

2010 MEDICAL OPTIONS – A QUICK OVERVIEW

The ISU Plan for 2010 will feature two plans administered by Wellmark BC/BS of Iowa: HMO (Blue Advantage) and PPO (Alliance Select).

You may also elect to waive medical coverage altogether, which may be an option to consider if you have coverage available elsewhere (such as through your spouse's employer).

Employee share is deducted from pay on a pre-tax basis.

Same Sex Spouse / Domestic Partner:

If you elect same sex spouse / domestic partner coverage, manual enrollment is required.

For same sex spouse / domestic partners the employee share will be deducted post-tax on medical coverage.

Contact the Human Resources Service Center:

(515-294-4800 / 1-877-477-7485) for further information and a "2010 Benefit Change Form".

Social Security Numbers Are Required for Dependent Health & Dental Coverage

If you enroll spouse/dependents health and/or dental plans, we need your spouse/dependents Social Security Numbers. Social Security numbers provide unique identifiers for your spouse/dependents that aid in processing enrollment information between the vendors and Iowa State University.

Disclosure of your social security number (SSN) is requested from you in order for Iowa State University (ISU) to administer benefits. The Center for Medicare and Medicaid Services (CMS) requires Wellmark to report SSN for dependents. No statute or other authority requires that you disclose your SSN. Failure to provide your SSN may result in delays in enrollment and claim processing. Federal and State law protects the privacy and security of your SSN and ISU will not disclose your SSN without your consent for any other purposes except as allowed by law. ISU is working to minimize the use of SSN's within its business processes

Contact the Benefits Office if you have an indicator of "Invalid" under social security number and provide the correct social security number. If your family member is a foreign national contact the Benefits Office to verify family member does not have a SSN.

Double Spouse Option

If you and your spouse both work for ISU, it's important that you understand the following as it relates to your ISU Plan Benefits.

- An employee cannot be enrolled on two contracts as both an employee and a dependent of another employee.
- Child(ren) cannot be covered as dependents by both parents. One spouse must be designated as the "contract holder". The other spouse will be designated as the spouse and is a dependent with the children on the contract holder's policy.
- If both you and your spouse are ISU Plan eligible, you will each pay the double spouse share as shown on page 11 for medical and page 14 for dental.
- Initial enrollment in the double-spouse option requires completion of a double spouse form, including the name and social security number of the other spouse. Please contact the Benefits Office if you are electing this coverage for the first time.

If your spouse is employed at a non-Regents State agency, i.e. the Department of Transportation, you may elect the double spouse option through your spouse's employer and their insurance options. The agency should provide copies of the double spouse forms and you must manually sign up (not allowed on AccessPlus) in the Benefits Office in order to participate in this option.

If your spouse is ISU Non-Supervisory Merit review options with assistance from ISU Benefits office.

KNOW YOUR PLAN! (DESIGN Changes in Red/Bold)

Wellmark PPO (Alliance Select) *

- This plan design has a network of participating physicians throughout the U.S.A.
- Allowed to have the flexibility of service from participating providers that are contracted with Blue Cross and Blue Shield, Alliance Select In-Network
- **INCREASE BEGINNING FEBRUARY 1, 2010 - \$20 office co-pay, which does not apply to out-of-pocket maximum (OOP)** and/or 10% co-insurance and no deductible. Includes routine annual physical exams and any related lab tests, hearing and eye exams.
- Out-of-Network refers to physicians that are not contracted with Blue Cross and Blue Shield as preferred providers. Out-of-Network - \$300 single/**\$600 family** contract deductible, 20% co-insurance (applies to OOP). No coverage for routine services – includes annual physical and any related lab tests, hearing and eye exams.
- Self referral allowed – if you feel an injury or illness warrants specialty care you are allowed to make an appointment with the specialist without going through a primary care physician. The specialist may require the referral, but your plan design does not.
- \$100 emergency room co-payment, which is waived if admitted.
- **NEW BEGINNING JANUARY 1, 2010** - Out-of-pocket maximum of \$1,500 per single contract and **\$3,000 per SPOUSE, CHILD, FAMILY** contract, on eligible medical services.

Wellmark HMO (Blue Advantage) *

- This plan design has a network of participating physicians based in Iowa. Current participation is 99% of hospitals (acute care), 92% of primary care physicians (includes pediatricians), 92% of OB/GYN physicians, and 93% for specialists that are participating in the network.
- Each member in the contract is required to designate a primary care physician (PCP), which could be different from family members. Female participants may elect to also designate a primary OB-GYN physician for their yearly OBGYN exams.
- **NEW BEGINNING FEBRUARY 1, 2010** - for service directed by your elected PCP there is: **\$10 co-pay for office calls – preventative, outpatient mental health/chemical dependency, in-network chiropractic care and acupuncture services, which do not apply to an OOP.**
- \$0 deductible and \$0 co-insurance on eligible medical services.
- \$100 emergency room co-payment, which is waived if, admitted.
- If you require specialty care, referrals are required by your primary care physician. Once the initial referral is made, a new referral is not required for follow-up visits. Wellmark does not require written referrals to see a specialist, but care does need to be coordinated with their designated PCP. Once initial care to see a specialist is coordinated by the PCP the member should continue to have guidance from the PCP for as long as they need to see that specialist. The PCP may tell the member to see the specialist indefinitely or may tell the member to see the specialist and get back in touch with him/her after a certain period of time. In any case, the member should follow-up with the PCP for direction.
- No coverage out of the Blue Advantage network, unless an emergency and care is received in an emergency room or admitted from an emergency room or a prior authorization by Wellmark has been completed.

- **REMINDER: It is your responsibility to ensure that providers you seek services from are part of the managed care network for the health plan in which you are enrolled. Services received from non-participating providers will NOT be paid by the insurance carrier.**
- Guest membership: this is an added benefit while away from home for 90 or more consecutive days. The guest membership includes access to Blue Cross and Blue Shield participating hospitals, physicians and other health care providers from which you can receive covered services. It is important to note: preventative services are not covered unless performed by the member's designated Wellmark Health Plan of Iowa primary care physician. This guest membership is a valuable service for: long-term out-of-state travelers (traveling up to 180 days), dependent children who attend college full-time out of state, and family members who reside in another state but are covered under the same health plan. To request this service contact Wellmark Customer Service, the telephone number can be found on the back of your medical insurance card.

*** This is a summary. Benefits will be administered as described in each plan's subscriber agreement or plan document.**