

ALTERNATE HEALTH PLAN SUMMARY Group Name: PRAIRIE CITY CITY OF

Group Number: 00045536

Renewal Effective Date: December 1, 2022

Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.

EnhancedBlueSM Modified

Traditional Copay

Preferred Specialty Drugs

Non-preferred Specialty Drugs

	. NET	WORK	
HMO	P	os	PP0
Wellmark Health Plar of Iowa, Inc. HMO	of lo	va, 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.		
3XD/9XY		ORUG CODI /9XZ	E 3X3/9XX
	DEPAREMENTAL PROPERTY.	, ONL Premiun	AGENTIFICATION OF THE PROPERTY
\$9,632.80	\$10,	134,09	\$11,228.16
OUT-OF-POCKET M/ Individual / Family P	ER YEAR		
\$4,700/\$9,4	100		
COST SHARE Coinsurance: Primary Care Office Sei Non Primary Care Offic Emergency Room Visits	e Services:	0% \$35 \$70 \$600	
Prescription Drugs			
Formulary Medical Deductible App	illan	BlueRx Es: No	sentials ^{su}
meuicai peuuccioie syj Tier 1	лко	\$30	
Tier 2		\$60	
Tier 3 Biosimilar		\$150 \$176	
Diesimiat		\$175	

\$200

\$500

BlueSimplicitySM Gold

Simple Copay

		- 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18	and the second second
	NET	WORK	
HMO	P	08	PPO
Wellmark Health Plar of Iowa, Inc. HMO	Wellmark of lov	9896885568	Wellmark Blue Cross and Blue Shield of lowa. PPO
Wellmark Blue HMO Network provides statewide provider access,	Network c state-basi acc out-of	k Blue POS ombines the od HMO with ess to network erage,	Wellmark Blue PPO Network Offers national care through BlueCard
		RUG CODI	
41P/9WB	O LAND STREET CONTROL OF THE PARTY OF THE PA	/ 9WC	41N/9WA
\$10,034,56		/PREMIUN 546.10	ı \$11,695.98
OUT-OF-POCKET MA Individual / Family P			
\$4,800/\$9,6	500		
COST SHARE Coinsurance: Primary Care Office Ser Non Primary Care Offic Emergency Room Visits	e Services:	N/A \$35 \$70 \$500	
Prescription Drugs Formulary Medical Deductible App Tier 1 Tier 2 Tier 3		BlueRx Ess No \$25 \$85 \$150	sentials ^{su}
Biosimilar Preferred Specialty Dru Hon-preferred Specialty		\$225 \$300 \$500	

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Traditional Copay

	NETWORK	
HMO	POS	PP0
Wellmark Health Pian of Iowa, Inc. HMO	Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue Cross and Blue Shield of lowa. 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.	
!	HEALTH/DRUG CODE	Ē
3NG / 9XQ	3RC/9XR	3NF/9XP
\$10,107.56	MONTHLY PREMIUN \$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 20% Coinsurance: Primary Care Office Services: \$25 Non Primary Gare Office Services: \$50 **Emergency Room Visits:**

zine Benef incom traiter	4100
Prescription Drugs	
Formulary	BlueRx Essentials ^{su}
Medical Deductible Applies	No
Tier 1	\$15
Tier 2	\$50
Tier 3	\$125
Biosimilar	\$135
Preferred Specialty Drugs	\$150
Non-preferred Specialty Drugs	\$300



Wellmark Blue Cross and Blue Shield of Iowa, and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.

ALTERNATE HEALTH PLAN SUMMARY - CONTINUED

Group Name: PRAIRIE CITY CITY OF

Group Number: 00045536

Renewal Effective Date: December 1, 2022

EnhancedBlueSM Primary

Traditional Copay

	NETWORK	
HMO	POS	PP0
Wellmark Health Plar of Iowa, Inc. HMO	Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue Cross and Blue Shield of lowa. 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.	
	HEALTH/DRUG CODI	E
3ZN / 9W5	3ZQ/9W6	3ZF / 9W4
\$9,178.29	MONTHLY PREMIUN \$9,635.61	1 \$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 EssentialsSM Medical Deductible Applies \$5 (waive deductible) Tier 1 Deductible/Coinsurance Tier 2 Deductible/Coinsurance Tier 3 Deductible/Coinsurance Biosimilar Deductible/Coinsurance **Preferred Specialty Drugs** Deductible/Coinsurance Non-preferred Specialty Drugs

