



MT VERNON COMMUNITY SCHOOLS
Educators Group Plan Options
Rates Effective 7/1/2017 - 6/30/2018



Wellmark Blue Cross Blue Shield HDHP 5000	
Provider Network	Alliance Select
Calendar Year Deductible	\$5,000 Single/\$10,000 Family Annual Deductible
Deductible Administration	Embedded
Coinsurance	N/A
Out-of-Pocket Maximum	\$5,000 Single/\$10,000 Family Annual OPM
Lifetime Maximum	Unlimited
Physician (Office) Services	
Physician Office Visits	In-Network: Deductible applies Out-of-Network: Deductible applies
Chiropractic Benefit	In-Network: Deductible applies Out-of-Network: Deductible applies
Doctors On Demand (Virtual Visits)	\$40 Copayment
- Psychologist	\$50 to \$95 Copayment (depending on length)
Allergy Testing & Injections <i>(Serum subject to deductible)</i>	In-Network: Deductible applies Out-of-Network: Deductible applies
Preventive Care	
Routine Office Services <i>Annual Routine Physical*</i> <i>Annual Well-Woman Exam</i> <i>Annual Mammogram</i> <i>Annual Vision exam</i> <i>Immunizations / flu shots</i>	In-Network: Deductible waived Out-of-Network: Deductible waived
Well-Baby Care <i>(To age 7)</i>	In-Network: Deductible waived Out-of-Network: Deductible waived
Reminder Programs	Included for pap smears, mammograms, and Immunizations.
Blue Rx Complete Prescription Drug Coverage**	
	Covered under Health with Real-Time Adjudication In-Network Deductible applies Rx charges apply to Medical OPM
Facility Services	
Hospital Services Inpatient / Outpatient	In-Network: Deductible applies Out-of-Network: Deductible applies
Emergency Room	In-Network: Deductible applies
Emergency Services	Out-of-Network: Deductible applies
Non-Emergency Services	Out-of-Network: Deductible applies
Facility Services	
Diagnostic X-ray and Lab	In-Network: Deductible applies Out-of-Network: Deductible applies
Outpatient Therapy <i>(Speech, occupational, physical)</i>	In-Network: Deductible applies Out-of-Network: Deductible applies
Mental Health / Chemical Dependency	
Inpatient	In-Network: Deductible applies Out-of-Network: Deductible applies
Outpatient	In-Network: Deductible applies Out-of-Network: Deductible applies
Office	In-Network: Deductible applies Out-of-Network: Deductible applies

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Miscellaneous Services	
Infertility treatment	Covered up to diagnosis only
Durable Medical Equipment	In-Network: Deductible applies Out-of-Network: Deductible applies
Ambulance	In-Network: Deductible applies Out-of-Network: Deductible applies
Impacted Teeth	In-Network: Deductible applies Out-of-Network: Deductible applies
Orthotic Devices	Not covered
Diabetic Education	Includes up to 10 hours of initial outpatient diabetes self-management training within a continuous 12 month period and up to 2 hours in each subsequent year.
Same Sex Domestic Partner	Covered as an eligible dependent (affidavit required).
Blue Card PPO	Provides enhanced benefits for services provided by participating providers outside of Iowa.
Monthly Rates	
Single	\$466.25
Family	\$1,106.72

Deductible will be waived for facility and practitioner billed preventive procedures performed at an Alliance Select Facility (inpatient or outpatient).

Embedded Deductible (E): Family amounts are reached from amounts accumulated on behalf of any combination of covered family members.

Plan allows for one routine physical examination per benefit period. A separate well-woman exam is also covered once per benefit period.

tablet or computer.

Member cost to use Doctor On Demand is \$40; or \$50 to \$95 (depending on length) for Psychologist. Deductible is waived.

^Out of Network: \$7,350 Single / \$14,700 Family Annual Deductible and \$7,350 Single / \$14,700 Family Out of Pocket Maximum

No 4th quarter deductible carryover credit

*Health maintenance exams (physicals) for school, sports, insurance, employment, and travel will not be covered. Physicals for routine preventive care continue to be covered.

**Contraceptives are covered under health: Oral, injected, implanted and contraceptive devices.

HDHP 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 except when the provider writes "Dispense as Written" (in this case, the member pays only the appropriate payment application).

MV 6350 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.

This is a brief description only and does not replace the contract.