

Quick Guide to how the ISU - SSHIP Medical Plan works

The ISU SSHIP plan has three levels of coverage.
Where you receive your care affects how much you will spend on out-of-pocket costs.

Below you'll find a sample of services and costs under each level. To see everything that's covered under your benefit plan, including lab tests, imaging, hospital stays, surgeries, and more, [view the full plan](#) for details.

ISU THOMAS B. THIELEN STUDENT HEALTH CENTER (Tier 1)

- Children (under age 18) are not able to be seen at the campus health center.
- If you get care through the Thielen Student Health Center, you will pay the lowest out-of-pocket costs.
 - Primary care visit to treat an injury or illness: **0% coinsurance**
 - Specialist visit: **0% coinsurance**
 - Preventive care/screening/immunization: **No charge** for one preventive exam, one gynecological exam with Pap smear.
 - Durable Medical Equipment (DME): **\$100 copay**
 - Other practitioner visits:
 - Physical Therapy: **\$10 copay**
 - Generic prescriptions: **\$10 copay** Brand name prescriptions: **\$20 copay**

IN-NETWORK PROVIDERS (Tier 2)

- In-network providers are part of the Wellmark Health Plan of Iowa (WHPI). These are doctors and hospitals that your insurance provider, Wellmark Blue Cross and Blue Shield, has contracted with to deliver care at reduced costs. Wellmark's network includes 96 percent of doctors and 100 percent of hospitals in Iowa.
- If you get care at this level, you will pay a higher out-of-pocket costs than care at the Thielen Student Health Center.
 - Deductible: **\$450 person/\$900 family**
Must be paid by student/family member before this plan begins to pay for covered services.
 - Primary care visit to treat an injury or illness: **20% coinsurance**
 - Specialist visit: **20% coinsurance**
 - Preventive care/screening/immunization: **No charge** for one preventive exam, one gynecological exam with Pap smear, and one mammogram per benefit period.
 - Well-child care to age 7: **No charge**
 - Other practitioner visits:
 - Physical Therapy: **\$10 copay**
 - Chiropractic care: **\$10 copay**
 - Vision: **No charge** for one routine exam per benefit period
 - Generic prescriptions: **\$10 copay** Brand name prescriptions: **\$20 copay**

OUT-OF-NETWORK PROVIDERS (Tier 3)

- If you get care at an out-of-network provider, you will pay the highest out-of-pocket costs.
- May request a [guest membership](#) directly from Wellmark when you are out of Iowa for an extended period & benefits will be paid at the In-Network level.
 - Deductible of **\$600 person/\$1,200 family**
Must be paid by the student/family member before this plan begins to pay for covered services.
 - Primary care visit to treat an injury or illness: **40% coinsurance**
 - Specialist visit: **40% coinsurance**
 - Preventive care/screening/immunization: **Not covered**
 - Other practitioner visits:
 - Chiropractic care: **40% coinsurance**
 - Vision: **40% coinsurance**
 - Generic prescriptions: **\$10 copay** Brand name prescriptions: **\$20 copay**

Out-of-Pocket Maximum: \$4,100 for individual | \$8,200 for families (this is the max amount members will pay in a plan year)

Not sure how to find a doctor? Want to know if your doctor is in-network?
Go [here](#) to use the Wellmark Find a Doctor tool.