EnhancedBlueSM 3000

Traditional Copay

НМО	NETWORK POS	PPO
Wellmark Health Plar of Iowa, Inc. HMO	Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue Cross and Blue Shield of lowa. 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;	
	HEALTH/DRUG CODI	
3RX/9XV	3VM/9XW	3RN/9XU
\$9,253.76	MONTHLY PREMIUN \$9,722.14	1 \$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

Formulary	BlueRx Essentials ⁵³⁸
Medical Deductible Applies	No
Tier 1	\$20
Tier2	\$50
Tier 3	\$125
Blosimilar	\$160
Preferred Specialty Drugs	\$200
Non-preferred Specialty Drugs	\$400

myBlue HDHPSM Silver High Deductible Health Plan

	NETWORK	
HMO	POS	PP0
Wellmark Health Plan of Iowa, Inc. HMO	Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue Cross and Blue Shield of lowa. 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.	
	HEALTH/DRUG COD	Ē
3ND/9XM	3NE/9XN	3KZ/9XL
\$8,193.17	MONTHLY PREMIUN \$8,622.53	1 \$9,544.07
DEDUCTION F		

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 BlueRx Essentials^{su} Formulary Medical Deductible Applies Yes \$20 after Deductible Tier 1 \$60 after Deductible Tier 2 \$125 after Deductible Tier 3 Biosimilar \$135 Preferred Specialty Drugs \$150 after Deductible Non-preferred Specialty Drugs \$200 after Deductible



Weilmark Blue Cross and Blue Shield of Iowa, and Weilmark
Blue Cross and Blue Shield of Iowa, and Weilmark
Blue Cross and Blue Shield of South Dakota are independent
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ALTERNATE HEALTH PLAN SUMMARY - CONTINUED

Group Name: PRAIRIE CITY CITY OF

Group Number: 00045536

Renewal Effective Date: December 1, 2022

CompleteBlueSM Modified

Traditional Copay

	NETWORK I	
HMO	POS	PPO
Wellmark Health Plar of lowa, Inc. HMO	Wellmark Health Plar of Iowa, Inc. POS	Wellmark Blue Cross and Blue Shield of Iowa. PPO
Wellmark Blue HMO Network provides statewide provider access.	Wellmark Blue POS Nétwork combines the state-based HMO with access to out-of-network coverage,	Wellmark Blue PPO
1	HEALTH/DRUG COD	

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 BlueRx EssentialsSM Formulary Medical Deductible Applies \$30 Tier 1 \$80 Tier 2 \$175 Tier 3 \$235 Biosimilar Preferred Specialty Drugs \$300 \$500 Non-preferred Specialty Drugs

BlueSimplicitySM Silver

Simple Copay

			4.30-3.30
	NET	WORK	
НМО	ם	os -	PP0
	1955010000VC		
Wellmark Health Plar of lowa, Inc.		Health Plan va, Inc.	Wellmark Blue Cross and Blue Shield of
HMO	i .	20\$	lowa.
	Wellmar	k Blue POS	PPO
Wellmark Blue HMO	Network c	ombines the	Weilmark Blue PPO
Network provides statewide provider	CONTROL CONTRACTOR	ed HMO with ess to	Network Offers national care through
access,		network	BlueCard
	 Ammy Completely 	erage.	
		ORUG CODI	
3ZW/9W8	ersamentamentament	/9W9	3ZS / 9W7
	ANY 300 MIN 1985 15	/ PREMIUN	
\$8,456.62	\$0,0	50.90	\$9,847.65
DEDUCTIBLE			
INDIVIDUAL/FAMILY P	EK YEAK		
N/A			
OUT OF DOOVET HE	wanin		
OUT-OF-POCKET MA			
\$8,200/\$16	,400		
COST SHARE			
Coinsurance:	_	N/A	
Primary Care Office Ser		\$60 \$110	
Non Primary Care Offic Emergency Room Visits		\$600	
ndinksymenylikeningiisyymisyymis		ΨΟΟΟ	
Prescription Drugs Formulary		BlueRx Es	cantiple\$H
Medical Deductible Ap	alles	No No	otitulio
Tier 1		\$30	
Tier 2		\$100	
Tier 3		\$200	
Biosimilar Preferred Specialty Dru	ine	\$250 \$300	
Non-preferred Specialty		\$500	

CompleteBlueSM 4000

Traditional Copay

NETY	VORK
POS	PP0
Wellmark Health Plan of Iowa, Inc.	Wellmark Blue Cross and Blue Shield of Iowa.
POS	PP0
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/D	RUG CODE
3JY / 9XD	3JU / 9XB
MONTHLY	PREMIUM
\$8,999.96	\$10,015.76
DEDUCTIBLE	

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 BlueRx EssentialsSM **Formulary Medical Deductible Applies** Tier 1 \$30 Tier 2 \$60 Tier 3 \$125 Biosimilar \$135 Preferred Specialty Drugs \$150 \$500 Non-preferred Specialty Drugs



Wellmark Blue Cross and Blue Shield of Iowa, and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.

