



2026 Health Plan Comparison Guide



for Iowa businesses with **1-50 employees**

What's inside

- 2 Why Wellmark
- 3 Meaningful choices
- 4 Choosing your coverage
- 8 HMO/POS network
- 12 PPO network
- 16 Wellmark Blue POS |
Unity Point Health plans
- 18 Dental, vision and
hearing benefits
- 21 Understanding your
benefits
- 22 Virtual visits
- 24 Pharmacy benefits
- 25 Market-leading tools
and services
- 27 myWellmark®

Why Wellmark?

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 attract and retain 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.**



Meaningful choices

Largest networks

With Wellmark, your options include health care coverage in all 99 Iowa counties and the largest hospital and physician network in the U.S., with more than 2 million unique in-network providers.¹

Flexible plan designs

Pick a plan design that best fits your employees. Our flexible plans offer a variety of choices among tiers, coinsurance, deductibles and out-of-pocket maximums.

Virtual visits

Virtual care reduces absenteeism and costs for you and increases convenience and satisfaction for your employees. Most plans include Doctor On Demand®, so employees can see a board-certified doctor on their schedule at a cost that's less than an office visit.²

Blue Distinction® Centers

Your employees get access to specialized care — like a surgery or transplant — with facilities that are recognized for their proven history of delivering exceptional care and results.³

Blue Rx EssentialsSM

We make pharmacy benefits simple with Blue Rx Essentials. With clear cost tiers, your employees will know what they pay before they go to the pharmacy.

¹ For our PPO network and BlueCard® PPO program. 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.

² UnityPoint health plans offer virtual visits through in-network UnityPoint providers instead of Doctor On Demand.

³ Your employees are required to use Blue Distinction Centers for bariatric surgery and transplants. For more information, see your coverage manual.



Wellmark makes it easy to choose your coverage in **three simple steps.**

Step 1. Choose a network



Building a long-term relationship with your primary care provider (PCP) can lead to better overall health².

Consider how broad of a network you need. The more local the network, the less you and your employees pay. Broader networks may work better if your employees live, work or spend long periods of time out-of-state.

STATE-BASED: My employees live in Iowa.

Plans available in the **Wellmark Blue HMOSM Network** give your employees access to health care providers across all 99 Iowa counties and in bordering counties.

In fact, 92 percent of claims that occur in Iowa for small group employers on our PPO network would also be covered by our HMO network.¹ This network offers maximum pricing relief without sacrificing widespread coverage.

In addition, this network features lower out-of-pocket costs when your employees establish and visit a designated primary care provider (PCP). Building a long-term relationship with a PCP can lead to better overall health and lower hospital and emergency room use.

Employees are also covered in the case of an emergency — even if they're out of network. And they can use Doctor On Demand when they're outside Iowa at a lower cost than an office visit.

¹ Wellmark Blue Cross and Blue Shield network numbers as of January 2021

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



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.

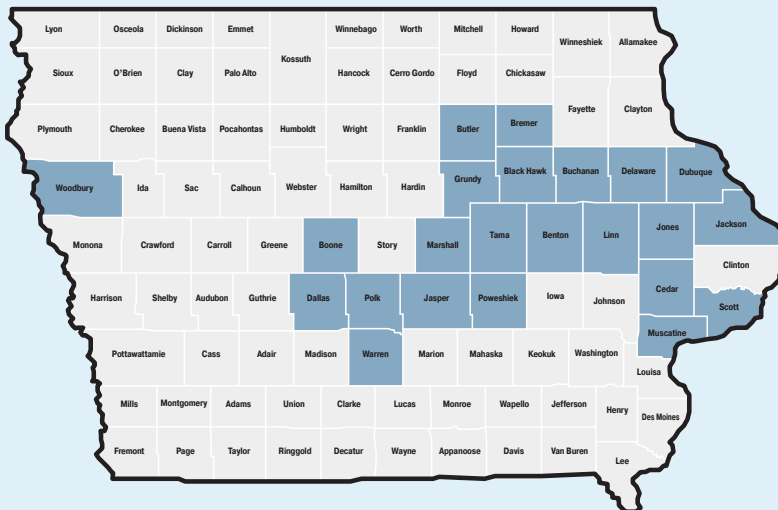
STATE & SELECT NATIONAL: My employees live in Iowa and would like some out-of-network protection.

The **Wellmark Blue POSSM Network** has lower costs for visits with in-network, local providers and also allows for out-of-network coverage. This provides the pricing relief and in-state coverage of an HMO, but gives greater flexibility in case of unforeseen, complex conditions. In addition, this network features lower out-of-pocket costs when your 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's no 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](https://www.bCBS.com) or by calling 800-810-2583.

Wellmark Blue POS | UnityPoint Health Network is for businesses located in the network service area (see below). This plan type offers lower copays for care received from a UnityPoint Health provider or facility.



