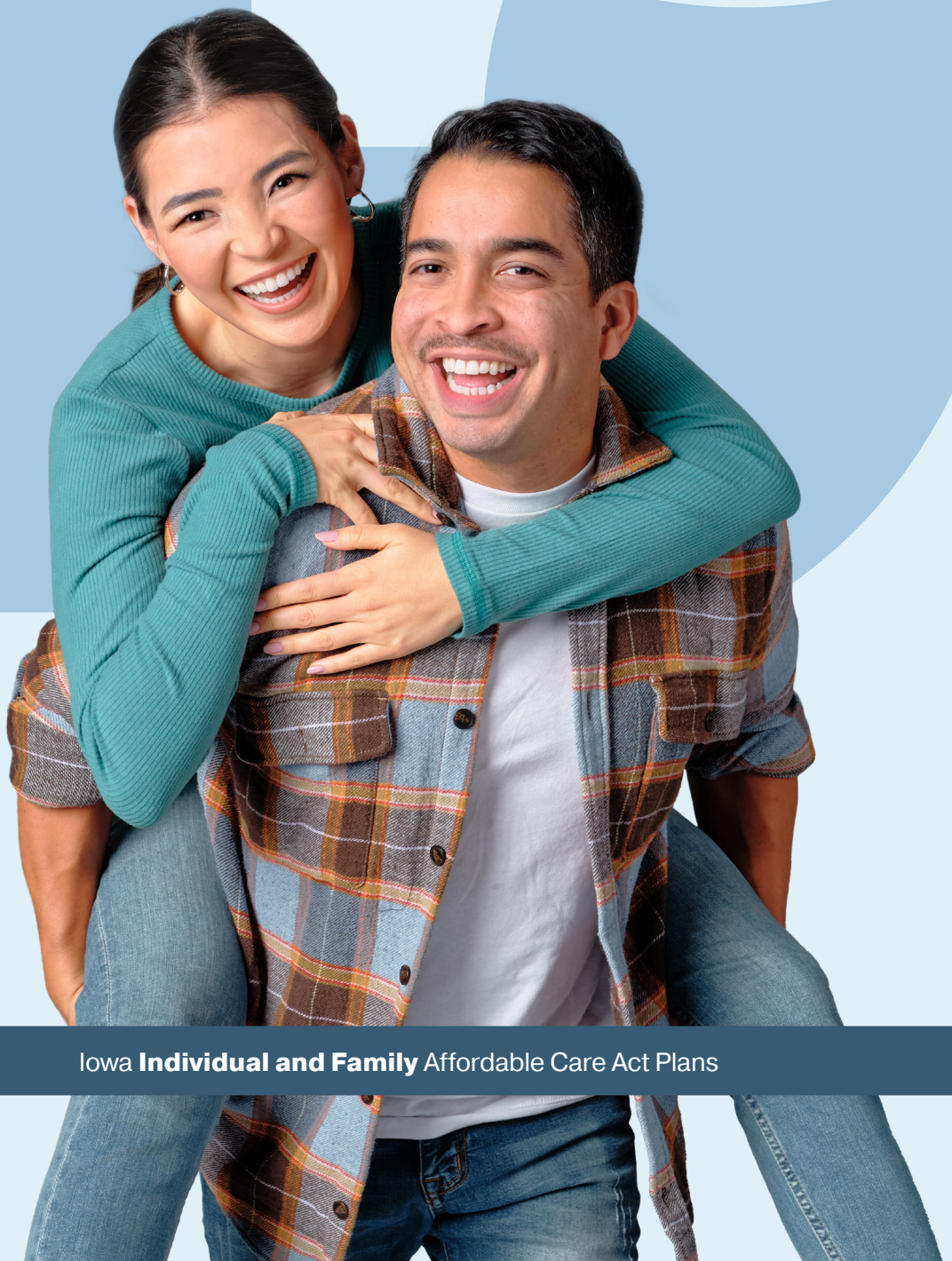
Wellmark®
Health Plan of Iowa®

2026 Health Plan Comparison Guide



Iowa **Individual and Family** Affordable Care Act Plans

What's inside

What matters to you, **matters to us**

When you have insurance from Wellmark Health Plan of Iowa, you are covered for life's expected and unexpected events. And, you're joining a health plan network that serves more Iowans than any other health insurance company.

