

## ALTERNATE HEALTH PLAN SUMMARY

Group Name: PRAIRIE CITY CITY OF

Group Number: 00045536

Renewal Effective Date: December 1, 2022

### EnhancedBlue<sup>SM</sup> Modified

#### Traditional Copay

NETWORK		
HMO	POS	PPO
Wellmark Health Plan of Iowa, Inc. HMO	Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue Cross and Blue Shield of Iowa. PPO
Wellmark Blue HMO Network provides statewide provider access.	Wellmark Blue POS Network combines the state-based HMO with access to out-of-network coverage.	Wellmark Blue PPO Network Offers national care through BlueCard

#### HEALTH/DRUG CODE

3XD / 9XY | 3YG / 9XZ | 3X3 / 9XX

#### MONTHLY PREMIUM

\$9,632.80 | \$10,134.09 | \$11,228.16

#### DEDUCTIBLE

INDIVIDUAL / FAMILY PER YEAR

\$4,700/\$9,400

#### OUT-OF-POCKET MAXIMUM

INDIVIDUAL / FAMILY PER YEAR

\$4,700/\$9,400

#### COST SHARE

Coinurance: 0%  
Primary Care Office Services: \$35  
Non Primary Care Office Services: \$70  
Emergency Room Visits: \$600

#### Prescription Drugs

Formulary	BlueRx Essentials <sup>SM</sup>
Medical Deductible Applies	No
Tier 1	\$30
Tier 2	\$60
Tier 3	\$150
Biosimilar	\$175
Preferred Specialty Drugs	\$200
Non-preferred Specialty Drugs	\$500

### BlueSimplicity<sup>SM</sup> Gold

#### Simple Copay

NETWORK		
HMO	POS	PPO
Wellmark Health Plan of Iowa, Inc. HMO	Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue Cross and Blue Shield of Iowa. PPO
Wellmark Blue HMO Network provides statewide provider access.	Wellmark Blue POS Network combines the state-based HMO with access to out-of-network coverage.	Wellmark Blue PPO Network Offers national care through BlueCard

#### HEALTH/DRUG CODE

41P / 9WB | 41Y / 9WC | 41N / 9WA

#### MONTHLY PREMIUM

\$10,034.56 | \$10,546.10 | \$11,695.98

#### DEDUCTIBLE

INDIVIDUAL / FAMILY PER YEAR

N/A

#### OUT-OF-POCKET MAXIMUM

INDIVIDUAL / FAMILY PER YEAR

\$4,800/\$9,600

#### COST SHARE

Coinurance: N/A  
Primary Care Office Services: \$35  
Non Primary Care Office Services: \$70  
Emergency Room Visits: \$500

#### Prescription Drugs

Formulary	BlueRx Essentials <sup>SM</sup>
Medical Deductible Applies	No
Tier 1	\$25
Tier 2	\$85
Tier 3	\$150
Biosimilar	\$225
Preferred Specialty Drugs	\$300
Non-preferred Specialty Drugs	\$500

### EnhancedBlue<sup>SM</sup> 2000

#### Traditional Copay

NETWORK		
HMO	POS	PPO
Wellmark Health Plan of Iowa, Inc. HMO	Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue Cross and Blue Shield of Iowa. PPO
Wellmark Blue HMO Network provides statewide provider access.	Wellmark Blue POS Network combines the state-based HMO with access to out-of-network coverage.	Wellmark Blue PPO Network Offers national care through BlueCard

#### HEALTH/DRUG CODE

3NG / 9XQ | 3RC / 9XR | 3NF / 9XP

#### MONTHLY PREMIUM

\$10,107.56 | \$10,647.26 | \$11,791.91

#### DEDUCTIBLE

INDIVIDUAL / FAMILY PER YEAR

\$2,000/\$4,000

#### OUT-OF-POCKET MAXIMUM

INDIVIDUAL / FAMILY PER YEAR

\$5,100/\$10,200

#### COST SHARE

Coinurance: 20%  
Primary Care Office Services: \$25  
Non Primary Care Office Services: \$50  
Emergency Room Visits: \$400

#### Prescription Drugs

Formulary	BlueRx Essentials <sup>SM</sup>
Medical Deductible Applies	No
Tier 1	\$15
Tier 2	\$50
Tier 3	\$125
Biosimilar	\$135
Preferred Specialty Drugs	\$150
Non-preferred Specialty Drugs	\$300

