



Short-Term BlueSM

PLAN HIGHLIGHTS &
OUTLINE OF COVERAGE

Finding Coverage
is Easy with SimplyBlueSM
Plans from Wellmark

This outline of coverage provides a brief description of the important features of a Short-Term Blue policy. This is not your policy and only the actual policy provisions 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 South Dakota.

THEREFORE, IT IS IMPORTANT THAT YOU READ YOUR POLICY

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, or other factors that require adjustments to the total premium.

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.

This plan may cause you to lose certain HIPAA rights (guarantees of eligibility for insurance in the South Dakota Risk Pool) in South Dakota.

Include Short-Term Coverage in Your Long-Range Plans

When You Need Temporary Coverage

There are times when you need a short-term solution to get you through life's situations. When it comes to health insurance, it's important to have protection when you're experiencing an expected or unexpected change. That's why Wellmark Blue Cross and Blue Shield offers *Short-Term BlueSM* — a temporary plan that provides coverage for a one- to six-month period, depending on your need.

Short-Term Blue Makes Sense

There are a variety of reasons you might need temporary health care coverage. Common situations include:

- Students who have recently graduated and are between coverage from parents and an employer
- Employees on an extended leave of absence from work
- People in-between jobs
- People looking for an alternative to COBRA
- New employees who aren't yet eligible for group coverage

Understand Your Plan

Short-Term Blue is major medical coverage with three deductible options. The policy provides benefits for covered hospital, medical and surgical services resulting from an accident or illness. Coverage is subject to the exclusions and limitations listed in the policy. For detailed information about what is and is not covered, see pages 8-13.



Plan Choice

Applicable deductible or coinsurance amounts contribute to the amounts you pay out of your pocket for covered services. You can choose from three plan options shown here:

	Short-Term Blue SM Plans		
	Option 1	Option 2	Option 3
Annual Deductible			
Single	\$250	\$500	\$1,000
Two-Person	\$500	\$1,000	\$2,000
Family*	\$750	\$1,500	\$3,000
Coinsurance – you pay	20%	20%	20%
Out-of-Pocket Maximum			
Single	\$1,000	\$1,500	\$3,000
Two-Person	\$2,000	\$3,000	\$6,000
Family*	\$3,000	\$4,500	\$9,000
Lifetime Benefit Maximum	\$1,000,000		
Office Services – you pay	Deductible and coinsurance apply		
Emergency Room	Deductible and coinsurance apply		
Maternity	Not Covered		
Well-Child Care	Not Covered		
Prescription Drugs	Covered under health; subject to deductible & coinsurance		
Out-of-State Coverage/ BlueCard® Program	Yes		

Short-Term Blue policies can be issued on a one to six month basis. If you need coverage for a little longer than first anticipated, you can buy a second separate policy that will provide coverage up to another one to six months.

Any health conditions occurring during the first policy term will be considered “pre-existing conditions” under the second policy and will not be covered.

** Limited to three paid deductibles and out-of-pocket maximums per family.*

Eligibility Requirements

You can purchase coverage for yourself and other members of your family. To be eligible for coverage, the following must apply:

- All applicants must be South Dakota residents;
- No one listed on the application has been turned down for other health insurance coverage for health reasons within the last five years;
- No one listed on the application has any other health insurance on the date this coverage starts;
- Neither you nor any person listed on the application can be pregnant;
- No one listed on the application is eligible for Medicare. **Note:** If a person listed on the application reaches the age of 65 or becomes eligible for Medicare during the time the Short-Term Blue policy is in effect, that person's coverage under this Short-Term Blue policy will terminate;
- No one listed on the application has been treated, diagnosed, or been advised within the last five years to seek treatment for:
 - alcohol abuse
 - cancer or tumor
 - chemical dependency
 - diabetes
 - drug abuse
 - heart or circulatory system disorder or disease, including hypertension or high blood pressure
 - immune system disorder, including acquired immune deficiency (AIDS) or AIDS Related Complex (ARC), or a positive HIV test
 - stroke

Dependent unmarried children are eligible for coverage under a two-person or family policy if they are:

- At least 15 days old;
- A full-time student under age 30; or
- Age 18 or younger

Payment Arrangements

Most physicians and medical facilities contract with Wellmark Blue Cross and Blue Shield of South Dakota. We negotiate payment arrangements with our providers. These payment arrangements usually result in savings for you. Knowing the following terms will help you understand your payment responsibilities.

Billed Charge

This is the amount a provider bills for medical services whether or not the services are covered under the policy.

