

Compare your coverage options

MIIP HEALTH CARE PLANS

PLANS EFFECTIVE 7/1/21–6/30/22

PLAN BASICS

You can choose between four health plans provided by MIIP and administered by Wellmark® Blue Cross® and Blue Shield®: two HMO plans and two PPO plans. While it's important to pick a plan that fits your budget and medical needs, you should also factor in how you prefer to spend your health care dollars. Here's what you need to know:

HMO



Coverage in Iowa and the bordering counties only

This includes 100% of Iowa hospitals and 98% of Iowa physicians.



Only in-network care is covered

If you travel out of state, only emergency care and care from Doctor On Demand® are covered.



No need to designate a PCP

And, you pick your doctors; no referrals are necessary.



Lower premiums and higher deductibles

You'll see less money taken from your paycheck than on a PPO plan, but you'll pay more in out-of-pocket costs.

BOTTOM LINE: The major differences between HMO and PPO plans are premium cost and where care is covered. If you get your care in Iowa, and if you value affordability and ease-of-use, an HMO could be the money-saving option for you.

PPO



Coverage in Iowa and across the country

This includes 100% of Iowa hospitals and 98% of Iowa physicians, and 96% of U.S. hospitals and 95% of U.S. physicians.



Both in-network and out-of-network care are covered

However, you'll pay less at in-network providers.



No need to designate a PCP

And, you pick your doctors; no referrals are necessary.



Higher premiums and lower deductibles

More money will come out of your paycheck, but if you stay in network, you'll pay less out of pocket for care.

BOTTOM LINE: A PPO plan gives you peace-of-mind for a price. It's a good option if you regularly get care out of state or if you prefer not having to save up for larger out-of-pocket expenses.

New! The HMO HDHP

This year, you have a new coverage option: a high-deductible health plan that uses the HMO network.

- **Low premium; high deductible:** You'll see less money taken out of your paycheck. But, you'll pay the full cost for care until you meet your deductible, except with preventive care, which is 100% covered.
- **Unique OPM:** On this plan, the deductible is the same as your out-of-pocket maximum. That means, once you reach your deductible, your plan pays 100% of your covered costs.
- **Qualifies you to open an HSA:** A health savings account (HSA) has triple-tax advantages to help you pay your deductible and save long term. The account rolls over each year and is yours to keep, even if you change jobs or retire. Learn more about HSAs on page 2.

High-deductible health plans are not for everyone. But if you are willing to plan ahead, track your spending and pay more up front for care, the HMO HDHP may be a good choice that helps you save long term.

PLAN COSTS

	NEW! HMO HDHP <i>Coverage in Iowa only</i>	HMO ESSENTIAL <i>Coverage in Iowa only</i>	PPO CHOICE <i>Nationwide coverage</i>	PPO PREMIER <i>Nationwide coverage</i>
ANNUAL DEDUCTIBLE <small>Services subject to copays are not subject to the annual deductible.</small>	Single \$5,000 Family \$10,000 <i>Medical and pharmacy deductible are combined into one amount.</i>	Single \$2,000 Family \$4,000	Single \$1,250 Family \$2,500	Single \$750 Family \$1,500
OUT-OF-POCKET MAXIMUM (OPM): MEDICAL	Single \$5,000 Family \$10,000 <i>Medical and pharmacy OPMs are combined into one amount.</i>	Single \$4,000 Family \$8,000 <i>Medical and pharmacy OPMs are two separate amounts. See page 6 for pharmacy OPM.</i>	Single \$3,500 Family \$7,000 <i>Medical and pharmacy OPMs are two separate amounts. See page 6 for pharmacy OPM.</i>	Single \$2,500 Family \$5,000 <i>Medical and pharmacy OPMs are two separate amounts. See page 6 for pharmacy OPM.</i>
QUALIFIES YOU TO OPEN A HEALTH SAVINGS ACCOUNT (HSA)	Yes	No	No	No

WHAT'S AN HSA?

