



Health

Support

Wellness

Excellence

Education

Protection

Benefits Enrollment Guide



Brookings School District

Benefits Effective 5/1/16 to 4/30/17

BlueSelect®

BENEFITS

Enrollment Guide

Brookings School District

Benefits Effective 5/1/16 to 4/30/17

Benefit information for:

BlueSelect®

BlueRx CompleteSM



Wellmark Blue Cross and Blue Shield of South Dakota is an Independent Licensee of the Blue Cross and Blue Shield Association.

February 29, 2016

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

Wellmark is not providing any legal advice with regard to compliance with the requirements of the Affordable Care Act (“ACA”) and Mental Health Parity and Addiction Equity Act (“MHPAEA”). Regulations and guidance on specific provisions of the ACA and MHPAEA have been and will continue to be provided by the U.S. Department of Health and Human Services (“HHS”) and/or other agencies. The information provided reflects Wellmark’s understanding of the most current information and is subject to change without further notice. Please note that plan benefits, rates, renewal rate adjustments, and rating impact calculations are subject to change and may be revised during a plan’s rating period based on guidance and regulations issued by HHS or other agencies. Wellmark makes no representation as to the impact of plan changes on a plan’s grandfathered status or interpretation or implementation of any other provisions of ACA or MHPAEA. Any questions about Wellmark’s approach to the ACA or MHPAEA may be referred to your Wellmark account representative.

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Welcome

TO WELLMARK BLUE CROSS AND BLUE SHIELD



This enrollment guide is designed to help you get the most out of your health plan. Included is an introduction to your benefits, health and wellness programs, tools, and important notices.

Wellmark Blue Cross and Blue Shield and its subsidiaries provide health coverage to more than 2 million members in South Dakota and Iowa. And through the Blue Cross Blue Shield Association, Wellmark is part of a trusted national network that insures more than 100 million people. That's nearly one-third of all Americans.

For 65 years, we have been a leader in the health insurance industry, working to keep quality health care coverage accessible and affordable. Because of our longstanding relationship with hospitals, physicians, and other health care providers in the state, we are able to offer special features and pass on the cost savings to our members. All of our participating providers accept our negotiated payment amount and will not bill members for charges higher than the negotiated price, and they agree to file claims on behalf of our members. You can find a list of network providers at Wellmark.com.

After you complete the member enrollment process, you will receive your ID card and your coverage manual. Your ID card includes your member number, some benefit information, and helpful phone numbers. Carry your ID card with you at all times for instant recognition from providers. Your coverage manual gives a full explanation of your benefits.

Thank you for choosing Wellmark. All of us at Wellmark Blue Cross and Blue Shield of South Dakota look forward to serving you today and for many years to come.



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Benefits Overview



This section is intended to provide you with an overview of health plan information under your group health plan. This section is not intended to be and does not constitute a complete description of your health plan benefits. You will receive a coverage manual once you enroll that will provide you with your specific benefit plan information.

For questions concerning your health plan, contact
Customer Service: 1-800-774-0384

For language assistance, call Customer Service. Para asistencia en idiomas, llame al Servicio de Atención al Cliente.

TTY (for hearing-impaired assistance) call: 888-781-4262
7:30 a.m. – 5:00 p.m. CT.

Please note that your physician may not know your health plan benefit specifics. It is your responsibility to verify that services are covered under your health plan, and that the health care provider of service is part of your Wellmark health plan network.

Health Care

DESIGNED WITH YOU IN MIND

Wellmark Blue Cross and Blue Shield knows that when it comes to health care coverage, one size does not fit all. That's why we offer freedom of choice in the form of one of the largest provider networks in the nation.

About Our Networks

Blue Select® is our network of participating providers in South Dakota. It is one of the largest provider networks in South Dakota, with 100 percent of the hospitals and approximately 99 percent of South Dakota physicians participating in the network.*

When you choose Wellmark Blue Cross and Blue Shield of South Dakota, you have access to a national and international network of health care providers whenever and wherever you need health care services. BlueCard PPO® is the network of participating providers across the country and BlueCard Worldwide® provides access to a network of traditional inpatient, outpatient, and professional health care providers around the world.

You have access to any health care provider you choose, but using participating providers within the Blue Select network can reduce your out-of-pocket expenses.

No Referrals

You choose the provider you want to visit for primary and preventive care. You choose the hospital you prefer for emergency care, surgery, and other medical treatment. If you feel you need to see a specialist, you can also choose the one you want. No referral is needed.

Comprehensive Benefits

You are covered for a variety of services, including medically necessary inpatient and outpatient hospital stays, office visits, and specialty care. Your coverage even follows you when you travel to another city, state or country.

Simple, Affordable Plans

With our health care plans, you may only be responsible for a fixed dollar amount or a fixed percentage of the costs when you receive medical care. And, if you receive care from a participating provider, there are no claim forms for you to fill out.



*Wellmark Blue Cross and Blue Shield of South Dakota Network Administration

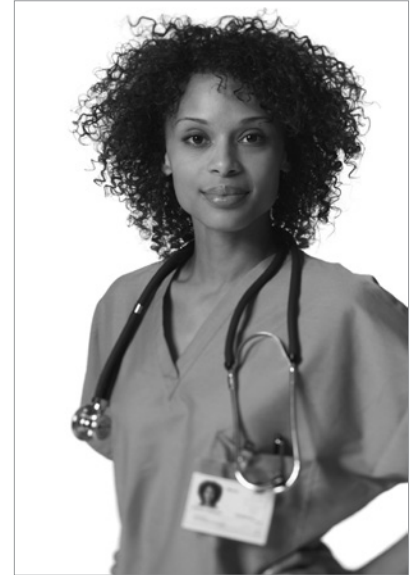
Blue Select®

HEALTH PLAN

Your Blue Select health insurance plan gives you the freedom to receive health care from any provider. No referrals are needed.

