



# AllianceSelect<sup>SM</sup> Health Plans

FOR INDIVIDUALS AND FAMILIES

PLAN OPTIONS: COMPREHENSIVE, ENHANCED, AND VALUE

OUTLINE OF COVERAGE  
for Non-Grandfathered Plans

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You should read your policy carefully. This Outline of Coverage for Alliance Select health plans provides a brief description of the important features of your policy. This is not your policy. Only the actual benefit provisions in your policy will determine your benefits. The policy itself sets forth in detail the rights and obligations of both you and Wellmark Blue Cross and Blue Shield of Iowa.

## THEREFORE, IT IS IMPORTANT THAT YOU READ YOUR POLICY CAREFULLY.

Premium payments and service fees<sup>1</sup> may be made on a calendar month, calendar quarter, semi-annual calendar year or calendar year basis. For example:

Payment Frequency	Description
Monthly	Premium and service fee payment would be for the first day of the month through the last day of such month through electronic funds transfer (EFT) only.
Quarterly	Premium and service fee payment is made through electronic funds transfer (EFT) only. Standard quarterly periods are: <ul style="list-style-type: none"> <li>January 1 through March 31</li> <li>April 1 through June 30</li> <li>July 1 through September 30</li> <li>October 1 through December 31</li> </ul>
Semi-Annual	Premium and service fee payment would be for the calendar period of either: <ul style="list-style-type: none"> <li>January 1 through June 30, or</li> <li>July 1 through December 31</li> </ul>
Annual	Premium and service fee payment would be for January 1 through December 31 of the applicable year.

In any year in which there is a mid-year adjustment in the amount of premium(s) and/or service fee(s), the member will have the following obligation:

Payment Frequency	Obligation
Monthly	Monthly payments will continue to be made through electronic funds transfer (EFT) only. For monthly premium and service fee payments, any increase will be deducted from the member's designated account in the first month the increase becomes effective. For each month thereafter, the increased monthly premium and service fee will automatically be deducted.
Quarterly	Quarterly payments will continue to be made through electronic funds transfer (EFT) only. For quarterly premium and service fee payments, any increase for the remaining portion of a quarter will be deducted from the member's designated account in the month the increase becomes effective. For each quarter thereafter, the increased monthly premium and service fee will automatically be deducted.
Semi-Annual	For semi-annual payments, the member must pay a bill for a premium and service fee payment representing the difference between the new semi-annual premium and service fee amount and the amount previously paid for such period. The member also will be required to pay subsequent semi-annual premiums and service fee amounts that include the premium and service fee increase.
Annual	For an annual premium and service fee payment, the member must pay a bill for a premium and service fee payment that equals the difference between the new annual premium and service fee amount and the previously paid annual premium and service fee amount.

The amount of your periodic premium payment will change as provided in the policy and from time to time based on changes in your coverage, including but not limited to, changes in benefits, payment obligations (such as deductible, coinsurance and copayments), the number of covered family members, members' ages, changes in tobacco use status, or other factors that require adjustments to the total premium. These changes may occur at times other than an annual or other policy renewal.

If you elected to authorize automatic premium withdrawals from a deposit account, the automatic withdrawal will change periodically to correspond with the applicable premium. Your authorization for automatic premium withdrawals shall include authorization for automatic withdrawal of any changed amount unless you call or provide your bank with written notice not less than three (3) business days before a scheduled withdrawal to stop the payment. If you call your bank to stop payment, you may be required to provide a written request within fourteen (14) days after your call. You will be responsible for any fee assessed by your bank for stop-payment orders that you make.

<sup>1</sup> A component of your total cost is the service fee. This fee, charged on a monthly basis, reflects a portion of the administrative costs of reviewing, administering, and maintaining contracts.

# Terms to know

**Alliance Select network** is Wellmark's preferred provider organization (PPO) network. All Alliance Select health plans are supported by our extensive Alliance Select PPO network in Iowa, and through BlueCard PPO nationwide. Your out-of-pocket expenses may be less when seeking care from a PPO network provider.

**Deductible** is the fixed dollar amount you pay for most covered services before benefits are available during a benefit period. There are individual and family deductibles.

**Family deductible** can be met through any combination of family members. No one member will be required to meet more than the single deductible amount before he or she receives benefits for a covered service during a benefit period.

**Common accident deductible** is a special feature of Alliance Select *Comprehensive* and *Enhanced* plans. When two or more family members are involved in the same accident, and they receive covered services for injuries related to the accident only one individual deductible amount will apply to the accident-related services for all members involved.

**Carry-over deductible** applies to Alliance Select *Comprehensive* and *Enhanced* plans. Charges for covered services incurred in the last three months of the year that are used to meet the current year's deductible will carry over to meet the following year's deductible.

**Coinsurance** is the amount, calculated using a fixed percentage, you pay each time you receive services.

**The provider you choose affects how your coinsurance is calculated and is based on:**

- The billed charge for covered services received in an Alliance Select network provider's office.
- The payment arrangement amount minus deductible and contract limitations for all covered services provided by other providers in Iowa and South Dakota.
- The local Plan's payment arrangement amount minus deductible and contract limitations for covered services received outside of Iowa or South Dakota.

**Copayments** are specific dollar amounts you pay at the time you receive covered services.

**Out-of-Pocket Maximum (OPM)** is the amount you pay out of your pocket for most covered services during a benefit period. The deductible and coinsurance provisions, specific to your medical coverage, apply toward meeting the OPM. Copayments do not apply toward the OPM.

**Network savings** is the amount saved due to contracts Wellmark Blue Cross and Blue Shield of Iowa has with providers.

**Payment arrangements** are determined using various methods, including negotiated fees, based upon our contracting relationships with providers. These payment arrangements usually result in provider savings and can affect how your coinsurance is calculated.

**Types of payment arrangements are:**

- **Billed Charge** — The amount a provider bills for any services whether or not they are covered under your policy.
- **Covered Charge** — The amount a provider bills for services covered under your policy.
- **Maximum Allowable Fee** — The amount we establish, using various methods, for covered services.
- **Balance Billing** — The difference between a provider's charge and our maximum allowable fee for a specific service, procedure, or product. When you visit a non-participating provider, you are responsible for this difference. Balance billed amounts do not apply toward your deductible or out-of-pocket maximum and do not qualify for coinsurance benefits.

