



ANAMOSA COMMUNITY SCHOOL DISTRICT
EDUCATORS GROUP PLAN OPTIONS
EFFECTIVE JULY 1, 2023 - JUNE 30, 2024

Medical		HDHP 2500 NE		Copay Select 2500		Blue Access 500		Copay Select 1500	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Network		Alliance Select		Alliance Select		Wellmark Health Plan of Iowa		Alliance Select	
Deductible	Employee	\$2,500		\$2,500		\$500		\$1,500	
(Annual)	Family	\$5,000 ⁺		\$5,000		\$1,000		\$3,000	
Out-of-Pocket Maximum	Employee	\$2,500		\$5,000		\$1,000		\$3,000	
(Annual)	Family	\$5,000 ⁺		\$10,000		\$2,000		\$6,000	
Coinsurance		NA	NA	25%	35%	10%	NA	20%	30%
Office Visits - Primary Care		Deductible Applies		\$20 Copay	35% coinsurance after deductible	\$10 Copay	NA	\$15 Copay	30% coinsurance after deductible
Office Visits - Specialty Care		Deductible Applies		\$40 Copay	35% coinsurance after deductible	\$10 Copay	NA	\$30 Copay	30% coinsurance after deductible
Telehealth - Doctor on Demand		\$49 per virtual medical visit	NA	\$20 Copay	NA	\$10 Copay	NA	\$15 Copay	NA
Preventive Care: <i>Adult Health Exam; Well Child to age 7; Well-Woman Services; Immunizations and Routine Vision Exam</i>		0% In-Network	Deductible Applies	0% In-Network	35% coinsurance after deductible	0% In-Network	NA	0% In-Network	30% coinsurance after deductible
Hospitalization - Inpatient or Outpatient		Deductible Applies		25% coinsurance after deductible	35% coinsurance after deductible	10% coinsurance after deductible	NA	20% coinsurance after deductible	30% coinsurance after deductible
Emergency Room		Deductible Applies		25% coinsurance after deductible		\$50 Copay		20% coinsurance after deductible	
Mental Health / Chemical Dependency - Inpatient or Outpatient		Deductible Applies		25% coinsurance after deductible	35% coinsurance after deductible	10% coinsurance after deductible	NA	20% coinsurance after deductible	30% coinsurance after deductible
Ambulance		Deductible Applies		25% coinsurance after deductible	35% coinsurance after deductible	10% coinsurance after deductible	NA	20% coinsurance after deductible	30% coinsurance after deductible
Durable Medical Equipment		Deductible Applies		25% coinsurance after deductible	35% coinsurance after deductible	10% coinsurance after deductible	NA	20% coinsurance after deductible	30% coinsurance after deductible
Outpatient Therapy (Speech, occupational, physical)		Deductible Applies		25% coinsurance after deductible	35% coinsurance after deductible	10% coinsurance after deductible	NA	20% coinsurance after deductible	30% coinsurance after deductible
Diagnostic X-Rays and Labs		Deductible Applies		25% coinsurance after deductible	35% coinsurance after deductible	10% coinsurance after deductible	NA	20% coinsurance after deductible	30% coinsurance after deductible
Infertility Benefits*		Up to Diagnosis only		\$25,000 lifetime maximum for transfer procedures		\$15,000 lifetime maximum for transfer procedures	NA	\$25,000 lifetime maximum for transfer procedures	
Orthotic Devices		Not Covered		25% coinsurance after deductible	35% coinsurance after deductible	10% coinsurance after deductible	NA	20% coinsurance after deductible	30% coinsurance after deductible

