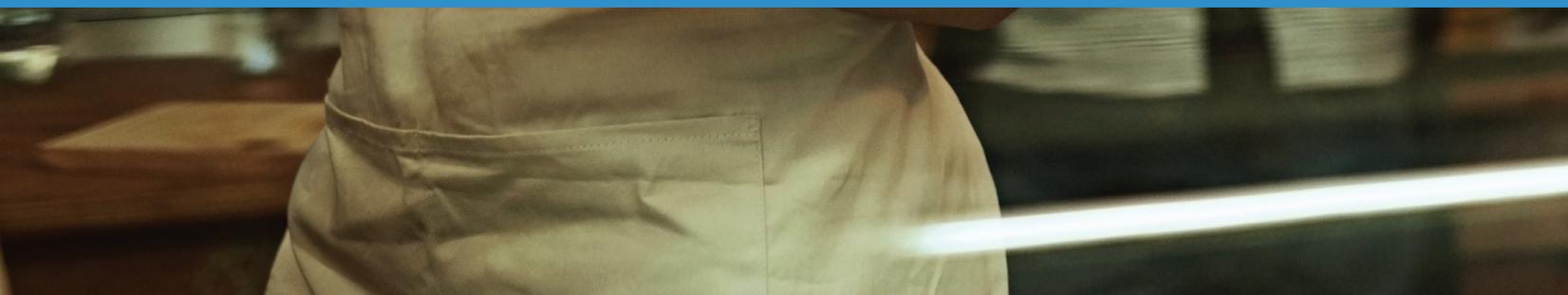




SIMPLE SOLUTIONS FOR YOUR **SMALL BUSINESS**

Iowa plan comparison guide for groups of 1–50 employees





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HEALTHY EMPLOYEES. HEALTHY BOTTOM LINE.

As a small business owner, your most important asset is your employees. And, every decision you make can impact your bottom line — including which health, dental and vision insurance benefits to offer.

With a suite of plans created just for small businesses, Wellmark makes it easy to choose appealing and competitive benefits that help you retain and attract valuable employees.

This guide provides you with a variety of coverage options — all designed to meet your needs and the needs of your employees. Regardless of which network, plan type or dental and vision coverage you choose, this guide helps you make informed choices, especially as you consult with your agent.

It's that simple. So, let's get started finding the right coverage for your business and your employees.

NEW TO WELLMARK?

If you are purchasing Wellmark group insurance for the first time, we'll need some information about your business.

Talk to your agent about required documents, such as payroll reports or tax documentation.

GET STARTED

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

1

Select a network

Consider how broad your network needs to be. 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.

2

Choose a health plan

With three distinct plan types, it's easy to see which one best suits your needs. Choose from a simple copay plan, a traditional plan or a high-deductible health plan.

3

Choose a dental and vision plan

Retaining valuable employees and attracting new ones is important. Combining dental and vision coverage with your medical plan is a low-cost, high-impact way to provide your employees with a comprehensive benefits package.



GRAB A PEN

Using this guide is easy. The red pen symbol indicates decision points. For example, you'll be asked to select a network before deciding on a plan. Checkboxes will guide your way. [On page 16](#), you'll find a convenient worksheet you and your agent can use to summarize your choices.

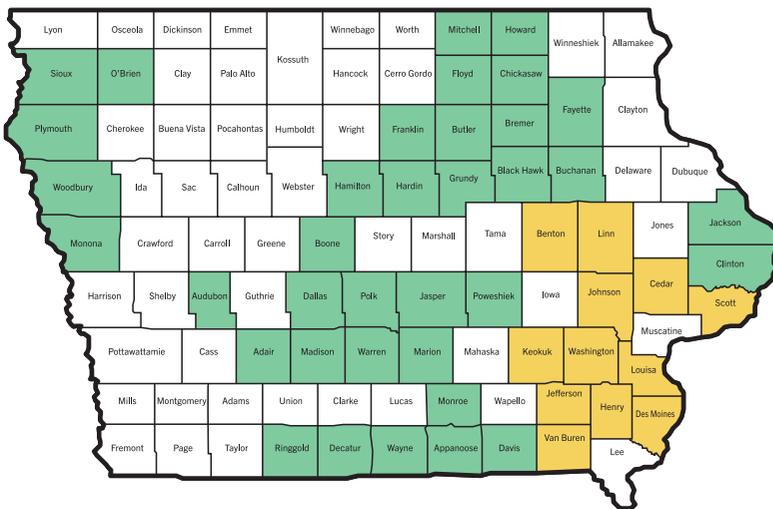
1. SELECT A NETWORK

To find the right plan, start by considering where you and your employees live and where your business is located. Which network would work best for your organization? One of our health maintenance organization (HMO) options or the preferred provider organization (PPO) network?