# AllianceSelect<sup>SM</sup>

**THE ALLIANCE SELECT PLANS** outlined here and detailed in the policies are designed to provide coverage for hospital, medical, and surgical expenses incurred as a result of a covered illness or injury. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, and out-of-hospital care. Covered services are subject to deductible, coinsurance and copayment provisions, or other limitations set forth in the policy.

This coverage is available to you (“single” coverage); or to you and your spouse or to your eligible dependent child (“two-person” coverage); to you and your spouse and/or eligible dependent children (“family” coverage); or to your dependents only (“child-only” coverage). A child-only policy is a single policy in which the primary applicant is age 18 or younger, or a policy of multiple siblings in which the primary applicant is the youngest child and is age 18 or younger. You will pay the premium and the service fee required for coverage directly to Wellmark.

## Office services received from an Alliance Select network provider

Under our *Comprehensive* and *Enhanced* plans, you are not required to pay any deductible amount for covered office services performed by an Alliance Select network provider (except for lab testing processed by a non-Alliance Select network provider). You are responsible for:

- Coinsurance amount of 10 percent of the network provider's billed charge (*Comprehensive* plans)
- Coinsurance amount of 20 percent of the network provider's billed charge (*Enhanced* plans)

Under our *Value* plans for covered office exams performed by an Alliance Select network provider, you are not required to pay any deductible amount. You are responsible for:

- \$20 copayment per exam at a primary care practitioner (PCP)<sup>1</sup> or
- \$40 copayment per exam at a non-primary care practitioner. All other related services are subject to deductible and coinsurance.

In addition, under the *Value* plans, for covered office services at an Alliance Select provider's office other than the office exam, you are responsible for:

- Benefit period medical deductible

- Coinsurance amount of 40 percent of the network provider's charge.
- Covered office services include office visits and consultations, x-rays, laboratory testing, minor surgery, and most outpatient x-rays and laboratory testing billed by an Alliance Select facility when your practitioner refers you to the facility.

**Note:** The deductible is not waived for CT scans, MRAs, MRIs, nuclear medicine, PET scans, radiation therapy and ultrasound.

## Office services received from a non-Alliance Select network provider

For covered office services received by a non-Alliance Select network provider, you are responsible for:

- Benefit period medical deductible
- Any difference between our maximum allowable fee and the provider's charge (applicable to non-participating providers only).

You are also responsible for:

- 30 percent of our maximum allowable fee (*Comprehensive* plans),
- 40 percent of our maximum allowable fee (*Enhanced* plans),
- 50 percent of our maximum allowable fee (*Value* plans).

<sup>1</sup> The in-network PCP office visit copay applies to chiropractors and Primary Care Practitioners. Primary Care Practitioners (PCP's) include Family Practitioners, General Practitioners, Internal Medicine Practitioners, Obstetricians/Gynecologists, Pediatricians, Physicians Assistants and Advanced Registered Nurse Practitioners. For purposes of your copayment responsibility, Alliance Select and BlueCard PPO providers are classified as either primary care practitioners or non-primary care practitioners. Before you receive office services from an Alliance Select or BlueCard PPO practitioner, call the customer service number on your ID card to determine your provider's classification. The classification of providers in the Wellmark Provider Directory does not determine whether a provider is primary care or non-primary care for purposes of your office exam copayment. For example, a provider might be listed under multiple specialties in the Provider Directory (such as internal medicine and oncology), but is classified as a non-primary care practitioner for purposes of your copayment.

## Plan comparison chart

Alliance Select Plan Name	Comprehensive					Enhanced						Value		
	500	1000	1500	3000	4500	750	1250	1850	2500	5500	9500	2000	5000	
Benefit Period														
Medical Deductible														
Single	\$500	\$1,000	\$1,500	\$3,000	\$4,500	\$750	\$1,250	\$1,850	\$2,500	\$5,500	\$9,500	\$2,000	\$5,000	
Two-person	\$1,000	\$2,000	\$3,000	\$6,000	\$9,000	\$1,500	\$2,500	\$3,700	\$5,000	\$11,000	\$19,000	\$4,000	\$10,000	
Family <sup>1</sup>	\$1,500	\$3,000	\$4,500	\$9,000	\$13,500	\$2,250	\$3,750	\$5,550	\$7,500	\$16,500	\$28,500	\$6,000	\$15,000	
Coinsurance — You Pay														
Alliance Select Providers	10%					20%						40% <sup>2</sup>		
Non-Alliance Select Providers	30%					40%						50%		
Benefit Period														
Out-of-Pocket Maximum														
Single	\$1,500	\$2,000	\$2,500	\$4,000	\$5,500	\$1,750	\$2,250	\$2,850	\$3,500	\$6,500	\$10,500	\$4,000	\$10,000	
Two-person	\$3,000	\$4,000	\$5,000	\$8,000	\$11,000	\$3,500	\$4,500	\$5,700	\$7,000	\$13,000	\$21,000	\$8,000	\$20,000	
Family <sup>1</sup>	\$4,500	\$6,000	\$7,500	\$12,000	\$16,500	\$5,250	\$6,750	\$8,550	\$10,500	\$19,500	\$31,500	\$12,000	\$30,000	
Office Services — You Pay												\$20/PCP, <sup>3</sup> \$40/Non-PCP applies to office exam only; other office services subject to deductible and 40% coinsurance		
Alliance Select Providers	10% coinsurance; deductible waived					20% coinsurance; deductible waived								
Non-Alliance Select Providers	Deductible; followed by 30% coinsurance					Deductible; followed by 40% coinsurance						Deductible; followed by 50% coinsurance		
Emergency Room (ER) Copayment	\$100 (waived if admitted as inpatient following ER visit)					\$150 (waived if admitted as inpatient following ER visit)						\$175 (waived if admitted as inpatient following ER visit)		
Preventive Care (including well-child care up to age 7)														
Alliance Select Providers	Covered. Deductible, copayments, and coinsurance waived.													
Non-Alliance Select Providers	Covered. Deductible, copayments, and coinsurance apply.													
Maternity Coverage	Covered					Complications only						Complications only		
Prescription Drugs — Blue Rx Preferred <sup>4</sup>														
Benefit Period Drug Deductible	\$0					\$0				\$200 <sup>5</sup> , waived for Tier 1		\$100 <sup>6</sup> , waived for Tier 1		
Tier 1 (generics)	Greater of \$8 or 25%					Greater of \$8 or 25%						Greater of \$8 or 25%		
Tier 2 (preferred brand names)	Greater of \$30 or 25%					Greater of \$30 or 25%						Greater of \$35 or 25%		
Tier 3 (non-preferred brand names)	Greater of \$45 or 25%					Greater of \$45 or 25%						Greater of \$50 or 25%		
Contraceptive coverage	Covered. Deductible, coinsurance and copayments waived on Tier 1 and Tier 2 contraceptives.													
Chiropractic Care	Covered					Covered						Covered		
Mental Health and Chemical Dependency Treatment	Covered; limited					Not covered						Not covered		
BlueCard® (out-of-state) Coverage	Yes					Yes						Yes		
Dental Coverage (Optional)	Available					Available						Available		
\$500 Supplemental Accident (Optional)	Available					Available						Available		

