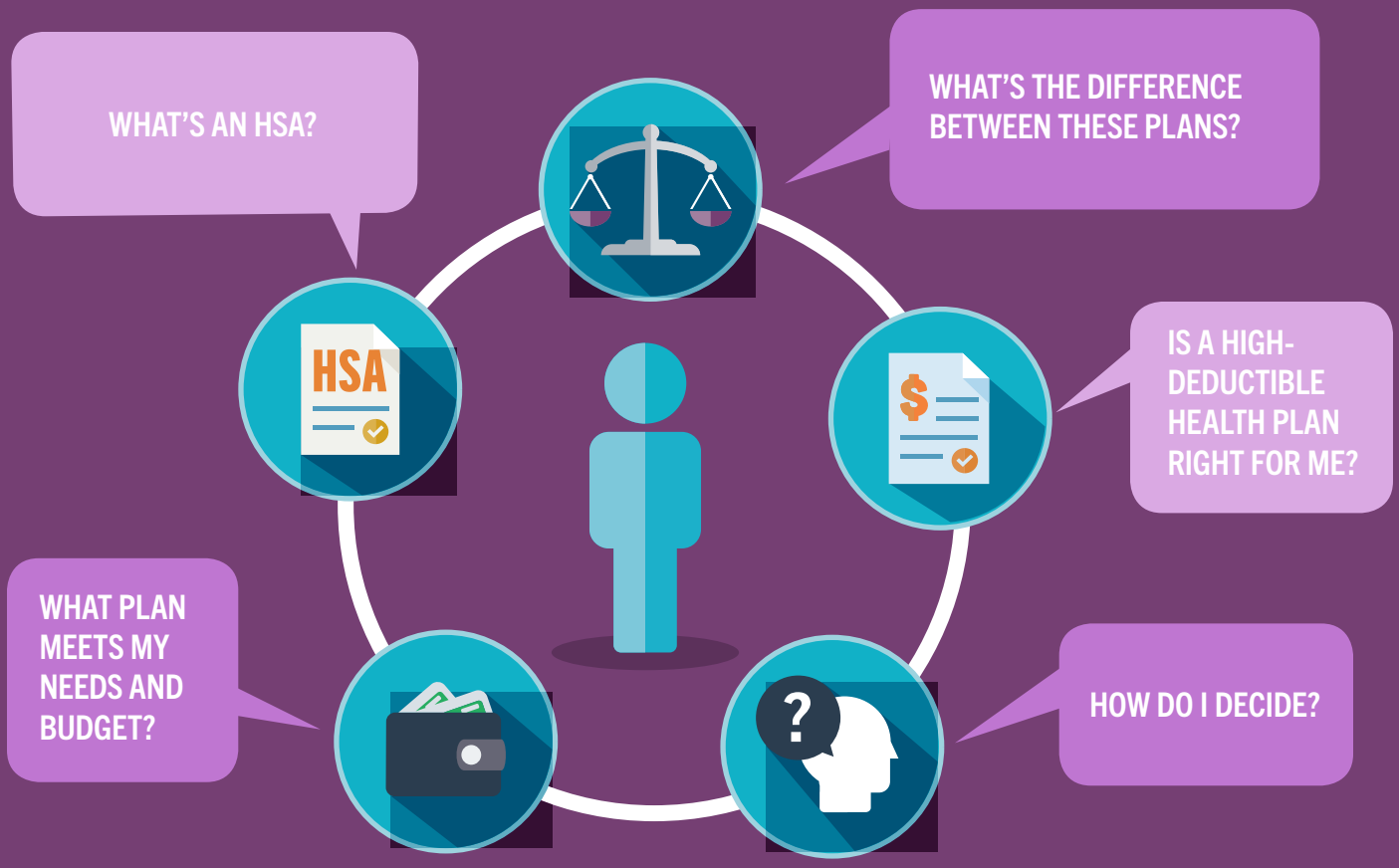
Understand your benefits.
EDUCATION MATTERS

Wellmark®

GET THE HEALTH INSURANCE THAT'S RIGHT FOR YOU

2016 SOUTH DAKOTA INDIVIDUAL AND FAMILY PLANS



Please read before you make your health plan selection

FIND THE PLAN THAT BEST FITS YOUR NEEDS.

