

Prairie Lakes AEA Medical Insurance

Wellmark Blue Cross and Blue Shield of Iowa

Alliance Select PPO Plan - higher deductible is purchased from Wellmark

Deductible - \$5,000 Single/\$10,000 Family

Out-of-Pocket - \$6,350 Single/\$12,700 Family

Effective July 1, 2021 (Current Plan)

| Plan Feature | In-Network | Out-of-Network |
|---|---|----------------------------------|
| Deductible | \$1,000 Single \$2,000 Family | |
| Coinsurance | 20% | 30% |
| Out-of-Pocket -copayments will apply to your out of pocket maximum | \$2,500 Single \$5,000 Family | |
| Lifetime Maximum | Unlimited | |
| Office Visits to Primary Care Practitioners (PCP) <i>Primary Care practitioners include: general, internal medicine, ARNP, pediatricians, OB/GYN, physician assistants</i> | \$10 copay | 30% coinsurance after deductible |
| Office Visits to Specialists | \$10 copay | 30% coinsurance after deductible |
| Preventive Care <i>Includes routine/preventive physical exam; well child care; allergy testing</i> | Covered at 100% | |
| Emergency Services <i>If admitted, see Facility Services</i> <ul style="list-style-type: none">Facility servicesPhysician services | \$200 copay | |
| Facility Services <ul style="list-style-type: none">Inpatient hospitalOutpatient hospitalNursing Facility (90 days/calendar year) | 20% Coinsurance after deductible | 30% coinsurance after deductible |
| X-Ray and Laboratory Services <i>outpatient (non routine/preventive)</i> | 20% Coinsurance after deductible | 30% Coinsurance after deductible |
| Chiropractic Care <ul style="list-style-type: none">ExamsManipulations, modalities, x-rays, etc. | \$10 copay | 30% Coinsurance after deductible |
| Mental Health & Substance Abuse Services <i>Office Visits unlimited visits</i> <i>Inpatient & Outpatient Care unlimited days</i> | \$10 copay 20% coinsurance after deductible | 30% coinsurance after deductible |
| Physician Services <ul style="list-style-type: none">Inpatient hospitalOutpatient hospital | 20% coinsurance after deductible | 30% coinsurance after deductible |
| Home Health Care | 20% coinsurance after deductible | 30% coinsurance after deductible |
| Maternity Care <ul style="list-style-type: none">Physician ServicesFacility Services | 20% coinsurance after deductible | 30% coinsurance after deductible |
| Home/Durable Medical Equipment | 20% coinsurance after deductible | 30% coinsurance after deductible |
| Prescription Drug Coverage <i>You can find a complete list of generics on www.wellmark.com this RX tool can help you manage your prescription coverage.</i> | Annual Deductible - \$50 Single / \$100 Family \$10 Tier 1/\$20 Tier 2 Goes to Medical Out-of-Pocket Specialty Drugs – \$85 copay - CVS Only | |