Wellmark

2027 Health Plan Comparison Guide



for Iowa businesses with **51-100 employees**

What's inside

3 **Why Wellmark?**

4 **About our plans**

6 **Health insurance plans**

8 **HMO/POS plan options**
- High-deductible health plans
- Modified plans
- Primary plans
- Copayment Plus plans

14 **PPO plan options**
- High-deductible health plans
- Modified plans
- Primary plans
- Copayment Plus plans

20 **Dental benefits**

22 **Vision benefits**

25 **Prescription drug plans**

26 **Virtual visits**

28 **Tools and support for employers**

30 **Tools and support for members**

31 **myWellmark®**

Why **Wellmark?**

DID YOU KNOW?

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

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 retain and attract 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.



About our plans

Building a long-term relationship with your primary care provider (PCP) can lead to better overall health[2].

$ — 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.[1]

Some HMO plans may have a variation in benefit costs when employees establish and visit a designated primary care provider (PCP). Steering employees to their designated PCP results in stronger patient-provider relationships and a higher quality of care.

Employees are also covered in emergency and accidental injury situations if they're out-of-network. And they can use virtual care services by a Wellmark preferred provider from home or on the road for a lower cost than an office visit. Please review your plan's benefit material or visit **myWellmark.com** for benefit details.

[1] Wellmark Network Administration, April 2024.

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

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

Point-of-service (POS) plans are a flexible option for employers and members who prefer the lower cost of the state-based HMO plan but would like protection from higher out-of-network costs.

Wellmark Blue POS℠ plans have lower costs for in-network coverage and provide out-of-network coverage too. This offers the pricing relief and in-state coverage of an HMO, but gives greater flexibility in case of unforeseen, complex conditions. Some POS plans may have a variation in benefit costs when 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 are no surprises or outstanding bills for the difference in 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.

$$$ — NATIONAL: My employees need national flexibility.

Consider a preferred provider organization (PPO) if your employees travel frequently and are more likely to need care out-of-state.

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.

Health insurance plans

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 have 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 are 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. On all other available networks, costs are waived when using an in-network provider. 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.



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 — that saves you money in the long run.

HMO/POS plan options

High-deductible health plans

	2500	3500	5000	6500	7500
Deductible[1]					
• Single	$2,500	$3,500	$5,000	$6,500	$7,500
• Family	$5,000	$7,000	$10,000	$13,000	$15,000
Coinsurance	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Out-of-pocket max	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Medical benefits[2]					
Preventive[3]	FREE	FREE	FREE	FREE	FREE
Virtual visits with Wellmark-preferred telehealth service providers	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
Office services[4]	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
Office-administered specialty medical drug	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
Hospital services	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
Emergency room	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
Blue Rx Complete[SM 5]					
• All tiers	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
Medicare Part D Creditable	Yes	Yes	Yes	No	No
Plan codes					
Medical	HMO: HM000086 POS: SM000092	HMO: HM000087 POS: SM000093	HMO: HM000088 POS: SM000094	HMO: HM000089 POS: SM000095	HMO: HM000090 POS: SM000096

[1] The family deductible/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/out-of-pocket maximum to receive benefits for covered services during a benefit period except for the $2500 single deductible (health codes: HM000086 and SM000092).

[2] Wellmark Blue POS[SM] 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[SM] 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 providers are subject to deductible.

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

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[2]		
Preventive[3]	FREE	FREE
Virtual visits with Wellmark-preferred telehealth service providers	$0	$0
Office services		
• Designated PCP[4]	$35	$45
• Non-designated PCP	$50	$60
• Non-PCP	$80	$100
Office-administered specialty medical drug[5]	$200	$250
Emergency room	$400	$500
Blue Rx CompleteSM		
• 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	HMO: HM000073 POS: SM000079	HMO: HM000074 POS: SM000080

[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. For a full list of preventive services, please see your benefit plan material.

[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.