ALTERNATE HEALTH PLAN SUMMARY - CONTINUED Group Name: PRAIRIE CITY CITY OF

Group Number: 00045536

Renewal Effective Date: December 1, 2022

CompleteBlueSM Primary

Traditional Copay

NETWORK POS	PP0
Wellmark Health Plan of Iowa, Inc. POS	111 II
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 CODI	E 3ZA/9VZ
MONTHLY PREMIUN \$8,337.75	
	POS Wellmark Health Plan of lowa, Inc. POS Wellmark Blue POS Network combines the state-based HIMO with access to out-of-network coverage. HEALTH/DRUG CODI 3ZD / 9W3 MONTHLY PREMIUM

INDIVIDUAL / FAMILY PER YEAR

\$5,500/\$11,000

OUT-OF-POCKET MAXIMUM INDIVIDUAL/FAMILY PER YEAR

\$8,700/\$17,400

COST SHARE

30% Coinsurance: Primary Care Office Services: \$10 Non Primary Care Office Services: \$150

Emergency Room Visits: Deductible/Coinsurance

Prescription Drugs Formulary Medical Deductible Applies

\$5 (waive deductible) Tier 1 Deductible/Coinsurance Tier 2 Deductible/Coinsurance Tier 3 Biosimilar Deductible/Coinsurance Deductible/Coinsurance Preferred Specialty Drugs Deductible/Coinsurance Non-preferred Specialty Drugs

BlueRx Essentials⁵²⁴

myBlue HDHPSM Bronze

High Deductible Health Plan

	NETWORK	
HMO	POS	PP0
Wellmark Health Plar of Iowa, Inc. HMO	Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue Cross and Blue Shield of lowa. PPO
Wallmark Blue HMO Network provides statewide provider access.	Wellmark Blue POS Network combines the state-based HMO with access to out-of-network coverage,	
	HEALTH/DRUG CODI	Ē
3EM/9X9	3HR/9XA	3DN/9X8
\$6,889.81	MONTHLY PREMIUN \$7,239.27	A \$8,031.71

DEDUCTIBLE

ENDIVIDUAL / FAMILY PER YEAR

\$7,000/\$14,000

OUT-OF-POCKET MAXIMUM INDIVIDUAL/FAMILY PER YEAR

\$7,000/\$14,000

COST SHARE

Coinsurance: Deductible Primary Care Office Services: Non Primary Care Office Services: Deductible Deductible **Emergency Room Visits:**

Prescription Drugs Formulary

BlueRx EssentialsSM Medical Deductible Applies Yes Deductible Tier 1 Deductible Tier 2

Deductible Tier 3 Biosimilar Deductible Preferred Specialty Drugs Deductible Non-preferred Specialty Drugs Deductible

SimplyBlueSM Modified **Traditional Copay**

HMO	NETWORK POS	PP0		
Wellmark Health Piar of Iowa, Inc. HMO	Wellmark Health Pian 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.			
HEALTH/DRUG CODE				
3D3/9X6	3DM/9X7 Monthly Premiun	38B/9X4		
\$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

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

Prescription Drugs

Formulary BlueRx EssentialsSM Medical Deductible Applies

\$30 (waive deductible)

Tier 1 Tier 2 Deductible Tier 3 Deductible Deductible Biosimilar Deductible **Preferred Specialty Drugs** Non-preferred Specialty Drugs Deductible



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Blue Cross and Blue Shield of South Dakota are Independent ALTERNATE HEALTH PLAN SUMMARY - CONTINUED
Group Name: PRAIRIE CITY CITY OF licensees of the Blue Cross and Blue Shield Association.

