

Be *SELECTIVE.*  
*Smart.*

*SimplyBlue.<sup>SM</sup>*

OUTLINE OF COVERAGE

**AllianceSelect<sup>SM</sup>**

COMPREHENSIVE, ENHANCED AND VALUE PLANS

SimplyBlue Health Plans for Individuals & Families

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

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

*Premium payments and service fees\* may be made on a calendar month, calendar quarter, semi-annual calendar year or calendar year basis. For example, a monthly premium and service fee payment would be for the first day of a month through the last day of such month. A quarterly payment would be for any calendar quarterly period, such as January 1 through March 31. A semi-annual payment would be for the period of either January 1 through June 30 or July 1 through December 31. An annual payment would be for January 1 through December 31 of the applicable year.*

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

**Monthly Payments:** Monthly payments will continue to be made through electronic funds transfer (EFT) only. For monthly premium and service fee payments, any increase will be deducted from the member's designated account in the first month the increase becomes effective. For each month thereafter, the increased monthly premium and service fee will automatically be deducted.

**Quarterly Payments:** Quarterly payments will continue to be made through electronic funds transfer (EFT) only. For quarterly premium and service fee payments, any increase for the remaining portion of a quarter will be deducted from the member's designated account in the month the increase becomes effective. For each quarter thereafter, the increased monthly premium and service fee will automatically be deducted.

**Semi-Annual Payments:** For semi-annual payments, the Member must pay a bill for a premium and service fee payment representing the difference between the new semi-annual premium and service fee amount and the amount previously paid for such period. The Member also will be required to pay subsequent semi-annual premiums and service fee amounts that include the premium and service fee increase.

**Annual Payment:** For an annual premium and service fee payment, the Member must pay a bill for a premium and service fee payment that equals the difference between the new annual premium and service fee amount and the previously paid annual premium and service fee amount.

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

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

\*A component of your total cost is the service fee. This fee, charged on a monthly basis, reflects a portion of the administrative costs of reviewing, administering, and maintaining contracts.

# AllianceSelect

The Alliance Select plans outlined here and detailed in the policies are designed to provide you coverage for hospital, medical, and surgical expenses incurred as a result of a covered illness or injury. This type of program is referred to as “individual coverage.” Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, and out-of-hospital care. Covered services are subject to deductible, coinsurance and copayment provisions, or other limitations set forth in the policy. This coverage is available to you (“single” coverage), to you and your spouse or to your unmarried dependent child (“two-person” coverage), or to you and your family (“family” coverage, including your spouse and/or unmarried dependent children). You will pay the premium and the service fee required for coverage directly to Wellmark Blue Cross and Blue Shield of Iowa.

## Terms to Know

### Deductible

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

### Family Deductible

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 before he or she receives benefits for a covered service during a benefit period.

### Common Accident Deductible

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

### Carry-over Deductible

Under the Alliance Select *Comprehensive* and *Enhanced* plans, charges for covered services incurred in the last three months of the year that are used to meet the current year’s deductible will carry over to meet the following year’s deductible.

### Coinsurance

Coinsurance is the amount, calculated using a fixed percentage, you pay each time you receive services. The provider you choose affects how your coinsurance is calculated.

#### Coinsurance is based on:

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

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

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

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

**Preferred Provider Organization (PPO) Network**  
Alliance Select health plans are supported by our extensive Alliance Select PPO network in Iowa, and through BlueCard PPO nationwide. Your out-of-pocket expenses may be less when seeking care from a PPO network provider.

### Payment Arrangements

We use various methods to determine payment arrangements, including negotiated fees, based upon our contracting relationships with providers. These payment arrangements usually result in provider savings and can affect how your coinsurance is calculated.

**Billed Charge** — The amount a provider bills for any services whether or not they are covered under your policy.

**Covered Charge** — The amount a provider bills for services covered under your policy.

**Maximum Allowable Fee** — The amount we establish, using various methods, for covered services.

**Balance Billing** — The difference between a provider’s charge and our maximum allowable fee for a specific service, procedure, or product. When you visit a non-participating provider, you are responsible for this difference. Balance billed amounts do not apply toward your deductible or out-of-pocket maximum and do not qualify for coinsurance benefits.