<sup>1</sup> The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible amount or out-of-pocket maximum to receive benefits for covered services during a benefit period.

<sup>2</sup> Prosthetic limbs are subject to a 20% coinsurance when using Alliance Select Providers.

<sup>3</sup> The in-network PCP office visit copay applies to chiropractors and Primary Care Practitioners. Primary Care Practitioners (PCP's) include Family Practitioners, General Practitioners, Internal Medicine Practitioners, Obstetricians/Gynecologists, Pediatricians, Physicians Assistants and Advanced Registered Nurse Practitioners. For purposes of your copayment responsibility, Alliance Select and BlueCard PPO providers are classified as either primary care practitioners or non-primary care practitioners. Before you receive office services from an Alliance Select or BlueCard PPO practitioner, call the customer service number on your ID card to determine your provider's classification. The classification of providers in the Wellmark Provider Directory does not determine whether a provider is primary care or non-primary care for purposes of your office exam copayment. For example, a provider might be listed under multiple specialties in the Provider Directory (such as internal medicine and oncology), but is classified as a non-primary care practitioner for purposes of your copayment.

<sup>4</sup> Preventive immunizations waive deductible, copayments and/or coinsurance when using the Blue Rx Preferred drug card.

<sup>5</sup> Benefit period drug deductible is \$200 single; \$400 two-person; \$600 family.

<sup>6</sup> Benefit period drug deductible is \$100 single; \$200 two-person; \$300 family.

# Benefits

## Approved hospital/health care facility services

Alliance Select health plans provide medically necessary services and supplies related to the treatment of an illness or injury as an inpatient in a facility.

Approved health care facilities include ambulatory surgical facilities, hospitals, and nursing facilities. *Comprehensive* plans also consider community mental health centers and facilities for treatment of chemical dependency to be approved health care facilities.

**Note:** Even though a facility may participate with the Alliance Select network, other providers within the facility, such as emergency room practitioners, anesthesiologists, home medical equipment suppliers, and others may not participate with the Alliance Select network. It is important to ask if the provider participates in the Alliance Select network before you receive covered services.

## Inpatient services

All Alliance Select plans cover:

- Accidental injury care
- Anesthetics and their administration
- Blood administration
- Chemotherapy services
- Complications of pregnancy
- Corneal grafts
- Dietary services
- Dressing and casts
- Drugs and biologicals
- Emergency care
- General nursing care
- Hemodialysis services
- Inhalation therapy
- Intravenous injections and solutions
- Medical and surgical supplies
- Occupational therapy to treat the upper extremities
- Physical therapy
- Rehabilitative speech therapy treatment (must be coordinated through home health services if provided through a home health agency)
- Room and meals, including private rooms when medically necessary
- Special care units, including burn, intensive, and cardiac care units

Alliance Select *Comprehensive* plans also include:

- Mental health and chemical dependency services (30-day maximum per benefit period)
- Routine maternity care, including delivery room

## Outpatient services

All Alliance Select plans cover:

- Accidental injury care
- Anesthetics and their administration
- Chemotherapy services
- Complications of pregnancy
- Corneal grafts
- Dressing and casts
- Drugs and biologicals
- Emergency care
- Hemodialysis services
- Inhalation therapy
- Intravenous injections and solutions
- Medical and surgical supplies
- Occupational therapy to treat the upper extremities
- Physical therapy
- Rehabilitative speech therapy treatment (must be coordinated through home health services if provided through a home health agency)
- Room and meals, including private rooms when medically necessary
- Special care units, including burn, intensive, and cardiac care units

Alliance Select *Comprehensive* plans also include:

- Mental health and chemical dependency services (30 visits maximum per benefit period)
- Routine maternity care, including delivery room

## Approved practitioner services

Approved practitioners include: advanced registered nurse practitioners, audiologists, chiropractors, dentists, doctors of osteopathy, medical doctors, occupational therapists, optometrists, oral surgeons, physical therapists, physician assistants, podiatrists, and speech pathologists.

For *Comprehensive* plans, clinical psychologists and licensed independent social workers are also approved practitioners.

**The following list describes approved practitioner services for all Alliance Select plans:**

- Accidental injury services
- Allergy testing and treatment
- Anesthetics and their administration
- Assisting surgeon services
- Chemotherapy
- Complications of pregnancy
- Concurrent care
- Consultation services
- Corneal grafts
- Certain dental services
- Emergency care
- Genetic testing and counseling in certain circumstances
- Hemodialysis services
- Medical services-other than surgical or obstetrical
- Musculoskeletal treatment
- Occupational therapy to treat the upper extremities
- Physical therapy
- Preventive care, including:
  - Contraceptive medical devices and injections. Oral contraceptives are covered under your drug policy.
  - Immunizations
  - One routine gynecological exam per member per benefit period
  - One routine mammography x-ray per member per benefit period. (Mammograms may be more frequent if recommended by your practitioner.)
  - One routine physical examination and related services per member per benefit period
  - Routine pap smears
  - Well-child care including physical exams, immunizations, and laboratory services until the child reaches the age of 7
- Radiation therapy
- Rehabilitative speech therapy treatment (must be coordinated through home health services if provided through a home health agency)
- Surgical services
- Tubal ligation/tubal implants
- X-ray and laboratory services including electrocardiograms, and ultrasound

**Alliance Select Comprehensive plans also include:**

- Infertility treatments (\$15,000 lifetime maximum)
- Routine maternity care (prenatal and postnatal)
- Temporomandibular joint syndrome (except dental extractions, dental restorations or orthodontic treatment)
- Vasectomy

**Organ transplant coverage**

Coverage is available under all Alliance Select plans for transplants of the heart, heart and lung, lung, pancreas, kidney, simultaneous pancreas/kidney, small bowel, and liver and for certain autologous and allogenic bone marrow/stem cell transfer transplants.

