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.
When it comes to health insurance, one size does not fit all. A little planning now 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 has created the Health Plan Compare tool.

This easy-to-use online tool simplifies the selection process by asking you 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 page, you will have everything you need before you 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.
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.

<table>
<thead>
<tr>
<th>OFFICE VISITS AND MEDICAL SERVICES</th>
<th>ESTIMATED NUMBER OF VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ROUTINE OR PREVENTIVE OFFICE VISITS</td>
<td></td>
</tr>
<tr>
<td>2. PRIMARY CARE OFFICE VISITS</td>
<td></td>
</tr>
<tr>
<td>(Includes chiropractic visits)</td>
<td></td>
</tr>
<tr>
<td>3. SPECIALIST OFFICE VISITS</td>
<td></td>
</tr>
<tr>
<td>(For example: podiatrists, ENT visits or pain specialist)</td>
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</tr>
<tr>
<td>4. INPATIENT MEDICAL SERVICES</td>
<td></td>
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<tr>
<td>(For example: heart surgery)</td>
<td></td>
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<tr>
<td>5. OUTPATIENT MEDICAL SERVICES</td>
<td></td>
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<tr>
<td>(For example: knee replacement)</td>
<td></td>
</tr>
<tr>
<td>6. EMERGENCY ROOM</td>
<td></td>
</tr>
</tbody>
</table>

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.

Inpatient and outpatient services may be less common, but be sure to include them if you know of an upcoming need for a medical procedure.
Enter the estimated number of **prescription drugs** you and your family, if applicable, 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.

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

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.

- **Checkmark** 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.

- **Checkmark** 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.

- **Checkmark** Nobody likes to get sick, but be sure to allow for a few extra medications throughout the year.
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, your family and your lifestyle. All information entered is anonymous and not shared with anyone, including your employer.

(Based on your plan options the questions presented to you may vary.)
STEP 3

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.

Once you have entered your estimates, click submit. You’ll then see your plan options with an estimated, total annual cost.
Health Plan Compare tool: step by step

STEP 4

The “Plan options at a Glance” page will display a summary of your plan options and your total estimated annual costs. To see even more information about the plans or make changes to your estimates, click on “View more details.”

You never know!

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.
STEP 5

On the detail page you can compare information about copays, deductibles and more. You may make changes to member related questions (such as single or family) or change your anticipated expenses and recalculate your estimated, annual cost. You can even create a PDF, and print out your results once you feel you have the best estimates for your needs.

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.
Required Federal Accessibility and Nondiscrimination Notice

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

Wellmark provides:

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

If you need these services, call 800-524-9242. If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 5W189, Des Moines, IA 50309-2901, 515-376-4500, TTY 888-781-4262, Email CRC@Wellmark.com.

Complaint forms are available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail, phone or fax at:

Complaint forms are also available in multiple languages at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

Patients also have the right to file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through ocrportal.hhs.gov/ocr/portal/lobby.jsf. Patients may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 500 Independence Avenue, S.W., Room 13H00, Washington, DC 20201, 800-597-7994, 800-537-7697 (TDD), or write to U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington, DC 20201. Discrimination is against the law.

If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available at 1-800-524-9242 or (TTY: 888-781-4262).


Notes: If you have questions, you may call 800-524-9242. If you need help with your request, you may call 800-524-9242 (TTY: 888-781-4262).

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

Information written in other languages
- Free aids and services to people with disabilities so they may communicate effectively with us, such as:
  - Qualified sign language interpreters
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Notes: If you have questions, you may call 800-524-9242 or (TTY: 888-781-4262).

ブリティッシュコロンビア州では、手話訳者を提供しています。手話訳者の利用を希望する場合は、800-524-9242または(TTY: 888-781-4262)に連絡してください。

FRANÇAIS: Si vous parlez français, des services d’assistance de langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).


注: もしあなたがブラジル語を話している場合、無料の翻訳サービスを提供しています。電話番号は800-524-9242または(TTY: 888-781-4262)。

信息撰写其他语言
- 免费援助和服务，供有残疾的人使用，如：
  - 职业的唇语翻译
  - 其他格式的书面信息（大字、音频、电子可访问格式，其他格式）
- 免费语言服务，供其主要语言非英语的人使用，如：
  - 职业口译
  - 其他语言书写的信息

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注意：如果您有疑问，请拨打800-524-9242。如果您需要帮助处理您的请求，请拨打800-524-9242 (TTY: 888-781-4262)。

 Chili: Nguoi quyen voi nguon ngon Bien phai co sach cho quyen vi. Xin hay lien he 800-524-9242 hoac (TTY: 888-781-4262).

日本語：お困りの時は、これを使用してください。実質的な電話番号は800-524-9242または(TTY: 888-781-4262)。

HEETINA To a wolwa Fufulde laabi wallinnde dow wolde, nana e njobi, ene ngoodi ngam maada. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNA: Yo isin Oromiffaa, kan dubbattan taataan, tajajiloonni gargaaarsa afanaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnamaa.

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Ge’: Diné k’ejií xáánitáá’ doo bii áka’ adowol, t’sáá jii’i, náhóló. Kojí’ hólme’ 800-524-9242 doodaii” (TTY: 888-781-4262)