LIMITED: My employees live and work in one of these counties.

If your business is located in one of the counties shown in green, consider the **Wellmark ValueSM Health Plan HMO Network**. Also consider where your employees live. This network provides members with access to care within the Mercy Health Network and its affiliates.

If your business is located in one of the counties shown in yellow, consider the **Wellmark SynergySM HMO Network**. Also consider where your employees live. This network provides members with access to care within the University of Iowa Health Alliance and its affiliates.



STATE-BASED: My employees live in Iowa.

Plans available on the **Wellmark Blue HMOSM Network** give your employees access to 100 percent of hospitals and 97 percent of doctors in Iowa¹ in all 99 counties. They also have access to services in Iowa's contiguous counties. Out-of-network coverage is available in emergency and accidental injury situations.

NATIONAL: My employees need national flexibility.

Plans available on the **Wellmark Blue PPOSM Network** provide access to more than 96 percent of hospitals and 91 percent of doctors throughout the country.²

Why select a limited network option?

If you've never considered a limited network, think again. In 2018, coverage is available in more counties than last year, and scheduling on-site wellness screenings is easy.

Your employees with a plan on the Wellmark Value Health Plan HMO Network or the Wellmark Synergy HMO Network will also experience:

- Expanded urgent care hours.
- A focus on coordinated care.
- Encouragement to maximize benefits, such as scheduling copay-free annual preventive care visits.
- Out-of-network coverage in emergency and accidental injury situations.
- And, more!

¹ Wellmark Blue Cross and Blue Shield network numbers as of July 3, 2017.

² Blue Cross Blue Shield Association network numbers as of July 3, 2017.

2. CHOOSE A HEALTH PLAN

Wellmark makes it easy to choose the level of coverage you want within three distinct plan types.



Copay plan

BlueSimplicitySM plans, through the use of copays, make it easy for your employees to know how much a service or procedure will cost before they go to the doctor. This helps them make more informed health care decisions and results in fewer questions. See pages 4–5.



Traditional plan

Traditional plans help your employees plan for many common health care expenses, like in-network office visits. For other expenses, deductible and coinsurance may apply. See pages 6–7.



High-deductible health plan (HDHP)

The myBlue HDHPSM plans are qualified high-deductible health plans that your employees can pair with a health savings account (HSA). See page 8–9.



Built-in virtual visit benefits

Whether on a limited, state-based or national network, your employees can connect face-to-face with a doctor using a smartphone, tablet or computer.

Learn more on page 13.

3. CHOOSE A DENTAL AND VISION PLAN

DENTAL PLANS

Dental coverage is essential for a comprehensive benefits package that helps retain and attract valuable employees. With Wellmark, your employees can count on reliable coverage from a broad network of dentists.

Blue Dental PlansSM

Wellmark's Blue Dental plans give your employees and their families many reasons to smile. Blue Dental plans encourage regular preventive dental care to keep your employees' teeth healthy and can help prevent future problems.

VISION PLAN

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

Avēsis Vision

With 35 years of experience, Avēsis offers your employees generous allowances for contacts and glasses while keeping your premiums affordable.



Built-in hearing coverage

When your employees select vision coverage through Avēsis, they get discounted hearing care services through Amplifon Hearing Health CareTM as an added benefit.

BLUESIMPLICITYSM HEALTH PLANS

Health insurance can be simple for your employees with BlueSimplicity. With no deductibles or coinsurance, up-front costs and simple language help them understand the value of their health and drug coverage. That means fewer surprises for them and fewer questions for you.

Services are grouped into six levels, making it easy for your employees to know their cost share even before receiving services. Level 1 services are free and include preventive services. Level 6 services require higher member copays and cover more serious health needs, such as air ambulance services and hospitalizations.

