

# 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 7/1/24 - 6/30/25





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

#### On the HDHP Value plan ...

You'll pay nothing for in-network **ACA preventive care**. For all other types of care, you'll owe the full cost until you reach your deductible, which is also your annual out-of-pocket maximum.

#### On the HMO Core and PPO plans ...

If you stay in network, you won't have to meet your deductible for many common health care services. You'll pay nothing for **ACA 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

To learn more, see the charts on the following pages.

| Plan costs   | NEW HDHP Value  | HMO Core  | PPO Core                           | PPO Choice                       |
|--|---|---|------------------------------------|----------------------------------|
| Network/coverage                                     | Blue POS <sup>SM</sup> /Nationwide  | Blue HMO <sup>SM</sup> /Iowa only   | Blue PPO <sup>SM</sup> /Nationwide | Blue PPO/Nationwide              |
| Annual deductible                                    | In network:<br>Single \$5,000<br>Family \$10,000<br><br>Out of network:<br>Single \$10,000<br>Family \$20,000<br><br>Medical and pharmacy deductibles are combined into one amount. | Single \$3,000<br>Family \$6,000  | Single \$2,000<br>Family \$4,000   | Single \$1,250<br>Family \$2,500 |
| Out-of-pocket maximum (OPM): Medical                 | In network:<br>Single \$5,000<br>Family \$10,000<br><br>Out of network:<br>Single \$20,000<br>Family \$40,000<br><br>Medical and pharmacy OPMs are combined into one amount.        | Single \$6,000<br>Family \$12,000   | Single \$4,000<br>Family \$8,000   | Single \$3,500<br>Family \$7,000 |
|  |   | Medical and pharmacy OPMs are two separate amounts.<br>See <a href="#">page 7</a> for pharmacy OPM. |                                    |                                  |
| Qualifies you to open a health savings account (HSA) | Yes   | No  | No                                 | No                               |

**IMPORTANT:** Members enrolled in the HDHP Value or HMO Core plans must select a primary care provider (PCP). If you don't choose a PCP, one will be assigned to you (based on your recent visit history and/or proximity to the home address Wellmark has on file for you). You'll be notified via mail when this auto assignment occurs.



## Understanding the new HDHP Value plan

The new HDHP Value plan is a high-deductible health plan that provides coverage both in Iowa and nationwide. Here are some additional features of the HDHP Value plan:

### Low premium; high deductible

You'll pay the full cost for care until you meet your deductible, except with **ACA preventive care**, which is 100% covered.

### Out-of-network-coverage

Out-of-network care is covered, but you'll pay the highest out-of-pocket cost — and you may be balance billed, or charged for the difference between your bill amount and what insurance covers, if you receive care from a nonparticipating provider.

### Unique OPM

On this plan, the in-network deductible is the same as your out-of-pocket maximum. That means, once you reach your deductible, your plan pays 100% of your covered costs.

### Qualifies you to open an HSA

A health savings account (HSA) has triple-tax advantages. You can use your account to pay for care now, to save for more expensive procedures later, or even to supplement your retirement.

### What's an HSA?

To compensate for the higher deductible, MIIP members who elect the HDHP Value plan may be eligible to open and contribute to this unique savings account. (See some of the top benefits listed to the right.)

High-deductible health plans are not for everyone. But if you are willing to plan ahead, track your spending and pay more up front for care, the HDHP Value plan may be a good choice that helps you save long term.

## "Why should I get an HSA?"

There are many reasons someone may choose to open an HSA — here's the top four most popular benefits:

1. With an HSA, you can set aside money to pay for qualified medical, prescription, dental and vision care expenses.
2. Your employer may contribute to your HSA.
3. Your personal contributions are made pre-tax, you'll enjoy tax-free interest and investment earnings, and you won't be taxed when you use the funds for qualified purchases.
4. Your HSA rolls over each year. It's yours to keep, even if you change jobs or retire.

### Remember!

Members enrolled in the HDHP Value plan must select a primary care provider (PCP), which can be done easily through myWellmark®.

## "Did you know?"

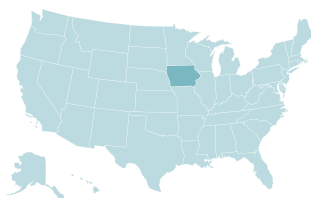
With a myWellmark account you can select a primary care provider, shop for affordable care, stay up to date with claims status, and more.

To register or login, visit [myWellmark.com](https://mywellmark.com).

## Where you can get care

### PLAN

#### NEW HDHP Value



### COVERAGE

#### Iowa & Nationwide

In-network care is covered within Iowa and some surrounding counties. Out-of-network care in Iowa and nationwide is also covered but you will pay higher out-of-pocket costs. Emergency care is also covered nationwide.