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

<sup>1</sup> 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.

<sup>2</sup> Prosthetic limbs are subject to a 20% coinsurance for Alliance Select providers.

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

<sup>4</sup>Benefit period drug deductible is \$200 single; \$400 two-person; \$600 family

<sup>5</sup>Benefit period drug deductible is \$100 single; \$200 two-person; \$300 family

## Office Services — Alliance Select Network Provider

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

- 10 percent of the network provider's billed charge (*Comprehensive* plans).
- 20 percent of the network provider's charge (*Enhanced* plans).
- Under our *Value* plans for covered office exams performed by an Alliance Select network provider, you are not required to pay any deductible amount. You are responsible for:
  - \$20 copayment per exam at a primary care practitioner (PCP)<sup>2</sup> or
  - \$40 copayment per exam at a non-primary care practitioner. All other related services are subject to deductible and coinsurance.
- For covered office services at an Alliance Select provider's office other than the office exam, you are responsible for:
  - Benefit period deductible
  - 40 percent of the network provider's charge.
- Covered office services include office visits and consultations, x-rays, laboratory testing, and minor surgery; and most outpatient x-rays and laboratory testing billed by an Alliance Select facility when your practitioner refers you to the facility. Note: The deductible is not waived for CT scans, MRAs, MRIs, nuclear medicine, PET scans, radiation therapy and ultrasound.

## Office Services — Non-Alliance Select Network Provider

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

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

You are also responsible for:

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

## Benefits

### Approved Hospital/Health Care Facility Services

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

Approved health care facilities include ambulatory surgical facilities, hospitals, and nursing facilities.

*Comprehensive* plans also consider community mental health centers and facilities for treatment of chemical dependency to be approved health care facilities.

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

### Inpatient Services

All Alliance Select plans cover:

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

Comprehensive plans also include:

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

### Outpatient Services

All Alliance Select plans cover:

- Accidental injury care
- Anesthetics and their administration
- Chemotherapy services
- Complications of pregnancy
- Corneal grafts
- Dressing and casts

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

#### Comprehensive plans also include:

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

#### Approved Practitioner Services

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

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

#### The following is a list of approved practitioner services for all plans:

- Accidental injury services
- Allergy testing and treatment
- Anesthetics and their administration
- Assisting surgeon services
- Chemotherapy
- Complications of pregnancy
- Concurrent care
- Consultation services
- Corneal grafts
- Certain dental services
- Genetic testing and counseling in certain circumstances
- Hemodialysis services
- Medical emergency care
- Musculoskeletal treatment
- Occupational therapy to treat the upper extremities
- One routine mammography x-ray per year per covered person. Mammograms may be more frequent if recommended by your practitioner.
- One routine physical examination per year per covered person with a gynecological exam covered as part of the physical examination (*Comprehensive* and *Enhanced* plans only)
- Radiation therapy
- Rehabilitative speech therapy treatment (must be coordinated through home health services if provided through a home health agency)
- Routine gynecological examination subject to annual per member dollar limit. (*Value* plans only)

- Routine pap smears (*Value* plans subject to annual per member dollar limit)
- Routine physical examination and related services subject to annual per member dollar limit (*Value* plans only)
- Surgical services
- Well-child care including physical exams, immunizations and laboratory services until the child reaches age 7
- X-ray and laboratory services including electrocardiograms and ultrasounds

#### Comprehensive plans also include:

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

#### Other Covered Services for All Plans

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

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

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

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

#### Home Health Services

Coverage includes care provided by an agency accredited by the Joint Commission for Accreditation of Health Care Organizations (JCAHO) and/or a Medicare-certified agency.

Services must be prescribed by a practitioner, approved by our case manager, and not more costly than alternative services that would be effective for diagnosis and treatment of your

condition. All plans include these covered services and supplies (see limitations on page 5):

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

### Hospice Services

Coverage is provided to terminally ill patients with a life expectancy of six months or less.