Pharmacy benefits

BlueSimplicitySM Rx assigns value to drugs based on their safety, effectiveness and cost compared to medicines that treat the same condition. Level 1 drugs are the best value, while Level 5 drugs have the lowest value and will cost more out-of-pocket. Like the BlueSimplicity medical benefits, your employees will never pay more than the maximum copay amount for the drugs within their assigned level.

Here's how BlueSimplicity Rx works:





FIRST, CHOOSE YOUR NETWORK

Limited:

Wellmark Value Health Plan HMO Network

Or

Wellmark Synergy HMO Network

State-based:

(and contiguous counties)

Wellmark Blue HMO

National:

Wellmark Blue PPO



CONSIDER BLUESIMPLICITY PLAN OPTIONS

Regardless of the network you select above, all the products below are available. Amounts in the table reflect in-network services only. For PPO plans, additional cost shares will apply to out-of-network services.

SERVICES	PLANS		
	<input type="checkbox"/> BlueSimplicity SM Bronze	<input type="checkbox"/> BlueSimplicity SM Silver	<input type="checkbox"/> BlueSimplicity SM Gold
Annual benefit — out-of-pocket maximum (OPM) In-network ¹	Single: \$7,350 Family: ² \$14,700	Single: \$7,350 Family: ² \$14,700	Single: \$4,000 Family: ² \$8,000
Level 1: Preventive care, ³ Blue365 [®] membership, BeWell 24/7 SM	Free	Free	Free
Level 2: Primary care provider (PCP) office visit ⁴ facility lab/X-ray, virtual visit ⁵	\$75	\$35	\$25
Level 3: Non-PCP office visit, outpatient PT/OT/ST, home health care, durable medical equipment	\$200	\$70	\$50
Level 4: Emergency room, ground ambulance, diagnostic imaging/studies ⁶ and radiation therapy	\$1,500	\$500	\$300
Level 5: Outpatient practitioner and facility	\$4,500	\$2,550	\$1,500
Level 6: Hospitalization, air ambulance and skilled nursing facility	\$7,350	\$5,750	\$3,000
Prescription drugs — BlueSimplicity Rx	Level 1 medications (preventive): Free Level 2: \$50 Level 3: \$150 Level 4: \$250 Level 5: \$400	Level 1 medications (preventive): Free Level 2: \$30 Level 3: \$125 Level 4: \$225 Level 5: \$350	Level 1 medications (preventive): Free Level 2: \$15 Level 3: \$60 Level 4: \$150 Level 5: \$250

¹ 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.

² 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.

³ All costs 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 exam, preventive exam, screening mammography, well-child care and newborn care. For plans on the Wellmark Synergy HMO Network and the Wellmark Value Health Plan HMO Network, a designated personal doctor must be seen for preventive care/screenings and immunizations. One preventive exam with separate gynecological exam per member per benefit period. Well-child care up to age 7 (includes normal newborn care, physical examinations, assessments and immunizations.)

⁴ The primary care office copay applies to family practitioners, general practitioners, internal medicine practitioners, obstetricians/gynecologists, pediatricians, physicians' assistants and advanced registered nurse practitioners. 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. All other in-network practitioners are subject to the non-primary care office copay. The copay applies per practitioner, per visit.

⁵ The virtual visit copay applies to Doctor On Demand. Members with a plan on the Wellmark Synergy HMO Network use UleCare[®] and there is no copay.

⁶ Diagnostic imaging includes CT (computerized tomography), MEG (magnetoencephalography), MRAs (magnetic resonance angiography), MRIs (magnetic resonance imaging), PET (positron emission tomography), nuclear medicine and ultrasounds.

TRADITIONAL PLANS

With Wellmark's traditional plans, predictable copays help your employees plan for many common health care expenses, like in-network office visits. For other expenses, like inpatient services, outpatient surgery and maternity care, deductible and coinsurance may apply.

Blue Rx EssentialsSM

Blue Rx Essentials uses tiers to assign drugs' cost share. Tiers are designated based on generics, preferred, non-preferred and specialty drugs.



DRUG TIER 1

has the lowest payment obligation. It includes most generics and select branded drugs that have no generic equivalent.



DRUG TIER 2

has a higher payment obligation than Tier 1 and is made up of drugs that are preferred based on effectiveness when compared to similar drugs.



