Wellmark South Dakota

2027 Health Plan Comparison Guide



for South Dakota businesses with **51-100 employees**

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Why **Wellmark?**

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 support 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.



Coverage that's right for your business

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].

Our PPO plans 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 around the world. This means they have coverage virtually anywhere they travel.

[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.



No matter the plan you choose, our goal is to guide your employees toward high-quality health care at the lowest cost possible — helping your employees achieve better overall health and saving you money in the long run.

Health insurance plans to fit your business

You have options. From traditional coverage to high-deductible health plans (HDHPs), we offer a range of solutions to help meet your needs.

	Modified	Copayment	Primary	HDHP
Description	Modified plans are similar to traditional plans but eliminate coinsurance entirely.	Copayment plans provide predictable copays for many common health care expenses, like in-network office visits.	Primary plans offer a split office copay in a traditional plan structure to incentivize members to seek care through their primary care provider (PCP) first.	HDHPs encourage members to engage in their health plan by paying the full cost of care until their deductible has been met.
How this plan works	• Lower copay for visits with primary care providers (PCPs). • Higher copay for visits with non-PCPs. • No coinsurance. • $0 copay for virtual visits.	• Office services are covered with varying copays depending on the provider type. • Most other services are subject to deductible and coinsurance. • $0 copay for virtual visits.	• Lower copay for visits with PCPs. • Higher copay for visits with non-PCPs. • Most other services subject to deductible and coinsurance. • $0 copay for virtual visits.	• Plans qualify for a health savings account (HSA) to help pay covered health care expenses. • Health plan takes care of covered health care expenses exceeding the deductible. • Can be paired with a health reimbursement arrangement (HRA).
Virtual visits	All health plans include access to virtual visits. Copays apply.			
Prescription drug coverage	**Blue Rx Complete℠:** Uses a tiered copay structure to encourage the use of generic or lower-priced drugs that are as safe and effective, but less costly than other treatment options.			
Wellness	All health plans include support to help keep employees healthy: • BeWell 24/7® Nurse Support • Wellmark Connect powered by WebMD® • pharmacy management • mental health support • advanced care • pregnancy support • transition of care			

Out-of-pocket costs for in-network services only apply to the in-network out-of-pocket maximum. Only out-of-pocket costs for out-of-network services apply to the out-of-network out-of-pocket maximum. The family out-of-pocket maximum (OPM) can be met through any combination of family members. No one member will be required to meet more than the single OPM amount to receive benefits for covered services during a benefit period, unless noted otherwise.

All preventive care costs are waived when using an in-network or participating provider on PPO plans. Preventive care includes gynecological exams, preventive exams, screening mammography, well-child and newborn visits, unless noted otherwise. One preventive exam per member per benefit period with separate gynecological exams. Well-child visits up to age seven (includes normal newborn visits, physical examinations, assessments and immunizations).

Primary care office copays apply to family practitioners, general practitioners, geriatricians, internal medicine practitioners, obstetricians/gynecologists, pediatricians, physician assistants/associates and advanced registered nurse practitioners, except for HDHPs. This lower office copay also applies to in-network chiropractors, physical therapists, occupational therapists, speech pathologists and in some cases, mental health or chemical dependency visits. Any other in-network practitioners are subject to the non-primary care office copay for Primary plans. The copay applies per practitioner, per visit, except for HDHPs.

Benefit and general provisions described are subject to terms of the actual coverage manual.

PPO plan options

High-deductible health plans

	2500	3500	4500	5500	6500	7500
Deductible[1]						
• Single	$2,500	$3,500	$4,500	$5,500	$6,500	$7,500
• Family	$5,000	$7,000	$9,000	$11,000	$13,000	$15,000
Coinsurance	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Out-of-pocket max	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Medical benefits						
Preventive[2]	FREE	FREE	FREE	FREE	FREE	FREE
Virtual visits with Wellmark-preferred telehealth service providers	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
Office services[3]	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
Office-administered specialty medical drug[4]	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
Hospital services	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
Emergency room	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
Blue Rx CompleteSM						
• All tiers	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
Medicare Part D Creditable	Yes	Yes	Yes	No	No	No
Plan codes						
Medical	PPO: PM000305	PPO: PM000306	PPO: PM000307	PPO: PM000308	PPO: PM000309	PPO: PM000310

[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 except for the $2500 single deductible (health code PM000305). The entire family deductible/out-of-pocket maximum must be satisfied before benefits are available for any family member (health code PM000305).

