

“I want to provide my employees with the coverage they want.”

Wellmark offers health insurance options to fit your small business needs.

Health Plans

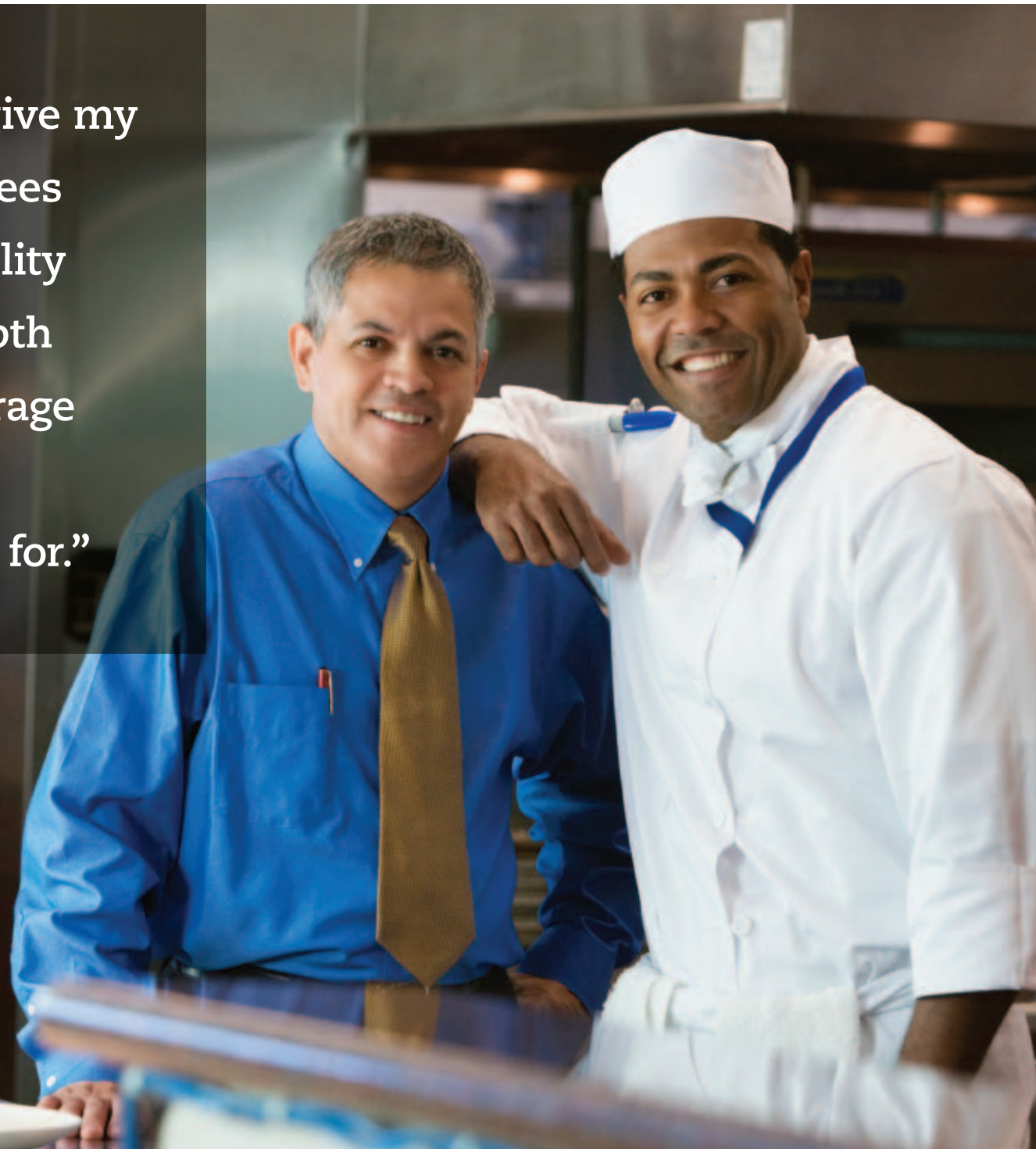
DESIGNED FOR BUSINESSES WITH 2 TO 100 EMPLOYEES

We manage your benefits so you can manage your business.



At Wellmark Blue Cross and Blue Shield, we understand the demands of running a successful small business and the challenge of meeting your employees' benefits needs on a budget. That's why we offer a full range of health plans and other benefits for small businesses that fit within your budget and provide the quality and depth of coverage you want for your employees.

“I can give my employees the quality and depth of coverage they're looking for.”



> **BROAD NETWORK ACCESS AND FREEDOM TO CHOOSE** Your employees, no matter where they live, have access to the broadest and largest network of providers for the care they need. Through the BlueCard® program your employees are covered while traveling or living in another Blue Cross and Blue Shield Plan's service area.

> **SERVICE EXCELLENCE** Whether serving you or your employees, no one does it better. Our customer services staff gets it right the first time, so your employees won't need to come to you with questions. We make sure your employees have the answers they need, when they need them — because we know you want to spend your time growing your business, not managing your benefits.

Select the Plan That's Right for You

From traditional coverage to consumer-directed health care plans, we offer a range of solutions to help meet your employees' needs and your company's budget.