Covered hospice services include the same services as described under home health services as well as respite care from a facility approved by Medicare or JCAHO. Respite care offers rest and relief help for the family caring for a terminally ill patient.

### Supplemental Accident Option

If you chose the \$500 supplemental accidental injury benefit on your application for coverage and you have paid the specific premium for this benefit, you have supplemental accidental injury benefits in the dollar amount specified in your benefits policy.

If this supplemental accidental injury benefit applies to you and you are injured accidentally and are treated within 90 days of the accident, covered charges related to such treatment are not subject to a deductible or coinsurance until after the covered charges exceed the supplemental accidental injury benefit amount.

This supplemental accidental injury benefit is applied to covered charges relating to an accidental injury in the order in which such charges are received by us for payment up to the supplemental accidental injury benefit amount specified in your benefits policy. In the event that your benefits policy already covers such charges, the supplemental accidental injury benefit will not be available.

The supplemental accidental injury benefit applies only to hospital services, practitioner services, services of a registered nurse (R.N.), x-ray and laboratory services. You do not have supplemental accidental injury benefits for disease or infection (except pyogenic infection caused by an accidental cut or wound), services or supplies excluded by your benefits policy, dental treatment, if currently listed in your benefits policy as not covered for supplemental accidental injury.

## Limitations

**Your Alliance Select coverage is limited as follows:**

### Pre-Existing Condition Exclusion Period

You will have an exclusion period of 365 days from the date your policy begins for all pre-existing conditions, including maternity.

However, the exclusion period for preexisting conditions is waived if:

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

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

- Approve coverage; or
- Offer coverage at a substandard (higher) premium; or
- Deny coverage; or
- Offer you a policy amendment, that is, an “Amended Application,” that limits or excludes coverage for a particular condition. (If you accept the policy amendment, or amended application, any services you receive for that condition will be denied for as long as that amendment is in effect, without regard to any preexisting condition exclusion period.)

### Organ Transplant Coverage

Coverage is available under all Alliance Select plans for transplants of the heart, heart and lung, lung, pancreas, kidney, simultaneous pancreas/kidney, small bowel, and liver and for certain autologous and allogeneic bone marrow/stem cell transfer transplants. The *Value* plan includes a \$500,000 lifetime maximum for transplants.

**Other limitations that apply to transplants include:**

- Services for transportation in an ambulance to a transplant center are limited to a \$10,000 maximum per transplant
- You should follow written prior approval requirements for all transplants, except kidney.

### Preventive and Routine Care

The *Value* plans are subject to a \$250 annual combined dollar limit per member per benefit period on preventive and routine care (well-child care and routine mammograms are not subject to this dollar limit).

### Home Skilled Nursing/Nursing Facilities

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

## Treatment of Mental Health Conditions and Chemical Dependency (MH/CD)

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

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

## Infertility Treatment

Only *Comprehensive* plans provide coverage for services or supplies related to the diagnosis or treatment of female or male infertility. This coverage is limited to a lifetime maximum of \$15,000 per covered person.

Coinsurance for infertility services does not apply to your out-of-pocket maximum and continues even when your out-of-pocket maximum is met.

## Respite Care

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

## Cosmetic Surgery

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

## Weight-Reduction Surgery

You are covered for weight reduction surgery provided you meet eligibility criteria for age, medical condition, and history. Not all procedures classified as weight reduction surgery are covered. Prior approval for weight reduction surgery is strongly recommended. If you are accepted and issued coverage, you will receive a benefits policy detailing how to submit a request for prior approval. For information on the requirements to qualify for surgery, visit [www.wellmark.com/WRS](http://www.wellmark.com/WRS).