Group Number: 00045536

Renewal Effective Date: December 1, 2022

SimplyBlueSM 6000

Traditional Copay

	NETWORK			
HMO	POS	PPO		
Wellmark Health Plar of Iowa, Inc. HMO	Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue Cross and Blue Shield of lowa. 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		
HEALTH/DRUG CODE				
34T/9X2	35B/9X3	34P/9WZ		
\$7,052.92	MONTHLY PREMIUN \$7,349.03	1 \$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

50% Coinsurance: \$70 Primary Care Office Services: Non Primary Care Office Services: \$150

Emergency Room Visits: Deductible/Coinsurance

Prescription Drugs BlueRx EssentialsSM Formulary Medical Deductible Applies \$30 (waive deductible) Tier 1 Tier 2 Deductible/Coinsurance Deductible/Coinsurance Tier 3 Deductible/Coinsurance Biosimilar Deductible/Coinsurance **Preferred Specialty Drugs** Deductible/Coinsurance Non-preferred Specialty Drugs

SimplyBlueSM Primary

Traditional Copay

	NETWORK	1
HMO	POS	PP0
Wellmark Health Plar of Iowa, Inc. HMO	Wellmark Health Plan of Iowa, Inc. POS	Wellmark Blue Cross and Blue Shield of Iowa. PPO
Welmark Blue HMO Network provides statewide provider access.	Wellmark Blue POS Network combines the state-based HMO with access to out-of-network coverage.	
	HEALTH/DRUG CODI	E
3YR/9Y8	3Z6/9VY	3YQ/9Y2
\$7,463.78	MONTHLY PREMIUN \$7,836.80	1 \$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

50% Coinsurance: Primary Care Office Services: \$20 Non Primary Care Office Services: \$150

Deductible/Coinsurance **Emergency Room Visits:**

Prescription Drugs Formulary Medical Deductible Applies

Non-preferred Specialty Drugs

BlueRx EssentialsSM

Deductible/Coinsurance

\$20 (waive deductible) Tier 1 Deductible/Coinsurance Tier 2 Deductible/Coinsurance Tier 3 Deductible/Coinsurance Biosimilar Deductible/Coinsurance **Preferred Specialty Drugs**

ALTERNATE HEALTH PLAN DETAILED RATESGroup Name: PRAIRIE CITY CITY OF

Group Number: 00045536

Renewal Effective Date: December 1, 2022



Welimark Blue Cross and Blue Shield of lowa, and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.

AGE	Wellmark Blue HMO Network provides	Wellmark Blue POS Network combines	Wellmark Blue PPO
AGE	Network provides		Network Offers
AGE		the state-based	national care
S 3000	statewide provider access.	HMO with access to out-of-network	through BlueCard
	Wellmark Health	coverage.	Wellmark Blue Cross and Blue
	Plan of lowa, Inc. HMO	Wellmark Health Plan of Iowa, Inc.	Shield of lowa,
		POS	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	\$420.54 \$441.57
30	\$384.24	\$404.24	\$447.88
31	\$392.37	\$412.79	\$457.35
			4
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	\$1,003.46 \$1,027.16
CONTRACTOR (199			\$1,027.16 \$1,070.96
60	\$918.80	\$966.61	
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 65+	\$1,015.62 \$1,015.62	\$1,068.47 \$1,068.47	\$1,183.82 \$1,183.82