Wellmark South Dakota

Picking a new health insurance plan can be overwhelming. But with the help of this guide, you'll know some key questions to ask yourself, so you can enroll in a health plan that best fits your life. You'll also find important information about different types of coverage to help you find a Wellmark Blue Cross and Blue Shield plan that meets your personal needs.

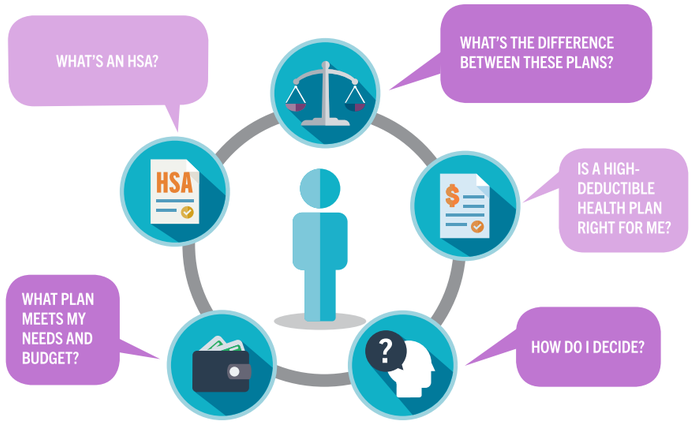
By choosing Wellmark, you can feel confident joining the thousands of South Dakotans who have already picked a Wellmark Blue Cross and Blue Shield plan. We've been providing trusted coverage and customer service to South Dakotans for more than 65 years, and look forward to serving you.

INSIDE:

DECODING THE JARGON

Before choosing your health plan, understand these key terms.

- **Premium** — What you'll pay each month for your health insurance benefits.
- **Coinsurance** — Your share of the costs for a covered health care service, calculated as a percent. You must typically reach your deductible before your coinsurance applies. Depending on your plan benefits, however, your deductible may be waived.
- **Copay** — A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service.
- **Deductible** — The amount you owe for covered health care services before your health plan begins to pay. Some plans waive the deductible for certain services, which means your benefits kick in immediately.
- **Out-of-pocket maximum (OPM)** — The most you pay during a policy period (usually a year) before your health plan begins to pay 100 percent of the allowed amount. This doesn't include your premium, or the cost for health care your health plan doesn't cover.
- **Personal doctor**— The provider you choose as your personal family physician at the time you enroll in your Wellmark health plan. Choosing a personal doctor can lead to better health outcomes because he/she knows your family history, oversees all treatments, manages chronic conditions, knows your prescriptions, helps you have a healthy lifestyle and assists with coordinating care.
- **Primary care provider (PCP)** —A type of provider that delivers primary care. PCPs include family practitioners, general practitioners, internal medicine practitioners, obstetricians/gynecologists, pediatricians, physicians assistants, advanced registered nurse practitioners, physical therapists and occupational therapists.
- **Metallic tiers** — Due to the Affordable Care Act (ACA), the federal government created four categories of coverage or "metallic tiers". Plans are assigned a metallic tier (Bronze, Silver, Gold or Platinum) based on the portion of claims paid by the insurer. Metallic tiers make it easier for you to compare plans and, typically, the more coverage a plan offers, the more you'll pay in premiums. At Wellmark, we have plans for individuals and families in the Bronze, Silver and Gold tiers.
- **In-network** — An in-network provider is one who has an agreement with Wellmark to provide services to members for a negotiated rate. Using providers that are in-network means you'll pay less out of your own pocket for care, saving you money.
- **Out-of-network** — An out-of-network provider does not have an agreement with Wellmark to provide services to members at a negotiated rate. If you use an out-of-network provider, you'll pay more out-of-pocket for services than if you used an in-network provider. You may also be responsible for paying the difference between the amount a provider charges for the service and the maximum amount that Wellmark will pay for that procedure or service.
- **Benefit year** — A 12-month period of benefits coverage under your health plan. For individual and family plans, this runs Jan. 1 to Dec. 31. You'll see this term with regards to the OPM accumulations. Amounts you spend out-of-pocket for applicable covered items and services from Jan. 1 to Dec. 31 will go toward the OPM.
- **Open Enrollment Period (OEP)** — The OEP is the yearly time period when you can make adjustments to your health coverage for the next year.
- **Special Enrollment Period (SEP)** — An SEP is a window of time when you can apply for health coverage or make a change to your current coverage due to a qualifying life event. Qualifying life events are major changes like getting married, having a baby or losing coverage through a move or job loss. The only way you can change your coverage outside of the OEP is through an SEP.