To compensate for the higher deductible, MIIP members who elect the HMO HDHP may be eligible to open and contribute to a health savings account, or HSA. With an HSA, you can set aside money to pay for qualified medical, prescription, dental and vision care expenses. HSAs are triple tax-advantaged: your contributions are made pre-tax, you'll enjoy tax-free interest and investment earnings, and you won't be taxed when you use the funds for qualified purchases. And, your HSA rolls over each year. It's yours to keep, even if you change jobs or retire.

If you are a new employee enrolling for the first time, you may elect any of the four plans. If you are a current employee and you previously waived coverage, you may only choose the HMO HDHP or the HMO Essential plan.



GLOSSARY



IN NETWORK/ OUT OF NETWORK

In-network health care providers have contracted with our insurance company to accept discounted rates. Out-of-network providers have not agreed to the discounted rates. You will pay much less at in-network doctors, hospitals and pharmacies.



PREMIUM

The amount taken from each paycheck to pay for your health insurance coverage.



DEDUCTIBLE

The amount you pay for covered services before your plan begins to pay benefits.



COINSURANCE

A percentage of the cost you pay each time you receive certain kinds of care.



COPAY

A flat dollar amount you pay each time you receive certain kinds of care. With MIIP coverage, services subject to copays are not subject to the deductible.



OUT-OF-POCKET MAXIMUM (OPM)

The most you will pay for services in a plan year.

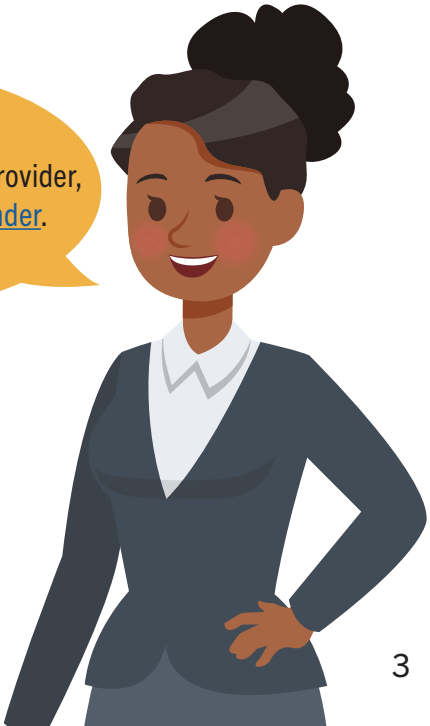
WHERE YOU CAN GET CARE

	HMO HDHP <i>Coverage in Iowa only</i>	HMO ESSENTIAL <i>Coverage in Iowa only</i>	PPO CHOICE <i>Nationwide coverage</i>	PPO PREMIER <i>Nationwide coverage</i>
NETWORK	Blue Access® network		Alliance Select SM network	
PROVIDER CHOICE	<p>You are not required to designate a primary care physician.</p> <p>You may see any provider in the Blue Access network. No referrals are required.</p> <p>If you go out of network, your care will not be covered, and you will pay the full cost.</p>		<p>You are not required to designate a primary care physician.</p> <p>You may see any provider you choose. No referrals are required.</p> <p>You will pay less out of pocket if you go to an in-network Alliance Select provider.</p>	
WHERE IS CARE COVERED?	<p>IN IOWA: Care is covered at in-network providers across Iowa and in some surrounding counties.</p> <p>OUTSIDE OF IOWA: Emergency care is covered out of state. For non-emergencies, only care from Doctor On Demand® is covered.</p> <p>LONG-TERM TRAVEL: Dependent children attending college, long-term travelers, and families living apart may be covered through guest memberships. Call the customer service number on the back of your Wellmark ID for information about guest memberships.</p>		<p>WORLDWIDE: Care is covered at in-network and out-of-network providers in Iowa, as well as across the U.S. and around the world.</p> <p>CARE WHILE TRAVELING: If you need care when traveling and you receive services from a physician or hospital designated as a BlueCard PPO® provider, you'll be covered by benefits based on the local Blue plan's negotiated rates.</p>	



The HMO HDHP is a new addition to your coverage options this year! It's called the HMO HDHP because it's a high-deductible health plan that uses the HMO network.