## Breast Reconstruction after Mastectomy

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

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

# Exclusions

## Counseling

All Alliance Select plans exclude coverage for:

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

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

- Chemical dependency treatment
- Treatment for mental health conditions

## Fertility, Infertility and Maternity

All Alliance Select plans exclude coverage for:

- Contraceptives used solely for the purpose of preventing conception, unless you purchase the optional contraceptive coverage
- Infertility treatment following voluntary sterilization
- Services provided for the collection of donor semen, oocytes, or the services of a surrogate parent
- Sterilization reversal

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

- Abortion
- Infertility treatment
- Maternity services — except for complications of pregnancy
- Sterilization

## Miscellaneous

All Alliance Select plans exclude coverage for:

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

- Personal convenience items
- Services furnished to you prior to the date your policy begins
- Travel or lodging costs
- Vision care
- Wigs

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

- Temporomandibular Joint Syndrome

### Organ Transplants

All Alliance Select plans exclude coverage for:

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

### Preventive and Routine Care

All Alliance Select plans exclude coverage for:

- Immunizations for persons age 7 and older
- Routine foot care
- Routine, periodic physical or health examinations, immunizations or screening procedures that are performed solely for school, sport, employment, insurance, licensing, or travel

*Value* plans also exclude coverage for:

- Routine physical examinations and related services after \$250 annual per member combined benefit is exhausted
- Routine gynecological examinations after \$250 annual per member combined benefit is exhausted
- Routine pap smears after \$250 annual per member combined benefit is exhausted

### Provider Types

These providers are excluded on all Alliance Select plans:

- Athletic trainers
- Provider is an immediate family member

The *Enhanced* and *Value* plans also exclude these provider types:

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

### Covered by Other Programs or Laws

All Alliance Select plans exclude:

- Military-related injury
- Services and supplies that are covered or could have been covered under Workers' Compensation laws
- Services and supplies when you are entitled to claim benefits from governmental programs (except Medicaid)

- Services or supplies when someone else has the legal obligation to pay for your care

### Therapy, Self-Motivation, and Other Programs

All Alliance Select plans exclude:

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

# BlueRx<sup>SM</sup> Preferred

**Most prescription drugs are covered under Blue Rx Preferred, your managed drug program, not under your health policy. Wellmark has contracted with Catalyst Rx® — a full-service pharmacy benefit management company that provides integrated pharmacy benefit services to customers nationwide — to be our pharmacy benefit manager.**

Catalyst Rx offers nationwide access to its fully integrated pharmacy benefit program. Wellmark members who have their prescriptions filled by any of the more than 60,000 participating pharmacies nationwide\* — whether in or out-of-state — will have their claims filed electronically by the pharmacy. In addition, network pharmacies have point-of-sale computer access to current information to screen for duplicate therapies or interactions with drugs dispensed by other network pharmacies.

## Blue Rx Preferred Prescription Drug Card Plan

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

The pharmacist uses this Rx BIN number to file your claim electronically and to determine how much you pay when picking up your prescription. If you choose to get a prescription from a pharmacy that does not contract with Catalyst Rx, you will need to submit a paper claim to Catalyst Rx in order to receive reimbursement, and you will be responsible for any difference between the Catalyst Rx-negotiated price and the pharmacy's billed charge plus any copayment or coinsurance amount.

## Understanding Drug Tiers

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

## Three Levels of Payment

With a three-tier Blue Rx Preferred plan, the amount you pay for prescriptions depends on whether the drug is on the first, second or third tier of the Wellmark Drug List.

- You'll have the lowest copayment for drugs on the first tier (generic drugs).
- You'll have an intermediate copayment for drugs on the second tier (specially selected brand name drugs).
- You'll have the highest copayment for drugs on the third tier (all other brand name drugs).

## Covered Drugs

- Most prescription drugs that bear the legend, "Caution, Federal Law prohibits dispensing without a prescription."
- Contraceptives that are medically necessary are covered.
- Insulin and insulin-related supplies such as needles, syringes, test strips, and lancets.
- Prescription drugs that are prescribed by a practitioner legally authorized to prescribe.
- Drugs dispensed by a pharmacist from a licensed retail pharmacy.

## Contraceptive Coverage Option

Coverage for oral contraceptives and contraceptive devices that are used for the purpose of preventing conception can be added to your policy for an additional premium.

## Non-Covered Drugs and Services

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

## Quantity Limitations

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

\*Catalyst Rx, 1st Quarter, 2009

## Generic Drugs

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

## Retail Prescription Drugs

You are covered for a 30-day supply.