Pharmacy		HDHP 2500 NE	Copay Select 2500	Blue Access 500	Copay Select 1500
Wellmark Drug List		In-Network Blue Rx Value Plus	In-Network Blue Rx Value Plus	In-Network Blue Rx Value Plus	In-Network Blue Rx Value Plus
Rx Deductible (<i>Waived for Tier 1</i>)	Single	Medical Deductible applies	\$50	NA	\$50
Retail Pharmacy (30-day supply)	Family		\$100		\$100
	Tier 1		\$8	\$10	\$10
	Tier 2		\$35	\$25	\$25
	Tier 3		> \$50 or 50%, whichever is greater	\$40	\$40
Specialty Preferred			\$85	\$85	\$85
Specialty Non-Preferred			\$100	\$100	\$100
Biosimilar or Generic Specialty **			\$50	\$50	\$50
RX Out-of-Pocket Maximum	Single		\$1,500	\$1,500	\$1,500
	Family		\$3,000	\$3,000	\$3,000
Mail Order (90-day supply)	Tier 1		\$16	\$20	\$20
Rx Deductible applies; is waived for Tier 1	Tier 2		\$70	\$50	\$50
	Tier 3		> \$100 or 50%, whichever is greater	\$80	\$80
Premium Rates	Monthly	HDHP 2500 NE	Copay Select 2500	Blue Access 500	Copay Select 1500
Single		\$575.98	\$622.51	\$683.14	\$678.92
Family		\$1,386.01	\$1,502.34	\$1,653.91	\$1,643.35
Single - Annual		\$6,911.76	\$7,470.12	\$8,197.68	\$8,147.04
Family - Annual		\$16,632.12	\$18,028.08	\$19,846.92	\$19,720.20

NOTES:

Doctor on Demand: Doctor On Demand is a virtual visit platform that immediately connects you to a board-certified physician by live video on your smartphone, tablet or computer. - Member cost to use Doctor on Demand is the same coinsurance % or Copay \$ as that for a Primary Office Visit. HDHP: Member cost to use Doctor On Demand is \$49; or \$80 to \$189 (depending on length) for Psychologist. Coverage for psychiatry services has been added as well as Office Medication Management services. Deductible is waived.

* Eligible infertility charges are covered as any other service and coinsurance will apply to annual out-of-pocket maximum.

Removal of impacted teeth: Surgical removal of impacted teeth is covered as an inpatient or outpatient, but only with a concurrent medical condition

Treatment of temporomandibular (TMJ) joint disorder is not covered.

Pharmacy: If you use a nonparticipating pharmacy, you must pay the amount charged at the time of purchase, and the amount Wellmark reimburses you may be less than what you paid. You are responsible for this difference.

HDHP Notes: No 4th quarter deductible carry-over.

* Non-Embedded Deductible: This plan does not require that you or a covered eligible family member meet the "individual" deductible in order to satisfy the family deductible. If more than one person in a family is covered under this plan, benefits begin for any one covered family member only after the family deductible is satisfied. Family deductible is reached from amounts accumulated on behalf of any covered family member or combination of covered family members. You must satisfy the entire family deductible before Wellmark will make benefit payments.

** Specialty Prescription Drug Copay: Cost is dependent on plan member is enrolled.*Not all Educators Trust plans have a Rx Copay. If plan doesn't have a Rx Copay than member pays the cost of the drug until plan limits are met.

Rx Product Selection Penalty Rule - Copay Select RX: When a brand drug is obtained and there is an equivalent generic drug available, the member is responsible for paying their payment obligation for the equivalent generic (i.e. lowest payment application) and any remaining cost difference up to the maximum allowed fee for the brand name drug.

Rx Product Selection Penalty Rule - HDHP: When a brand drug is obtained and there is an equivalent generic drug available, the member is responsible for paying their payment obligation for the equivalent generic (i.e. lowest payment application) and any remaining cost difference up to the maximum allowed fee for the brand name drug except when the provider writes "Dispense as Written" (in this case, the member pays only the appropriate payment application).

Rx Product Selection Penalty Rule - ALL HMO NETWORK PLANS: When a brand drug is obtained and there is an equivalent generic drug available, the member is responsible for paying their payment obligation for the equivalent generic (i.e. lowest payment application) and any remaining cost difference up to the maximum allowed fee for the brand name drug except when the provider writes "Dispense as Written" (in this case, the member pays only the appropriate payment application).

Blue Access HMO: Wellmark Blue HMO™ Providers. Under the medical benefits of this plan, your network of providers consists of Wellmark Blue HMO™ Providers. All other providers are not in your network. Which provider type you choose will affect what you pay. Generally, you are only covered for services received from Wellmark Blue HMO Providers; however, you may be covered for services received from Participating Providers in the case of an emergency, guest membership, or approved referrals. You may be covered for services received from Out-of-Network Providers in the case of an emergency or approved Out-of-Network referrals.

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