

MARSHALLTOWN COMMUNITY SCHOOL DISTRICT
1002 South 3rd Avenue, Marshalltown, IA
HEALTH PLAN COMPARISONS

BENEFITS (DEDUCTIBLES, OUT OF POCKET MAXIMUMS, ETC) RESTART EVERY JANUARY 1ST

	<u>Alliance Select Premium PPO</u>	<u>Blue Advantage HMO</u>	<u>Alliance Select Standard PPO</u>
BENEFIT MAXIMUMS:			
Provider Choice	PPO In/Non PPO (Any provider nationwide in Wellmark network)	Iowa Network Providers ONLY (Out of State Providers only in emergency)	PPO In/Non PPO (Any provider nationwide in Wellmark network)
PCP Designation	Does not have to designate a PCP to enroll	Must designate a PCP upon enrollment (PCP is only for preventative and wellness exams)	Does not have to designate a PCP to enroll
Annual Deductible	\$100 Single \$200 Family	\$250 Single \$500 Family	\$1,000 Single \$2,000 Family
Copayment	N/A	\$15; All services subject to copay are NOT subject to deductible or coinsurance	N/A
Coinsurance	10% Coinsurance PPO 20% Coinsurance Non PPO	20% Coinsurance	10% Coinsurance PPO 20% Coinsurance Non PPO
Out of Pocket Maximum	\$100 Single \$200 Family	\$500 Single \$1000 Family	\$2,000 Single \$4,000 Family

PREVENTATIVE, OFFICE, & EMERGENCY CARE BENEFITS:

Office Services/Visits	Deductible waived; subject to coinsurance	Subject to copay only	Deductible waived; subject to coinsurance
Preventative Care	Covered; Allowed one preventative physical exam per member per benefit year. Also allowed a separate gynecological exam per member per benefit year	Covered; Allowed one preventative physical exam per member per benefit year. Also allowed a separate gynecological exam per member per benefit year	Covered; Allowed one preventative physical exam per member per benefit year. Also allowed a separate gynecological exam per member per benefit year
Immunizations	Covered (excludes travel immunizations)	Covered (excludes travel immunizations)	Covered (excludes travel immunizations)
Mammograms	Covered; One per benefit year	Covered; One per benefit year	Covered; One per benefit year
Outpatient Labs/Xrays	Most services allowed; deductible waived	Most services allowed; deductible waived	Most services allowed; deductible waived
Urgent Care Services	Deductible waived; subject to coinsurance	Subject to copay only	Deductible waived; subject to coinsurance
Emergency Room	Subject to deductible & coinsurance	Copay waived; Subject to deductible & coinsurance	Subject to deductible & coinsurance
Out Patient Mental Health	Deductible waived; subject to coinsurance	Covered	Deductible waived; subject to coinsurance
Maternity Care Services	Deductible waived; subject to coinsurance	Covered	Deductible waived; subject to coinsurance
Newborn Initial Hospitalization	Deductible waived; subject to coinsurance when considered normal newborn care	Deductible waived; subject to coinsurance when considered normal newborn care	Deductible waived; subject to coinsurance when considered normal newborn care
Well Child/Newborn Physician Services	Covered	Covered	Covered
Self-Referral Chiropractor Services	Maximum of 20 visits per benefit year with a participating chiropractors; deductible waived	Maximum of 12 visits per benefit year with a participating chiropractors; subject to copay	Maximum of 20 visits per benefit year with a participating chiropractors; deductible waived
Hearing Aids	Not Covered	Not Covered	Not Covered

PRESCRIPTION BENEFITS:

Retail Prescription Drugs	90 day supply for 3 copays: \$5 Generic; \$10 Brand	90 day supply for 3 copays: \$5 Generic; \$20 Brand	90 day supply for 3 copays: \$5 Generic; \$10 Brand
Prescription Drugs/ Mail Order	90 day supply for 2 copays: \$10 generic, \$20 brand	90 day supply for 2 copays: \$10 generic, \$40 brand	90 day supply for 2 copays: \$10 generic, \$20 brand
Contraceptives	Covered for contraception purposes only; Most copays waived if generic Rx	Covered for contraception purposes only; Most copays waived if generic Rx	Covered for contraception purposes only; Most copays waived if generic Rx

"COVERED" MEANS ALL DEDUCTIBLES, COINSURANCE, AND COPAYMENTS ARE WAIVED AND SERVICE PROVIDED HAS NO MEMBER COST-SHARE