Know the answers to these five questions.

1. **DO I HAVE BENEFITS FOR THIS PROCEDURE OR SERVICE?**
   Health plans don’t cover everything. And what your plan may cover may be different than what your neighbor’s plan covers. Always check to see if you have benefits before receiving care by logging into myWellmark.com. Your personalized Web portal, myWellmark, is where you can find information to manage your health, your health plan and your health care costs all in one place.

2. **ARE MY HEALTH CARE PROVIDERS AND OTHER PROVIDERS IN MY NETWORK?**
   It’s important to make sure care is being provided by network or contracting providers. If you are having a procedure, verify the facility, anesthesiologist, labs, and doctor performing the procedure are contracting providers.

   If you’re not sure that your provider is in the network, visit Find a Doctor or Hospital on Wellmark.com. By choosing an in-network provider, you’ll receive the highest level of benefits with the lowest out-of-pocket costs.

3. **DOES THIS PROCEDURE OR SERVICE NEED TO BE APPROVED AHEAD OF TIME?**
   There are some procedures or services that require prior approval. Prior approval helps determine if a proposed treatment plan is medically necessary and follows nationally approved medical guidelines. Wellmark contracting providers in Iowa and South Dakota request prior approval for you. A list of services requiring prior approval is on Wellmark.com > Members > Using Your Benefits > Pre-Service Review Requirements.

   If you receive care from an Iowa or South Dakota provider who contracts with Wellmark and the prior approval step does not occur before the service or procedure occurs, the provider will not be paid.

   You, or someone acting on your behalf, is responsible for prior approval if you receive care from a provider in Iowa or South Dakota who does not contract with Wellmark or any provider outside of Iowa or South Dakota. For example, if you receive care from a provider who does not contract with Wellmark, even if located in Iowa and South Dakota, and the prior approval step does not occur before receiving the service or procedure, the claim will deny on the belief that you did not request prior approval and you will be responsible for the costs. You may appeal the decision if this occurs.
Know the answers to these five questions (continued)

Always ask your provider if he or she has fulfilled all prior approval requirements before care is given. If the provider has not submitted the prior approval, call the precertification phone number on your ID card before receiving services.

4 DOES WELLMARK NEED TO BE NOTIFIED BEFORE BEING ADMITTED TO THE HOSPITAL?
Wellmark does need to be notified about some types of admissions. You can find out when a notification must occur by looking at the authorization table on Wellmark.com > Members > Using Your Benefits > Pre-Service Review Requirements. The authorization table is also the resource your provider uses to determine all notification requirements.

If you receive care from an Iowa or South Dakota provider who contracts with Wellmark, the provider is responsible for the notification. If you receive care from a facility who does not contract with Wellmark (for example, a facility not located in Iowa or South Dakota), you or someone acting on your behalf, is responsible for notifying Wellmark by calling the precertification phone number on your Wellmark ID card.

5 DOES THE DRUG I’M BEING PRESCRIBED REQUIRE PRIOR AUTHORIZATION?
For some drugs, your doctor will need to get approval from Wellmark before the pharmacist can fill the prescription and have it covered under your benefits. Your doctor will need to take care of this step for you. A list of drugs requiring prior authorization is available on Wellmark.com > Health and Wellness > Drug Information > Special Pharmacy Programs. You can also search the Wellmark Drug List to find out if a drug has any special requirements.