



BEFORE YOU DECIDE

**GET A PERSONALIZED
COMPARISON WITH THE
HEALTH PLAN COMPARE TOOL**

A guide to help you select a plan that fits your health care needs and budget.



Health Plan Compare tool

When it comes to health insurance, one size does not fit all. A little planning can go a long way in selecting health coverage that fits your family's budget and health care needs. To help you with this process, Wellmark created the Health Plan Compare tool.

This easy-to-use online tool simplifies the process by asking a few quick questions about your anticipated medical services and prescription drug use. The tool also takes into account other plan details based on your employer coverage, like eligibility, tobacco use, incentive dollars and coverage type.

With the information you provide, the tool generates a side-by-side comparison of each plan. Your personalized comparison shows the total estimated costs for one year, including premiums and the estimated out-of-pocket dollars you would spend on health care services — **helping you choose a plan that best fits your anticipated health care needs.**

First things first!

By taking a few minutes to complete the Health Plan Compare worksheet on the following pages, you will have the information needed to use the tool.



Haven't registered for myWellmark®?

IT TAKES JUST FIVE MINUTES!

Grab your Wellmark ID card and register today at [myWellmark.com](https://mywellmark.com) to get more engaged in your health care.

COMPLETE THE HEALTH PLAN COMPARE WORKSHEET 

Health Plan Compare tool worksheet

Enter the estimated number of **medical visits** you and your family, if applicable, expect to use during the plan year. The online tool will use an average cost for each type of visit to calculate your estimated, annual costs.

OFFICE VISITS AND MEDICAL SERVICES	ESTIMATED NUMBER OF VISITS
1. ROUTINE OR PREVENTIVE OFFICE VISITS	
2. PRIMARY CARE OFFICE VISITS (Includes chiropractic visits)	
3. SPECIALIST OFFICE VISITS (For example: podiatrists, ENT visits or pain specialists)	
4. INPATIENT MEDICAL SERVICES (For example: heart surgery)	
5. OUTPATIENT MEDICAL SERVICES (For example: knee replacement)	
6. URGENT CARE CENTER	
7. EMERGENCY ROOM	

 One way to help you estimate future medical services and prescription drug use is to consider how many times you and your family used your health care benefits last year. Registered **myWellmark** members can use the “Claims & Spending” tool to view a year-to-date spend for even easier estimating.

 **MY YEAR-TO-DATE SPEND**

Create a printer-friendly PDF report showing what you've spent out-of-pocket on health care expenses.

[See report options \[+\]](#)

 Inpatient and outpatient services may be less common, but be sure to include them if you know of an upcoming medical procedure.

Enter the estimated number of **prescription drugs** you and your family expect to have during the plan year. The online tool will use an average cost of each type of prescription to calculate your estimated annual costs.

For help in determining prescription drug tiers and costs, visit the **Wellmark Drug List (Price and Save Tool)** under the pharmacy tab on myWellmark.com.

PRESCRIPTION DRUGS, INCLUDING MAINTENANCE PRESCRIPTIONS YOU TAKE THROUGHOUT THE YEAR	ESTIMATED NUMBER OF PRESCRIPTIONS
1. TIER 1 GENERIC DRUG PRESCRIPTIONS	
2. TIER 2 PREFERRED DRUG PRESCRIPTIONS	
3. TIER 3 NON-PREFERRED DRUG PRESCRIPTIONS	
4. TIER 4 LIMITED DRUGS	
5. SPECIALTY PREFERRED DRUGS	
6. SPECIALTY NON-PREFERRED DRUGS	

With this worksheet complete, continue to the **ONLINE HEALTH PLAN COMPARE TOOL**. In a few short steps you'll have a greater understanding of your estimated medical expenses, as well as your share of premiums for the upcoming plan year. Use the information to help evaluate which plan may be the best for your needs. 

 If you know how much you spent on visits or prescriptions last year, you can adjust the average cost to reflect your personal, past expenses.

 Nobody likes to get sick, but be sure to allow for a few extra medications throughout the year.

 Maintenance prescriptions taken monthly should be counted as 12.

Health Plan Compare tool: step by step

STEP 1

Visit the online **Health Plan Compare tool** with the link provided to you by your employer.

STEP 2

The first series of questions will help the tool understand your health insurance needs, select the answers that best describe you and your family. All information entered is anonymous and not shared with anyone, including your employer. Click “**next**” after questions are answered.