You should follow written prior approval requirements for all transplants, except kidney.

**Other covered services for all plans**

General anesthesia and hospital or ambulatory surgical facility services related to the provision of dental services, subject to any other restrictions on dental coverage under your benefits policy, if the member:

- is a child under age 14 who, based on a determination by a licensed dentist and the child's treating practitioner, has a dental or developmental condition for which patient management in the dental office has been ineffective and requires dental treatment in a hospital or ambulatory surgical facility; or
- has, based on a determination by a licensed dentist and the member's treating practitioner, one or more medical conditions that would create significant or undue medical risk for the member in the course of delivery of any necessary dental treatment or surgery if not rendered in a hospital or ambulatory surgical facility.

**Other medically necessary covered services and supplies related to the treatment of illness and injury include:**

- Ambulance services (professional air or ground)
- Home infusion therapy
- Home medical equipment, including wheelchairs and hospital beds that are purchased or rented
- Home skilled nursing, limited to 100 visits (*Comprehensive* and *Enhanced* plans) or 60 visits (*Value* plans) per member per benefit period if given by a registered nurse (R.N.) or licensed practical nurse (L.P.N.) from an agency accredited by the Joint Commission for Accreditation of Health Care Organizations (JCAHO) or a Medicare-certified agency, and if coordinated by a case manager.
- Oxygen and equipment
- Prescription drugs and medicines covered under the Blue Rx Preferred managed prescription drug program
- Prosthetic appliances

*Continued on next page*



### Home health services

Coverage includes care provided by an agency accredited by the Joint Commission for Accreditation of Health Care Organizations (JCAHO) and/or a Medicare-certified agency. Services must be prescribed by a practitioner, approved by our case manager, and not more costly than alternative services that would be effective for diagnosis and treatment of your condition.

Covered services and supplies include (see limitations on Page 9):

- Home health aide services
- Home skilled nursing visits, limited to 100 visits (*Comprehensive* and *Enhanced* plans) or 60 visits (*Value* plans) per member per benefit period if given by a registered nurse (R.N.) or licensed practical nurse (L.P.N.) from an agency accredited by the Joint Commission for Accreditation of Health Care Organizations (JCAHO) or a Medicare-certified agency, and if coordinated by a case manager
- Inhalation therapy
- Medical equipment and supplies
- Medical social services
- Most prescription drugs and medicines
- Occupational therapy to treat the upper extremities
- Oxygen and equipment
- Parenteral and enteral nutrition
- Physical therapy
- Prosthetic appliances and braces
- Rehabilitative speech therapy treatment provided through a home health agency must be coordinated through home health services. Speech therapy benefits are not available for the treatment of certain developmental learning or communication disorders, such as stuttering and stammering.

### Hospice services

Coverage is provided to terminally ill patients with a life expectancy of six months or less. Covered hospice services include the same services as described under home health services as well as respite care from a facility approved by Medicare or JCAHO. Respite care offers rest and relief help for the family caring for a terminally ill patient.

### Supplemental accident option

If you chose the \$500 supplemental accidental injury benefit on your application for coverage and you have paid the specific premium for this benefit, you have supplemental accidental injury benefits in the dollar amount specified in your benefits policy. If this supplemental accidental injury benefit applies to you and you are injured accidentally and are treated within 90 days of the accident, covered charges related to such treatment are not subject to a copayment, deductible or coinsurance until after the covered charges exceed the supplemental accidental injury benefit amount.

This supplemental accidental injury benefit is applied to covered charges relating to an accidental injury in the order in which such charges are received by us for payment up to the supplemental accidental injury benefit amount specified in your benefits policy. In the event that your benefits policy already covers such charges, the supplemental accidental injury benefit will not be available. The supplemental accidental injury benefit applies only to hospital services, practitioner services, services of a registered nurse (R.N.), x-ray and laboratory services.

You do not have supplemental accidental injury benefits for disease or infection (except pyogenic infection caused by an accidental cut or wound), services or supplies excluded by your benefits policy, or dental treatment, if currently listed in your benefits policy as not covered for supplemental accidental injury.



# Limitations

Your Alliance Select coverage is limited as follows:

## Pre-existing condition exclusion period

Anyone listed on the application who is 19 or older will have an exclusion period of 365 days from the date your policy begins for all pre-existing conditions, including maternity. However, the exclusion period for pre-existing conditions is waived if:

- You have qualifying previous coverage as defined in your policy, and
- Your qualifying previous coverage was continuous within 63 days prior to the date when your new coverage began.

The pre-existing exclusion period will be waived for individuals under age 19.

**Note:** These plans are medically underwritten. When you apply for one of these plans, we will do one of the following:

- Approve coverage; or
- Offer coverage at a substandard (higher) premium; or
- Deny coverage (Individuals under 19, listed on the application, will not be denied coverage).  
Wellmark will only accept child-only applications during the annual open enrollment period.

## Cosmetic surgery

Coverage is limited to corrective surgery that has the primary purpose of restoring function lost or impaired as a result of an illness or accidental injury, or birth defect.

## Breast reconstruction after a mastectomy

If you have a mastectomy and elect breast reconstruction in connection with the mastectomy, you are covered for the following:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of the mastectomy.

## Home skilled nursing/nursing facilities

- Home Skilled Nursing is limited to 60 visits per person per benefit period for *Value* plans.
- Home Skilled Nursing is limited to 100 visits per person per benefit period for *Comprehensive* and *Enhanced* plans.
- Number of days in a nursing facility is limited to 30 days per person per benefit period for the *Value* plans.
- Number of days in a nursing facility is limited to 90 days per person per benefit period for the *Comprehensive* and *Enhanced* plans.

