# 2022 UNI Employee Health Plan Summary

**January 1, 2022 through December 31, 2022**

<table>
<thead>
<tr>
<th></th>
<th>UNI PPO (Alliance Select) ¹</th>
<th>UNI Blue Advantage (HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Single Coverage Premium</td>
<td>1/12 Annual Premiums*</td>
<td></td>
</tr>
<tr>
<td>→ Active Employee’s Premium*</td>
<td>$21.60</td>
<td>$765.42</td>
</tr>
<tr>
<td>→ UNI’s Premium*</td>
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</tr>
<tr>
<td>Family Coverage Premium</td>
<td>1/12 Annual Premiums*</td>
<td></td>
</tr>
<tr>
<td>→ Active Employee’s Premium*</td>
<td>$368.40</td>
<td>$1,473.50</td>
</tr>
<tr>
<td>→ UNI’s Premium*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shared Family Coverage Premium</td>
<td>1/12 Annual Premiums*</td>
<td></td>
</tr>
<tr>
<td>→ Active Employee’s Premium*</td>
<td>$184.20</td>
<td>$1,657.69</td>
</tr>
<tr>
<td>→ UNI’s Premium*</td>
<td></td>
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<tr>
<td>Deductible</td>
<td>$350 per person</td>
<td>$1,000 per person</td>
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<tr>
<td></td>
<td>$700 (maximum) per family</td>
<td>$2,000 (maximum) per family</td>
</tr>
<tr>
<td></td>
<td>Waived for certain covered services</td>
<td>Applies to all covered services</td>
</tr>
<tr>
<td>Coinsurance Percentage</td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
</tr>
<tr>
<td>Lifetime Benefit Maximum</td>
<td>No Maximum</td>
<td>No Maximum</td>
</tr>
<tr>
<td>Maximum Out-of-Pocket (MOP)</td>
<td>Medical</td>
<td></td>
</tr>
<tr>
<td>Family Coverage: If one covered dependent reaches the single plan medical or prescription drug MOP, all covered services are paid at 100% for the remainder of the calendar year for that dependent. The remaining total family plan MOP would then be met through all covered dependents health and prescription drug expenses.</td>
<td></td>
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<tr>
<td></td>
<td>$1,750 per person</td>
<td>$4,000 per person</td>
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<tr>
<td></td>
<td>$3,500 (maximum) per family</td>
<td>$8,000 (maximum) per family</td>
</tr>
<tr>
<td></td>
<td>Prescriptions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$2,600 per person</td>
<td>$5,200 (maximum) per family</td>
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<tr>
<td></td>
<td>$5,200 (maximum) per family</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All deductibles, coinsurance, and copays apply to MOP. Once MOP is met, all covered services are paid at 100% for the remainder of the calendar year.</td>
<td></td>
</tr>
</tbody>
</table>

Wherever conflicts occur between the contents of this guide and the contracts, rules, regulations, or laws governing the administration of the various programs, the terms set forth in the various program contracts, rules, regulations, or laws shall prevail. Space does not permit listing all limitations and exclusions that apply to each plan. Before using your benefits, review the plan's coverage manual.
# 2022 UNI Employee Health Plan Details

(Read the Quick Guide on page 5)

<table>
<thead>
<tr>
<th></th>
<th>UNI PPO (Alliance Select) ¹</th>
<th>UNI Blue Advantage (HMO)</th>
</tr>
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<tbody>
<tr>
<td><strong>In-Network</strong></td>
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<tr>
<td><strong>Out-of-Network</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>Out-of-Network: Non-participating providers can balance bill</strong>*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Physician and Hospital Selection** | Member has choice of provider.  
  - Iowa – Alliance Select PPO  
  - Nationwide – BlueCard PPO | Member pays lower coinsurance if the provider participates in Wellmark's Alliance Select PPO network or the National BlueCard PPO network. | Member designates a Primary Care Physician (PCP) from the Blue Advantage network. When you need medical care, your PCP will provide or coordinate your care with other Blue Advantage providers. |
| **Preventive Care (per ACA guidelines)** | Covered at 100% | 30% coinsurance after deductible | Covered at 100% |
| - Routine physicals |                             |                          |
| - Annual OB/GYN Exams |                             |                          |
| - Well Child Exams |                             |                          |
| - Immunizations |                             |                          |
| - Mammograms |                             |                          |
| **All of the above services must be scheduled once per calendar year.** |                             |                          |
| **Routine Eye Exams** | Covered at 100% | 30% coinsurance after deductible | Covered at 100% |
| (One per calendar year) |                             |                          |
| **Office Visit, Urgent Care & Virtual Office Visit** | $25 copay | 30% coinsurance after deductible | $15 copay |
| **Office Visit – Specialist** | $40 office visit copay | 30% coinsurance after deductible | $15 office visit copay |
| ⁵ |                             |                          |
| **Chiropractic Care** | $25 office visit copay | 30% coinsurance after deductible | $15 office visit copay |
| **Allergy** |                             |                          |
| - Testing Non-Specialist | $25 office visit copay | 30% coinsurance after deductible | $15 office visit copay |
| - Testing Specialist | $40 office visit copay | 30% coinsurance after deductible | $15 office visit copay |
| - Shots & Serum Non-Specialist | $25 office visit copay | 30% coinsurance after deductible | $15 office visit copay |