NARROWING YOUR OPTIONS

Consider these important questions when choosing a plan.

When looking at your plan options, remember to not only consider your potential costs for today, but also the costs of the future. Remember that costs are more than just your monthly premium. Out-of-pocket expenses come from things like deductibleamounts, copayments and coinsurance for doctor visits, hospital stays, lab work, prescription drugs, and emergency room visits.

1. **Copay vs. coinsurance: Which is right for you?**
   - If you like a predictable cost each time you get a covered service, a copay plan may be right for you. With copay plans, you'll know exactly how much it will cost you for in-network office services.
   - If you're interested in engaging in your health care, a coinsurance plan may be better for you. With this type of plan, you'll pay a percentage of the cost for a particular service or procedure.
2. **Are you interested in potentially saving money on your taxes or saving for your retirement?** Choosing a myBlue HSA℠ plan and putting dollars in a tax-advantaged health savings account (HSA) to pay for qualified medical expenses is one way to keep your premium down. Plus, the funds you put into your HSA are generally tax deductible.
3. **What components of a health plan contribute to the total out-of-pocket cost?**
   - Monthly premiums are a large part of the overall cost of health insurance. What you pay each month on premiums does not go toward your deductible or out-of-pocket maximum (OPM), but should be considered when picking a health plan.
   - Deductibles for in-network and out-of-network services are another part of your total costs. A plan with a higher deductible may save you money in monthly premiums, but you may have to cover a larger portion of your health care services before benefits begin.
   - OPMs also affect your costs. Typically, the higher the OPM, the lower the monthly premium.
4. **Are your prescriptions covered at the cost-share level you want to pay?** Every plan covers prescription drugs a little differently. Before choosing a plan, be sure to understand the different tiers of the Blue Rx Essentials℠ drug plan. For a quick overview of the tiers, turn to page 12 of this guide. You can also easily search for your specific prescription drug on Wellmark.com. Just look for the Wellmark Drug List.

Wellmark helps you feel secure through the "what ifs"

You may be healthy today, but what happens if you have a health issue tomorrow? When considering a plan from Wellmark, make sure you're comfortable with how much you may have to pay out-of-pocket for health care costs if the "what if" happens. Either way, Wellmark's plans help you feel confident knowing you'll be able to get the health care you need when and where you need it.

