



COVERAGE CONFIDENCE

A guide to finding the right solutions for your business — by asking your agent the right questions

Consider the following as you discuss coverage options with your agent:

Network type

Where do my employees live and work?

Discuss how a state, blended or national network could best meet their needs. No matter the network, your employees can access a large and flexible network of providers.



State-based

Wellmark Blue HMOSM

If your employees live and work in Iowa, state-based networks may be a good fit — and offer out-of-network coverage for emergencies. Our HMO offers care from 100 percent of hospitals and 98 percent of doctors in all 99 Iowa counties, plus the counties that border our state.¹



State + select national

Wellmark Blue POSSM

Point-of-Service (POS) offers pricing relief and in-state coverage like an HMO, but gives employees flexibility to self-refer and go out-of-network for major, unforeseen, complex conditions at higher costs.



National

Wellmark Blue PPOSM

A national network may fit employees who work or travel across the country on a regular basis. Our PPO offers access to 100 percent of hospitals and 98 percent of doctors in Iowa and 96 percent of hospitals and 95 percent of doctors across the United States.² That's 1.7 million unique, in-network health care providers.³

In general, **the more local the network, the less you and your employees pay.** All network options cover emergency and accidental injuries, even if they're out-of-network.

¹ Wellmark Blue Cross and Blue Shield network numbers as of May 2020.

² Consortium Network Compare Findings, June 2020.

³ Provider Data Repository, December 2018.

Plan type

What's best for me and my employees?

Our plan selections offer meaningful choice among tiers, deductibles, out-of-pocket maximums and benefits so you can pick the design that matters most to you and your employees.



BlueSimplicitySM

An Innovative health plan that assigns fixed amounts your employees will pay based on the level of service received, giving them the security of **knowing how much a service or procedure will cost before they seek care.**



Traditional

The most familiar type of plan that offers predictable copays for common health care expenses, for other services deductibles and coinsurance may apply



Modified

Modified plans are similar to traditional plans, but **eliminate coinsurance entirely.**



High-deductible health plans

HDHPs are designed to **encourage employees to engage in their health care** and are compatible with a health savings account for added value.

Consider what type of plan and tier type might benefit your employees most **based on their age, services needed and financial situations.**

Use this guide as a starting point for discussions with your agent about which solutions are best for you and your employees.

Our broad networks, diverse plan types, specialty benefit offerings and market-leading tools provide real value and are why 8 in 10 Iowa small businesses trust Wellmark Blue Cross and Blue Shield for their coverage.

Specialty benefits

Should I include dental and vision benefits for my employees? How much should I contribute?

Specialty benefits are critical in helping attract and retain great employees. Discuss if and how you can provide these popular benefits without any additional cost to you.



Blue DentalSM

Regular preventive dental care keeps your employees' teeth healthy and can help prevent future problems while giving them peace of mind that cavities, oral surgery, root canals and even orthodontics are covered.

With Blue Dental, your employees can receive preventive and diagnostic care even if they've met their benefit maximum, while counting on reliable dental coverage from **more than 1,600 dentists across Iowa**.



Avēsis Vision coverage

With 35 years of experience and access to **more than 98,000 vision providers nationally**, Avēsis offers your employees comprehensive vision coverage, with two options to choose from that both include:

- Eye exams
- Frames
- Standard plastic lenses
- Contact lenses
- Lens options

Discounts are also available on non-covered services such as LASIK surgery, as well as additional eyeglasses, sunglasses, and lens options.



Amplifon Hearing Health CareTM

When your employees select vision coverage through Avēsis, they **also get discounted hearing care services** through Amplifon Hearing Health CareTM as an added benefit.

Real value

What's all included in my coverage

Wellmark has built an **80-year reputation in Iowa** delivering real value to employers and employees. This includes:



Virtual visits

Coverage through Doctor On Demand[®] is included so employees **can virtually see a doctor on their schedule at a lower cost than an office visit**.



Blue Distinction[®] Centers

With Blue Distinction Centers, your employees get access to specialized care from facilities that are **recognized for delivering exceptional care and results**.



Market-leading employer tools

Employer Connection, *Blue@WorkSM* and *News from BlueSM* are available to **help administer your employee benefits and get insights** to keep employees happy and healthy.



Market-leading member tools and services

Your employees get easy-to-use tools, resources, and insights to **help them manage health care spending and live a healthier life — ultimately helping your bottom line**. These include:

- myWellmark[®]
- BeWell 24/7SM
- Blue365[®]
- BlueSM
- Advanced Care program
- Pregnancy Support program
- Rare Condition Management program
- Wellness Center



Talk to an agent



Wellmark agents know health insurance inside and out. Once they understand your basic needs, they'll go over different options to help you choose the right coverage.

If you're purchasing Wellmark group insurance for the first time, we'll need information about your business. Talk to your agent about what documents are required, such as payroll reports or tax documentation.

Don't have an agent?

Find one near you at Wellmark.com/AgentFinder.

Find the right plans for your business



View our plans for 1–50 employees, create a benefits package that fits their unique needs and discover the value of being a Wellmark member.

Visit Wellmark.com/SGIowaGuide.