## Treatment of mental health conditions and chemical dependency (MH/CD)

Only *Comprehensive* plans provide coverage for mental health and chemical dependency treatment subject to these limitations:

- Inpatient coverage for mental health and chemical dependency is limited to 30 days for each covered person in a benefit period.
- Outpatient coverage for mental health and chemical dependency is limited to 30 visits for each covered person in a benefit period.
- You are not covered for residential treatment of mental health conditions or chemical dependency. Residential treatment means treatment of mental health conditions or chemical dependency is treatment for severe, persistent, or chronic mental conditions or chemical dependency; provided in a 24-hour residential setting; involves therapeutic intervention and specialized programming with a high degree of structure and supervision; includes training in basic skills, such as social skills and activities of daily living; and does not require daily supervision of a practitioner.

## Infertility treatment

Only *Comprehensive* plans provide coverage for services or supplies related to the diagnosis or treatment of female or male infertility. Coverage is limited to a lifetime maximum of \$15,000 per covered person. Coinsurance for infertility services does not apply to your out-of-pocket maximum and continues even when your out-of-pocket maximum is met.

## Respite care

Benefits for respite care are limited to a lifetime maximum of 15 days for inpatient and 15 days for outpatient care. Benefits must be used in increments of five days or less.

# Exclusions

The following services are excluded or are not considered medically necessary by Wellmark Blue Cross and Blue Shield of Iowa and will not be covered in these Alliance Select policies:

## Counseling

All Alliance Select plans exclude coverage for:

- Bereavement counseling or services
- Certain developmental and learning disorders
- Certain disorders of early childhood (such as academic underachievement disorder)
- Communication disorders (such as stuttering and stammering)
- Impotence, except as the result of a physical illness or injury
- Impulse-control disorders (such as pathological gambling)
- Marriage and family counseling
- Nicotine dependence
- Sensitivity, shyness and social withdrawal disorder
- Sexual identification or gender disorders (including sex-change surgery)

Alliance Select *Enhanced* and *Value* plans also exclude:

- Chemical dependency treatment
- Treatment for mental health conditions

## Fertility, infertility and maternity

All Alliance Select plans exclude coverage for:

- Infertility treatment following sterilization
- Services provided for the collection of donor semen, oocytes, or the services of a surrogate parent
- Sterilization reversal

The *Enhanced* and *Value* plans also exclude:

- Abortion
- Infertility treatment
- Male sterilization
- Maternity services, except for complications of pregnancy

## Miscellaneous

All Alliance Select plans exclude coverage for:

- Anesthesia, local or topical when not billed with a surgical procedure, except anesthesia related to the provision of certain dental services as specified and limited in the policy
- Arch supports
- Blood, purchase of
- Complications of a non-covered procedure (except pregnancy for *Enhanced* and *Value* plans)
- Dental services except as specified and limited in the policy
- Elastic stockings and bandages
- Hearing aids and exams
- Investigational treatment
- Maxillary and mandibular implants
- Motor vehicle special equipment
- Non-medical services
- Personal convenience items
- Rehabilitative speech therapy treatment that is not coordinated through home health services when the services are received through a home health agency. Speech therapy benefits are not available for the treatment of certain developmental learning or communication disorders, such as stuttering and stammering
- Services furnished to you prior to the date your policy begins
- Travel or lodging costs
- Vision care
- Wigs

The *Enhanced* and *Value* plans also exclude:

- Temporomandibular joint syndrome

## Organ transplants

All Alliance Select plans exclude coverage for:

- Expenses for purchase of any organ
- Mechanical or non-human organs
- Transplant services or supplies other than heart, heart and lung, lung, pancreas, kidney, simultaneous pancreas/kidney, small bowel, liver, or bone marrow/stem cell transfers
- Transportation of a living organ donor

## Provider types

These providers are excluded on all Alliance Select plans:

- Athletic trainer
- Provider, if an immediate family member

The *Enhanced* and *Value* plans also exclude:

- Community mental health centers
- Facilities for the treatment of chemical dependency
- Licensed independent social workers
- Psychologists

## Covered by other programs or laws

All Alliance Select plans exclude coverage for:

- Military-related injury
- Services and supplies that are covered or could have been covered under Workers' Compensation laws
- Services or supplies when someone else has the legal obligation to pay for your care
- Services or supplies when you are entitled to claim benefits from governmental programs (except Medicaid)

## Therapy, self-motivation, and other programs

All Alliance Select plans exclude coverage for:

- Acupuncture
- Cosmetic services and supplies
- Custodial or sanitarium care or rest cares
- Educational or recreational therapy
- Massage therapy
- Occupational therapy supplies
- Rehabilitative speech therapy that is not coordinated through home health services when services are received through a home health agency. Speech therapy benefits are not available for the treatment of certain developmental learning or communication disorders, such as stuttering and stammering
- Self-help or self-cure programs
- Services and supplies as an inpatient provided primarily for diagnostic evaluation, physical therapy, or occupational therapy
- Weight-reduction programs

## Additional exclusions

- Routine foot care
- Routine periodic physical or health examinations, immunizations or screening procedures that are performed solely for school, sport, employment, insurance, licensing, or travel

# BlueRx Preferred<sup>SM</sup> drug coverage

Most prescription drugs are covered under Blue Rx Preferred, your managed drug program, not under your health policy. Wellmark contracts with Catamaran<sup>TM</sup>, a full-service pharmacy benefit management company that provides integrated pharmacy benefit services to customers nationwide, to be our pharmacy benefit manager.

Wellmark members who have their prescriptions filled by any of the more than 65,000 participating pharmacies nationwide<sup>1</sup> — whether in or out-of-state — will have their claims filed electronically by the pharmacy. In addition, network pharmacies have point-of-sale computer access to current information to screen for duplicate therapies or interactions with drugs dispensed by other network pharmacies.

## Blue Rx Preferred prescription drug card plan

Blue Rx Preferred is the name of your prescription drug plan. When filling a prescription, it is important to show your Wellmark ID card to confirm that the pharmacy participates in the network that supports Blue Rx Preferred. The Rx BIN number is on your Wellmark ID card.