Wellmark Blue POS | UnityPoint

Health Network is available for traditional and primary health plans. To encourage your employees to build a relationship with their PCP, their coverage starts with free preventive care services and virtual care visits throughout the UnityPoint Health network. They'll also have low, predictable copays for primary care visits with their designated UnityPoint Health provider or behavioral health provider, as well as Tier 1 prescription drugs.

Your business must be located in one of the **Iowa counties shown in blue** in order to enroll in the Wellmark Blue POS | UnityPoint Health network.

Wellmark Blue POS | UnityPoint Health Network

NATIONAL: My employees need national flexibility.

The **Wellmark Blue PPOSM 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

We 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 all around the world.

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.



DID YOU KNOW?

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

Step 2. Choose a health plan

Our flexible plans are designed from a variety of tiers, deductibles, coinsurance, out-of-pocket maximums and benefits. Find the right fit for you and your employees. **Choose from traditional, primary or high-deductible health plans (HDHPs).**

	Traditional	Primary	HDHP
Description	Familiar plan type with cost shares like copays, coinsurance and deductibles	Lower copays are available to incentivize employees to seek care through their primary care provider (PCP) first	Employees pay the full cost of care for everything but preventive services (which are free) until their deductible has been met
How this plan works	Employees pay copays for common health care services like office visits; for other larger expenses, deductible and coinsurance may apply	Lower copay for PCPs and Tier 1 drugs, higher copays for other health care providers and most other services are subject to deductible and coinsurance	Plans are compatible with a health savings account (HSA), allowing employees to contribute to, invest in and use funds to pay for qualified medical expenses tax-free
Plan pros	It's the most common and familiar plan type available throughout the industry	Provides a significantly lower copay or cost for high-value, highly used services (PCP visits, Tier 1 drugs)	Offers some of the lowest monthly costs and provides triple tax-free savings: 1. When money is put into the HSA 2. When the money accumulates 3. When money is spent on a qualified expense
Good for this type of employee	For employees who have been comfortable with how their insurance has traditionally worked	For employees who primarily see their PCP and fill low-cost prescriptions	For employees who are seeking lower monthly premiums, tax benefits and are willing to pay more up-front costs for medical expenses



All HDHPs offer smart integration with Wellmark claims and consumer-driven accounts from HealthEquity® which means reimbursement is automatic. In addition, employees can view their account balances with a single, secure sign-on in myWellmark®.

They also get an easy-to-use mobile app, EZ Receipts®, to help put them in control of their health care expenses.

HMO/POS network

\$ Gold plans

EnhancedBlue SM	1500	3000	Primary
Deductible			
• Single	\$1,500	\$3,000	\$2,750
• Family ¹	\$3,000	\$6,000	\$5,500
Coinsurance	20%	30%	25%
Out-of-pocket max			
• Single	\$7,000	\$6,100	\$5,500
• Family	\$14,000	\$12,200	\$11,000
Medical benefits²			
Preventive³	FREE	FREE	FREE
Virtual visit with Doctor On Demand[®]	\$0	\$0	\$0
Office services			
• Designated PCP ⁴	\$25	\$25	\$5
• Other PCP	\$40	\$40	\$20
• Non-PCP	\$60	\$60	\$90
Office-administered specialty medical drug	\$200 ⁵	\$200 ⁵	25% after deductible
Hospital services			
• Emergency room	\$500	\$400	25% after deductible
• Outpatient / Inpatient	20% after deductible	30% after deductible	25% after deductible
Blue Rx EssentialsSM			
• Preventive	FREE	FREE	FREE
• Tier 1	\$15	\$15	\$10
• Tier 2	\$50	\$40	25% after deductible
• Tier 3	\$100	\$100	25% after deductible
Specialty			
• Biosimilar / generic	\$150	\$160	25% after deductible
• Preferred	\$200	\$200	25% after deductible
• Non-preferred	\$500	\$400	25% after deductible
Medicare Part D Creditable	Yes	Yes	Yes
Plan codes			
Medical	HMO: HG000052 POS: SG000071	HMO: HG000053 POS: SG000072	HMO: HG000054 POS: SG000073

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. Please see your coverage document for a full listing of preventive services.

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.