	Blue Select® Copayment	Blue Select® Primary	Blue Select Premium Saver SM	Blue Priority HRA SM	Blue Priority HSA SM
Plan Type	Preferred Provider Organization (PPO)			Consumer-Directed	
Description	Offers access to an extensive provider network and the freedom to see any provider and still receive benefits.	Offers a blend of popular copayment features and the economical cost savings of Premium Saver.	Offers built-in cost sharing features that help control monthly premiums.	Combines a high-deductible PPO health plan with a health reimbursement arrangement (HRA) to encourage employees to make cost-conscious decisions.	Combines a qualified high-deductible PPO health plan with a health savings account (HSA) to encourage employees to make cost-conscious decisions.
Network	Blue Select Network: 100% of hospitals and 99% of physicians in South Dakota. ¹ BlueCard® Network: More than 90% of hospitals and 80% of doctors nationwide. ²				
How This Plan Works	<ul style="list-style-type: none"> In- and out-of-network coverage Office-based services subject to copayment Most other services subject to deductible and coinsurance 	<ul style="list-style-type: none"> In- and out-of-network coverage Tiered copay design for office visits Lower copay for primary care practitioners Higher copay for non-primary care practitioners Most other services subject to deductible and coinsurance 	<ul style="list-style-type: none"> In- and out-of-network coverage Tiered copay design for office exams Lower copay for primary care practitioners Higher copay for non-primary care practitioners Most other services subject to deductible and coinsurance 	<ul style="list-style-type: none"> In- and out-of-network coverage HRA dollars help pay covered health care expenses until deductible is met Employer-funded account reimburses employees for covered health care expenses 	<ul style="list-style-type: none"> In- and out-of-network coverage HSA dollars help pay covered health care expenses until deductible is met Health plan takes care of covered health care expenses exceeding the deductible
Prescription Drug Coverage	Blue Rx Preferred SM : Prescription drugs covered with copay drug plan options. Some drug plans also include a separate benefit period deductible.				Covered under health plan
Health and Wellness	All health plans include Health and Care Management programs to help keep employees healthy: <ul style="list-style-type: none"> Personal Health Assistant 24/7: 1-800-724-9122 Online Health and Wellness Tools Pharmacy Management 				

¹Wellmark Blue Cross and Blue Shield Administration, 2011
²Blue Cross and Blue Shield Association, 2011

BlueSelect® PPO Plans

If you're looking for traditional coverage with the freedom to receive care from any physician or hospital, even outside our network, then a Blue Select PPO health plan might be the answer. This is our most popular set of health plans, and they're designed to meet the needs of small employers trying to balance benefits and costs.

We offer three Blue Select product designs — and a number of plan options with varying member cost-sharing amounts — so you're sure to find a solution that not only protects your employees and their families, but also fits into your budget.

1 Copayment plans have flat-dollar copays for office based services. Most other services are subject to deductible and coinsurance.

2 Primary plans have flat-dollar tiered copays for office-based services, where lower copays apply to primary care practitioners. Most other services are subject to deductible and coinsurance.

3 Premium Saver plans have tiered copays for office-based exams, where lower copays apply to primary care practitioners. Most other services are subject to deductible and coinsurance.

BlueSelect® Copayment Preferred PPO Plans

Preferred Plans	CZP 2-50	CZD 51-100	CZQ 2-50	CZE 51-100	CZS 2-50	CZG 51-100	CZT 2-50	CZH 51-100	CZU 2-50	CZJ 51-100	CZX 2-50	CZK 51-100
Benefit period deductible Single/family	\$250 / \$500		\$500 / \$1,000		\$750 / \$1,500		\$1,000 / \$2,000		\$1,500 / \$3,000		\$2,000 / \$4,000	
Coinsurance In-network/out-of-network	10% / 20%		10% / 20%		10% / 20%		10% / 20%		10% / 20%		10% / 20%	
Out-of-pocket maximum Single/family	\$1,000 / \$2,000		\$1,000 / \$2,000		\$1,500 / \$3,000		\$2,000 / \$4,000		\$3,000 / \$6,000		\$4,000 / \$8,000	
Provider network												
Blue Select Network	100% of hospitals and 99% of physicians in South Dakota ¹											
BlueCard Network	More than 90% of hospitals and 80% of doctors nationwide ²											
Office Services • Illness or injury • Behavioral health care (mental health, chemical dependency) • Chiropractic care • Labs, X-rays												
In-network	\$15		\$15		\$15		\$15		\$15		\$15	
Out-of-network	20% after deductible		20% after deductible		20% after deductible		20% after deductible		20% after deductible		20% after deductible	
Preventive Care • Well-child services to age seven (deductible waived) • Immunizations (per schedule) • One physical (includes gynecological exam) per calendar year • Cancer screenings												
In-network	\$0		\$0		\$0		\$0		\$0		\$0	
Out-of-network	20% after deductible		20% after deductible		20% after deductible		20% after deductible		20% after deductible		20% after deductible	
In- and outpatient hospital services • Facility services (includes behavioral health care) • Professional services (includes behavioral health care) • Nursing facility												
In-network	10% after deductible		10% after deductible		10% after deductible		10% after deductible		10% after deductible		10% after deductible	
Out-of-network	20% after deductible		20% after deductible		20% after deductible		20% after deductible		20% after deductible		20% after deductible	
Emergency care • Facility services • Professional services	\$100		\$100		\$100		\$100		\$100		\$100	
Blue Rx Preferred prescription drug coverage Retail copays Tier 1 / Tier 2 / Tier 3	\$10 / \$25 / \$40		\$10 / \$25 / \$40		\$10 / \$25 / \$40		\$10 / \$25 / \$40		\$10 / \$25 / \$40		\$10 / \$25 / \$40	
Benefit period deductible – Single/family • ATK (2-50) / AHA (51-100)	none		none		none		none		none		none	

¹Wellmark Network Administration, 2011

²Blue Cross and Blue Shield Association, 2011

- Nursing facility care limited to 90 days per calendar year.
- Infertility covered through diagnosis.
- Copayments do not apply to the deductible or out-of-pocket maximum.
- For groups with 2-50 employees, services for chemical dependency (excluding alcohol treatment) limited to 30 inpatient hospital days per calendar year. Inpatient alcohol treatment limited to 30 days per six-month period and a lifetime maximum of 90 days. Limits do not apply to groups with 51-100 employees.
- Benefits and general provisions described are subject to terms of the actual Coverage Manual.
- All amounts shown above are member liability amounts.