Dependent children in 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 more information.

### NETWORK

#### Blue POS network

You are required to designate a primary care physician.

You may see any provider in the Blue POS network. No referrals are required.

Both in-network and out-of-network care are covered; however, you will pay higher out-of-pocket costs for out-of-network care.

#### HMO Core



#### Iowa only

In-network care is covered within Iowa and some surrounding counties. Emergency care is covered out of state. For non-emergency care out of state, only Doctor On Demand is covered.

Dependent children in 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 more information.

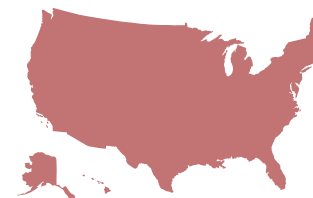
#### Blue HMO network

You are required to designate a primary care physician.

You may see any provider in the Blue HMO network. No referrals are required.

If you go out of network, your care will not be covered, and you will pay for the full cost of your care.

#### PPO Core or PPO Choice



#### Worldwide

Care is covered at in-network and out-of-network providers in Iowa, as well as nationwide, and around the world.

If you need care when traveling and you receive services from a physician or hospital designated as a BlueCard® PPO provider, you will be covered by benefits based on the local Blue plan's negotiated rates.

#### Blue PPO 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 Wellmark Blue PPO provider.

To locate an in-network provider, go to [Wellmark.com/Finder](https://Wellmark.com/Finder).



## “What is covered?”

### ACA 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.

To locate in-network providers near you, visit [wellmark.com/finder](https://www.wellmark.com/finder). Click find a provider and type in your plan’s prefix when prompted.

PPO: RDP; HMO/POS: XQW

## Cost share details

|                                       | NEW<br>HDHP Value   |  | HMO Core                 |                | PPO Core                        |                                 | PPO Choice                      |                                 |
|---------------------------------------|---|--|--------------------------|----------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Network/<br>coverage                  | Blue POS/Nationwide   |  | Blue HMO/Iowa only       |                | Blue PPO/Nationwide             |                                 | Blue PPO/Nationwide             |                                 |
|                                       | IN NETWORK  | OUT OF NETWORK   | IN NETWORK               | OUT OF NETWORK | IN NETWORK                      | OUT OF NETWORK                  | IN NETWORK                      | OUT OF NETWORK                  |
| Preventive care                       | No cost to you  | Out-of-network deductible applies, then 25% coinsurance. | No cost to you           | Not covered    | No cost to you                  | Deductible then 40% coinsurance | No cost to you                  | Deductible then 30% coinsurance |
| Office care                           | You pay the full negotiated cost for care until you have met your deductible/OPM. |  | \$35 PCP; \$50 all other |                | \$35 copay                      |                                 | \$25 copay                      |                                 |
| Doctor On Demand*                     |   |  | No cost to you           |                |                                 |                                 |                                 |                                 |
| Telehealth*                           |   |  | \$35 copay               | Not covered    | \$35 copay                      | Deductible then 40% coinsurance | \$25 copay                      | Deductible then 30% coinsurance |
| Independent lab and X-ray             |   |  |                          |                | 20% coinsurance                 |                                 | 20% coinsurance                 |                                 |
| Chiropractic care                     |   |  |                          |                | \$35 copay                      |                                 | \$25 copay                      |                                 |
| Emergency room                        |   |  |                          |                | Deductible then 25% coinsurance |                                 | Deductible then 20% coinsurance |                                 |
| Inpatient or outpatient hospital care |   |  |                          |                |                                 |                                 |                                 |                                 |

\*For prescriptions, member cost share applies.

