Wellmark

2027 Health Plan Comparison Guide



for Iowa businesses with **1-50 employees**

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Why **Wellmark?**

As a small business owner, you know the most critical component to your success is your employees. With Wellmark® Blue Cross® and Blue Shield®, you get access to a broad network of providers and some of the best benefit options to choose from, so you can select the right coverage to help attract and retain employees — all within a manageable budget to fit your business. We also offer tools and services that make it easier to do business with us and help your employees manage their benefits and health.

For more than 85 years, Wellmark has built a reputation for purposefully innovating and developing comprehensive solutions that give you and your employees meaningful plan designs and real value — all while broadening health care provider access. Wellmark also has a legacy of paying our claims accurately and promptly, saving you and your employees time and money.



We're making health care better by focusing on what matters most.

Meaningful choices

Broad network

With Wellmark, your employees have access to a broad provider network, including more than 2 million doctors and hospitals nationwide — more than any other insurer[1].

Flexible plan designs

Pick a plan design that best fits your employees. Our flexible plans offer a variety of choices among tiers, coinsurance, deductibles and out-of-pocket maximums.

Virtual visits

Virtual care reduces absenteeism and costs for you and increases convenience and satisfaction for your employees. Most plans include virtual care services, so employees can see a board-certified doctor on their schedule at a cost that's less than an office visit[2].

Blue Distinction® Centers

Your employees get access to specialized care — like a surgery or transplant — with facilities that are recognized for their proven history of delivering exceptional care and results[3].

Blue Rx Essentials℠

We make pharmacy benefits simple with Blue Rx Essentials. With clear cost tiers, your employees will know what they pay before they go to the pharmacy.

[1] Blue Cross Blue Shield Association. (n.d.). Blue Cross Blue Shield system. Retrieved from https://www.bcbs.com/about-us/blue-cross-blue-shield-system.
[2] UnityPoint health plans offer virtual visits through in-network UnityPoint providers.
[3] Your employees are required to use Blue Distinction Centers for bariatric surgery and transplants. For more information, see your coverage manual.



Wellmark makes it easy to choose your coverage in **three simple steps.**

Building a long-term relationship with your primary care provider (PCP) can lead to better overall health[1].

Step 1. Choose your network access

Consider how broad of network access you need. The more local, the less you and your employees pay. Broader access may work better if your employees live, work or spend long periods of time out-of-state.

STATE-BASED: My employees live in Iowa.

Wellmark Blue HMO℠ plans give your employees access to health care providers across all 99 Iowa counties and in bordering counties. These plans offer maximum pricing relief without sacrificing widespread coverage.

In addition, these plans feature lower out-of-pocket costs when your employees establish and visit a designated primary care provider (PCP). Building a long-term relationship with a PCP can lead to better overall health and lower hospital and emergency room use[1].

Employees are also covered in the case of an emergency — even if they're out of network. And they can use virtual care services when they're outside Iowa at a lower cost than an office visit.

[1] Dean, K. (2022, June 22). Why you should build a relationship with your doctor. Doctor On Demand. https://doctorondemand.com/blog/health/why-you-should-build-a-relationship-with-your-doctor/ [doctorondemand.com]

No matter the plan you choose, our goal is to guide your employees toward high-quality health care at the lowest cost possible to achieve better overall health.

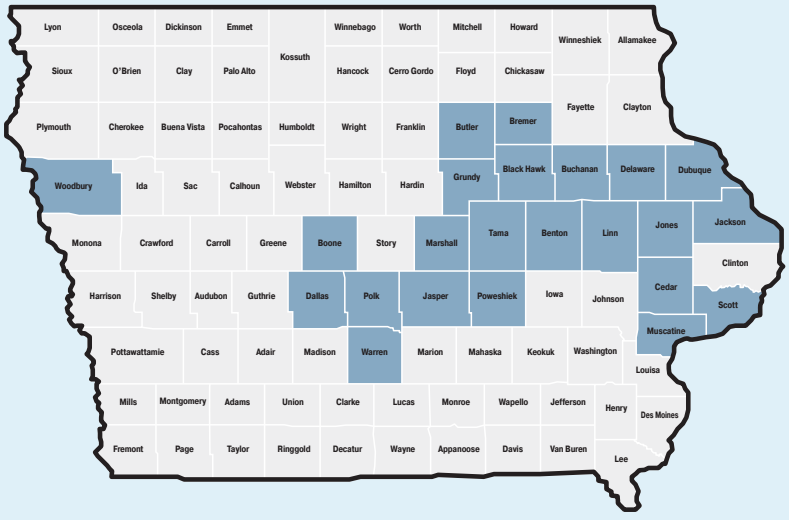
STATE & SELECT NATIONAL: My employees live in Iowa and would like some out-of-network protection.

Wellmark Blue POS℠ plans have lower costs for visits with in-network, local providers and also allow for out-of-network coverage. This provides the pricing relief and in-state coverage of an HMO, but gives greater flexibility in case of unforeseen, complex conditions. In addition, these plans feature lower out-of-pocket costs when your employees establish and visit a designated primary care provider (PCP).

Members who receive out-of-network services from a BlueCard® provider are not subject to balance billing, meaning there's no outstanding bills for the difference in the total cost of care after they've paid the amount on their Explanation of Benefits.

If your employees don't see a BlueCard provider, they will be subject to balance billing and likely be responsible for the highest out-of-pocket costs. BlueCard providers can be found at **BCBS.com** or by calling 800-810-2583.

Wellmark Blue POS | UnityPoint Health plans are for businesses located in the network service area (see below). This plan type offers lower copays for care received from a UnityPoint Health provider or facility.



Wellmark Blue POS | UnityPoint Health

Wellmark Blue POS | UnityPoint Health plans are available for traditional and primary health plans. To encourage your employees to build a relationship with their PCP, their coverage starts with free preventive care services and virtual care visits throughout the UnityPoint Health service area. They'll also have low, predictable copays for primary care visits with their designated UnityPoint Health provider or behavioral health provider, as well as Tier 1 prescription drugs.