STEP 3

Answer additional questions, such as tobacco use and employer credits. Click “**next**” after questions are answered.

The image displays two screenshots of the Wellmark Health Plan Compare Tool interface. Both screenshots feature the Wellmark logo at the top left and a blue header with the text "(GROUP NAME HERE) HEALTH PLAN COMPARE TOOL".

The first screenshot shows a progress bar at 20%. Below the header, it says "PLEASE ANSWER THE FOLLOWING QUESTIONS" and "All Fields are Required". The questions are:

- "Please choose your location:" with a dropdown menu showing "Please Select".
- "Please select the salary range applicable to you:" with a dropdown menu showing "Please Select".
- "Who will need coverage?" with a note: "*May also include Domestic Partners as defined by the Plan. Check your Plan documents for additional details." Below this are four radio button options with icons: "SINGLE", "FAMILY*", "EMPLOYEE & SPOUSE*", and "EMPLOYEE & CHILDREN".

The second screenshot shows a progress bar at 50%. Below the header, it says "PLEASE ANSWER THE FOLLOWING QUESTIONS" and "All Fields are Required". The questions are:

- "Are you a tobacco user?" with radio buttons for "Yes" and "No".
- "Is your spouse eligible for health insurance coverage through his or her Employer?" with radio buttons for "Yes" and "No".
- A question about employer credits: "You are eligible for Employer Credits in the range of \$0 to \$500. Please enter the amount of credits you expect to receive." with a text input field containing "\$0".

At the bottom right of the second screenshot, there are "BACK" and "NEXT" buttons with circular arrows.

STEP 4

For the next series of questions, you will be asked to estimate medical and prescription drug costs for the plan year. Refer to the **Health Plan Compare worksheet** on page 3 and 4 to help you complete this section. If you are a current Wellmark member, you can also view your past claims on myWellmark.

Click “next” after the medical screen to see the pharmacy screen. Once you have entered your estimates, click “submit.” You’ll then see your plan options with the estimated, total annual cost.

Wellmark

SURVEY PROGRESS 75%

OFFICE VISITS AND MEDICAL SERVICES

Enter the estimated number of medical visits you and/or your family may require during the plan year. Note this tool assumes all medical visits are provided by in-network providers.

ONE WAY TO ESTIMATE USAGE IS TO ENTER HOW MANY TIMES YOU AND YOUR FAMILY USED COVERAGE LAST YEAR

Inpatient and outpatient services may be less common, but be sure to include if you know of an upcoming need for a medical procedure.

CURRENT MEMBER? INTERESTED IN LEARNING WHAT YOUR CLAIMS WERE LAST YEAR? Log in to myWellmark to view a year-to-date summary.

Routine or preventive office visits: <input type="text" value="4"/> Visits <small>Average per person per year: 1 visit</small>	Primary care office visits: <input type="text" value="4"/> Visits <small>Average per person per year: 3 visits</small>
Specialist office visits: <input type="text" value="2"/> Visits <small>Average per person per year: 2 visits</small>	Inpatient medical services: <input type="text" value="5"/> Visits <small>Average per person per year: 0 visits</small>
Outpatient medical services: <input type="text" value="2"/> Visits <small>Average per person per year: 1.5 visits</small>	Urgent care center: <input type="text" value="2"/> Visits <small>Average per person per year: 0 visits</small>
Emergency room: <input type="text" value="1"/> Visits <small>Average per person per year: 0.5 visits</small>	

[BACK](#)
[NEXT](#)

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SURVEY PROGRESS 100%

PRESCRIPTION DRUGS

Enter the estimated number of prescription drugs you and/or your family may require during the plan year. Maintenance prescriptions taken monthly should be counted as 12.

FOR HELP IN DETERMINING PRESCRIPTION DRUG TIERS AND COSTS, VISIT THE WELLMARK DRUG LIST.

Nobody likes to get sick, but be sure to account for a few extra medications throughout the year.

CURRENT MEMBER? INTERESTED IN LEARNING WHAT YOUR CLAIMS WERE LAST YEAR? Log in to myWellmark to view a year-to-date summary.