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[2]					
Preventive[3]	FREE	FREE	FREE	FREE	FREE
Virtual visit with Wellmark-preferred telehealth service provider	$0	$0	$0	$0	$0
Office services					
• Designated PCP[4]	$20	$20	$20	$30	$30
• Non-designated PCP	$35	$35	$35	$45	$45
• Non-PCP	$50	$50	$50	$70	$70
Office-administered specialty medical drug[5]	$175	$175	$200	$200	$225
Emergency room	$300	$300	$350	$350	$400
Blue Rx Complete℠					
• 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	HMO: HM000075 POS: SM000081	HMO: HM000076 POS: SM000082	HMO: HM000077 POS: SM000083	HMO: HM000078 POS: SM000084	HMO: HM000079 POS: SM000085

[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. For a full list of preventive services, please see your benefit plan material.

[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.

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[2]						
Preventive[3]	FREE	FREE	FREE	FREE	FREE	FREE
Virtual visit with Wellmark-preferred telehealth service provider	$0	$0	$0	$0	$0	$0
Office services						
· Designated PCP[4]	$30	$30	$35	$35	$35	$35
· Non-designated PCP	$45	$45	$50	$50	$50	$50
· Non-PCP	$70	$70	$80	$80	$80	$80
Office-administered specialty medical drug[5]	$225	$225	$275	$275	$275	$275
Emergency room	$400	$450	$450	$500	$500	$500
Blue Rx Complete℠						
· 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	HMO: HM000080 POS: SM000086	HMO: HM000081 POS: SM000087	HMO: HM000082 POS: SM000088	HMO: HM000083 POS: SM000089	HMO: HM000084 POS: SM000090	HMO: HM000085 POS: SM000091

[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. For a full list of preventive services, please see your benefit plan material.

[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.

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[2]					
Preventive[3]	FREE	FREE	FREE	FREE	FREE
Virtual visit with Wellmark-preferred telehealth service provider	$0	$0	$0	$0	$0
Office services					
• Designated PCP[4]	$15	$15	$15	$15	$20
• Non-designated PCP	$30	$30	$30	$30	$35
• Non-PCP	$40	$40	$40	$40	$50
Office-administered specialty medical drug[5]	$175	$175	$175	$200	$200
Emergency room	$250	$250	$250	$300	$300
Blue Rx CompleteSM					
• 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	HMO: HM000063 POS: SM000069	HMO: HM000064 POS: SM000070	HMO: HM000065 POS: SM000071	HMO: HM000066 POS: SM000072	HMO: HM000067 POS: SM000073

[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. For a full list of preventive services, please see your benefit plan material.

[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.

Copayment Plus plans continued.

	3000	3500	4000	4500	5500
Deductible[1]					
· Single	$3,000	$3,500	$4,000	$4,500	$5,500
· Family	$6,000	$7,000	$8,000	$9,000	$11,000
Coinsurance	30%	30%	30%	30%	30%
Out-of-pocket max					
· Single	$6,000	$7,000	$8,000	$8,150	$8,550
· Family	$12,000	$14,000	$16,000	$16,300	$17,100
Medical benefits[2]					
Preventive[3]	FREE	FREE	FREE	FREE	FREE
Virtual visit with Wellmark-preferred telehealth service provider	$0	$0	$0	$0	$0
Office services					
· Designated PCP[4]	$20	$25	$25	$25	$25
· Non-designated PCP	$35	$40	$40	$40	$40
· Non-PCP	$50	$60	$60	$60	$60
Office-administered specialty medical drug[5]	$225	$225	$225	$275	$275
Emergency room	$350	$350	$400	$400	$400
Blue Rx Complete℠					
· Tier 1	$25	$25	$25	$30	$30
· Tier 2	$50	$50	$50	$65	$65
· Tier 3	$100	$100	$100	$100	$100
Specialty					
· Biosimilar / generic	$160	$160	$160	$190	$190
· Preferred	$225	$225	$225	$275	$275
· Non-preferred	$275	$275	$275	$325	$325
Medicare Part D Creditable	Yes	Yes	Yes	Yes	Yes
Plan codes					
Medical	HMO: HM000068 POS: SM000074	HMO: HM000069 POS: SM000075	HMO: HM000070 POS: SM000076	HMO: HM000071 POS: SM000077	HMO: HM000072 POS: SM000078

[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. For a full list of preventive services, please see your benefit plan material.