BlueSelect® Copayment Plus PPO Plans

Plus Plans	CYV 2-50	CYL 51-100	CYW 2-50	CYM 51-100	CYY 2-50	CYN 51-100	CYZ 2-50	CYP 51-100	CZ2 2-50	CYQ 51-100	CZ4 2-50	CYR 51-100	CZ5 2-50	CYS 51-100	CZA 2-50	CYT 51-100	CZB 2-50	CYU 51-100
Benefit period deductible Single/family	\$500 / \$1,000		\$750 / \$1,500		\$1,000 / \$2,000		\$1,500 / \$3,000		\$2,000 / \$4,000		\$2,500 / \$5,000		\$3,000 / \$6,000		\$4,000 / \$8,000		\$5,000 / \$10,000	
Coinsurance In-network/out-of-network	20% / 30%		20% / 30%		20% / 30%		20% / 30%		20% / 30%		20% / 30%		20% / 30%		20% / 30%		20% / 30%	
Out-of-pocket maximum Single/family	\$1,000 / \$2,000		\$1,500 / \$3,000		\$2,000 / \$4,000		\$3,000 / \$6,000		\$4,000 / \$8,000		\$5,000 / \$10,000		\$6,000 / \$12,000		\$8,000 / \$16,000		\$10,000 / \$20,000	
Provider network																		
Blue Select Network	100% of hospitals and 99% of physicians in South Dakota ¹																	
BlueCard Network	More than 90% of hospitals and 80% of doctors nationwide ²																	
Office Services • Illness or injury • Behavioral health care (mental health, chemical dependency) • Chiropractic care • Labs, X-rays																		
In-network	\$20		\$20		\$20		\$20		\$20		\$25		\$25		\$25		\$25	
Out-of-network	30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible	
Preventive Care • Well-child services to age seven (deductible waived) • Immunizations (per schedule) • One physical (includes gynecological exam) per calendar year • Cancer screenings																		
In-network	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Out-of-network	30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible	
In- and outpatient hospital services • Facility services (includes behavioral health care) • Professional services (includes behavioral health care) • Nursing facility																		
In-network	20% after deductible		20% after deductible		20% after deductible		20% after deductible		20% after deductible		20% after deductible		20% after deductible		20% after deductible		20% after deductible	
Out-of-network	30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible	
Emergency care • Facility services • Professional services	\$150		\$150		\$150		\$150		\$150		\$150		\$150		\$150		\$150	
Blue Rx Preferred prescription drug coverage																		
Retail copays Tier 1 / Tier 2 / Tier 3	\$8 / \$35 / \$50		\$8 / \$35 / \$50		\$8 / \$35 / \$50		\$8 / \$35 / \$50		\$8 / \$35 / \$50		\$8 / \$35 / \$50		\$8 / \$35 / \$50		\$8 / \$35 / \$50		\$8 / \$35 / \$50	
Benefit period deductible – Single/family • AWJ (2-50) / AJ3 (51-100) • AXS (2-50) / AJT (51-100)	None \$100 / \$200 (waived for Tier 1 drugs)		None \$100 / \$200 (waived for Tier 1 drugs)		None \$100 / \$200 (waived for Tier 1 drugs)		None \$100 / \$200 (waived for Tier 1 drugs)		None \$100 / \$200 (waived for Tier 1 drugs)		None \$100 / \$200 (waived for Tier 1 drugs)		None \$100 / \$200 (waived for Tier 1 drugs)		None \$100 / \$200 (waived for Tier 1 drugs)		None \$100 / \$200 (waived for Tier 1 drugs)	

¹Wellmark Network Administration, 2011

²Blue Cross and Blue Shield Association, 2011

- Nursing facility care limited to 90 days per calendar year.
- Infertility covered through diagnosis.
- Copayments do not apply to the deductible or out-of-pocket maximum.
- For groups with 2-50 employees, services for chemical dependency (excluding alcohol treatment) limited to 30 inpatient hospital days per calendar year. Inpatient alcohol treatment limited to 30 days per six-month period and a lifetime maximum of 90 days. Limits do not apply to groups with 51-100 employees.
- Benefits and general provisions described are subject to terms of the actual Coverage Manual.
- All amounts shown above are member liability amounts.