COPAY PLANS

$ = **Premium**

Plan Name	Metallic Tier / Your Premium	Network Type	Annual Benefit — Deductible[1]	Coinsurance		Annual Benefit — Out-of-Pocket Maximum[1]		Lifetime Benefit Maximum	Office Services		Inpatient Services/Outpatient Surgery		Maternity Services		Emergency Room Care	Prescription Drugs — Blue Rx Essentials℠
				In-network	Out-of-network	In-network	Out-of-network		In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network		
EnhancedBlue℠ 500 PPO Single / Family[2]	**GOLD** – $$$ $ _____	PPO	$500 / $1,000	20%	40%	$4,850 / $9,700	$7,850 / $15,700	Unlimited	PCP[3]: $30 copay Non-PCP: $60 copay	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	$250 copay *(waived if admitted)*	Deductible waived Tier 1: $5 — Tier 2: $35 Tier 3/Preferred specialty: $70 Non-preferred specialty: 50% coinsurance
EnhancedBlue℠ 1250 PPO Single / Family[2]	**GOLD** – $$$ $ _____	PPO	$1,250 / $2,500	20%	40%	$3,100 / $6,200	$6,200 / $13,400	Unlimited	PCP[3]: $20 copay Non-PCP: $40 copay	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	$300 copay *(waived if admitted)*	Deductible waived Tier 1: $5 — Tier 2: $35 Tier 3/Preferred specialty: $70 Non-preferred specialty: 50% coinsurance
CompleteBlue℠ 3000 PPO Single / Family[2]	**SILVER** – $$ $ _____	PPO	$3,000 / $6,000	30%	50%	$6,350 / $12,700	$9,350 / $18,700	Unlimited	PCP[3]: $35 copay Non-PCP: $70 copay	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	$350 copay *(waived if admitted)*	Deductible waived Tier 1: $5 — Tier 2: $35 Tier 3/Preferred specialty: $70 Non-preferred specialty: 50% coinsurance
CompleteBlue℠ 4000 PPO Single / Family[2]	**SILVER** – $$ $ _____	PPO	$4,000 / $8,000	40%	50%	$6,250 / $12,500	$9,500 / $18,500	Unlimited	PCP[3]: $40 copay Non-PCP: $70 copay	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	$350 copay *(waived if admitted)*	Prescription Drug Deductible: $250 / $500[2] *(waived for Tier 1)* Tier 1: $5 — Tier 2: $35 Tier 3/Preferred specialty: $70 Non-preferred specialty: 50% coinsurance
SimplyBlue℠ 5000 PPO Single / Family[2]	**BRONZE** – $ $ _____	PPO	$5,000 / $10,000	50%	50%	$6,850 / $13,700	$9,850 / $18,700	Unlimited	PCP[3]: $50 copay Non-PCP: Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply
SimplyBlue℠ 5600 PPO Single / Family[2]	**BRONZE** – $ $ _____	PPO	$5,600 / $11,200	50%	50%	$6,850 / $13,700	$9,850 / $18,700	Unlimited	$50 copay for two office exams	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply

ALAN
Age: Mid 20s
Status: Single

As a young adult, you may not go to the doctor more than a couple times a year. However, you also may not have the disposable income to pay for medical costs if a catastrophic event happens. **That's why you may want to consider benefit-rich plans with a monthly premium you can build into your budget:**

- CompleteBlue 3000 PPO *(See above)*
- EnhancedBlue 1250 PPO *(See above)*
- CompleteBlue℠ 2500 PPO *(See page 8)*

How do copay and coinsurance amounts work with my plan?

With a copay plan, you'll have a certain amount you have to pay out-of-pocket for regular doctor visits and prescription drugs. Your deductible is typically waived for these services. Deductible and coinsurance may still apply for major services like surgery or hospitalization. With coinsurance plans, you'll see coinsurance amounts for regular doctor visits and prescription drugs. Like copay plans, your deductible is typically waived for these services.

[1] Both in-network and out-of-network services apply toward a single deductible. However, out-of-pocket costs for in-network services apply to the in-network out-of-pocket maximum only. Out-of-pocket costs for out-of-network services apply to the out-of-network out-of-pocket maximum only.

[2] The 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 to receive benefits for covered services during a benefit period.

[3] The primary care office copay applies to family practitioners, general practitioners, internal medicine practitioners, obstetricians/gynecologists, pediatricians, physicians assistants and advanced registered nurse practitioners. This lower office copays also applies to in-network chiropractors and in some cases mental health or chemical dependency visits. All other in-network practitioners are subject to the non-primary care office copay. The copay applies per practitioner, per date of service.