[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.

PPO plan options

High-deductible health plans

	2500	3500	5000	6500	7500
Deductible[1]					
• Single	$2,500	$3,500	$5,000	$6,500	$7,500
• Family	$5,000	$7,000	$10,000	$13,000	$15,000
Coinsurance	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Out-of-pocket max	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Medical benefits					
Preventive[2]	FREE	FREE	FREE	FREE	FREE
Virtual visit	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
Office services[3]	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
Office-administered specialty medical drug	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
Hospital services	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
Emergency room	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
Blue Rx Complete[SM 4]					
• All tiers	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
Medicare Part D Creditable	Yes	Yes	Yes	No	No
Plan codes					
Medical	PPO: PM000274	PPO: PM000275	PPO: PM000276	PPO: PM000277	PPO: PM000278

[1] The family deductible/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/out-of-pocket maximum to receive benefits for covered services during a benefit period except for the $2500 single deductible (plan code PM000274). The entire family deductible/out-of-pocket maximum must be satisfied before benefits are available for any family member (plan code PM000274).

[2] Preventive services must be received from an in-network provider in the Wellmark Blue PPOSM 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] Prescription drugs are covered under health at the in-network deductible/out-of-pocket maximum level.

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 visit with Wellmark-preferred telehealth service provider	$0	$0
Office services[3]		
• PCP	$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: PM000260	PPO: PM000261



[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. For a full list of preventive services, please see your benefit plan material.

[3] The primary care provider (PCP) 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.

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 visit with Wellmark-preferred telehealth service provider	$0	$0	$0	$0	$0
Office services[3]					
· PCP	$25	$25	$25	$35	$35
· Non-PCP	$50	$50	$50	$70	$70
Office-administered specialty medical drug[4]	$175	$175	$200	$200	$225
Emergency room	$300	$300	$350	$350	$400
Blue Rx Complete℠					
· 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: PM000344	PPO: PM000345	PPO: PM000346	PPO: PM000347	PPO: PM000348

[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 provider (PCP) 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.

Primary plans continued from previous page.

	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 visit with Wellmark-preferred telehealth service provider	$0	$0	$0	$0	$0	$0
Office services[3]						
• PCP	$35	$35	$40	$40	$40	$40
• Non-PCP	$70	$70	$80	$80	$80	$80
Office-administered specialty medical drug[4]	$225	$225	$275	$275	$275	$275
Emergency room	$400	$450	$450	$500	$500	$500
Blue Rx CompleteSM						
• 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: PM000349	PPO: PM000350	PPO: PM000351	PPO: PM000352	PPO: PM000353	PPO: PM000354

[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 provider (PCP) 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.

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 visit with Wellmark-preferred telehealth service provider	$0	$0	$0	$0	$0
Office services	$20	$20	$20	$20	$25
Office-administered specialty medical drug[3]	$175	$175	$175	$200	$200
Emergency room	$250	$250	$250	$300	$300
Blue Rx CompleteSM					
• 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: PM000247	PPO: PM000248	PPO: PM000249	PPO: PM000250	PPO: PM000251