The pharmacist uses this Rx BIN number to file your claim electronically and to determine how much you pay when picking up your prescription. If you choose to get a prescription from an out-of-network pharmacy, you will need to submit a paper claim in order to receive reimbursement, and you will be responsible for any difference between the negotiated price and the pharmacy's billed charge plus any copayment or coinsurance amount.

## Understanding drug tiers

Drugs are categorized into tiers according to whether they are generic (Tier 1) or brand name (Tier 2 or Tier 3) drugs.

## Three levels of payment

With the Alliance Select *Comprehensive*, *Enhanced*, and *Value* plans you have a three-tier Blue Rx Preferred plan. With a three-tier Blue Rx Preferred plan, the amount you pay for prescriptions depends on whether the drug is on the first, second or third tier of the Wellmark Drug List.

- You'll have the lowest copayment for drugs on the first tier, Tier 1 (consists of most generic drugs).
- You'll have an intermediate copayment for drugs on the second tier, Tier 2 (consists of preferred brand name drugs and branded generic drugs.) Many

drugs appear on this tier because they have no generic equivalent.

- You'll have the highest copayment for drugs on the third tier, Tier 3 (consists of all other brand name drugs including non-preferred brand name drugs). Many drugs appear on this tier because they have reasonable alternatives on Tier 1 and Tier 2.

## Covered drugs

- Drugs dispensed by a pharmacist from a licensed retail pharmacy including preventive immunizations and the administration of preventive immunizations.
- Insulin and insulin-related supplies such as needles, syringes, test strips, and lancets.
- Most prescription drugs that bear the legend, "Caution, Federal Law prohibits dispensing without a prescription."
- Oral contraceptive drugs that fall under Tier 1 and Tier 2 will waive member cost-share.
- Prescription drugs that are prescribed by a practitioner legally authorized to prescribe.

## Non-covered drugs and services

- Cosmetic drugs
- Drugs determined to be abused or otherwise misused by you
- Growth hormones
- Impotence, except as the result of a physical illness or injury
- Investigational drugs
- Irrigation solutions and supplies
- Most nutritional supplements
- Most over-the-counter products, including nutritional dietary supplements; however, certain over-the-counter products prescribed by a physician may be covered as determined by Wellmark
- Self-administered injectable drugs that are generally covered under your health benefits policy; however, insulin, Imitrex, and EpiPen are covered under your prescription drug program
- Self-help or self-cure programs
- Smoking cessation drugs
- Therapeutic devices or medical appliances
- Weight-reduction drugs

<sup>1</sup> Catamaran<sup>TM</sup>, October 2012

## Refills

You may not receive benefits for a refill if sufficient time has not elapsed since the last prescription was written. Sufficient time means that at least 75 percent of the medication has been taken according to the instructions given by the practitioner. You may also be denied a refill in certain circumstances. Consult your Blue Rx Preferred benefits policy for a complete list.

You are allowed one early refill per medication per calendar year if you will be away from home for an extended period of time. If traveling within the United States, the refill amount will be subject to any applicable quantity limits under your Blue Rx Preferred benefits policy (see the Summary of Payment section). If traveling outside the United States, the refill amount will not exceed a 90-day supply.

## Quantity limitations

Drugs covered under your benefits policy may be limited per month, benefit period, or lifetime by specific quantity limitations. These limitations are determined by Wellmark based on medical necessity. For a list of drugs subject to quantity limitations, or to determine whether a drug you are taking is subject to prior authorization, visit our website at Wellmark.com or check with your pharmacist or practitioner.

## Generic drugs

Your copayment is lower when you purchase Tier 1 or generic drugs. If you purchase brand-name drugs when an FDA-approved Tier 1 generic is appropriate and available, you are responsible for the copayment or coinsurance plus the difference between the maximum allowable fee amount for the brand-name drug and the maximum allowable fee amount for the generic drug. This is true even if your practitioner prescribes the brand-name drug.

## Retail prescription drugs

You are covered for a 30-day supply.

## Mail-order prescription drugs

You are covered for up to a 90-day supply of maintenance drugs through Wellmark's contracted mail order vendor. You are responsible for your deductible (*Value* plans and specified *Enhanced* plans) then two copayments for a 31-day to 90-day supply.

## Wellmark Drug List

Often there is more than one medication available to treat the same medical condition. The Wellmark Drug List is a list of safe and cost-effective medications that serves as a guide to practitioners when deciding which medications to prescribe for their patients. The Wellmark Drug List was developed by a local committee of practitioners and pharmacists in cooperation with our contracted pharmacy benefit manager. The list suggests medications a practitioner might prescribe when there is a choice of medications to treat the same condition. This list is continually revised to reflect changes in the drug industry. Practitioners are not limited to prescribing only the drugs that appear on the Wellmark Drug List. Practitioners may prescribe any medication, and that medication will be covered unless it is specifically excluded from your benefits policy.

Depending upon your plan, however, your copayment may be higher for drugs that are listed on the second or third tier.

## Rebates

Using the Wellmark Drug List helps manage the overall cost of prescription medications by promoting the use of more cost-effective drugs. Drug manufacturers sometimes offer rebates to pharmacy benefit managers based on the inclusion of their drugs on the drug list and associated utilization. We expect to receive rebates from our contracted pharmacy benefit manager. The rebates we receive as a result of your prescription claims processed by our pharmacy benefit manager will be retained by Wellmark Blue Cross and Blue Shield of Iowa and applied first to reduce the costs of administering the pharmacy program. The rebates will not be allocated to your specific claims, and they will not be considered when determining your benefit period deductible, copayment, or coinsurance amount.

## Prior authorization

Certain drugs listed on the Wellmark Drug List are covered by your benefits policy only with prior authorization. Prior authorization allows us to verify that the drug is medically necessary and part of a specific treatment plan. Your practitioner must call us to obtain prior authorization.

You have the right to one full and fair review in case of an adverse decision in response to a prior authorization request. An adverse decision is one that denies or reduces benefits. You (or your authorized representative, if you have designated one) may appeal an adverse decision.

# BlueDental<sup>SM</sup> Coverage

Dental coverage is available through the Blue Dental Program. This optional coverage offers benefits for diagnostic and preventive care, restorative care, oral surgery, endodontics and periodontics.