COPAY MAX PLANS

$ = **Premium**

Plan Name	Metallic Tier / Your Premium	Network Type	Annual Benefit — Deductible[1]	Coinsurance		Annual Benefit — Out-of-Pocket Maximum[1]		Lifetime Benefit Maximum	Office Services		Inpatient Services/ Outpatient Surgery		Maternity Services		Emergency Room Care	Prescription Drugs — Blue Rx Essentials℠
				In-network	Out-of-network	In-network	Out-of-network		In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network		
EnhancedBlue Max℠ 2750 PPO Single / Family[2]	**GOLD** – $$$ $ _____	PPO	$2,750 / $5,500	0%	20%	$2,750 / $5,500	$5,500 / $10,000	Unlimited	PCP[3]: $25 Copay Non-PCP: $50 Copay	Deductible and coinsurance apply	Deductible applies	Deductible and coinsurance apply	Deductible applies	Deductible and coinsurance apply	$300 copay *(waived if admitted)*	Deductible waived Tier 1: $5 Tier 2: $35 Tier 3/Preferred specialty: $70 Non-preferred specialty: 50% coinsurance
CompleteBlue Max℠ 5000 PPO Single / Family[2]	**SILVER** – $$ $ _____	PPO	$5,000 / $10,000	0%	50%	$5,000 / $10,000	$8,000 / $15,000	Unlimited	PCP[3]: $30 Copay Non-PCP: $60 Copay	Deductible and coinsurance apply	Deductible applies	Deductible and coinsurance apply	Deductible applies	Deductible and coinsurance apply	$350 copay *(waived if admitted)*	Deductible applies *(waived for Tier 1)* Tier 1: $5 Tier 2, Tier 3/Preferred specialty, Non-preferred specialty: Deductible applies

MIKE AND DEBRA

Age: Mid 30s
Status: Married with two children

Families with children at home may be looking for an easy-to-understand plan with straightforward copays for doctor visits. **That's why you may want to consider:**

- EnhancedBlue Max 2750 PPO *(See above)*
- CompleteBlue℠ 3000 PPO *(See page 4)*
- EnhancedBlue℠ 1250 PPO *(See page 4)*

What makes Copay Max plans different?

Copay Max plans eliminate coinsurance for services like in-network office visits and emergency room care. Instead of paying a percentage for these services, you'll have a copay. Plus, your out-of-pocket maximum (OPM) and your deductible are the same for in-network services, so you only have to keep track of your OPM. Once you reach your OPM, your plan pays 100% of the allowed amount.

[1] Both in-network and out-of-network services apply toward a single deductible. However, out-of-pocket costs for in-network services apply to the in-network out-of-pocket maximum only. Out-of-pocket costs for out-of-network services apply to the out-of-network out-of-pocket maximum only.

[2] The 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 to receive benefits for covered services during a benefit period.

[3] The primary care office copay applies to family practitioners, general practitioners, internal medicine practitioners, obstetricians/gynecologists, pediatricians, physicians assistants and advanced registered nurse practitioners. This lower office copays also applies to in-network chiropractors and in some cases mental health or chemical dependency visits. All other in-network practitioners are subject to the non-primary care office copay. The copay applies per practitioner, per date of service.

COINSURANCE PLANS

$ = Premium

Plan Name	Metallic Tier / Your Premium	Network Type	Annual Benefit — Deductible[1]	Coinsurance		Annual Benefit — Out-of-Pocket Maximum[1]		Lifetime Benefit Maximum	Office Services		Inpatient Services/Outpatient Surgery		Maternity Services		Emergency Room Care	Prescription Drugs — Blue Rx Essentials℠
				In-network	Out-of-network	In-network	Out-of-network		In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network		
CompleteBlue℠ 2500 PPO Single / Family[2]	**SILVER** – $ $ $ _____	PPO	$2,500 / $5,000	30%	50%	$6,700 / $13,400	$9,700 / $18,500	Unlimited	Deductible waived Coinsurance applies	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	Deductible and coinsurance apply	$350 copay *(waived if admitted)*	Deductible applies (waived for Tier 1) Tier 1: $5 Tier 2, Tier 3/Preferred specialty, Non-preferred specialty: deductible applies