Blue Select Offers:

- **DEPENDABILITY:** Fixed out-of-pocket costs for services like routine preventive care and office-based services make your health care costs more predictable.
- **FREEDOM:** You have the freedom to use any provider you choose and receive benefits. When you go to one of the many providers in our preferred provider organization (PPO) network, you enjoy additional savings.
- **CONVENIENCE:** Blue Select includes medical care coverage in South Dakota, around the country, and around the world in one easy-to-use plan.
- **EXPERIENCE:** Blue Cross and Blue Shield has served generations of people and is a recognized, trusted leader in health care coverage.



Save Money by Staying in the Networks

Before you receive health care services, consider selecting a provider from our extensive PPO networks.

- Blue Select network – Our network of participating providers in South Dakota.
- BlueCard PPO® network – The network of participating providers across the country.

When you choose a participating PPO provider, you can reduce your out-of-pocket expenses. Blue Select and BlueCard PPO providers agree to accept our settlement amount as payment in full for covered services you receive. This means you won't be billed for any difference between the providers charge and Wellmark's maximum allowable fee for a specific service, procedure or product. Non-PPO providers may bill you for any differences.

Network Advantages

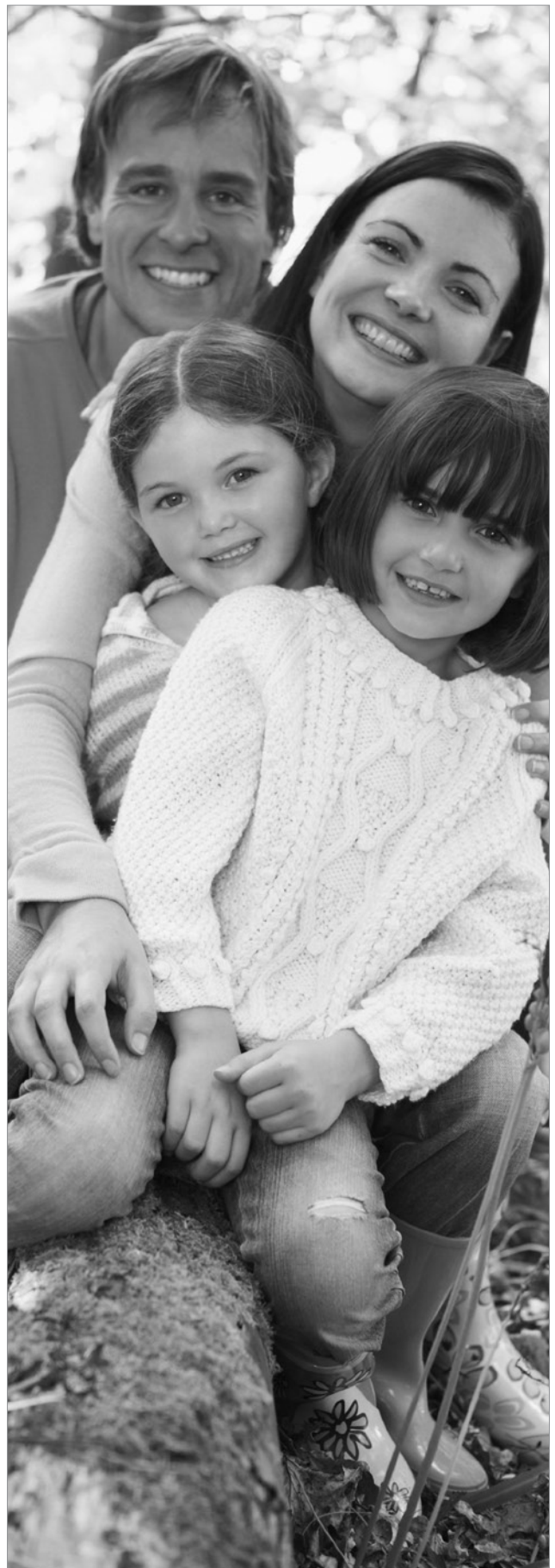
You have the option to use any doctor or hospital, but choosing a provider from the Blue Select or BlueCard PPO network has several advantages:

- Your coinsurance will be lower.
- Your deductible is typically waived for eligible office visits.
- No need for physician referrals. Your health plan allows you to see specialists at your discretion.
- Providers handle claim filing and precertification tasks for you when you obtain care within the network.

Making the Most of Your Medical Benefits

It's the primary reason you chose to get health insurance – the medical care benefits. If you want to get the most from these benefits, here are a few simple things you can do.

- **STAY IN THE NETWORK.** Although you can go to any provider, you can reduce your out-of-pocket costs when you use a Blue Select or Blue Card PPO provider.
- **ESTABLISH A MEDICAL HOME.** No matter what type of doctor you see for your health care, it's important for you to have a medical home. A medical home is a relationship you have with a physician and how he or she provides care for you and your family:
 - You establish a long-term relationship with a physician who knows or will get to know you and your health needs.
 - Your physician manages your health care needs and maintains your medical records.
 - Your physician can assist with a wide range of medical conditions and is committed to improving your overall health.
- **USE THE ER FOR EMERGENCIES ONLY.** Real emergencies warrant a trip to the closest Emergency Room. However, you can usually save out-of-pocket expense by scheduling a visit to your provider for colds, minor sprains, and other less serious conditions.
- **SHOW YOUR WELLMARK ID CARD.** Always show your Wellmark ID card when you receive services.
- **STAY HEALTHY.** Do your best to eat right, exercise, and get regular health screenings. Encourage all family members to live a healthy lifestyle too.



Utilization Management

RIGHT CARE, RIGHT PLACE, RIGHT TIME

Wellmark Blue Cross and Blue Shield of South Dakota works with you and the physicians, hospitals and other providers in our networks, to address measures of quality and affordability to ensure you're getting the best value for your health care dollar. We want to make sure you get the right care, at the right time and right place.

Precertification

Precertification helps determine whether a service or admission to a facility is medically necessary. Precertification is required; however, it does not apply to maternity or emergency services.

For a complete list of services requiring precertification, visit Wellmark.com.

In-network providers in the states of South Dakota and Iowa obtain precertification for you. However, you or someone acting on your behalf are responsible for notifying us if:

- You are admitted to a facility outside of South Dakota or Iowa.
- You receive any of the services requiring precertification from an out-of-network provider.

When you, instead of your provider, are responsible for precertification, call the precertification phone number on your ID card before receiving services.