Covered Charge

This is the amount a provider bills for services covered under the policy.

Maximum Allowable Fee

The amount established by Wellmark, using various methodologies, for covered services and supplies. In other words, the amount we agree to pay.

Balance Billing

This is the difference between the billed charge and the maximum allowable fee, calculated by Wellmark Blue Cross and Blue Shield of South Dakota, for a specific service, procedure, or product. Participating providers will not bill you for the difference. When you receive services from a provider who does not contract with Blue Cross and Blue Shield, you are responsible for this difference. Balance billed amounts do not apply toward your deductible.

Know Your Benefits

Covered Benefits

Hospital Benefits — Inpatient

Coverage is provided for the following services when received on an inpatient basis in a hospital or nursing facility:

- Accidental injury services
- Anesthetics and their administration
- Blood administration
- Chemotherapy services
- Corneal grafts
- Dietary Services
- Dressings and casts
- Drugs and biologicals
- Electrocardiograms, electroencephalograms and electromyographic tests
- Emergency care
- Hemodialysis services
- Inhalation therapy
- Inpatient treatment of alcoholism (30 days as required by South Dakota law; 90 days in a lifetime)
- Intravenous (IV) injections and solutions
- Kidney transplants and bone marrow/stem cell transfers
- Occupational therapy to treat the upper extremities
- Room and board and nursing services
- Special care units including burn care units, cardiac care units, intensive care units, isolation rooms, operating rooms and recovery rooms
- Surgical services and supplies
- Therapy, including physical therapy and speech therapy

Hospital Benefits — Outpatient

The inpatient hospital services listed (except for room and board, and dietary services) are also covered on an outpatient basis when treatment is for any of the following:

- Accident and injury care
- Medical emergency care
- Surgery
- Therapy, including physical therapy, inhalation therapy, speech therapy and occupational therapy

Practitioner Services

The following list describes services we cover when received from an approved practitioner:

- Accidental injury services
- Anesthetics and their administration
- Assisting surgeon services
- Chemotherapy services
- Chiropractic care
- Concurrent care
- Consultation services
- Corneal grafts
- Emergency care
- Hemodialysis
- Mammography (per state mandated schedule)
- Medical services
- Physical therapy
- Radiation therapy
- Surgical services
- X-ray and laboratory testing, including allergy testing and Pap smears

Other Covered Services

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

- Ambulance services (professional air or ground)
- Home infusion therapy
- Home medical equipment
- Insulin and insulin supplies
- Oxygen and equipment
- Prescription drugs and medicines, except contraceptives and contraceptive devices
- Prosthetic appliances

Limitations

Home Health Services

Home health services are covered when they are provided by a home health agency. These services must be prescribed by a physician for the treatment of illness or injury when you are homebound, and not more costly than alternative services that would be effective for diagnosis and treatment of your condition. Services are limited to 30 visits.

Exclusions

The following services are excluded or are not considered medically necessary by Wellmark Blue Cross and Blue Shield of South Dakota and ARE NOT COVERED under the *Short-Term Blue* policy.

Pre-Existing Conditions

- Services and supplies for the treatment of a pre-existing condition.

A pre-existing condition is any illness, injury, or other condition for which you or your family members received, or were advised to receive, treatment or advice within 12 consecutive months before the effective date of this policy. This includes any condition that existed on the effective date of this policy, and any condition which progressed, developed from, was a complication of, or was secondary to a condition existing on the effective date of this policy. This also includes any condition which would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment within 12 months before the effective date of this policy.

Covered by Other Programs or Laws

- Military-related injury
- Services or supplies that are paid under Workers' Compensation laws, including any services or supplies applied toward the satisfaction of any deductible under your employer's Workers' Compensation coverage
- Services under the policy if you are eligible for Medicare, even though you do not enroll in Medicare or waive or fail to claim Medicare benefits
- Services when someone else has the legal obligation to pay for your care
- Services or supplies when you are entitled to claim benefits from government agencies (except Medicaid)

Fertility and Infertility

- Abortions
- Complications of pregnancy
- Contraceptives
- Infertility diagnosis or treatment
- Routine maternity care
- Services for the collection or purchase of donor semen and oocytes, or for the services of a surrogate parent
- Sexual identification counseling or sex change surgery
- Sterilization reversal
- Subcutaneous implants
- Voluntary sterilization

Preventive Care

- Immunizations
- Routine examinations
- Routine foot care
- Vision care
- Well-child care