DRUG TIER 3

also increases the payment obligation. It consists of non-preferred drugs that have reasonable, more cost-effective alternatives on Tier 1 or Tier 2. There are also some specialty preferred drugs in this tier that are used to treat complex or rare conditions.



SPECIALTY DRUGS

are split into two categories — preferred and non-preferred. Preferred drugs are proven to treat complex or rare conditions. Non-preferred drugs have insufficient clinical evidence that they are more beneficial than preferred alternatives.



FIRST, CHOOSE YOUR NETWORK

Limited: Wellmark Value Health Plan HMO Network **Or** Wellmark Synergy HMO Network

State-based: Wellmark Blue HMO
(and contiguous counties)

National: Wellmark Blue PPO



CONSIDER TRADITIONAL HEALTH PLAN OPTIONS

Regardless of the network you select above, all the products below are available. Amounts in the table reflect in-network services only. For PPO plans, additional cost shares will apply to out-of-network services.

SERVICES	PLANS		
	<input type="checkbox"/> SimplyBlue SM 5500 (Bronze)	<input type="checkbox"/> CompleteBlue SM 2800 (Silver)	<input type="checkbox"/> EnhancedBlue SM 1000 (Gold)
Annual benefit — deductible¹			
Single	\$5,500	\$2,800	\$1,000
Family	\$11,000 ²	\$5,600 ²	\$2,000 ²
Coinsurance — member pays	50%	30%	20%
Annual benefit — out-of-pocket maximum (OPM) in-network	Single: \$7,350 Family: ³ \$14,700	Single: \$7,350 Family: ³ \$14,700	Single: \$4,000 Family: ³ \$8,000
Preventive care⁴ screenings, immunizations	Free	Free	Free
Virtual visit⁵	\$50	\$35	\$25
Primary care office services⁶	\$50	\$35	\$25
Non-primary care office services	Deductible / coinsurance apply	\$70	\$50
Emergency room	Deductible / coinsurance apply	\$400	\$350
Prescription drugs — Blue Rx Essentials	For all tiers, deductible / coinsurance apply	Tier 1: \$20 Tier 2: \$50 Tier 3: \$100 Specialty preferred: \$150 Non-preferred: \$300	Tier 1: \$10 Tier 2: \$50 Tier 3: \$100 Specialty preferred: \$150 Non-preferred: \$300

¹Both in-network and out-of-network services apply toward a single deductible. However, 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.

²The family deductible can be met through any combination of family members. No one member will be required to meet more than the single deductible amount to receive benefits for covered services during a benefit period.

³The 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.

⁴All costs 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 exam, preventive exam, screening mammography, well-child care and newborn care. For plans on the Wellmark Synergy HMO Network and the Wellmark Value Health Plan HMO Network, a designated personal doctor must be seen for preventive care/screenings and immunizations. One preventive exam with separate gynecological exam per member per benefit period. Well-child care up to age 7 (includes normal newborn care, physical examinations, assessments and immunizations.)

⁵The virtual visit copay applies to Doctor On Demand. Members with a plan on the Wellmark Synergy HMO Network use UleCare and there is no copay.

⁶The primary care office copay applies to family practitioners, general practitioners, obstetricians/gynecologists, pediatricians, physicians' assistants and advanced registered nurse practitioners. 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. All other in-network practitioners are subject to the non-primary care office copay. The copay applies per practitioner, per visit.

HIGH-Deductible HEALTH PLANS

Wellmark's myBlue HDHPSM high-deductible health plans can dramatically increase your employees' engagement in their health care. Because your employees pay the full cost for care (excluding preventive care) and prescriptions until they reach their deductible, an HDHP helps them understand the true cost of care.

Help your employees save with an HSA

When your employees enroll in a qualified, high-deductible health plan, they can also open a health savings account (HSA) to help pay for medical expenses. A health savings account is an individual savings account employees can contribute to, invest in and receive certain distributions from. The HSA is generally not subject to taxes. It can be used to pay for qualified medical expenses tax-free. Some expenses include doctor visits, prescription drugs, eyeglasses and dental care.

With an HSA, see triple tax-free savings

-  **1. WHEN EMPLOYEES PUT MONEY INTO THEIR HSA**
-  **2. WHEN IT ACCUMULATES**
-  **3. WHEN EMPLOYEES SPEND MONEY FROM THEIR HSA**

Employees won't be taxed when they take the money out of their HSA as long as they use the funds exclusively to pay for qualified medical expenses.*

* If employees use any HSA funds to pay for expenses other than qualified medical expenses, they may be subject to income taxes and additional penalties.

