Wellmark Health Plan of Iowa

2027 Health Plan Comparison Guide



Wellmark Individual and Family Health Plans — Iowa

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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. Find a plan that fits your lifestyle.



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. 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. Wellmark Health Plan of Iowa Health Maintenance Organization (HMO) plans provide members with access to health care providers across the state and access to emergency care nationwide. Or if you want a smaller, connected group of providers to manage your care, choose a Wellmark Blue HMO | UnityPoint Health value-based plan.

More value

Service you can count on

Experienced customer service representatives can answer your coverage questions or you can access online support tools tailored to your specific health plan.

A health insurance industry leader

Wellmark has been serving Iowans for more than 85 years.

Understand our network

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

Wellmark Blue HMO℠

Our state-based HMO plan 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 plan's benefit materials or if you are an existing member, visit **myWellmark.com** for benefit details.

Wellmark Blue HMO | UnityPoint Health

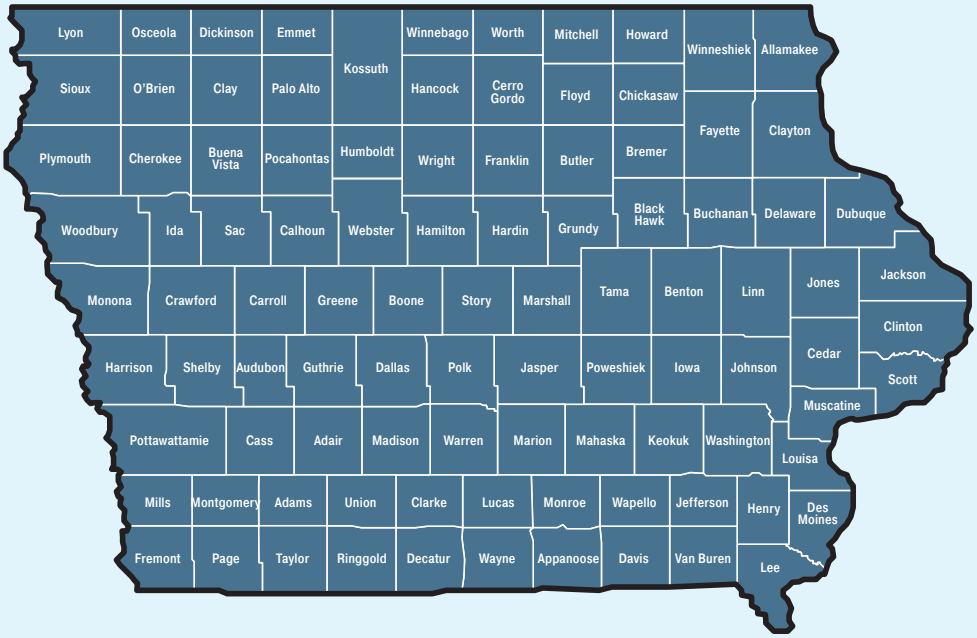
The Wellmark Blue HMO | UnityPoint Health plan is available to members residing in Iowa and living in the Wellmark Blue HMO | UnityPoint Health service area. This plan design provides members with a smaller, connected group of providers to manage their care. This plan type offers lower copays for care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