All Eligible Employees  
Health Insurance Plan Options  
Page 2 of 7  
Revised: 09-DEC-2021
<table>
<thead>
<tr>
<th></th>
<th>**UNI PPO (Alliance Select)**¹</th>
<th><strong>Out-of-Network</strong></th>
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<tr>
<td>• Shots &amp; Serum Specialist</td>
<td>$40 office visit copay</td>
<td>30% coinsurance after deductible</td>
<td>$15 office visit copay</td>
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<tr>
<td><strong>Maternity Care</strong></td>
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<tr>
<td>• Physician Office Visit</td>
<td>$25 copay</td>
<td>30% coinsurance after deductible</td>
<td>$15 copay</td>
</tr>
<tr>
<td>• Physician’s Charges (global)</td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td>• Hospital Charges</td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
<td>10% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Inpatient Hospital &amp; Physician</strong></td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
<td>10% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Outpatient Hospital &amp; Physician</strong></td>
<td>10% coinsurance after deductible</td>
<td>30% coinsurance after deductible</td>
<td>10% coinsurance after deductible</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td></td>
<td>$100 copay, then 10% coinsurance after deductible</td>
<td>$100 copay</td>
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<tr>
<td>(<em>Copay is waived if member is admitted as an inpatient of a facility immediately following ER Services.</em>)</td>
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<tr>
<td><strong>Other Covered Services</strong></td>
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<tr>
<td>• Home Medical Equipment</td>
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<td>• Oxygen and Equipment</td>
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<td>• Prosthetics</td>
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<td>• Private Duty Nursing</td>
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<tr>
<td>• Ambulance</td>
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<tr>
<td></td>
<td>UNI PPO (Alliance Select)</td>
<td>UNI Blue Advantage (HMO)</td>
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<tr>
<td></td>
<td>In-Network</td>
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<tr>
<td>Prescription Drugs (Retail)</td>
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<tr>
<td>Blue Rx Complete Formulary Drug List</td>
<td><a href="https://wellmark.adaptiverx.com/webSearch/index?key=cnhmbGV4LnBsbYW4uUGxhbiBkZiR5cGU=">Link</a></td>
<td></td>
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<tr>
<td>Wellmark Prescription Information</td>
<td><a href="https://www.wellmark.com/my-employer-provides/prescription-drug-information">Link</a></td>
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<tr>
<td>Maximum Out-of-Pocket (MOP)</td>
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<td>In-Network</td>
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<td></td>
<td>Out-of-Network: Non-participating providers can balance bill***</td>
<td>No benefits from non-network providers unless a medical emergency^4.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$10 copay - Tier 1: Generic</td>
<td>$10 copay - Tier 1: Generic</td>
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<tr>
<td></td>
<td>$30 copay - Tier 2: Preferred</td>
<td>$30 copay - Tier 2: Preferred</td>
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<tr>
<td></td>
<td>$50 copay - Tier 3: Non-Preferred</td>
<td>$50 copay - Tier 3: Non-Preferred</td>
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<td></td>
<td>$50 copay - Tier 4 Limited</td>
<td>$50 copay - Tier 4 Limited</td>
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<td>$75 copay – Specialty: Biosimilar</td>
<td>$75 copay – Specialty: Biosimilar</td>
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<tr>
<td></td>
<td>$115 copay - Specialty: Preferred</td>
<td>$115 copay - Specialty: Preferred</td>
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<tr>
<td></td>
<td>$215 copay - Specialty: Non-Preferred</td>
<td>$215 copay - Specialty: Non-Preferred</td>
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<td></td>
<td>Same as In-Network Rx copays plus “balance billed”***</td>
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<tr>
<td></td>
<td>$10 copay - Tier 1: Generic</td>
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<td>$30 copay - Tier 2: Preferred</td>
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<td>$50 copay - Tier 3: Non-Preferred</td>
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<td>$50 copay - Tier 4 Limited</td>
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<td>$215 copay - Specialty: Non-Preferred</td>
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<td></td>
<td>Mail Order: 2 copays for a 3 month supply (maintenance drugs only)</td>
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<tr>
<td></td>
<td>Medical</td>
<td>Medical</td>
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<tr>
<td></td>
<td>$1,750 per person</td>
<td>$750 per person</td>
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<td></td>
<td>$3,500 (maximum) per family</td>
<td>$1,500 (maximum) per family</td>
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<td></td>
<td>$4,000 per person</td>
<td>$8,000 (maximum) per family</td>
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<tr>
<td></td>
<td>$8,000 (maximum) per family</td>
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<tr>
<td></td>
<td>Prescriptions</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>$2,600 per person</td>
<td></td>
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<tr>
<td></td>
<td>$5,200 (maximum) per family</td>
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<td>Once MOP is met, all covered services are paid at 100% for the remainder of the calendar year.</td>
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</tr>
</tbody>
</table>