Your business must be located in one of the Iowa counties shown in blue in order to enroll in a Wellmark Blue POS | UnityPoint Health plan.

NATIONAL: My employees need national flexibility.

Wellmark Blue PPO℠ plans offer your employees access to a broad provider network, including more than 2 million doctors and hospitals nationwide — more than any other insurer[1].

We also offer **international coverage through Blue Cross Blue Shield Global® Core.** Your employees will have access to traditional inpatient, outpatient and professional health care providers all around the world.

[1] Blue Cross Blue Shield Association. (n.d.). Blue Cross Blue Shield system. Retrieved from https://www.bcbs.com/about-us/blue-cross-blue-shield-system.



DID YOU KNOW?

Wellmark Blue Cross and Blue Shield has been covering Iowans for more than 85 years.

Step 2. Choose a health plan

Our flexible plans are designed to fit your employees and your organization. **Choose from traditional, primary or high-deductible health plans (HDHPs).**

	Traditional	Primary	HDHP
Description	Familiar plan type with cost shares like copays, coinsurance and deductibles	Lower copays are available to incentivize employees to seek care through their primary care provider (PCP) first	Employees pay the full cost of care for everything but preventive services (which are free) until their deductible has been met
How this plan works	Employees pay copays for common health care services like office visits. For other larger expenses, deductibles and coinsurance may apply	Lower copay for PCPs and Tier 1 drugs, higher copays for other health care providers and most other services are subject to deductible and coinsurance	Plans are compatible with a health savings account (HSA), allowing employees to contribute to, invest in and use funds to pay for qualified medical expenses tax-free
Plan pros	It's the most common and familiar plan type available throughout the industry	Provides a significantly lower copay or cost for high-value, highly used services (PCP visits, Tier 1 drugs)	Offers some of the lowest monthly costs and provides triple tax-free savings: 1. When the money is put into an HSA 2. When the money accumulates 3. When the money is spent on a qualified expense
Good for this type of employee	For employees who have been comfortable with how their insurance has traditionally worked	For employees who primarily see their PCP and fill low-cost prescriptions	For employees who are seeking lower monthly premiums, tax benefits and are willing to pay more up-front costs for medical expenses



All HDHPs offer smart integration with Wellmark claims and consumer-driven accounts from HealthEquity® which means reimbursement is automatic. In addition, employees can view their account balances with a single, secure sign-on in **myWellmark®**.

They also get an easy-to-use mobile app, EZ Receipts®, to help put them in control of their health care expenses.

HMO/POS plan options

Gold plans

EnhancedBlue℠	1500	3000	Primary
Deductible			
• Single	$1,500	$3,000	$3,000
• Family[1]	$3,000	$6,000	$6,000
Coinsurance	20%	30%	25%
Out-of-pocket max			
• Single	$7,500	$6,500	$5,750
• Family	$15,000	$13,000	$11,500
Medical benefits[2]			
Preventive[3]	FREE	FREE	FREE
Virtual visit with Wellmark-preferred telehealth service provider	$0	$0	$0
Office services			
• Designated PCP[4]	$25	$25	$5
• Other PCP	$40	$40	$20
• Non-PCP	$60	$60	$90
Office-administered specialty medical drug	$200[5]	$200[5]	25% after deductible
Hospital services			
• Emergency room	$500	$400	25% after deductible
• Outpatient / Inpatient	20% after deductible	30% after deductible	25% after deductible
Blue Rx Essentials℠			
• Preventive	FREE	FREE	FREE
• Tier 1	$15	$15	$10
• Tier 2	$50	$40	25% after deductible
• Tier 3	$100	$100	25% after deductible
Specialty			
• Biosimilar / generic	$150	$160	25% after deductible
• Preferred	$200	$200	25% after deductible
• Non-preferred	$500	$400	25% after deductible
Medicare Part D Creditable	Yes	Yes	Yes
Plan codes			
Medical	HMO: HG000062 POS: SG000087	HMO: HG000063 POS: SG000088	HMO: HG000064 POS: SG000089

[1] The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

[2] Wellmark Blue POS plans offer out-of-network benefits at a higher out-of-pocket cost share when seeing an out-of-network provider.

[3] Preventive services must be received from an in-network provider in the Wellmark Blue HMO or Wellmark Blue POS network. Please see your coverage document for a full listing of preventive services.

[4] You must choose a primary care provider (PCP) who participates in the Wellmark Blue HMO or Wellmark Blue POS network who is available to accept you or your family members, and who is one of the following types of providers: family practitioners, general practitioners, geriatricians, internists, nurse practitioners, physician assistants/associates, and pediatricians. See your benefit plan material for more details about your PCP.

[5] The office visit copayment applies in addition to this office administered specialty medical drug copayment.

$ Silver plans

CompleteBlue℠	4000	5000	Primary
Deductible			
• Single	$4,000	$5,000	$6,750
• Family[1]	$8,000	$10,000	$13,500
Coinsurance	30%	30%	30%
Out-of-pocket max			
• Single	$10,000	$9,800	$9,200
• Family	$20,000	$19,600	$18,400
Medical benefits[2]			
Preventive[3]	FREE	FREE	FREE
Virtual visit with Wellmark-preferred telehealth service provider	$0	$0	$0
Office services			
• Designated PCP[4]	$35	$45	$10
• Non-designated PCP	$50	$60	$25
• Non-PCP	$100	$100	$80
Office-administered specialty medical drug	$150[5]	$200[5]	30% after deductible
Hospital services			
• Emergency room	$700	$600	30% after deductible
• Outpatient / Inpatient	30% after deductible	30% after deductible	30% after deductible
Blue Rx Essentials℠			
• Preventive	FREE	FREE	FREE
• Tier 1	$30	$35	$15
• Tier 2	$60	$70	30% after deductible
• Tier 3	$150	$140	30% after deductible
Specialty			
• Biosimilar / generic	$135	$170	30% after deductible
• Preferred	$150	$200	30% after deductible
• Non-preferred	$500	$500	30% after deductible
Medicare Part D Creditable	No	No	No
Plan codes			
Medical	HMO: HG000058 POS: SG000083	HMO: HG000059 POS: SG000084	HMO: HG000060 POS: SG000085

[1] The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

[2] Wellmark Blue POS plans offer out-of-network benefits at a higher out-of-pocket cost share when seeing an out-of-network provider.