[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, PPO or participating providers, are subject to deductible.

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

Modified plans

	6000	8150
Deductible[1]		
• Single	$6,000	$8,150
• Family	$12,000	$16,200
Coinsurance	0%	0%
Out-of-pocket max		
• Single	$6,000	$8,150
• Family	$12,000	$16,200
Medical benefits		
Preventive[2]	FREE	FREE
Virtual visits with Wellmark-preferred telehealth service providers	$0	$0
Office services		
• PCP[3]	$40	$50
• Non-PCP	$80	$100
Office-administered specialty medical drug[4]	$200	$250
Emergency room	$400	$500
Blue Rx Complete[SM]		
• Tier 1	$20	$30
• Tier 2	$40	$60
• Tier 3	$80	$120
• Tier 4	$150	$200
Specialty		
• Biosimilar / generic	$140	$185
• Preferred	$200	$250
• Non-preferred	$250	$300
Medicare Part D Creditable	Yes	Yes
Plan codes		
Medical	PPO: PM000292	PPO: PM000293



[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, 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.

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

Primary plans

	1000	1500	2000	2500	3000
Deductible[1]					
· Single	$1,000	$1,500	$2,000	$2,500	$3,000
· Family	$3,000	$4,500	$6,000	$7,500	$9,000
Coinsurance	20%	20%	20%	20%	30%
Out-of-pocket max					
· Single	$2,000	$3,000	$4,000	$5,000	$6,000
· Family	$4,000	$6,000	$8,000	$10,000	$12,000
Medical benefits					
Preventive[2]	FREE	FREE	FREE	FREE	FREE
Virtual visits with Wellmark-preferred telehealth service providers	$0	$0	$0	$0	$0
Office services					
· PCP[3]	$20	$25	$30	$35	$35
· Non-PCP	$40	$50	$60	$70	$70
Office-administered specialty medical drug[4]	$175	$175	$200	$200	$225
Emergency room	$300	$300	$350	$350	$400
Blue Rx CompleteSM					
Drug tiers					
· Tier 1	$15	$15	$20	$20	$25
· Tier 2	$30	$30	$40	$40	$50
· Tier 3	$60	$60	$80	$80	$100
· Tier 4	$120	$120	$160	$160	$200
Specialty					
· Biosimilar / generic	$115	$115	$140	$140	$160
· Preferred	$175	$175	$200	$200	$225
· Non-preferred	$225	$225	$250	$250	$275
Medicare Part D Creditable	Yes	Yes	Yes	Yes	Yes
Plan codes					
Medical	PPO: PM000333	PPO: PM000334	PPO: PM000335	PPO: PM000336	PPO: PM000337

[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, 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.

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

Primary plans continued.

	3500	4000	4500	5000	6000	7000
Deductible[1]						
· Single	$3,500	$4,000	$4,500	$5,000	$6,000	$7,000
· Family	$10,500	$12,000	$13,500	$15,000	$18,000	$21,000
Coinsurance	30%	30%	30%	30%	30%	30%
Out-of-pocket max						
· Single	$7,000	$8,000	$8,150	$8,550	$9,000	$10,500
· Family	$14,000	$16,000	$16,300	$17,100	$18,000	$21,000
Medical benefits						
Preventive[2]	FREE	FREE	FREE	FREE	FREE	FREE
Virtual visits with Wellmark-preferred telehealth service providers	$0	$0	$0	$0	$0	$0
Office services						
· PCP[3]	$40	$40	$45	$45	$45	$45
· Non-PCP	$80	$80	$90	$90	$90	$90
Office-administered specialty medical drug[4]	$225	$225	$275	$275	$275	$275
Emergency room	$400	$450	$450	$500	$500	$500
Blue Rx CompleteSM						
Drug tiers						
· Tier 1	$25	$25	$30	$30	$30	$30
· Tier 2	$50	$50	$65	$65	$65	$65
· Tier 3	$100	$100	$100	$100	$100	$100
· Tier 4	$200	$200	$240	$240	$240	$240
Specialty						
· Biosimilar / generic	$160	$160	$190	$190	$190	$190
· Preferred	$225	$225	$275	$275	$275	$275
· Non-preferred	$275	$275	$325	$325	$325	$325
Medicare Part D Creditable	Yes	Yes	Yes	Yes	Yes	Yes
Plan codes						
Medical	PPO: PM000338	PPO: PM000339	PPO: PM000340	PPO: PM000341	PPO: PM000342	PPO: PM000343

[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, 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.