Wellmark will respond to a precertification request within:

- 24 hours in a medically urgent situation
- 15 days in a non-medically urgent situation

Precertification requests must include supporting clinical information to determine if services or admission is medically necessary. After you receive the service(s), Wellmark may review the related medical records to make sure they document the services outlined in the approved precertification request. The medical records must also support the level of service billed, and document that the services have been provided by the appropriate personnel with the appropriate level of supervision.



Notification

Notification of most facility admissions and certain services helps us identify and initiate discharge planning or care coordination. For a complete list of services that require notification, please visit [Wellmark.com](https://www.wellmark.com).

PPO providers in the state of South Dakota perform notification for you. However, you or someone acting on your behalf are responsible for notification if:

- You are admitted to a participating or nonparticipating facility outside South Dakota.
- You receive any of the services listed above from a nonparticipating provider.

When you, instead of your PPO provider, are responsible for notification, call the precertification phone number on your ID card before receiving services.

Continued stay review

Continued stay review helps determine whether ongoing care is medically necessary. This care coordination program occurs without any notification required from you. For a complete list of services that require notification, please visit [Wellmark.com](https://www.wellmark.com).

Wellmark may review your case to determine whether your current level of care is medically necessary, and we may require a change in the level or place of service in order to continue providing benefits.

If we determine that your current level of care is no longer medically necessary, we will notify you, your attending physician, and the facility or agency at least 24 hours before your benefits for the services end.

Prior approval

Prior approval helps determine whether a proposed treatment plan or service is medically necessary and a benefit under your medical plan before you receive services. Prior approval notification is required. In-network South Dakota and Iowa providers request prior approval for you. If you receive care from an out-of-network provider, even if they are located in South Dakota and Iowa, or any provider outside of South Dakota and Iowa, then you are responsible for the prior approval. If you do not request prior approval for a service, benefits for that service will be denied because prior approval was not requested. You may appeal the decision if this occurs.

For a complete list of services subject to prior approval, visit [Wellmark.com](https://www.wellmark.com), or call the Customer Service number listed in the benefits section of this guide for assistance.

BlueCard®

COVERAGE TO FOLLOW YOU

Health care needs don't surface only when you are near home. As a Wellmark Blue Cross and Blue Shield member, you have coverage through the BlueCard program wherever you travel.

Coverage within the United States

BlueCard is a national program that enables members of one Blue Cross and Blue Shield Plan to obtain health care services while traveling or living in another Blue Cross and Blue Shield Plan's service area. With the BlueCard program, you only pay the provider the usual out-of-pocket expenses (non-covered services, deductible, copayment or coinsurance) when you use participating BlueCard providers.

How to Use the BlueCard Program

- 1 Always carry your current Wellmark Blue Cross and Blue Shield member ID card.
- 2 **In an emergency, go directly to the hospital.**
- 3 To find doctors and hospitals outside of your Blue Plan area, call BlueCard Provider Finder at **1-800-810-BLUE (2583)** or visit www.wellmark.com to access the Blue National Doctor and Hospital Finder.
- 4 Call Wellmark for pre-certification or prior authorization, if necessary.
The phone number is located on your member ID card. Note: This phone number is different from the BlueCard Provider Finder number mentioned above.
- 5 When you arrive at the participating doctor's office or hospital, show the provider your Wellmark ID card.

After receiving care from a participating provider, you will not have to complete any claim forms or pay upfront for medical expenses, except for the usual out-of-pocket expenses (non-covered services, deductible, copayment or coinsurance). You will receive an Explanation of Benefits from Wellmark Blue Cross and Blue Shield once your claim has been processed.



BlueCard Worldwide®

When you are outside the U.S. and you need a doctor, hospital or other health care professional, your claim will be handled just like it is at home when you show your Wellmark ID card at participating BlueCard Worldwide providers.

For Health Care Outside of the United States:

- Verify your international benefits, including pharmacy benefits with Wellmark before leaving the United States. Benefits may be different outside the country.
- Always carry your current Wellmark member ID card.
- In an emergency, go directly to the nearest doctor or hospital, then call the BlueCard Provider Finder number on your ID card if admitted.
- For non-emergency inpatient medical care, you must call the BlueCard Provider Finder number located on your ID card to facilitate hospitalization at a BlueCard Worldwide hospital or to make an appointment with a doctor.
- Call Wellmark for pre-certification or prior authorization, if necessary. This Wellmark phone number is located on your member ID card.
- You will need to pay upfront for care received from a non-participating doctor and/or hospital. Then, complete an international claim form and send it with the bill(s) to the BlueCard Worldwide Service Center (the address is on the form). The claim form is available online at www.bcbs.com/bluecardworldwide.



Participating Worldwide Providers

To locate participating BlueCard Worldwide doctors and hospitals, visit www.bcbs.com/bluecardworldwide and select *BlueCard Doctor and Hospital Finder*. You will be directed to the BlueCard Worldwide Web site. You can also call BlueCard Provider Finder at **1-800-810-BLUE (2583)** for assistance.

View and print BlueCard Worldwide information at www.bcbs.com/bluecardworldwide.

Blue Rx CompleteSM Drug Plan

GETTING THE MOST FROM YOUR PHARMACY BENEFITS

When the need arises for prescription drugs, your Blue Rx Complete prescription drug plan helps cover your medication costs. You have different coverage levels, depending on what “tier” a drug is assigned to on the Wellmark Drug List.

Four levels of benefits

With a four-level drug benefit, your prescription medications fall into one of four categories. Each category has a different copay or coinsurance.



72 percent of drugs are on Tier 1 of the Wellmark Drug List

TIER 1 — Most affordable drugs, including most generics and select branded drugs	Low copay
TIER 2 — Preferred Drugs Drugs are designated <i>preferred</i> because they have been proven to be effective and favorably priced compared to other drugs that treat the same condition	Middle-value copay or coinsurance
TIER 3 — Non-preferred Drugs <i>Non-preferred</i> drugs have not been found to be any more cost effective than available generics or preferred brands	Higher copay or coinsurance
TIER 4 — Limited-value Drugs <i>Limited-value</i> drugs are combination products, lifestyle drugs, or drugs with more cost-effective options available on lower tiers	Highest copay or coinsurance

Log in to myWellmark on Wellmark.com to find your medication’s tier, based on your plan benefits.