## ALTERNATE HEALTH PLAN SUMMARY - CONTINUED

Group Name: PRAIRIE CITY CITY OF

Group Number: 00045536

Renewal Effective Date: December 1, 2022

### EnhancedBlue<sup>SM</sup> Primary

#### Traditional Copay

NETWORK		
HMO	POS	PPO
Wellmark Health Plan of Iowa, Inc. HMO	Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue Cross and Blue Shield of Iowa. PPO
Wellmark Blue HMO Network provides statewide provider access.	Wellmark Blue POS Network combines the state-based HMO with access to out-of-network coverage.	Wellmark Blue PPO Network Offers national care through BlueCard
HEALTH/DRUG CODE		
3ZN / 9W5	3ZQ / 9W6	3ZF / 9W4
MONTHLY PREMIUM		
\$9,178.29	\$9,635.61	\$10,700.32

**DEDUCTIBLE**  
 INDIVIDUAL / FAMILY PER YEAR  
**\$2,500/\$5,000**

**OUT-OF-POCKET MAXIMUM**  
 INDIVIDUAL / FAMILY PER YEAR  
**\$6,900/\$13,800**

**COST SHARE**  
 Coinsurance: 20%  
 Primary Care Office Services: \$10  
 Non Primary Care Office Services: \$150  
 Emergency Room Visits: Deductible/Coinsurance

**Prescription Drugs**  
 Formulary BlueRx Essentials<sup>SM</sup>  
 Medical Deductible Applies Yes  
 Tier 1 \$5 (waive deductible)  
 Tier 2 Deductible/Coinsurance  
 Tier 3 Deductible/Coinsurance  
 Biosimilar Deductible/Coinsurance  
 Preferred Specialty Drugs Deductible/Coinsurance  
 Non-preferred Specialty Drugs Deductible/Coinsurance

### EnhancedBlue<sup>SM</sup> 3000

#### Traditional Copay

NETWORK		
HMO	POS	PPO
Wellmark Health Plan of Iowa, Inc. HMO	Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue Cross and Blue Shield of Iowa. PPO
Wellmark Blue HMO Network provides statewide provider access.	Wellmark Blue POS Network combines the state-based HMO with access to out-of-network coverage.	Wellmark Blue PPO Network Offers national care through BlueCard
HEALTH/DRUG CODE		
3RX / 9XV	3VM / 9XW	3RN / 9XU
MONTHLY PREMIUM		
\$9,253.76	\$9,722.14	\$10,791.00

**DEDUCTIBLE**  
 INDIVIDUAL / FAMILY PER YEAR  
**\$3,000/\$6,000**

**OUT-OF-POCKET MAXIMUM**  
 INDIVIDUAL / FAMILY PER YEAR  
**\$7,000/\$14,000**

**COST SHARE**  
 Coinsurance: 30%  
 Primary Care Office Services: \$30  
 Non Primary Care Office Services: \$60  
 Emergency Room Visits: \$400

**Prescription Drugs**  
 Formulary BlueRx Essentials<sup>SM</sup>  
 Medical Deductible Applies No  
 Tier 1 \$20  
 Tier 2 \$50  
 Tier 3 \$125  
 Biosimilar \$160  
 Preferred Specialty Drugs \$200  
 Non-preferred Specialty Drugs \$400

### myBlue HDHP<sup>SM</sup> Silver High Deductible Health Plan

NETWORK		
HMO	POS	PPO
Wellmark Health Plan of Iowa, Inc. HMO	Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue Cross and Blue Shield of Iowa. PPO
Wellmark Blue HMO Network provides statewide provider access.	Wellmark Blue POS Network combines the state-based HMO with access to out-of-network coverage.	Wellmark Blue PPO Network Offers national care through BlueCard
HEALTH/DRUG CODE		
3ND / 9XM	3NE / 9XN	3KZ / 9XL
MONTHLY PREMIUM		
\$8,193.17	\$8,622.53	\$9,544.07

**DEDUCTIBLE**  
 INDIVIDUAL / FAMILY PER YEAR  
**\$4,500/\$9,000**

**OUT-OF-POCKET MAXIMUM**  
 INDIVIDUAL / FAMILY PER YEAR  
**\$6,900/\$13,800**

**COST SHARE**  
 Coinsurance: 0%  
 Primary Care Office Services: \$0 after Deductible  
 Non Primary Care Office Services: \$60 after Deductible  
 Emergency Room Visits: \$250 after Deductible