[3] Preventive services must be received from an in-network provider in the Wellmark Blue HMO or Wellmark Blue POS network. Please see your coverage document for a full listing of preventive services.

[4] You must choose a primary care provider (PCP) who participates in the Wellmark Blue HMO or Wellmark Blue POS network who is available to accept you or your family members, and who is one of the following types of providers: family practitioners, general practitioners, geriatricians, internists, nurse practitioners, physician assistants/associates, and pediatricians. See your benefit plan material for more details about your PCP.

[5] The office visit copayment applies in addition to this office administered specialty medical drug copayment.

Bronze plans

SimplyBlue℠	6000	Primary
Deductible		
• Single	$6,000	$8,000
• Family[1]	$12,000	$16,000
Coinsurance	50%	50%
Out-of-pocket max		
• Single	$10,500	$11,000
• Family	$21,000	$22,000
Medical benefits[2]		
Preventive[3]	FREE	FREE
Virtual visit with Wellmark-preferred telehealth service provider	$0	$0
Office services		
• Designated PCP[4]	$65	$20
• Non-designated PCP	$80	$35
• Non-PCP	$150	$120
Office-administered specialty medical drug[5]	50% after deductible	50% after deductible
Hospital services		
• Emergency room	50% after deductible	50% after deductible
• Outpatient / Inpatient	50% after deductible	50% after deductible
Blue Rx Essentials℠		
• Preventive	FREE	FREE
• Tier 1	$30	$25
• Tier 2	50% after deductible	50% after deductible
• Tier 3	50% after deductible	50% after deductible
Specialty		
• Biosimilar / generic	50% after deductible	50% after deductible
• Preferred	50% after deductible	50% after deductible
• Non-preferred	50% after deductible	50% after deductible
Medicare Part D Creditable	No	No
Plan codes		
Medical	HMO: HG000055 POS: SG000080	HMO: HG000056 POS: SG000081

[1] The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

[2] Wellmark Blue POS plans offer out-of-network benefits at a higher out-of-pocket cost share when seeing an out-of-network provider.

[3] Preventive services must be received from an in-network provider in the Wellmark Blue HMO or Wellmark Blue POS network. Please see your coverage document for a full listing of preventive services.

[4] You must choose a primary care provider (PCP) who participates in the Wellmark Blue HMO or Wellmark Blue POS network who is available to accept you or your family members, and who is one of the following types of providers: family practitioners, general practitioners, geriatricians, internists, nurse practitioners, physician assistants/associates, and pediatricians. See your benefit plan material for more details about your PCP.

[5] The office visit copayment applies in addition to this office administered specialty medical drug copayment.

High-deductible health plans

Silver plan

myBlue HDHP℠	**6500**
Deductible	
• Single	$6,500
• Family[1]	$13,000
Coinsurance	0%
Out-of-pocket max	
• Single	$6,500
• Family	$13,000
Medical benefits[2]	
Preventive[3]	FREE
Virtual visit with Wellmark-preferred telehealth service provider	Deductible applies
Office services[4]	Deductible applies
Office-administered specialty medical drug	Deductible applies
Hospital services	Deductible applies
Emergency room	Deductible applies
Blue Rx Essentials℠[5]	
• All tiers	Deductible applies
Medicare Part D Creditable	No
Plan codes	
Medical	HMO: HG000061 POS: SG000086

Bronze plan

myBlue HDHP℠	**8500**
Deductible	
• Single	$8,500
• Family[1]	$17,000
Coinsurance	0%
Out-of-pocket max	
• Single	$8,500
• Family	$17,000
Medical benefits[2]	
Preventive[3]	FREE
Virtual visit with Wellmark-preferred telehealth service provider	Deductible applies
Office services[4]	Deductible applies
Office-administered specialty medical drug	Deductible applies
Hospital services	Deductible applies
Emergency room	Deductible applies
Blue Rx Essentials℠[5]	
• All tiers	Deductible applies
Medicare Part D Creditable	No
Plan codes	
Medical	HMO: HG000057 POS: SG000082

[1] The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

[2] Wellmark Blue POS plans offer out-of-network benefits at a higher out-of-pocket cost share when seeing an out-of-network provider.

[3] Preventive services must be received from an in-network provider in the Wellmark Blue HMO or Wellmark Blue POS network. Please see your coverage document for a full listing of preventive services.

[4] All services, with the exception of preventive and well-child visits for in-network, Wellmark Blue HMO or Wellmark Blue POS participating providers, are subject to deductible. You must choose a primary care provider (PCP) who participates in the Wellmark Blue HMO or Wellmark Blue POS network who is available to accept you or your family members, and who is one of the following types of providers: family practitioners, general practitioners, geriatricians, internists, nurse practitioners, physician assistants/associates, and pediatricians. See your benefit plan material for more details about your PCP.

[5] Prescription drugs are covered under health at the in-network deductible/out-of-pocket maximum level.