This guide delivers options specifically designed for Iowa individuals and families. We hope you find it helpful in choosing a plan that's right for you.

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

More choices

Plans that fit you

Wellmark offers a mix of plans and cost shares so you can choose an option that fits your needs and lifestyle. Individual and family health coverage may be available to you at a reduced cost through premium tax credits (subsidies) that are based on income and household size.

Network availability

With Wellmark's statewide network, you can go to nearly any hospital or doctor in Iowa. The Wellmark Health Plan of Iowa Health Maintenance Organization (HMO) is a state-based network that provides members with access to health care providers across the state and access to emergency care nationwide. Or if you want to work with a smaller, connected group of providers to manage your care, choose the value-based network of Wellmark Blue HMO | UnityPoint Health.

More value

Service you can count on

When you need support, Wellmark is there. Experienced customer service representatives can answer your questions or explain a claim, or you can access online support tools tailored to your specific health plan.

An industry leader

We are proud to serve more of your friends and neighbors than any other health insurance company in Iowa.[1]

[1] Sources: Exhibit of Premiums, Enrollment & Utilization and the Supplemental Health Care Exhibit (NAIC), Medical Loss Ratio Reports (CCIIO) and MFA ASO enrollment.

Understand the **networks**

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

Wellmark Blue HMO℠ Network

Our state-based HMO network provides members with access to health care providers across the state and access to emergency care nationwide.

Building a long-term relationship with your primary care provider (PCP) can lead to better overall health and lower hospital and emergency room use[1]. That's why some plans may have lower benefit costs when you establish and visit a designated PCP. Please review your benefit plan materials or if you are an existing member, visit **myWellmark.com** for benefit details.

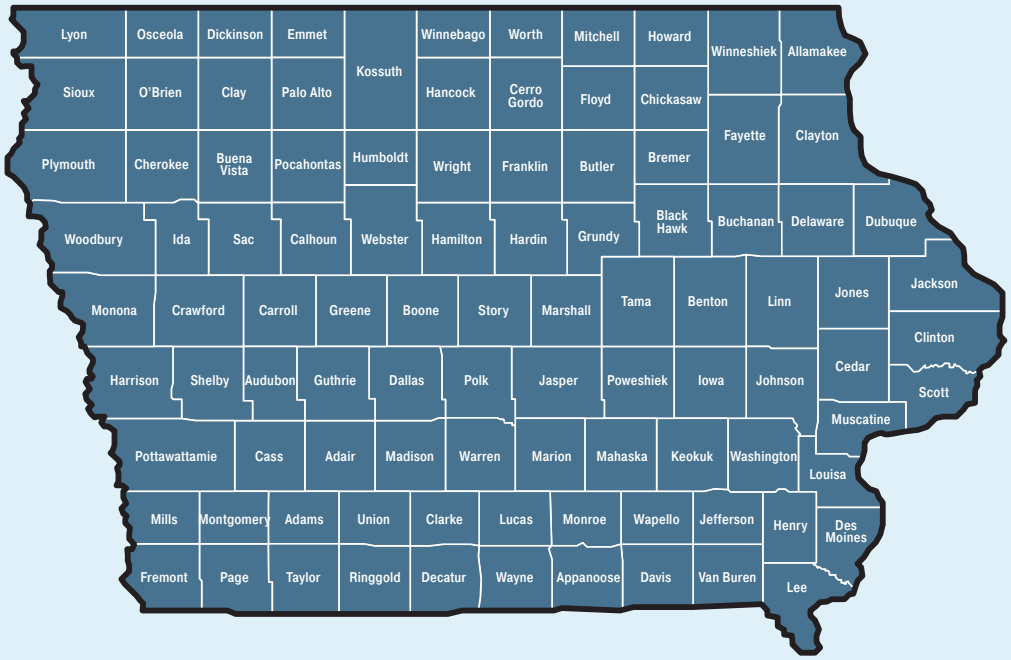
Wellmark Blue HMO | UnityPoint Health Network

Wellmark Blue HMO | UnityPoint Health plan is available to members residing in Iowa and living in the Wellmark Blue HMO | UnityPoint Health network service area. This network provides members with a smaller, connected group of providers to manage their care. This plan type offers lower copays for care received from primary care providers. Please note, there are generally no benefits for medical services outside this specific network except for emergency or accidental injuries.

