

# 2021 Iowa Small Group Plans



# Benefit Information

							Pharmacy Copays (\$) / Coinsurance (%)					
Name	Individual Deductible	Individual Out-of-Pocket Max	Coinsurance	Emergency	PCP	SPC	Preferred Generic	Non-preferred Generic	Preferred Brand	Non-preferred Brand	Preferred Specialty	Non-preferred Specialty
2021 HMO 1000 Gold	\$1,000	\$6,000	20%	\$400 then 20% per visit	\$25	\$60	\$0	\$10	\$40	\$80	50%	50%
2021 HMO 2000 Gold	\$2,000	\$6,000	10%	\$400 then 10% per visit	\$25	\$60	\$0	\$10	\$40	\$80	50%	50%
2021 HMO 2500 Gold	\$2,500	\$5,000	20%	\$400 then 20% per visit	\$25	\$60	\$0	\$10	\$40	\$80	50%	50%
2021 HMO 500 Platinum	\$500	\$3,500	20%	\$300 then 20% per visit	\$20	\$45	\$0	\$10	\$35	\$70	50%	50%
2021 HMO 6500 Silver	\$6,500	\$8,150	20%	Deductible & Coinsurance	\$35	\$70	\$0	\$15	\$50	\$90	50%	50%
2021 POS 1500 Gold	\$1,500	\$6,000	20%	\$400 then 20% per visit	\$25	\$60	\$0	\$10	\$40	\$80	50%	50%
2021 POS 2000 Gold	\$2,000	\$5,000	20%	\$400 then 20% per visit	\$25	\$60	\$0	\$10	\$40	\$80	50%	50%
2021 POS 2500 Gold	\$2,500	\$5,500	20%	\$400 per visit and Deductible then 20%	\$25	\$60	\$0	\$10	\$40	\$80	50%	50%
2021 POS 3000 Gold	\$3,000	\$6,000	10%	\$400 then 10% per visit	\$25	\$60	\$0	\$10	\$40	\$80	50%	50%
2021 POS 3500 Gold	\$3,500	\$7,000	20%	\$400 per visit and Deductible then 20%	\$25	\$60	\$0	\$10	\$40	\$80	50%	50%
2021 POS 3800 Silver	\$3,800	\$8,150	35%	\$400 per visit and Deductible then 35%	\$35	\$70	\$0	\$15	\$50	\$90	50%	50%
2021 POS 5500 Silver	\$5,500	\$8,150	20%	Deduct & Coins	\$35	\$70	\$0	\$15	\$50	\$90	50%	50%
2021 POS-C 2800 Silver	\$2,800	\$7,000	30%	\$400 per visit and Deductible then 30%	\$35	\$70	\$0	\$15	\$60	Deductible + 30%	Deductible + 30%	Deductible + 30%
2021 POS HSA 2000 Gold	\$2,000	\$4,000	0%	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible + \$0	Deductible + \$10	Deductible + 30%	Deductible + 40%	Deductible + 50%	Deductible + 50%
2021 POS HSA 2800 Gold	\$2,800	\$4,500	10%	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible + \$0	Deductible + \$10	Deductible + 30%	Deductible + 40%	Deductible + 50%	Deductible + 50%
2021 POS HSA 3500 Silver	\$3,500	\$6,900	15%	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible + \$0	Deductible + \$10	Deductible + 30%	Deductible + 40%	Deductible + 50%	Deductible + 50%
2021 POS HSA 5000 Silver	\$5,000	\$6,600	20%	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible + \$0	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 50%	Deductible + 50%
2021 POS HSA 6500 Bronze	\$6,500	\$7,000	0%	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible + \$0	Deductible + 0%	Deductible + 50%	Deductible + 50%	Deductible + 50%	Deductible + 50%

\*HSA deductibles aggregate \*\*HSA deductibles embedded