PPO plan options

Gold plans

EnhancedBlue℠	1500	3000	Primary
Deductible			
• Single	$1,500	$3,000	$3,000
• Family[1]	$3,000	$6,000	$6,000
Coinsurance	20%	30%	25%
Out-of-pocket max			
• Single	$7,500	$6,500	$5,750
• Family	$15,000	$13,000	$11,500
Medical benefits			
Preventive[2]	FREE	FREE	FREE
Virtual visit with Wellmark-preferred telehealth service provider	$0	$0	$0
Office services			
• PCP[3]	$30	$30	$10
• Non-PCP	$60	$60	$90
Office-administered specialty medical drug	$200[4]	$200[4]	25% after deductible
Hospital services			
• Emergency room	$500	$400	25% after deductible
• Outpatient / Inpatient	20% after deductible	30% after deductible	25% after deductible
Blue Rx Essentials℠			
• Preventive	FREE	FREE	FREE
• Tier 1	$15	$15	$10
• Tier 2	$50	$40	25% after deductible
• Tier 3	$100	$100	25% after deductible
Specialty			
• Biosimilar / generic	$150	$160	25% after deductible
• Preferred	$200	$200	25% after deductible
• Non-preferred	$500	$400	25% after deductible
Medicare Part D Creditable	Yes	Yes	Yes
Plan codes			
Medical	PPO: PG000467	PPO: PG000468	PPO: PG000469

[1] The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

[2] Preventive services must be received from an in-network provider in the Wellmark Blue PPO network. Please see your coverage document for a full listing of preventive services.

[3] The primary care office copay applies to certified nurse midwives, family practitioners, general practitioners, geriatricians, obstetricians/gynecologists, pediatricians, physician assistants/associates, advanced registered nurse practitioners, physical therapists, occupational therapists, speech pathologists, and in some cases, mental health or chemical dependency visits. All other in-network practitioners are subject to the non-primary care office copay. The copay applies per practitioner, per date of service.

[4] The office visit copayment applies in addition to this office administered specialty medical drug copayment.

$ Silver plans

CompleteBlue℠	4000	5000	Primary
Deductible			
• Single	$4,000	$5,000	$6,750
• Family[1]	$8,000	$10,000	$13,500
Coinsurance	30%	30%	30%
Out-of-pocket max			
• Single	$10,000	$9,800	$9,200
• Family	$20,000	$19,600	$18,400
Medical benefits			
Preventive[2]	FREE	FREE	FREE
Virtual visit with Wellmark-preferred telehealth service provider	$0	$0	$0
Office services			
• PCP[3]	$40	$50	$15
• Non-PCP	$100	$100	$80
Office-administered specialty medical drug	$150[4]	$200[4]	30% after deductible
Hospital services			
• Emergency room	$700	$600	30% after deductible
• Outpatient / Inpatient	30% after deductible	30% after deductible	30% after deductible
Blue Rx Essentials℠			
• Preventive	FREE	FREE	FREE
• Tier 1	$30	$35	$15
• Tier 2	$60	$70	30% after deductible
• Tier 3	$150	$140	30% after deductible
Specialty			
• Biosimilar / generic	$135	$170	30% after deductible
• Preferred	$150	$200	30% after deductible
• Non-preferred	$500	$500	30% after deductible
Medicare Part D Creditable	No	No	No
Plan codes			
Medical	PPO: PG000463	PPO: PG000464	PPO: PG000465

[1] The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

[2] Preventive services must be received from an in-network provider in the Wellmark Blue PPO network. Please see your coverage document for a full listing of preventive services.

[3] The primary care office copay applies to certified nurse midwives, family practitioners, general practitioners, geriatricians, obstetricians/gynecologists, pediatricians, physician assistants/associates, advanced registered nurse practitioners, physical therapists, occupational therapists, speech pathologists, and in some cases, mental health or chemical dependency visits. All other in-network practitioners are subject to the non-primary care office copay. The copay applies per practitioner, per date of service.

[4] The office visit copayment applies in addition to this office administered specialty medical drug copayment.

Bronze plans

SimplyBlue℠	6000	Primary
Deductible		
• Single	$6,000	$8,000
• Family[1]	$12,000	$16,000
Coinsurance	50%	50%
Out-of-pocket max		
• Single	$10,500	$11,000
• Family	$21,000	$22,000
Medical benefits		
Preventive[2]	FREE	FREE
Virtual visit with Wellmark-preferred telehealth service provider	$0	$0
Office services		
• PCP[3]	$70	$25
• Non-PCP	$150	$120
Office-administered specialty medical drug	50% after deductible	50% after deductible
Hospital services		
• Emergency room	50% after deductible	50% after deductible
• Outpatient / Inpatient	50% after deductible	50% after deductible
Blue Rx Essentials℠		
• Preventive	FREE	FREE
• Tier 1	$30	$25
• Tier 2	50% after deductible	50% after deductible
• Tier 3	50% after deductible	50% after deductible
Specialty		
• Biosimilar / generic	50% after deductible	50% after deductible
• Preferred	50% after deductible	50% after deductible
• Non-preferred	50% after deductible	50% after deductible
Medicare Part D Creditable	No	No
Plan codes		
Medical	PPO: PG000460	PPO: PG000461

[1] The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

[2] Preventive services must be received from an in-network provider in the Wellmark Blue PPO network. Please see your coverage document for a full listing of preventive services.

[3] The primary care office copay applies to certified nurse midwives, family practitioners, general practitioners, geriatricians, obstetricians/gynecologists, pediatricians, physician assistants/associates, advanced registered nurse practitioners, physical therapists, occupational therapists, speech pathologists, and in some cases, mental health or chemical dependency visits. All other in-network practitioners are subject to the non-primary care office copay. The copay applies per practitioner, per date of service.

