



# 2018 Renewal Alternatives

Group Name \_\_\_\_\_

Group Number \_\_\_\_\_

Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Synergy Health, Inc. and Wellmark Value Health Plan, Inc. are independent licensees of the Blue Cross and Blue Shield Association.

## Blue Dental<sup>SM</sup> Blue Dental PPO<sup>SM</sup>

You can choose up to three (3) 'Health & Rx Plans' to offer your employees, or select a Defined Contribution Package. Please check the box next to the health plans(s), Blue Dental plan and/or Vision & Hearing for which you wish to enroll, and return this form to Wellmark.

Health & Rx Plans							
Select up to 3	Health Code	Drug Code	Plan Option <sup>1</sup>	Network	Deductible Single/Family	Coinsurance IN	Out of Pocket Maximum (In-Network) Single/Family
<input type="checkbox"/>	1LO	WLO	SimplyBlue 5500 PPO	PPO	\$5,500/\$11,000	50%	\$7,350/\$14,700
<input type="checkbox"/>	1NO	WNO	myBlue HDHP Bronze 4500 PPO	PPO	\$4,500/\$9,000	50%	\$6,650/\$13,300
<input type="checkbox"/>	1QO	WQO	CompleteBlue 2800 PPO	PPO	\$2,800/\$5,600	30%	\$7,350/\$14,700
<input type="checkbox"/>	40I	4PI	myBlue HDHP Silver 3600 PPO	PPO	\$3,600/\$7,200	0%	\$3,600/\$7,200
<input type="checkbox"/>	60I	1A0	EnhancedBlue 1000 PPO	PPO	\$1,000/\$2,000	20%	\$4,000/\$8,000
<input type="checkbox"/>	61O	NJG	myBlue HDHP Gold 2000 PPO	PPO	\$2,000/\$4,000	0%	\$2,000/\$4,000
<input type="checkbox"/>	1MO	WMO	SimplyBlue 5500 HMO	HMO	\$5,500/\$11,000	50%	\$7,350/\$14,700
<input type="checkbox"/>	1PO	WPO	myBlue HDHP Bronze 4500 HMO	HMO	\$4,500/\$9,000	50%	\$6,650/\$13,300
<input type="checkbox"/>	1RO	WRO	CompleteBlue 2800 HMO	HMO	\$2,800/\$5,600	30%	\$7,350/\$14,700
<input type="checkbox"/>	1SO	WSO	myBlue HDHP Silver 3600 HMO	HMO	\$3,600/\$7,200	0%	\$3,600/\$7,200
<input type="checkbox"/>	50I	1B0	EnhancedBlue 1000 HMO	HMO	\$1,000/\$2,000	20%	\$4,000/\$8,000
<input type="checkbox"/>	40I	1Z0	myBlue HDHP Gold 2000 HMO	HMO	\$2,000/\$4,000	0%	\$2,000/\$4,000
<input type="checkbox"/>	10U	F10	SimplyBlue 5500 Synergy	SYN	\$5,500/\$11,000	50%	\$7,350/\$14,700
<input type="checkbox"/>	10V	F01	myBlue HDHP Bronze 4500 Synergy	SYN	\$4,500/\$9,000	50%	\$6,650/\$13,300
<input type="checkbox"/>	10W	T10	CompleteBlue 2800 Synergy	SYN	\$2,800/\$5,600	30%	\$7,350/\$14,700
<input type="checkbox"/>	50I	A8I	myBlue HDHP Silver 3600 Synergy	SYN	\$3,600/\$7,200	0%	\$3,600/\$7,200
<input type="checkbox"/>	51O	V10	EnhancedBlue 1000 Synergy	SYN	\$1,000/\$2,000	20%	\$4,000/\$8,000
<input type="checkbox"/>	60I	AAI	myBlue HDHP Gold 2000 Synergy	SYN	\$2,000/\$4,000	0%	\$2,000/\$4,000
<input type="checkbox"/>	21O	10B	SimplyBlue 5500 Value	VAL	\$5,500/\$11,000	50%	\$7,350/\$14,700
<input type="checkbox"/>	20I	10C	myBlue HDHP Bronze 4500 Value	VAL	\$4,500/\$9,000	50%	\$6,650/\$13,300
<input type="checkbox"/>	20I	10D	CompleteBlue 2800 Value	VAL	\$2,800/\$5,600	30%	\$7,350/\$14,700
<input type="checkbox"/>	21O	10E	myBlue HDHP Silver 3600 Value	VAL	\$3,600/\$7,200	0%	\$3,600/\$7,200
<input type="checkbox"/>	31O	10F	EnhancedBlue 1000 Value	VAL	\$1,000/\$2,000	20%	\$4,000/\$8,000
<input type="checkbox"/>	30I	10G	myBlue HDHP Gold 2000 Value	VAL	\$2,000/\$4,000	0%	\$2,000/\$4,000

<sup>1</sup>Wellmark Synergy Health, Inc. and Wellmark Value Health Plan, Inc. plans are not available in all counties. To verify coverage options by county, contact your Wellmark representative.

