AllianceSelect℠

Benefit Summary – Groups 51-100
Primary PPO Plan W7V
Non-Grandfathered Plan

Wellmark Iowa

An Independent Licensee of the Blue Cross and Blue Shield Association

Your plan allows you to receive care from any health care provider you choose, and when you choose a health care provider who participates in the Alliance Select or BlueCard PPO® network, you reduce your out-of-pocket expenses. Need help finding an in-network provider or have specific benefit questions? Visit us and register at *www.wellmark.com*, refer to your coverage manual or call the Customer Service number on your ID card.

Health Plan Basics	***In-Network Benefit***	***Out-of-Network Benefit***
Benefit Period Deductible *Amount you pay in a calendar year before benefits are available.*	$2,000 Single $6,000 Family	
Coinsurance *Percentage of medical expenses you pay after the deductible is met, until you reach your out-of-pocket maximum.*	30% coinsurance	40% coinsurance
Office Services *Amount you pay at the time you receive certain office-based services.* Primary Care Practitioner (PCP) Visits *Primary care practitioners include family, general, internal medicine, and advanced registered nurse practitioners; pediatricians; obstetricians/gynecologists; and physician assistants.* Non-Primary Care Practitioner (Non-PCP) Visits *All other practitioners are non-primary care practitioners.*	$25 copayment $50 copayment	40% coinsurance after deductible
Emergency Room *Amount you pay for emergency room and related facility and practitioner services.*	$250 copayment	Non-Emergency Services: 40% coinsurance after deductible Emergency Services*: $250 copayment
Out-of-Pocket Maximum (OPM) *Maximum amount you pay for covered services each calendar year. Deductible and coinsurance apply to OPM. Once your OPM is satisfied, most services are covered in-full through the end of the calendar year.*	$4,000 Single $12,000 Family	
Lifetime Maximum *Maximum amount each covered family member is eligible to receive under this plan for covered services in his or her lifetime.*	Unlimited	
BlueCard® Program for Care Outside Iowa	Provides coverage nationwide by using providers of the Blue Cross and/or Blue Shield plan in the area where you receive services. You must use an in-network provider to receive the highest benefit level.	
*Out-of-Network Emergency Services	Covered emergency services for medical conditions that a prudent layperson expects would otherwise result in death, permanent disability, or severe pain will be reimbursed as though services were received from a participating provider. You are responsible for any excess of the provider's billed charge over our settlement amount.	
Covered Benefits *When you receive these services, you pay:*	***In-Network Benefit***	***Out-of-Network Benefit***
Preventive Care Services • One physical exam per calendar year (includes gynecological exam) • One mammogram per calendar year • Immunizations • X-ray/labs • Pap smears • Prostate screening • Well-child care to age 7 (deductible waived)	No member cost share	40% coinsurance after deductible
Ambulance	30% coinsurance after deductible	40% coinsurance after deductible
Chiropractic Care • Exams • Manipulations, modalities, X-rays, etc.	$50 copayment	40% coinsurance after deductible
Contraceptives Injected and implanted contraceptives and contraceptive devices. (oral contraceptives are covered under your drug program, see Prescription Drugs) • Office services • Facility services	PCP: $25 copayment Non-PCP: $50 copayment 30% coinsurance after deductible	40% coinsurance after deductible

Covered Benefits *When you receive these services, you pay:*	***In-Network Benefit***	***Out-of-Network Benefit***
Emergency Room (if admitted, see Facility Services) • Facility services • Physician services	$250 copayment	Non-Emergency Services: 40% coinsurance after deductible Emergency Services*: $250 copayment
Facility Services • Inpatient hospital • Outpatient hospital (deductible waived for certain in-network X-rays/labs) • Nursing facility (90 days per calendar year)	30% coinsurance after deductible	40% coinsurance after deductible
Home/Durable Medical Equipment (20% coinsurance and deductible waived for in-network prosthetic limbs)	30% coinsurance after deductible	40% coinsurance after deductible
Home Health Care	30% coinsurance after deductible	40% coinsurance after deductible
Hospice Services (see Limitations)	30% coinsurance after deductible	40% coinsurance after deductible
Independent Lab Services	$25 copayment	40% coinsurance after deductible
Maternity Care • Physician services • Facility services	30% coinsurance after deductible	40% coinsurance after deductible
Mental Health/Chemical Dependency • Office visit • Inpatient/outpatient hospital	PCP: $25 copayment Non-PCP: $50 copayment 30% coinsurance after deductible	40% coinsurance after deductible
Office Services • Physician services • X-rays, labs, etc.	PCP: $25 copayment Non-PCP: $50 copayment	40% coinsurance after deductible
Physician Services • Inpatient facility care • Outpatient facility care	30% coinsurance after deductible	40% coinsurance after deductible
Prescription Drugs	Covered under Blue Rx Preferred℠ prescription drug program. Includes coverage for oral contraceptives, tobacco cessation, prenatal vitamins, and self-administered specialty drugs. Refer to your drug plan benefit summary for more information.	

Limitations

Copayments – Do not apply to the OPM, and are taken once per office practitioner or ER facility per date of service. Deductible and coinsurance do not follow copayment.

Dental Treatment for Accidental Injury – Limited to care completed within 12 months of the injury.

Hospice Respite – Limited to 15 days inpatient/15 days outpatient per lifetime.

Infertility – Diagnosis and treatment not covered.

Important Notes and Disclosures

This is a general description of coverage. It is not a statement of contract. Actual coverage is subject to terms and conditions specified in the coverage manual you will receive after you enroll and the enrollment regulations in force when the manual becomes effective. Certain exclusions and limitations apply.

Alliance Select and Blue Card PPO providers are classified by Wellmark as either Primary Care Providers or Non-Primary Care Providers. To determine whether the Primary Care Provider copayment or the Non-Primary Care Provider copayment applies, you should contact Customer Service in advance of receiving any services to determine your provider's classification for purposes of your copayment responsibility. The classification of providers in the Alliance Select health care provider directory does not control whether a provider is a Primary Care Provider or Non-Primary Care Provider. For example, a provider might be listed under multiple specialties in the provider directory, such as internal medicine or oncology, but may be classified by Wellmark as a Non-Primary Care Provider for purposes of your copayment responsibility.

Wellmark is not providing any legal advice with regard to compliance with the requirements of the Affordable Care Act ("ACA") and Mental Health Parity and Addiction Equity Act ("MHPAEA"). Regulations and guidance on specific provisions of the ACA and MHPAEA have been and will continue to be provided by the U.S. Department of Health and Human Services ("HHS") and/or other agencies. The information provided reflects Wellmark's understanding of the most current information and is subject to change without further notice. Please note that plan benefits, rates, renewal rate adjustments, and rating impact calculations are subject to change and may be revised during a plan's rating period based on guidance and regulations issued by HHS or other agencies. Wellmark makes no representation as to the impact of plan changes on a plan's grandfathered status or interpretation or implementation of any other provisions of ACA or MHPAEA. Any questions about Wellmark's approach to the ACA or MHPAEA may be referred to your Wellmark account representative. **Wellmark will not determine whether coverage is discriminatory or otherwise in violation of Internal Revenue Code Section 105(h). Wellmark also will not provide any testing for compliance with Internal Revenue Code Section 105(h). Wellmark will not be held liable for any penalties or other losses resulting from any employer offering coverage in violation of section 105(h).**