Wellmark

# 2026 Health Plan Comparison Guide

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

# What's inside

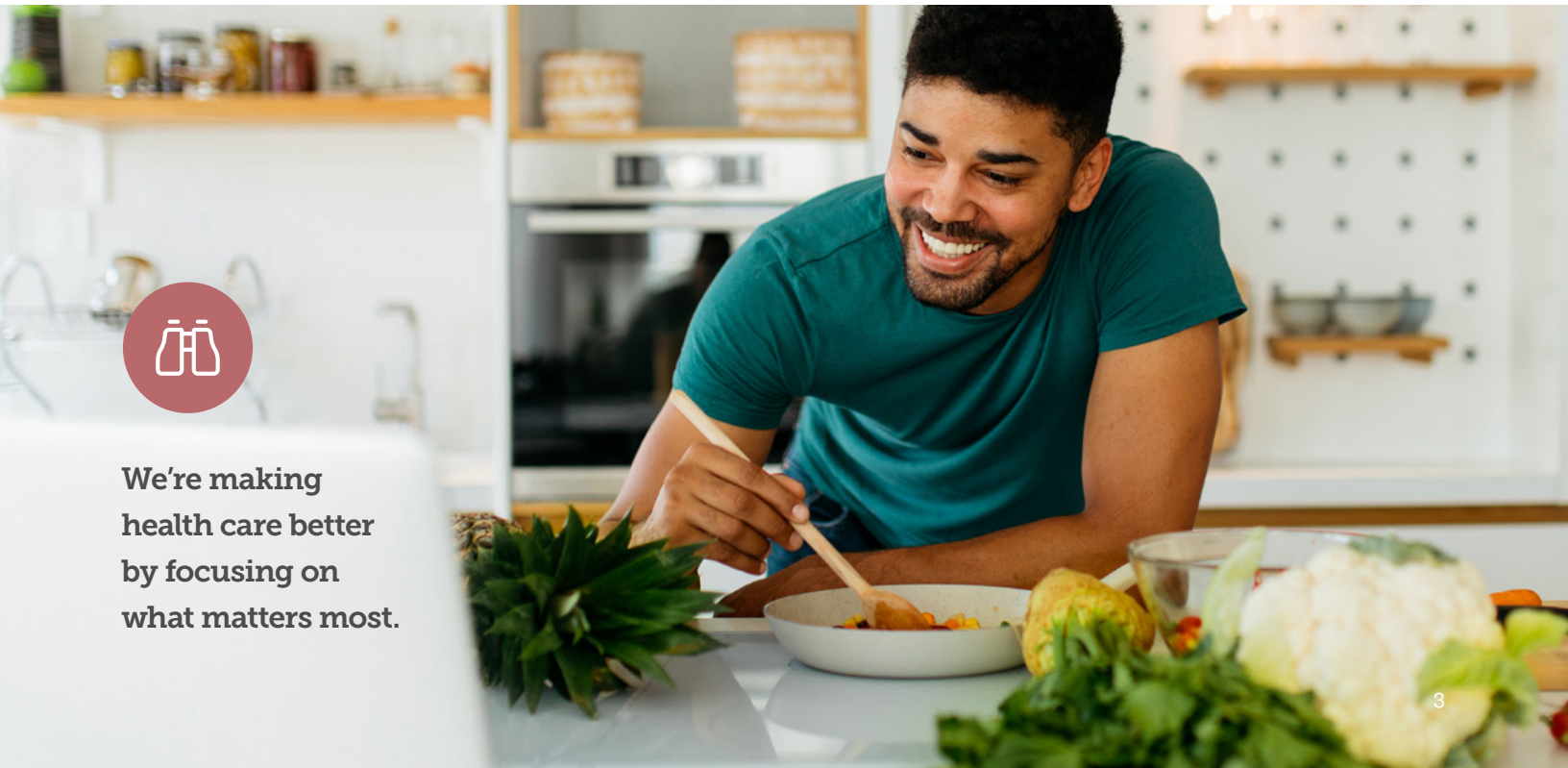
# Why **Wellmark?**

**DID YOU KNOW?**

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

As a business owner, you know the most critical component to your success is your employees. With Wellmark® Blue Cross® and Blue Shield®, you get the largest provider networks 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 market-leading tools and services to make it easy to do business with us and help your employees manage costs and live healthier lives.