Using your prescription drug benefits

ASK FOR GENERICS. Always ask your doctor or pharmacist if a generic drug can treat your condition. Generics contain the same active ingredients as brand-name drugs, but typically cost much less. Even if a brand-name drug does not have a generic equivalent, a similar drug may be available as a generic. The Wellmark Drug List on Wellmark.com can help you identify generics for the medications you are taking or are prescribed.

When a doctor writes you a prescription, your pharmacist is allowed to substitute a generic version in its place. However, when your doctor indicates “dispense as written” or “DAW,” the pharmacist cannot substitute a generic and must provide you with the exact drug in the prescription.

Any time you receive a brand-name medication when a generic equivalent is available, you may be required to pay your cost share, plus the difference in cost between the generic drug and the branded drug. Remember to talk with your doctor about your options when he or she writes your prescriptions. Staying informed saves you money!

CHOOSE A NETWORK PHARMACY. You can get a prescription filled at just about any pharmacy. Simply present your Wellmark ID card at any participating retail pharmacy. To search for a network pharmacy in your area, go to [Wellmark.com](https://www.wellmark.com) and select Pharmacies within the Find a Doctor or Hospital tool. You also have the convenience of ordering your prescriptions by mail.

SHOW YOUR WELLMARK ID CARD. When you show your Wellmark ID card, you give pharmacists all the information they need to find your discounts and file the claim on your behalf. The pharmacist will ask you for the copayment or coinsurance for your prescription, and he or she will submit a pharmacy claim to Wellmark for you.

Things to know about your prescription drug benefits

Some medications may have additional requirements or limits on coverage. The Wellmark Drug List indicates pharmacy programs that may apply to the prescription drug.

PRIOR AUTHORIZATION (PA) indicates a drug requires prior authorization before it is covered under your benefits. Prior authorization helps ensure a drug is medically necessary and part of a specific treatment plan.

If you are currently taking or are prescribed a medication that requires prior authorization, your doctor will need to submit a prior authorization request to be considered for coverage. If Wellmark authorizes the drug, you can fill your prescription at any participating pharmacy. Without prior authorization, the medication will not be covered and you will pay the full cost of the drug.

Information and steps on how to obtain a prior authorization approval can be found on [Wellmark.com](https://www.wellmark.com). Simply go to the Drug Information page under the Health and Wellness tab. From that page, choose Prior Authorization under Related Information.

QUANTITY LIMITS (QL) indicates there is a maximum quantity per month for a medication or supply. Quantity limitations are based on the Food and Drug Administration guidelines and the manufacturer's dosing recommendations.

For a list of drugs with quantity limits, view the Wellmark Drug List on [Wellmark.com](https://www.wellmark.com).

PREVENTIVE DRUGS (PV) help treat, prevent and manage several health concerns. Preventive drugs will be covered as if you already met your deductible, so you are only responsible for paying the appropriate cost share.

SPECIALTY DRUGS (SP) are high-cost drugs used to treat complex or rare conditions, which generally require close supervision and monitoring of patient therapy. Wellmark has arrangements with preferred Specialty Pharmacies to help you get any specialty medications you may need to manage a unique health condition.

FORMULARY EXCEPTION PROCESS (FEP) — You may ask for an exception for drugs that are not on the Blue Rx Complete formulary. More information about the exception process and exception request forms can be found on [Wellmark.com](https://www.wellmark.com), or call Wellmark Customer Service at the number on the back of your ID card.

See your plan documents for details on how these pharmacy programs apply to your plan.

Wellmark Drug List

LOOK UP DRUG INFORMATION

It is important to know what prescription drugs are covered under your plan and your out-of-pocket costs for those medications.

Wellmark compiles this information into one quick-reference tool called the Wellmark Drug List. This list of generic and brand-name drugs helps guide you and your doctor and pharmacist in selecting the most appropriate medications for the best price.

Drugs on the Wellmark Drug List are assigned into one of four categories, or “tiers” based on drug usage, cost and effectiveness. You may have different coverage levels and cost share amounts, depending on what tier a drug is assigned to on the Wellmark Drug List. Please check your prescription drug plan for details about your coverage.



How is the Wellmark Drug List developed?

A team of community doctors and pharmacists reviews new and existing drugs, and selects medications for the Wellmark Drug List based on safety and how well the drugs work. They also evaluate drugs on how their effectiveness compares to similar drugs used to treat the same condition, which helps determine their tier.

Updates to the Wellmark Drug List happen regularly, as new drugs become available or drugs move from one tier to another. If you take a drug on a daily or regular basis, you may be notified when a change takes place. Also, you'll want to double check the Wellmark Drug List if you get a new prescription or switch medications.

Online Prescription Drug Tools

Log in to myWellmark, and use the Wellmark Drug List on the “Prescription Drug Tools” widget to look up drugs covered by your plan and find out how much a drug will cost under your plan benefits.

You can also use myWellmark to track your pharmacy claims, and monitor your prescriptions and expenses. Register to use the prescription drug tools in **myWellmark on Wellmark.com**.

Choose generic drugs and save

Whether a drug is brand or generic can make a difference in your costs. With most plans, if you choose a brand-name medication when a generic equivalent is available, you will have to pay your cost share, plus the difference in cost between the generic drug and the branded drug.

Be sure to check your medications and confirm if a generic is available.

Specialty Drug Program

Specialty drugs are prescription medications that require special handling, administration or monitoring. Specialty drugs are designed for complex conditions like multiple sclerosis, rheumatoid arthritis, hepatitis C and others that are difficult to treat with traditional medications. These drugs are often self-administered; either taken orally or by injection.



You can learn what drugs are classified as specialty drugs by going to Wellmark.com. Under the Health and Wellness tab, select Drug Information and then the Wellmark Drug List. Here you can view and search the Specialty Drug List. You can also search by specific drug name.

It's important to note that some specialty drugs can only be administered by a health care provider. Your health benefits apply to these drugs, so they are not included in the Wellmark Drug List or the specialty drug program.

