

Understanding your health benefits is the key to making educated health care decisions. Wellmark offers this summary to help you learn about your health plan coverage and the services that are typically covered or limited.

With your plan, you have three levels of service and your benefits will depend on the provider you choose. You begin by selecting a primary care provider (PCP) from the Wellmark Health Plan of Iowa network. Women may also select a network OB/GYN. Your plan allows you to receive services from your PCP, or any other health care provider, but your out-of-pocket costs will be lowest when you see your PCP. Need help finding an in-network provider or have 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	Level 1 Benefit Care coordinated by your designated Wellmark Health Plan of Iowa primary care provider (PCP) or OB/GYN, or at in-network facilities.	Level 2 Benefit Care from any Wellmark Health Plan of Iowa provider. Not applicable to facilities.	Level 3 Benefit Care from out-of-network providers or facilities.
Benefit Period Deductible <i>Amount you pay in a calendar year before certain benefits are available.</i>	\$100 Single \$200 Family		
Copayment – Office Services <i>Amount you pay at the time you receive certain office-based services. (Deductible waived.)</i>	\$15 copayment		20% coinsurance after deductible
Coinsurance <i>Percentage of medical expenses you pay after the deductible is met (unless otherwise noted), until you reach your out-of-pocket maximum.</i>	10% coinsurance		30% coinsurance
Out-of-Pocket Maximum (OPM) <i>Maximum amount you pay for covered services each calendar year. Copayments and coinsurance apply to OPM. Once your OPM is satisfied, most services are covered in-full through the end of the calendar year.</i>	\$500 Single \$1,000 Family		
Care Outside Iowa – BlueCard® program	Provides coverage for emergency and urgent care nationwide by using providers of the Blue Cross and/or Blue Shield Plan in the area where you receive services. Preventive care is not covered.		
*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 <i>When you receive these services, you pay:</i>	Level 1 Benefit	Level 2 Benefit	Level 3 Benefit
Office Services Physician services, X-rays, labs, etc.	\$15 copayment	\$15 copayment	30% coinsurance after deductible
Independent Lab Services	\$0 copayment	\$0 copayment	30% coinsurance after deductible
Preventive Care Services Care must be provided by your designated in-network Wellmark Health Plan of Iowa PCP or OB/GYN. <ul style="list-style-type: none"> Physical exam (one per benefit period) Gynecological exam (one per benefit period) Immunizations X-ray/labs Mammogram (one per benefit period) Pap smears Prostate screening Well-child care Smoking cessation counseling Obesity counseling/screening Child hearing and vision screening Hearing exams Colonoscopy 	No cost share	Not covered	Not covered
Vision – Routine Exam One per benefit period. Must be performed by PCP or in-network optometrist or ophthalmologist.	\$0 copayment		Not covered

Chiropractic Care Office Services	\$15 copayment	\$15 copayment	30% coinsurance after deductible
Mental Health/Chemical Dependency <ul style="list-style-type: none"> Office visit Independent lab Outpatient services Inpatient 	No cost share 10% coinsurance	No cost share 30% coinsurance	No cost share \$300 copayment per admission plus coinsurance
Maternity Care <ul style="list-style-type: none"> Physician services Facility services 	No cost share 10% coinsurance after deductible	No cost share 10% coinsurance after deductible	30% coinsurance after deductible
Contraceptives Injected and implanted contraceptives and contraceptive devices. (oral contraceptives are covered under your drug program, see Prescription Drugs) <ul style="list-style-type: none"> Office services Facility services 	\$15 copayment 10% coinsurance after deductible	\$15 copayment Not applicable	30% coinsurance after deductible
Prescription Drugs	Covered under Blue Rx Complete prescription drug program. Please refer to your drug plan benefit summary for cost information.		
Dental Treatment For accidental injury only, if initiated within 72 hours of the injury and completed within 30 days.	10% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible
Physician Services <ul style="list-style-type: none"> Inpatient hospital Outpatient hospital 	10% coinsurance no deductible 10% coinsurance after deductible	10% coinsurance no deductible 10% coinsurance after deductible	30% coinsurance after deductible 30% coinsurance after deductible
Facility Services <ul style="list-style-type: none"> Inpatient hospital Outpatient hospital Nursing facility 	No coinsurance no deductible \$25 copayment \$50 copayment	No coinsurance no deductible \$25 copayment \$50 copayment	\$300 copay per admission plus coinsurance 30% coinsurance after deductible 30% coinsurance after deductible
Ambulance	\$50 copayment	\$50 copayment	30% coinsurance after deductible
Emergency Room (if admitted, see Facility Services) Out-of-network non-emergency services are covered at Level III. <ul style="list-style-type: none"> Facility services Physician services 	10% coinsurance after deductible	10% coinsurance after deductible	Non-Emergency Services: 30% coinsurance after deductible
Home/Durable Medical Equipment (deductible waived for in-network prosthetic limbs)	\$50 copayment		30% coinsurance after deductible
Home Health Care (60 days per benefit period)	10% coinsurance after deductible		30% coinsurance after deductible
Hospice Services	20% coinsurance after deductible		30% coinsurance after deductible

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.

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).