

ISU PLAN MEDICAL PLANS 2009

THIS COMPARISON IS ONLY A LIMITED SUMMARY OF BENEFITS.

BENEFITS WILL BE ADMINISTERED AS DESCRIBED IN EACH PLAN'S SUBSCRIBER AGREEMENT OR PLAN DOCUMENT.

PLAN PROVISIONS	PPO (Alliance Select)		HMO (Blue Advantage)
	PPO In Network	PPO Out-of-Network	
Deductible	\$0	\$300/contract	\$0
Coinsurance	10% of Maximum Allowable Fee	20% of Maximum Allowable Fee, after deductible	0%
Office visit copays	\$10 copay	\$0	\$0
Out-of-pocket Maximum	\$1500/contract/year and separate Rx of \$1500.	\$1500/contract/year and separate Rx of \$1500	None on medical and separate Rx of \$1500
Lifetime maximum benefit	None	None	None
Preapproval of inpatient admissions	Required	Required	Directed by PCP-preauthorization required
Large case management	Alternative care set up on a case-by-case basis by insurance company	Alternative care set up on a case-by-case basis by insurance company	Directed by PCP
Second surgical opinion	Voluntary-paid at 100%	Voluntary-paid at 100%	Directed by PCP
Outpatient surgery	Mandatory for certain procedures	Mandatory for certain procedures	Directed by PCP-preauthorization required
Benefits from non-participating providers	Considered out-of-network	80% coverage to MAF (maximum allowable fee) after deductible	No coverage-out of area limited to medical emergency or injury
Dependent child age limit	Up to age 19, or no age limit if unmarried and a full-time student or disabled	Up to age 19, or no age limit if unmarried and a full-time student or disabled	Up to age 19, or no age limit if unmarried and a full-time student or disabled
Dependent adult child limit	Must be age 19 – 25, unmarried non-student and reside in Iowa	Must be age 19 – 25, unmarried non-student and reside in Iowa	Must be age 19 – 25, unmarried non-student and reside in Iowa
PHYSICIAN SERVICES			
Office visits	100% coverage after \$10 copay	80% coverage to MAF (maximum allowable fee) after deductible	100% coverage - PCP or referred by PCP within network
Routine physicals	100% coverage after \$10 copay	Not covered	100% coverage - PCP
Well child care	100% coverage after \$10 copay	80% coverage to MAF (maximum allowable fee) after deductible	100% coverage - PCP
X-ray and lab	90% coverage	80% coverage after deductible	100% coverage - directed by PCP
Routine eye exam	Covered at 90%, except refraction, one per calendar year	Not covered	100% coverage - one per calendar year, may self-refer to a network provider
Routine hearing exam	90% coverage, one per calendar year	Not covered	100% coverage – one per calendar year, self refer to network provider.
Maternity	90% coverage	80% coverage after deductible	100% coverage - directed by PCP
Contraceptive other than prescription	90% coverage	80% coverage after deductible	100% coverage - directed by PCP