Wellmark has built a reputation over the last 85 years for purposefully innovating and developing comprehensive solutions that give you and your employees meaningful plan choice 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.**

# Network options

**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.

Plans available in the **Wellmark Blue HMO℠ Network** give your employees access to more than 30,000 health care providers across all 99 Iowa counties and in bordering counties.[1] **In fact, 94 percent of claims that occur in Iowa for mid-size employers on our PPO network would also be covered by our HMO network.[1]** This offers maximum pricing relief without sacrificing widespread coverage.

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 Doctor On Demand® from home or on the road for a lower cost than an office visit. Please review your benefit plan 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 provide a flexible network option for employers and members who prefer the lower cost of the state-based HMO network but would like protection from higher out-of-network costs.

The **Wellmark Blue POS℠ Network** has lower costs for in-network coverage and provides out-of-network coverage too. This provides 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 the total cost of care after they've paid the amount on their explanation of benefits.

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

## $$$ — 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.

The **Wellmark Blue PPO℠ Network** provides the broadest provider access in the market, with an extensive statewide network and a national network through the BlueCard PPO® program. This gives your employees access to more than 2 million unique, in-network providers throughout the U.S. at a premium price.[1]

Our PPO network also offers 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] Provider Data Repository (PDR), December 2023. From national BlueCard PPO portion of the network reporting services (NRS) extract of PDR data. The data is limited to records in Plans' licensed service.

