



# 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-by-side 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](https://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.


OFFICE VISITS AND MEDICAL SERVICES	ESTIMATED NUMBER OF VISITS
<b>1. ROUTINE OR PREVENTIVE OFFICE VISITS</b>	
<b>2. PRIMARY CARE OFFICE VISITS</b> (Includes chiropractic visits)	
<b>3. SPECIALIST OFFICE VISITS</b> (For example: podiatrists, ENT visits or pain specialists)	
<b>4. INPATIENT MEDICAL SERVICES</b> (For example: heart surgery)	
<b>5. OUTPATIENT MEDICAL SERVICES</b> (For example: knee replacement)	
<b>6. URGENT CARE CENTER</b>	
<b>7. EMERGENCY ROOM</b>	

 One way to help you estimate future medical services and prescription drug use is to consider how many times you and your family used your health care benefits last year. Registered **myWellmark** members can use the “Claims & Spending” tool to view a year-to-date spend for even easier estimating.

 **MY YEAR-TO-DATE SPEND**

Create a printer-friendly PDF report showing what you've spent out-of-pocket on health care expenses.


[See report options \[+\]](#)


 Inpatient and outpatient services may be less common, but be sure to include them if you know of an upcoming medical procedure.


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](http://myWellmark.com).

PRESCRIPTION DRUGS, INCLUDING MAINTENANCE PRESCRIPTIONS YOU TAKE THROUGHOUT THE YEAR	ESTIMATED NUMBER OF PRESCRIPTIONS
<b>1. TIER 1 GENERIC DRUG PRESCRIPTIONS</b>	
<b>2. TIER 2 PREFERRED DRUG PRESCRIPTIONS</b>	
<b>3. TIER 3 NON-PREFERRED DRUG PRESCRIPTIONS</b>	
<b>4. TIER 4 LIMITED DRUGS</b>	
<b>5. SPECIALTY PREFERRED DRUGS</b>	
<b>6. SPECIALTY NON-PREFERRED DRUGS</b>	

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.

## STEP 3

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.

SURVEY PROGRESS 20%

PLEASE ANSWER THE FOLLOWING QUESTIONS

All Fields are Required

Please choose your location:

Please Select

Please select the salary range applicable to you:

Please Select

Who will need coverage?  
\*May also include Domestic Partners as defined by the Plan. Check your Plan documents for additional details.

SINGLE FAMILY\* EMPLOYEE & SPOUSE\* EMPLOYEE & CHILDREN

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### (GROUP NAME HERE) HEALTH PLAN COMPARE TOOL

SURVEY PROGRESS 50%

PLEASE ANSWER THE FOLLOWING QUESTIONS

All Fields are Required

Are you a tobacco user?  
 Yes  No

Is your spouse eligible for health insurance coverage through his or her Employer?  
 Yes  No


You are eligible for Employer Credits in the range of \$0 to \$500. Please enter the amount of credits you expect to receive. \$0

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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.

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SURVEY PROGRESS 75%

### OFFICE VISITS AND MEDICAL SERVICES

Enter the estimated number of medical visits you and/or your family may require during the plan year. Note this tool assumes all medical visits are provided by in-network providers.


 **ONE WAY TO ESTIMATE USAGE IS TO ENTER HOW MANY TIMES YOU AND YOUR FAMILY USED COVERAGE LAST YEAR**

Inpatient and outpatient services may be less common, but be sure to include if you know of an upcoming need for a medical procedure.

**CURRENT MEMBER? INTERESTED IN LEARNING WHAT YOUR CLAIMS WERE LAST YEAR? Log in to myWellmark to view a year-to-date summary.**

<b>Routine or preventive office visits:</b> 4 Visits <small>Average per person per year: 1 visit</small>	<b>Primary care office visits:</b> 4 Visits <small>Average per person per year: 3 visits</small>
<b>Specialist office visits:</b> 2 Visits <small>Average per person per year: 2 visits</small>	<b>Inpatient medical services:</b> 5 Visits <small>Average per person per year: 0 visits</small>
<b>Outpatient medical services:</b> 2 Visits <small>Average per person per year: 1.5 visits</small>	<b>Urgent care center:</b> 2 Visits <small>Average per person per year: 0 visits</small>
<b>Emergency room:</b> 1 Visits <small>Average per person per year: 0.5 visits</small>	


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SURVEY PROGRESS 100%

### PRESCRIPTION DRUGS

Enter the estimated number of prescription drugs you and/or your family may require during the plan year. Maintenance prescriptions taken monthly should be counted as 12.

