



ANAMOSA COMMUNITY SCHOOL DISTRICT
 EDUCATORS GROUP PLAN OPTIONS
 EFFECTIVE JULY 1, 2021 - JUNE 30, 2022

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 (Annual)	Employee \$2,500	Family \$5,000 *	\$2,500 \$5,000		\$500 \$1,000		\$1,500 \$3,000	
Out-of-Pocket Maximum (Annual)	Employee \$2,500	Family \$5,000 *	\$5,000 \$10,000		\$1,000 \$2,000		\$3,000 \$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	35% coinsurance after deductible	\$50 Copay	NA	20% coinsurance after deductible	30% 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