HIGH-DEDUCTIBLE HEALTH PLANS

$ = Premium

Plan Name	Metallic Tier / Your Premium	Network Type	Annual Benefit — Deductible[1]	Coinsurance		Annual Benefit — Out-of-Pocket Maximum[1]		Lifetime Benefit Maximum	Office Services		Inpatient Services/ Outpatient Surgery		Maternity Services		Emergency Room Care	Prescription Drugs — Blue Rx Essentials℠
				In-network	Out-of-network	In-network	Out-of-network		In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network		
myBlue HSA℠ 2000 PPO Single / Family[3]	**GOLD** – $ $ $ $ _____	PPO	$2,000 / $4,000	0%	20%	$2,000 / $4,000	$4,000 / $8,000	Unlimited	Deductible applies	Deductible and coinsurance apply	Deductible applies	Deductible and coinsurance apply	Deductible applies	Deductible and coinsurance apply	Deductible applies	Deductible applies
myBlue HSA℠ 3350 PPO Single / Family[3]	**SILVER** – $ $ $ _____	PPO	$3,350 / $6,700	0%	30%	$3,350 / $6,700	$6,700 / $13,400	Unlimited	Deductible applies	Deductible and coinsurance apply	Deductible applies	Deductible and coinsurance apply	Deductible applies	Deductible and coinsurance apply	Deductible applies	Deductible applies
myBlue HSA℠ 5950 PPO Single / Family[3]	**BRONZE** – $ $ _____	PPO	$5,950 / $11,900	0%	40%	$5,950 / $11,900	$9,500 / $18,500	Unlimited	Deductible applies	Deductible and coinsurance apply	Deductible applies	Deductible and coinsurance apply	Deductible applies	Deductible and coinsurance apply	Deductible applies	Deductible applies

JOE
Age: Mid 50s
Status: Single and looking forward to retirement.

Some Wellmark health plans may help you save for medical costs and your future. A high-deductible health plan, paired with HSA contributions, can earn interest and be invested, so it's a great way to save. Interest and investment earnings are generally not subject to federal income tax. Any remaining balance you have in your HSA rolls over each year. Also, if you plan to travel in the coming years, it's important to have a plan that keeps you covered. **That's why you may want to consider:**

- myBlue HSA 3350 PPO *(See above)*
- myBlue HSA 5950 PPO *(See above)*
- CompleteBlue℠ 3000 PPO *(See page 4)*

What makes myBlue HSA plans different?

Wellmark's myBlue HSA plans are actually qualified high-deductible health plans (HDHPs). They're different from any other health plan because they don't include copayments and coinsurance for in-network services. That means you pay the full cost for care (excluding preventive care) and prescriptions until you reach your deductible. With a qualified HDHP, you can open a health savings account (HSA). These are savings accounts you can use to set aside money and then withdraw funds from, generally on a tax-free basis. You can use this money to pay for qualified medical expenses, like doctor's office visits and prescription drugs. Any interest gained is also typically not subject to federal income tax.

[1] Both in-network and out-of-network services apply toward a single deductible. However, out-of-pocket costs for in-network services apply to the in-network out-of-pocket maximum only. Out-of-pocket costs for out-of-network services apply to the out-of-network out-of-pocket maximum only.
[2] The 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 to receive benefits for covered services during a benefit period.
[3] For the myBlue HSA bronze and silver health plans, no one member will be required to meet more than the single deductible. For the myBlue HSA gold health plan, the entire family deductible must be met before benefits are payable.

UNDERSTANDING YOUR BENEFITS

No matter which plan you choose, feel secure knowing you are always covered with Essential Health Benefits (EHBs).

1. Preventive and wellness service and chronic disease management
2. Prescription drugs
3. Pediatric services, including vision and dental care
4. Ambulatory patient services
5. Emergency services
6. Hospitalization
7. Laboratory services
8. Maternity and newborn care
9. Mental health and substance use disorder services, including behavior health treatment
10. Rehabilitative and habilitative services and devices

PREVENTIVE BENEFITS

At Wellmark, we design our insurance plans with you in mind. All of the plans available in this booklet cover preventive care from in-network and participating providers at no cost to you. Preventive services include things like physical exams, immunizations and screenings.