# 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.

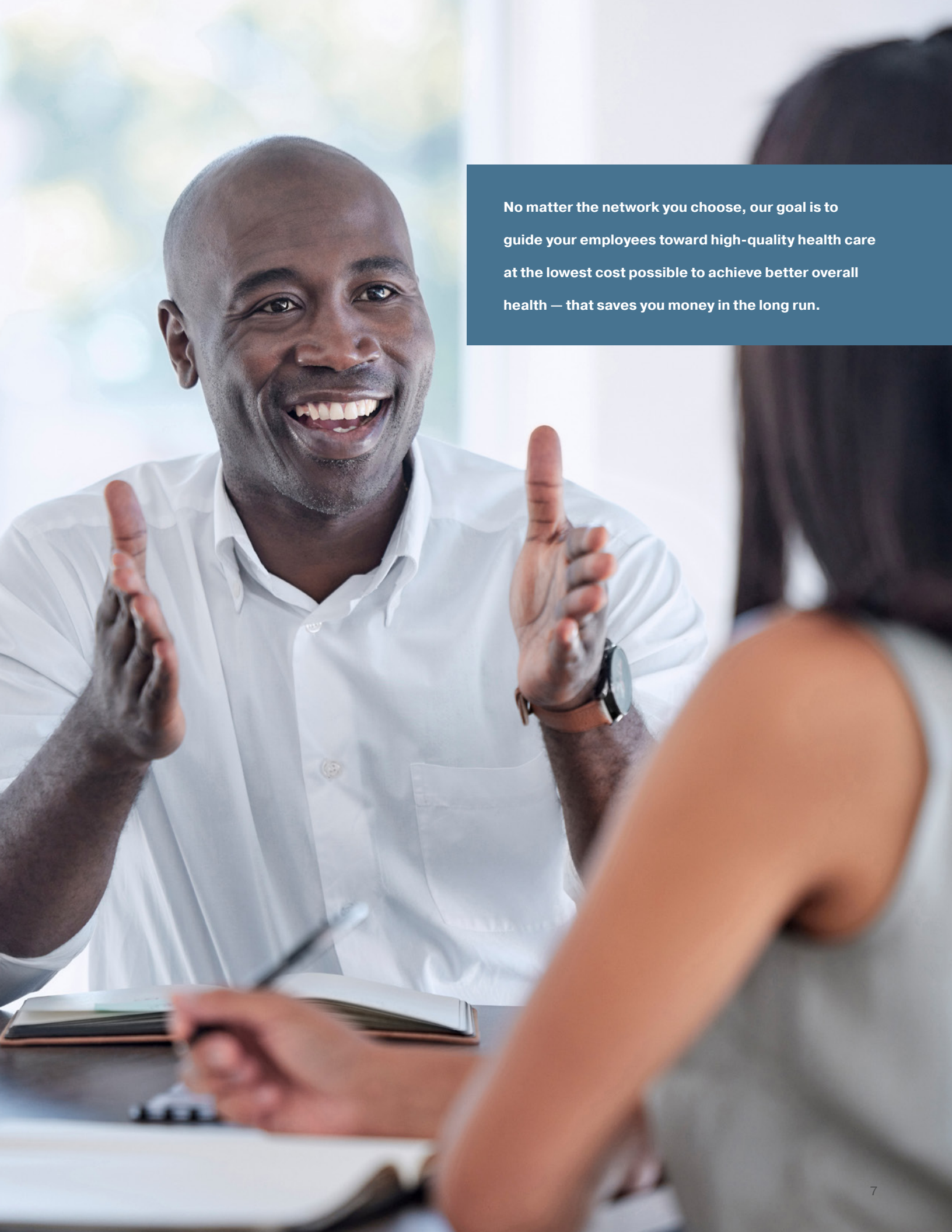
| | Modified | Copayment | Primary | HDHP |
|---|---|---|---|---|
| **Description** | Modified plans are similar to traditional plans but eliminate coinsurance entirely. | Copayment plans provide predictable copays for many common health care expenses, like in-network office visits. | Primary plans offer 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 primary care providers (PCP).<br>• Higher copay for non-primary care providers.<br>• No coinsurance.<br>• $0 copay for virtual visits. | • Office services are covered with varying copays depending on the provider type.<br>• Most other services are subject to deductible and coinsurance.<br>• $0 copay for virtual visits. | • Lower copay for PCPs.<br>• Higher copay for non-PCPs.<br>• Most other services are subject to deductible and coinsurance.<br>• $0 copay for virtual visits. | • Plans qualify for a health savings account (HSA) to help pay covered health care expenses.<br>• Health plan takes care of covered health care expenses exceeding the deductible.<br>• Can be paired with a health reimbursement arrangement (HRA). |
| **Virtual visits** | All health plans include access to virtual visits.<br>All copays listed apply to Wellmark's preferred virtual visit partner, Doctor On Demand®. | | | |
| **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 health support to help keep employees healthy:<br>• BeWell 24/7® • Wellmark Connect powered by WebMD® • pharmacy management<br>• 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 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 network 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 network

## **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 visit with Doctor On Demand®** | 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<br>POS: SM000092 | HMO: HM000087<br>POS: SM000093 | HMO: HM000088<br>POS: SM000094 | HMO: HM000089<br>POS: SM000095 | HMO: HM000090<br>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 visit with Doctor On Demand®** | $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 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** | HMO: HM000073<br>POS: SM000079 | HMO: HM000074<br>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, 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 Doctor On Demand®** | $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<br>POS: SM000081 | HMO: HM000076<br>POS: SM000082 | HMO: HM000077<br>POS: SM000083 | HMO: HM000078<br>POS: SM000084 | HMO: HM000079<br>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, 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 Doctor On Demand®** | $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 | $450 | $500 |
| **Blue Rx Complete**SM | | | | | | |
| · 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<br>POS: SM000086 | HMO: HM000081<br>POS: SM000087 | HMO: HM000082<br>POS: SM000088 | HMO: HM000083<br>POS: SM000089 | HMO: HM000084<br>POS: SM000090 | HMO: HM000085<br>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, 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 Doctor On Demand®** | $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 Complete**℠ | | | | | |
| • 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<br>POS: SM000069 | HMO: HM000064<br>POS: SM000070 | HMO: HM000065<br>POS: SM000071 | HMO: HM000066<br>POS: SM000072 | HMO: HM000067<br>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, 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 Doctor On Demand®** | $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**SM | | | | | |
| · 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<br>POS: SM000074 | HMO: HM000069<br>POS: SM000075 | HMO: HM000070<br>POS: SM000076 | HMO: HM000071<br>POS: SM000077 | HMO: HM000072<br>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, 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** network