**Prescription Drugs**  
 Formulary BlueRx Essentials<sup>SM</sup>  
 Medical Deductible Applies Yes  
 Tier 1 \$20 after Deductible  
 Tier 2 \$60 after Deductible  
 Tier 3 \$125 after Deductible  
 Biosimilar \$135  
 Preferred Specialty Drugs \$150 after Deductible  
 Non-preferred Specialty Drugs \$200 after Deductible

## ALTERNATE HEALTH PLAN SUMMARY - CONTINUED

Group Name: PRAIRIE CITY CITY OF

Group Number: 00045536

Renewal Effective Date: December 1, 2022

### CompleteBlue<sup>SM</sup> Modified

#### Traditional Copay

NETWORK		
HMO	POS	PPO
Wellmark Health Plan of Iowa, Inc. HMO	Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue Cross and Blue Shield of Iowa. PPO
Wellmark Blue HMO Network provides statewide provider access.	Wellmark Blue POS Network combines the state-based HMO with access to out-of-network coverage.	Wellmark Blue PPO Network Offers national care through BlueCard
HEALTH/DRUG CODE		
3KL / 9XF	3KP / 9XH	3KH / 9XE
MONTHLY PREMIUM		
\$8,222.70	\$8,612.56	\$9,575.07

**DEDUCTIBLE**  
INDIVIDUAL / FAMILY PER YEAR  
**\$7,800/\$15,600**

**OUT-OF-POCKET MAXIMUM**  
INDIVIDUAL / FAMILY PER YEAR  
**\$7,800/\$15,600**

**COST SHARE**  
Coinsurance: 0%  
Primary Care Office Services: \$50  
Non Primary Care Office Services: \$150  
Emergency Room Visits: \$500

Prescription Drugs	
Formulary	BlueRx Essentials <sup>SM</sup>
Medical Deductible Applies	No
Tier 1	\$30
Tier 2	\$80
Tier 3	\$175
Biosimilar	\$235
Preferred Specialty Drugs	\$300
Non-preferred Specialty Drugs	\$500

### BlueSimplicity<sup>SM</sup> Silver

#### Simple Copay

NETWORK		
HMO	POS	PPO
Wellmark Health Plan of Iowa, Inc. HMO	Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue Cross and Blue Shield of Iowa. PPO
Wellmark Blue HMO Network provides statewide provider access.	Wellmark Blue POS Network combines the state-based HMO with access to out-of-network coverage.	Wellmark Blue PPO Network Offers national care through BlueCard
HEALTH/DRUG CODE		
3ZW / 9W8	3ZX / 9W9	3ZS / 9W7
MONTHLY PREMIUM		
\$8,456.62	\$8,850.90	\$9,847.65

**DEDUCTIBLE**  
INDIVIDUAL / FAMILY PER YEAR  
**N/A**

**OUT-OF-POCKET MAXIMUM**  
INDIVIDUAL / FAMILY PER YEAR  
**\$8,200/\$16,400**

**COST SHARE**  
Coinsurance: N/A  
Primary Care Office Services: \$60  
Non Primary Care Office Services: \$110  
Emergency Room Visits: \$600

Prescription Drugs	
Formulary	BlueRx Essentials <sup>SM</sup>
Medical Deductible Applies	No
Tier 1	\$30
Tier 2	\$100
Tier 3	\$200
Biosimilar	\$250
Preferred Specialty Drugs	\$300
Non-preferred Specialty Drugs	\$500

### CompleteBlue<sup>SM</sup> 4000

#### Traditional Copay

NETWORK	
POS	PPO
Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue Cross and Blue Shield of Iowa. PPO
Wellmark Blue POS Network combines the state-based HMO with access to out-of-network coverage.	Wellmark Blue PPO Network Offers national care through BlueCard
HEALTH/DRUG CODE	
3IY / 9XD	3JU / 9XB
MONTHLY PREMIUM	
\$8,999.96	\$10,015.76

**DEDUCTIBLE**  
INDIVIDUAL / FAMILY PER YEAR  
**\$4,000/\$8,000**

**OUT-OF-POCKET MAXIMUM**  
INDIVIDUAL / FAMILY PER YEAR  
**\$8,300/\$16,600**

**COST SHARE**  
Coinsurance: 30%  
Primary Care Office Services: \$40  
Non Primary Care Office Services: \$90  
Emergency Room Visits: \$500

