



Kirkwood Community College

MIIP HEALTH CARE PLANS

Compare your coverage options.

Did you know? During your annual enrollment period, you may enroll in any health plan offered by MIIP, even if you previously waived coverage.

Plans effective 7/1/23–6/30/24





Words to know

Not sure what something means? Refer to page 7 for a glossary of terms.



“Do I have to meet my full deductible before my plan pays?”

If you stay in network, you won't have to meet your deductible for many common health care services. You'll pay nothing for preventive care and for Doctor On Demand® visits, and you'll only owe a copay for:

- Office visits
- Telehealth appointments
- Chiropractic care

However, you will have to meet your deductible before your plan pays benefits for:

- Emergency room care
- Inpatient or outpatient hospital care
- Skilled nursing care
- Home health care or medical equipment

See the charts on the following pages or visit [Wellmark.com](https://www.wellmark.com) for details.

Plan costs









	HMO Essential	PPO Choice	PPO Premier
Coverage	Iowa only	Nationwide	Nationwide
Annual deductible	Single \$2,000 Family \$4,000	Single \$1,250 Family \$2,500	Single \$750 Family \$1,500
Out-of-pocket maximum (OPM): Medical	Single \$4,000 Family \$8,000	Single \$3,500 Family \$7,000	Single \$2,500 Family \$5,000
Medical and pharmacy OPMs are two separate amounts. See page 6 for pharmacy OPM.			



“Did you know?”

If you have a planned procedure coming up, you can use myWellmark® to shop for affordable care. Register or log in at myWellmark.com to look up costs at quality providers near you.

Where you can get care

Plan	Coverage	Network
 HMO Essential	<p> Iowa only Care is covered at in-network providers across Iowa and in some surrounding counties. Emergency care is covered out of state. For non-emergencies, only care from Doctor On Demand is covered.</p> <p> Long-term travel Dependent children attending college, long-term travelers, and families living apart may be covered through guest memberships. Call the customer service number on the back of your Wellmark ID for information about guest memberships.</p>	<p> Blue Access® network You are not required to designate a primary care physician. You may see any provider in the Blue Access network. No referrals are required. If you go out of network, your care will not be covered, and you will pay the full cost.</p>
 PPO Choice or PPO Premier	<p> Worldwide Care is covered at in-network and out-of-network providers in Iowa, as well as across the U.S. and around the world.</p> <p> Care while traveling If you need care when traveling and you receive services from a physician or hospital designated as a BlueCard® PPO provider, you'll be covered by benefits based on the local Blue plan's negotiated rates.</p>	<p> Alliance Select™ network You are not required to designate a primary care physician. You may see any provider you choose. No referrals are required. You will pay less out of pocket if you go to an in-network Alliance Select provider.</p>

To locate an in-network provider, go to Wellmark.com/Finder.



“What is covered?”

Preventive care

Routine and diagnostic care including: annual physical, annual OB-GYN exam, pap smear, well-child care up to age 7, immunizations, mammogram, breast imaging ultrasound, sigmoidoscopy, colonoscopy and PSA tests.

Emergency room

In an emergency situation, if you cannot reasonably reach an in-network provider, covered services will be reimbursed as though they were received from an in-network provider.

Cost share details

	HMO Essential	PPO Choice		PPO Premier	
Coverage	Iowa only	Nationwide		Nationwide	
		IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Preventive care	No cost to you	No cost to you	Deductible then 30% coinsurance	No cost to you	Deductible then 20% coinsurance
Office care	\$35 copay	\$25 copay		\$20 copay	
Doctor On Demand*	No cost to you				
Telehealth*	\$35 copay	\$25 copay	Deductible then 30% coinsurance	\$20 copay	Deductible then 20% coinsurance
Independent lab and X-ray		20% coinsurance		10% coinsurance	
Chiropractic care		\$25 copay		\$20 copay	
Emergency room	Deductible then 25% coinsurance	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 10% coinsurance	Deductible then 20% coinsurance
Inpatient or outpatient hospital care					

* For prescriptions, member cost share applies.

Cost share details, continued



“What’s included?”

Allergy services, in-office

Includes shots, testing and serum.

Infertility

Covers transfer procedures only, up to a \$15,000 lifetime maximum.

Vision

One annual routine vision exam at an in-network eye doctor.

Other covered services

Home health visit*, home infusion therapy*, private duty nursing*, home/durable medical equipment, oxygen and equipment.