Specialty pharmacies

Specialty pharmacies are experts in supplying drugs and services to patients with complex health conditions. You can work with a specialty pharmacy to have your medications delivered directly to your home, office or to your local Hy-Vee or CVS pharmacy for pickup. They provide educational materials about your condition and the medications that have been prescribed to you, including 24-hour access to pharmacists who can answer your questions.

When you use a specialty pharmacy, you'll pay only your plan's cost share amount for specialty drugs. There are no additional costs for shipping and handling.

Your prescription drug plan may require you to purchase your medications at a specialty pharmacy in order to receive coverage. If a participating specialty pharmacy is not used, you may be responsible for the full cost of the prescription. Check your plan documents for benefit details.

How to get started

Call one of these specialty pharmacies listed below. Have your doctor's contact information and your Wellmark ID card available when you call. A representative will confirm your prescription and dosage with your doctor, and make arrangements to get your order delivered.

Your provider can also work with these vendors on your behalf to start your specialty drug therapy. Instructions and enrollment forms can be found on Wellmark.com.

Hy-Vee Pharmacy Solutions
1-877-794-9833

Hours: Monday — Friday, 8 a.m. – 5 p.m. CT

CVS Caremark Specialty Pharmacy
1-800-237-2767

Hours: Monday — Friday, 6:30 a.m. – 8 p.m. CT

Mail Order Pharmacy Service

Save a trip to the pharmacy. Use mail order for the medications you take every day.

If you take a medication regularly, you can choose to have your drugs sent to your home instead of filling prescriptions at a local pharmacy.

How to Get Started.

1 Get Your Prescription

Ask your doctor to write two prescriptions:

- One for an initial short-term supply (e.g., 30-day supply) you can fill immediately at a participating retail pharmacy.
- A second prescription for the maximum days' supply allowed by your plan, plus refills.



2 Register with the mail order pharmacy to start receiving your prescriptions by mail.

- **ONLINE:** Go to Wellmark.com and select the Drug Information page on the Health and Wellness tab to register for mail order service and set up your prescription. Online, you'll also find the forms you need to enroll in mail order by phone or fax, if you prefer.
- **MAIL:** Complete a Registration and Prescription Order form, and submit it with your first prescription order.
- **FAX:** Fill out your information on a Prescriber Fax form. Ask your doctor to complete the form with your prescription information and fax it to 800-893-2299.
- **PHONE:** Call the mail order pharmacy at 866-611-5961. Hours are Monday – Friday, 7 a.m. – 9 p.m. CT, Saturday 7 a.m. – 4 p.m. CT.

3 Once you register for mail order, you may refill prescriptions by mail, phone or online.

Health & Wellness



Most health plans do an adequate job providing health care coverage when you are ill or injured. But what about a health plan that cares about helping you learn how to maintain or improve your health?

You may not realize it, but it's the little things we do each day – lifestyle choices we make – that add up over time. Committing to small changes about nutrition, exercise, and tobacco use can provide opportunities for making positive, long-term changes to our health.

Sometimes it's hard to get started, or maybe you aren't sure how to add wellness goals to your busy life. No matter where you are in life, Wellmark Blue Cross and Blue Shield is committed to providing tools and resources that help you improve your health and live a better life with confidential health and wellness support.

Take action. Begin your personal journey toward a healthier life.

BeWell 24/7SM

REAL PEOPLE. REAL HELP.

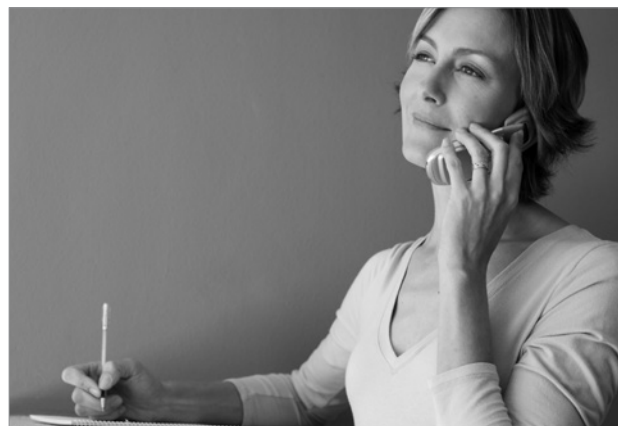
Life can get pretty stressful. Like when you're coordinating care for an elderly parent who lives out of town, or you think your child might have a concussion and don't know what to do. Luckily there's BeWell 24/7, a service that's available exclusively to Wellmark members.

When you call BeWell 24/7, at **844-84-BEWELL**, you'll be connected with a real person who can help you with a variety of health-related concerns. For example:

- **LOCATE HEALTH CARE PROVIDERS AND FACILITIES** — whether you're at home or traveling.
- **ESTIMATE YOUR COSTS** for common medical procedures and services.
- **COORDINATE HEALTH CARE APPOINTMENTS**, in-home health help and record retrieval.
- **DISCUSS TREATMENT OPTIONS** and answer your health and wellness questions.
- **MAKE ARRANGEMENTS FOR COMMUNITY-BASED SERVICES** you or a family member needs like in-home safety modifications, meals, medical equipment, transportation and more.

Whether you're a new parent with a list of questions, or you think you're having side effects from a new drug, there's someone ready to help at **844-84-BEWELL (239355)**.

Telephone nurse support services are provided by CareNet.



Care Support

FOR MEMBERS WHO NEED EXTRA CARE

A catastrophic illness or injury can be overwhelming. Wellmark Blue Cross and Blue Shield's health support team provides you and your caregivers with extra support when you need it most.



When faced with a serious diagnosis or condition, you and your family have many tough choices and decisions to make. The Advanced Care program can help you navigate the complex health care system and provide support during your time of need.

Serious conditions for care support and navigation include:

- Traumatic accidents
- Life-threatening illnesses
- Rehabilitation
- Recurring cancers
- Special home care needs

Our health support team is comprised of clinically experienced registered nurses or licensed social work professionals. They work hand-in-hand with your care team to evaluate treatment options, develop care plans, meet special needs and maximize your health plan benefits.