## Cost share details, continued

|  | NEW<br>HDHP Value   |  | HMO Core   |                | PPO Core  |  | PPO Choice  |  |
|--|---|--|--|----------------|---|--|---|--|
| Network/<br>coverage   | Blue POS/Nationwide   |  | Blue HMO/Iowa only   |                | Blue PPO/Nationwide   |  | Blue PPO/Nationwide   |  |
|  | IN NETWORK  | OUT OF NETWORK   | IN NETWORK   | OUT OF NETWORK | IN NETWORK  | OUT OF NETWORK   | IN NETWORK  | OUT OF NETWORK   |
| Maternity  | You pay the full negotiated cost for care until you have met your deductible/OPM. | Out-of-network deductible applies, then 25% coinsurance. | Deductible then 25% coinsurance  | Not covered    |   |  |   |  |
|  |   |  | Routine prenatal and postnatal office visits for the mother's care are 100% covered. |                | Deductible then 20% coinsurance                             | Deductible then 40% coinsurance  | Deductible then 20% coinsurance                             | Deductible then 30% coinsurance  |
| Allergy services, in-office<br>Includes shots, testing and serum.                  |   |  | \$35 copay   |                | \$35 copay  | Deductible then 40% coinsurance  | \$25 copay  | Deductible then 30% coinsurance  |
| Infertility<br>Covers transfer procedures only, up to a \$15,000 lifetime maximum. |   |  | Office visit: \$35/\$50 copay  |                | Office visit: \$35 copay                                    | Deductible then 40% coinsurance  | Office visit: \$25 copay                                    | Deductible then 30% coinsurance  |
|  |   |  | Outpatient/ inpatient care: Deductible then 25% coinsurance                          |                | Outpatient/ inpatient care: Deductible then 20% coinsurance |  | Outpatient/ inpatient care: Deductible then 20% 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 40% coinsurance | Doctor On Demand visits: No cost to you                     | Telehealth visits, office visits, outpatient and inpatient care: Deductible then 30% coinsurance |
|  |   |  | Office/telehealth visits: \$35 copay   |                | Office/telehealth visits: \$35 copay                        |  | Office/telehealth visits: \$25 copay                        |  |
|  |   |  | Outpatient/ inpatient care: Deductible then 25% coinsurance                          |                | Outpatient/ inpatient care: Deductible then 20% coinsurance |  | Outpatient/ inpatient care: Deductible then 20% coinsurance |  |
| Skilled nursing  |   |  | Deductible then 25% coinsurance  |                | Deductible then 20% coinsurance                             | Deductible then 40% coinsurance  | Deductible then 20% coinsurance                             | Deductible then 30% coinsurance  |
| Vision<br>One annual routine vision exam at an in-network eye doctor.              |   |  | \$35 copay   |                | Not a covered benefit                                       |  |   |  |
| Other covered services*  |   |  | Deductible then 25% coinsurance  |                | Deductible then 20% coinsurance                             | Deductible then 40% coinsurance  | Deductible then 20% coinsurance                             | Deductible then 30% coinsurance  |

\*Home health visit, home infusion therapy, private duty nursing (precertification required); home/durable medical equipment, oxygen and equipment.

## Prescription drug coverage

|  |                                  | NEW<br>HDHP Value   | HMO Core  | PPO Core                           | PPO Choice              |
|--|----------------------------------|---|---|------------------------------------|-------------------------|
| Network/coverage                         |                                  | Blue POS/<br>Nationwide   | Blue HMO/<br>Iowa only  | Blue PPO/<br>Nationwide            | Blue PPO/<br>Nationwide |
|  |                                  | Blue Rx Complete <sup>SM</sup>  |   |                                    |                         |
| Drug costs                               | Tier 1                           | You pay the full negotiated cost until you have met your deductible/OPM.  | \$10  | \$10                               |                         |
|  | Tier 2                           |   | \$50  | \$40                               |                         |
|  | Tier 3                           |   | \$100   | \$70                               |                         |
|  | Tier 4                           |   | \$150   | \$100                              |                         |
| Specialty drugs                          | Preferred biosimilar/<br>generic | You pay the full negotiated cost until you have met your deductible/OPM.  | \$25  | \$25                               |                         |
|  | Preferred                        |   | \$75  | \$50                               |                         |
|  | Non-preferred                    |   | \$250   | \$200                              |                         |
| Out-of-pocket maximum (OPM):<br>Pharmacy |                                  | See <b>page 2</b> for OPM.<br><br>Medical and pharmacy OPMs are combined into one amount.   | Single: \$3,000<br>Family: \$6,000  | Single: \$2,600<br>Family: \$5,200 |                         |
|  |                                  |   | Medical and pharmacy OPMs are two separate amounts.<br>See <b>page 2</b> for medical OPM. |                                    |                         |
| Quantity limits                          | Retail:<br>Tier 1                | Up to a 90-day supply (deductible)  | Up to a 90-day supply (3 copays)  |                                    |                         |
|  | Retail:<br>Tiers 2, 3 & 4        | Up to a 30-day supply (deductible)  | Up to a 30-day supply (1 copay)   |                                    |                         |
|  | Mail order: all medications      | Up to a 90-day supply (deductible)  | 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.

#### Tier 1: Most affordable drugs

Includes most generics and select name-brand drugs.

#### Tier 2: Preferred drugs

Drugs that are proven to be effective and favorably priced compared to other drugs that treat the same condition.

#### Tier 3: Non-preferred drugs

Drugs that have not been found to be any more effective than available generics or preferred brands.

#### 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 covered 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.

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