Therapy, Self-Motivation and Other Programs

- Acupuncture
- Cosmetic services or supplies
- Custodial or sanitarium care or rest cures
- Educational or recreational therapy
- Occupational therapy supplies
- Self-help or self-cure programs
- Services or supplies provided primarily for diagnostic evaluations, physical therapy or occupational therapy as an inpatient
- Weight reduction programs or supplies

Transplants

- Expenses for the purchase of any organ
- Mechanical or non-human organs
- Services or supplies that are paid by an organ donor's health care coverage
- Transplants, except as described in your policy
- Transportation of a living donor

Miscellaneous

- Active, reserve or military corps duty injury
- Anesthesia that is local or topical
- Arch supports
- Blood
- Care received outside of the United States or its possessions
- Complications of a noncovered procedure
- Counseling, including bereavement, genetic, marriage and family counseling
- Dental care, except accidental injuries as described in the policy
- Elastic stockings or bandages
- Growth hormones
- Hearing exams or hearing aids
- Investigational treatment
- Maternity care
- Maxillary and mandibular implants
- Mental health conditions or chemical dependency treatment (except inpatient alcoholism treatment)
- Motor vehicles
- Personal convenience items
- Services furnished to you prior to the effective date of the policy
- Therapy to treat temporomandibular joint (TMJ) disorders
- Travel or lodging costs
- Wigs

Expect More



24/7 Health Line — As a Wellmark member, you have access to a 24/7 toll-free health line, staffed by nurses and health professionals who can assist with general health and wellness questions. They also provide guidance for urgent health concerns to help determine whether you should seek emergency care.



Helpful, Local Customer Service — You are able to talk with experienced, local customer service representatives at Wellmark. Our knowledgeable staff will answer your questions and provide information to help you get the most from your health insurance plan.



Your Coverage Goes With You — No matter where you go, your Wellmark coverage goes with you. Within the United States, just present your ID card — it's that easy.



Becoming a Member

With Short-Term Blue, feel confident knowing your health is protected.

Once You Apply

When you apply for coverage, remember that the requested effective date cannot be earlier than the day after you sign your application. If your application is not approved, your premium payment will be refunded in full.

Coverage will begin on your requested effective date only if:

- Your application is received and accepted,
- your coverage effective date is approved, and
- your premium payment is received and accepted.

Once You're Enrolled

As a new member, you'll receive your Wellmark identification card five to seven business days after we receive and approve your completed application.



Policy Terms and Conditions

Policy Term

Coverage will not start on the requested effective date until after your application and submitted premium are received and accepted by Wellmark, and your application and the requested effective date are approved by Wellmark. The requested effective date cannot be earlier than the day after the date you sign your application. You can be covered under this policy for any period from one to six months. You must be covered for a minimum of one full calendar month. If you choose a one, two, three, four, five or six-month term, your coverage will end at 12:01 a.m. on the termination date. However, if you choose the monthly payment option, your policy must terminate on the first day of a month.

Policy Renewal

This policy ends on the date shown on your application. Since this coverage is not intended to be permanent or continuous, you can not renew your coverage after the date shown on your application. If you find you need coverage for a little longer than first anticipated, you can buy a second, separate policy that will provide coverage for up to another one to six months.

Note: Any health conditions occurring during your first policy term will be considered “pre-existing conditions” under your second policy and will not be covered. Deductibles and out-of-pocket maximums met under your first policy will not carry over to your second policy.

Extension of Benefits

When your policy term ends, benefits may be extended for an injury or illness that began while this policy was in force and for which you are then being treated. To qualify for an extension of benefits, you must have met your deductible during the policy term and:

- you began receiving covered professional or facility services as an inpatient of a hospital or nursing facility while this policy was in force and remain an inpatient in a hospital or nursing facility on the termination date of this policy. Benefits will end upon the earliest of:
 - the date you are discharged;
 - our payment of maximum benefits under the policy;
 - 60 days from the termination date of the policy; or
 - the date services become covered by other health insurance; or
- you are not an inpatient of a hospital or nursing facility on the termination date of this policy, but are being treated for complications of or need follow-up treatment for an injury or illness that began during the policy term. A \$1,000 maximum benefit will be provided for a period of not more than 60 days beyond the policy termination date for the illness or injury. Benefits will end prior to 60 days if services become covered under other health insurance coverage. **Please note:** You are not covered for prescription drugs under this *Extension of Benefits* provision.