BlueSelect® Copayment Basic PPO Plans

Basic Plans	CY9 2-50	CXV 51-100	CYB 2-50	CXW 51-100	CYC 2-50	CXX 51-100	CYD 2-50	CXZ 51-100	CYE 2-50	CY2 51-100	CYF 2-50	CY3 51-100	CYG 2-50	CY4 51-100	CYH 2-50	CY6 51-100	CYJ 2-50	CY7 51-100
Benefit period deductible Single/family	\$500 / \$1,500		\$750 / \$2,250		\$1,000 / \$3,000		\$1,500 / \$4,500		\$2,000 / \$6,000		\$2,500 / \$7,500		\$3,000 / \$9,000		\$4,000 / \$12,000		\$5,000 / \$15,000	
Coinsurance In-network/out-of-network	30% / 40%		30% / 40%		30% / 40%		30% / 40%		30% / 40%		30% / 40%		30% / 40%		30% / 40%		30% / 40%	
Out-of-pocket maximum Single/family	\$1,500 / \$4,500		\$2,250 / \$6,750		\$3,000 / \$9,000		\$4,500 / \$13,500		\$6,000 / \$18,000		\$7,500 / \$22,500		\$9,000 / \$27,000		\$12,000 / \$36,000		\$15,000 / \$45,000	
Provider network																		
Blue Select Network	100% of hospitals and 99% of physicians in South Dakota ¹																	
BlueCard Network	More than 90% of hospitals and 80% of doctors nationwide ²																	
Office Services • Illness or injury • Behavioral health care (mental health, chemical dependency) • Chiropractic care • Labs, X-rays																		
In-network	\$25		\$25		\$25		\$25		\$25		\$30		\$30		\$30		\$30	
Out-of-network	40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible	
Preventive Care • Well-child services to age seven (deductible waived) • Immunizations (per schedule) • One physical (includes gynecological exam) per calendar year • Cancer screenings																		
In-network	\$0		\$0		\$0		\$0		0		\$0		\$0		\$0		\$0	
Out-of-network	40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible	
In- and outpatient hospital services • Facility services (includes behavioral health care) • Professional services (includes behavioral health care) • Nursing facility																		
In-network	30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible	
Out-of-network	40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible	
Emergency care • Facility services • Professional services	\$200		\$200		\$200		\$200		\$200		\$200		\$200		\$200		\$200	
Blue Rx Preferred prescription drug coverage																		
Retail copays Tier 1 / Tier 2 / Tier 3	\$8 / \$35 / \$50		\$8 / \$35 / \$50		\$8 / \$35 / \$50		\$8 / \$35 / \$50		\$8 / \$35 / \$50		\$8 / \$35 / \$50		\$8 / \$35 / \$50		\$8 / \$35 / \$50		\$8 / \$35 / \$50	
Benefit period deductible – Single/family • AXS (2-50) / AJT (51-100)	\$100 / \$200 (waived for Tier 1 drugs)		\$100 / \$200 (waived for Tier 1 drugs)		\$100 / \$200 (waived for Tier 1 drugs)		\$100 / \$200 (waived for Tier 1 drugs)		\$100 / \$200 (waived for Tier 1 drugs)		\$100 / \$200 (waived for Tier 1 drugs)		\$100 / \$200 (waived for Tier 1 drugs)		\$100 / \$200 (waived for Tier 1 drugs)		\$100 / \$200 (waived for Tier 1 drugs)	

¹Wellmark Network Administration, 2011

²Blue Cross and Blue Shield Association, 2011

- Nursing facility care limited to 90 days per calendar year.
- Infertility covered through diagnosis.
- Copayments do not apply to the deductible or out-of-pocket maximum.
- For groups with 2-50 employees, services for chemical dependency (excluding alcohol treatment) limited to 30 inpatient hospital days per calendar year. Inpatient alcohol treatment limited to 30 days per six-month period and a lifetime maximum of 90 days. Limits do not apply to groups with 51-100 employees.
- Benefits and general provisions described are subject to terms of the actual Coverage Manual.
- All amounts shown above are member liability amounts.

BlueSelect® Primary PPO Plans

Primary Plans	W9V 2-50	WE6 51-100	W9W 2-50	WE7 51-100	W9X 2-50	WE8 51-100	W9Y 2-50	WE9 51-100	W9Z 2-50	WEN 51-100	WA2 2-50	WEP 51-100	WA3 2-50	WEU 51-100	WA4 2-50	WEW 51-100
Benefit period deductible Single/family	\$500 / \$1,500		\$1,000 / \$3,000		\$1,500 / \$4,500		\$2,000 / \$6,000		\$2,500 / \$7,500		\$3,000 / \$9,000		\$4,000 / \$12,000		\$5,000 / \$15,000	
Coinsurance In-network/out-of-network	30% / 40%		30% / 40%		30% / 40%		30% / 40%		30% / 40%		30% / 40%		30% / 40%		30% / 40%	
Out-of-pocket maximum Single/family	\$1,000 / \$3,000		\$2,000 / \$6,000		\$3,000 / \$9,000		\$4,000 / \$12,000		\$5,000 / \$15,000		\$6,000 / \$18,000		\$8,000 / \$24,000		\$10,000 / \$30,000	
Provider network	100% of hospitals and 99% of physicians in South Dakota ¹															
Blue Select Network	100% of hospitals and 99% of physicians in South Dakota ¹															
BlueCard Network	More than 90% of hospitals and 80% of doctors nationwide ²															
Office Exams and Services (labs, X-rays, surgery)																
In-network primary care practitioner	\$25		\$25		\$25		\$25		\$30		\$30		\$30		\$30	
In-network non-primary care practitioners	\$50		\$50		\$50		\$50		\$60		\$60		\$60		\$60	
Out-of-network	40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible	
Preventive Care																
• Well-child services to age seven (deductible waived)																
• Immunizations (per schedule)																
• Cancer screenings																
• One physical (includes gynecological exam) per calendar year																
In-network	\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0	
Out-of-network	40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible	
In- and outpatient hospital services																
• Facility services (includes behavioral health care)																
• Professional services (includes behavioral health care)																
• Nursing facility																
In-network	30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible		30% after deductible	
Out-of-network	40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible		40% after deductible	
Emergency care																
• Facility services	\$250		\$250		\$250		\$250		\$250		\$250		\$250		\$250	
• Professional services	\$250		\$250		\$250		\$250		\$250		\$250		\$250		\$250	
Blue Rx Preferred prescription drug coverage																
Retail copays Tier 1 / Tier 2 / Tier 3 / Tier 4	\$8 / \$35 / \$50 / \$85		\$8 / \$35 / \$50 / \$85		\$8 / \$35 / \$50 / \$85		\$8 / \$35 / \$50 / \$85		\$8 / \$35 / \$50 / \$85		\$8 / \$35 / \$50 / \$85		\$8 / \$35 / \$50 / \$85		\$8 / \$35 / \$50 / \$85	
Specialty copay	\$85		\$85		\$85		\$85		\$85		\$85		\$85		\$85	
Benefit period deductible – Single/family																
• AXX (2-50) / AKX (51-100)	\$100 / \$200 (waived for Tier 1 drugs)		\$100 / \$200 (waived for Tier 1 drugs)		\$100 / \$200 (waived for Tier 1 drugs)		\$100 / \$200 (waived for Tier 1 drugs)		\$100 / \$200 (waived for Tier 1 drugs)		\$100 / \$200 (waived for Tier 1 drugs)		\$100 / \$200 (waived for Tier 1 drugs)		\$100 / \$200 (waived for Tier 1 drugs)	

¹Wellmark Network Administration, 2011

²Blue Cross and Blue Shield Association, 2011

- Primary care includes advanced registered nurse practitioners, family practitioners, general practitioners, internal medicine practitioners, obstetricians/gynecologists, pediatricians, and physician assistants. In-network chiropractors are subject to the same office copay as primary care practitioners. All other in-network practitioners are subject to the non-primary care office copay. The office copay applies per practitioner, per date of service.
- Nursing facility care limited to 90 days per calendar year.