## **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 with Doctor On Demand®** | 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 PPO[SM] 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 Doctor On Demand®** | $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℠** | | |
| • 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, physicians assistants, 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 Doctor On Demand®** | $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: PM000262 | PPO: PM000263 | PPO: PM000264 | PPO: PM000265 | PPO: PM000266 |

[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, physicians assistants, 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 Doctor On Demand®** | $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 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** | PPO: PM000267 | PPO: PM000268 | PPO: PM000269 | PPO: PM000270 | PPO: PM000271 | PPO: PM000272 |

[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, physicians assistants, 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 Doctor On Demand®** | $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 Complete℠** | | | | | |
| • 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 Doctor On Demand®** | $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 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** | 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℠ | 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 experience streamlined administration along 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 costs to your employees. For optimal health, all Wellmark dental plans offer condition-specific benefits to at-risk members to improve their health by helping 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<br>Retail allowance: $150 | Materials copay: $15<br>Retail allowance: $150 | Materials copay: $25<br>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<br>Retail allowance: $75 | Standard: $50<br>Premium: $75 | Standard: $50<br>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 175,000 vision locations nationally[1]**
- **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?

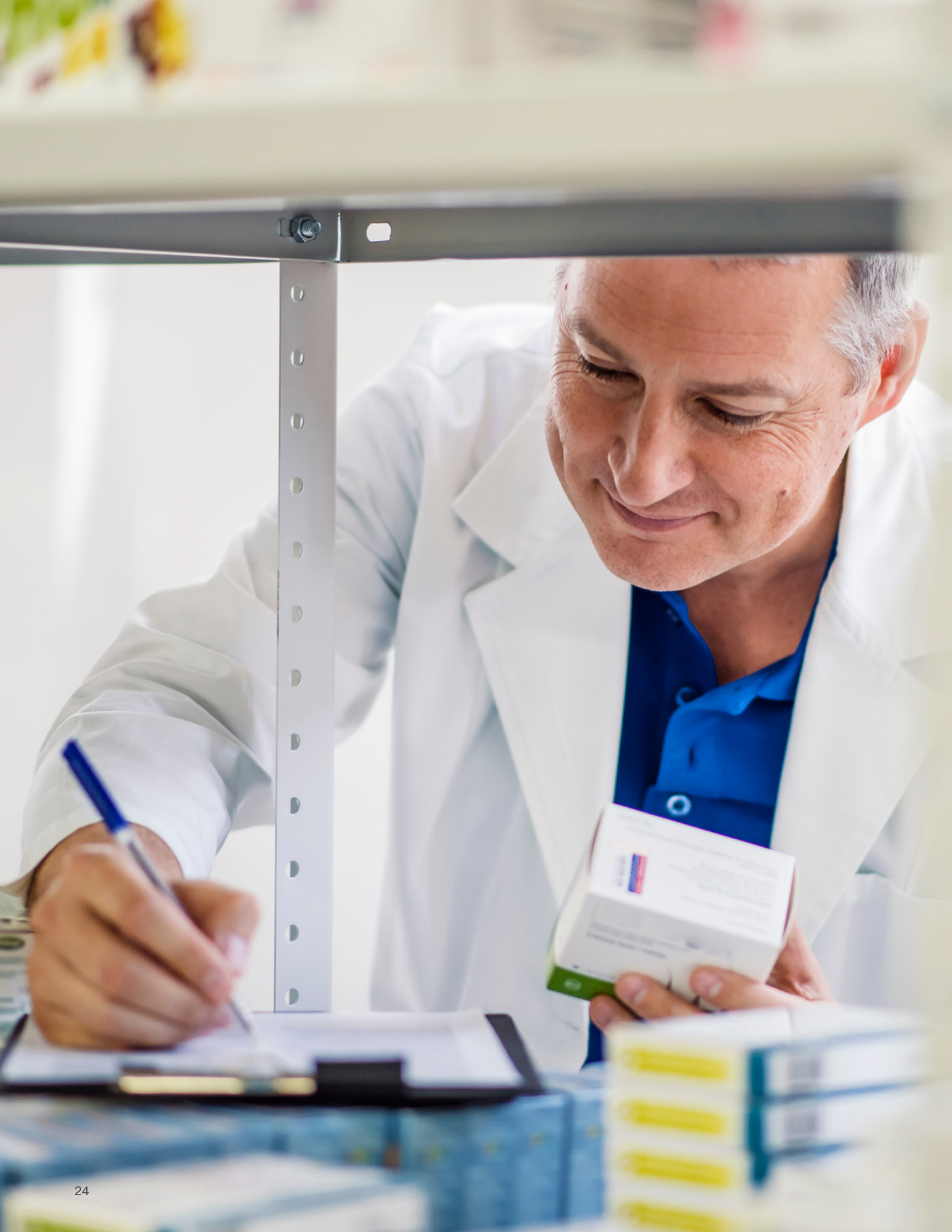
As a preferred Wellmark vendor, Avēsis[2] offers some of the most comprehensive vision plans in the industry.