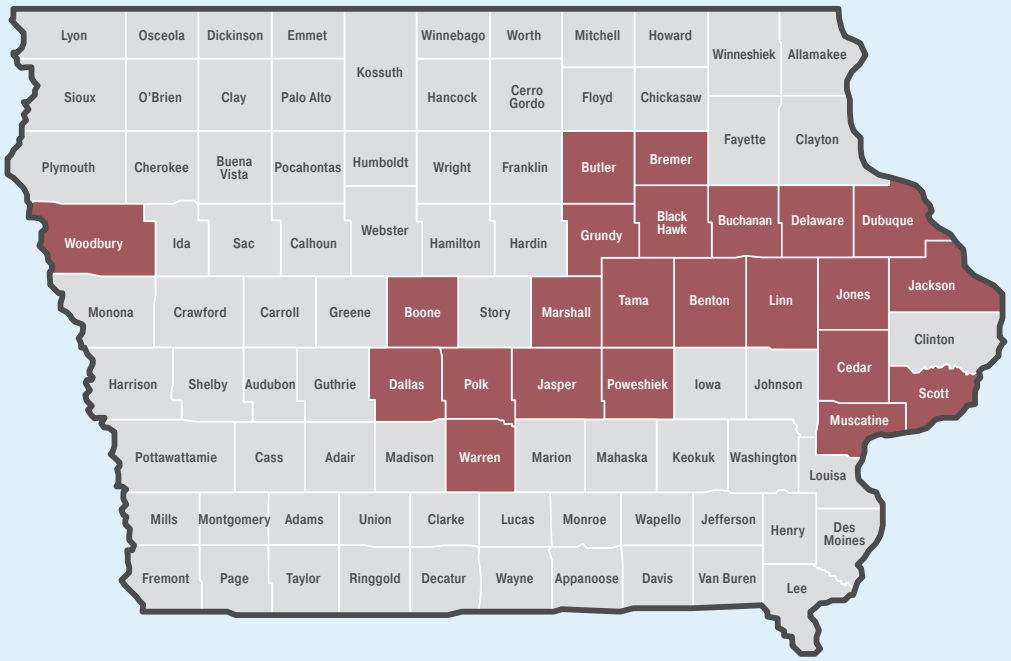
Find the full description of our plan types to select the right plan for you at **Wellmark.com/Plans.**

[1] Dean, Kristin. "Why You Should Build a Relationship with Your Doctor." Doctor On Demand, 22 June 2022, doctorondemand.com blog

Wellmark Blue HMO℠ Network



Wellmark Blue HMO | UnityPoint Health Network



HMO network

Traditional health plans

	Gold	Silver	Bronze
	1750	**5000**	**7200**
Deductible			
• Single	$1,750	$5,000	$7,200
• Family[1]	$3,500	$10,000	$14,400
Coinsurance	25%	30%	50%
Out-of-pocket max			
• Single	$7,500	$7,500	$9,900
• Family[1]	$15,000	$15,000	$19,800
Medical benefits			
Preventive[2]	FREE	FREE	FREE
Virtual visit with Doctor On Demand®	$0	$0	$0
• Behavioral Health Coaching services	$0	$0	$0
• Virtual Primary Care services	N/A	N/A	$0
Office exam			
• Designated PCP[3]	$15	$45	$75
• Other PCP	$30	$60	$90
• Non-PCP	$45	$75	$150
Office-administered specialty medical drug	$300[4]	$300[4]	50% after deductible
Office laboratory services	25% after deductible	30% after deductible	50% after deductible
X-ray in office	25% after deductible	30% after deductible	50% after deductible
Emergency room	25% after deductible	30% after deductible	50% after deductible
Blue Rx Essentials℠			
• Tier 1	$20	$30	$35
• Tier 2	$60	$60	50% after deductible
• Tier 3	$125	$140	50% after deductible
• Biosimilars	$215	$220	50% after deductible
• Preferred specialty	$300	$300	50% after deductible
• Non-preferred specialty	$400	$500	50% after deductible

[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 HMO℠ 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 HMO 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, and pediatricians. See your benefit plan material for more details about your PCP.

