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 – no deductible, $20 office co-payment (which does not apply to out-of-pocket maximum) and/or 10% co-insurance. 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 spouse/partner/child/family contract deductible, 20% co-insurance. No coverage for routine services (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.
- Out-of-pocket maximum of $1,500 per single contract and $3,000 per spouse/partner, child or family contract on eligible health expenses.

Wellmark HMO (Blue Advantage) *

- This plan design has a network of participating physicians based in Iowa. Current participation is 99% of hospitals (acute care), 93% of primary care physicians (includes pediatricians), 91% 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). Female participants may elect to also designate a primary OB-GYN physician for their yearly exams.
- For service directed by your elected PCP there is: $10 co-pay for office calls – preventative, outpatient mental health/chemical dependency.
- $10.00 co-pay for in-network chiropractic care and acupuncture services.
- For service directed by your elected PCP there is $0 deductible and $0 co-insurance.
- There is a $100 emergency room co-payment which is waived if admitted.
- If you require care from a specialist, you may see a provider in the Network with referral from PCP. If you require services that are not available from a specialist within the Network, you will be referred to a provider outside the Network who has expertise in diagnosing and treating your condition. Wellmark must approve out-of-Network referrals before you receive services or the services will not be covered. Please note: Even when your out-of-Network referral is approved, you are still responsible for complying with notification requirements. See Notification Requirements and Care Coordination in the Wellmark certificate accessible from the ISU Benefits web page.
- Referrals are not required for chiropractor visits, hearing exams, vision exams or acupuncture.
- 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, there is not coverage outside of the Blue Advantage network.
- 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 health insurance card.

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