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

Copayment Plus plans

	750	1000	1500	2000	2500
Deductible[1]					
• Single	$750	$1,000	$1,500	$2,000	$2,500
• Family	$1,500	$2,000	$3,000	$4,000	$5,000
Coinsurance	20%	20%	20%	20%	20%
Out-of-pocket max					
• Single	$1,500	$2,000	$3,000	$4,000	$5,000
• Family	$3,000	$4,000	$6,000	$8,000	$10,000
Medical benefits					
Preventive[2]	FREE	FREE	FREE	FREE	FREE
Virtual visits with Wellmark-preferred telehealth service providers	$0	$0	$0	$0	$0
Office services	$25	$25	$25	$25	$30
Office-administered specialty medical drug[3]	$175	$175	$175	$200	$200
Emergency room	$250	$250	$250	$300	$300
Blue Rx CompleteSM					
Drug tiers					
• Tier 1	$15	$15	$15	$20	$20
• Tier 2	$30	$30	$30	$40	$40
• Tier 3	$60	$60	$60	$80	$80
Specialty					
• Biosimilar / generic	$115	$115	$115	$140	$140
• Preferred	$175	$175	$175	$200	$200
• Non-preferred	$225	$225	$225	$250	$250
Medicare Part D Creditable	Yes	Yes	Yes	Yes	Yes
Plan codes					
Medical	PPO: PM000283	PPO: PM000284	PPO: PM000285	PPO: PM000286	PPO: PM000287

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

Copayment Plus plans continued.

	3000	3500	4000	5500
Deductible[1]				
· Single	$3,000	$3,500	$4,000	$5,500
· Family	$6,000	$7,000	$8,000	$11,000
Coinsurance	30%	30%	30%	30%
Out-of-pocket max				
· Single	$6,000	$7,000	$8,000	$8,550
· Family	$12,000	$14,000	$16,000	$17,100
Medical benefits				
Preventive[2]	FREE	FREE	FREE	FREE
Virtual visits with Wellmark-preferred telehealth service providers	$0	$0	$0	$0
Office services	$30	$30	$35	$35
Office-administered specialty medical drug[3]	$225	$225	$225	$275
Emergency room	$350	$350	$400	$400
Blue Rx CompleteSM				
Drug tiers				
· Tier 1	$25	$25	$25	$30
· Tier 2	$50	$50	$50	$65
· Tier 3	$100	$100	$100	$100
Specialty				
· Biosimilar / generic	$160	$160	$160	$190
· Preferred	$225	$225	$225	$275
· Non-preferred	$275	$275	$275	$325
Medicare Part D Creditable	Yes	Yes	Yes	Yes
Plan codes				
Medical	PPO: PM000288	PPO: PM000289	PPO: PM000290	PPO: PM000291

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

Vision benefits

Vision plan details[1]

Avēsis	Plan A	Plan B	Plan C
Eye exam — covered every 12 months	Copay: $10	Copay: $10	Copay: $10
Frames — covered every 24 months	Materials copay: $10 Retail allowance: $150	Materials copay: $15 Retail allowance: $150	Materials copay: $25 Retail allowance: $130
Lenses			
• Standard spectacle lenses – covered every 12 months	Covered in full	Covered in full	Covered in full
• Level 1 progressive lenses	Covered in full	Covered in full	Covered in full
Contact — lens fit and follow-up	Standard: $50 Premium: $75	Standard: $50 Premium: $75	Standard: $50 Premium: $75
Contact lenses			
• In lieu of eyeglasses – covered every 12 months	Retail allowance: $150	Retail allowance: $150	Retail allowance: $150

[1] Applies to in-network benefits. Out-of-network services are covered and include higher copays.