*Premiums shown are 1/12 the annual cost for annual employees and are effective January 1, 2022. Please visit [https://hrs.uni.edu/mybenefits/deductions](https://hrs.uni.edu/mybenefits/deductions) to learn about deductions. To view COBRA Premiums visit [https://hrs.uni.edu/sites/default/files/mybenefits/bn_cobrapremiums_2022.pdf](https://hrs.uni.edu/sites/default/files/mybenefits/bn_cobrapremiums_2022.pdf).

**Chiropractic Care** – After your 12th visit you must obtain approval of a treatment plan from a Network Provider or Network chiropractor. UNI Blue Advantage (HMO) Plan has a limited number of in-network chiropractors. Ask your provider for a discount if they do not participate in the network.

***Balance Billed:*** Non-participating and Non-network providers can balance bill the member for the difference between their charge and the allowed amount. This balance bill is the member’s liability and does not apply to the deductible or out-of-pocket maximum. (Please see glossary on page 7)

^1 The UNI PPO (Alliance Select) is the base health plan for which UNI premiums are determined:
- For Single coverage, the full premium for the UNI PPO (Alliance Select) is applied to both of the plans.
- For Family coverage, 80% of the full premium for the UNI PPO (Alliance Select) is applied to both of the plans.
## Quick Guide to Selecting a UNI Employee Health Plan

<table>
<thead>
<tr>
<th>In-Network</th>
<th>UNI PPO (Alliance Select Network)</th>
<th>UNI Blue Advantage (HMO Network)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant number of medical providers in Iowa (including small portion of S. Dakota)¹</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Significant number of medical providers nationwide¹, including Mayo Clinic, Rochester, MN</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td>International coverage</td>
<td>✅</td>
<td></td>
</tr>
<tr>
<td>National and international coverage when emergency**</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Chiropractic care²</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Coverage for routine eye exams</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Does NOT require referral for in-network providers</td>
<td>✅</td>
<td>✅</td>
</tr>
</tbody>
</table>

| Out-of-Network | | |
|----------------|-----------------------------|
| Nationwide coverage** | ✅ | |
| Coverage with guest membership³ | | ✅ |
| Does NOT require referral for out-of-network providers** | ✅ | |
| Prescription drugs: product selection penalty rule (please see pg. 4) | ✅ | ✅ |
| Requires a Primary Care Physician (PCP) | | ✅ |
| Coverage for medically necessary services** | ✅ | ✅ |
| Doctor On Demand - Video visits with board-certified physicians | ✅ | ✅ |

¹Complete the Provider search to see if your providers are in-network: [https://www.wellmark.com/finder](https://www.wellmark.com/finder)

²Limited providers in-network for UNI Blue Advantage (HMO); however many chiropractors offer co-pay discounts if they are considered outside the network. Talk to your current out-of-network chiropractor to learn if they would provide a discount.