Members are identified for program participation through:

- Hospital admission and discharge notifications
- Review of health and pharmacy claims information
- Upon referral from other health program services
- Self-referral by calling **800-552-3993**

LEARN MORE: This program is free, voluntary, and confidential. To find out more information, call **800-552-3993**.

Condition Support

Facing an ongoing health condition doesn't mean you have to approach self-care on your own. Get help to manage an ongoing health condition.

Once you've been diagnosed with asthma, diabetes or coronary artery disease, a wave of questions rushes into your head. Wellmark Blue Cross and Blue Shield's Condition Support program can be the link you need to help you manage your condition, and keep living your life.

The program offers education and support to participants to help them manage illnesses like:

- Diabetes
- Asthma
- Coronary artery disease

One-on-one support

Wellmark's health support team is a trusted resource to help manage an ongoing condition. A nurse informs and empowers you and works with you one-on-one over the phone to gain the skills to help you manage your condition while supporting your physician's plan of care.

You are in control

The level of support you receive is based on how well you are managing your condition and the goals you would like to reach. Of course your participation is voluntary and costs nothing, but having additional support and education can help you manage and better understand your condition.

- You may be identified through medical and pharmacy claim information and contacted via mail or phone.
- You may voluntarily enroll in the program online at Wellmark.com or by calling Personal Health Assistant 24/7 at **800-724-9122**.
- Your doctor may refer you to the program and then you'll be contacted by phone.

ENROLL NOW: Call Personal Health Assistant 24/7 at **800-724-9122** to connect to helpful resources and enroll in a Condition Support program. Or visit the *Health & Wellness* section of Wellmark.com and select *Health Support* to enroll online.

This health support program is not a substitute for patient care or treatment by a physician.

Online Tools & Resources

AT WELLMARK.COM

Wellmark knows that your time is valuable, and understanding how your health plan works can be time consuming. That's why we offer online tools and services to help you make important choices for you and your family.

Your life's busy. Let us help you with the health part.

myWellmark is your personalized site to manage your health and make the most of your coverage.

Use myWellmark to:

- Better understand your health benefits.
- Find a trusted health provider.
- Track and organize your medical claims and expenses.
- Keep all your family's medical records and information in one place.
- Sign up to receive your health statements online.
- Get health news, resources and tips.



It's your health, so myWellmark lets you build a health site that fits your life.

You choose the tools and information you want to use. Subscribe to receive the latest updates on your favorite health topics.

It's easy and fun and, of course, all about you.

Make myWellmark fit your life. Register at Wellmark.com.

LEARN MORE: Visit Wellmark.com/mywellmark to learn more about the benefits of registering.

Wellmark offers a variety of online tools to help you make smart health care decisions.

Selecting a provider

FIND A DOCTOR OR HOSPITAL: Whether you're looking for a physician close to where you work or a specialist or hospital near where you live, you're sure to find the right provider to meet your specific needs. The *Find a Doctor or Hospital* tool is updated every week, so you are assured of always having the most up-to-date information available.

Planning your costs

ESTIMATE YOUR COSTS: Find costs for doctors' visits, lab tests, procedures and surgeries before you even make your appointment. Wellmark's online tool will help you compare costs of different doctors and hospitals, helping you manage your health care expenses. Register or log in to myWellmark.com and select the *Claims* tab to find the *Quality and Cost* tool so you can budget and manage your health care expenses.

Evaluating care

RATE AND REVIEW DOCTORS: Choosing a health care provider is an important decision. Wellmark makes it easy for you to find information about providers. Our *Find a Doctor* tool allows you to view ratings and reviews from other Wellmark members and post reviews of providers based on your experiences.

TOP CENTERS FOR SPECIALTY CARE: Find out which medical facilities have earned the Blue Distinction® designation by meeting stringent quality standards.

Accessing savings

BLUE365® MEMBER DISCOUNTS AND SERVICES: Blue365 takes you beyond your health care coverage by offering easy access to trusted health and wellness resources 365 days a year. As a member, you can take advantage of discounts and savings on health care resources, healthy living programs, recreation and travel. You will also have access to helpful information for dependents or parents in need of caregivers, and resources for your financial well-being. Visit the *Member* tab on Wellmark.com, select *Using Your Benefits* and then click on *Member Discounts*.

Online Wellness Tools

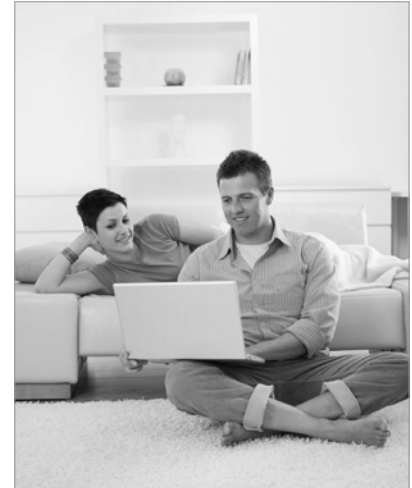
RESOURCES FOR A HEALTHIER LIFE AT
MYWELLMARK ON WELLMARK.COM

myWellmark, Wellmark's personal member website offers tools and services that can help you take control of your health.

Whether it's help quitting smoking, finding easier ways to exercise, getting nutrition tips, or learning new ways to relieve stress, the wellness tools on myWellmark can help you get and stay healthy.

Assess Your Health

The first step is to see where your health is at today. You will have the opportunity to complete a wellness assessment, which is a short questionnaire that gives you an accurate, confidential, and personalized report about the state of your health and the next steps forward.



Create a Plan

Once you complete your wellness assessment, you will receive a summary of your overall well-being that offers insight into actionable steps you can take to improve your health. Using these recommendations, you can create a personal plan to build on your health strengths and make improvements in the areas of your life you are most motivated to change.

Take Action

With a plan in place, you will have a personal dashboard to help keep you on track. You can find personalized online tools including web-based fitness, nutrition and stress management plans that promote healthy behaviors. Other online tools and resources include a symptom checker, recipes and the latest health news. There are also resources available for quitting tobacco.