Prescription Drugs	
Formulary	BlueRx Essentials <sup>SM</sup>
Medical Deductible Applies	No
Tier 1	\$30
Tier 2	\$60
Tier 3	\$125
Biosimilar	\$135
Preferred Specialty Drugs	\$150
Non-preferred Specialty Drugs	\$500

## ALTERNATE HEALTH PLAN SUMMARY - CONTINUED

Group Name: PRAIRIE CITY CITY OF

Group Number: 00045536

Renewal Effective Date: December 1, 2022

### CompleteBlue<sup>SM</sup> Primary

#### Traditional Copay

NETWORK		
HMO	POS	PPO
Wellmark Health Plan of Iowa, Inc. HMO	Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue Cross and Blue Shield of Iowa. PPO
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#### HEALTH/DRUG CODE

3ZB / 9W2 | 3ZD / 9W3 | 3ZA / 9VZ

#### MONTHLY PREMIUM

\$7,958.95 | \$8,337.75 | \$9,265.12

#### DEDUCTIBLE

INDIVIDUAL / FAMILY PER YEAR

\$5,500/\$11,000

#### OUT-OF-POCKET MAXIMUM

INDIVIDUAL / FAMILY PER YEAR

\$8,700/\$17,400

#### COST SHARE

Coinurance: 30%  
 Primary Care Office Services: \$10  
 Non Primary Care Office Services: \$150  
 Emergency Room Visits: Deductible/Coinurance

#### Prescription Drugs

Formulary BlueRx Essentials<sup>SM</sup>  
 Medical Deductible Applies Yes  
 Tier 1 \$5 (waive deductible)  
 Tier 2 Deductible/Coinurance  
 Tier 3 Deductible/Coinurance  
 Biosimilar Deductible/Coinurance  
 Preferred Specialty Drugs Deductible/Coinurance  
 Non-preferred Specialty Drugs Deductible/Coinurance

### myBlue HDHP<sup>SM</sup> Bronze

#### High Deductible Health Plan

NETWORK		
HMO	POS	PPO
Wellmark Health Plan of Iowa, Inc. HMO	Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue Cross and Blue Shield of Iowa. PPO
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#### HEALTH/DRUG CODE

3EM / 9X9 | 3HR / 9XA | 3DN / 9X8

#### MONTHLY PREMIUM

\$6,889.81 | \$7,239.27 | \$8,031.71

#### DEDUCTIBLE

INDIVIDUAL / FAMILY PER YEAR

\$7,000/\$14,000

#### OUT-OF-POCKET MAXIMUM

INDIVIDUAL / FAMILY PER YEAR

\$7,000/\$14,000

#### COST SHARE

Coinurance: 0%  
 Primary Care Office Services: Deductible  
 Non Primary Care Office Services: Deductible  
 Emergency Room Visits: Deductible

#### Prescription Drugs

Formulary BlueRx Essentials<sup>SM</sup>  
 Medical Deductible Applies Yes  
 Tier 1 Deductible  
 Tier 2 Deductible  
 Tier 3 Deductible  
 Biosimilar Deductible  
 Preferred Specialty Drugs Deductible  
 Non-preferred Specialty Drugs Deductible

### SimplyBlue<sup>SM</sup> Modified

#### Traditional Copay

NETWORK		
HMO	POS	PPO
Wellmark Health Plan of Iowa, Inc. HMO	Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue Cross and Blue Shield of Iowa. PPO
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#### HEALTH/DRUG CODE

3D3 / 9X6 | 3DM / 9X7 | 38B / 9X4

#### MONTHLY PREMIUM

\$7,152.48 | \$7,479.79 | \$8,317.87

#### DEDUCTIBLE

INDIVIDUAL / FAMILY PER YEAR

\$8,500/\$17,000

#### OUT-OF-POCKET MAXIMUM

INDIVIDUAL / FAMILY PER YEAR

\$8,500/\$17,000

#### COST SHARE

Coinurance: 0%  
 Primary Care Office Services: \$80  
 Non Primary Care Office Services: \$160  
 Emergency Room Visits: \$1,000