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

Standard health plans

	Gold	Silver	Bronze
	2000	**6000**	**7500**
Deductible			
• Single	$2,000	$6,000	$7,500
• Family[1]	$4,000	$12,000	$15,000
Coinsurance	25%	40%	50%
Out-of-pocket max			
• Single	$8,200	$8,900	$10,000
• Family[1]	$16,400	$17,800	$20,000
Medical benefits			
Preventive[2]	FREE	FREE	FREE
Virtual visit with Doctor On Demand®	$30	$40	$50
• Behavioral Health Coaching services	$0	$0	$0
Office services			
• PCP[3]	$30	$40	$50
• Non-PCP	$60	$80	$100
Office-administered specialty medical drug[4]	$250 after deductible	$350 after deductible	$500 after deductible
Emergency room services	25% after deductible	40% after deductible	50% after deductible
Blue Rx Essentials℠			
• Tier 1	$15	$20	$25
• Tier 2	$30	$40	$50 after deductible
• Tier 3	$60	$80 after deductible	$100 after deductible
• Biosimilars	$250	$350 after deductible	$500 after deductible
• Preferred specialty	$250	$350 after deductible	$500 after deductible
• Non-preferred specialty	$250	$350 after deductible	$500 after deductible

[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 HMO℠ network. Please see your coverage document for a full listing of preventive services.

[3] You must choose a designated primary care provider (PCP) who participates in the Wellmark Blue HMO 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, and pediatricians. See your benefit plan material for more details about your PCP. 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.

High-deductible health plan

Bronze

	8300
Deductible / Out-of-pocket max	
Single	$8,300
Family[1]	$16,600
Medical benefits	
• Preventive[2]	FREE
• Behavioral Health Coaching with Doctor On Demand®	FREE
Lowest cost	**$**
• Designated PCP office visit[3]	
• Virtual visit with Doctor On Demand	
Low cost	**$$**
• Other PCP office visit	
• Facility lab/X-ray	
• Urgent care	
Medium cost	**$$$**
• Non-PCP office visit	
• Outpatient physical therapist	
• Home health care	
High cost	**$$$$**
• Emergency room	
• Ambulatory	
• Inpatient hospitalization	
• Office-administered specialty medical drug cost share	
Blue Rx Essentials℠	
• All tiers	Deductible applies

[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 HMO℠ 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 HMO 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, and pediatricians. See your benefit plan material for more details about your PCP.

Wellmark Blue HMO | UnityPoint Health plans

Primary health plans

Standard health plan

	Gold	Silver	Bronze
	2300	5700	7500
Deductible			
• Single	$2,300	$5,700	$7,500
• Family[1]	$4,600	$11,400	$15,000
Coinsurance	20%	30%	50%
Out-of-pocket max			
• Single	$8,000	$8,000	$10,000
• Family[1]	$16,000	$16,000	$20,000
Medical benefits			
Preventive[2]	FREE	FREE	FREE
Virtual visit with in-network providers	$0	$0	$50
Office exam			
• Designated PCP[3]	$5	$10	
• Other PCP	$20	$25	
• Non-PCP	$70	$80	
Office services			
• PCP[4]			$50
• Non-PCP			$100
Office-administered specialty medical drug	20% after deductible	30% after deductible	$500 after deductible
Office laboratory services	20% after deductible	30% after deductible	50% after deductible
X-rays in office	20% after deductible	30% after deductible	
Emergency room services	20% after deductible	30% after deductible	
Blue Rx Essentials[SM]			
• Tier 1	$5	$10	$25
• Tier 2	20% after deductible	30% after deductible	$50 after deductible
• Tier 3	20% after deductible	30% after deductible	$100 after deductible
• Biosimilars	20% after deductible	30% after deductible	$500 after deductible
• Preferred specialty	20% after deductible	30% after deductible	$500 after deductible
• Non-preferred specialty	20% after deductible	30% after deductible	$500 after deductible

[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 HMO[SM] | 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 HMO[SM] | 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, and pediatricians. See your benefit plan material for more details about your PCP.

[4] The primary care office copay applies to certified nurse midwives, family practitioners, general practitioners, geriatricians, obstetricians/gynecologists, pediatricians, physicians assistants, advanced registered nurse practitioners, chiropractors, 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.