TAKE ACTION: Register for myWellmark at Wellmark.com to access your online health and wellness tools.

HOW TO Find a Doctor or Hospital

Your provider network is an important part of your health plan coverage. When you use the doctors, hospitals, and pharmacies that belong to your specific network, you save money.

Your plan lets you use any doctor or hospital for your care. But you receive the highest level of benefits when you choose doctors and hospitals that are in your network. Whenever you choose a doctor, hospital, or other provider that is not in your network, you pay more on your own.

REMEMBER: To keep your costs low, make sure your doctor or hospital belongs to your particular network.

When it comes to your health and the cost of your health care, you have a choice. And your choices make a difference.

Visit our website

Visit Wellmark.com and select *Find a Doctor or Hospital* under *Quick Links* to locate a doctor or to see if your doctor is in-network. If you are looking for providers outside of Iowa or South Dakota, select *National Providers*. The online directories are updated every week, so you are assured of always having the most up-to-date information available.

Not sure which provider to choose?

You can see patient reviews of providers, including doctors (M.D., D.O.), nurse practitioners and physician assistants, through the *Find a Doctor or Hospital* tool. As a Wellmark member, you can also rate providers based on your experiences using a star-rating system similar to other consumer product rating tools you've seen online. All reviews are confidential and providers will not know if or how individual members rated them.

Go mobile

The Wellmark mobile app helps you get information you need to help manage your health plan. The app provides a fast and convenient way to:

- View doctors and hospitals within the Wellmark health plan network
- Read reviews and rate network providers through the Find a Doctor or Hospital tool
- Connect to myWellmark for: claims status, coverage details, Flex spending amounts
- View and email your ID card
- Call a nurse 24/7 or your doctor's office with a touch of the screen

Download the free app today at Wellmark.com/GoMobile.



Call Customer Service

Call the Customer Service number listed on the benefits section of this guide for help locating a provider or to request a directory.

Important Information

We want you to have the personalized, quality health care you deserve. As a plan member, you have certain rights and responsibilities. It is important that you understand how your health plan works, and that you become involved and informed about the care you receive.

We are also committed to protecting the privacy of your personal health information. Maintaining your trust and confidence is important to us and we value your business. Thank you for being our member.



Member Rights and Responsibilities

All Wellmark members are encouraged to know their rights and responsibilities. Informed members have greater control over their health care decisions and well-being.

Your Rights

- You have the right to receive accurate information about your health plan, its services, its network of providers, and your rights and responsibilities.
- You have the right to receive accurate information on utilization management notification requirements and case management services.
- You have the right to be treated with respect, in a manner that preserves your dignity and recognizes your right to privacy.
- You have the right to participate fully, with your providers, in decision-making that affects your health care.
- You have the right to expect a candid discussion of all appropriate or medically necessary treatment options pertaining to your condition, regardless of cost or benefit coverage.
- You have the right to voice complaints or appeals about your health plan or the care delivered by any of its providers.
- You have the right to make recommendations regarding our members' rights and responsibilities policy.



Your Responsibilities

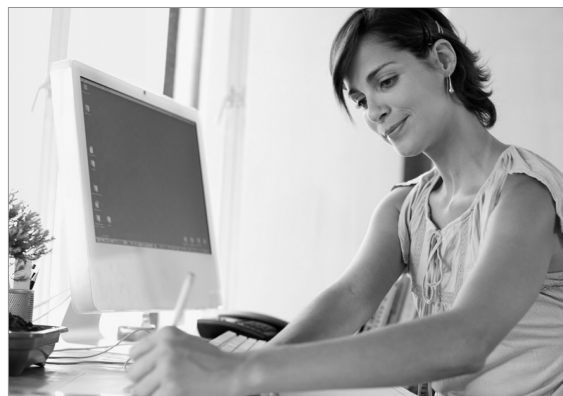
Likewise, you share responsibility for maintaining your own good health.

- You have the responsibility to provide, to the extent possible, information that the health plan must have to process claims and information your providers need to provide care for you.
- You have the responsibility to participate in understanding your health problems and participate in developing mutually agreed upon treatment goals to the degree possible.
- You have the responsibility to follow the plans and instructions for care that you have agreed to with your providers.
- You have the responsibility to present your ID card prior to receiving services.

Wellmark's Internal Protection of Personal Health Information

The steps Wellmark has taken to safeguard members' medical information include but are not limited to:

- Disseminated a Notice of Privacy Practices to insured members and posted it on the Wellmark website at Wellmark.com.
- Disseminated a Notice of Privacy Practices and other information practitioners and facilities need to know about Wellmark's privacy practices in the provider newsletter, *Blue Ink*, and on the Wellmark website.
- Established a Privacy Office as a primary point of contact concerning questions or issues regarding privacy matters, including toll-free phone access and email address, and published the contact information in the Notice of Privacy Practices on the Wellmark website.
- Established internal policies and procedures for compliance with the Privacy Rule and disseminated the information to employees through corporate-wide privacy training, and department-specific training for Customer Service and other areas.
- As a condition of employment, all members of Wellmark's workforce are required to sign a Confidentiality and Nondisclosure Agreement.
- In daily interaction with members and providers, Wellmark provider and Customer Service representatives inform providers and members of our procedures to verify identity and authority of callers to discuss protected health-information.
- Limited physical and information system access to medical information to people who need it to do their jobs.
- Strict security regarding access to facility, personal computers, and medical information.



Privacy Practices

NOTICE

The privacy of your medical information is important to Wellmark. This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect March 26, 2013, and will remain in effect until we replace it.



We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our health plan contract holders at the time of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Organizations Covered by this Notice

This notice applies to the privacy practices of the group health plans, health insurers and HMO listed below. These organizations are each participants in an organized health care arrangement. As such, we may share your medical information and the medical information of others we service with each other as needed for the payment activities or health care operations relating to our organized health care arrangement.