#### Prescription Drugs

Formulary BlueRx Essentials<sup>SM</sup>  
 Medical Deductible Applies Yes  
 Tier 1 \$30 (waive deductible)  
 Tier 2 Deductible  
 Tier 3 Deductible  
 Biosimilar Deductible  
 Preferred Specialty Drugs Deductible  
 Non-preferred Specialty Drugs Deductible



## ALTERNATE HEALTH PLAN SUMMARY - CONTINUED

Group Name: PRAIRIE CITY CITY OF

Group Number: 00045536

Renewal Effective Date: December 1, 2022

### SimplyBlue<sup>SM</sup> 6000

#### Traditional Copay

NETWORK		
HMO	POS	PPO
Wellmark Health Plan of Iowa, Inc. HMO	Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue Cross and Blue Shield of Iowa. PPO
Wellmark Blue HMO Network provides statewide provider access.	Wellmark Blue POS Network combines the state-based HMO with access to out-of-network coverage.	Wellmark Blue PPO Network Offers national care through BlueCard
HEALTH/DRUG CODE		
34T/9X2	35B/9X3	34P/9WZ
MONTHLY PREMIUM		
\$7,052.92	\$7,349.03	\$8,202.25

**DEDUCTIBLE**  
INDIVIDUAL / FAMILY PER YEAR  
\$6,000/\$12,000

**OUT-OF-POCKET MAXIMUM**  
INDIVIDUAL / FAMILY PER YEAR  
\$8,700/\$17,400

#### COST SHARE

Coinurance: 50%  
Primary Care Office Services: \$70  
Non Primary Care Office Services: \$150  
Emergency Room Visits: Deductible/Coinurance

#### Prescription Drugs

Formulary BlueRx Essentials<sup>SM</sup>  
Medical Deductible Applies Yes  
Tier 1 \$30 (waive deductible)  
Tier 2 Deductible/Coinurance  
Tier 3 Deductible/Coinurance  
Biosimilar Deductible/Coinurance  
Preferred Specialty Drugs Deductible/Coinurance  
Non-preferred Specialty Drugs Deductible/Coinurance

### SimplyBlue<sup>SM</sup> Primary

#### Traditional Copay

NETWORK		
HMO	POS	PPO
Wellmark Health Plan of Iowa, Inc. HMO	Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue Cross and Blue Shield of Iowa. PPO
Wellmark Blue HMO Network provides statewide provider access.	Wellmark Blue POS Network combines the state-based HMO with access to out-of-network coverage.	Wellmark Blue PPO Network Offers national care through BlueCard
HEALTH/DRUG CODE		
3YR/9Y8	3Z6/9VY	3YQ/9Y2
MONTHLY PREMIUM		
\$7,463.78	\$7,836.80	\$8,712.40

**DEDUCTIBLE**  
INDIVIDUAL / FAMILY PER YEAR  
\$7,000/\$14,000

**OUT-OF-POCKET MAXIMUM**  
INDIVIDUAL / FAMILY PER YEAR  
\$8,700/\$17,400

#### COST SHARE

Coinurance: 50%  
Primary Care Office Services: \$20  
Non Primary Care Office Services: \$150  
Emergency Room Visits: Deductible/Coinurance

#### Prescription Drugs

Formulary BlueRx Essentials<sup>SM</sup>  
Medical Deductible Applies Yes  
Tier 1 \$20 (waive deductible)  
Tier 2 Deductible/Coinurance  
Tier 3 Deductible/Coinurance  
Biosimilar Deductible/Coinurance  
Preferred Specialty Drugs Deductible/Coinurance  
Non-preferred Specialty Drugs Deductible/Coinurance