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PREVENTATIVE SERVICES			
Allergy testing, CT scan, EEG, EKG, ECG, Holter monitoring, Pathology tests, Stress tests, Ultrasound, X-ray	90% coverage	Not covered	100% coverage - directed by PCP
Routine pap smears, routine mammography	90% coverage	80% coverage after deductible for mammography only, one per calendar year	100% coverage - directed by PCP
INPATIENT SERVICES			
Room and board	90% coverage, preadmission approval required	80% coverage after deductible, preadmission approval required	100% coverage - directed by PCP, preauthorization required
Physician services	90% coverage	80% coverage after deductible	100% coverage - directed by PCP, preauthorization required
Inpatient surgery	90% coverage; preadmission approval and prior approval required for certain procedures	80% coverage after deductible; preadmission approval and prior approval required for certain procedures	100% coverage - PCP or referred by PCP
Other inpatient care	90% coverage	80% coverage after deductible	100% coverage - directed by PCP
MENTAL / NERVOUS / SUBSTANCE ABUSE			
Inpatient hospital room and board	90% coverage; preadmission approval required	80% coverage after deductible; preadmission approval required	100% coverage - limited to 30 days per year, preauthorization required
Inpatient physician care	90% coverage	80% coverage after deductible	100% coverage - limited to 30 days per year
Outpatient	\$10 per visit copay then 90% coverage	80% coverage after deductible	100% coverage - limited to 52 days per year.
MISCELLANEOUS SERVICES			
Acupuncture	Not covered	Not covered	\$10/visit copay then \$500 annual maximum benefit/member, self referral to provider for up to 5 visits/condition. Over 5 need referral.
Allergy treatment	90% coverage, prior approval for some treatment	80% coverage after deductible, prior approval for some treatment	100% coverage - directed by PCP
Ambulance	90% coverage	80% coverage after deductible	100% coverage - directed by PCP medically necessary
Blood, blood plasma, blood serum	90% coverage	80% coverage after deductible	100% coverage - directed by PCP
Chiropractic care	\$10/visit copay, then 90% coverage	80% coverage after deductible	\$10 per visit copay, then 100% coverage, self referral to network provider
Organ transplants	Kidney, cornea, liver, heart, lung, heart-lung, pancreas, bone marrow covered in limited circumstances, preauthorization required	Kidney, cornea, liver, heart, lung, heart-lung, pancreas, bone marrow covered in limited circumstances, preauthorization required	Bone marrow, cornea, kidney, heart, lung, heart-lung, pancreas, or liver if required for biliary artesia, preauthorization required

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	PPO In Network	PPO Out-of-Network	
Dental accident care	90% coverage, covers repairs to jaw damage and sound natural teeth, treatment must begin and be completed within 6 months of accident	80% coverage after deductible, covers repairs to jaw damage and sound natural teeth, treatment must begin and be completed within 6 months of accident	100% coverage - directed by PCP, treatment within 72 hours after injury only
Durable medical equipment	90% coverage	80% coverage after deductible	100% coverage - directed by PCP, preauthorization required
Emergency room care	\$100 copay then 90% coverage; coinsurance follows copay; copay continues after OPM is met; waived if admitted	80% coverage, does not apply to the plan deductible	\$100 copay then 100% coverage-waived if admitted
Eye glasses	Not Covered	Not Covered	Not Covered
Hearing aids	Not Covered	Not Covered	Not Covered
Hemodialysis	90% coverage	80% coverage after deductible	100% coverage - directed by PCP
Home health care	90% coverage, preauthorization required	80% coverage after deductible, preauthorization required	100% coverage - directed by PCP preauthorization required
Hospice care	90% coverage; preauthorization required	80% coverage after deductible, preauthorization required	100% coverage - directed by PCP preauthorization required
Immunizations	90% coverage	80% coverage after deductible	100% coverage - directed by PCP
Infertility treatment	90% coverage, lifetime maximum \$15,000 per person	80% coverage after deductible, lifetime maximum \$15,000 per person	100% coverage - directed by PCP, lifetime maximum of \$15,000 per person - preauthorization required
Outpatient chemotherapy	90% coverage	80% coverage after deductible	100% coverage - directed by PCP
Physical Therapy	90% coverage	80% coverage after deductible	100% coverage - directed by PCP
Skilled nursing facility	90% coverage, preauthorization required	80% coverage after deductible, preauthorization required	100% coverage - directed by PCP preauthorization required
Speech, occupational and respiratory therapy	90% coverage, prior approval for some treatment	80% coverage after deductible, prior approval for some treatment.	100% coverage - directed by PCP
Temporo-mandibular Joint Treatment (TMJ)	90% coverage, preauthorization required.	90% coverage after deductible, preauthorization required.	100% coverage - directed by PCP, preauthorization required.

Wellmark Blue Cross and Blue Shield, Blue Advantage service area network effective January 1, 2009 will include 90 Iowa Counties. If you are enrolled in Blue Advantage, you may now receive services from participating providers in Douglas and Sarpy Counties in Nebraska as well as Children’s Hospital in Omaha. In Northwestern Iowa, the plans include participating facilities in South Dakota. In the Quad Cities, you may go to participating providers with the Genesis Health System or the Iowa Health System – Trinity. REMINDER: It is your responsibility to ensure that providers you seek services from are part of the Blue Advantage network. Services received from non-participating providers will NOT be paid by the insurance carrier.

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