When you first apply for one of our Alliance Select plans, you will have the opportunity to choose Blue Dental coverage. Following our acceptance of your application and issuance to you of the Alliance Select and Blue Dental policies, if you decide to terminate the policies, you will not be eligible for a medical policy with the same deductible. You may apply for a medical policy with a different deductible amount, subject to our applicable medical underwriting guidelines, and can add Blue Dental at any time.

## Blue Dental network

When you're in the Blue Dental service area, which includes the entire state of Iowa, visit a dentist who participates in the dental network.

## National Dental GRID network

If you reside or travel outside the Blue Dental service area, you can visit a dentist who is part of the national GRID+ network. The GRID+ network includes more than 82,000 unique dentists.<sup>1</sup> Just show your ID card to the participating dentist or provider to receive the same advantages you receive when visiting a Blue Dental provider.

## Covered services

### Check-ups and teeth cleaning

- Dental cleaning/prophylaxis
- Oral evaluations
- Periodontal maintenance cleaning
- Space maintainers — for dependent children under age 15
- Topical fluoride applications — for dependent children under the age of 19
- Topical sealant applications — for eligible dependent children under age 15; permanent first and second molars in a lifetime
- X-rays

## Cavity repair and tooth extractions

- Emergency treatment for the relief of pain or infection of dental origin
- General anesthesia/sedation billed by the operating dentist for covered oral surgery
- Limited occlusal adjustment
- Restoring decayed or fractured teeth
- Routine and complex extractions

## Major restorative (crowns)

- Endodontics — root and pulp treatment
- Periodontics — gum and bone treatment

## Exclusions

- Bridges
- Cosmetic procedures
- Dentures
- Implants
- Orthodontics
- Sealants on primary teeth or wisdom teeth

<sup>1</sup> GRID Dental Corporation (GDC), 2012

	Your Payment Options
<b>Benefit Year Deductible</b> (Applies to all services except diagnostic and preventive)	\$50 Single/\$100 Two-person/\$150 Family
<b>Benefit Year Maximum</b>	\$1,000 per person covered
<b>Diagnostic and Preventive</b>	20% coinsurance
<b>Basic Restorative:</b> Fillings, extractions, oral surgery (6-month waiting period before benefits are available)	20% coinsurance
<b>Major Restorative:</b> Crowns (12-month waiting period before benefits are available)	50% coinsurance
<b>Endodontics</b> (root canals and pulp treatment)	50% coinsurance
<b>Periodontics</b> (gum and bone treatment)	50% coinsurance
<b>Prosthodontics</b> (bridges and dentures)	Not covered

# BlueCard® program (out-of-state coverage)

This program, offered by all Blue Cross and Blue Shield Plans around the world, gives you a simple means to save money — no matter where you live or travel in the United States and numerous other countries. When you need medical attention, all you have to do is show your ID card to a provider who participates with the local Blues Plan.

## When you use a BlueCard PPO provider:

- You pay the applicable deductible, copayment or coinsurance amount.
- You'll get Blue Plan PPO-provider negotiated prices.
- Your claims will be processed at the Alliance Select in-network coinsurance level.
- Participating providers have agreed not to collect from you any difference between their billed charge and the negotiated charge.
- More than 90 percent of all hospitals and 80 percent of doctors in the United States contract with Blue Cross and Blue Shield (BCBS) Plans. Outside the United States, members have access to doctors and hospitals in more than 200 countries and territories around the world through the BlueCard Worldwide® Program.<sup>1</sup>
- Participating providers and many non-participating providers will honor your ID card and file your claims for you.
- BlueCard providers do not handle notification requirements for you.

## Laboratory services, home/durable medical equipment, or prosthetic devices outside of Iowa or South Dakota:

- Before receiving laboratory services, home/durable medical equipment, or prosthetic devices, ask your provider to use a provider that has a contractual arrangement with the Blue Plan where you received services, purchased/rented equipment, or shipped equipment. If the provider does not have a contractual relationship with the Blue Plan, that provider will be considered a nonparticipating provider and you will be responsible for any difference between the amount charged and our amount paid for the covered service.

<sup>1</sup> Blue Cross and Blue Shield Association, 2011



# Notification requirements

The following are notification requirements you or your Alliance Select network provider should follow to receive the maximum benefits available under your policy.

## Precertification

The purpose of precertification is to determine whether a service or admission meets the medical necessity criteria of your benefits policy. If you choose to have these services performed even though we were unable to certify the medical necessity of the services, you will be responsible for the charges.

For a complete list of the services subject to precertification, visit [Wellmark.com](http://Wellmark.com) or call the Customer Service number listed on your ID card.

You, your Alliance Select provider, or someone acting on your behalf must contact us to precertify your admission.

If you do not notify us for precertification as required, the benefits may be reduced if they are medically necessary, covered benefits. They may be denied if not medically necessary or not covered under your policy. The amount of any reduction for failure to obtain authorization will not be more than \$500.00 per admission. You are subject to this benefit reduction only if you (not your provider) are responsible for notification.

Reduced or denied amounts that are the result of failure to follow proper notification requirements will not be applied to your out-of-pocket maximum.

You may appeal our decision to deny or reduce benefits.

## Continued stay review

Continued Stay Review is a review of your care when you are in a hospital, nursing facility, or other health facility or when you use home health services, hospice services, or home infusion therapy. Wellmark Blue Cross and Blue Shield of Iowa will initiate the review. If it is determined your current level of care is no longer medically necessary, we will notify you, your attending practitioner and the facility 24 hours before your benefits for services end.

**Note:** We will notify you of the date when coverage for services ends. We will not provide benefits for services received after this date.

## Prior approval

Before you receive treatment for certain services, supplies, or procedures, prior approval is required. Alliance Select providers in Iowa and South Dakota will request prior approval for you. If you receive care from a participating or nonparticipating provider in Iowa or South Dakota or any provider outside of Iowa or South Dakota, you are responsible for obtaining the prior approval.

Prior approval helps determine whether a proposed treatment plan is medically necessary, and is a covered benefit under the policy. Without prior approval for certain services, we cannot confirm that a proposed treatment plan is a benefit of your policy. If prior approval is requested and approved by Wellmark, the service will be approved for a specific time period. (Even if you receive prior approval for a service, inpatient admissions may be subject to inpatient admission notification.)