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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）。

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).



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Blue Cross®, Blue Shield® and the Cross® and Shield® symbols, Blue365® and Blue Distinction® Centers are registered marks and BlueSimplicitySM, Wellmark Blue HMOSM, Blue@WorkSM, News From BlueSM, BlueSM, Blue DentalSM, Wellmark Blue POSSM and Wellmark Blue PPOSM are service marks of the Blue Cross and Blue Shield Association, an association of Independent Blue Cross and Blue Shield Plans. Wellmark® and myWellmark® are registered marks and BeWell 24/7SM is a service mark of Wellmark, Inc.

Avèsis Vision is an Independent vision Insurance company that does not provide Wellmark Blue Cross and Blue Shield products and services. Avèsis Vision is underwritten by Fidelity Security Life Insurance.

Hearing Discount Savings Plan provided by Amplifon Hearing Health CareTM. Amplifon Hearing Health Care is an Independent company that does not provide Wellmark Blue Cross and Blue Shield products or services.

Doctor On Demand is a separate company providing an online telehealth solution for Wellmark members. Doctor On Demand® is a registered mark of Doctor On Demand, Inc.

EMPLOYER RENEWAL SUBMISSION PACKET

Group Name: PRAIRIE CITY CITY OF

Group Number: 00045536

Renewal Effective Date: December 1, 2022



EMPLOYER HEALTH COVERAGE ELECTIONS

You can choose up to two (2) health plans to offer your employees. Please check the box under the desired network for the Health Plan(s) you wish to enroll in and return this form to your Wellmark Authorized Representative.

The following premiums do not reflect future billed amounts. Instead, they show the maximum premium amount you might pay if all members enroll in a single plan.

HEALTH PLAN ELECTION

"C" Indicates renewing plan.

PLAN NAME	NETWORK & TOTAL MONTHLY PREMIUM		
	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
BlueSimplicity SM Silver	<input type="checkbox"/> \$8,456.62	<input type="checkbox"/> \$8,850.90	<input type="checkbox"/> \$9,847.65
BlueSimplicity SM Gold	<input type="checkbox"/> \$10,034.56	<input type="checkbox"/> \$10,546.10	<input type="checkbox"/> \$11,695.98
SimplyBlue SM Modified	<input type="checkbox"/> \$7,152.48	<input type="checkbox"/> \$7,479.79	<input type="checkbox"/> \$8,317.87
CompleteBlue SM Modified	<input type="checkbox"/> \$8,222.70	<input type="checkbox"/> \$8,612.56	<input type="checkbox"/> \$9,575.07
EnhancedBlue SM Modified	<input type="checkbox"/> \$9,632.80	<input type="checkbox"/> \$10,134.09	<input type="checkbox"/> \$11,228.16
SimplyBlue SM 6000	<input type="checkbox"/> \$7,052.92	<input type="checkbox"/> \$7,349.03	<input type="checkbox"/> \$8,202.25
CompleteBlue SM 4000	<input type="checkbox"/> \$8,592.66 C	<input type="checkbox"/> \$8,999.96	<input type="checkbox"/> \$10,015.76
EnhancedBlue SM 3000	<input type="checkbox"/> \$9,253.76	<input type="checkbox"/> \$9,722.14	<input type="checkbox"/> \$10,791.00
EnhancedBlue SM 2000	<input type="checkbox"/> \$10,107.56	<input type="checkbox"/> \$10,647.26	<input type="checkbox"/> \$11,791.91
myBlue HDHP SM Bronze	<input type="checkbox"/> \$6,889.81	<input type="checkbox"/> \$7,239.27	<input type="checkbox"/> \$8,031.71
myBlue HDHP SM Silver	<input type="checkbox"/> \$8,193.17	<input type="checkbox"/> \$8,622.53	<input type="checkbox"/> \$9,544.07
SimplyBlue SM Primary	<input type="checkbox"/> \$7,463.78	<input type="checkbox"/> \$7,836.80	<input type="checkbox"/> \$8,712.40
CompleteBlue SM Primary	<input type="checkbox"/> \$7,958.95	<input type="checkbox"/> \$8,337.75	<input type="checkbox"/> \$9,265.12
EnhancedBlue SM Primary	<input type="checkbox"/> \$9,178.29	<input type="checkbox"/> \$9,635.61	<input type="checkbox"/> \$10,700.32

EMPLOYER ANCILLARY COVERAGE ELECTIONS

You can choose one (1) Blue DentalSM Plan as well as an Avesis Vision Plan to offer your employees. Please check the box next to the Blue DentalSM and/or Avesis Vision Plans you wish to offer and return this form to your Wellmark Authorized Representative. The following premiums do not reflect future billed amounts. Instead, they show the maximum premium amount you might pay if all members enroll in a single plan.

BLUE DENTALSM PLAN ELECTION

"C" Indicates renewing plan.

PLAN NAME	TOTAL MONTHLY PREMIUM
Blue Dental SM 1500	<input type="checkbox"/> \$521.80
Blue Dental SM 2000	<input type="checkbox"/> \$758.09
Blue Dental SM 2000 with Orthodontia	<input type="checkbox"/> \$774.39
Blue Dental SM 1500 with Orthodontia	<input type="checkbox"/> \$529.80

AVESIS VISION PLAN ELECTION

"C" Indicates renewing plan.