# ALTERNATE HEALTH PLAN DETAILED RATES

Group Name: PRAIRIE CITY CITY OF

Group Number: 00045536

Renewal Effective Date: December 1, 2022



EnhancedBlue <sup>SM</sup> Modified			
AGE	Wellmark Blue HMO Network provides statewide provider access. Wellmark Health Plan of Iowa, Inc. HMO	Wellmark Blue POS Network combines the state-based HMO with access to out-of-network coverage. Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue PPO Network Offers national care through BlueCard. Wellmark Blue Cross and Blue Shield of Iowa. PPO
0-14	\$258.98	\$272.46	\$301.87
15	\$282.00	\$296.68	\$328.71
16	\$290.81	\$305.94	\$338.97
17	\$299.61	\$315.20	\$349.23
18	\$309.09	\$325.17	\$360.28
19	\$318.57	\$335.14	\$371.33
20	\$328.38	\$345.47	\$382.77
21	\$338.54	\$356.16	\$394.61
22	\$338.54	\$356.16	\$394.61
23	\$338.54	\$356.16	\$394.61
24	\$338.54	\$356.16	\$394.61
25	\$339.89	\$357.58	\$396.19
26	\$346.67	\$364.70	\$404.08
27	\$354.79	\$373.25	\$413.55
28	\$367.99	\$387.14	\$428.94
29	\$378.83	\$398.54	\$441.57
30	\$384.24	\$404.24	\$447.88
31	\$392.37	\$412.79	\$457.35
32	\$400.49	\$421.33	\$466.82
33	\$405.57	\$426.68	\$472.74
34	\$410.99	\$432.37	\$479.05
35	\$413.70	\$435.22	\$482.21
36	\$416.40	\$438.07	\$485.37
37	\$419.11	\$440.92	\$488.52
38	\$421.82	\$443.77	\$491.68
39	\$427.24	\$449.47	\$497.99
40	\$432.65	\$455.17	\$504.31
41	\$440.78	\$463.72	\$513.78
42	\$448.57	\$471.91	\$522.85
43	\$459.40	\$483.31	\$535.48
44	\$472.94	\$497.55	\$551.27
45	\$488.85	\$514.29	\$569.81
46	\$507.81	\$534.24	\$591.91
47	\$529.14	\$556.67	\$616.77
48	\$553.51	\$582.32	\$645.18
49	\$577.55	\$607.60	\$673.20
50	\$604.63	\$636.10	\$704.77
51	\$631.38	\$664.23	\$735.94
52	\$660.83	\$695.22	\$770.27
53	\$690.62	\$726.56	\$805.00
54	\$722.78	\$760.40	\$842.49
55	\$754.94	\$794.23	\$879.97
56	\$789.81	\$830.91	\$920.62
57	\$825.02	\$867.96	\$961.66
58	\$862.60	\$907.49	\$1,005.46
59	\$881.22	\$927.08	\$1,027.16
60	\$918.80	\$966.61	\$1,070.96
61	\$951.30	\$1,000.80	\$1,108.85
62	\$972.63	\$1,023.24	\$1,133.71
63	\$999.37	\$1,051.38	\$1,164.88
64	\$1,015.62	\$1,068.47	\$1,183.82
65+	\$1,015.62	\$1,068.47	\$1,183.82

BlueSimplicity <sup>SM</sup> Gold			
AGE	Wellmark Blue HMO Network provides statewide provider access. Wellmark Health Plan of Iowa, Inc. HMO	Wellmark Blue POS Network combines the state-based HMO with access to out-of-network coverage. Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue PPO Network Offers national care through BlueCard. Wellmark Blue Cross and Blue Shield of Iowa. PPO
0-14	\$269.78	\$283.54	\$314.45
15	\$293.77	\$308.74	\$342.40
16	\$302.93	\$318.38	\$353.09
17	\$312.10	\$328.01	\$363.78
18	\$321.98	\$338.39	\$375.29
19	\$331.85	\$348.77	\$386.80
20	\$342.08	\$359.52	\$398.72
21	\$352.66	\$370.64	\$411.05
22	\$352.66	\$370.64	\$411.05
23	\$352.66	\$370.64	\$411.05
24	\$352.66	\$370.64	\$411.05
25	\$354.07	\$372.12	\$412.69
26	\$361.12	\$379.53	\$420.91
27	\$369.59	\$388.43	\$430.78
28	\$383.34	\$402.88	\$446.81
29	\$394.63	\$414.74	\$459.96
30	\$400.27	\$420.67	\$466.54
31	\$408.73	\$429.57	\$476.41
32	\$417.20	\$438.46	\$486.27
33	\$422.49	\$444.02	\$492.44
34	\$428.13	\$449.95	\$499.01
35	\$430.95	\$452.92	\$502.30
36	\$433.77	\$455.88	\$505.59
37	\$436.59	\$458.85	\$508.88
38	\$439.41	\$461.81	\$512.17
39	\$445.06	\$467.74	\$518.74
40	\$450.70	\$473.67	\$525.32
41	\$459.16	\$482.57	\$535.19
42	\$467.27	\$491.09	\$544.64
43	\$478.56	\$502.95	\$557.79
44	\$492.66	\$517.78	\$574.23
45	\$509.24	\$535.20	\$593.55
46	\$528.99	\$555.95	\$616.57
47	\$551.21	\$579.30	\$642.47
48	\$576.60	\$605.99	\$672.06
49	\$601.64	\$632.30	\$701.25
50	\$629.85	\$661.96	\$734.13
51	\$657.71	\$691.24	\$766.61
52	\$688.39	\$723.48	\$802.37
53	\$719.42	\$756.10	\$838.54
54	\$752.93	\$791.31	\$877.59
55	\$786.43	\$826.52	\$916.64
56	\$822.75	\$864.69	\$958.98
57	\$859.43	\$903.24	\$1,001.73
58	\$898.58	\$944.38	\$1,047.35
59	\$917.97	\$964.76	\$1,069.96
60	\$957.12	\$1,005.90	\$1,115.59
61	\$990.97	\$1,041.49	\$1,155.05
62	\$1,013.19	\$1,064.84	\$1,180.94
63	\$1,041.05	\$1,094.12	\$1,213.42
64	\$1,057.98	\$1,111.91	\$1,233.15
65+	\$1,057.98	\$1,111.91	\$1,233.15