\$ Silver plans

CompleteBlue SM	4000	5000	Primary
Deductible			
• Single	\$4,000	\$5,000	\$6,250
• Family ¹	\$8,000	\$10,000	\$12,500
Coinsurance	30%	30%	30%
Out-of-pocket max			
• Single	\$9,500	\$9,300	\$8,700
• Family	\$19,000	\$18,600	\$17,400
Medical benefits²			
Preventive³	FREE	FREE	FREE
Virtual visit with Doctor On Demand[®]	\$0	\$0	\$0
Office services			
• Designated PCP ⁴	\$35	\$45	\$10
• Non-designated PCP	\$50	\$60	\$25
• Non-PCP	\$100	\$100	\$80
Office-administered specialty medical drug	\$150 ⁵	\$200 ⁵	30% after deductible
Hospital services			
• Emergency room	\$700	\$600	30% after deductible
• Outpatient / Inpatient	30% after deductible	30% after deductible	30% after deductible
Blue Rx EssentialsSM			
• Preventive	FREE	FREE	FREE
• Tier 1	\$30	\$35	\$15
• Tier 2	\$60	\$70	30% after deductible
• Tier 3	\$150	\$140	30% after deductible
Specialty			
• Biosimilar / generic	\$135	\$170	30% after deductible
• Preferred	\$150	\$200	30% after deductible
• Non-preferred	\$500	\$500	30% after deductible
Medicare Part D Creditable	Yes	Yes	No
Plan codes			
Medical	HMO: HG000048 POS: SG000067	HMO: HG000049 POS: SG000068	HMO: HG000050 POS: SG000069

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. Please see your coverage document for a full listing of preventive services.

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.

\$ Bronze plans

SimplyBlue SM	6000	Primary
Deductible		
• Single	\$6,000	\$7,500
• Family ¹	\$12,000	\$15,000
Coinsurance	50%	50%
Out-of-pocket max		
• Single	\$10,000	\$10,000
• Family	\$20,000	\$20,000
Medical benefits²		
Preventive³	FREE	FREE
Virtual visit with Doctor On Demand[®]	\$0	\$0
Office services		
• Designated PCP ⁴	\$65	\$20
• Non-designated PCP	\$80	\$35
• Non-PCP	\$150	\$120
Office-administered specialty medical drug⁵	50% after deductible	50% after deductible
Hospital services		
• Emergency room	50% after deductible	50% after deductible
• Outpatient / Inpatient	50% after deductible	50% after deductible
Blue Rx EssentialsSM		
• Preventive	FREE	FREE
• Tier 1	\$30	\$25
• Tier 2	50% after deductible	50% after deductible
• Tier 3	50% after deductible	50% after deductible
Specialty		
• Biosimilar / generic	50% after deductible	50% after deductible
• Preferred	50% after deductible	50% after deductible
• Non-preferred	50% after deductible	50% after deductible
Medicare Part D Creditable	No	No
Plan codes		
Medical	HMO: HG000045 POS: SG000064	HMO: HG000046 POS: SG000065

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. Please see your coverage document for a full listing of preventive services.

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.

High-deductible health plans

\$ Silver plan

myBlue HDHP SM		6250
Deductible		
• Single		\$6,250
• Family ¹		\$12,500
Coinsurance		0%
Out-of-pocket max		
• Single		\$6,250
• Family		\$12,500
Medical benefits²		
Preventive³		FREE
Virtual visit with Doctor On Demand[®]	Deductible applies	
Office services⁴	Deductible applies	
Office-administered specialty medical drug	Deductible applies	
Hospital services	Deductible applies	
Emergency room	Deductible applies	
Blue Rx Essentials^{SM 5}		
• All tiers	Deductible applies	
Medicare Part D Creditable		No
Plan codes		
Medical	HMO: HG000051 POS: SG000070	

\$ Bronze plan

myBlue HDHP SM		8300
Deductible		
• Single		\$8,300
• Family ¹		\$16,600
Coinsurance		0%
Out-of-pocket max		
• Single		\$8,300
• Family		\$16,600
Medical benefits²		
Preventive³		FREE
Virtual visit with Doctor On Demand[®]	Deductible applies	
Office services⁴	Deductible applies	
Office-administered specialty medical drug	Deductible applies	
Hospital services	Deductible applies	
Emergency room	Deductible applies	
Blue Rx Essentials^{SM 5}		
• All tiers	Deductible applies	
Medicare Part D Creditable		No
Plan codes		
Medical	HMO: HG000047 POS: SG000066	

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. 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 participating providers, are subject to deductible. 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 Prescription drugs are covered under health at the in-network deductible/out-of-pocket maximum level.

PPO network

\$ Gold plans

EnhancedBlue SM	1500	3000	Primary
Deductible			
• Single	\$1,500	\$3,000	\$2,750
• Family ¹	\$3,000	\$6,000	\$5,500
Coinsurance	20%	30%	25%
Out-of-pocket max			
• Single	\$7,000	\$6,100	\$5,500
• Family	\$14,000	\$12,200	\$11,000
Medical benefits			
Preventive²	FREE	FREE	FREE
Virtual visit with Doctor On Demand[®]	\$0	\$0	\$0
Office services			
• PCP ³	\$30	\$30	\$10
• Non-PCP	\$60	\$60	\$90
Office-administered specialty medical drug	\$200 ⁴	\$200 ⁴	25% after deductible
Hospital services			
• Emergency room	\$500	\$400	25% after deductible
• Outpatient / Inpatient	20% after deductible	30% after deductible	25% after deductible
Blue Rx EssentialsSM			
• Preventive	FREE	FREE	FREE
• Tier 1	\$15	\$15	\$10
• Tier 2	\$50	\$40	25% after deductible
• Tier 3	\$100	\$100	25% after deductible
Specialty			
• Biosimilar / generic	\$150	\$160	25% after deductible
• Preferred	\$200	\$200	25% after deductible
• Non-preferred	\$500	\$400	25% after deductible
Medicare Part D Creditable	Yes	Yes	Yes
Plan codes			
Medical	PPO: PG000445	PPO: PG000446	PPO: PG000447