Policy Payment

You can pay your policy all at once or on a monthly basis. If you choose to pay your premium on a monthly basis, a \$10 monthly service fee will apply. To have your premiums automatically withdrawn from a designated checking or savings account, you must complete an “Authorization for Automatic Withdrawal” form, which can be submitted with your application. If your application is not approved, any amount deducted will be refunded. There is not a refund of premium after the 10-day free look period.

Premiums By Age

Premiums

Coverage will not start on the requested effective date until after your application and submitted premium are received and accepted by Wellmark, and your application and the requested effective date are approved by Wellmark. The requested effective date cannot be earlier than the day after you sign your application. If your application is not approved, your premium payment will be refunded in full.

The premium for this coverage is based on the age of the oldest person covered under the policy. Your agent can help you determine premium amounts for policy terms that cover partial months; for example, six weeks.

Note: All premiums are non-refundable. There is also a \$10.00 service fee charged for each automatic deduction from your checking or savings account, along with your monthly premium.

Premium payments may be made on a calendar month or policy term basis. For example, a monthly premium would be for the first day of a month through the last day of such month. A policy term payment would be for the first day of coverage and expire at 12:01 a.m. on the termination date.

AGE 0-24					
Length of Coverage	Deductible Options	Single		Two-Person	Family
		Male	Female		
1 Month	\$ 250	\$ 85.63	\$ 83.13	\$ 168.75	\$ 263.88
	500	62.63	59.25	121.88	193.63
	1,000	47.13	42.75	89.88	146.38
2 Months	250	171.26	166.26	337.50	527.76
	500	125.26	118.50	243.76	387.26
	1,000	94.26	85.50	179.76	292.76
3 Months	250	256.89	249.39	506.25	791.64
	500	187.89	177.75	365.64	580.89
	1,000	141.39	128.25	269.64	439.14
4 Months	250	342.52	332.52	675.00	1,055.52
	500	250.52	237.00	487.52	774.52
	1,000	188.52	171.00	359.52	585.52
5 Months	250	428.15	415.65	843.75	1,319.40
	500	313.15	296.25	609.40	968.15
	1,000	235.65	213.75	449.40	731.90
6 Months	250	513.78	498.78	1,012.50	1,583.28
	500	375.78	355.50	731.28	1,161.78
	1,000	282.78	256.50	539.28	878.28

Premiums effective as of January 1, 2010

AGE 25-29					
Length of Coverage	Deductible Options	Single		Two-Person	Family
		Male	Female		
1 Month	\$ 250	\$ 95.00	\$ 97.88	\$ 192.88	\$ 288.13
	500	62.63	62.13	124.75	196.50
	1,000	47.13	45.63	92.75	149.25
2 Months	250	190.00	195.76	385.76	576.26
	500	125.26	124.26	249.50	393.00
	1,000	94.26	91.26	185.50	298.50
3 Months	250	285.00	293.64	578.64	864.39
	500	187.89	186.39	374.25	589.50
	1,000	141.39	136.89	278.25	447.75
4 Months	250	380.00	391.52	771.52	1,152.52
	500	250.52	248.52	499.00	786.00
	1,000	188.52	182.52	371.00	597.00
5 Months	250	475.00	489.40	964.40	1,440.65
	500	313.15	310.65	623.75	982.50
	1,000	235.65	228.15	463.75	746.25
6 Months	250	570.00	587.28	1,157.28	1,728.78
	500	375.78	372.78	748.50	1,179.00
	1,000	282.78	273.78	556.50	895.50

AGE 30-34					
Length of Coverage	Deductible Options	Single		Two-Person	Family
		Male	Female		
1 Month	\$ 250	\$ 99.50	\$ 113.00	\$ 212.50	\$ 307.63
	500	70.88	78.63	149.50	221.25
	1,000	47.13	55.25	102.38	158.88
2 Months	250	199.00	226.00	425.00	615.26
	500	141.76	157.26	299.00	442.50
	1,000	94.26	110.50	204.76	317.76
3 Months	250	298.50	339.00	637.50	922.89
	500	212.64	235.89	448.50	663.75
	1,000	141.39	165.75	307.14	476.64
4 Months	250	398.00	452.00	850.00	1,230.52
	500	283.52	314.52	598.00	885.00
	1,000	188.52	221.00	409.52	635.52
5 Months	250	497.50	565.00	1,062.50	1,538.15
	500	354.40	393.15	747.50	1,106.25
	1,000	235.65	276.25	511.90	794.40
6 Months	250	597.00	678.00	1,275.00	1,845.78
	500	425.28	471.78	897.00	1,327.50
	1,000	282.78	331.50	614.28	953.28