PRESCRIPTION DRUG BENEFITS

All plans have the Blue Rx Essentials℠ drug plan to help cover your medication costs.

LEVELS OF BENEFITS

- **Drug Tier 1: Most affordable drugs**
  Includes most generics and select brand name drugs.
- **Drug Tier 2: Preferred drugs**
  Drugs are listed as preferred because they have been proven to be effective and favorably priced compared to other drugs that treat the same condition.
- **Drug Tier 3: Preferred specialty and non-preferred drugs**
  - *Preferred specialty* drugs have been proven to be effective and favorably priced compared to other drugs that treat the same condition.
  - *Non-preferred* drugs have not been found to be any more cost effective than preferred brands.
- **Non-preferred specialty drugs**
  Non-preferred specialty drugs have not been found to be any more cost effective than preferred specialty brands.

To find out which tier your specific prescription drug is on, visit Wellmark.com and click Wellmark Drug List.

PEDIATRIC BENEFITS

Children, under age 19, covered as a dependent under your plan are now protected with vision and dental benefits. For myBlue HSA plans where the deductible and out-of-pocket maximum (OPM) are equal, once the deductible/OPM are reached, there's no additional cost to you for pediatric benefits.

PEDIATRIC VISION — Wellmark's pediatric vision benefits are administered through Avēsis[1], Wellmark's preferred vision vendor.

- Benefits are available for children under age 19. Your deductible is waived for all plans except myBlue HSA. myBlue HSA plans will waive the deductible for routine vision exams only.
- **The details**
  - One routine vision exam per benefit year at no cost
  - One frame and one pair of lenses per benefit year or contact lenses instead of frames and lenses
    - Up to $130 for one frame per benefit year *(80% coinsurance for covered charges more than $130)*
    - Up to $130 per benefit year for non-medically necessary contact lenses *(85% coinsurance for covered charges more than $130)*
    - Medically necessary contact lenses

PEDIATRIC DENTAL — Wellmark's pediatric dental benefits are administered by Delta Dental[2] of South Dakota, Wellmark's pediatric dental vendor.

- Benefits are available for children under age 19. Your deductible is waived for all plans except myBlue HSA. myBlue HSA plans will waive the deductible for diagnostic and preventive services only.
- **The Details**
  - Diagnostic and preventive services *(twice per benefit year for cleaning and fluoride applications including X-rays)* — 0% coinsurance
  - Basic restorative services *(cavity repair, silver amalgams, tooth colored composites, simple extractions, and care of abscesses)* — 40% coinsurance
  - Endodontics and periodontics *(root canals, gum and bone disease)* — 60% coinsurance
  - Major restorative *(crowns, onlays and oral surgery)* — 60% coinsurance
  - Medically necessary orthodontics *(correction of birth defect or anomaly)* — 60% coinsurance
  - Prosthodontics *(dentures, bridges and implants)* — 60% coinsurance

[1] Wellmark's pediatric vision coverage is administered by Avēsis, an independent company providing network and claims administration on behalf of Wellmark for the pediatric vision benefits.

[2] Wellmark's pediatric dental coverage is administered by Delta Dental, an independent company providing network and claims administration on behalf of Wellmark for the pediatric dental benefits.

What else is covered?

Here's a high-level look at what's covered by Wellmark's health plans. You will receive a complete list with your policy manual once you enroll in a Wellmark plan. For detailed cost information, look at your Summary of Benefits and Coverage (SBC).

- Physician services
  - Anesthesia services
  - Physician office and outpatient visits
  - Radiology
  - Pathology and other diagnostic services
  - Surgery and surgical assistance
  - Inpatient hospital visits
- Physician office services
  - X-ray, laboratory and pathology services performed in the physician's office
  - Supplies used to treat the covered person during the visit
  - Hearing exams due to illness or injury
  - Eye exams due to illness or injury
  - Allergy testing
- Organ and tissue transplants
  - Heart
  - Kidney
  - Liver
  - Lung
  - Pancreas
  - Small bowel
  - Simultaneous pancreas/kidney
  - Bone marrow/stem cell transfers
- Diabetes outpatient self-management training and patient management from an approved provider
- Physical, occupational or speech therapy services
- Spinal Manipulations (Limits may apply)
- Durable Medical Equipment

Common exclusions

There are some services that are not usually covered by your health plan. We've listed the most common, but for a detailed list, look at the policy manual you'll receive when you enroll in a Wellmark plan.