¹ The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

² Preventive services must be received from an in-network provider in the Wellmark Blue PPO network. Please see your coverage document for a full listing of preventive services.

³ The primary care office copay applies to certified nurse midwives, family practitioners, general practitioners, geriatricians, obstetricians/gynecologists, pediatricians, 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.

\$ Silver plans

CompleteBlueSM	4000	5000	Primary
Deductible			
• Single	\$4,000	\$5,000	\$6,250
• Family ¹	\$8,000	\$10,000	\$12,500
Coinsurance	30%	30%	30%
Out-of-pocket max			
• Single	\$9,500	\$9,300	\$8,700
• Family	\$19,000	\$18,600	\$17,400
Medical benefits			
Preventive²	FREE	FREE	FREE
Virtual visit with Doctor On Demand[®]	\$0	\$0	\$0
Office services			
• PCP ³	\$40	\$50	\$15
• Non-PCP	\$100	\$100	\$80
Office-administered specialty medical drug	\$150 ⁴	\$200 ⁴	30% after deductible
Hospital services			
• Emergency room	\$700	\$600	30% after deductible
• Outpatient / Inpatient	30% after deductible	30% after deductible	30% after deductible
Blue Rx EssentialsSM			
• Preventive	FREE	FREE	FREE
• Tier 1	\$30	\$35	\$15
• Tier 2	\$60	\$70	30% after deductible
• Tier 3	\$150	\$140	30% after deductible
Specialty			
• Biosimilar / generic	\$135	\$170	30% after deductible
• Preferred	\$150	\$200	30% after deductible
• Non-preferred	\$500	\$500	30% after deductible
Medicare Part D Creditable	Yes	Yes	No
Plan codes			
Medical	PPO: PG000441	PPO: PG000442	PPO: PG000443

¹ The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

² Preventive services must be received from an in-network provider in the Wellmark Blue PPO network. Please see your coverage document for a full listing of preventive services.

³ The primary care office copay applies to certified nurse midwives, family practitioners, general practitioners, geriatricians, obstetricians/gynecologists, pediatricians, 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.

\$ Bronze plans

SimplyBlue SM	6000	Primary
Deductible		
• Single	\$6,000	\$7,500
• Family ¹	\$12,000	\$15,000
Coinsurance	50%	50%
Out-of-pocket max		
• Single	\$10,000	\$10,000
• Family	\$20,000	\$20,000
Medical benefits		
Preventive²	FREE	FREE
Virtual visit with Doctor On Demand[®]	\$0	\$0
Office services		
• PCP ³	\$70	\$25
• Non-PCP	\$150	\$120
Office-administered specialty medical drug	50% after deductible	50% after deductible
Hospital services		
• Emergency room	50% after deductible	50% after deductible
• Outpatient / Inpatient	50% after deductible	50% after deductible
Blue Rx EssentialsSM		
• Preventive	FREE	FREE
• Tier 1	\$30	\$25
• Tier 2	50% after deductible	50% after deductible
• Tier 3	50% after deductible	50% after deductible
Specialty		
• Biosimilar / generic	50% after deductible	50% after deductible
• Preferred	50% after deductible	50% after deductible
• Non-preferred	50% after deductible	50% after deductible
Medicare Part D Creditable	No	No
Plan codes		
Medical	PPO: PG000438	PPO: PG000439

¹ The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

² Preventive services must be received from an in-network provider in the Wellmark Blue PPO network. Please see your coverage document for a full listing of preventive services.

³ The primary care office copay applies to certified nurse midwives, family practitioners, general practitioners, geriatricians, obstetricians/gynecologists, pediatricians, 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.