Premiums effective as of January 1, 2010

AGE 35-39					
Length of Coverage	Deductible Options	Single		Two-Person	Family
		Male	Female		
1 Month	\$ 250	\$126.63	\$ 131.63	\$ 258.38	\$ 353.50
	500	86.50	91.75	178.25	250.00
	1,000	58.75	65.38	124.25	180.75
2 Months	250	253.26	263.26	516.76	707.00
	500	173.00	183.50	356.50	500.00
	1,000	117.50	130.76	248.50	361.50
3 Months	250	379.89	394.89	775.14	1,060.50
	500	259.50	275.25	534.75	750.00
	1,000	176.25	196.14	372.75	542.25
4 Months	250	506.52	526.52	1,033.52	1,414.00
	500	346.00	367.00	713.00	1,000.00
	1,000	235.00	261.52	497.00	723.00
5 Months	250	633.15	658.15	1,291.90	1,767.50
	500	432.50	458.75	891.25	1,250.00
	1,000	293.75	326.90	621.25	903.75
6 Months	250	759.78	789.78	1,550.28	2,121.00
	500	519.00	550.50	1,069.50	1,500.00
	1,000	352.50	392.28	745.50	1,084.50

AGE 40-44					
Length of Coverage	Deductible Options	Single		Two-Person	Family
		Male	Female		
1 Month	\$ 250	\$ 144.75	\$ 143.50	\$ 288.25	\$ 383.38
	500	106.38	101.88	208.25	280.00
	1,000	74.38	75.13	149.50	206.00
2 Months	250	289.50	287.00	576.50	766.76
	500	212.76	203.76	416.50	560.00
	1,000	148.76	150.26	299.00	412.00
3 Months	250	434.25	430.50	864.75	1,150.14
	500	319.14	305.64	624.75	840.00
	1,000	223.14	225.39	448.50	618.00
4 Months	250	579.00	574.00	1,153.00	1,533.52
	500	425.52	407.52	833.00	1,120.00
	1,000	297.52	300.52	598.00	824.00
5 Months	250	723.75	717.50	1,441.25	1,916.90
	500	531.90	509.40	1,041.25	1,400.00
	1,000	371.90	375.65	747.50	1,030.00
6 Months	250	868.50	861.00	1,729.50	2,300.28
	500	638.28	611.28	1,249.50	1,680.00
	1,000	446.28	450.78	897.00	1,236.00

Premiums effective as of January 1, 2010

AGE 45-49					
Length of Coverage	Deductible Options	Single		Two-Person	Family
		Male	Female		
1 Month	\$ 250	\$185.13	\$ 174.00	\$ 359.13	\$ 459.00
	500	127.50	124.25	251.75	327.38
	1,000	102.38	95.63	198.00	256.75
2 Months	250	370.26	348.00	718.26	918.00
	500	255.00	248.50	503.50	654.76
	1,000	204.76	191.26	396.00	513.50
3 Months	250	555.39	522.00	1,077.39	1,377.00
	500	382.50	372.75	755.25	982.14
	1,000	307.14	286.89	594.00	770.25
4 Months	250	740.52	696.00	1,436.52	1,836.00
	500	510.00	497.00	1,007.00	1,309.52
	1,000	409.52	382.52	792.00	1,027.00
5 Months	250	925.65	870.00	1,795.65	2,295.00
	500	637.50	621.25	1,258.75	1,636.90
	1,000	511.90	478.15	990.00	1,283.75
6 Months	250	1,110.78	1,044.00	2,154.78	2,754.00
	500	765.00	745.50	1,510.50	1,964.28
	1,000	614.28	573.78	1,188.00	1,540.50

AGE 50-54					
Length of Coverage	Deductible Options	Single		Two-Person	Family
		Male	Female		
1 Month	\$ 250	\$225.13	\$ 246.50	\$ 471.63	\$ 571.50
	500	158.25	173.38	331.63	407.25
	1,000	123.88	127.50	251.38	310.25
2 Months	250	450.26	493.00	943.26	1,143.00
	500	316.50	346.76	663.26	814.50
	1,000	247.76	255.00	502.76	620.50
3 Months	250	675.39	739.50	1,414.89	1,714.50
	500	474.75	520.14	994.89	1,221.75
	1,000	371.64	382.50	754.14	930.75
4 Months	250	900.52	986.00	1,886.52	2,286.00
	500	633.00	693.52	1,326.52	1,629.00
	1,000	495.52	510.00	1,005.52	1,241.00
5 Months	250	1,125.65	1,232.50	2,358.15	2,857.50
	500	791.25	866.90	1,658.15	2,036.25
	1,000	619.40	637.50	1,256.90	1,551.25
6 Months	250	1,350.78	1,479.00	2,829.78	3,429.00
	500	949.50	1,040.28	1,989.78	2,443.50
	1,000	743.28	765.00	1,508.28	1,861.50