BlueSim	ıplicity ^{sм} G	old
Wellmark Blue HMO	Wellmark Blue POS	Wellmark Blue PPO
Network provides statewide provider	the state-based HMO with access to	Network Offers national care
AGE access. Wellmark Health	out-of-network coverage.	through BlueCard Wellmark Blue
Plan of lows, inc. HMO	Wellmark Health Plan of Iowa, Inc.	Cross and Blue Shield of lows.
0-14 \$269.78	Pos \$283.54	рро \$314.45
15 \$293.77	\$308.74	\$342.40
16 \$302.93	\$318.38	\$353.09
17 \$312.10 18 \$321.98	\$328.01 \$338.39	\$363.78 \$375.29
19 \$331,85	\$348,77	\$386,80
20 \$342.08	\$359.52	\$398.72
21 \$352,66 22 \$352,66	\$370.64 \$370.64	\$411.05 \$411.05
23 \$352.66	\$370.64	\$411.05
24 \$352.66	\$370.64	\$411.05
25 \$354.07 26 \$361.12	\$372,12 \$379,53	\$412.69 \$420.91
27 \$369,59	\$388,43	\$430.78
28 \$383.34 29 \$394.63	\$402.88 \$414.74	\$446.81 \$4 59.96
29 \$394.63 30 \$400.27	\$420.67	\$466.54
31 \$408,73	\$429,57	\$476.41
32 \$417,20 33 \$422,49	\$438.46 \$444.02	\$486.27 \$49 2.44
34 \$428.13	\$449.95	\$499.01
35 \$430.95	\$452,92	\$502,30
36 \$433.77 37 \$436,59	\$455.88 \$458.85	\$505.59 \$508.88
38 \$439.41	\$461.81	\$512.17
39 \$445,06	\$467.74	\$518.74
40 \$450.70 41 \$459.16	\$473.67 \$482,57	\$525.32 \$535.19
42 \$467.27	\$491.09	\$544.64
43 \$478.56 44 \$492.66	\$502.95 \$517.78	\$557.79 \$574.23
45 \$509.24	\$535.20	\$593.55
46 \$528.99	\$555.95	\$616.57
47 \$551,21 48 \$576,60	\$579.30 \$605.99	\$642.47 \$672.06
49 \$601.64	\$632,30	\$701,25
50 \$629.85	\$661.96	\$734.13
51 \$657.71 52 \$688.39	\$691.24 \$723.48	\$766.61 \$802.37
53 \$719.42	\$756,10	\$838,54
54 \$752.93	\$791.31	\$877.59
55 \$786,43 56 \$822,75	\$826,52 \$864.69	\$916.64 \$958.98
57 \$859,43	\$903,24	\$1,001.73
58 \$898.58	\$944.38 \$964.76	\$1,047.35 \$1,069.96
59 \$917.97 60 \$957.12	\$904.76 \$1,005.90	\$1,009.90 \$1,115.59
61 \$990.97	\$1,041,49	\$1,155.05
62 \$1,013.19 63 \$1,041.05	\$1,064.84 \$1,094.12	\$1,180.94 \$1,213.42
64 \$1,057.98	\$1,094.12 \$1,111.91	\$1,213.42 \$1,233.15
65+ \$1,057,98	\$1,111.91	\$1,233.15

	Enhance	edBlue ^{s™} 20	000
	Wellmark Blue HMC	Wellmark Blue POS Network combines	Wellmark Blue PPO
	Network provides statewide provider	the state-based HMO with access to	Network Offers national care
AGE	access. Wellmark Health	out-of-network coverage.	through BlueCard Wellmark Blue
	Plan of Iowa, Inc.	Wellmark Health	Cross and Blue Shield of Iowa,
	HMO .	Plan of Iowa, Inc. POS	PPO
0-14	\$271.75	\$286.26 \$311.70	\$317.03 \$345.21
15 16	\$295.90 \$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 21	\$344.57 \$3 55.22	\$362.97 \$374.1 9	\$401.99 \$414.42
22	\$355.22	\$374.19	\$414.42
23	\$355.22	\$374.19	\$414.42
24	\$355.22	\$374.19	\$414.42
25 26	\$356.65 \$363.75	\$375.69 \$383.17	\$416.08 \$424.37
27	\$303.73 \$372.28	\$303.17 \$392,15	\$424.37 \$434.31
28	\$386.13	\$406.75	\$450.47
29	\$397.50	\$418.72	\$463.74
30 31	\$403.18 \$411.71	\$424.71	\$470.37 \$480.31
32	\$411.71 \$420,23	\$433.69 \$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 37	\$436.93 \$439.77	\$460.26 \$463.2 5	\$509.74 \$513.05
38	\$442.61	\$466.24	\$516.37
39	\$448,29	\$472,23	\$523.00
40	\$453.98	\$478.22	\$529.63
41 42	\$462,50 \$470.67	\$487.20 \$495.80	\$539,58 \$549.11
43	\$482.04	\$507.78	\$562,37
44	\$496.25	\$522.75	\$578.95
45	\$512.94	\$540.33	\$598,42
46 47	\$532.84 \$555,22	\$561.29 \$584.86	\$621.63 \$647.74
48	\$580.79	\$611.80	\$677.58
49	\$606.01	\$638.37	\$707.00
50	\$634.43	\$668.31	\$740.15
51 52	\$662,49 \$693,40	\$697.87 \$730.42	\$772.89 \$808.95
53	\$724.66	\$763,35	\$845,42
54	\$758.40	\$798.90	\$884.79
55	\$792,15	\$834,45	\$924.16
56 57	\$828.74 \$865.68	\$872.99 \$911.91	\$966.84 \$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 63	\$1,020.56 \$1,048.62	\$1,075.05 \$1,104.61	\$1,190.63 \$1,223.37
64	\$1,065.66	\$1,122.57	\$1,243.26
65+	\$1,065.66	\$1,122.57	\$1,243.26
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