## Mail-Order Prescription Drugs

You are covered for up to a 90-day supply of maintenance drugs. A 31-90 day supply of maintenance drugs is subject to two copayments through Wellmark's contracted mail order vendor.

## Refills

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

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

## Wellmark Drug List

Often there is more than one medication available to treat the same medical condition. The Wellmark Drug List is a list of safe and cost effective medications that serves as a guide to practitioners when deciding which medications to prescribe for their patients.

The Wellmark Drug List was developed by a local committee of practitioners and pharmacists in cooperation with our contracted pharmacy benefit manager. The list suggests medications a practitioner might prescribe when there is a choice of medications to treat the same condition. This list is continually revised to reflect changes in the drug industry.

Practitioners are not limited to prescribing only the drugs that appear on the Wellmark Drug List. Practitioners may prescribe any medication, and that medication will be covered unless it is specifically excluded from your benefit plan.

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

## Rebates

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

## Prior Authorization

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

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

# BlueDental<sup>SM</sup>

**Dental coverage is available through the Blue Dental Program. This optional coverage offers benefits for diagnostic and preventive care, minor restorative care, and major restorative care.**

## Blue Dental Network

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

## Dental Health Alliance (DHA) Network

If you reside or travel outside the Blue Dental service area, you can visit a dentist who is part of the national DHA network. The DHA network includes more than 65,000 locations through DHA.\* Just show your ID card to the DHA dentist to receive the same advantages you receive when visiting a Blue Dental provider.

## Covered Services

### Check-ups and Teeth Cleaning

- Bitewing x-rays — once every 12 consecutive months
- Dental cleaning/prophylaxis — twice per benefit period
- Full-mouth x-rays — once every five consecutive years
- Occlusal and extraoral x-rays
- Oral evaluations — twice per benefit period
- Periapical x-rays
- Space maintainers — only for dependent children under age 15
- Topical fluoride applications — for dependent children under the age of 19, once every 12 consecutive months
- Topical sealant applications — for eligible dependent children under age 15; once per permanent first and second molars in a lifetime

### Cavity Repair and Tooth Extractions

- Contour of bone (alveoloplasty)
- Emergency treatment for the relief of pain or infection of dental origin

- General anesthesia/sedation billed by the operating dentist for covered oral surgery
- Limited occlusal adjustment
- Restoring decayed or fractured teeth
- Routine oral surgery
- Wisdom teeth extractions

### Major Restorative

- Crowns
- Endodontics
- Onlays and Inlays
- Periodontics

### Exclusions

- Bridges
- Congenital deformities
- Cosmetic procedures
- Dentures
- Implants
- Local anesthesia when billed separately
- Occlusal adjustment
- Orthodontics

When you first apply for one of our Alliance Select plans, you will have the opportunity to choose Blue Dental coverage. If you choose not to enroll in Blue Dental coverage when you first apply for Alliance Select coverage, you will not be eligible to enroll in Blue Dental coverage at a later date unless you have an event that allows you to add a person to your policy. Following our acceptance of your application and issuance to you of the Alliance Select and Blue Dental policies, if you decide to terminate the policies, you will not be eligible for a medical policy with the same deductible. You may apply for a medical policy with a different deductible amount, subject to our applicable medical underwriting guidelines.

\*Dental Health Alliance, 2009

	Your Payment Obligations
<b>Benefit Period Deductible</b> (Applies to all services except diagnostic and preventive)	\$50 Single/\$100 Two-person/\$150 Family
<b>Benefit Period Maximum</b>	\$1,000 per person covered
<b>Diagnostic &amp; Preventive</b>	20% coinsurance
<b>Basic Restorative</b> Fillings, extractions, oral surgery (6-month waiting period before benefits available)	20% coinsurance
<b>Major Restorative</b> Endodontics, periodontics, crowns, onlays and inlays (12-month waiting period before benefits available)	50% coinsurance
<b>Bridges and Dentures</b>	Not covered

# Notification Requirements

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

## Precertification

Precertification is a process whereby you or your provider notify Wellmark Blue Cross and Blue Shield of Iowa before a planned admission to a nursing facility or acute rehabilitation facility. Precertification is also required before receiving home health, hospice, home infusion therapy, or home skilled nursing services. During precertification, Wellmark Blue Cross and Blue Shield of Iowa checks benefit eligibility and determines whether medical necessity standards have been met.