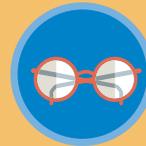
Here's how an HSA works



Employees contribute money into a health savings account tax-free.



They receive an HSA debit card.



The HSA account can be used to pay for qualified expenses like doctor visits, prescription drugs, eyeglasses and dental care.



Rollover unspent funds for future health care expenses.



FIRST, CHOOSE YOUR NETWORK

Limited:

Wellmark Value Health Plan HMO Network

Or

Wellmark Synergy HMO Network

State-based:
(and contiguous counties)

Wellmark Blue HMO

National:

Wellmark Blue PPO



CONSIDER HIGH-Deductible HEALTH PLAN OPTIONS

Regardless of the network you select above, all the products below are available. Amounts in the table reflect in-network services only. For PPO plans, additional cost shares will apply to out-of-network services.

Plan Name	PLANS		
	<input type="checkbox"/> myBlue HDHP SM Bronze (4500)	<input type="checkbox"/> myBlue HDHP SM Silver (3600)	<input type="checkbox"/> myBlue HDHP SM Gold (2000)
Annual benefit — deductible¹			
Single	\$4,500	\$3,600	\$2,000
Family	\$9,000 ²	\$7,200 ²	\$4,000 ²
Coinsurance — member pays	50%	0%	0%
Annual benefit — out-of-pocket maximum (OPM) In-network	Single: \$6,650 Family: ³ \$13,300	Single: \$3,600 Family: ³ \$7,200	Single: \$2,000 Family: ³ \$4,000
Preventive care⁴ screenings, immunizations, primary care office services	Free	Free	Free
Virtual visit⁵	Deductible / coinsurance apply	Deductible applies	Deductible applies
Primary care office services	Deductible / coinsurance apply	Deductible applies	Deductible applies
Non-primary care office services	Deductible / coinsurance apply	Deductible applies	Deductible applies
Emergency room	Deductible / coinsurance apply	Deductible applies	Deductible applies
Prescription drugs — Blue Rx Essentials	Deductible / coinsurance apply	Deductible applies	Deductible applies

¹ Both in-network and out-of-network services apply toward a single deductible. However, 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.

² For all plans except myBlue HDHP Gold (2000), the family deductible can be met through any combination of family members. No one member will be required to meet more than the single deductible amount to receive benefits for covered services during a benefit period. For myBlue HDHP Gold (2000), the family deductible amount is reached from amounts accumulated on behalf of any family member or combination of family members and the entire family deductible must be met before benefits are payable.

³ For all plans except myBlue HDHP Gold (2000), 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. For myBlue HDHP Gold (2000), the family OPM amount is reached from amounts accumulated on behalf of any family member or combination of family members and the entire family OPM must be met before benefits are payable.

⁴ All costs 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. One preventive exam with a separate gynecological exam per member per benefit period. Preventive care includes gynecological exam, preventive exam, screening mammography, well-child care and newborn care. For plans on the Wellmark Synergy HMO Network and the Wellmark Value Health Plan HMO Network, a designated personal doctor must be seen for preventive care/screenings and immunizations. One preventive exam with separate gynecological exam per member per benefit period. Well-child care up to age 7 (includes normal newborn care, physical examinations, assessments and immunizations.)

⁵ The virtual visit cost share applies to Doctor On Demand. Members with a plan on the Wellmark Synergy HMO network use UleCare and deductible and coinsurance apply.

BLUE DENTAL PLANSSM

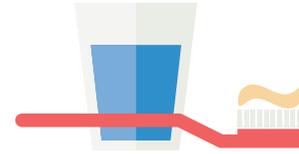
Dental coverage is essential for a comprehensive benefits package that helps retain and attract valuable employees. And Wellmark makes it easy. Blue Dental plans are simple — and so is the billing — when you combine dental with your health coverage.

BEYOND PREVENTION

Unlike slim stand-alone dental plans, Blue Dental plans go well beyond preventive and diagnostic services — all without breaking your budget. Your employees will have peace of mind knowing they're covered for cavities, oral surgery, root canals and even orthodontics if you choose. And, like Wellmark's health networks, your employees can count on reliable coverage from a broad network of dentists.

