



Wellmark BlueCross BlueShield Plans 2018-2019

|                       | Option 1   |                               | Option 2   |   |                        | Option 3   |                                |
|-----------------------|--|-------------------------------|--|---|------------------------|--|--------------------------------|
|                       | Wellmark BCBS  |                               | Wellmark BCBS  |   |                        | Wellmark BCBS  |                                |
|                       | Alliance Select  |                               | Blue Choice  |   |                        | Alliance Select  |                                |
|                       | OBS #116409-149/116409-150                                 |                               | OBS #116409-153/116409-154                                 |   |                        | OBS #116409-151/116409-152                                 |                                |
|                       | In Network   | Out-of-Network                | Level 1 Benefit  | Level 2 Benefit                             | Level 3 Benefit        | In Network   | Out-of-Network                 |
| Deductible            | \$1,000 Single/\$2,000 Family                              | \$2,000 Single/\$4,000 Family | \$1,000 Single/\$2,000 Family                              |   |                        | \$3,000 Single/\$6,000 Family                              | \$6,000 Single/\$12,000 Family |
| Coinsurance           | 80%/20%  | 60%/40%                       | 80%/20%  |   |                        | 100%/0%  | 100%/0%                        |
| Out-of-Pocket Maximum | \$2,000 Single/\$4,000 Family                              | \$4,000 Single/\$8,000 Family | \$2,000 Single/\$4,000 Family                              |   |                        | \$3,000 Single/\$6,000 Family                              | \$6,000 Single/\$12,000 Family |
| Ambulance Expense     | Deductible/Coinsurance                                     | Deductible/Coinsurance        | Deductible/Coinsurance                                     | Deductible/Coinsurance                      | Deductible/Coinsurance | Deductible/Coinsurance                                     | Deductible/Coinsurance         |
| Office Visit Copay    | \$25 PCP/\$40 Specialist                                   | Deductible/Coinsurance        | \$25   | \$40  | Deductible/Coinsurance | Deductible/Coinsurance                                     | Deductible/Coinsurance         |
| Preventive Care       | Copay is waived  | Deductible/Coinsurance        | Copay is waived  | \$40  | Deductible/Coinsurance | Not subject to Deductible*                                 | Deductible/Coinsurance         |
| Well Child Care       | Copay is waived  | Deductible/Coinsurance        | Copay is waived  | \$40  | Deductible/Coinsurance | Not subject to Deductible                                  | Deductible/Coinsurance         |
| Urgent Care Copay     | \$25 (if services billed as office visit)                  | Deductible/Coinsurance        | \$25 (if services billed as office visit)                  | \$40 (if services billed as office visit)   | Deductible/Coinsurance | Deductible/Coinsurance                                     | Deductible/Coinsurance         |
| Emergency Room Copay  | \$75   | Deductible/Coinsurance        | \$100  |   |                        | Deductible/Coinsurance                                     | Deductible/Coinsurance         |
| Chiropractic          | \$25 Subject to Care Management                            | Deductible/Coinsurance        | \$25 Subject to Care Management                            |   |                        | Deductible/Coinsurance                                     | Deductible/Coinsurance         |
| Lifetime Maximum      | Unlimited  |                               | Unlimited  |   |                        | Unlimited  |                                |
|                       | <b>Prescription Drugs</b>                                  |                               | <b>Prescription Drugs</b>                                  |   |                        | <b>Prescription Drugs</b>                                  |                                |
| Pharmacy              | Copay: \$15/\$30/\$45 & 2 copays for mail order            | NA                            | Copay: \$15/\$30/\$45 & 2 copays for mail order            |   |                        | NA   | Deductible/Coinsurance         |
|                       | <b>Mental Health &amp; Substance Abuse Services MHCD**</b> |                               | <b>Mental Health &amp; Substance Abuse Services MHCD**</b> |   |                        | <b>Mental Health &amp; Substance Abuse Services MHCD**</b> |                                |
| Outpatient            | \$25 Office visit or Deductible/Coinsurance                | Deductible/Coinsurance        | \$25 Office visit or Deductible/Coinsurance                | \$40 Office visit or Deductible/Coinsurance | Deductible/Coinsurance | Deductible/Coinsurance                                     | Deductible/Coinsurance         |
| Inpatient             | Deductible/Coinsurance                                     | Deductible/Coinsurance        | Deductible/Coinsurance                                     | Ded. applies then plan pays                 | Deductible/Coinsurance | Deductible/Coinsurance                                     | Deductible/Coinsurance         |
|                       | <b>2018-2019 Rates</b>                                     |                               | <b>2018-2019 Rates</b>                                     |   |                        | <b>2018-2019 Rates</b>                                     |                                |
| Employee              | \$672.06   |                               | \$617.83   |   |                        | \$508.35   |                                |
| Employee/Spouse       | \$1,381.22   |                               | \$1,268.46   |   |                        | \$1,040.82   |                                |
| Employee/Child(ren)   | \$1,275.18   |                               | \$1,171.17   |   |                        | \$961.20   |                                |
| Family                | \$1,686.17   |                               | \$1,548.24   |   |                        | \$1,269.79   |                                |

\*Does not include routine vision exam

\*\*MHCD treated as any other illness

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Benefit Elections Due by May 29, 2018