- Diagnosis and treatment of infertility is excluded.
- For groups with 2-50 employees, services for chemical dependency (excluding alcohol treatment) limited to 30 inpatient hospital days per calendar year. Inpatient alcohol treatment limited to 30 days per six-month period and a lifetime maximum of 90 days. Limits do not apply to groups with 51-100 employees.
- Benefits and general provisions described are subject to terms of the actual Coverage Manual.
- All amounts shown above are member liability amounts.

BlueSelect Premium SaverSM PPO Plans

Premium Saver Plans	CXN 2-50	CXG 51-100	CXQ 2-50	CXJ 51-100	CXR 2-50	CXL 51-100	CXU 2-50	CXM 51-100
Benefit period deductible Single/family	\$2,000 / \$4,000		\$3,000 / \$6,000		\$4,000 / \$8,000		\$5,000 / \$10,000	
Coinsurance In-network/out-of-network	20% / 40%		20% / 40%		20% / 40%		20% / 40%	
Out-of-pocket maximum Single/family	\$4,000 / \$8,000		\$6,000 / \$12,000		\$8,000 / \$16,000		\$10,000 / \$20,000	
Provider network								
Blue Select Network	100% of hospitals and 99% of physicians in South Dakota ¹							
BlueCard Network	More than 90% of hospitals and 80% of doctors nationwide ²							
Office Exams								
In-network primary care practitioners	\$20		\$20		\$25		\$25	
In-network non-primary care practitioners	\$40		\$40		\$50		\$50	
Out-of-network	40% after deductible		40% after deductible		40% after deductible		40% after deductible	
Office services								
• Labs, X-rays								
• Surgery								
In-network	20% after deductible		20% after deductible		20% after deductible		20% after deductible	
Out-of-network	40% after deductible		40% after deductible		40% after deductible		40% after deductible	
Preventive Care								
• Well-child services to age seven (deductible waived)								
• Immunizations (per schedule)								
• Cancer screenings								
• One physical (includes gynecological exam) per calendar year								
In-network	\$0		\$0		\$0		\$0	
Out-of-network	40% after deductible		40% after deductible		40% after deductible		40% after deductible	
In- and outpatient hospital services								
• Facility services (includes behavioral health care)								
• Professional services (includes behavioral health care)								
• Nursing facility								
In-network	20% after deductible		20% after deductible		20% after deductible		20% after deductible	
Out-of-network	40% after deductible		40% after deductible		40% after deductible		40% after deductible	
Emergency care								
• Facility services								
• Professional services								
In-network	20% after deductible		20% after deductible		20% after deductible		20% after deductible	
Blue Rx Preferred prescription drug coverage								
Retail copays Tier 1 / Tier 2 / Tier 3	\$8 / \$35 / \$50		\$8 / \$35 / \$50		\$8 / \$35 / \$50		\$8 / \$35 / \$50	
Benefit period deductible – Single/family								
• AXS (2-50) / AJT (51-100)	\$100 / \$200 (waived for Tier 1 drugs)		\$100 / \$200 (waived for Tier 1 drugs)		\$100 / \$200 (waived for Tier 1 drugs)		\$100 / \$200 (waived for Tier 1 drugs)	

¹Wellmark Network Administration, 2011

²Blue Cross and Blue Shield Association, 2011

- The primary care office exam copay applies to advanced registered nurse practitioners, family practitioners, general practitioners, internal medicine practitioners, obstetricians/gynecologists, pediatricians, and physician assistants. In-network chiropractors are subject to the same office exam copay as primary care practitioners. All other in-network practitioners are subject to the non-primary care office exam copay. The office copay applies to the exam only, per practitioner, per date of service. Most other services are subject to deductible and coinsurance.
- Nursing facility care limited to 90 days per calendar year.

- Diagnosis and treatment of infertility is excluded.
- For groups with 2-50 employees, services for chemical dependency (excluding alcohol treatment) limited to 30 inpatient hospital days per calendar year. Inpatient alcohol treatment limited to 30 days per six-month period and a lifetime maximum of 90 days. Limits do not apply to groups with 51-100 employees and there is no member cost sharing for in-network mental health and chemical dependency office services.
- Benefits and general provisions described are subject to terms of the actual Coverage Manual.
- All amounts shown above are member liability amounts.



Blue Rx PreferredSM Prescription Drug Coverage

Most Wellmark small business health plans provide coverage through Blue Rx Preferred, a prescription drug card program where employees pay a fixed copayment at the time of purchase.

Blue Rx Preferred has a tiered copayment structure to encourage your employees to use generic or lower-priced drugs. Different copays apply for generic drugs, specially selected brand-name drugs, and other brand-name drugs. For additional premium savings, some drug plans also include a separate benefit period deductible, which is waived for generic drugs.

Blue Rx Preferred provides convenient access to a large pharmacy network that includes both national retail chains and independent pharmacies. Using a network pharmacy and lower cost alternatives will help your employees save on their out-of-pocket costs. In addition, network pharmacies file claims electronically, simplifying the purchase process.