Wellmark, Inc., doing business as Wellmark Blue Cross and Blue Shield of Iowa
Wellmark of South Dakota, Inc., doing business as Wellmark Blue Cross and Blue Shield of South Dakota
Wellmark Health Plan of Iowa, Inc.
Wellmark, Inc. Employee Health Care Plan
Wellmark, Inc. Retiree Health and Life Plan
Wellmark, Inc. Employee Assistance Program

Uses and Disclosures of Medical Information

We use and disclose medical information about you for treatment, payment, and health care operations. For example:

TREATMENT: We may use or disclose your medical information to a physician or other health care provider in order to provide treatment to you.

PAYMENT: We may use and disclose your medical information to pay claims from physicians, hospitals and other providers for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, to issue explanations of benefits to the person enrolled in the health plan in which you participate, and the like. We may disclose your medical information to a health care provider or entity subject to the federal Privacy Rules so they can obtain payment or engage in these payment activities.

HEALTH CARE OPERATIONS: We may use and disclose your medical information in connection with our health care operations. Health care operations include:

- Rating our risk and determining our premiums for your health plan.
- Quality assessment and improvement activities.
- Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.
- Medical review, legal services, and auditing, including fraud and abuse detection and compliance.
- Business planning and development.
- Business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified medical information or a limited data set.

We may disclose your medical information to another entity that has a relationship with you and is subject to the federal Privacy Rules, for their health care operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, or detecting or preventing health care fraud and abuse.

ON YOUR AUTHORIZATION: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. To the extent that we maintain or receive psychotherapy notes about you, most disclosures of these notes require your authorization. In addition, most uses and disclosures of medical information for marketing purposes, and disclosures that constitute a sale of protected health information, require your authorization. Unless you give us a written authorization, we will not use or disclose your medical information for any purpose except as described above.

TO YOUR FAMILY AND FRIENDS: We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care. We may use or disclose your name, location, and general condition or death to notify, or assist in the notification of (including identifying or locating), a person involved in your care.

Before we disclose your medical information to a person involved in your health care or payment for your health care, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest.

YOUR EMPLOYER OR ORGANIZATION SPONSORING YOUR GROUP HEALTH PLAN: If you are a member of a group health plan, we may disclose your medical information and the medical information of others enrolled in your group health plan to the employer or other organization that sponsors your group health plan to permit the plan sponsor to perform plan administration functions. Please see your group health plan document for a full explanation of the limited uses and disclosures that the plan sponsor may make of your medical information in providing plan administration.

We may also disclose summary information about the members in your group health plan to the plan sponsor to use to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend or terminate your group health plan. The summary information we may disclose summarizes claims history, claims expenses, or types of claims experienced by the members in your group health plan. The summary information will be stripped of demographic information about the members in the group health plan, but the plan sponsor may still be able to identify you or other members in your group health plan from the summary information.

UNDERWRITING: We may receive your medical information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. Wellmark is prohibited from using or disclosing your genetic information for underwriting purposes. We will not use or disclose your genetic information, including family history, for underwriting purposes. We will not use or further disclose this medical information for any other purpose, except as required by law, unless the contract of health insurance or health benefits is placed with us. In that case, our use and disclosure of your medical information will only be as described in this notice.

DISASTER RELIEF: We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

PUBLIC BENEFIT: We may use or disclose your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- As required by law.
- For public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury.
- To report adult abuse, neglect, or domestic violence.
- To health oversight agencies.
- In response to court and administrative orders and other lawful processes.
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person.
- To coroners, medical examiners, and funeral directors.
- To organ procurement organizations.
- To avert a serious threat to health or safety.
- In connection with certain research activities.
- To the military and to federal officials for lawful intelligence, counterintelligence, and national security activities.
- To correctional institutions regarding inmates.
- As authorized by state worker's compensation laws.

HEALTH-RELATED PRODUCTS AND SERVICES: We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your medical information to a business associate to assist us in these activities.

We may use or disclose your medical information to encourage you to purchase or use a product or service by face-to-face communication or to provide you with promotional gifts.

Individual Rights

ACCESS: You have the right to look at or get copies of your medical information, with limited exceptions. You may request that we provide copies in a format other than photocopies. This may include an electronic copy in certain circumstances. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your medical information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you a cost-based fee for staff time to locate and copy your medical information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your medical information in that format. If you prefer, we will prepare a summary or an explanation of your medical information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

DISCLOSURE ACCOUNTING: You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities, for up to six (6) years after the record is created. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

RESTRICTION: You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement to additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.



CONFIDENTIAL COMMUNICATION: You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence as you request. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your health plan, including issuance of explanations of benefits to the contract holder of the health plan in which you participate. An explanation of benefits issued to the contract holder for health care that you received for which you did not request confidential communications or about the contract holder or others covered by

the health plan in which you participate may contain sufficient information to reveal that you obtained health care for which we paid, even though you requested that we communicate with you about that health care in confidence.

AMENDMENT: You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

ELECTRONIC NOTICE: If you receive this notice on our website or by electronic mail (email), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

BREACH NOTIFICATION: In the event of a breach of your unsecured health information, we will provide you notification of such a breach, as required by law.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.



Contact Office:

Mailing Address:

Wellmark, Inc.
Privacy Office, Station 5W590
PO Box 9232
Des Moines, IA 50306-9232

Telephone:

877-610-6395 Outside Des Moines Area
515-376-5850 Des Moines Local Area

E-mail: privacyoffice@wellmark.com

Website: Wellmark.com

Additional Information

ABOUT YOUR HEALTH INSURANCE PLAN

Notice of Women's Health and Cancer Rights Act

For members receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.



Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). You will need to request enrollment by the following dates:

- You must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).
- If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, but to do so, you must request enrollment within 31 days after the date of marriage, birth, adoption, or placement for adoption.
- Under Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), you or your dependents have 60 days from (1) the date of loss of eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or (2) the date you or your dependents are determined eligible for Medicaid or CHIP premium assistance.

To request special enrollment or to obtain more information, contact Wellmark Blue Cross and Blue Shield of South Dakota, 1601 W. Madison Street, Sioux Falls, SD 57104 or call the Customer Service number listed in the benefits section of this guide.



Your Health. Well Protected.™

Wellmark Blue Cross and Blue Shield of South Dakota is an
Independent Licensee of the Blue Cross and Blue Shield Association.

1601 W. Madison Street, Sioux Falls, SD 57104

Wellmark.com