**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 large 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 with** Doctor On Demand®

Virtual visits are becoming increasingly popular for patients, physicians and employers alike — and it's easy to see why. They give patients 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 with our preferred virtual visit provider, Doctor On Demand. With Doctor On Demand, your employees can connect face-to-face with a board-certified doctor from virtually anywhere using a smartphone, tablet or computer on their schedule.

**Now with a $0 copay**[1], employees get the care they need when they need it. It's as easy as going to **DoctorOnDemand.com/Wellmark** or downloading the app from the App Store® or on Google Play™.

## Doctor On Demand has:

**Shown a reduction in absenteeism.**

**Lower costs than an office visit.**

**An average wait time of 10 minutes.**

**A 4.9 star rating out of 5.**

## Your employees and their family members can see a doctor for:

- Mental health concerns[2]
- Cold and flu symptoms
- Bronchitis and sinus infections
- Urinary tract infections
- Sore throats
- Allergies
- Fever
- Headaches
- Pink eye
- Skin conditions

Source: Doctor On Demand

[1] Members with a high deductible health plan (HDHP) will pay their visit fee until the deductible is met. The $0 copay does not apply to HDHPs.

[2] Includes but is not limited to treatment for mental health, chemical dependency, and certain psychological or emotional conditions. Services performed by psychologists may be covered. Psychiatry services are not covered through virtual visit. Please refer to your coverage manual for more details.

Doctor On Demand physicians can treat hundreds of the most common medical conditions and prescribe medication if needed.[1]


[1] Doctor On Demand physicians do not prescribe Schedule I-IV DEA Controlled Substances and may elect not to treat or prescribe other medications based on what is clinically appropriate.

# **Market-leading** tools and services for employers

## Employer Connection

As an employer, we know you have a lot on your plate. And when your employees have a question, you want to 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, go online to provide an answer right away without having to contact your Wellmark representative. You're also able to order new ID cards, update 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. Available for groups with 50 or more enrolled employees.

## Blues*Enroll*℠

Blues*Enroll*, available to employers with 50 or more enrolled employees, gives 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 that 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.