HSA Administration

Wellmark Blue Cross and Blue Shield makes it easy for your employees to open and use an HSA.

- › No set-up fees
- › Low monthly administration fees
- › Convenient access to HSA funds via free debit card
- › Checks can also be ordered online
- › Track HSA activity through free online bill pay and banking
- › Investment options available

Consumer-Directed Health Care Plans

Consumer-directed health care (CDHC) plans put employees in the driver's seat with their health and help them make wise, cost-conscious decisions. These products combine a lower cost, high-deductible Blue Select PPO health plan with a tax-advantaged medical account, such as a health savings account (HSA) or health reimbursement arrangement (HRA). The true power of a CDHC plan is that it allows you to save on premium costs, while giving greater choice for your employees. Blue Priority Flex is an additional consumer-directed option that lets employees set aside pre-tax dollars to pay for medical and dependent care expenses.

- 1 **Blue Priority HSASM** – A high-deductible health plan that meets the eligibility requirements for a health savings account (HSA). These plans enable your employees to open an HSA to pay for health care expenses now and plan for medical care in the future. HSA dollars are used to help pay covered health care expenses until the deductible is met or they can be reserved as an investment vehicle. The health plan takes care of covered medical expenses exceeding the deductible. Unused HSA funds roll over to the next plan year while continuing to earn interest.
- 2 **Blue Priority HRASM** – This plan combines a high-deductible health plan with an employer-paid health reimbursement arrangement (HRA) to help employees pay for eligible medical expenses not paid for by the health plan. Employers make an annual amount of money available to employees through the HRA, determine what medical expenses qualify for reimbursement, and then fund the account only as employees incur eligible expenses. Employees pay the balance of their medical charges up to the plan deductible not covered by the HRA. Once the deductible is met, employees are covered for a full range of benefits under the PPO plan. Unused HRA funds can be set-up to roll over to the next plan year.
- 3 **Blue Priority FlexSM** – Flex plans allow employees to put aside pre-tax dollars to cover annual medical expenses, as well as dependent care expenses. Dollars do not roll over from year to year. Flex plans can be offered in conjunction with Wellmark health plans. If the member has an HSA, they would only be eligible for a Limited Purpose FSA that covers dental and vision expenses.

BlueSelect HSASM Qualified PPO Plans

	HXP 2-50	HXT 51-100	HXQ 2-50	HXU 51-100	HXR 2-50	HXV 51-100	HXS ³ 2-50	HXW ³ 51-100
In-network benefit period deductible/ out-of-pocket maximum Single/family	\$1,500 / \$3,000		\$2,000 / \$4,000		\$2,500 / \$5,000		\$5,000 / \$10,000	
Out-of-network benefit period deductible/ out-of-pocket maximum Single/family	\$2,500 / \$5,000		\$3,000 / \$6,000		\$3,500 / \$7,000		\$6,000 / \$12,000	
Coinsurance In-network/out-of-network	0%		0%		0%		0%	
Provider network								
Blue Select Network	99% of hospitals and 100% of physicians in South Dakota ¹							
BlueCard Network	More than 90% of hospitals and 80% of doctors nationwide ²							
Office Services • Illness or injury • Behavioral health care (mental health, chemical dependency) • Chiropractic care • Labs, X-rays	Deductible applies		Deductible applies		Deductible applies		Deductible applies	
Preventive Care • Well-child services to age seven • Immunizations (per schedule) • One physical (includes gynecological exam) per calendar year • Cancer screenings	Cost-sharing waived		Cost-sharing waived		Cost-sharing waived		Cost-sharing waived	
In- and outpatient hospital services • Facility services (includes behavioral health care) • Professional services (includes behavioral health care) • Nursing facility	Deductible applies		Deductible applies		Deductible applies		Deductible applies	
Emergency care • Facility services • Professional services	Deductible applies		Deductible applies		Deductible applies		Deductible applies	
Prescription drug coverage Covered under health	In-network deductible applies		In-network deductible applies		In-network deductible applies		In-network deductible applies	

¹Wellmark Network Administration, 2011

²Blue Cross and Blue Shield Association, 2011

³Plans HXS (2-50) and HXW (51-100) include "non-creditable" prescription drug coverage per Wellmark's assessment against the Centers for Medicare & Medicaid Services (CMS) creditable coverage requirements.

- The deductible and out-of-pocket maximum may change each year based on the federal government's cost-of-living adjustments.
- The entire family deductible must be satisfied before benefits are available to the family member.
- Prescription drugs are covered under health at the in-network deductible/out-of-pocket maximum level. Members pay the discounted cost of their prescription drugs and are reimbursed once they meet their deductible.
- Nursing facility care limited to 90 days per calendar year.
- Infertility covered through diagnosis.
- For groups with 2-50 employees, services for chemical dependency (excluding alcohol treatment) limited to 30 inpatient hospital days per calendar year. Inpatient alcohol treatment limited to 30 days per six-month period, and a lifetime maximum of 90 days. Limits do not apply to groups with 51-100 employees.
- Benefits and general provisions described are subject to terms of the actual Coverage Manual.
- All amounts shown above are member liability amounts.