High-deductible health plans

Silver plan

myBlue HDHP℠	**6500**
Deductible	
• Single	$6,500
• Family[1]	$13,000
Coinsurance	0%
Out-of-pocket max	
• Single	$6,500
• Family	$13,000
Medical benefits	
Preventive[2]	FREE
Virtual visit	Deductible applies
Office services[3]	Deductible applies
Office-administered specialty medical drug	Deductible applies
Hospital services	Deductible applies
Emergency room	Deductible applies
Blue Rx Essentials℠[4]	
• All tiers	Deductible applies
Medicare Part D Creditable	No
Plan codes	
Medical	PPO: PG000466

Bronze plan

myBlue HDHP℠	**8500**
Deductible	
• Single	$8,500
• Family[1]	$17,000
Coinsurance	0%
Out-of-pocket max	
• Single	$8,500
• Family	$17,000
Medical benefits	
Preventive[2]	FREE
Virtual visit	Deductible applies
Office services[3]	Deductible applies
Office-administered specialty medical drug	Deductible applies
Hospital services	Deductible applies
Emergency room	Deductible applies
Blue Rx Essentials℠[4]	
• All tiers	Deductible applies
Medicare Part D Creditable	No
Plan codes	
Medical	PPO: PG000462

[1] The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

[2] Preventive services must be received from an in-network provider in the Wellmark Blue PPO network. Please see your coverage document for a full listing of preventive services.

[3] All services, with the exception of preventive and well-child visits for in-network, Wellmark Blue PPO participating providers, are subject to deductible.

[4] Prescription drugs are covered under health at the in-network deductible/out-of-pocket maximum level.

Wellmark Blue POS | UnityPoint Health plans

Gold plans

EnhancedBlue℠	3000	Primary
Deductible		
• Single	$3,000	$3,000
• Family[1]	$6,000	$6,000
Coinsurance	30%	25%
Out-of-pocket max		
• Single	$6,500	$5,750
• Family	$13,000	$11,500
Medical benefits		
Preventive[2]	FREE	FREE
Virtual visits through in-network providers	$0	$0
Office services		
• Designated PCP[3]	$25	$5
• Other PCP	$40	$20
• Non-PCP	$60	$90
Office-administered specialty medical drug	$200[4]	25% after deductible
Hospital services		
• Emergency room	$400	25% after deductible
• Outpatient / Inpatient	30% after deductible	25% after deductible
Blue Rx Essentials℠		
• Preventive	FREE	FREE
• Tier 1	$15	$10
• Tier 2	$40	25% after deductible
• Tier 3	$100	25% after deductible
Specialty[5]		
• Biosimilar / generic	$160	25% after deductible
• Preferred	$200	25% after deductible
• Non-preferred	$400	25% after deductible
Medicare Part D Creditable	Yes	Yes
Plan codes		
Medical	SG000094	SG000095

[1] The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

[2] Preventive services must be received from an in-network provider in the Wellmark Blue POS | UnityPoint Health network. Please see your coverage document for a full listing of preventive services.

[3] You must choose a primary care provider (PCP) who participates in the Wellmark Blue POS | UnityPoint Health network who is available to accept you or your family members, and who is one of the following types of providers: family practitioners, general practitioners, geriatricians, internists, nurse practitioners, physician assistants/associates and pediatricians. See your benefit plan material for more details about your PCP. The copay applies per practitioner, per date of service.

[4] The office visit copayment applies in addition to this office administered specialty medical drug copayment.

[5] If you enroll with PrudentRx to get copayment assistance for your eligible specialty medications, you will have $0 out-of-pocket responsibility for prescriptions listed on the PrudentRx drug list. If you fail to respond or decline to participate in the PrudentRx program, please note that you will be responsible for your member cost-share of 30 percent coinsurance.

Silver plans

CompleteBlue℠	4000	Primary
Deductible		
• Single	$4,000	$6,750
• Family[1]	$8,000	$13,500
Coinsurance	30%	30%
Out-of-pocket max		
• Single	$10,000	$9,200
• Family	$20,000	$18,400
Medical benefits		
Preventive[2]	FREE	FREE
Virtual visits through in-network providers	$0	$0
Office services		
• Designated PCP[3]	$35	$10
• Other PCP	$50	$25
• Non-PCP	$100	$80
Office-administered specialty medical drug	$150[4]	30% after deductible
Hospital services		
• Emergency room	$700	30% after deductible
• Outpatient / Inpatient	30% after deductible	30% after deductible
Blue Rx Essentials℠		
• Preventive	FREE	FREE
• Tier 1	$30	$15
• Tier 2	$60	30% after deductible
• Tier 3	$150	30% after deductible
Specialty[5]		
• Biosimilar / generic	$135	30% after deductible
• Preferred	$150	30% after deductible
• Non-preferred	$500	30% after deductible
Medicare Part D Creditable	No	No
Plan codes		
Medical	SG000092	SG000093

Bronze plans

SimplyBlue℠	6000	Primary
Deductible		
• Single	$6,000	$8,000
• Family[1]	$12,000	$16,000
Coinsurance	50%	50%
Out-of-pocket max		
• Single	$10,500	$11,000
• Family	$21,000	$22,000
Medical benefits		
Preventive[2]	FREE	FREE
Virtual visits through in-network providers	$0	$0
Office services		
• Designated PCP[3]	$65	$20
• Other PCP	$80	$35
• Non-PCP	$150	$120
Office-administered specialty medical drug	50% after deductible	50% after deductible
Hospital services		
• Emergency room	50% after deductible	50% after deductible
• Outpatient / Inpatient	50% after deductible	50% after deductible
Blue Rx Essentials℠		
• Preventive	FREE	FREE
• Tier 1	$30	$25
• Tier 2	50% after deductible	50% after deductible
• Tier 3	50% after deductible	50% after deductible
Specialty[5]		
• Biosimilar / generic	50% after deductible	50% after deductible
• Preferred	50% after deductible	50% after deductible
• Non-preferred	50% after deductible	50% after deductible
Medicare Part D Creditable	No	No
Plan codes		
Medical	SG000090	SG000091

[1] The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

[2] Preventive services must be received from an in-network provider in the Wellmark Blue POS | UnityPoint network. Please see your coverage document for a full listing of preventive services.

[3] You must choose a primary care provider (PCP) who participates in the Wellmark Blue POS | UnityPoint Health network who is available to accept you or your family members, and who is one of the following types of providers: family practitioners, general practitioners, geriatricians, internists, nurse practitioners, physician assistants/associates and pediatricians. See your benefit plan material for more details about your PCP. The copay applies per practitioner, per date of service.

