A. Deductible for inpatient hospital care only.<br>See annual inpatient care deductible below. |                                                                  |                                                                                                                                                                    |
| Inpatient care deductible<br>Semi-private room                                                                    | See deductible                                                                                            |                                                                               | \$500 deductible followed by<br>10% coinsurance<br>Per admission                                 | \$750 deductible followed by<br>10% coinsurance<br>Per admission | \$1,000 deductible followed by<br>40% coinsurance<br>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: \$2,700<br>Family: \$4,700                                                                      | Employee: \$4,100<br>Family: \$8,100                                          | Employee: \$2,300<br>Family: \$4,600                                                             |                                                                  | Employee: \$3,000<br>Family: \$6,000                                                                                                                               |
| Preventive care<br>Includes preventive exams, gynecological exams, immunizations, mammograms, and well-child care | \$0 copay<br>Not subject to deductible                                                                    |                                                                               | \$0 copay                                                                                        | \$0 copay                                                        | Participating providers:<br>10% coinsurance<br><br>Non-participating providers:<br>10% coinsurance<br><br>Balance billing may apply to non-participating providers |
| 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<br><br>Specialist: \$25 copay                                                    | Primary care: \$40 copay<br><br>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<br>Copay waived if admitted                                                                  | \$150 copay followed by 10% coinsurance                                                                   | \$150 copay followed by 10% coinsurance<br><br>Includes out-of-state ER visit | \$125 copay followed by 10% coinsurance                                                          |                                                                  |                                                                                                                                                                    |
| Mental health care visit                                                                                          | \$0 copay                                                                                                 |                                                                               | \$0 copay                                                                                        | \$0 copay                                                        | 50% coinsurance                                                                                                                                                    |
| ► PHARMACY                                                                                                        | BLUE RX VALUE PLUS <sup>SM</sup>                                                                          |                                                                               | BLUE RX COMPLETE <sup>SM</sup>                                                                   |                                                                  |                                                                                                                                                                    |
| 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: \$2,900<br>Family: \$5,800                                                                      |                                                                               | Employee: \$2,150<br>Family: \$4,300                                                             |                                                                  |                                                                                                                                                                    |



Questions?

If you're still not sure which health plan is right for you, visit the **Employee Health Insurance** page to learn more.