



Cedar Valley Hospice 2017 Health Insurance Options

Deductibles/Out-of-Pocket Maximum are based on calendar year	2017-18 Blue Choice POS*	2017-18 Alliance Select HSA	
Wellmark <small>Your Health. Well Protected.™</small>			
Deductible	In Network	\$1,000 per Individual/\$2,000 Family Max.	\$2,600 Per Individual/\$5,200 Family Max.
	Out of Network	\$2,000 Per Individual/\$4,000 Family Max.	\$5,200 Per Individual/\$10,400 Family Max.
Coinsurance	In Network	80% Carrier/20% Member	100% Carrier/00% Member
	Out of Network	70% Carrier/30% Member	100% Carrier/00% member
Out-of-Pocket Maximum	In Network	\$3,000 per Individual/\$6,000 Family Max.	\$2,600 Per Individual/\$5,200 Family Max.
	Out of Network	\$6,000 Per Individual/\$12,000 Family Max.	\$5,200 Per Individual/\$10,400 Family Max.
OFFICE VISITS			
Primary Care/Specialist		\$30	Deductible & Coinsurance Apply
Chiropractic Therapy		\$30	Deductible & Coinsurance Apply
Urgent Care		\$30	Deductible & Coinsurance Apply
HOSPITAL BENEFITS			
Hospital Inpatient and Outpatient Services		Deductible & Coinsurance Apply	Deductible & Coinsurance Apply
Emergency Room		\$200	Deductible & Coinsurance Apply
NETWORK ACCESS			
Primary Care Referrals for Specialist		Not Needed	Not Needed
Mayo Clinic		Out of Network Unless Approved Referral From Wellmark	In Network
University of Iowa		In Network	In Network
PRESCRIPTION DRUG BENEFITS			
Retail Pharmacy for 30 Day Supply		\$8/\$35/\$50 with \$100/\$200 deductible (waived for generics)	Deductible & Coinsurance Apply
OTHER			
Preventive Care		Covered at 100% by Plan	Covered at 100% by Plan
EMPLOYEE PREMIUMS PER PAY PERIOD BEFORE HEALTHCARE 360 DISCOUNT			
Employee		\$61.00	\$30.00
Employee+1		\$122.00	\$60.00
Employee+2		\$183.00	\$90.00
Family+3 or more		\$244.00	\$120.00
<i>*Must designate a primary care physician and use that provider for annual physical</i>			

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.