

**ISU PLAN MEDICAL PLANS
BEGINNING FEBRUARY 1, 2010**

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/single / \$600 spouse/child/family	\$0
Coinsurance (member pays)	10% of Maximum Allowable Fee	20% of Maximum Allowable Fee, after deductible	0%
Office exam co-pays	\$20 co-pay	\$0	\$10
Out-of-pocket Maximum (OOP) Co-Pays DO NOT apply to OOP	\$1500/single contract/ \$3,000 spouse/child/family contract/ year and Separate prescription OOP of \$1500/single/\$3,000 spouse/child/family – EFFECTIVE JANUARY 1, 2010	\$3,000/single contract/\$6,000 spouse/child/family ontract/year and separate prescription OOP of \$1500/single/\$3,000 spouse/child/family – EFFECTIVE JANUARY 1, 2010	None on medical and Separate prescription OOP of \$1500/single/\$3,000 spouse/child/family – EFFECTIVE JANUARY 1, 2010
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, see out-of-network column	80% coverage to MAF (maximum allowable fee) after deductible	No coverage-Out-of-network 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 exams	100% coverage after \$20 co-pay	80% coverage to MAF (maximum allowable fee) after deductible	100% coverage after \$10 co-pay - PCP or referred by PCP within network
Routine physicals	100% coverage after \$20 co-pay	Not covered	100% coverage after \$10 co-pay - PCP
Well child care exams	100% coverage after \$20 co-pay	80% coverage to MAF (maximum allowable fee) after deductible	100% coverage after \$10 co-pay - PCP
X-ray and lab	90% coverage	80% coverage after deductible	100% coverage - directed by PCP
Routine eye exam	100% coverage, after \$20 co-pay, including refraction, one per calendar year	Not covered	100% coverage after \$10 co-pay , one per calendar year, may self-refer to a network provider
Routine hearing exam	100% coverage, after \$20 co-pay, including , one per calendar year	Not covered	100% coverage after \$10 co-pay , one per calendar year, self refer to network provider.

PLAN PROVISIONS	PPO (Alliance Select)		HMO (Blue Advantage)
	PPO In Network	PPO Out-of-Network	
PHYSICIAN SERVICES			
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
PREVENTATIVE SERVICES			
Labs, colonoscopies, sigmoidoscopies	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	80% coverage after deductible, preadmission approval required	100% coverage - directed by PCP
Physician services	90% coverage	80% coverage after deductible	100% coverage - directed by PCP
Inpatient surgery	90% coverage; 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	80% coverage after deductible; preadmission approval required	100% coverage
Inpatient physician care	90% coverage	80% coverage after deductible	100% coverage
Outpatient	\$20 per visit co-pay	80% coverage after deductible	100% coverage after \$10 co-pay
MISCELLANEOUS SERVICES			
Acupuncture	Not covered	Not covered	\$10/visit co-pay then \$500 annual maximum benefit/member, self referral to provider for up to 5 visits/condition. Over 5 need referral from PCP
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	\$20 /visit co-pay, then 90% coverage	80% coverage after deductible	\$10 per visit co-pay, then 100% coverage, self referral to network provider

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	PPO In Network	PPO Out-of-Network	
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
Durable medical equipment	90% coverage	80% coverage after deductible	100% coverage - directed by PCP, preauthorization required
Emergency room care	\$100 co-pay then 90% coverage; co-insurance follows co-pay; co-pay does not apply to OOP ; co-pay waived if admitted	\$100 co-pay then 80% coverage; co-pay does not apply to the plan OOP ; co-pay waived if admitted but then deductible applies	\$100 co-pay 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	90% coverage after deductible,	100% coverage - directed by PCP

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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