PRAIRIE MEADOWS HEALTH PLANS

10/1/26-9/30/27

	Wellmark BC/BS Blue Access HMO (Must use network provider or you have no coverage!)	Wellmark BC/BS Alliance Select PPO (Use of network provider is strongly recommended. Use of non-network provider results in reduced benefits.)		Wellmark BC/BS Savers Plan HDHP PPO	
Calendar Year Deductible	**In-Network**	**In-Network**	**Non-Network**	**In-Network**	**Non-Network**
Individual	$1,000	$1,000	$2,000	$3,400	$3,400
Family	$2,000	$2,000	$4,000	$6,800	$6,800
Annual Out-of-Pocket Maximum					
Individual	$3,000	$3,000	$6,000	$3,400	$6,000
Family	$6,000	$6,000	$12,000	$6,800	$12,000
Physician Services					
PCP (Including Mental Health)	$20 Copay	$20 Copay		Deductible	
Specialist	$40 Copay	$40 Copay			
Adult Routine Physicals	Covered at 100%	Covered at 100%		Covered at 100%	
Annual Eye Exam	Covered at 100%	Covered at 100%		Covered at 100%	
Doctors on Demand	$0	$0		$0	
Hospital Access	Access to network hospitals + Iowa City hospitals/drs.	Access to network hospitals + Iowa City and Mayo		Access to network hospitals + Iowa City and Mayo	
Other Services	$1000 calendar year deductible per person $2000 for family	$1000 calendar year deductible per person $2000 for family	$2000 calendar year deductible per person $4000 for family	Deductible	
	20% coinsurance	20% coinsurance	30% coinsurance		
Hospital Emergency Room	$200 Copay followed by 20% coinsurance	$200 Copay followed by 20% coinsurance	$200 Copay followed by 30% coinsurance		
Prescription Drugs	Blue Rx Value Plus Formulary	Blue Rx Value Plus Formulary		Blue Rx Value Plus Formulary	
Rx Deductible	$100 Single- $200 Family	$100 Single- $200 Family			
Tier 1	$10 Copay - no deductible	$10 Copay - no deductible		Deductible	
Tier 2	$40 Copay	$40 Copay		Deductible	
Tier 3	$80 Copay	$80 Copay		Deductible	
Tier 4	Not Covered	Not Covered		Deductible	
Specialty Preferred	$100 Copay	$100 Copay		Deductible	
Specialty Non-preferred	50% coinsurance	50% coinsurance		Deductible	
				HSA Account Co Contributions	
Employee				$1,800.00 Yrly/$69.23 per Pay	
Employee + Spouse				$2,400.00 Yrly/$92.31 per Pay	
Employee + Child				$2,400.00 Yrly/$92.31 per Pay	
Family				$3,000.00 Yrly/$115.38 per Pay	

THIS IS A SUMMARY OF BENEFITS AND IS NOT INTENDED TO BE ALL INCLUSIVE!

	Blue Access HMO	Alliance Select PPO	Savers
Per Pay Check Charged by Wellmark			
Employee	$372.06	$413.39	$363.76
Employee + Spouse	$761.95	$846.61	$745.02
Employee + Child(ren)	$704.28	$782.55	$688.62
Family	$1,141.79	$1,268.67	$1,116.42
PartTime-Employee only	$372.06	N/A	N/A
Per Pay Check Cost Paid by Prairie Meadows			
Employee	$323.69	$359.64	$316.47
Employee + Spouse	$594.32	$660.36	$581.11
Employee + Child(ren)	$549.34	$610.39	$537.12
Family	$919.14	$1,021.28	$898.72
PartTime-Employee only	$298.68	N/A	N/A
Per Pay Check Employee Contribution			
Employee	$48.37	$53.74	$47.29
Employee + Spouse	$167.63	$186.25	$163.90
Employee + Child(ren)	$154.94	$172.16	$151.50
Family	$222.65	$247.39	$217.70
PartTime-Employee only	$73.37	N/A	N/A

Questions regarding the plans may be directed to Wellmark customer service.

Blue Access:	**1-800-355-2031**
Alliance Select:	**1-800-924-9242**
Savers:	**1-800-355-2031**

Go to www.wellmark.com to check on a claim or to find a doctor that is part of the network.

Refer to your Benefits Certificate which governs your plan. **www.myprairiemeadowsbenefits.com**