High-deductible health plans

\$ Silver plan

myBlue HDHP SM 6250	
Deductible	
• Single	\$6,250
• Family ¹	\$12,500
Coinsurance	0%
Out-of-pocket max	
• Single	\$6,250
• Family	\$12,500
Medical benefits	
Preventive²	FREE
Virtual visit with Doctor On Demand[®]	Deductible applies
Office services³	Deductible applies
Office-administered specialty medical drug	Deductible applies
Hospital services	Deductible applies
Emergency room	Deductible applies
Blue Rx Essentials^{SM4}	
• All tiers	Deductible applies
Medicare Part D Creditable	No
Plan codes	
Medical	PPO: PG000444

\$ Bronze plan

myBlue HDHP SM 8300	
Deductible	
• Single	\$8,300
• Family ¹	\$16,600
Coinsurance	0%
Out-of-pocket max	
• Single	\$8,300
• Family	\$16,600
Medical benefits	
Preventive²	FREE
Virtual visit with Doctor On Demand[®]	Deductible applies
Office services³	Deductible applies
Office-administered specialty medical drug	Deductible applies
Hospital services	Deductible applies
Emergency room	Deductible applies
Blue Rx Essentials^{SM4}	
• All tiers	Deductible applies
Medicare Part D Creditable	No
Plan codes	
Medical	PPO: PG000440

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 All services, with the exception of preventive and well-child visits for in-network, Wellmark Blue PPO participating providers, are subject to deductible.

⁴ Prescription drugs are covered under health at the in-network deductible/out-of-pocket maximum level.

Wellmark Blue POS | UnityPoint Health plans

\$ Gold plans

EnhancedBlue SM	3000	Primary
Deductible		
• Single	\$3,000	\$2,750
• Family ¹	\$6,000	\$5,500
Coinsurance	30%	25%
Out-of-pocket max		
• Single	\$6,100	\$5,500
• Family	\$12,200	\$11,000
Medical benefits		
Preventive²	FREE	FREE
Virtual visits through in-network providers	\$0	\$0
Office services		
• Designated PCP ³	\$25	\$5
• Other PCP	\$40	\$20
• Non-PCP	\$60	\$90
Office-administered specialty medical drug	\$200 ⁴	25% after deductible
Hospital services		
• Emergency room	\$400	25% after deductible
• Outpatient / Inpatient	30% after deductible	25% after deductible
Blue Rx EssentialsSM		
• Preventive	FREE	FREE
• Tier 1	\$15	\$10
• Tier 2	\$40	25% after deductible
• Tier 3	\$100	25% after deductible
Specialty⁵		
• Biosimilar / generic	\$160	25% after deductible
• Preferred	\$200	25% after deductible
• Non-preferred	\$400	25% after deductible
Medicare Part D Creditable	Yes	Yes
Plan codes		
Medical	SG000078	SG000079

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 POS | 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 POS | UnityPoint Health network who is available to accept you or your family members, and who is one of the following types of providers: family practitioners, general practitioners, geriatricians, internists, nurse practitioners, physician assistants and pediatricians. See your benefit plan material for more details about your PCP. 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.

⁵ If you enroll with PrudentRx to get copayment assistance for your eligible specialty medications, you will have \$0 out-of-pocket responsibility for prescriptions listed on the PrudentRx drug list. If you fail to respond or decline to participate in the PrudentRx program, please note that you will be responsible for your member cost-share of 30 percent coinsurance.

 Silver plans

CompleteBlue SM	4000	Primary
Deductible		
• Single	\$4,000	\$6,250
• Family ¹	\$8,000	\$12,500
Coinsurance	30%	30%
Out-of-pocket max		
• Single	\$9,500	\$8,700
• Family	\$19,000	\$17,400
Medical benefits		
Preventive²	FREE	FREE
Virtual visits through in-network providers	\$0	\$0
Office services		
• Designated PCP ³	\$35	\$10
• Other PCP	\$50	\$25
• Non-PCP	\$100	\$80
Office-administered specialty medical drug	\$150 ⁴	30% after deductible
Hospital services		
• Emergency room	\$700	30% after deductible
• Outpatient / Inpatient	30% after deductible	30% after deductible
Blue Rx EssentialsSM		
• Preventive	FREE	FREE
• Tier 1	\$30	\$15
• Tier 2	\$60	30% after deductible
• Tier 3	\$150	30% after deductible
Specialty⁵		
• Biosimilar / generic	\$135	30% after deductible
• Preferred	\$150	30% after deductible
• Non-preferred	\$500	30% after deductible
Medicare Part D Creditable	Yes	No
Plan codes		
Medical	SG000076	SG000077

 Bronze plans

SimplyBlue SM	6000	Primary
Deductible		
• Single	\$6,000	\$7,500
• Family ¹	\$12,000	\$15,000
Coinsurance	50%	50%
Out-of-pocket max		
• Single	\$10,000	\$10,000
• Family	\$20,000	\$20,000
Medical benefits		
Preventive²	FREE	FREE
Virtual visits through in-network providers	\$0	\$0
Office services		
• Designated PCP ³	\$65	\$20
• Other PCP	\$80	\$35
• Non-PCP	\$150	\$120
Office-administered specialty medical drug	50% after deductible	50% after deductible
Hospital services		
• Emergency room	50% after deductible	50% after deductible
• Outpatient / Inpatient	50% after deductible	50% after deductible
Blue Rx EssentialsSM		
• Preventive	FREE	FREE
• Tier 1	\$30	\$25
• Tier 2	50% after deductible	50% after deductible
• Tier 3	50% after deductible	50% after deductible
Specialty⁵		
• Biosimilar / generic	50% after deductible	50% after deductible
• Preferred	50% after deductible	50% after deductible
• Non-preferred	50% after deductible	50% after deductible
Medicare Part D Creditable	No	No
Plan codes		
Medical	SG000074	SG000075