Premiums effective as of January 1, 2010

AGE 55-59					
Length of Coverage	Deductible Options	Single		Two-Person	Family
		Male	Female		
1 Month	\$ 250	\$303.00	\$ 307.88	\$ 611.00	\$ 710.88
	500	222.38	218.88	441.38	516.88
	1,000	165.00	164.50	329.50	388.25
2 Months	250	606.00	615.76	1,222.00	1,421.76
	500	444.76	437.76	882.76	1,033.76
	1,000	330.00	329.00	659.00	776.50
3 Months	250	909.00	923.64	1,833.00	2,132.64
	500	667.14	656.64	1,324.14	1,550.64
	1,000	495.00	493.50	988.50	1,164.75
4 Months	250	1,212.00	1,231.52	2,444.00	2,843.52
	500	889.52	875.52	1,765.52	2,067.52
	1,000	660.00	658.00	1,318.00	1,553.00
5 Months	250	1,515.00	1,539.40	3,055.00	3,554.40
	500	1,111.90	1,094.40	2,206.90	2,584.40
	1,000	825.00	822.50	1,647.50	1,941.25
6 Months	250	1,818.00	1,847.28	3,666.00	4,265.28
	500	1,334.28	1,313.28	2,648.28	3,101.28
	1,000	990.00	987.00	1,977.00	2,329.50

AGE 60-64					
Length of Coverage	Deductible Options	Single		Two-Person	Family
		Male	Female		
1 Month	\$ 250	\$450.13	\$ 364.75	\$ 814.75	\$ 914.63
	500	312.63	251.75	564.38	640.00
	1,000	235.88	188.88	424.75	483.63
2 Months	250	900.26	729.50	1,629.50	1,829.26
	500	625.26	503.50	1,128.76	1,280.00
	1,000	471.76	377.76	849.50	967.26
3 Months	250	1,350.39	1,094.25	2,444.25	2,743.89
	500	937.89	755.25	1,693.14	1,920.00
	1,000	707.64	566.64	1,274.25	1,450.89
4 Months	250	1,800.52	1,459.00	3,259.00	3,658.52
	500	1,250.52	1,007.00	2,257.52	2,560.00
	1,000	943.52	755.52	1,699.00	1,934.52
5 Months	250	2,250.65	1,823.75	4,073.75	4,573.15
	500	1,563.15	1,258.75	2,821.90	3,200.00
	1,000	1,179.40	944.40	2,123.75	2,418.15
6 Months	250	2,700.78	2,188.50	4,888.50	5,487.78
	500	1,875.78	1,510.50	3,386.28	3,840.00
	1,000	1,415.28	1,133.28	2,548.50	2,901.78

Premiums effective as of January 1, 2010

Consider Your Options

Thank you for considering a Short-Term Blue policy from Wellmark Blue Cross and Blue Shield.

Short-Term Blue offers temporary major medical coverage. Our suite of SimplyBlue plans for individuals and families provide flexibility and affordability. So depending on your particular lifestyle and financial situation, you can find an appropriate plan. Let us help you find the right match for your health insurance needs.

LIFE STAGES					
	Just Starting Out	Starting or Raising a Family	On Your Own	Retiring Early	Between Jobs
Blue Select® PPO Plans		●	●		
Blue Select Plus SM PPO Plans	●	●	●	●	
Blue Priority HSA SM PPO Plans		●	●	●	
Blue Select Basics SM PPO Plans	●			●	●
Short-Term Blue SM Plans					●

We're Here to Help

Contact us with questions or for more information. We're here to help you figure it all out.



Contact your authorized independent agent



Call a Wellmark representative



Visit our website at:
www.wellmark.com/SimplyBlue

This short-term major medical policy is nonrenewable. This policy could cause you to lose valuable rights under the Health Insurance Portability and Accountability Act. If you purchase a policy and become seriously ill or disabled, you would be ineligible for the state risk pool and could be uninsurable.

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.

If You Have Questions or Need Additional Information:

Please call your authorized agent or Wellmark Blue Cross and Blue Shield of South Dakota.



Your Health. Well Protected.SM

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