

2024 UNI Employee Health Plan Summary

January 1, 2024 through December 31, 2024

	UNI PPO (Alliance Select)		UNI Blue HMO
	In-Network	Out-of-Network	In-Network
Single Coverage Premium → Active Employee's Premium* → UNI's Premium*	1/12 Annual Proposed Premiums*		1/12 Annual Proposed Premiums*
	\$45.00	\$906.65	\$20.10
			\$886.55
Family Coverage Premium → Active Employee's Premium* → UNI's Premium*	1/12 Annual Proposed Premiums*		1/12 Annual Proposed Premiums*
	\$436.35	\$1,745.37	\$230.40
			\$1,745.37
Dual Spouse Discount for Family Plans → Active Employee's Premium* → UNI's Premium*	1/12 Annual Proposed Premiums*		1/12 Annual Proposed Premiums*
	\$218.10	\$1,963.62	\$80.55
			\$1,895.22
Deductible	\$350 per person \$700 (maximum) per family Waived for certain covered services	\$1,000 per person \$2,000 (maximum) per family Applies to all covered services	\$150 per person \$300 (maximum) per family Waived for certain covered services
Coinsurance Percentage	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible
Lifetime Benefit Maximum	No Maximum	No Maximum	No Maximum
Maximum Out-of-Pocket (MOP) <i>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.</i>	Medical \$2,000 per person \$4,000 (maximum) per family	Medical \$4,000 per person \$8,000 (maximum) per family	Medical \$1,000 per person \$2,000 (maximum) per family
	Prescriptions \$2,600 per person \$5,200 (maximum) per family		
	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.		


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.

2024 UNI Employee Health Plan Details

 Read the Quick Guide on page 5)

	UNI PPO (Alliance Select)		UNI Blue HMO
	In-Network	Out-of-Network	In-Network
		Out-of-Network: Non-participating providers can balance bill***	No benefits from non-network providers unless a medical emergency ⁴ .
Physician and Hospital Selection <i>Find a Doctor or Hospital</i> https://www.wellmark.com/finder	Member has choice of provider. <ul style="list-style-type: none"> Iowa – Alliance Select PPO Nationwide – BlueCard PPO Unique Prefix: UON	Member pays lower coinsurance if the provider participates in Wellmark's Alliance Select PPO network or the National BlueCard PPO network. Unique Prefix: UON	Member designates a Primary Care Physician (PCP) from the UNI Blue HMO network. When you need medical care, your PCP will provide or coordinate your care with other UNI Blue HMO providers. Unique Prefix: XQW
Preventive Care (per ACA guidelines) <ul style="list-style-type: none"> Routine physicals Annual OB/GYN Exams Well Child Exams Immunizations Mammograms All of the above services must be scheduled once per calendar year.	Covered at 100%	30% coinsurance after deductible	Covered at 100%
Routine Eye Exams (One per calendar year)	Covered at 100%	30% coinsurance after deductible	Covered at 100%
Office Visit, Urgent Care & Virtual Office Visit	\$25 copay	30% coinsurance after deductible	\$15 copay
Office Visit – Specialist⁵	\$40 office visit copay	30% coinsurance after deductible	\$15 office visit copay
Chiropractic Care	\$25 office visit copay	30% coinsurance after deductible	\$15 office visit copay Up to 12 visits per person per year without approval**
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
• Shots & Serum Specialist	\$40 office visit copay	30% coinsurance after deductible	\$15 office visit copay

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Maternity Care			
• Physician Office Visit	\$25 copay	30% coinsurance after deductible	\$15 copay
• Physician's Charges (global)	10% coinsurance after deductible	30% coinsurance after deductible	Covered at 100%
• Hospital Charges	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible
Inpatient Hospital & Physician	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible
Outpatient Hospital & Physician	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible
Emergency Room (Copay is waived if member is admitted as an inpatient of a facility immediately following ER Services.)	\$100 copay, then 10% coinsurance after deductible		\$100 copay
Other Covered Services <ul style="list-style-type: none"> • Home Medical Equipment • Oxygen and Equipment • Prosthetics • Private Duty Nursing • Ambulance 	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible

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Prescription Drugs (Retail) Blue Rx Value PlusSM Formulary Drug List https://wellmark.adaptiverx.com/webSearch/index?key=8F02B26A288102C27BAC82D14C006C6FC54D480F80409B682A96D6A826A242AA	\$10 copay - Tier 1: Generic \$30 copay - Tier 2: Preferred \$50 copay - Tier 3: Non-Preferred \$75 copay – Specialty: Biosimilar*** \$115 copay - Specialty: Preferred*** \$215 copay - Specialty: Non-Preferred***	Same as <i>In-Network</i> Rx copays plus “balance billed”****	\$10 copay - Tier 1: Generic \$30 copay - Tier 2: Preferred \$50 copay - Tier 3: Non-Preferred \$75 copay – Specialty: Biosimilar*** \$115 copay - Specialty: Preferred*** \$215 copay - Specialty: Non-Preferred***
 Wellmark Prescription Information https://www.wellmark.com/member/prescription-drugs	Copay applies to prescription drugs maximum out-of-pocket; unless you choose to receive a brand name when a generic equivalent is available. Wellmark will pay only what it would have paid for the equivalent generic drug. You will be responsible for your payment obligation for the equivalent generic drug and any remaining cost difference up to the maximum allowed fee for the brand name drug (this is also known as a “product penalty selection rule”). Mail Order: 2 copays for a 3 month supply (maintenance drugs only)		
Maximum Out-of-Pocket (MOP) <i>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.</i>	Medical \$2,000 per person \$4,000 (maximum) per family	Medical \$4,000 per person \$8,000 (maximum) per family	Medical \$1,000 per person \$2,000 (maximum) per family
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*Premiums shown are 1/12 the annual cost for annual employees and are effective January 1, 2024. Please visit <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.pdf.

****Chiropractic Care** – After your 12th visit you must obtain approval of a treatment plan from a Network Provider or Network chiropractor. UNI Blue 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)**

Quick Guide to Selecting a UNI Employee Health Plan

	UNI PPO (Alliance Select Network)	UNI Blue HMO (HMO Network)
In-Network		
Significant number of medical providers in Iowa (including small portion of S. Dakota) ¹	✓	✓
Significant number of medical providers nationwide ¹ , including Mayo Clinic, Rochester, MN	✓	
International coverage	✓	
National and international coverage when emergency**	✓	✓
Chiropractic care ²	✓	✓
Coverage for routine eye exams	✓	✓
Does NOT require referral for in-network providers	✓	✓
Out-of-Network		
Nationwide coverage**	✓	
Coverage with guest membership ³		✓
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>

²Limited providers in-network for UNI Blue 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.

⁴An 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.

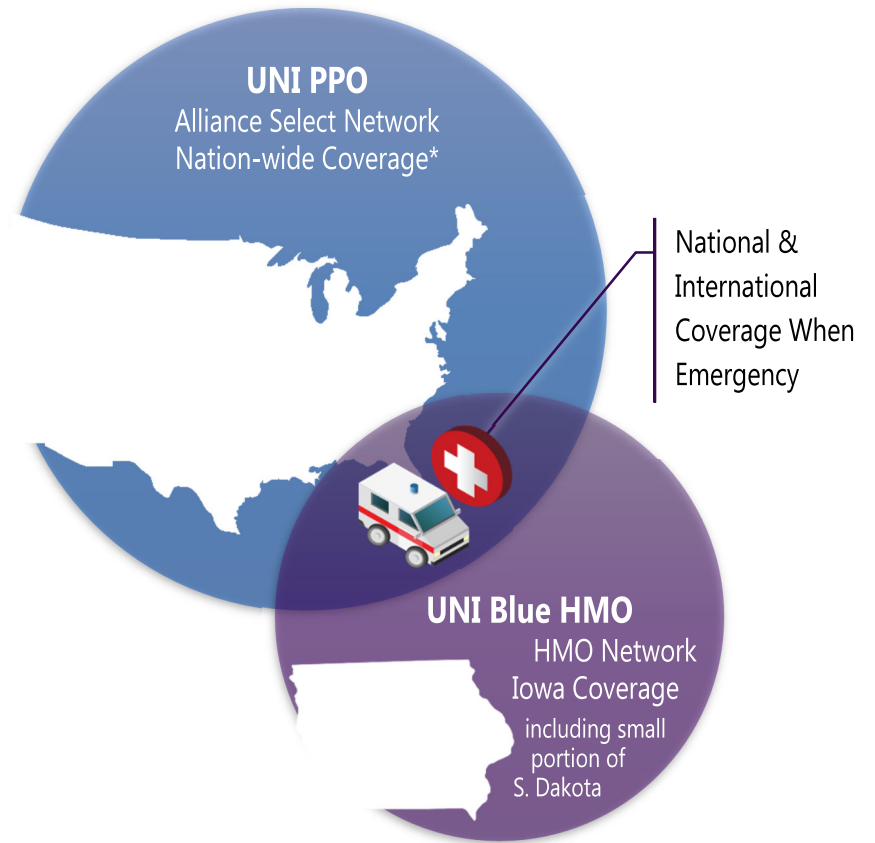
⁵The following are considered Primary Care Physicians (PCP's)

- 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>

Glossary of Benefit Terms

For a full glossary please visit <https://hrs.uni.edu/mybenefits/glossary>

Balance Bill	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.
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 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.