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 POS | UnityPoint 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 POS | UnityPoint Health network who is available to accept you or your family members, and who is one of the following types of providers: family practitioners, general practitioners, geriatricians, internists, nurse practitioners, physician assistants and pediatricians. See your benefit plan material for more details about your PCP. 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.

⁵ If you enroll with PrudentRx to get copayment assistance for your eligible specialty medications, you will have \$0 out-of-pocket responsibility for prescriptions listed on the PrudentRx drug list. If you fail to respond or decline to participate in the PrudentRx program, please note that you will be responsible for your member cost-share of 30 percent coinsurance.

Dental, vision and hearing benefits

Dental plan details¹

Blue Dental SM 1500	
Benefit year deductible²	Single: \$25 Family: \$75
Benefit year maximum	Plan pays: \$1,500
Preventive and diagnostic	Member pays: 20%
Dental benefits	
Basic restorative	50%
Including cavity repair, tooth extractions, restoration of decayed or fractured teeth, oral surgery and anesthesia	
Major restorative	50%
Including root canals, gum and bone disease, crowns, inlays, bridges and dentures	
Add orthodontia	
Orthodontics	50%
Orthodontic lifetime maximum (per child, up to age 19)	\$1,000
Plan codes	
Dental	DG000114
Dental with orthodontia	DG000113

Blue Dental SM 2000	
Benefit year deductible²	Single: \$25 Family: \$75
Benefit year maximum	Plan pays: \$2,000
Preventive and diagnostic	Member pays: 0%
Dental benefits	
Basic restorative	20%
Including cavity repair, tooth extractions, restoration of decayed or fractured teeth, oral surgery and anesthesia	
Major restorative	50%
Including root canals, gum and bone disease, crowns, inlays, bridges and dentures	
Add orthodontia	
Orthodontics	50%
Orthodontic lifetime maximum (per child, up to age 19)	\$2,000
Plan codes	
Dental	DG000116
Dental with orthodontia	DG000115

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.



Vision plan details¹

Avēsis 100

- Eye exam**
- Covered in full after a \$10 copay, every 12 months
- Frames**
- Covered once every 24 months, after a \$25 materials copay; \$100 retail allowance²
- Standard plastic lenses**
- One pair covered in full after materials copay, every 12 months
- Contact lenses**
- Covered up to allowance, every 12 months, in lieu of eyeglasses
- Lens options**
- Up to 20 percent off polycarbonate, scratch-resistant coating, tint and UV protective coating

Avēsis 150

- Eye exam**
- Covered in full after a \$10 copay, every 12 months
- Frames**
- Covered once every 24 months, after a \$10 materials copay; \$150 retail allowance²
- Standard plastic lenses**
- One pair covered in full after materials copay for adult polycarbonate, scratch-resistant coating, UV screening, standard tint, anti-reflective coating, every 12 months
- Contact lenses**
- Covered up to allowance, every 12 months, in lieu of eyeglasses
- Lens options**
- Covered in full: polycarbonate, scratch-resistant and UV protective coatings, anti-reflective, solid or gradient tint
 - Copay applies: progressives, transitions, polarized, PGX/PBX
 - Up to 20% discount: Other lens options

Built-in hearing coverage

Services

- Free hearing screening and reduced pricing on hearing devices**
- Discount program offered through Amplifon Hearing Health Care™ as an added bonus

¹ Applies to in-network benefits. Out-of-network services are covered and include higher copays.
² Benefits and general provisions described are subject to plan selected, and terms of the actual policy and coverage manual.



Step 3. Choose a dental and vision plan

Combining dental and vision coverage with your medical plan is a high-impact way to provide your employees with a comprehensive benefits package, at no additional cost to you.

\$0

Add dental and vision coverage at no cost to you, and provide your employees with a comprehensive benefits package.

Blue Dental PlansSM

Dental coverage is an essential part of a comprehensive benefits package. With Wellmark, your employees can count on reliable coverage from a broad network of dentists. When you combine Blue Dental with your medical plan, you experience streamlined administration along with a competitive network and extensive benefits.

What's covered?

Blue Dental plans encourage regular preventive dental care to keep your employees' teeth healthy and prevent future problems. Preventive and diagnostic care is covered even if they've met their benefit maximum.