To locate an in-network provider, go to [Wellmark.com/finder](https://www.wellmark.com/finder).



COST SHARE DETAILS

	HMO HDHP <i>Coverage in Iowa only</i>	HMO ESSENTIAL <i>Coverage in Iowa only</i>	PPO CHOICE <i>Nationwide coverage</i>		PPO PREMIER <i>Nationwide coverage</i>	
			IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
PREVENTIVE CARE Routine and diagnostic care including: annual physical, annual ob/gyn exam, pap smear, well-child care up to age 7, immunizations, mammogram, breast imaging ultrasound, sigmoidoscopy, colonoscopy and psa tests.	No cost to you	No cost to you	No cost to you	Deductible then 30% coinsurance	No cost to you	Deductible then 20% coinsurance
OFFICE CARE	You pay the full negotiated cost for care until you have met your deductible/OPM.	\$35 copay	\$25 copay	Deductible then 30% coinsurance	\$20 copay	Deductible then 20% coinsurance
DOCTOR ON DEMAND For prescriptions, member cost share applies.		No cost to you	No cost to you		No cost to you	
TELEHEALTH For prescriptions, member cost share applies.		\$35 copay	\$25 copay	Deductible then 30% coinsurance	\$20 copay	Deductible then 20% coinsurance
INDEPENDENT LAB & X-RAY		\$35 copay	20% coinsurance	Deductible then 30% coinsurance	10% coinsurance	Deductible then 20% coinsurance
CHIROPRACTIC CARE		\$35 copay	\$25 copay	Deductible then 30% coinsurance	\$20 copay	Deductible then 20% coinsurance
EMERGENCY ROOM In an emergency situation, if you cannot reasonably reach an in-network provider, covered services will be reimbursed as though they were received from an in-network provider.		Deductible then 25% coinsurance	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 10% coinsurance	Deductible then 20% coinsurance
INPATIENT OR OUTPATIENT HOSPITAL CARE		Deductible then 25% coinsurance	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 10% coinsurance	Deductible then 20% coinsurance

COST SHARE DETAILS (CONT.)

	HMO HDHP <i>Coverage in Iowa only</i>	HMO ESSENTIAL <i>Coverage in Iowa only</i>	PPO CHOICE <i>Nationwide coverage</i>		PPO PREMIER <i>Nationwide coverage</i>	
			IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
MATERNITY	You pay the full negotiated cost for care until you have met your deductible/OPM.	Deductible then 25% coinsurance Routine prenatal and postnatal office visits for the mother's care are 100% covered.	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 10% coinsurance	Deductible then 20% coinsurance
ALLERGY SERVICES, IN-OFFICE <i>Includes shots, testing and serum.</i>		\$35 copay	\$25 copay	Deductible then 30% coinsurance	\$20 copay	Deductible then 20% coinsurance
INFERTILITY <i>Covers transfer procedures only, to a \$15,000 lifetime maximum.</i>		Office visit: \$35 copay Outpatient/inpatient care: Deductible then 25% coinsurance	Office visit: \$25 copay Outpatient/inpatient care: Deductible then 20% coinsurance	Deductible then 30% coinsurance	Office visit: \$20 copay Outpatient/inpatient care: Deductible then 10% coinsurance	Deductible then 20% coinsurance
MENTAL HEALTH & CHEMICAL DEPENDENCY CARE		Doctor On Demand visits: No cost to you Office/telehealth visits: \$35 copay Outpatient/inpatient care: Deductible then 25% coinsurance	Doctor On Demand visits: No cost to you Office/telehealth visits: \$25 copay Outpatient/inpatient care: Deductible then 20% coinsurance	Telehealth visits, office visits, outpatient and inpatient care: Deductible then 30% coinsurance	Doctor On Demand visits: No cost to you Office/telehealth visits: \$20 copay Outpatient/inpatient care: Deductible then 10% coinsurance	Telehealth visits, office visits, outpatient and inpatient care: Deductible then 20% coinsurance
SKILLED NURSING		Deductible then 25% coinsurance	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 10% coinsurance	Deductible then 20% coinsurance
OTHER COVERED SERVICES <i>Home health visit*, home infusion therapy*, private duty nursing*, home/durable medical equipment, oxygen and equipment. *Precertification required</i>		Deductible then 25% coinsurance	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 10% coinsurance	Deductible then 20% coinsurance
VISION <i>One annual routine vision exam at an in-network eye doctor.</i>		\$35 copay	Not a covered benefit			