Pharmacy benefits

When the cost of a drug is lower than the copay amount, members will pay the cost of the drug.

No matter which plan you choose, our pharmacy benefits are easy to navigate with Blue Rx Essentials℠. Prescriptions are grouped into tiers based on factors like cost and effectiveness when compared to similar drugs. Combined with our easy-to-navigate pharmacy network and tools in your myWellmark account and on **Wellmark.com,** you will understand what you'll pay without any hidden costs or fees.

$ — 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 also increases out-of-pocket costs. 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.

Specialty pharmacies

As a Wellmark member, your specialty prescriptions can be filled through CVS. With CVS Specialty and its dedicated care team, you can:

Pick up prescriptions locally or have them shipped to you.

Talk to your CVS CareTeam, led by pharmacists and nurses, who can help answer your questions.

Refill prescriptions and check your order status from your computer or phone.

Additionally, your specialty prescriptions can be filled through other participating specialty pharmacies, which can be found on myWellmark.

Virtual support

Get convenient access to quality care from any device. All our plans include low or no-cost coverage for virtual care.

BeWell 24/7®

Sometimes you just need to talk to a knowledgeable resource for answers to health-related questions. BeWell 24/7, Wellmark's exclusive service for members, securely connects you to trained health care professionals who can help you navigate anything from where to get care to getting advice on how to treat common illnesses at home.

Doctor On Demand®

Most Wellmark plans provide virtual visits through Doctor On Demand. With Doctor On Demand you can connect face-to-face with a board-certified doctor from virtually anywhere using a smartphone, tablet or computer. You get the care you need when you need it at a lower cost than an office visit or other virtual visit provider. It's as easy as downloading the app from the App Store®, on Google Play™ or visiting **DoctorOnDemand.com/Wellmark-BHC.**

Doctor On Demand physicians can treat hundreds of the most common medical conditions and prescribe medication if needed.[1] You and your family members can see a virtual doctor for:

- Cold and flu symptoms
- Bronchitis and sinus infections
- Urinary tract infections
- Sore throats
- Allergies
- Fever
- Headaches
- Pink eye
- Skin conditions
- Mental health services[2]
- Behavioral health coaching[3]
- Virtual primary care (available with Wellmark Bronze Traditional plans only)

UnityPoint Health plans offer virtual visits through in-network UnityPoint Health providers instead of Doctor On Demand.

[1] Doctor On Demand physicians do not prescribe Drug Enforcement Administration-controlled substances, and may elect not to treat or prescribe other medications based on what is clinically appropriate.

[2] Doctor On Demand benefits may include treatment for certain psychological conditions, emotional issues and chemical dependency. Services performed by Doctor On Demand psychologists and psychiatrists are covered.

[3] Behavioral health coaching is only available for adults age 18 and older.

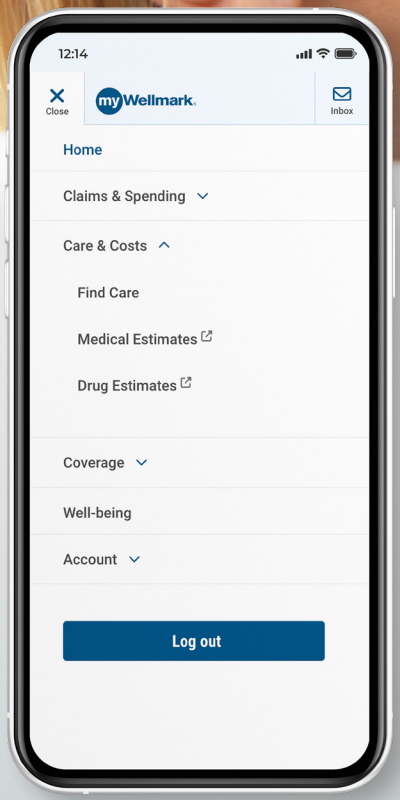
myWellmark®

Use myWellmark, our secure member website and app that has tools, resources and insights to help manage your health care spending and live a healthier life. myWellmark streamlines your health insurance information and makes it easier to find what you need, when you need it, on any device.

myWellmark helps you get the most from your health insurance benefits. With myWellmark, you can:

