

Cedar Valley Hospice 2020-2021 Health Insurance Options

<i>In-Network Benefits Unless Otherwise Noted</i>	Blue Choice POS*	Alliance Select HSA	
Calendar Year Deductible	In Network	\$1,000 per Individual/\$2,000 Family Max.	\$2,800 per Individual/\$5,600 Family Max.
	Out of Network	\$2,000 per Individual/\$4,000 Family Max.	\$5,600 per Individual/\$11,200 Family Max.
Coinsurance	In Network	80% Carrier/20% Member	100% Carrier/0% Member
	Out of Network	70% Carrier/30% Member	100% Carrier/0% Member
Calendar Year Out-of-Pocket Maximum	In Network	\$3,000 per Individual/\$6,000 Family Max.	\$2,800 per Individual/\$5,600 Family Max.
	Out of Network	\$6,000 per Individual/\$12,000 Family Max.	\$5,600 per Individual/\$11,200 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			
Mayo Clinic	Out of Network Unless Approved Referral From Wellmark	In Network	
University of Iowa	In Network	In Network	
PRESCRIPTION DRUG BENEFITS			
	<i>Separate Pharmacy Out of Pocket Maximum, See Plan Document</i>		
Retail Pharmacy for 30 Day Supply	\$8/\$35/\$100 with \$100/\$200 deductible (waived for Tier 1)	Deductible & Coinsurance Apply	
OTHER			
Preventive Care	Covered at 100% by Plan <i>*Must designate a primary care physician and use that provider for annual physical</i>	Covered at 100% by Plan	
EMPLOYEE PREMIUMS - 24 DEDUCTIONS			
Employee	\$92.50	\$40.00	
Employee+1	\$185.00	\$80.00	
Employee+2	\$277.50	\$120.00	
Family+3 or more	\$370.00	\$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.