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 even offer extra cleanings for certain at-risk members, such as those who are pregnant or those with diabetes.



Highlights

- Preventive dental care
- Simplified plan offerings
- Access to more than 1,600 dentists across Iowa and bordering counties
- Nationwide dental network with more than 99,000 dental providers

AVĒSIS VISION PLAN¹

Wellmark makes adding adult vision and hearing coverage easy by combining the billing with your health and/or dental premiums. More importantly, the coverage adds to your employees' quality of life in ways most health plans cannot.²

WHAT'S COVERED?

As a preferred Wellmark vendor, Avēsis offers you one of the most comprehensive vision plans in the industry. Covered services include:

- Eye exams
- Frames
- Standard plastic lenses
- Contact lenses
- Lens options

Highlights

- More than 61,000 points of access nationally³
- Network includes independent and leading national retailers
- Discounts on non-covered services (e.g. LASIK surgery), additional eyeglasses and sunglasses and lens options
- Free hearing screening and reduced pricing for hearing care services through Amplifon Hearing Health Care^{TM4}

¹ 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.

² Coverage is available for members age 19 or older.

³ Avēsis network numbers, 2017.

⁴ Hearing Discount Savings Plan provided by Amplifon Hearing Health CareTM. Amplifon Hearing Health Care is an independent company that does not provide Wellmark Blue Cross and Blue Shield products or services.



CHOOSE A BLUE DENTAL PLAN

Plan details ¹	<input type="checkbox"/> Option A	<input type="checkbox"/> Option B
Benefit year maximum—plan pays	\$1,500	\$2,000
Benefit year deductible²	\$25 single \$75 family	\$25 single \$75 family
Preventive and diagnostic—member pays	20%	0%
Basic restorative Including cavity repair, tooth extractions, restoration of decayed or fractured teeth, oral surgery and anesthesia	50%	20%
Major restorative Including root canals, gum and bone disease, crowns, inlays, bridges and dentures	50%	50%
Orthodontics	No coverage	50%
Orthodontic lifetime maximum (per child, up to age 19)	No coverage	\$2,000



ADD AVĒSIS VISION COVERAGE

Benefit	Benefit description ³
Diagnostic services — \$10 copay Eye exam	Covered in full after \$10 copay, every 12 months
Eyewear products — \$25 materials copay Frames Standard plastic lenses Contact lenses Lens options	Covered once every 24 months, after materials copay; \$80 retail allowance One pair covered in full after materials copay, every 12 months Covered up to allowance, every 12 months, in lieu of eyeglasses Up to 20 percent off polycarbonate, scratch-resistant coating, tint and UV protective coating

Built-in hearing coverage

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

¹ On small group flyer M-0335, Option A = Plan 2 (7N6) and Option B = Plan 3 (7N7). 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 Applies to in-network benefits. Out-of-network services are covered and include higher copays.

UNDERSTANDING HEALTH COVERAGE BENEFITS

No matter which plans you choose, your employees will have these common coverage benefits.



PREVENTIVE AND WELLNESS SERVICES¹



AMBULATORY PATIENT SERVICES



MATERNITY, NEWBORN AND PEDIATRIC CARE



DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING



PEDIATRIC VISION SERVICES³



PHYSICIAN SERVICES



EMERGENCY SERVICES



MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES



PHYSICAL, OCCUPATION OR SPEECH THERAPY SERVICES



FACILITY SERVICES



HOSPITALIZATION



REHABILITATIVE AND HABILITATIVE SERVICES AND DEVICES



SPINAL MANIPULATIONS²



PRESCRIPTION DRUGS



CHRONIC DISEASE MANAGEMENT



ORGAN AND TISSUE TRANSPLANTS



DURABLE MEDICAL EQUIPMENT

Once your employees enroll in a Wellmark health plan, they'll receive a complete coverage list with their coverage manual. They also can find detailed cost information in their Summary of Benefits and Coverage document.

WHAT ISN'T COVERED?

