



Cedar Valley Hospice 2021-2022 Health Insurance



In-Network Benefits Unless Otherwise Noted		Alliance Select HSA
Calendar Year Deductible	In Network	\$2,800 per Individual/\$5,600 Family Max.
	Out of Network	\$5,600 per Individual/\$11,200 Family Max.
Coinsurance	In Network	100% Carrier/0% Member
	Out of Network	100% Carrier/0% Member
Calendar Year Out-of-Pocket Maximum	In Network	\$2,800 per Individual/\$5,600 Family Max.
	Out of Network	\$5,600 per Individual/\$11,200 Family Max.
OFFICE VISITS		
Primary Care/Specialist		Deductible & Coinsurance Apply
Chiropractic Therapy		Deductible & Coinsurance Apply
Urgent Care		Deductible & Coinsurance Apply
HOSPITAL BENEFITS		
Hospital Inpatient and Outpatient Services		Deductible & Coinsurance Apply
Emergency Room		Deductible & Coinsurance Apply
NETWORK ACCESS		
Mayo Clinic		In Network
University of Iowa		In Network
PRESCRIPTION DRUG BENEFITS		
Retail Pharmacy		Deductible & Coinsurance Apply
OTHER		
Preventive Care		Covered at 100% by Plan
EMPLOYEE PREMIUMS - 24 DEDUCTIONS		
Employee		\$40.00
Employee+1		\$80.00
Employee+2		\$120.00
Family+3 or more		\$160.00

This is a summary of coverage only and is not intended as a contract of coverage. Please refer to the summary plan description for full details of the plan.