Simple Copy Plans									
	Health Code	Drug Code	Plan Option	Network	Deductible Single/Family	Coinsurance IN Network	Coinsurance OUT of Network	Out of Pocket Maximum (In-Network) Single/Family	Copy IN Network
<input type="checkbox"/>	1TO	WTO	BlueSimplicity Bronze PPO	PPO	\$0/\$0	0%	0%	\$7,350/\$14,700	Level 1: \$0 Level 2: \$75 Level 3: \$200 Level 4: \$1,500 Level 5: \$4,500 Level 6: \$7,350
<input type="checkbox"/>	1VO	WVO	BlueSimplicity Silver PPO	PPO	\$0/\$0	0%	0%	\$7,350/\$14,700	Level 1: \$0 Level 2: \$35 Level 3: \$70 Level 4: \$500 Level 5: \$2,550 Level 6: \$5,750

**Simple Copay Plans, cont'd.**

	Health Code	Drug Code	Plan Option	Network	Deductible Single/Family	Coinsurance IN Network	Coinsurance OUT of Network	Out of Pocket Maximum (In-Network) Single/Family	Copay IN Network
<input type="checkbox"/>	1XO	1C0	BlueSimplicity Gold PPO	PPO	\$0/\$0	0%	0%	\$4,000/\$8,000	Level 1: \$0 Level 2: \$25 Level 3: \$50 Level 4: \$300 Level 5: \$1,500 Level 6: \$3,000
<input type="checkbox"/>	1UO	WUO	BlueSimplicity Bronze HMO	HMO	\$0/\$0	0%	0%	\$7,350/\$14,700	Level 1: \$0 Level 2: \$75 Level 3: \$200 Level 4: \$1,500 Level 5: \$4,500 Level 6: \$7,350
<input type="checkbox"/>	1WO	WWO	BlueSimplicity Silver HMO	HMO	\$0/\$0	0%	0%	\$7,350/\$14,700	Level 1: \$0 Level 2: \$35 Level 3: \$70 Level 4: \$500 Level 5: \$2,550 Level 6: \$5,750
<input type="checkbox"/>	1YO	1D0	BlueSimplicity Gold HMO	HMO	\$0/\$0	0%	0%	\$4,000/\$8,000	Level 1: \$0 Level 2: \$25 Level 3: \$50 Level 4: \$300 Level 5: \$1,500 Level 6: \$3,000
<input type="checkbox"/>	10X	V01	BlueSimplicity Bronze Synergy	SYN	\$0/\$0	0%	0%	\$7,350/\$14,700	Level 1: \$0 Level 2: \$75 Level 3: \$200 Level 4: \$1,500 Level 5: \$4,500 Level 6: \$7,350
<input type="checkbox"/>	10Y	X10	BlueSimplicity Silver Synergy	SYN	\$0/\$0	0%	0%	\$7,350/\$14,700	Level 1: \$0 Level 2: \$35 Level 3: \$70 Level 4: \$500 Level 5: \$2,550 Level 6: \$5,750
<input type="checkbox"/>	10Z	10A	BlueSimplicity Gold Synergy	SYN	\$0/\$0	0%	0%	\$4,000/\$8,000	Level 1: \$0 Level 2: \$25 Level 3: \$50 Level 4: \$300 Level 5: \$1,500 Level 6: \$3,000
<input type="checkbox"/>	30I	10H	BlueSimplicity Bronze Value	VAL	\$0/\$0	0%	0%	\$7,350/\$14,700	Level 1: \$0 Level 2: \$75 Level 3: \$200 Level 4: \$1,500 Level 5: \$4,500 Level 6: \$7,350
<input type="checkbox"/>	310	10J	BlueSimplicity Silver Value	VAL	\$0/\$0	0%	0%	\$7,350/\$14,700	Level 1: \$0 Level 2: \$35 Level 3: \$70 Level 4: \$500 Level 5: \$2,550 Level 6: \$5,750
<input type="checkbox"/>	410	10K	BlueSimplicity Gold Value	VAL	\$0/\$0	0%	0%	\$4,000/\$8,000	Level 1: \$0 Level 2: \$25 Level 3: \$50 Level 4: \$300 Level 5: \$1,500 Level 6: \$3,000