Plans also cover cleanings and restorative services — all at little or no out-of-pocket costs to your employees. All Blue Dental plans offer extra cleanings for certain at-risk members, such as those who are pregnant or individuals with diabetes.

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.

Avēsis Vision Plans

Vision coverage¹ is an important part of the overall health of your employees. Routine eye exams can detect many types of health problems, like diabetes and high blood pressure, before they become serious.

Avēsis offers your employees generous allowances for contacts and glasses while keeping your premiums affordable. And, they offer one of the most diverse vision networks in the country, with more than 104,000 access points nationally.

Choose from two of the most comprehensive vision plans in the industry. You'll also get discounts on hearing care services through Amplifon Hearing Health Care™ with your plan.

¹ Coverage is available for members age 19 or older.

Understanding your health coverage benefits

All of our plans give your employees coverage for these common benefits:

-  Preventive and wellness services
-  Pediatric vision services¹
-  Physician and facility services
-  Maternity, newborn and pediatric care
-  Chronic disease management
-  Durable medical equipment (DME)
-  Emergency and ambulatory patient services
-  Rehabilitative and habilitative services and devices
-  Mental health and substance use disorder services
-  Physical, occupational or speech therapy services
-  Hospitalization
-  Prescription drugs

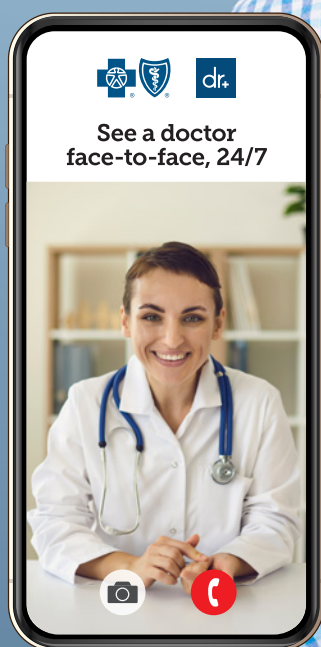
Preventive services are free

Preventive services are free when received from in-network providers. Preventive services include things like annual wellness exams, gynecological exams, age-appropriate mammograms or colonoscopies and well-child visits.

In addition, when employees select and visit a designated primary care provider (PCP), they will have lower out-of-pocket costs.

¹ Coverage includes an annual routine vision exam at no cost, plus frames and lenses or contact lenses (allowances and/or limitations apply) for children under age 19. Pediatric vision benefits are administered by Avësis Vision. A full list of all pediatric dental and vision services is included in the coverage manual.

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.

Virtual visits with Doctor On Demand®

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



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

- Mental health concerns²
- Cold and flu symptoms
- Bronchitis and sinus infections
- Urinary tract infections
- Sore throats
- Allergies
- Fever
- Headaches
- Pink eye
- Skin conditions

Virtual visits are becoming increasingly popular for patients, providers and employers alike — and it's easy to see why. Virtual visits give patients convenient access to quality care without exposing others to illness. And patients don't have to take time away from work or home.

Coverage with our preferred virtual visit provider, Doctor On Demand, is included in all our plans. 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.

Employees get the care they need when they need it. It's as easy as going to [DoctorOnDemand.com/Wellmark-BHC](https://www.doctorondemand.com/Wellmark-BHC) or downloading the app from the App Store® or on Google Play™.

Behavioral health coaching program — Most people experience some personal or family distress in their lives. With this benefit, you and your employees can receive behavioral health support 24/7 with a text-based chat program and a live coach. Get help within minutes, any time. Just click on the Behavioral Health Coach icon within the Doctor On Demand mobile app.

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.

NOTE: Wellmark Blue POS | UnityPoint Health plans offer virtual visits through in-network UnityPoint providers instead of Doctor On Demand.

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.

Pharmacy benefits

Our pharmacy benefits are easy to navigate with Blue Rx EssentialsSM.

Blue Rx Essentials prescription tiers are designated based on factors like cost and effectiveness when compared to similar drugs. Combined with our easy-to-navigate pharmacy network and tools, your employees will understand what they'll pay before they get to the pharmacy.

