

**Iowa Star Schools - FINAL Rates - BOARD APPROVED**  
**Iowa Star 28E Trust Fully Insured (Deductible Buy-Down) - Health Insurance Plans**  
**Effective Date: July 1st, 2021 - June 30th, 2022**  
**Deductibles Are Calendar Year (January 1st thru December 31st)**

January 26, 2021	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 7	Plan 6	Plan 8	Plan 9
Plan Benefits	Wellmark PPO <b>\$250 Deductible</b> PPO Benefits (Non-PPO 70/30)	Wellmark PPO <b>\$500 Deductible</b> PPO Benefits (Non-PPO 70/30)	Wellmark PPO <b>\$750 Deductible</b> PPO Benefits (Non-PPO 70/30)	Wellmark PPO <b>\$1000 Deductible</b> PPO Benefits (Non-PPO 70/30)	Wellmark PPO <b>\$1500 Deductible</b> PPO Benefits (Non-PPO 70/30)	Wellmark PPO <b>\$2000 Deductible</b> PPO Benefits (Non-PPO 70/30)	Wellmark H S A <b>\$2600 Deductible</b> PPO Benefits	Wellmark H S A <b>\$5200 Deductible</b> PPO Benefits	Wellmark H S A <b>\$5200 Deductible</b> HMO <b>Blue Choice</b>
Deductible (Single/Family)	\$250 / \$500	\$500 / \$1,000	\$750 / \$1,500	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,000 / \$4,000	<b>\$2,600 / \$5,200</b>	<b>\$5,200 / \$10,400</b>	<b>\$5,200 / \$10,400</b> Level 1 & 2
Out-of-Pocket Max (EE/Fam.)	\$500 / \$1,000	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$4,000 / \$8,000	<b>\$2,600 / \$5,200</b>	<b>\$5,200 / \$10,400</b>	<b>\$5,200 / \$10,400</b>
Hospital (Inpatient)	Ded. + 20% Coins.	Ded. + 20% Coins.	Ded. + 20% Coins.	Ded. + 20% Coins.	Ded. + 20% Coins.	Ded. + 20% Coins.	Deductible	Deductible	Deductible
Emergency Visits	Ded. + 20% Coins.	Ded. + 20% Coins.	Ded. + 20% Coins.	Ded. + 20% Coins.	Ded. + 20% Coins.	Ded. + 20% Coins.	Deductible	Deductible	Deductible
Physician Visits (includes NP, PA, & Chiropractic)	20% Coinsurance (Deduct. Waived)	20% Coinsurance (Deduct. Waived)	20% Coinsurance (Deduct. Waived)	20% Coinsurance (Deduct. Waived)	20% Coinsurance (Deduct. Waived)	20% Coinsurance (Deduct. Waived)	Deductible	Deductible	Deductible
Well-Child Care, One Physical per Member per Benefit Period Mammogram & Pap Smears Colonoscopy included all plans Adult Immunizations included in all plans	100% Covered Preventative	100% Covered Preventative	100% Covered Preventative	100% Covered Preventative	100% Covered Preventative	100% Covered Preventative	100% covered Preventative <b>* - The Family Deductible for H.S.A. Plan 6 is combined. The Individual Deductible is not Recognized</b>	100% covered Preventative	100% covered Preventative <b>Eye Exam Covered</b>
Chiropractor Visits	20% Coinsurance (Deduct. Waived)	20% Coinsurance (Deduct. Waived)	20% Coinsurance (Deduct. Waived)	20% Coinsurance (Deduct. Waived)	20% Coinsurance (Deduct. Waived)	20% Coinsurance (Deduct. Waived)	Deductible	Deductible	Deductible
4th Quarter Deductible Carryover	Included	Included	Included	Included	Included	Included	N/A	N/A	N/A
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Mental Health / Chemical Dependency (MHCD)	Unlimited Visits Unlimited Inpatient	Unlimited Visits Unlimited Inpatient	Unlimited Visits Unlimited Inpatient	Unlimited Visits Unlimited Inpatient	Unlimited Visits Unlimited Inpatient	Unlimited Visits Unlimited Inpatient	Unlimited Visits Unlimited Inpatient	Unlimited Visits Unlimited Inpatient	Unlimited Visits Unlimited Inpatient
Rx	\$10/\$25/\$40 **	\$10/\$25/\$40 **	\$10/\$25/\$40 **	\$10/\$25/\$40 **	\$10/\$25/\$40 **	\$10/\$25/\$40 **	Deductible **	Deductible **	Deductible **
\$100 Single / \$200 Family Rx Deductible (Tier 1 is Exempt from the Deductible) Rx Benefit- Effective 7/1/15, there will be a Calendar Year \$1,500 Single / \$3,000 Family Out of Pocket Maximum (OPM) on Rx Copays.									
X-Ray & Laboratory (Inpatient) (w/Office Visit)	Ded. + 20% Coins. 20% Coinsurance (Deduct. Waived)	Ded. + 20% Coins. 20% Coinsurance (Deduct. Waived)	Ded. + 20% Coins. 20% Coinsurance (Deduct. Waived)	Ded. + 20% Coins. 20% Coinsurance (Deduct. Waived)	Ded. + 20% Coins. 20% Coinsurance (Deduct. Waived)	Ded. + 20% Coins. 20% Coinsurance (Deduct. Waived)	Deductible	Deductible	Deductible Level 3
<b>Proposed Rates</b> <b>1% Increase</b>							Out-of-Network Out-of-Pocket Max <b>\$2,600 / \$5,200</b>	Out-of-Network Out-of-Pocket Max <b>\$5,200 / \$10,400</b>	Out-of-Network Out-of-Pocket Max <b>\$9,200/\$18,400</b>
<b>EE/Fam Rates Eff. 7/1/21</b>	<b>\$771.94/\$1,921.59</b>	<b>\$731.39/\$1,820.27</b>	<b>\$702.86/\$1,748.93</b>	<b>\$680.56/\$1,693.13</b>	<b>\$646.69/\$1,608.48</b>	<b>\$633.68/\$1,575.04</b>	<b>\$570.75/\$1,416.45</b>	<b>\$487.33/\$1,209.02</b>	<b>\$465.61/\$1,154.71</b>

**Rates include Cobra, HIPAA Compliance, Consolidated Billing, Legal, Audit, Marketing, Operating Expenses, & Reserve**

All Deductibles are based on a Calendar Year

\*\* - Effective 7/1/19 - Rx Plan is **BlueRx Value Plus**. Tier 4 prescriptions will no longer be covered

Effective 7/1/19 - Plan 8 - **\$5200** H.S.A. Plan - The Family plan will have an individual Deductible of **\$5200**.

Effective 7/1/14 - Late Enrollees will no longer be able to join the Health Insurance Plan until 7/1 (Open Enrollment)

Effective 7/1/14 - Special Enrollees will require an "event" that will allow enrollment mid-year

Effective 7/1/14 - There will no longer be any Pre-existing Exclusion Period for Late Enrollees

Effective 7/1/14 - Infertility Consultation Office Visits will be processed as a regular office visit (**20%** Coinsurance)