



BEFORE YOU DECIDE

GET A PERSONALIZED Comparison with the Health plan compare tool

A guide to help you select a plan that fits your health care needs and budget.



Health Plan Compare tool

When it comes to health insurance, one size does not fit all. A little planning can go a long way in selecting health coverage that fits your family's budget and health care needs. To help you with this process, Wellmark created the Health Plan Compare tool.

This easy-to-use online tool simplifies the process by asking a few quick questions about your anticipated medical services and prescription drug use. The tool also takes into account other plan details based on your employer coverage, like eligibility, tobacco use, incentive dollars and coverage type.

With the information you provide, the tool generates a side-byside comparison of each plan. Your personalized comparison shows the total estimated costs for one year, including premiums and the estimated out-of-pocket dollars you would spend on health care services — helping you choose a plan that best fits your anticipated health care needs.

First things first!

By taking a few minutes to complete the Health Plan Compare worksheet on the following pages, you will have the information needed to use the tool.



Haven't registered for myWellmark®?

IT TAKES JUST FIVE MINUTES!

Grab your Wellmark ID card and register today at myWellmark.com to get more engaged in your health care.

COMPLETE THE HEALTH PLAN COMPARE WORKSHEET 🜔

Health Plan Compare tool worksheet

Enter the estimated number of **medical visits** you and your family, if applicable, expect to use during the plan year. The online tool will use an average cost for each type of visit to calculate your estimated, annual costs.

One way to help you estimate future medical

services and prescription drug

use is to consider how many times you and your family used

OFFICE VISITS AND MEDICAL SERVICES	ESTIMATED NUMBER OF VISITS	2	your health care benefits last year. Registered myWellmark members can use the "Claims
1. ROUTINE OR PREVENTIVE OFFICE VISITS		د	& Spending" tool to view a year-to-date spend for even easier estimating.
2. PRIMARY CARE OFFICE VISITS (Includes chiropractic visits)			TO MY YEAR-TO-DATE SPEND
3. SPECIALIST OFFICE VISITS (For example: podiatrists, ENT visits or pain specialists)		Create a printer-friendly PDF report showing what you've spent out-of- pocket on health care expenses. See report options [+]
4. INPATIENT MEDICAL SERVICES (For example: heart surgery)			Inpatient and outpatient
5. OUTPATIENT MEDICAL SERVICES (For example: knee replacement)			services may be less common, but be sure to nclude them if you know of an
6. URGENT CARE CENTER		l	upcoming medical procedure.
7. EMERGENCY ROOM			

Enter the estimated number of **prescription drugs** you and your family expect to have during the plan year. The online tool will use an average cost of each type of prescription to calculate your estimated annual costs.

For help in determining prescription drug tiers and costs, visit the Wellmark Drug List (Price and Save Tool) under the pharmacy tab on myWellmark.com.

PRESCRIPTION DRUGS, INCLUDING MAINTENANCE PRESCRIPTIONS YOU TAKE THROUGHOUT THE YEAR ESTIMATED NUMBER OF PRESCRIPTIONS

1. TIER 1

GENERIC DRUG PRESCRIPTIONS

- 2. TIER 2 PREFERRED DRUG PRESCRIPTIONS
- 3. TIER 3 NON-PREFERRED DRUG PRESCRIPTIONS
- 4. TIER 4 LIMITED DRUGS
- 5. SPECIALTY PREFERRED DRUGS

6. SPECIALTY NON-PREFERRED DRUGS

With this worksheet complete, continue to the **ONLINE HEALTH PLAN COMPARE TOOL.** In a few short steps you'll have a greater understanding of your estimated medical expenses, as well as your share of premiums for the upcoming plan year. Use the information to help evaluate which plan may be the best for your needs. If you know how much you spent on visits or prescriptions last year, you can adjust the average cost to reflect your personal, past expenses.

Nobody likes to get sick, but be sure to allow for a few extra medications throughout the year.

Maintenance prescriptions taken monthly should be counted as 12.

Health Plan Compare tool: step by step

STEP 1

Visit the online Health Plan Compare tool with the link provided to you by your employer.

STEP 2

The first series of questions will help the tool understand your health insurance needs, select the answers that best describe you and your family. All information entered is anonymous and not shared with anyone, including your employer. Click **"next"** after questions are answered.



Answer additional questions, such as tobacco use and employer credits. Click **"next"** after questions are answered.