Avēsis vision plan

Highlights

- **Access to more than 80,000 vision locations nationally (Avesis, 2023)**
- **Network includes independent and leading national retailers**
- **Discounts on services such as LASIK surgery, hearing exams and hearing aids, as well as additional purchases throughout the year**
- **Voluntary option available**
- **Contact lenses available via 1-800-Contacts®**
- **Online eyeglass purchase program available via United Vision Plan (UVP)**

What's covered?

As a preferred Wellmark vendor, Avēsis[2] offers you some of the most comprehensive vision plans in the industry to choose from.

Covered services include:

- Eye exams
- Frames
- Standard plastic lenses
- Contact lenses
- Lens option discounts

[1] Avēsis network numbers

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



Prescription drug plans

Our easy-to-navigate pharmacy network and tools make it easy for your employees to understand what they'll pay for their prescriptions.

With convenient access to a broad pharmacy network that includes national retail chains and independent pharmacies, Blue Rx Complete will help members save on out-of-pocket costs.

Blue Rx Complete℠

Most of our health plans provide prescription coverage through **Blue Rx Complete,** a drug plan where employees pay a fixed copay at the time of purchase.

Blue Rx Complete uses a tiered copay structure to encourage members to use generic or lower-priced drugs that are just as safe and effective but less costly than other treatment options.

$ — 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.

$$$$ - DRUG TIER 4* has a higher cost share than Tier 3. It also 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.

* Drug tier 4 is available for Modified or Primary plans only.

Virtual visits

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

Reduce absenteeism and costs, while increasing employee convenience and satisfaction.

Virtual visits are becoming increasingly popular for patients, physicians and employers — and it's easy to see why. Virtual visits give patients convenient access to quality care without exposing others to illness. And patients don't have to take 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.

Virtual visits have:

Shown a reduction in absenteeism.

Lower than or similar costs to office visits.

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.

Your employees and their 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

[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.

Tools and support 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 be able to answer them quickly. Log in to Employer Connection from **Wellmark.com** for help.

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, review member information and more.

Blue Insights℠

Blue Insights is our approach to employer reporting and consultation. It contains the metrics most important to your organization so you can better understand your employee data and make smarter benefits decisions.

Blues*Enroll*℠

Blues*Enroll* offers HR administrators a comprehensive suite of tools and reports that streamline enrollment. The platform allows for benefit changes in real time and helps with daily tasks and more. You can automate the benefits administration process, replacing cumbersome, manual processing with a single web-based platform.

Wellmark Connect powered by WebMD®

The Wellmark Connect platform helps your employees' reach their well-being goals, with personalized health content, podcasts, videos, recipes, daily habit-tracking tools and more to help employees take control of their health.

We also have buy-up wellness options that offer a variety of evidence-based programs to address key aspects of well-being. A Wellmark Health and Well-being Consultant will work with you to find solutions based on your organization's goals, culture and challenges.

Blue@Work℠

Our blog, *Blue@Work*, helps you make more informed decisions about employee health benefits. It features industry news, pharmacy information, employee benefits and 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 motivational. 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 the changing health care landscape at **Wellmark.com/Blue-at-Work.**

TO LEARN MORE about all of the tools and support available to you, contact your Wellmark representative.



Employer Connection has everything you need to efficiently manage your benefits. Get news alerts, free educational materials and electronic billing and payment options.

Log into Employer Connection from Wellmark.com

Tools and support for members

Your employees can take advantage of all our plan's built-in tools, programs and support at no additional cost to you.

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.

BlueCard® program

With the BlueCard program, your employees can take advantage of our national network for all their health care needs. Find participating providers across the country and worldwide at **BCBS.com or by calling 800-810-2583.**

BeWell 24/7® Nurse Support

Your employees are busy people. That's why BeWell 24/7 Nurse Support connects them with a registered nurse who can help with a variety of health-related concerns. **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 that has tools, resources and insights to help your employees manage their health care spending and live a healthier life. myWellmark streamlines their health insurance information and makes it easier to find what they need, when they need it, on any device.

With myWellmark, they can:

- **Find a trusted 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.**
- **Receive 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 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.

Wellmark® South Dakota

Wellmark Blue Cross and Blue Shield of South Dakota is an independent licensee of the Blue Cross and Blue Shield Association.

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

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.

United Vision Plan (UVP) is an independent, full-service vision products company providing frames and optical lenses for Avēsis. UVP is not affiliated with Avēsis.

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