[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	4500	5500
Deductible[1]					
· Single	$3,000	$3,500	$4,000	$4,500	$5,500
· Family	$6,000	$7,000	$8,000	$9,000	$11,000
Coinsurance	30%	30%	30%	30%	30%
Out-of-pocket max					
· Single	$6,000	$7,000	$8,000	$8,150	$8,550
· Family	$12,000	$14,000	$16,000	$16,300	$17,100
Medical benefits					
Preventive[2]	FREE	FREE	FREE	FREE	FREE
Virtual visit with Wellmark-preferred telehealth service provider	$0	$0	$0	$0	$0
Office services	$25	$30	$30	$30	$30
Office-administered specialty medical drug[3]	$225	$225	$225	$275	$275
Emergency room	$350	$350	$400	$400	$400
Blue Rx CompleteSM					
· Tier 1	$25	$25	$25	$30	$30
· Tier 2	$50	$50	$50	$65	$65
· Tier 3	$100	$100	$100	$100	$100
Specialty					
· Biosimilar / generic	$160	$160	$160	$190	$190
· Preferred	$225	$225	$225	$275	$275
· Non-preferred	$275	$275	$275	$325	$325
Medicare Part D Creditable	Yes	Yes	Yes	Yes	Yes
Plan codes					
Medical	PPO: PM000252	PPO: PM000253	PPO: PM000254	PPO: PM000255	PPO: PM000256

[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.

Dental benefits

Dental plan details[1]

Blue Dental[SM]	**1000**	**Limited 1500**	**1500**	**2000**
Benefit year deductible[2]				
• Single	N/A	$50	$25	$25
• Family	N/A	$150	$75	$75
Benefit year maximum (Plan pays)	$1,000	$1,500	$1,500	$2,000
Preventive and diagnostic (Member pays)	0%	20%	20%	0%
Dental benefits				
Basic restorative Including cavity repair, tooth extractions, restoration of decayed or fractured teeth, oral surgery and anesthesia	N/A	50%	50%	20%
Major restorative Including root canals, gum and bone disease, crowns, inlays, bridges and dentures	N/A	50%	50%	50%
Add orthodontia				
Orthodontics	N/A	N/A	50%	50%
Orthodontic lifetime maximum (per child, up to age 19)	N/A	N/A	$1,000	$1,000
Enhanced orthodontia[3] **lifetime maximum**	N/A	N/A	N/A	$2,000
Plan codes				
Dental	DM000000	DM000104	DM000101	DM000103
Dental with orthodontia	N/A	N/A	DM000100	DM000102
Dental with enhanced orthodontia	N/A	N/A	N/A	DM000105

[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.
[3] Enhanced orthodontia plan is only available as an option for the Blue Dental 2000 plan.

Blue Dental℠ plans

When you combine Blue Dental with your medical plan, you get streamlined administration with a competitive network and extensive benefits.

Highlights

- **Simplified plan offerings**
- **Preventive and diagnostic dental care is covered after the benefit maximum has been met**
- **Access to more than 1,600 dentists across Iowa and bordering counties**
- **Nationwide dental network with more than 115,000 dental providers**
- **Voluntary option available**

What's covered?

Blue Dental Plans℠ encourage regular preventive dental care to keep your employees' teeth healthy and prevent future problems. They cover check-ups and cleanings, as well as routine diagnostic and restorative services — all at little or no out-of-pocket cost to your employees. For optimal health, all Wellmark dental plans offer condition-specific benefits to at-risk members to prevent complications from diseases in the mouth, gums and teeth.

Conditions include:

- Diabetes
- Pregnancy
- Heart conditions
- Stroke
- End-stage renal (kidney) disease
- Head or neck cancer treated with chemotherapy or radiation therapy
- Organ or bone marrow transplant
- Suppressed immune system (HIV/AIDS)

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 networks, your employees can count on reliable coverage from a broad network of dentists.

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
Contacts — lens fit and follow-up		Standard: $50 Retail allowance: $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 some of the most comprehensive vision plans in the industry.

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 simple for your employees to understand what they'll pay for their prescriptions.



With convenient access to a broad pharmacy network that includes both 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 visits are becoming increasingly popular for employees, physicians 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.

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.

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.

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



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, 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.

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 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.

Wellmark®, BeWell 24/7® and myWellmark® are registered marks of Wellmark, Inc.

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.

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.

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 Cross Blue Shield Global® Core is basic health care coverage providing people access to care outside the United States.

M-4115 10/26 A