- Services not determined to be medically necessary
- Elective abortions
- Artificial insemination; in vitro fertilization or any related fertility or infertility transfer procedure
- Massage therapy
- Cosmetic services
  - Except in the following instances; surgery that has the primary purpose of restoring function lost or impaired as a result of an illness or injury, or birth defect. Breast reconstruction after a mastectomy.
- Routine dental services
  - Except as noted in the Pediatric Dental section
- Routine vision services
  - Except as noted in the Pediatric Vision section
- Counseling
- Investigational and experimental treatment
- Wigs
- Acupuncture
- Weight reduction programs
- Routine foot care

Easy ways to pay

Once you decide on a Wellmark plan, you then have another choice — which easy way you want to pay. All billing periods are based on the calendar year and you can make payments either:

1. Quarterly (Electronic Funds Transfer only)
2. Semi-annually
3. Annually
4. Monthly (Electronic Funds Transfer only)

You can even set up automatic withdrawal from a savings or checking account. If you would rather have a paper bill, you can get those on a semi-annual or annual payment frequency.

What to expect next

You've picked your plan and made your payment selection, what's next?

1. You'll receive your completed application. Check to make sure all of the information for both you and your family members on your policy is correct.
2. Watch for your Wellmark ID card in the mail. That card is packed with all the information you need. Make sure everything is accurate, and show your card to your doctor, hospital or any other health care provider to access your benefits.
3. Register for myWellmark — it takes just a few quick steps. myWellmark is your personalized health website that makes it easy for you to manage your plan.

Members get even more options.

As a Wellmark member, we offer you opportunities to get more from your health care benefits. Lean on our resources for more information, support and discounts when you need them.

Personal Health Assistant 24|7

Any time you need help, Personal Health Assistant 24/7 is here to answer your health concerns, direct you to providers or resources, and offer solutions for everyday health care problems.

BlueCard® Program

With the BlueCard program, you can travel with peace of mind, knowing that 96 percent of hospitals and 92 percent of physicians nationwide are in the Blue Cross and Blue Shield network.[1] You also have access to doctors and hospitals in more than 200 countries around the world.

Blue365 Program

This member program gives you exclusive access to discounts and resources to help you live a healthier lifestyle. Visit Wellmark.com/Blue365.

myWellmark

myWellmark is your personalized health website that makes it easy for you to manage your plan. You can even access it on your smartphone by downloading the Wellmark mobile app.

[1] Blue Cross and Blue Shield Association, 2014.

NOTES

Feel free to use this space for any additional thoughts, comments and questions.

Ready to enroll in a plan? Need help deciding? We are here to help!

- Talk to your authorized Wellmark representative or find one at **Wellmark.com**.
- Call Wellmark directly at 877-877-8414.
- Visit **Wellmark.com** to compare your options, shop for a plan and get a personalized rate quote. All of you have to do is:
  1. Answer a few questions to help you decide which plan best fits your needs.
  2. Compare your options by looking at available plans side by side.
  3. Add your desired plan to the shopping cart and enroll.

This document is intended to be used solely for illustrative purposes, and provides simplified information and examples of a general nature. It is not intended as legal or tax advice, nor as an indication that you are eligible to contribute to an HSA, and should not be construed as such. Consult your tax advisor for specific tax advice and for more information about tax savings.

This brochure is a brief summary of policies presented, which are subject to exclusions, limitations, reductions in benefits, and terms under which the policies may be renewed or discontinued. For costs and complete details of the coverage, call or write your authorized insurance agent or Wellmark.

Also, please note, this is a general description of coverage. 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.

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