Tier 1: Generic Drug: <input type="text" value="16"/> <small>Average per person per year: 11 drugs</small>	Tier 2: Preferred Drug: <input type="text" value="7"/> <small>Average per person per year: 1 drug</small>
Tier 3: Non-Preferred Drug: <input type="text" value="2"/> <small>Average per person per year: 0.5 drugs</small>	Tier 4 Limited Drug: <input type="text" value="0"/> <small>Average per person per year: 0 drugs</small>
Specialty: Preferred Drug: <input type="text" value="0"/> <small>Average per person per year: 0 drugs</small>	Specialty: Non-Preferred Drug: <input type="text" value="0"/> <small>Average per person per year: 0 drugs</small>

[BACK](#)
[SUBMIT](#)

Health Plan Compare tool: step by step

STEP 5

The “Plan Options at a Glance” page will display a summary of your plan options and your total estimated annual costs. Click “printer-friendly” in the top left to print your options.

To make changes to your estimates, click “make changes.”

Try scenarios

It’s hard to know what your actual health care needs will be. Use the tool to try several different scenarios. Start by entering estimates based on a year with less visits and prescriptions. Once you calculate your total, estimated annual costs, try the tool again. This time, enter estimates as if you and your family were going to use significantly more services. Consider adding additional health care provider visits, more prescriptions and other out-of-pocket costs. Trying the tool with several scenarios can give you a better understanding of how your use of health care services can change your total, estimated annual costs. You may find that a particular plan appears more attractive, depending on the scenario.

NON-PREFERRED PLAN - <\$50K, NT, NSS	HMO PLAN - <\$50K, NT, NSS, IOWA ONLY	TRADITIONAL PPO - <\$50K, NT, NSS
Network: National MEDICAL Annual Deductible: \$3000 Out-of-Pocket Maximum: \$5000 Primary Care Office Visits: Deductible then 20% Coinsurance Specialist Office Visits: Deductible then 20% Coinsurance Urgent Care Center: Deductible then 20% Coinsurance Emergency Room: Deductible then 20% Coinsurance PRESCRIPTION DRUGS: Out-of-Pocket Maximum: NA Tier 1 Generics: Deductible then 20% Coinsurance Tier 2 Preferred: Deductible then 20% Coinsurance Tier 3 Non-Preferred: Deductible then 20% Coinsurance Tier 4 Limited Value: Deductible then 20% Coinsurance HSA Eligible? Yes** Plan type: Family	Network: Iowa MEDICAL Annual Deductible: \$1500 Out-of-Pocket Maximum: \$3000 Primary Care Office Visits: \$15 Copay Specialist Office Visits: \$30 Copay Urgent Care Center: \$30 Copay Emergency Room: \$200 Copay PRESCRIPTION DRUGS: Out-of-Pocket Maximum: \$2000 Tier 1 Generics: \$15 Copay Tier 2 Preferred: \$30 Copay Tier 3 Non-Preferred: \$50 Copay Tier 4 Limited Value: \$75 Copay HSA Eligible? No Plan type: Family	Network: National MEDICAL Annual Deductible: \$2000 Out-of-Pocket Maximum: \$4000 Primary Care Office Visits: \$15 Copay Specialist Office Visits: \$25 Copay Urgent Care Center: \$30 Copay Emergency Room: \$200 Copay then 20% Coinsurance PRESCRIPTION DRUGS: Out-of-Pocket Maximum: NA Tier 1 Generics: \$15 Copay Tier 2 Preferred: \$30 Copay Tier 3 Non-Preferred: Lesser of \$50 Copay or 20% Coinsurance Tier 4 Limited Value: Lesser of \$75 Copay or 20% Coinsurance HSA Eligible? No Plan type: Family
Bi-Weekly Premium \$75.00* Out-of-Pocket Health Care Expenses \$6,000** Estimated Annual Cost (Out-of-Pocket Expense plus Premium) \$6,950***	Bi-Weekly Premium \$100.00* Out-of-Pocket Health Care Expenses \$3,550** Estimated Annual Cost (Out-of-Pocket Expense plus Premium) \$5,650	Bi-Weekly Premium \$125.00* Out-of-Pocket Health Care Expenses \$4,000** Estimated Annual Cost (Out-of-Pocket Expense plus Premium) \$6,750



What do these numbers mean?

Cost is always an important factor in choosing your health care plan, but be sure to consider other factors as well. If you travel frequently or know you will need access to an out-of-network provider, think about the plan’s network. Also consider the timing of your health care needs. For example, if you are considering a high-deductible plan, but know you will need knee surgery at the beginning of your plan year, consider how you will set aside appropriate savings to cover your out-of-pocket costs.



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