The following services typically won't be covered by your health plan:⁴

- Services that aren't medically necessary
- Elective abortions
- Artificial insemination, in-vitro fertilization or any related fertility or infertility transfer procedure
- Massage therapy
- Cosmetic services, except for surgery that restores function lost or impaired as a result of an injury, illness or birth defect, and breast reconstruction after a mastectomy
- Routine vision services, except services covered for children under age 19
- Counseling
- Investigational and experimental treatment
- Wigs
- Acupuncture
- Weight reduction programs
- Routine foot care

WELLMARK MEMBERS GET MORE

Take advantage of these value-added programs and services that are built into our small business plans.



BlueCard® Program

With the BlueCard program, your employees on a PPO plan can take advantage of the nationwide network for all their care needs. Your employees with an HMO plan can travel with peace of mind knowing they're covered for emergencies when going out-of-network.



BeWell 24/7SM

When your employees need help, BeWell 24/7 is here to answer their health concerns, direct them to providers or resources and offer solutions for everyday health care problems.



Blue365® Program

This program gives your employees exclusive access to discounts and resources that help them live a healthier lifestyle.



BlueSM Magazine

Each issue of *Blue* 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.

VIRTUAL VISITS WITH DOCTOR ON DEMAND™

Productivity goes down when your employees are sick or need time off work to see a doctor. Your employees with a plan on the Wellmark Value Health Plan HMO Network, the Wellmark Blue HMO Network, or the Wellmark Blue PPO Network can see a doctor on their smartphone, tablet or computer from virtually anywhere with Doctor On Demand.⁵ And, since physicians are available **24 hours a day, 7 days a week, 365 days a year**, your employees can schedule their visits before or after their working hours or on holidays if necessary.

Doctor On Demand physicians can treat hundreds of the most common medical conditions, including prescribing medication if needed.⁶ **Your employees and their family members can see a doctor for:**

- Cold and flu symptoms
- Bronchitis and sinus infections
- Urinary tract infections
- Sore throats
- Allergies
- Fever
- Headaches
- Pink eye
- Skin conditions
- Mental health issues⁷

¹ Plans on the Wellmark Synergy HMO Network and the Wellmark Value Health Plan HMO Network require members to designate a personal doctor and/or OB-GYN for annual wellness and preventive exams.

² Limits may apply.

³ Coverage includes annual routine vision exams at no cost, plus frames and lenses or contact lenses for children under age 19. Avèsis covers up to \$130 for one frame per benefit year (80% coinsurance for covered charges exceeding \$130) and up to \$130 for non-medically necessary contact lenses per benefit year (85% coinsurance for covered charges exceeding \$130). Deductible is waived for all plans except myBlue HDHP. This plan will waive the deductible for routine vision exams only. For myBlue HDHP plans where the deductible and out-of-pocket maximum (OPM) are equal, there's no additional cost once the deductible and OPM are reached.

⁴ This policy does not include pediatric dental services as described under the federal Patient Protection and Affordable Care Act (ACA). This coverage is available in the insurance market and can be purchased as a stand-alone product. Contact your insurance carrier, producer or Iowa's Partnership Marketplace Exchange if you wish to purchase pediatric dental coverage or a stand-alone dental product.

⁵ Members with a plan on the Wellmark Synergy HMO Network have access to UleCare®, an online medical service operated by University of Iowa Health System.

⁶ 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.

⁷ Includes but is not limited to treatment for mental health, chemical dependency, and certain psychological or emotional conditions. Services performed by psychologists are covered. Psychiatry services are not covered through virtual visit. Please refer to your coverage manual for more details.

MYWELLMARK®

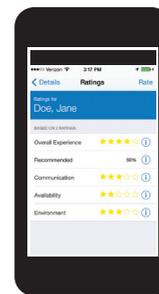
You know how important it is to empower your employees. At Wellmark, we empower our members. By registering for myWellmark, your employees can accomplish a variety of tasks online.



