



**PPO 250
(Alliance Select)**

Plan Feature	In-Network	Out-of-Network
Calendar Year Deductible	\$250 Single \$500 Family	\$250 Single \$500 Family
Coinsurance	10%	20%
Out-of-Pocket Maximum	\$1,000 Single \$2,000 Family	\$1,000 Single \$2,000 Family
Lifetime Maximum <i>Maximum amount each covered family member is eligible to receive under this plan for covered services in his or her lifetime.</i>	Unlimited	
Care Outside Iowa – BlueCard® program	Provides coverage nationwide by using providers of the Blue Cross and/or Blue Shield Plan in the area where you receive services.	
Office Visit	\$10 Copay	Deductible, 20% Coinsurance
Preventive	Deductible, coinsurance and copay is waived for services related to preventive care	
Facility Services	Deductible, 10% Coinsurance	Deductible, 20% Coinsurance
Emergency Room	\$100 Copay Copay waived if admitted	Deductible, 20% Coinsurance
Mental Health & Substance Abuse Services:		
Inpatient:	Deductible, 10% Coinsurance	Deductible, 20% Coinsurance
Outpatient:	Deductible, 10% Coinsurance Office Visit - \$10	Deductible, 20% Coinsurance
Prescription Drug Coverage	Calendar yr deductible then \$10 Tier 1 / \$20 Tier 2	
Deductible \$50 Single	Deductible waived for Generic	
Deductible \$100 Family		