BlueSelect HRA Compatible PPO Plans

	NN6 2-50	CW3 51-100	NN7 2-50	CW4 51-100	NP5 2-50	CW5 51-100	NP6 2-50	CW6 51-100
In-network benefit period deductible/ out-of-pocket maximum Single/family	\$1,500 / \$3,000		\$2,000 / \$4,000		\$2,500 / \$5,000		\$5,000 / \$10,000	
Out-of-network benefit period deductible/out-of-pocket maximum Single/family	\$2,500 / \$5,000		\$3,000 / \$6,000		\$3,500 / \$7,000		\$6,000 / \$12,000	
Coinsurance In-network/out-of-network	0%		0%		0%		0%	
Provider network								
Blue Select Network	99% of hospitals and 100% of physicians in South Dakota ¹							
BlueCard Network	More than 90% of hospitals and 80% of doctors nationwide ²							
Office Services • Illness or injury • Behavioral health care (mental health, chemical dependency) • Chiropractic care • Labs, X-rays	Deductible applies		Deductible applies		Deductible applies		Deductible applies	
Preventive Care • Well-child services to age seven (deductible waived) • Immunizations (per schedule) • One physical (includes gynecological exam) per calendar year • Cancer screenings								
In-network	\$0		\$0		\$0		\$0	
Out-of-network	Deductible applies		Deductible applies		Deductible applies		Deductible applies	
In- and outpatient hospital services • Facility services (includes behavioral health care) • Professional services (includes behavioral health care) • Nursing facility	Deductible applies		Deductible applies		Deductible applies		Deductible applies	
Emergency care • Facility services • Professional services	Deductible applies		Deductible applies		Deductible applies		Deductible applies	
Blue Rx Preferred prescription drug coverage								
Tier 1 / Tier 2 / Tier 3 / Tier 4	\$8 / \$35 / \$50 / \$85		\$8 / \$35 / \$50 / \$85		\$8 / \$35 / \$50 / \$85		\$8 / \$35 / \$50 / \$85	
Specialty drugs	\$85		\$85		\$85		\$85	
Benefit period deductible – Single/family • AXX (2-50) / AKX (51-100)	\$100 / \$200 (waived for Tier 1 drugs)		\$100 / \$200 (waived for Tier 1 drugs)		\$100 / \$200 (waived for Tier 1 drugs)		\$100 / \$200 (waived for Tier 1 drugs)	

¹Wellmark Network Administration, 2011

²Blue Cross and Blue Shield Association, 2011

- The entire family health deductible must be satisfied before benefits are available to the family member.
- Nursing facility care limited to 90 days per calendar year.
- Infertility covered through diagnosis.
- For groups with 2-50 employees, services for chemical dependency (excluding alcohol treatment) limited to 30 inpatient hospital days per calendar year. Inpatient alcohol treatment limited to 30 days per six-month period, and a lifetime maximum of 90 days. Limits do not apply to groups with 51-100 employees.
- Benefits and general provisions described are subject to terms of the actual Coverage Manual.
- All amounts shown above are member liability amounts.

BluePriority FlexSM Flexible Spending Account Plans

	Medical Reimbursement Account	Limited Purpose Medical Reimbursement Account	Dependent Care Reimbursement Account	Premium Only Plan
What Is It?	Used to pay for eligible health care expenses not covered under a health plan and/or dental plan, such as copayments and vision related expenses.	Used in place of the medical reimbursement account if the participant is enrolled in a high-deductible health plan with a health savings account (HSA).	Used to pay for child care for children under the age of 13 or adult dependent care expenses for a disabled spouse or IRS tax dependent during working hours.	Allows participants to pay certain insurance premiums with pre-tax dollars.
What Expenses Qualify?	<ul style="list-style-type: none"> • Doctor and dentist fees • Prescription drugs and copays • Health plan copays and deductibles¹ • Contact lenses and eyeglasses • Orthodontia 	<ul style="list-style-type: none"> • Dental and vision care expenses 	<ul style="list-style-type: none"> • Daycare expenses for children under the age of 13 • Before and after school care for children under the age of 13 • Adult dependent care expenses for a disabled spouse or IRS tax dependent 	<ul style="list-style-type: none"> • Qualified, non-taxable insurance premiums: <ul style="list-style-type: none"> – Health – Dental – Vision – Group term life/AD&D – Disability² – HSA contributions
Key Advantages	<ul style="list-style-type: none"> • Employee tax savings for eligible out-of-pocket medical care expenses • Taxable payroll reduced by amount of employee deferrals 	<ul style="list-style-type: none"> • Employee tax savings for dental and vision expenses not paid by another source • Taxable payroll reduced by amount of employee deferrals 	<ul style="list-style-type: none"> • Employee tax savings for eligible dependent care expenses • Taxable payroll reduced by amount of employee deferrals 	<ul style="list-style-type: none"> • Taxable payroll reduced by amount of employee premium contributions • Reduces cost of group coverage
Who Can Contribute?	Funded by employee deferrals and/or employer contributions			Employee pre-tax premium contributions

¹ Medical reimbursements are not restricted to Wellmark health plans; participants may submit out-of-pocket liability on any health plan that covers the employee, spouse, or tax dependents.

² There may be income tax considerations for employees collecting disability benefits. Consult a tax advisor.

HRA and Flex Administration

Look to Wellmark Blue Cross and Blue Shield for complete support to develop, administer, and stack your HRA and Flex programs.

- › Dependable service from dedicated customer service specialists
- › Easy plan set-up and maintenance
- › Electronic funding
- › 24/7 access to account information
- › Employee education and enrollment programs
- › Debit cards and automatic reimbursement options
- › Annual compliance and non-discrimination testing
- › Integrated health insurance and health care financial services

A Single Source for the Coverage You Need

Save your company time and money by packaging your Wellmark health plan with additional offerings such as group term life, vision and disability. Through our subsidiary, Midwest Benefit Consultants, you can purchase additional insurance protection to enhance your company's benefit plan and offer employees broader coverage. All additional offerings can be either employer-paid or voluntary coverage.

Additional Offerings

> GROUP TERM LIFE AND AD&D

Standard and custom life insurance packages¹ offer a comprehensive set of benefits to meet the needs of most groups. They include group term life, accidental death and dismemberment (AD&D), and optional dependent coverage.

Both standard and custom packages offer the following plan designs:

- > **Flat Amount** – All employees are covered at the same flat amount.
- > **Multiples of Salary** – All employees are covered for a multiple of their salaries up to a maximum amount (e.g. one times, two times, or three times annual earnings).
- > **Classification Schedule** – Employees are divided into classes that have coverage classes.