Find the full description of our plan types at **Wellmark.com/Plans.**

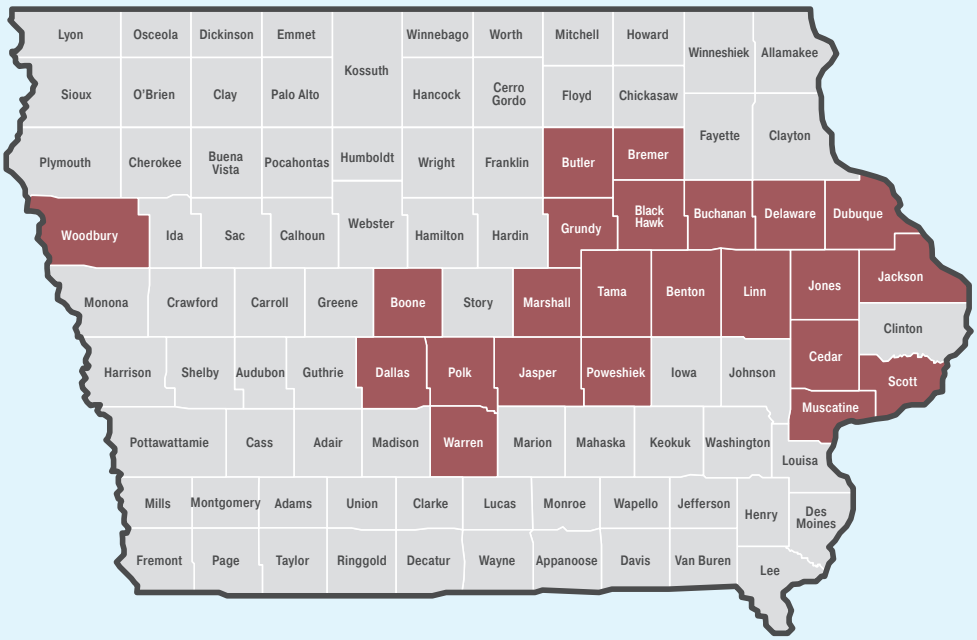


[1] Dean, K. (2022, June 22). Why you should build a relationship with your doctor. Doctor On Demand. https://doctorondemand.com/blog/health/why-you-should-build-a-relationship-with-your-doctor/

Wellmark Blue HMO℠



Wellmark Blue HMO | UnityPoint Health



HMO plan options

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	$8,000	$8,500	$11,500
• Family[1]	$16,000	$17,000	$23,000
Medical benefits			
Preventive[2]	FREE	FREE	FREE
Virtual visit			
• Wellmark-preferred telehealth service provider	$0	$0	$0
• Behavioral Health Coaching services with Doctor On Demand®	$0	$0	$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/associates, 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
	2500	**6400**	**7500**
Deductible			
• Single	$2,500	$6,400	$7,500
• Family[1]	$5,000	$12,800	$15,000
Coinsurance	25%	40%	50%
Out-of-pocket max			
• Single	$8,600	$10,300	$12,000
• Family[1]	$17,200	$20,600	$24,000
Medical benefits			
Preventive[2]	FREE	FREE	FREE
Virtual visit			
• Wellmark-preferred telehealth service provider	$30	$40	$50
• Behavioral Health Coaching services with Doctor On Demand®	$30	$40	$50
Office services			
• Designated 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/associates, 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

	8500
Deductible / Out-of-pocket max	
• Single	$8,500
• Family[1]	$17,000
Medical benefits	
• Preventive[2]	FREE
• Behavioral Health Coaching with Doctor On Demand®	FREE
Lowest cost	$
• Designated PCP office visit[3]	
• Virtual visit with Wellmark-preferred telehealth service provider	
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/associates, and pediatricians. See your benefit plan material for more details about your PCP.

Wellmark Blue HMO | UnityPoint Health plans

Primary health plans

	Gold 2300	Silver 5700
Deductible		
• Single	$2,300	$5,700
• Family[1]	$4,600	$11,400
Coinsurance	20%	30%
Out-of-pocket max		
• Single	$8,500	$8,500
• Family[1]	$17,000	$17,000
Medical benefits		
Preventive[2]	FREE	FREE
Virtual visit with in-network providers	$0	$0
Office exam		
• Designated PCP[3]	$5	$10
• Other PCP	$20	$25
• Non-PCP	$70	$80
Office-administered specialty medical drug	20% after deductible	30% after deductible
Office laboratory services	20% after deductible	30% after deductible
X-rays in office	20% after deductible	30% after deductible
Emergency room services	20% after deductible	30% after deductible
Blue Rx Essentials℠		
• Tier 1	$5	$10
• Tier 2	20% after deductible	30% after deductible
• Tier 3	20% after deductible	30% after deductible
• Biosimilars	20% after deductible	30% after deductible
• Preferred specialty	20% after deductible	30% after deductible
• Non-preferred specialty	20% after deductible	30% after deductible

