Program 3 Plus is a Blue Cross/Blue Shield Classic plan. You may seek treatment from any licensed physician anywhere in the world. Benefits will be based on maximum allowable fees for the service area in which the physician practices. If the physician charges more than maximum allowable fee and is not participating with the insurance company, you will be liable for the excess charges. Referral to a specialist is not required with this plan.

Iowa Select is a preferred provider organization (PPO) Blue Cross/Blue Shield Alliance Select plan. If you utilize a physician and/or a hospital participating in the nationwide network, you will be covered by one set of deductibles and co-insurance. If you utilize a non-PPO physician or hospital (out-of-network) or one not contracting with the Blue Cross/Blue Shield Association, you will be covered by a different level of benefits. A list of participating physicians and hospitals is available from Wellmark or accessible on the websites listed on the page 75. Referral to a specialist is not required with this plan.

Managed Care Organization – Blue Advantage or Blue Access, have a choice of either plan in the WHPI network.

- Blue Advantage - the first category is a “primary care” plan. This plan does require you select a primary care physician (PCP). The PCP will need to refer you to an in-network specialist. Wellmark Blue Advantage is the “primary care” plan. Females may select a separate OBGYN physician.

- Blue Access - the second category is an “open access” plan. This plan does not require a PCP referral. You may self-refer to the providers participating in the network. Wellmark Blue Access is an “open access” plan.

- If you are considering enrolling in Blue Access or Blue Advantage, go to the Wellmark website for a full list of participating providers in Blue Access or Blue Advantage. REMINDER: it is your responsibility to ensure that providers you seek services from are participating in the Wellmark Health Plan of Iowa WHPI network. Services received from non-participating providers will NOT be paid by the insurance carrier. See the 2013 WHPI Service Area Map.

- Guest membership: this is an added benefit that must be requested in advance. 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 while away from home for 90 or more consecutive days.

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. The 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 a guest membership or learn more, contact Wellmark Customer Service, the telephone number can be found on the back of your medical insurance card.
Identification Cards:

- Program 3 Plus, Iowa Select and Blue Access – cards will be issued in the contract holder’s name. Enrolled family participants have identical cards.
- Blue Advantage – cards will be issued, one in each participant’s name on the contract holder’s policy. In addition, each card will indicate that participant’s Primary Care Physician (PCP) and but will not indicate, if designated, for female participants, the OB/GYN PCP.

Paying for Your Benefits:

The State of Iowa/Iowa State University for the Merit/AFSCME benefits, employees receive an Iowa State University (ISU) contribution towards the cost of the benefits selected.

- Single coverage – employee pays $0
- Family coverage – State pays the majority of the cost and you pay the remainder

Double Spouse/Domestic Partner Option:

If both you and your spouse/domestic partner are actively employed by Iowa State University or the State of Iowa in comparable positions that are eligible for benefits, you may enroll in a family plan designating one spouse/domestic partner as the contract holder.

This double spouse option allows sharing the family premium. Your department and your spouse/domestic partner’s department both contribute toward the total premium cost.

It is important you understand the following as it relates to your 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/domestic partner must be designated as the “contract holder”. The other will be designated as the “spouse/domestic partner” and is considered a dependent with the children on the contract holder’s policy.
- If both you and your spouse/domestic partner are in the Non-Supervisory Merit category, you will each pay the double spouse share as shown on page 15 for dental and page 20 for medical.
- If your spouse/domestic partner is already employed at a non-Regents State agency, i.e. the Department of Transportation, Natural Resources or other departments, you may elect the double spouse option through your spouse’s/domestic partner’s employer and their insurance options. You would be the contributing spouse while they would be the contract holder. The agency should provide copies of the double spouse/domestic partner forms and you must sign up in the Benefits Office in order to participate in this option. Contact the Benefits Office to discuss options.
- Initial enrollment in the double spouse/domestic partner option requires completion of a double spouse/domestic partner form, including the name and social security number of the other spouse/domestic partner. Please contact the Benefits Office if you are electing this coverage for the first time.