[4] The office visit copayment applies in addition to this office administered specialty medical drug copayment.

[5] If you enroll with PrudentRx to get copayment assistance for your eligible specialty medications, you will have $0 out-of-pocket responsibility for prescriptions listed on the PrudentRx drug list. If you fail to respond or decline to participate in the PrudentRx program, please note that you will be responsible for your member cost-share of 30 percent coinsurance.

Dental, vision and hearing benefits

Dental plan details[1]

Blue Dental[SM]	**1500**
Benefit year deductible[2]	Single: $25 Family: $75
Benefit year maximum	Plan pays: $1,500
Preventive and diagnostic	Member pays: 20%
Dental benefits	
Basic restorative	50%
Including cavity repair, tooth extractions, restoration of decayed or fractured teeth, oral surgery and anesthesia	
Major restorative	50%
Including root canals, gum and bone disease, crowns, inlays, bridges and dentures	
Add orthodontia	
Orthodontics	50%
Orthodontic lifetime maximum (per child, up to age 19)	$1,000
Plan codes	
Dental	DG000114
Dental with orthodontia	DG000113

Blue Dental[SM]	**2000**
Benefit year deductible[2]	Single: $25 Family: $75
Benefit year maximum	Plan pays: $2,000
Preventive and diagnostic	Member pays: 0%
Dental benefits	
Basic restorative	20%
Including cavity repair, tooth extractions, restoration of decayed or fractured teeth, oral surgery and anesthesia	
Major restorative	50%
Including root canals, gum and bone disease, crowns, inlays, bridges and dentures	
Add orthodontia	
Orthodontics	50%
Orthodontic lifetime maximum (per child, up to age 19)	$2,000
Plan codes	
Dental	DG000116
Dental with orthodontia	DG000115

[1] Benefits and general provisions described are subject to plan selected, and terms of the actual policy and coverage manual.
[2] Deductible waived for preventive and diagnostic services.



Vision plan details[1]

Avēsis 100

Eye exam
- Covered in full after a $10 copay, every 12 months

Frames
- Covered once every 24 months, after a $25 materials copay; $100 retail allowance[2]

Standard plastic lenses
- One pair covered in full after materials copay, every 12 months

Contact lenses
- Covered up to allowance, every 12 months, in lieu of eyeglasses

Lens options
- Up to 20 percent off polycarbonate, scratch-resistant coating, tint and UV protective coating

Avēsis 150

Eye exam
- Covered in full after a $10 copay, every 12 months

Frames
- Covered once every 24 months, after a $10 materials copay; $150 retail allowance[2]

Standard plastic lenses
- One pair covered in full after materials copay for adult polycarbonate, scratch-resistant coating, UV screening, standard tint, anti-reflective coating, every 12 months

Contact lenses
- Covered up to allowance, every 12 months, in lieu of eyeglasses

Lens options
- Covered in full: polycarbonate, scratch-resistant and UV protective coatings, anti-reflective, solid or gradient tint
- Copay applies: progressives, transitions, polarized, PGX/PBX
- Up to 20% discount: Other lens options

Built-in hearing coverage

Services

Free hearing screening and reduced pricing on hearing devices
- Discount program offered through Amplifon Hearing Health Care® as an added bonus

[1] Applies to in-network benefits. Out-of-network services are covered and include higher copays.
[2] Benefits and general provisions described are subject to plan selected, and terms of the actual policy and coverage manual.



Step 3. Choose a dental and vision plan

Combining dental and vision coverage with your medical plan is a high-impact way to provide your employees with a comprehensive benefits package, at no additional cost to you.

$0

Add dental and vision coverage at no cost to you, and provide your employees with a comprehensive benefits package.

Blue Dental Plans℠

Dental coverage is an essential part of a comprehensive benefits package. With Wellmark, your employees can count on reliable coverage from a broad network of dentists. When you combine Blue Dental with your medical plan, you get streamlined administration with a competitive network and extensive benefits.

What's covered?

Blue Dental plans encourage regular preventive dental care to keep your employees' teeth healthy and prevent future problems. Preventive and diagnostic care is covered even if they've met their benefit maximum.

Plans also cover cleanings and restorative services — all at little or no out-of-pocket cost to your employees. All Blue Dental plans offer extra cleanings for certain at-risk members, such as those who are pregnant or diabetic.

Beyond prevention

Blue Dental plans go well beyond preventive and diagnostic services. Your employees will have peace of mind knowing they're covered for cavities, oral surgery, root canals and even orthodontics. And like Wellmark's health network, your employees can count on reliable coverage from a broad network of dentists.

Avēsis Vision Plans

Vision coverage[1] is an important part of the overall health of your employees. Routine eye exams can detect many types of health problems, like diabetes and high blood pressure, before they become serious.

Avēsis offers your employees generous allowances for contacts and glasses while keeping your premiums affordable. And they offer one of the most diverse vision networks in the country, with more than 104,000 access points nationally.

Choose from two of the most comprehensive vision plans in the industry. You'll also get discounts on hearing care services through Amplifon Hearing Health Care® with your plan.

[1] Coverage is available for members age 19 or older.

Understanding your health coverage benefits

All of our plans give your employees coverage for:

- Preventive and wellness services
- Pediatric vision services[1]
- Physician and facility services
- Maternity, newborn and pediatric care
- Chronic disease management
- Durable medical equipment (DME)
- Emergency and ambulatory patient services
- Rehabilitative and habilitative services and devices
- Mental health and substance use disorder services
- Physical, occupational or speech therapy services
- Hospitalization
- Prescription drugs

Preventive services are free

Preventive services are free when received from in-network providers. Preventive services include things like annual wellness exams, gynecological exams, age-appropriate mammograms or colonoscopies and well-child visits.

