WELLMARK IA SMALL GROUP PLAN COMPARISON

AVAILABLE NETWORKS

☐ **National:** Wellmark Blue PPO

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

☐ **Limited:** Wellmark Value Health Plan HMO Network

TRADITIONAL HEALTH PLAN OPTIONS

	PLANS		
Services	☐ EnhancedBlue℠ 2000 (Gold)	☐ CompleteBlue℠ 4000 (Silver)	☐ SimplyBlue℠ 5500 (Bronze)
Annual benefit—deductible Single Family	$2,000 $4,000	$4,000 $8,000	$5,500 $11,000
Coinsurance—member pays	20%	30%	50%
Annual benefit—out-of-pocket maximum (OPM) in-network	Single: $4,000 Family: $8,000	Single: $7,900 Family: $15,800	Single: $7,900 Family: $15,800
Preventive care screenings, immunizations	Free	Free	Free
Virtual visit	$25	$40	$50
Primary care office services	$25	$40	$50
Non-primary care office services	$50	$80	Deductible / coinsurance apply
Emergency room	$400	$500	Deductible / coinsurance apply
Prescription drugs—Blue RX Essentials	Tier 1: $15 Tier 2: $50 Tier 3: $125 Specialty preferred: $150 Non-preferred: $500	Tier 1: $30 Tier 2: $60 Tier 3: $125 Specialty preferred: $150 Non-preferred: $500	For all tiers, deductible / coinsurance apply

HIGH-DEDUCTIBLE HEALTH PLAN OPTIONS

	PLANS		
Plan Name	☐ myBlue HDHP℠ Gold	☐ myBlue HDHP℠ Silver	☐ myBlue HDHP℠ Bronze
Annual benefit—deductible[1] Single Family	$3,000 $6,000	$4,500 $9,000	$6,600 $13,200
Coinsurance—member pays	0%	0%	0%
Annual benefit—out-of-pocket maximum (OPM) in-network	Single: $3,000 Family: $6,000	Single: $4,500 Family: $9,000	Single: $6,600 Family: $13,200
Preventive care screenings, immunizations	Free	Free	Free
Virtual visit	Deductible applies	Deductible applies	Deductible applies
Primary care office services	Deductible applies	Deductible applies	Deductible applies
Non-primary care office services	Deductible applies	Deductible applies	Deductible applies
Emergency room	Deductible applies	Deductible applies	Deductible applies
Prescription drugs—Blue RX Essentials	Deductible applies	Deductible applies	Deductible applies

BLUESIMPLICITY PLAN OPTIONS

	PLANS		
Services	☐ BlueSimplicity℠ Gold	☐ BlueSimplicity℠ Silver	☐ BlueSimplicity℠ Bronze
Annual benefit—out-of-pocket maximum (OPM) in-network In-network	Single: $4,000 Family: $8,000	Single: $7,900 Family: $15,800	Single: $7,900 Family: $15,800
Level 1: Preventative care, Blue365® membership, BeWell 24/7℠	Free	Free	Free
Level 2: Primary care provider (PCP) office visit facility lab/X-ray , virtual visit	$25	$40	$75
Level 3: Non-PCP office visit, outpatient PT/OT/ST, home health care, durable medical equipment	$50	$80	$250
Level 4: Emergency room, ground ambulance, diagnostic imaging/studies and radiation therapy	$400	$500	$2,000
Level 5: Outpatient practitioner and facility	$2,000	$4,000	$5,500
Level 6: Hospitalization, air ambulance and skilled nursing facility	$3,000	$6,500	$7,900
Prescription drugs—Blue RX Essentials	Level 1 medications (preventive): Free Level 2: $20 Level 3: $75 Level 4: $150 Level 5: $500	Level 1 medications (preventive): Free Level 2: $30 Level 3: $200 Level 4: $300 Level 5: $500	Level 1 medications (preventive): Free Level 2: $75 Level 3: $250 Level 4: $350 Level 5: $500

CHOOSE A BLUE DENTAL PLAN

Plan details	☐ Option A	☐ Option B
Benefit year maximum—plan pays	$1,500	$2,000
Benefit year deductible	Single: $25 Family: $75	Single: $25 Family: 75
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%
Add Orthodontia	☐	☐

ADD AVĒSIS VISION COVERAGE

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