*Precertification required

	HMO Essential	PPO Choice		PPO Premier	
Coverage	Iowa only	Nationwide		Nationwide	
		IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Maternity	Deductible then 25% coinsurance	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 10% coinsurance	Deductible then 20% coinsurance
	Routine prenatal and postnatal office visits for the mother’s care are 100% covered.				
Allergy services, in-office	\$35 copay	\$25 copay	Deductible then 30% coinsurance	\$20 copay	Deductible then 20% coinsurance
Infertility	Office visit: \$35 copay	Office visit: \$25 copay	Deductible then 30% coinsurance	Office visit: \$20 copay	Deductible then 20% coinsurance
	Outpatient/inpatient care: Deductible then 25% coinsurance	Outpatient/inpatient care: Deductible then 20% coinsurance		Outpatient/inpatient care: Deductible then 10% coinsurance	
Mental health & chemical dependency care	Doctor On Demand visits: No cost to you	Doctor On Demand visits: No cost to you	Telehealth visits, office visits, outpatient and inpatient care: Deductible then 30% coinsurance	Doctor On Demand visits: No cost to you	Telehealth visits, office visits, outpatient and inpatient care: Deductible then 20% coinsurance
	Office/telehealth visits: \$35 copay	Office/telehealth visits: \$25 copay		Office/telehealth visits: \$20 copay	
	Outpatient/inpatient care: Deductible then 25% coinsurance	Outpatient/inpatient care: Deductible then 20% coinsurance		Outpatient/inpatient care: Deductible then 10% coinsurance	
Skilled nursing	Deductible then 25% coinsurance	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 10% coinsurance	Deductible then 20% coinsurance
Vision	\$35 copay	Not a covered benefit			
Other covered services	Deductible then 25% coinsurance	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 10% coinsurance	Deductible then 20% coinsurance

Prescription drug coverage

		HMO Essential	PPO Choice	PPO Premier
Coverage		Iowa only	Nationwide	Nationwide
		Blue Rx Complete SM		
Drug costs	Tier 1	\$10		
	Tier 2	\$40		
	Tier 3	\$70		
	Tier 4	\$100		
Specialty drugs	Preferred biosimilar/generic	\$25		
	Preferred	\$50		
	Non-preferred	\$200		
Out-of-pocket maximum (OPM): Pharmacy		Single: \$2,600 Family: \$5,200 Medical and pharmacy OPMs are two separate amounts. See page 2 for medical OPM.		
Quantity limits	Retail	Tier 1: Up to a 90-day supply (3 copays) Tiers 2, 3 and 4: Up to a 30-day supply (1 copay)		
	Mail order	Tiers 1, 2, 3 and 4: Up to a 90-day supply (2 copays)		
Product selection penalty rule		If a name-brand drug is dispensed when a generic is available, you will pay a penalty: your cost share, plus the difference between the generic drug and the name-brand drug.		

Use the CVS Caremark[®] member portal and app to access savings and manage your pharmacy benefits. Register and link to the free mobile app at [Caremark.com/Mobile](https://www.caremark.com/Mobile).



“What is the difference between tiers?”

Your drug’s tier determines how much you’ll pay at the pharmacy. The lower the tier, the more affordable your prescription.

- 1 Tier 1: Most affordable drugs**
Includes most generics and select name-brand drugs.
- 2 Tier 2: Preferred drugs**
Drugs that are proven to be effective and favorably priced compared to other drugs that treat the same condition.
- 3 Tier 3: Non-preferred drugs**
Drugs that have not been found to be any more effective than available generics or preferred brands.
- 4 Tier 4: Limited-value drugs**
Combination products, lifestyle drugs or drugs with more cost-effective options available on lower tiers.

“What is a specialty drug?”

Specialty drugs are high-cost medications for complex conditions that require special handling. You may only fill prescriptions for specialty drugs at CVS Specialty[®] Pharmacies. Learn more and locate a pharmacy at [CVSspecialty.com](https://www.cvspecialty.com).



“What’s *that* mean?”

In network/Out of network

In-network health care providers have contracted with Wellmark to accept discounted rates. Out-of-network providers have not agreed to the discounted rates. You will pay much less at in-network doctors, hospitals and pharmacies.

Premium

The amount taken from each paycheck to pay for your health insurance coverage.

Deductible

The amount you pay for some covered services before your plan begins to pay benefits.

Coinsurance

A percentage of the cost you pay each time you receive certain kinds of care.

Copay

A flat dollar amount you pay each time you receive certain kinds of care. With MIIP coverage, services subject to copays are not subject to the deductible.

Out-of-pocket maximum (OPM)

The most you will pay for services in a calendar year.

About this guide

The benefits information presented in this book describes only the highlights of the plans and does not constitute official plan documents. Additional terms and conditions apply. If there are any discrepancies between the information contained herein and the official plan documents, the plan documents will govern.

Your health benefits are provided by the **Metro Interagency Insurance Program (MIIP)**, and administered by **Wellmark Blue Cross and Blue Shield**.

Wellmark Customer Service: 1-800-277-8380

Wellmark.com

This is a general description of coverage. It is not a statement of contract. Actual coverage is subject to terms and conditions specified in the certificate itself and enrollment regulations in force when the certificate becomes effective. Certain exclusions and limitations apply.

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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