

2008 Medical Options – A Quick Overview – KNOW YOUR PLAN!

Wellmark PPO (Alliance Select) *

- This plan design has a network of participating physicians throughout the U.S.A.
- Allowed to have the flexibility of service from participating providers that are contracted with Blue Cross and Blue Shield, Alliance Select in-network – no deductible, \$10 office co-pay and/or 10% co-insurance. Including routine annual physical exams and any related lab tests, hearing and eye exams.
- Out-of-network refers to physicians that are not contracted with Blue Cross and Blue Shield. Out-of-network - \$300 contract deductible, 20% co-insurance. No coverage for routine services – includes annual physical and any related lab tests, hearing and eye exams.
- Self referral allowed – if you feel an injury or illness warrants specialty care you are allowed to make an appointment with the specialist without going through a primary care physician. The specialist may require the referral, but your plan design does not.
- Out-of-pocket maximum of \$1,500 per contract on eligible medical expenses.

Wellmark HMO (Blue Advantage) *

- This plan design has a network of participating physicians based in Iowa. Current participation is 99% of hospitals (acute care), 90% of primary care physicians (includes pediatricians), 92% of OB/GYN physicians, and 92% for specialists that are participating in the network.
- Each member in the contract is required to designate a primary care physician (PCP). Female participants may elect to also designate a primary OB-GYN physician for their yearly exams.
- For service directed by your in-network elected PCP there is \$0 deductible, \$0 co-pay and \$0 co-insurance.
- There is a \$10 co-payment for in-network chiropractic care and acupuncture services and \$100 emergency room co-payment which is waived if admitted.
- Referrals are required by your primary care physician if you require specialty care. Once the initial referral is made each visit following a referral is not required. Wellmark does not require written referrals to see a specialist, but care does need to be coordinated with their designated PCP. Once initial care to see a specialist is coordinated by the PCP the member should continue to have guidance from the PCP for as long as they need to see that specialist. The PCP may tell the member to see the specialist indefinitely or may tell the member to see the specialist and get back in touch with him/her after a certain period of time. In any case, the member should follow-up with the PCP for direction.
- No coverage out of the Iowa network, unless an emergency and care is received in an emergency room or admitted from an emergency room or a prior authorization by Wellmark has been completed.
- Guest membership: this is an added benefit while away from home for 90 or more consecutive days. The guest membership includes access to Blue Cross and Blue Shield participating hospitals, physicians and other health care providers from which you can receive covered services. It is important to note: preventative services are not covered unless performed by the member's designated Wellmark Health Plan of Iowa primary care physician. This guest membership is a valuable service for: long-term out-of-state travelers (traveling up to 180 days), dependent children who attend college full-time out of state, and family members who reside in another state but are covered under the same health plan. To request this service contact Wellmark Customer Service, the telephone number can be found on the back of your medical insurance card.

* This is a summary. Benefits will be administered as described in each plan's subscriber agreement or plan document.