- **Find a health care provider in your plan's network and designate a primary care provider.**
- **Find information related to specific benefits.**
- **Estimate cost of care for procedures and services.**
- **View your detailed claims information, including cost breakdown and status tracker.**
- **View year-to-date spend report.**
- **Receive electronic documents quickly and securely.**
- **Access digital ID cards.**
- **Enhance well-being with tailored insights.**
- **Find mental health resources.**

Get more from your health plan by registering at **myWellmark.com.**



Additional support

As a Wellmark member, you have access to additional programs and support to help you, no matter your stage of life. See why more Iowans choose Wellmark.[1]

Available for all Wellmark members

Blue365® Program

Blue365 offers exclusive access to discounts and resources that help you live a healthier lifestyle. You can take advantage of discounts and savings on gym memberships, fitness equipment like Fitbit® and Garmin®, vision care and more through Blue365. Registration is simple, and the exclusive deals come right to your inbox. You can access this program at **Wellmark.com/Blue365.**

Blue℠ Magazine

Blue Magazine features health and wellness articles, consumer tips, health plan news and healthy recipes. It helps you get the most from your plan — and your life.
Find it online at **Wellmark.com/Blue**.

Available for Wellmark traditional, standard or high-deductible health plan members

Health Services

Wellmark's Health Services team provides comprehensive solutions to better manage your health by helping you get the right care at the right time in the right place and at the right cost. Our case management nurses and social workers provide clinical expertise for complex health conditions; including high-risk pregnancies, neonatal intensive care, organ transplants and behavioral health conditions. Wellmark's Transition of Care team supports members with the highest risk of emergency room visits or readmission as they transition from a medical or behavioral health setting.

Wellmark Connect powered by WebMD®

Wellmark Connect is a free digital platform that delivers personalized health content, podcasts, videos, habit-tracking tools, recipes and more. Be sure to take the 15-minute wellness assessment and get a personalized report on your health. You may be eligible to receive a reward for completing important health actions. Visit Wellmark Connect through myWellmark to learn more.

Blue Distinction® Centers

When you need specialized care, like a surgery or a transplant, choosing where to get care can be a big decision. And, where you go can impact your results. You are required to use Blue Distinction Centers for bariatric surgery and transplants if enrolled in a Traditional, Standard or High-Deductible Health Plan. 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. All Wellmark members have full in-network access to Blue Distinction Centers — no matter their plan.

[1] Sources: Exhibit of Premiums, Enrollment & Utilization and the Supplemental Health Care Exhibit (NAIC), Medical Loss Ratio Reports (CCIIO) and MFA ASO enrollment.

Wellmark Language Assistance

Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Wellmark does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Wellmark

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 800-524-9242.

If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 3E417, Des Moines, IA 50309-2901, 515-376-6500, TTY 888-781-4262, Fax 515-376-9055, Email **CRC@Wellmark.com**. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。 请拨打 800-524-9242 或（听障专线： 888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية, فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم ٨٠٠-٥٢٤-٩٢٤٢ أو (خدمة الهاتف النصي: ٨٨٨-٧٨١-٤٢٦٢).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ທີ່. (TTY: 888-781-4262.)

주의: 한국어 를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, निःशुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION: Si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deitsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တၢ်ဒုးသ့ၣ်ညါ–နမ့ၢ်ကတိၤကညီကျိာ်,ကျိာ်တၢ်မၤစၢၤတၢ်ဖံးတၢ်မၤတဖၣ်,လၢတဘၣ်လၢ်ဘူးလဲ,အိၣ်လၢနဂီၢ်လီၤ.ဆဲးကျိးဆူ ၈၀၀–၅၂၄–၉၂၄၂မ့တမ့ၢ်(TTY:၈၈၈–၇၈၁–၄၂၆၂)တက့ၢ်.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि नि:शुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ । 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस् ।

ማሳሰቢያ፦ አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ እገዛ አገልግሎቶች፣ ከክፍያ ነፃ፣ ያገኛሉ። በ 800-524-9242 ወይም (በTTY: 888-781-4262) ይደውለው ያነጋግሩን።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maaɗa. Heɓir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNAA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'ehjí yáníłti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló̜. Koji̜' hólne' 800-524-9242 doodaii' (TTY: 888-781-4262)

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This guide 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.

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