PRESCRIPTION DRUG COVERAGE

		HMO HDHP <i>Iowa only</i>	HMO ESSENTIAL <i>Iowa only</i>	PPO CHOICE <i>Nationwide</i>	PPO PREMIER <i>Nationwide</i>
		BLUE RX COMPLETE SM			
DRUG COSTS Your drug's tier determines how much you'll pay at the pharmacy. The lower the tier, the more affordable your prescription.	TIER 1: Most affordable drugs Includes most generics and select name-brand drugs.	You pay the full negotiated cost until you have met your deductible/OPM.	\$10		
	TIER 2: Preferred drugs Drugs that are proven to be effective and favorably priced compared to other drugs that treat the same condition.		\$40		
	TIER 3: Non-preferred drugs Drugs that have not been found to be any more effective than available generics or preferred brands.		\$70		
	TIER 4: Limited-value drugs Combination products, lifestyle drugs or drugs with more cost-effective options available on lower tiers.		\$100		
SPECIALTY DRUGS Specialty drugs are high-cost medications for complex conditions that require special handling. You may only fill prescriptions for specialty drugs at CVS Specialty [®] Pharmacies. Learn more and locate a pharmacy at CVSSpecialty.com .	PREFERRED SPECIALTY/BIOSIMILAR DRUGS	You pay the full negotiated cost until you have met your deductible/OPM.	\$50		
	NON-PREFERRED SPECIALTY DRUGS		\$200		
OUT-OF-POCKET MAXIMUM (OPM): PHARMACY		See page 2 for OPM <i>Medical and pharmacy OPMs are combined into one amount.</i>	Single: \$2,600 Family: \$5,200 <i>Medical and pharmacy OPMs are two separate amounts. See page 2 for medical OPM.</i>		
QUANTITY LIMITS	RETAIL: TIER 1	Up to a 90-day supply (deductible)	Up to a 90-day supply (3 copays)		
	RETAIL: TIERS 2, 3 and 4	Up to a 30-day supply (deductible)	Up to a 30-day supply (1 copay)		
	MAIL ORDER: ALL MEDICATIONS	Up to a 90-day supply (deductible)	Up to a 90-day supply (2 copays)		
PRODUCT SELECTION PENALTY RULE		If a name-brand drug is dispensed when a generic is available, you will pay a penalty: your cost share, plus the difference between the generic drug and the name-brand drug.			



PLAN COMPARISON WORKSHEET

Your plan comparison charts give you a lot of great information about your plan options — but how does it all add up? What will you really spend for care and coverage? There are different ways to approach the math. Let's take a look.

TOTAL ANNUAL PREMIUM COST

First, let's look at what you'll spend in premiums for the whole year. Remember, premiums have a set price and are taken from each paycheck. You'll pay them whether you get care or not. To figure out what you'll pay, on your premium sheet, look up the premium for each plan based on who you will be covering. Will you elect single coverage, family coverage, etc.? Plug those numbers into the equations below, then multiply by your annual number of pay periods. The total will be what you'll pay in premiums next year.