³Members traveling long-term, any covered dependents attending college out of state, or covered family members living apart are eligible to become a guest member any time they are outside the Wellmark Health Plan Network area for at least 90 days. Not all services covered under your medical benefits are covered under Guest Membership. To determine which services are covered under the Guest Membership program, call Wellmark. To receive covered services under the Guest Membership program, you must receive the service(s) from a Participating Provider.

**Balance Billed: Non-participating and Non-network providers can balance bill the member for the difference between their charge and the allowed amount. This balance bill is the member’s liability and does not apply to the deductible or out-of-pocket maximum.
An emergency is as defined by the coverage manual:
When treatment is for a medical condition manifested by acute symptoms of sufficient severity, including pain that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect absence of immediate medical attention to result in:

- Placing the health of the individual or, with respect to a pregnant woman, the health of the woman and her unborn child, in serious jeopardy; or
- Serious impairment to bodily function; or
- Serious dysfunction of any bodily organ or part.

In an emergency situation, if you cannot reasonably reach a Wellmark Health Plan Network Provider, covered services will be reimbursed as though they were received from a Wellmark Health Plan Network Provider. However, because we do not have contracts with Out-of-Network Providers and they may not accept our payment arrangements, you are responsible for any difference between the amount charged and our amount paid for a covered service.

The following are considered Primary Care Physicians (PCP’s)
- Family practitioners
- General practitioners
- Internal medicine practitioners
- Obstetricians/gynecologists
- Pediatricians
- Physician assistants
- Advanced registered nurse practitioners

Other providers (not primary care physicians) include: chiropractors, speech pathologists, occupational therapists and physical therapists. Mental Health would also be considered as non-specialist treatment in order to pass mental health parity testing.

All other providers are considered specialists.
Examples of these include cardiologists, dermatologists, and orthopedists.

*Blue Cross Blue Shield Global Core
As a Blue Cross and Blue Shield Plan member, your health care benefits are with you at home and abroad. Within the United States, you’re covered whether you need care in urban or rural areas. Outside the United States, you have access to doctors and hospitals in nearly 200 countries and territories around the world through the Blue Cross Blue Shield Global Core program.

https://bcbsglobalcore.com
<table>
<thead>
<tr>
<th>Glossary of Benefit Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance Bill</td>
</tr>
<tr>
<td>This is where a service is completed outside of the network and the charge for the service exceeds the total cost of the service. You may be billed for the difference and the amount does not go towards your max-out-of-pocket. An example would be an overnight stay at an out of network hospital. The allowed amount is $1000, and your bill is $1500. You could be charged for the $500.</td>
</tr>
</tbody>
</table>

| Coinsurance               |
| Your share of the costs of a covered health care service after the deductible is met. This is calculated as a percent of the allowed amount for the service and will be owed until the max out-of-pocket is met. |

| Copayment                 |
| A fixed amount you pay for a covered health care service, usually when you receive the service. |

| Deductible                |
| The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. |

| In-Network                |
| Providers who contract with your health plan. Your payments may be less when seeking treatment from an in-network facility or physician. |

| Tier 4 Limited-value drugs|
| Limited-value drugs are combination products, lifestyle drugs, or drugs with more cost-effective options available on lower tiers (i.e. generics) |

| Max out-of-pocket (MOP)   |
| This is the most you could pay during a coverage period (usually one calendar year) for your share of the cost of covered services. This limit helps you plan for health care expenses. Premiums, pre-service review penalties, balance-billed charges, and health care this plan doesn't cover do not apply to MOP. For this plan, the MOP is $1,750 per person, and a maximum $3,500 per family for health care expenses. The MOP is $2,600 per person and a maximum $5,200 per family for the prescription. The in-network health and prescription out of pocket amounts accumulate separately. |

| Out-of-Network            |
| Providers who do not contract with your health plan. Co-payment may be higher if seeking treatment out-of-network. |

| Primary Care Physician (PCP) |
| Required for the UNI Blue Advantage (HMO) plan |
| Your designated Primary Care Physician, evaluates your medical condition and either treats your condition or coordinates services you require. You must choose a personal doctor from the Wellmark Health Plan Network. You have the right to choose any personal doctor who participates in the Wellmark Health Plan Network and who is available to accept you or your family members. You may select one of the following types of providers as your designated personal doctor: family practitioners, general practitioners, internists, nurse practitioners, physicians assistants, and pediatricians. |