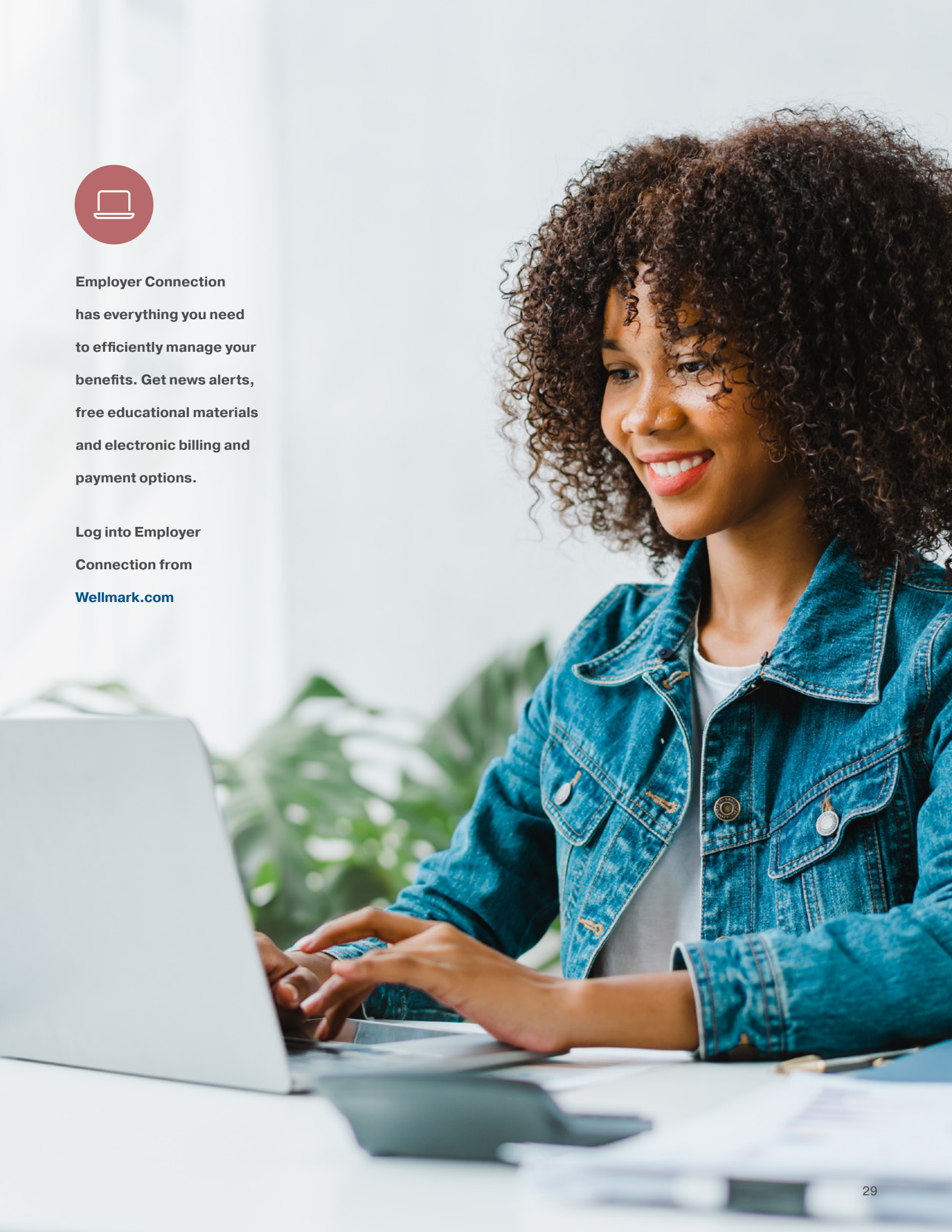
## Blue@Work℠

Blue@Work gives you unique industry insights and other information to help administer your employee benefits. It features industry news, pharmacy information, employee benefits, community and health-related articles that can be accessed anytime, anywhere.

Our monthly e-newsletter for groups keeps you up to date with information that is both operational and inspirational. It's designed to make it easy for you to do business with us, as well as give you ideas to keep your employees happy and healthy.

Learn more about managing costs, understand the changing health care landscape and subscribe to the monthly e-newsletter all at **Wellmark.com/Blue-at-Work.**

**TO LEARN MORE about all of the market-leading tools and services 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**

# **Market-leading** tools and services for members

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

## Health Services

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

## 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®

Your employees are busy people. That's why BeWell 24/7 connects them with a registered nurse who can help with a variety of health-related concerns and help maintain a work/life balance. **Call 24 hours a day, seven days a week at 844-84-BeWell (844-842-3935).**

## Blue365® Program

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

## Blue℠ Magazine

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

## myWellmark®

myWellmark is our secure member website and app 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.

myWellmark helps your employees get the most from their health insurance benefits. With myWellmark, they can:

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

**Your 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.




M-4115 11/25 A