For a complete list of services for which prior approval is required, or to ask about any other service, call the phone number listed on your ID card or visit [Wellmark.com](http://Wellmark.com).

# General provisions

**Eligibility:** You are eligible to apply for Alliance Select coverage if you are a resident of Iowa, under 65 years of age, and not eligible for Medicare. If you become enrolled in Medicare during the term of this benefits policy, this benefits policy will provide benefits secondary to Medicare unless application of federal law determines this benefits policy must provide benefits primary to Medicare. If you are applying for child-only coverage, any child(ren) age 18 and under listed on the application is eligible for child-only coverage during the open enrollment period (July 1 – August 14) or due to a qualifying event that occurs outside of the open enrollment period (August 15 – June 30) as long as he/she is not enrolled in or eligible for other coverage<sup>1</sup> at the time of the effective date of coverage.

## Coverage renewability

- Coverage is automatically renewed by payment of your premium and service fee in advance.
- A grace period of 31 days will be granted for the payment of each premium and service fee due after the first premium and service fee. During this grace period, your policy will continue in force.
- We may terminate your policy if: (1) you fail to pay your premium and service fee when due; or (2) there is fraudulent use of your policy.
- When you no longer qualify as a dependent or spouse under this policy, you may obtain coverage from Wellmark Blue Cross and Blue Shield of Iowa with no additional underwriting if you apply for a plan with equal or lesser benefits within 31 days of the date you become ineligible.

## Medicare eligibility

When you become eligible for Medicare, you may convert to one of our Medicare Supplement plans without answering health questions if you still reside in Iowa, and you have Medicare Parts A and B, and you apply during your six-month guaranteed enrollment period.

## Medicare enrollment

If you become enrolled in Medicare during the term of this benefits policy, this benefits policy will provide benefits secondary to Medicare unless your employer contributes toward the premiums and/or service fees or otherwise sponsors this benefits policy in which case this benefits policy may be required by federal law to provide benefits primary to Medicare.

## Subrogation

Once you receive benefits under your Alliance Select policy arising from an illness or injury, we will assume any legal right you have to collect compensation, damages, or any other payment related to that illness or injury. We will assume all rights for recovery, to the extent of our payment, regardless of whether our payment is made before or after settlement of

any third-party claim, and regardless of whether you have received full or complete compensation for any injury or illness. You and your covered family member(s) agree to notify us if you have the potential right to receive payment from someone else and to cooperate with us to ensure that our rights to subrogation are protected. We reserve the right to offset any amounts owed to us against any future claim settlement amounts.

## Coordination of benefits

Coordination of benefits applies when you have more than one insurance policy or plan that provides the same or similar benefits as this policy, including other individual or group sponsored coverage in which you are enrolled.

Benefits payable under this policy, when combined with those paid under your other coverage, will not be more than 100 percent of either our payment arrangement amount or the other plan's payment arrangement amount. The method we use to calculate the payment arrangement amount may be different from your other plan's method.

Notwithstanding the foregoing provisions on coordination of benefits, Wellmark will always pay as though it is the primary carrier when you use your ID card for prescription drugs purchased at a pharmacy.

## Other information

- A reduced premium rate is available for persons who do not currently use tobacco products and have not used tobacco products for a minimum of 12 consecutive preceding months.
- Premium rates for a specified individual are determined by the base premium rate for the block of business that reflects the actual and anticipated experience for all policies included in the block. Base premium rates are adjusted to reflect the particular benefit plan chosen as well as age, sex, tobacco use, and health status.

<sup>1</sup> Other coverage includes Group Health coverage or other creditable coverage (not including HIPIOWA, HIPIOWA-FED, Medicaid, or **hawk-i**)

# Health and wellness programs

Helping you maintain or improve your health is important. That's why Wellmark Blue Cross and Blue Shield of Iowa is more than just a health insurance company — we are people helping people. In support of your health care coverage, we provide programs and services with your health and wellness needs in mind.

## Personal Health Assistant 24/7

Getting answers to health care questions just got easier. By calling a toll-free hotline, we can provide a direct connection to specially trained health professionals who can provide tools and support your needs.

- **Care Navigation 24/7** — provides help in locating health care resources and understanding medical treatments.
- **Decision Support 24/7** — provides support to assist you in making wise health care decisions.
- **Nurse Support 24/7** — provides advice on urgent care concerns.

## Pregnancy Care program

Our Pregnancy Care program provides valuable information and support for moms-to-be and new mothers, from the first trimester through the early weeks of parenthood. This program provides resources to help all expecting mothers better understand and manage their pregnancy. The goal is to help moms-to-be avoid complications and preterm birth, as well as provide nurse support for high-risk pregnancies.

## Complex Case Management program

Our Complex Case Management program is designed to provide you with long-term health care needs resulting from extreme illness or injury. You, your practitioner, and the hospital work with our case managers to identify and arrange treatment plans in an effort to meet your special needs and to assist in preserving your health insurance benefits.

Wellmark may from time to time make available to you certain health support services for a fee or for no fee. Wellmark may offer financial and other incentives to you to use such services. As part of the provision of such services, Wellmark may: (1) use your personal health information (including but not limited to: substance abuse, mental health, and AIDS/HIV information), and (2) disclose such information to your health care providers and Wellmark's vendors, for purposes of providing such services to you. When using such information, Wellmark will do so according to the terms of Wellmark's Privacy Practices Notices, which can be accessed at [Wellmark.com/footer/HIPAA-AS.aspx](http://Wellmark.com/footer/HIPAA-AS.aspx). Wellmark may also, from time to time, make available to you certain value-added benefits for a fee or no fee. Examples include, discounts on alternative/preventive therapies, fitness, exercise and diet assistance and elective procedures, as well as resources to help you make more informed health decisions.



*This is a general description of coverage for non-grandfathered plans. It is not a statement of contract. Actual coverage is subject to the terms and conditions specified in the policy itself and enrollment regulations in force when the policy becomes effective.*

## If you have questions or need additional information:

Please call your agent or Wellmark Blue Cross and Blue Shield of Iowa.



Wellmark Blue Cross and Blue Shield of Iowa  
P.O. Box 9232  
Des Moines, IA 50306-9232  
[Wellmark.com](http://Wellmark.com)

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