

MODERNIZING YOUR BENEFITS

CUSTOMIZED FOR: _____ DATE: _____

PREPARED BY YOUR WELLMARK REPRESENTATIVE: _____

PHONE: _____ EMAIL: _____

As health insurance changes, benefits also need to advance. This document highlights some key benefits that are used minimally and may create member confusion as well as increase health plan costs. The benefits below are recommended to be removed or modified.

Benefit	Explanation	Recommendation
Per-day copay — office visit / ER / urgent care	Office visit copay applies to office / ER services and is subject to one copay per day of service, regardless of number of providers seen. Providers are unaware if a member has this benefit and if they have already paid the copay to another provider.	Move to one copay per provider/facility per date of service.
Common accident deductible	This benefit historically has limited usage and is rarely applicable.	Remove benefit.
Wellmark-to-Wellmark move for accumulators	Benefits accumulated transfer to a new employer, even if plan year / renewal month are not the same. This is an increased cost to the plan by having one employer deductible applied to another employer.	Remove benefit.
X-ray and lab deductible	The X-ray and lab deductible is waived for an outpatient facility when only X-ray or labs are billed.	Waive the deductible for all outpatient X-ray and labs or apply the deductible to all to reduce confusion.
Physical medicine guidelines	Physical medicine guidelines that have a hard limit may unintentionally impact a member's recovery/treatment. Allowing a medical review of a treatment plan restricts maintenance therapy and allows for additional visits if they are medically necessary.	Follow Wellmark standard benefit.
Fourth-quarter carry over	This benefit allows the member to receive deductible credit for deductible and/or coinsurance met in the fourth quarter of the current calendar/benefit year. This creates confusion, as the member still must meet the entire out-of-pocket maximum for the new calendar/benefit year.	Remove benefit.
Skilled nursing visit limit	Skilled nursing is a managed benefit and requires precertification. This allows for the right treatment option for the member. It is not an overused benefit.	Remove visit limit.
Medicare Part B	Medicare prime coverage members who are eligible for Medicare Part B, but elect not to take Medicare Part B, have benefits reduced by the benefit amount to which they are entitled, or could have been entitled, with enrollment under Medicare Part B. Large group health plans are always primary over Medicare when the member is actively enrolled; therefore, the group would pay the claims and Medicare would coordinate the care.	Remove benefit.

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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）。

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



Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Synergy Health, Inc., Wellmark Value Health Plan, Inc. and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.

For internal use only. Not for use with members or the general public.