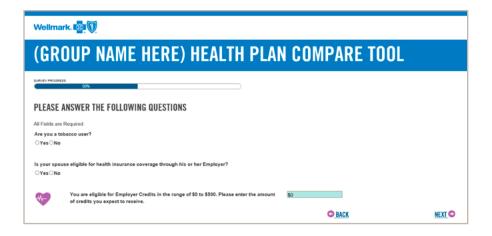
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(GROUP NAME HERE) HEALTH PLAN COMPARE TOOL

When it comes to health insurance, one size does not fit all. By answering a few quick questions, this tool can help you decide which options make the most sense for you and your family. Let's get started.

PLEASE ANSWER THE FOLLOWING QUESTIONS

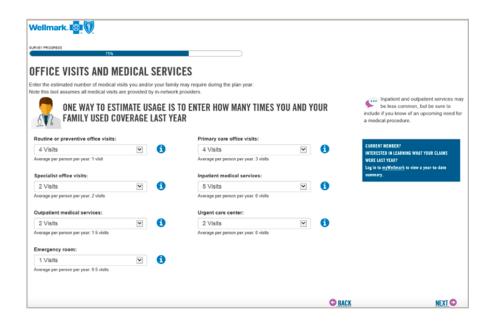
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Please choose your location:			
Please Select	~		
Please select the salary range appli	cable to you:		
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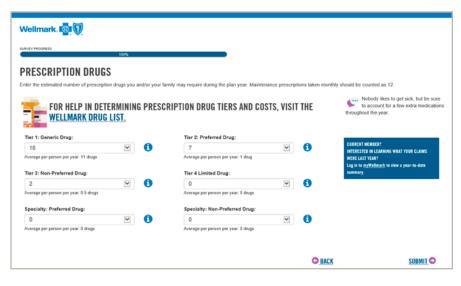


STEP 4

For the next series of questions, you will be asked to estimate medical and prescription drug costs for the plan year. Refer to the Health Plan Compare worksheet on page 3 and 4 to help you complete this section. If you are a current Wellmark member, you can also view your past claims on myWellmark.

Click "**next**" after the medical screen to see the pharmacy screen. Once you have entered your estimates, click "**submit**." You'll then see your plan options with the estimated, total annual cost.





Health Plan Compare tool: step by step

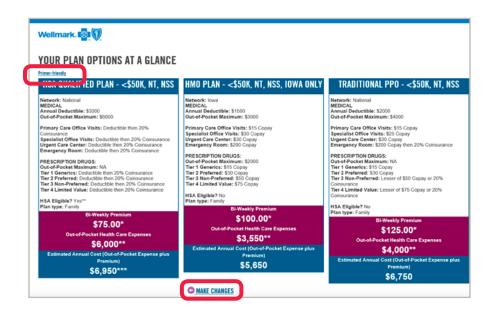
STEP 5

The "Plan Options at a Glance" page will display a summary of your plan options and your total estimated annual costs. Click "printer-friendly" in the top left to print your options.

To make changes to your estimates, click "**make changes**."

Try scenarios

It's hard to know what your actual health care needs will be. Use the tool to try several different scenarios. Start by entering estimates based on a year with less visits and prescriptions. Once you calculate your total, estimated annual costs, try the tool again. This time, enter estimates as if you and your family were going to use significantly more services. Consider adding additional health care provider visits, more prescriptions and other out-of-pocket costs. Trying the tool with several scenarios can give you a better understanding of how your use of health care services can change your total, estimated annual costs. You may find that a particular plan appears more attractive, depending on the scenario.



What do these numbers mean?

Cost is always an important factor in choosing your health care plan, but be sure to consider other factors as well. If you travel frequently or know you will need access to an out-of-network provider, think about the plan's network. Also consider the timing of your health care needs. For example, if you are considering a high-deductible plan, but know you will need knee surgery at the beginning of your plan year, consider how you will set aside appropriate savings to cover your out-of-pocket costs.

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Wellmark provides:

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 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
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 - 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. 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 النصى: 828-781-7828).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາ ສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ທີ່. (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, निःशुल्क 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 เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่า ใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

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

တါဒုးသွင်္ဂညါ–နမ္)ကတိ၊ကညီကိုဂ်ိႇကိုဂ်ိတါမးစၢတာဖံးတာမ်းတာမပံလ၊တဘင်္ဂလက်ဘူးလဲ့အိုင်္ဂလ၊နဂိၢိလီ၊.ဆဲးကိုးဆူ ၈၀၀–၅၂၄–၉၂၄၂မှတမ့်(TTY:၈၈၈–၇၈၁–၄၂၆၂)တက်ု.

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 ।

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

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

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. Kojį' hólne' 800-524-9242 doodaii' (TTY: 888-781-4262)



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