**Defined Contributions Packages**

Pkg. A Includes: CompleteBlue 2800 HMO, SimplyBlue 5500 PPO, CompleteBlue 2800 PPO, EnhancedBlue 1000 PPO, EnhancedBlue 1000 HMO

**Blue Dental Plans**

Select one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Plan Name</b>	Blue Dental Plan 1	Blue Dental Plan 2	Blue Dental Plan 3	Blue Dental Plan 4	Blue Dental PPO Plan 1	Blue Dental PPO Plan 2
<b>Dental Code</b>	DCM007N5	DCM007N6	DCM007N7	DCM007N8	DMC007NC	DMC007ND
Deductible (Single/Family)	\$25/\$75	\$25/\$75	\$25/\$75	\$25/\$75	\$50/\$150	\$50/\$150
Benefit Period Maximum	\$1,500	\$1,500	\$2,000	\$2,000	\$1,500	\$2,000
Diagnostic & Preventative	20%	20%	100% covered	100% covered	100% covered	100% covered
Routine & Restorative	50%	50%	20%	20%	20%	20%
Endodontics	50%	50%	50%	50%	50%	50%
Periodontics	50%	50%	50%	50%	50%	50%
Major Restorative	50%	50%	50%	50%	50%	50%
Dentures & Bridges	50%	50%	50%	50%	50%	50%
Orthodontics	50%	NA	50%	NA	50%	NA
Orthodontic Lifetime Maximum	\$1,000	NA	\$2,000	NA	\$1,500	NA

**Avesis Vision Plans<sup>2</sup>**

Select one

Yes - VCM00SG1 (Exam \$10 copay; frame \$80 allowance)

No

<sup>2</sup>All vision plans are administered by Avesis, an independent vision company that does not provide Wellmark Blue Cross and Blue Shield products and services. Avesis is underwritten by Fidelity Security Life Insurance Company, Kansas City, Missouri. Vision plans include hearing discount savings plan provided by Amplifon. Amplifon is an independent company that does not provide Wellmark Blue Cross Blue Shield products or services.

***My signature confirms Wellmark is authorized to implement the selected plan(s) for my group, and that I have read and understand the Disclosure page that I have received with my 2018 health plan quote(s). For my convenience, I authorize Wellmark to automatically utilize existing policyholder information from my current policy for my group and existing employee and dependent information for my group to complete an electronic application and enrollment process for the health plans selected above, at the rates shown on my 2018 health plan quotes. I authorize my Wellmark representative to enter the plan information above in Wellmark's electronic application system and to submit the application including any automatically pre-populated information.***

Signature of Group Administrator: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

You can obtain the Summary of Benefits and Coverage (SBC) for the selected plan(s) from the SBC Finder on Wellmark.com, and distribute to employees and COBRA/Continuation beneficiaries 30 days prior to the first day of the new plan year.

**Reminder: Include completed MSP Addendum and any applicable eligibility changes.**



# Required Federal Accessibility and Nondiscrimination Notice

## Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Wellmark does not exclude people or treat them differently because of their race, color, national origin, age, disability or sex.

## Wellmark provides:

- Free aids and services to people with disabilities so they may communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call 800-524-9242. If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 5W189, Des Moines, IA 50309-2901, 515-376-4500, TTY 888-781-4262, Fax 515-376-9073, Email [CRC@Wellmark.com](mailto:CRC@Wellmark.com). You can file a grievance in person, by mail, fax or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone or fax at: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington DC 20201, 800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم 800-524-9242 أو (خدمة الهاتف النصي: 888-781-4262).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາ ສາໄທທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ທີ. (TTY: 888-781-4262.)

주의: 한국어 를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, नि:शुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION : si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deitsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyon tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တီထွင်သည့်အခါ-နမူနာတို့ကိုကူညီနိုင်ခြင်း, ကိုယ်တိုင်တော်ဖော်ဖော်ဖော်ဖော်, လာဘ်ဘက်လက်ဘက်လက်, ဆိုလ်လ်နိုလ်လ်, ဆေးကျိုးဆူဝေဝေ-၅၂၄-၉၂၄၂၅၀၀ (TTY: ၈၈၈-၇၈၁-၄၂၆၂) တို့ကို။

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि नि:शुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ । 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस् ।

ማሳሰቢያ: ከግርግር ገናኛ ለሆነ፣ የቋንቋ አገዛ አገልግሎቶቹ፣ ከከፍኛ ነፃ፣ ናፃኛ ለ 800-524-9242 ወይም (በTTY: 888-781-4262) ጻውላው ያነጋግሩ።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maada. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnaamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'ehjí yáníłti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojj' hólne' 800-524-9242 doodai' (TTY: 888-781-4262)