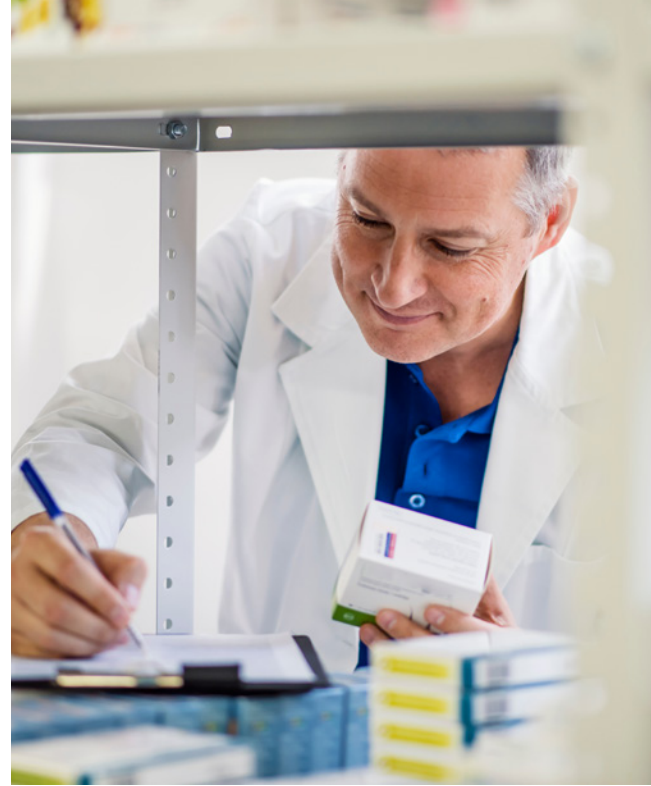
\$ — DRUG TIER 1 will have the lowest costs. It includes most generics and select branded drugs.

\$\$ — 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 has a higher cost share than Tier 2. 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.



\$0

In addition to these tiers, we also offer select drugs to your employees with zero cost share. This includes FDA-approved preventive drugs, such as contraceptives, tobacco cessation medications, supplements for pregnant women and more. Find the full ACA preventive health and drug list at [Wellmark.com/ACAPreventive](https://www.wellmark.com/ACAPreventive).

Market-leading tools and services for employers

Resources to help you manage your business.

Employer Connection

As an employer, we know you have a lot on your plate. And when your employees have a question, you want to answer them quickly. Employer Connection is your secret weapon. Log into Employer Connection from [Wellmark.com](https://www.wellmark.com).

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.

Whether you're on your computer, phone or tablet, Employer Connection makes it easy to find everything you need to efficiently manage benefits, plus you'll find news alerts, free educational materials and electronic billing and payment options.

COBRA/State Continuation Services

Wellmark has solutions available to help you with the complex and time-consuming COBRA (20+ employees¹) or State Continuation (<20 employees¹) administration process — at no additional cost to you. Contact your Wellmark representative for more information.

Blue@WorkSM

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

You can also find topics specific for groups of 1–50 employees under the small business tag at [Wellmark.com/SmallBusinessArticles](https://www.wellmark.com/SmallBusinessArticles).

Want operational and inspirational content in your email inbox every month? Subscribe to our monthly e-newsletter for groups. It'll keep you up-to-date on all you need to know to do business with us and keep your employees happy and healthy.

Get the scoop on managing costs and understanding the changing health care landscape and subscribe to our monthly e-newsletter at [Wellmark.com/Blue-at-Work](https://www.wellmark.com/Blue-at-Work).

¹ On a typical business day during the previous calendar year.

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.



DID YOU KNOW?

**Eight in
10 small
businesses
in Iowa are
covered by
Wellmark.**

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 supports members with the highest risk of emergency room visits or readmission as they transition from a medical or behavioral health setting.

Wellmark Connect powered by WebMD®

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.

Blue Distinction® Centers

When your employees need specialized care, like a surgery or a transplant, choosing where to get care can be a big decision. And, where they go can impact their 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. Providers, hospitals and facilities meet pre-determined standards to earn a Blue Distinction Center designation, and all Wellmark members have full access to the Blue Distinction network — no matter their plan.

BeWell 24/7®

BeWell 24/7 connects them with a registered nurse, so they can talk through a variety of health-related concerns while maintaining 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](#).

BlueSM 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 an 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 brochure 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.

Blue Cross®, Blue Shield®, the Cross® and Shield® symbols, BCBS Global® Core, BlueCard®, Blue Distinction® and Blue365® are registered marks and Blue Rx EssentialsSM, Blue Dental PlansSM, Wellmark Blue HMOSM, Wellmark Blue PPOSM, Wellmark Blue POSSM, EnhancedBlueSM, CompleteBlueSM, SimplyBlueSM, myBlue HDHPSM, Blue@WorkSM, Blue DentalSM and BlueSM are service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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

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.

Hearing Discount Savings Plan provided by Amplifon Hearing Health Care™. Amplifon Hearing Health Care is an independent company that does not provide Wellmark Blue Cross and Blue Shield products or services.

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.

HealthEquity® and EZ Receipts® are registered marks of HealthEquity, Inc., a leading administrator providing consumer directed benefits such as COBRA, flexible spending and health reimbursement arrangement (FSA and HRA) services on behalf of Wellmark Blue Cross and Blue Shield.

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® is a registered mark of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Blue Distinction Centers (BDC) met overall quality measures for patient safety and outcomes, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable healthcare. Each provider's cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. National criteria for BDC and BDC+ are displayed on www.bcbs.com. Individual outcomes may vary. For details on a provider's in-network status or your own policy's coverage, contact your Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.

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