Standard health plan

	Bronze 7500
Deductible	
• Single	$7,500
• Family[1]	$15,000
Out-of-pocket max	
• Single	$12,000
• Family[1]	$24,000
Medical benefits	
Preventive[2]	FREE
Virtual visit with in-network providers	$50
Office services	
• PCP[4]	$50
• Other PCP	$100
Office-administered specialty medical drug	$500 after deductible
Office laboratory services	50% after deductible
Blue Rx Essentials℠	
• Tier 1	$25
• Tier 2	$50 after deductible
• Tier 3	$100 after deductible
• Biosimilars	$500 after deductible
• Preferred specialty	$500 after deductible
• Non-preferred specialty	$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℠ | 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℠ | UnityPoint Health network who is available to accept you or your family members, and who is one of the following types of providers: family practitioners, general practitioners, geriatricians, internists, nurse practitioners, physician assistants/associates, and pediatricians. See your benefit plan material for more details about your PCP.

[4] 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.

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 the 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.

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® Nurse Support

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

Virtual care

Many Wellmark plans include coverage for virtual care visits from a preferred provider. Virtual visits make it possible to get care from nearly anywhere using a phone, tablet or computer. And in many cases, it costs the same or less than an in-person office visit. Check your benefit information for more details.

Virtual care providers can treat hundreds of the most common medical conditions and prescribe medication if needed. You and covered 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[1] (available through Doctor On Demand)
- Behavioral health coaching[2] (available through Doctor On Demand)
- Virtual primary care (available with Wellmark Bronze Traditional plans only)

UnityPoint Health plans offer virtual visits through in-network UnityPoint Health providers.



[1] 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.

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

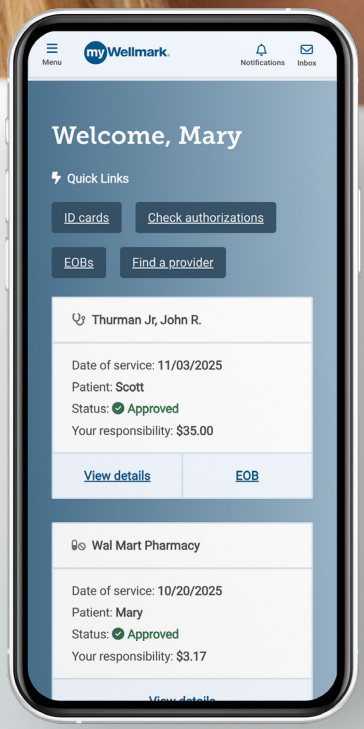
myWellmark®

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

With myWellmark, employees can:

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

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.

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 brands 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*SM

Blue features health and wellness content, benefit tips 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

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®

Wellmark Connect is a free digital platform that delivers personalized health content, podcasts, videos, habit-tracking tools, recipes and more. You can start by taking the 15-minute wellness assessment to get a personalized report on your health. You may also be eligible to earn rewards 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 go can be a big decision. And where you go can impact your results. Blue Distinction Centers are recognized for their proven history of delivering exceptional care and results. This could mean fewer complications, lower readmissions and higher survival rates. All Wellmark members have full in-network access to Blue Distinction Centers — no matter their plan. You are required to use Blue Distinction Centers for bariatric surgery and transplants if enrolled in a Traditional, Standard or High-Deductible Health Plan.

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 ٢٤٢٩-٤٢٥-٠٠٨ أو (خدمة الهاتف النصي: ٨٨٨-١٨٧-٢٦٢٤).

ສ່ວນ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ຫາ. (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).

တtill်ုးသွက်ည၊–နမ့်ကတိုးကညီကျိာ်,ကျိာ်တ၊်မၤစၢၤတ၊်ဖံးတ၊်မၤတဖဉ်,လၢတဘဉ်လာ်ဘူးလဲ,ဆိဉ်လၢနဂ်ၢ်လီၤ.ဆဲးကျိုးဆူ ၈၀၀–၅၂၄–၉၂၄၂မ့တမ့်(TTY:၈၈၈–၇၈၁–၄၂၆၂)တက့ာ်.

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 निःशुल्क 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) ይውለው 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, náhóló. Koji' hólne' 800-524-9242 doodaii' (TTY: 888-781-4262)

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.

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