 **FOR HELP IN DETERMINING PRESCRIPTION DRUG TIERS AND COSTS, VISIT THE WELLMARK DRUG LIST.**

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

**CURRENT MEMBER? INTERESTED IN LEARNING WHAT YOUR CLAIMS WERE LAST YEAR? Log in to myWellmark to view a year-to-date summary.**

<b>Tier 1: Generic Drug:</b> 16 <small>Average per person per year: 11 drugs</small>	<b>Tier 2: Preferred Drug:</b> 7 <small>Average per person per year: 1 drug</small>
<b>Tier 3: Non-Preferred Drug:</b> 2 <small>Average per person per year: 0.5 drugs</small>	<b>Tier 4 Limited Drug:</b> 0 <small>Average per person per year: 0 drugs</small>
<b>Specialty: Preferred Drug:</b> 0 <small>Average per person per year: 0 drugs</small>	<b>Specialty: Non-Preferred Drug:</b> 0 <small>Average per person per year: 0 drugs</small>

[BACK](#) [SUBMIT](#)

# 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.

NON-PREFERRED PLAN - <\$50K, NT, NSS	HMO PLAN - <\$50K, NT, NSS, IOWA ONLY	TRADITIONAL PPO - <\$50K, NT, NSS
<b>Network:</b> National <b>MEDICAL</b> Annual Deductible: \$3000 Out-of-Pocket Maximum: \$5000  Primary Care Office Visits: Deductible then 20% Coinsurance Specialist Office Visits: Deductible then 20% Coinsurance Urgent Care Center: Deductible then 20% Coinsurance Emergency Room: Deductible then 20% Coinsurance  <b>PRESCRIPTION DRUGS:</b> Out-of-Pocket Maximum: NA Tier 1 Generics: Deductible then 20% Coinsurance Tier 2 Preferred: Deductible then 20% Coinsurance Tier 3 Non-Preferred: Deductible then 20% Coinsurance Tier 4 Limited Value: Deductible then 20% Coinsurance  HSA Eligible? Yes** Plan type: Family	<b>Network:</b> Iowa <b>MEDICAL</b> Annual Deductible: \$1500 Out-of-Pocket Maximum: \$3000  Primary Care Office Visits: \$15 Copay Specialist Office Visits: \$30 Copay Urgent Care Center: \$30 Copay Emergency Room: \$200 Copay  <b>PRESCRIPTION DRUGS:</b> Out-of-Pocket Maximum: \$2000 Tier 1 Generics: \$15 Copay Tier 2 Preferred: \$30 Copay Tier 3 Non-Preferred: \$50 Copay Tier 4 Limited Value: \$75 Copay  HSA Eligible? No Plan type: Family	<b>Network:</b> National <b>MEDICAL</b> Annual Deductible: \$2000 Out-of-Pocket Maximum: \$4000  Primary Care Office Visits: \$15 Copay Specialist Office Visits: \$25 Copay Urgent Care Center: \$30 Copay Emergency Room: \$200 Copay then 20% Coinsurance  <b>PRESCRIPTION DRUGS:</b> Out-of-Pocket Maximum: NA Tier 1 Generics: \$15 Copay Tier 2 Preferred: \$30 Copay Tier 3 Non-Preferred: Lesser of \$50 Copay or 20% Coinsurance Tier 4 Limited Value: Lesser of \$75 Copay or 20% Coinsurance  HSA Eligible? No Plan type: Family
Bi-Weekly Premium <b>\$75.00*</b> Out-of-Pocket Health Care Expenses <b>\$6,000**</b> Estimated Annual Cost (Out-of-Pocket Expense plus Premium) <b>\$6,950***</b>	Bi-Weekly Premium <b>\$100.00*</b> Out-of-Pocket Health Care Expenses <b>\$3,550**</b> Estimated Annual Cost (Out-of-Pocket Expense plus Premium) <b>\$5,650</b>	Bi-Weekly Premium <b>\$125.00*</b> Out-of-Pocket Health Care Expenses <b>\$4,000**</b> Estimated Annual Cost (Out-of-Pocket Expense plus Premium) <b>\$6,750</b>



### 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 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: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ທີ. (TTY: 888-781-4262.)

주의: 한국어를 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 Deutsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei griegie. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่มีคิดค่าใช้จ่าย 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. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

මාර්ගදර්ශනය: ඔබගේ මවුභාෂාව සිංහල බස නම්, ඔබගේ භාෂාව සහාය සේවාවක් නොමිලට ලබාදීමට අපට සූදානම් වෙමු. 800-524-9242 හිදී සම්බන්ධ වන්න.

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: አማርኛ የሚናገሩ ስሆኑ፣ የቋንቋ እገዛ አገልግሎቶቻችን ከከፍተኛ ነፃ፣ ከ 800-524-9242 ወይም (በ TTY: 888-781-4262) ደውለው ያነጋግሩን።

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) 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'éhjí yánítí'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojí' hóline' 800-524-9242 doodaii' (TTY: 888-781-4262)





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