In addition, when employees select and visit a designated primary care provider (PCP), they will have lower out-of-pocket costs.

[1] Coverage includes an annual routine vision exam at no cost, plus frames and lenses or contact lenses (allowances and/or limitations apply) for children under age 19. Pediatric vision benefits are administered by Avēsis Vision. A full list of all pediatric dental and vision services is included in the coverage manual.

Virtual care physicians can treat hundreds of the most common medical conditions and prescribe medication if needed.



Virtual visits

Virtual visits are becoming increasingly popular for employees, providers and employers — and it's easy to see why. They give employees convenient access to quality care without exposing others to illnesses or taking time away from work or home.

Included in all our plans is coverage for virtual visits from a Wellmark-preferred telehealth provider. Your employees can connect face-to-face with a board-certified doctor from virtually anywhere using a smartphone, tablet or computer on their schedule.

Your employees and covered family members can see a doctor for:

- Mental health concerns[1]
- Cold and flu symptoms
- Bronchitis and sinus infections
- Urinary tract infections
- Sore throats
- Allergies
- Fever
- Headaches
- Pink eye
- Skin conditions

Behavioral health coaching program, available through Doctor On Demand®
With this benefit, you and your employees can receive behavioral health support 24/7 with a text-based chat program and a live coach. Get help within minutes, any time. Just click on the Behavioral Health Coach icon within the Doctor On Demand mobile app. Go to DoctorOnDemand.com/Wellmark-BHC or download the app from the App Store® or on Google Play™.

Virtual visits have:

Shown a reduction in absenteeism.

Lower than or similar costs to an office visit.

An average wait time of 10 minutes, when done through Doctor On Demand®.

Doctor On Demand users give their virtual care experience a 4.9 star rating out of 5.

NOTE: Wellmark Blue POS | UnityPoint Health plans offer virtual visits through in-network UnityPoint providers instead of Wellmark-preferred telehealth providers.

[1] For plans that include benefits for mental health treatment, Doctor On Demand benefits may include treatment for certain psychological conditions, emotional issues and substance use disorder. Services performed by Doctor On Demand clinicians are covered. For more information, call Wellmark at the number on your ID card or call Wellmark Customer Service.

Pharmacy benefits

Our pharmacy benefits are easy to navigate with Blue Rx Essentials℠.

Blue Rx Essentials prescription tiers are designated based on factors like cost and effectiveness when compared to similar drugs. Combined with our easy-to-navigate pharmacy network and tools, your employees will understand what they'll pay before they get to the pharmacy.

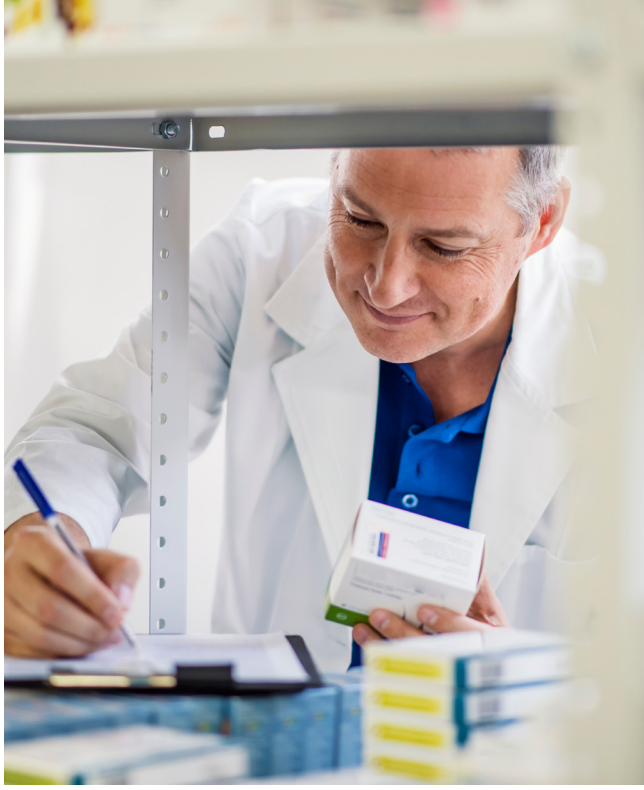
$ — DRUG TIER 1 will have the lowest costs. It includes most generics and select branded drugs.

$$ — DRUG TIER 2 has a higher cost share than Tier 1. It is made up of drugs that are preferred based on effectiveness when compared to similar drugs.

$$$ — DRUG TIER 3 has a higher cost share than Tier 2. It consists of non-preferred drugs that have reasonable, more cost-effective alternatives on Tier 1 or Tier 2.

$$$$ — BIOSIMILAR AND GENERIC SPECIALTY DRUGS are safe, effective and less costly specialty treatment options. According to the Food and Drug Administration (FDA), a biosimilar is highly similar to and has no meaningful differences from an existing FDA-approved product.

$$$$$ — SPECIALTY DRUGS are split into two categories — preferred and non-preferred. Preferred drugs are proven to treat complex or rare conditions. There is insufficient clinical evidence indicating non-preferred drugs are more beneficial than preferred alternatives.



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In addition to these tiers, we also offer select drugs to your employees with zero cost share. This includes FDA-approved preventive drugs, such as contraceptives, tobacco cessation medications, supplements for pregnant women and more. Find the full ACA preventive health and drug list at Wellmark.com/ACAPreventive.

Tools and services for employers

Employer Connection

As an employer, we know you have a lot on your plate. And when your employees have a question, you want to answer them quickly. Employer Connection is your solution. Log into Employer Connection from **Wellmark.com**.

If your employees have questions about eligibility or benefits, you can find the answer online without having to contact your Wellmark representative. You're also able to order new ID cards, update member information and more.

Whether you're on your computer, phone or tablet, Employer Connection makes it easy to find everything you need to efficiently manage benefits, plus you'll find news alerts, free educational materials and electronic billing and payment options.