EnhancedBlue <sup>SM</sup> 2000			
AGE	Wellmark Blue HMO Network provides statewide provider access. Wellmark Health Plan of Iowa, Inc. HMO	Wellmark Blue POS Network combines the state-based HMO with access to out-of-network coverage. Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue PPO Network Offers national care through BlueCard. Wellmark Blue Cross and Blue Shield of Iowa. PPO
0-14	\$271.75	\$286.26	\$317.03
15	\$295.90	\$311.70	\$345.21
16	\$305.14	\$321.43	\$355.99
17	\$314.37	\$331.16	\$366.76
18	\$324.32	\$341.64	\$378.37
19	\$334.27	\$352.11	\$389.97
20	\$344.57	\$362.97	\$401.99
21	\$355.22	\$374.19	\$414.42
22	\$355.22	\$374.19	\$414.42
23	\$355.22	\$374.19	\$414.42
24	\$355.22	\$374.19	\$414.42
25	\$356.65	\$375.69	\$416.08
26	\$363.75	\$383.17	\$424.37
27	\$372.28	\$392.15	\$434.31
28	\$386.13	\$406.75	\$450.47
29	\$397.50	\$418.72	\$463.74
30	\$403.18	\$424.71	\$470.37
31	\$411.71	\$433.69	\$480.31
32	\$420.23	\$442.67	\$490.26
33	\$425.56	\$448.28	\$496.48
34	\$431.24	\$454.27	\$503.11
35	\$434.08	\$457.26	\$506.42
36	\$436.93	\$460.26	\$509.74
37	\$439.77	\$463.25	\$513.05
38	\$442.61	\$466.24	\$516.37
39	\$448.29	\$472.23	\$523.00
40	\$453.98	\$478.22	\$529.63
41	\$462.50	\$487.20	\$539.58
42	\$470.67	\$495.80	\$549.11
43	\$482.04	\$507.78	\$562.37
44	\$496.25	\$522.75	\$578.95
45	\$512.94	\$540.33	\$598.42
46	\$532.84	\$561.29	\$621.63
47	\$555.22	\$584.86	\$647.74
48	\$580.79	\$611.80	\$677.58
49	\$606.01	\$638.37	\$707.00
50	\$634.43	\$668.31	\$740.15
51	\$662.49	\$697.87	\$772.89
52	\$693.40	\$730.42	\$808.95
53	\$724.66	\$763.35	\$845.42
54	\$758.40	\$798.90	\$884.79
55	\$792.15	\$834.45	\$924.16
56	\$828.74	\$872.99	\$966.84
57	\$865.68	\$911.91	\$1,009.94
58	\$905.11	\$953.44	\$1,055.94
59	\$924.65	\$974.02	\$1,078.74
60	\$964.08	\$1,015.56	\$1,124.74
61	\$998.18	\$1,051.48	\$1,164.52
62	\$1,020.56	\$1,075.05	\$1,190.63
63	\$1,048.62	\$1,104.61	\$1,223.37
64	\$1,065.66	\$1,122.57	\$1,243.26
65+	\$1,065.66	\$1,122.57	\$1,243.26