HMO HDHP	
Premium	\$ <input type="text"/>
× Number of paychecks	<input type="text"/>
Annual premium cost	\$ <input type="text"/>

HMO ESSENTIAL	
Premium	\$ <input type="text"/>
× Number of paychecks	<input type="text"/>
Annual premium cost	\$ <input type="text"/>

PPO CHOICE	
Premium	\$ <input type="text"/>
× Number of paychecks	<input type="text"/>
Annual premium cost	\$ <input type="text"/>

PPO PREMIER	
Premium	\$ <input type="text"/>
× Number of paychecks	<input type="text"/>
Annual premium cost	\$ <input type="text"/>

COMMON CARE

Next, let's look at what you could pay for common kinds of in-network office visits, including primary care, specialist visits, mental health visits, allergy services and chiropractic care. To help you estimate the number of appointments you and your family will use, download past spending reports from myWellmark. Just log in to myWellmark.com and select *Claims*. Then, under *Spend Report*, select *Download*. (Remember: This equation does not take into account additional, often-unexpected costs like emergency room visits or hospitalizations.)

Estimated # of office visits	\$ <input type="text"/>
× \$125*	\$ <input type="text"/>
Annual out-of-pocket cost for office visits	\$ <input type="text"/>

Estimated # of office visits	\$ <input type="text"/>
× \$35 copay	\$ <input type="text"/>
Annual out-of-pocket cost for office visits	\$ <input type="text"/>

Estimated # of office visits	\$ <input type="text"/>
× \$25 copay	\$ <input type="text"/>
Annual out-of-pocket cost for office visits	\$ <input type="text"/>

Estimated # of office visits	\$ <input type="text"/>
× \$20 copay	\$ <input type="text"/>
Annual out-of-pocket cost for office visits	\$ <input type="text"/>

To get an even more accurate estimate of your out-of-pocket costs, consider how many prescriptions you and your family use each year. You can use your plan comparison charts, your myWellmark spending report and the CVS mobile app (available at Caremark.com/mobile) to estimate your annual pharmacy costs.

*Average cost for an office visit before the deductible is met.

EXTREME SCENARIO: THE MOST YOU COULD PAY

Finally, let's consider an extreme scenario: For each plan, what's the most you could spend on treatment and coverage in a plan year? This is good to consider if you have a complex chronic condition that requires a lot of care, or in case you experience a catastrophic illness or injury. To do the math, add the annual premium cost you calculated above to the appropriate medical and pharmacy out-of-pocket maximums (OPMs) for each plan. You'll find both single and family OPMs listed on pages 2 and 6.

Annual premium cost	\$ <input type="text"/>
Medical OPM	\$ <input type="text"/>
Pharmacy OPM	\$ <input type="text"/>
The most you could pay for care and coverage	\$ <input type="text"/>

Annual premium cost	\$ <input type="text"/>
Medical OPM	\$ <input type="text"/>
Pharmacy OPM	\$ <input type="text"/>
The most you could pay for care and coverage	\$ <input type="text"/>

Annual premium cost	\$ <input type="text"/>
Medical OPM	\$ <input type="text"/>
Pharmacy OPM	\$ <input type="text"/>
The most you could pay for care and coverage	\$ <input type="text"/>

Annual premium cost	\$ <input type="text"/>
Medical OPM	\$ <input type="text"/>
Pharmacy OPM	\$ <input type="text"/>
The most you could pay for care and coverage	\$ <input type="text"/>

ABOUT THIS GUIDE The benefits information presented in this book describes only the highlights of the plans and does not constitute official plan documents. Additional terms and conditions apply. If there are any discrepancies between the information contained herein and the official plan documents, the plan documents will govern.

YOUR HEALTH AND RX BENEFITS ADMINISTRATOR



Customer Service: 1-800-277-8380 | [Wellmark.com](https://www.wellmark.com)

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M-2021335 3/21