## Continued Stay Review

Continued Stay Review is a review of your care when you are in a hospital, nursing facility, or other health facility or when you

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

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

## Prior Approval

Before you receive treatment for certain services and supplies, you or your provider should request our prior approval. Prior approval helps determine whether a proposed treatment plan is medically necessary, a benefit of your policy, and ensures you receive full benefits for certain services. A list of services on which we recommend prior approval can be found in your policy.

## BlueCard®

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

### When you use a BlueCard PPO provider:

- You pay the applicable deductible, copayment or coinsurance amount.
- You'll get Blue Plan PPO-provider negotiated prices.
- Your claims will be processed at the Alliance Select in-network coinsurance level.

- Participating providers have agreed not to collect from you any difference between their billed charge and the negotiated charge
- Access to more than 600,000 physicians and 5,000 hospitals worldwide.\*
- Participating providers and many non-participating providers will honor your ID card and file your claims for you.
- BlueCard providers do not handle notification requirements for you.

*\*Blue Cross and Blue Shield Association, 2008*

# General Provisions

**Eligibility:** You are eligible to apply for Alliance Select coverage if you are a resident of Iowa, under 65 years of age, and not eligible for Medicare. If you become enrolled in Medicare during the term of this benefits policy, this benefits policy will provide benefits secondary to Medicare unless application of federal law determines this benefits policy must provide benefits primary to Medicare.

## Coverage Renewability

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

## Medicare Eligibility

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

When you become eligible for Medicare, you may convert to one of our Senior Blue<sup>®</sup> Medicare Supplement plans without answering health questions if you still reside in Iowa, and you have Medicare Parts A and B and you apply during your six-month guaranteed enrollment period. This period begins with the first month that you are both age 65 or older and enrolled in Medicare Part B (medical insurance).

## Subrogation

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

You and your covered family member(s) agree to notify us if you have the potential right to receive payment from someone else and to cooperate with us to ensure that our rights to subrogation are protected.

We reserve the right to offset any amounts owed to us against any future claim settlement amounts.

## Coordination of Benefits

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

Benefits payable under this policy, when combined with those paid under your other coverage, will not be more than 100 percent of either our payment arrangement amount or the other plan's payment arrangement amount.

The method we use to calculate the payment arrangement amount may be different from your other plan's method.

For your Blue Rx Preferred coverage, Wellmark applies coordination of benefits in the following manner: Wellmark will always pay as though it is the primary carrier when you use your ID card for prescription drugs purchased at a pharmacy.

## Other Information

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

**For a description of all individual health care plans, please refer to the chart in the "SimplyBlue Product Overview" brochure.**

# Whole Health Dimensions®

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

## Personal Health Assistant 24/7

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

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

## Wellness Services

One of the most important things you can do for you and your family is to protect your future health. Wellmark Blue Cross and Blue Shield of Iowa is positioned to provide positive, proactive health management strategies and solutions.

- **Confidential Personal Health Assessment**—a web-based tool that can assist you in evaluating your health status and risk levels.

- **Online Behavior Change Programs**—web-based programs that help members take action to improve their health.

## Pregnancy Care Program

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

## Disease Management Program

Our Disease Management program is a program that supports you and your doctor when dealing with a chronic condition. If you're diagnosed with diabetes, a cardiac condition (heart failure, coronary artery disease), asthma, or chronic obstructive pulmonary disease (COPD), you'll be invited to participate in the program. Our disease management nurse keeps your doctor informed of your progress in the program. The goal is to support and reinforce the treatment you and your doctor have established.

## Complex Case Management Program

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

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

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

## If You Have Questions or Need Additional Information:

Please call your agent or Wellmark Blue Cross and Blue Shield of Iowa.  
We're here to help when and where you need us.  
That's the difference of Blue.



An Independent Licensee of the Blue Cross and Blue Shield Association

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