



# MEDICAL INSURANCE

## Coverage Day One (1)

The health insurance plan is self-funded and administered by Wellmark Blue Cross Blue Shield of Iowa – Alliance Select.

All associates make contributions toward the cost of health insurance. The company pays a portion (70% - 82%) of the premium for both single and family coverage.

There are two different plans offered, both are PPO plans and operate the same way.

### *Network Coverage (State of Iowa)*

- 100% of hospitals and 99% of Iowa Physicians covered under the network

### *Network Coverage (Outside the state of Iowa)*

- 96% of all US hospitals and 92% of all US physicians covered under network.
- Coverage in over 200 countries Worldwide

### **Premium Plan:**

- Lower Deductibles
- Lower out of pocket maximums
- Higher out of pocket premiums.
- Grandfathered Plan: (tobacco cessation not covered, copays do not count toward out of pocket deductible)

### **Value Plan:**

- Significantly Lower Premiums
- Designed to offer affordability
- Built in risk through higher deductibles.
- Copay for doctor's count toward out of pocket maximum.

## **MEDICAL INSURANCE COST:**

Premium Plan \$700 Single Deductible / \$1400 Family Deductible

Non-Tobacco - Single Bi-Weekly health	\$90.08	Non-Tobacco Family Bi-Weekly health	\$243.20
Tobacco-Single Bi-Weekly health	\$108.09	Tobacco Family Bi-Weekly health	\$265.72

Value Plan \$2,000 Single Deductible / \$4,000 Family Deductible.

Non-Tobacco – Single Bi-Weekly health	\$60.34	Non-Tobacco Family Bi-Weekly health	\$163.07
Tobacco-Single Bi-Weekly Health	\$79.90	Tobacco Family Bi-Weekly Health	\$199.76

	<b>Premium Plan</b>		<b>Value Plan with HRA</b>	
	<b><i>In-Network</i></b>	<b><i>Out-of-Net-work</i></b>	<b><i>In-Network</i></b>	<b><i>Out-of-Net-work</i></b>
Deductible (Calendar Year)	\$700 Single \$1,400 Family	\$1,400 Single \$2,800 Family	\$2,000 Single \$4,000 Family	\$4,000 Single \$8,000 Family
Coinsurance	15%	30%	20%	30%
Medical Out-of-Pocket Maximum	\$1,400 Single \$2,800 Family	\$2,800 Single \$5,600 Family	\$4,000 Single \$8,000 Family	\$8,000 Single \$16,000 Family
RX Out-of-Pocket Maximum	Not applicable		\$2,450 Single \$4,900 Family <small>Accumulates Separate from medical</small>	\$2,450 Single \$4,900 Family <small>Accumulates Separate from medical</small>
Office Visit	\$30 PCP; \$45 Specialist	Deductible then 30%	\$25 PCP; \$45 Specialist	Deductible then 30%
Chiropractic	\$30 Copayment	Deductible then 30%	\$30 Copayment	Deductible then 30%
Preventive Services	Covered at 100%	Deductible then 30%	Covered at 100%	Deductible then 30%
Virtual Visits	\$10 Copayment	NA	\$10 Copayment	NA
Prescription Drugs	Deductible Waived  \$15 Tier 1 \$30 Tier 2 \$45 Tier 3 \$45 Tier 4		\$100 single / \$200 family Deductible \$10 Tier 1 \$25 Tier 2 \$40 Tier 3 \$40 Tier 4	
<b>Facility Services</b>				
Inpatient	Deductible then 15%	Deductible then 30%	Deductible then 20%	Deductible then 30%
Outpatient	Deductible then 15%	Deductible then 30%	Deductible then 20%	Deductible then 30%
Emergency Room	Deductible then 15%	Deductible then 30%	Deductible then 20%	Deductible then 30%
<b>Mental Health &amp; Substance Abuse</b>				
Office Visit	\$30 PCP; \$45 Specialist	Deductible then 30%	\$25 PCP; \$45 Specialist	Deductible then 30%
Inpatient	Deductible then 15%	Deductible then 30%	Deductible then 20%	Deductible then 30%
Outpatient	Deductible then 15%	Deductible then 30%	Deductible then 20%	Deductible then 30%