COBRA/State Continuation Services

Wellmark has solutions available to help you with the COBRA (20+ employees[1]) or State Continuation (<20 employees[1]) administration process — at no additional cost to you. Contact your Wellmark representative for more information.

Blue@Work℠

Our blog, *Blue@Work*, helps you make more informed decisions about employee health benefits. It features industry news, pharmacy information, as well as employee benefits, community and health-related articles that can be accessed anytime, anywhere.

Our monthly e-newsletter for groups keeps you up to date with information that is both operational and inspirational. It's designed to make it easy for you to do business with us, as well as give you ideas to keep your employees healthy. To get the newsletter delivered to your inbox, visit **Wellmark.com/Blue-at-Work/subscribe**.

Learn more about managing costs and understanding the changing health care landscape at **Wellmark.com/Blue-at-Work.**

[1] On a typical business day during the previous calendar year.

Tools and services for members

DID YOU KNOW?

Eight in 10 small businesses in Iowa are covered by Wellmark.

Case Management

The Wellmark Case Management Program connects employees or covered family members to clinically skilled registered nurses or licensed social workers committed to understanding complex health diagnoses. Case managers will create individualized care plans and answer questions about coverage and support.

Wellmark Connect powered by WebMD®

Available through **myWellmark**, Wellmark Connect is a personalized digital platform that delivers health content, podcasts, videos, recipes, daily habit-tracking tools and more to help employees take control of their health.

Blue Distinction® Centers

When your employees need specialized care, like a surgery or a transplant, choosing where to get care can be a big decision. And where they go can impact their results. Blue Distinction Centers are recognized for their proven history of delivering exceptional care and results. This could mean fewer complications, lower readmissions and higher survival rates. Providers, hospitals and facilities meet pre-determined standards to earn a Blue Distinction Center designation, and all Wellmark members have full access to the Blue Distinction network — no matter their plan.

BeWell 24/7® Nurse Support

BeWell 24/7 Nurse Support connects employees with a registered nurse, so they can talk through a variety of health-related concerns and help maintain work/life balance. **Call 24 hours a day, seven days a week at 844-84-BeWell (844-842-3935).**

Blue365® Program

This program gives your employees exclusive access to discounts and resources that help them live a healthier lifestyle. Learn more at **Wellmark.com/Blue365.**

Blue℠

Blue features health and wellness content, health plan tips and healthy recipes. It helps your employees get the most from their plans — and their lives. Find it online at **Wellmark.com/Blue**.

myWellmark®

myWellmark is our secure member portal with tools, resources and insights to help your employees manage their health care spending and live a healthier life. myWellmark streamlines health insurance information, so employees can find what they need, when they need it, on any device.

With myWellmark, employees can:

- **Find an in-network health care provider and designate a primary care provider — if required.**
- **Estimate cost of care for procedures and services.**
- **View detailed claims information, including cost breakdowns and a status tracker.**
- **View their year-to-date spend report.**
- **Find electronic documents quickly and securely.**
- **Access digital ID cards.**
- **Enhance their well-being with tailored insights.**
- **Find mental health resources.**

Employees get more from their health plan by registering at myWellmark.com.

This document is intended to be used solely for illustrative purposes, and provides simplified information and examples of a general nature. It is not intended as legal or tax advice, nor as an indication that you are eligible to contribute to an HSA, and should not be construed as such. Consult your tax advisor for specific tax advice and for more information about tax savings.

This brochure is a brief summary of policies presented, which are subject to exclusions, limitations, reductions in benefits, and terms under which the policies may be renewed or discontinued. For costs and complete details of the coverage, call or write your authorized insurance agent or Wellmark.

Also, please note, this is a general description of coverage. It is not a statement of contract. Actual coverage is subject to the terms and conditions specified in the policy itself and enrollment regulations in force when the policy becomes effective.



Wellmark Blue Cross and Blue Shield of Iowa and Wellmark Health Plan of Iowa, Inc. are independent licensees of the Blue Cross and Blue Shield Association.

Avēsis Vision is an independent vision insurance company that does not provide Wellmark Blue Cross and Blue Shield products and services. Avēsis Vision is underwritten by Fidelity Security Life Insurance.

Hearing Discount Savings Plan provided by Amplifon Hearing Health Care®. Amplifon Hearing Health Care is an independent company that does not provide Wellmark Blue Cross and Blue Shield products or services.

App Store is a service mark of Apple Inc., registered in the U.S. and other countries.

Google Play™ and the Google Play logo are trademarks of Google LLC.

HealthEquity® and EZ Receipts® are registered marks of HealthEquity, Inc., a leading administrator providing consumer directed benefits such as COBRA, flexible spending and health reimbursement arrangement (FSA and HRA) services on behalf of Wellmark Blue Cross and Blue Shield.

Doctor On Demand physicians do not prescribe Drug Enforcement Administration-controlled substances, and may elect not to treat conditions or prescribe other medications based on what is clinically appropriate. For plans that include benefits for mental health treatment, Doctor On Demand benefits may include treatment for certain psychological conditions, emotional issues and substance abuse disorder. Services performed by Doctor On Demand clinicians are covered. For more information, call Wellmark at the number on your ID card or call Wellmark Customer Service.

Doctor On Demand by Included Health is a separate company providing an online telehealth solution for Wellmark members. Doctor On Demand® is a registered mark of Included Health, Inc.

Blue Distinction Centers (BDC) met overall quality measures for patient safety and outcomes, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable healthcare. Each provider's cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. National criteria for BDC and BDC+ are displayed on www.bcbs.com. Individual outcomes may vary. For details on a provider's in-network status or your own policy's coverage, contact your Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.

PrudentRx is an independent company providing a specialty drug copay card program to Wellmark Blue Cross and Blue Shield members.

WebMD® is a registered trademark of WebMD Health Services Group, Inc. Web MD is a separate company that provides wellness services on behalf of Wellmark Blue Cross and Blue Shield.

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