> VISION

Vision plans² offer three eye care coverage options with a choice of copays, benefit levels, and hardware allowances. Participation requirements and employer contribution levels vary according to group size.

- > **Fully Insured Plus Plan** – Full coverage for annual vision examinations, frames or contacts (up to an allowance), and standard lenses.
- > **Materials Only Plan** – For groups with health plans that cover vision exams. Standard lenses and frames or contacts (up to an allowance), are covered in full.
- > **Discount Plan** – Provides discounts on vision exams and materials, rather than insured benefits. No participation

> DISABILITY

Disability insurance plans¹ help replace income so your employees can focus on what's most important — getting better.

- > **Group Short-Term Disability (STD)** – Pays benefits for employees when their income is temporarily interrupted by an accident or sickness. Weekly benefits are usually based on a percentage of earnings.
- > **Group Long-Term Disability (LTD)** – Provides income protection for employees, and support and assistance to help impacted employees return to work. Monthly benefits are generally based on a percentage of the employee's pre-disability; other elimination periods are also available.

> WORKSITE MARKETING PRODUCTS

Supplemental worksite marketing products³ can be offered at your business. Trained enrollment specialists meet one-on-one with employees interested in enrolling or learning more about the advantages of these products.

- > **Cancer** – Cancer plans provide coverage when certain losses occur as a result of cancer or other covered specified diseases. These plans provide extra protection to meet the costs associated with these illnesses.
- > **Accident** – Accident policies are designed to provide supplemental coverage for costs associated with accidental injury and death.
- > **Hospital Confinement** – Hospital confinement plans pay daily inpatient hospital and related benefits directly to the insured, regardless of other coverage. Employees can customize plans to meet their needs.
- > **Critical Care** – Critical care policies provide a lump sum payment upon first diagnosis of a covered illness such as cancer, heart attack, or stroke.

A good benefits offering is essential for attracting and retaining employees.

¹Products underwritten by Fort Dearborn Life Insurance Company.

²Products underwritten by Fidelity Security Life Insurance Company and administered by Avesis Third Party Administrators, Inc.

³Products underwritten by USAble Life.

RATING PRACTICES

New Business

The premium your group pays consists of the "base rate," reflective of an average rate for an average group that is consistently used for all other groups purchasing coverage at the same time. It captures trends in health care costs, projected trends, and claims experience for the block of small employers in the pool. From there, a variety of group-specific factors are applied to determine the overall rate.

For groups with 2-50 benefit-eligible employees, these group-specific factors include:

- **Risk Level:** Reflects the relative health risk of each specific group to others in the pool.
- **Demographics:** Reflects each employee's age, gender, and type of contract within the group, as compared to the average used in assessing the base rate.
- **Plan Value:** Reflects the relative value of benefits in each health plan as compared to other health plans within the portfolio (i.e., the lower the member liability, the higher the plan value).
- **Group Size:** Reflects the relative differences in costs for groups based on the number of enrolled employees.
- **Geographic Area and Network:** Reflects the relative differences in costs based on the location of the group's employees.
- **Distribution:** Reflects the relative differences in distribution costs for groups that belong to certain associations.

For groups with 51-100 benefit-eligible employees, premiums are calculated using the factors above (with the exception of Group Size), plus additional factors including factors regarding industry and trend.

RENEWAL POLICIES

- The total percentage change in premium is calculated by applying the current year census (e.g. the number of employees and the mix of single/family contracts) to each of the rates prior to renewal and at renewal. The difference results from changes to the base rates as well and other factors used to determine the group premium.
- The renewal rate for your current health plan is released to the employer group at least 45 days prior to the effective date. Alternatives for different plan designs will also be provided.
- Benefit changes that involve increasing the member liability and lowering plan value are allowed at renewal and one time during the plan year. Benefit changes that involve decreasing member liability and raising plan value are allowed only at renewal.

PREEXISTING CONDITION PROVISIONS

- Preexisting condition exclusion provisions apply to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within the 6 month period ending on the day before the effective date of coverage under the plan, or, if a waiting period applies before coverage starts, then ending on the day before the first day of the waiting period. The preexisting condition exclusion provision does not apply to pregnancy or to a child who is enrolled in the plan within 60 days after birth, adoption, or placement for adoption.
- The preexisting condition exclusion period is 12 months for new hires and special enrollees, and 18 months for late entrants. It begins on the effective date of coverage; or, if a waiting period applies before coverage under your plan is effective, the exclusion period begins on the first day of the waiting period.
- The length of the preexisting condition exclusion period is reduced by the number of days of prior creditable coverage, if no break in coverage occurs of 63 days or more.
- Preexisting condition exclusions will not apply to members under the age of 19 beginning the first plan year following September 23, 2010.

IMPORTANT: It is the group/employer's obligation to determine whether coverage is discriminatory or otherwise in violation of Internal Revenue Code Section 105(h).

WELLMARK WILL NOT DETERMINE WHETHER COVERAGE IS DISCRIMINATORY OR OTHERWISE IN VIOLATION OF INTERNAL REVENUE CODE SECTION 105(h). WELLMARK ALSO WILL NOT PROVIDE ANY TESTING FOR COMPLIANCE WITH INTERNAL REVENUE CODE SECTION 105(h). WELLMARK WILL NOT BE HELD LIABLE FOR ANY PENALTIES OR OTHER LOSSES RESULTING FROM EMPLOYER OFFERING COVERAGE IN VIOLATION OF SECTION 105(h).

Our suite of small business plans provides flexibility and affordability. Depending on your budget and employee needs, you can find answers at Wellmark. Let us help you find the right solutions for your small business.



Call 877-610-6392, go to Wellmark.com/RealSolutions or contact your authorized local Wellmark agent.



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