Member tools

At Wellmark.com your employees can:

- **Take charge of their health.** Powered by WebMD®, one of the most trusted sources of health news and information, the Wellmark Wellness Center can help your employees lead healthier lives.
- **Understand their benefits.** They can learn about copayments, deductibles and out-of-pocket maximums.
- **Organize claims.** Your employees can view the status of each claim, categorize them and add personal notes.
- **Track expenses.** Your employees can find out how much of their deductible or out-of-pocket expenses they have used to date. They can also manage their flex spending account.
- **Get electronic Explanation of Benefits (EOB) statements.** They can go green and keep all their statements in one place.
- **Understand pharmacy benefits.** Your employees can review their benefits, search drug lists and learn how much a drug will cost.



myWellmark® Care Finder

myWellmark also makes it easy for your employees to make more informed health care decisions, because knowing changes everything. That's why we designed the Care Finder to help your employees:

- **Know cost of care.** Your employees can search for common health care services to know the cost based on their plan benefits and current out-of-pocket accumulations.
- **Know quality of care.** They can compare doctors using performance-based quality scores, or find facilities known for their expertise.
- **Know patient reviews.** Your employees can select a doctor using patient ratings and comments or leave their own feedback about their experiences.
- **Know where to get care.** They can search for a doctor or facility based on their ZIP code and their network.

EMPLOYER CONNECTION

Wellmark knows that as an employer, you have a lot on your plate. And, when your employees have questions, particularly about their insurance benefits, you want to be able to answer them quickly.

Be your employees' Health Plan Hero!

The Employer Connection on Wellmark.com is your secret weapon for helping your employees. Go online and come to their rescue in a flash. If your employees have questions about a claim, eligibility or benefits, you'll be able to provide an answer right away without contacting your Wellmark representative. You also can use the Employer Connection to order new ID cards, update member information and more.

Get the information you need

With the Employer Connection, everything you need is at your fingertips. Whether you're on your computer, phone or tablet, it's easy to find information about your plans and members, plus:



News alerts



Electronic billing and payment options



Free educational materials



Use the Employer Connection to better understand your benefits, easily find your employees' benefit information and work more efficiently with Wellmark. Register today at [Wellmark.com/Employer](https://www.wellmark.com/employer).



YOUR CHOICES AT A GLANCE

Use this perforated worksheet to summarize your plan decisions for the 2018 benefit year. Choose up to three health plan options. Also select one dental plan and vision coverage for your employees.

OPTION 1

Limited: Wellmark Value Health Plan HMO Network **Or** Wellmark Synergy HMO Network

State-based: Wellmark Blue HMO
(and contiguous counties)

National: Wellmark Blue PPO

OPTION 2

Limited: Wellmark Value Health Plan HMO Network **Or** Wellmark Synergy HMO Network

State-based: Wellmark Blue HMO
(and contiguous counties)

National: Wellmark Blue PPO

OPTION 3

Limited: Wellmark Value Health Plan HMO Network **Or** Wellmark Synergy HMO Network

State-based: Wellmark Blue HMO
(and contiguous counties)

National: Wellmark Blue PPO

DENTAL AND VISION PLANS

Blue DentalSM: Option A **Or** Option B

Avēsis Vision: Adult vision plan with hearing discount

WELMARK MEMBERS GET MORE

Regardless of the plan you choose, these benefits are included.



Required Federal Accessibility and Nondiscrimination Notice

Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Wellmark does not exclude people or treat them differently because of their race, color, national origin, age, disability or sex.

Wellmark provides:

- Free aids and services to people with disabilities so they may communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call 800-524-9242. If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 5W189, Des Moines, IA 50309-2901, 515-376-4500, TTY 888-781-4262, Fax 515-376-9073, Email CRC@Wellmark.com. You can file a grievance in person, by mail, fax or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone or fax at: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington DC 20201, 800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم 800-524-9242 أو خدمة الهاتف النصي: (888-781-4262).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ທີ່. (TTY: 888-781-4262.)

주의: 한국어를 사용하지는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, नि:शुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION : si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deitsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdfrei griegie. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တစ်ခုခုလိုအပ်ပါက-နမူနာကတိကဝတ်ပြုနိုင်ပါသည်။အကူအညီအဖွဲ့အစည်းလေးတစ်ခုခုရှိပါသည်။အခမဲ့အကူအညီအဖွဲ့အစည်းကို (TTY: 888-781-4262) ခေါ်ဆိုပါ။

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि नि:शुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

ማሳሰቢያ: ከማርኛ የሚናገሩ ስዊድንኛ ለማግኘት ለገንዘብ አገልግሎት ለማግኘት የገንዘብ ለ 800-524-9242 ወይም (በTTY: 888-781-4262) ዲው-ለው ያነጋግሩን።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maada. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'ehjí yánílti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojí' hółne' 800-524-9242 doodaii' (TTY: 888-781-4262)

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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.



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