PLAN NAME	TOTAL MONTHLY PREMIUM
Adult Buy-Up 150	<input type="checkbox"/> \$204.48
Adult Buy-Up 80	<input type="checkbox"/> \$114.88

Premium rates shown are subject to change based on enrollment and plan selection. Wellmark Blue Cross and Blue Shield of Iowa and Wellmark Health Plan of Iowa, Inc. are independent licensees of the Blue Cross and Blue Shield Association.

Avesis Vision is an independent vision insurance company that does not provide Wellmark Blue Cross and Blue Shield products and services. Avesis Vision is underwritten by Fidelity Security Life Insurance Company, Kansas City, Missouri. Hearing Discount Savings Plan provided by Amplifon Hearing Health Care. Amplifon Hearing Health Care is an independent company that does not provide Wellmark Blue Cross and Blue Shield products or services.

MEDICARE SECONDARY PAYER (MSP)

Group Name: PRAIRIE CITY CITY OF

Group Number: 00045536

Renewal Effective Date: December 1, 2022



Wellmark is a Responsible Reporting Entity (RRE) under federal law, and must report employer and employee information to the Centers for Medicare and Medicaid Services (CMS). The purpose of this reporting is to identify when CMS should pay secondary to an employer group health plan instead of primary. Failure to provide the information requested on this page can result in penalties being assessed to the group including but not limited to \$1,000 per day per member for not accurately reporting to CMS and/or an excise tax equivalent to 25% of the employers group health plan expenses for the relevant year.

TAX ID: 426005132

MEDICARE SECONDARY PAYER (MSP) CONTACT INFORMATION

Confirm the MEDICARE SECONDARY PAYER contact information below:

FIRST NAME: _____ LAST NAME: _____

EMAIL: _____ PHONE NUMBER: _____

MEDICARE SECONDARY PAYER QUESTIONS

1. Did your organization make contributions on behalf of an employee who was covered under a <i>collectively bargained Health and Welfare Fund</i> (i.e., union plan) during the previous calendar year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Did you employ 20 or more employees for 20 or more calendar weeks during the previous or current calendar year? If no, in the event you experience a change, you must notify Wellmark when the change occurs. Note: An employer is considered to employ 20 or more employees for a particular week if the employer has at least 20 full-time or part-time employees on its employment rolls each working day of that week. This condition is met as long as the total number of individuals on the employer's rolls add up to at least 20, regardless of the number of employees who work or who are expected to report for work on a particular day.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Did you employ 100 or more employees during 50% of your business days during the previous calendar year? Note: An employer will be considered to employ 100 or more employees on a particular day if the employer has at least 100 full-time or part-time employees on their employment rolls on that day. This condition is met as long as the total number of individuals on the employer's rolls add up to at least 100, regardless of the number of employees who work or who are expected to report for work on that day.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Did your organization participate in a <i>multi or multiple employer group health plan</i> (more than one employer in a group i.e. Multiple Employer Welfare Association) during the previous calendar year? If yes, what is the name and address of the <i>multi or multiple employer plan</i> ? NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Was your organization part of a commonly owned or commonly controlled group of organizations during the previous calendar year? If yes, what is the name and address of the <i>commonly owned/controlled entity</i> ? NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Does the employer have any additional tax ID number used to report employee earnings to the IRS?	

COBRA

Group Name: PRAIRIE CITY CITY OF

Group Number: 00045536

Renewal Effective Date: December 1, 2022

COBRA ACCOUNT CONTACT

If updates need to be made to the COBRA contact please make them below:

FIRST NAME: _____ LAST NAME: _____

EMAIL: _____ PHONE NUMBER: _____

COBRA ELECTIONS

Did the employer group have at least 20 full-time employees during more than 50% of the previous calendar year?

-

If Yes, does the employer group want to continue their current Wellmark administered COBRA agreement?

-

If Yes, complete the attached COBRA Administrative Services Agreement.

-

SIGNATURE AND ATTESTATIONS

Group Name: PRAIRIE CITY CITY OF

Group Number: 00045536

Renewal Effective Date: December 1, 2022

By signing below, and/or by payment of the required premiums for the plans selected herein, Employer agrees and certifies:

1. Employer has read and understands the information contained in this document, including the plan summaries, the premium rates shown, the differences in issuers, networks, premium rates and employee cost share between plans shown.
2. Employer has been provided with access to (a) the Summary Of Benefits and Coverage for each selected plan, (b) the provider network directory applicable to each selected plan, (c) the drug list or formulary applicable to each selected plan, and can access this information on Wellmark.com or by contacting an authorized Wellmark representative.
3. Employer agrees to pay the required premiums shown for the plans selected.
4. Employer will comply with all terms and provisions of the Group Insurance Policy issued, the benefit documents or coverage manuals provided to each enrollee, the COBRA administrative agreement, if applicable.
5. Employer will make coverage available to all eligible employees and their eligible dependents and will distribute information and documents to enrolled employees as needed.
6. Employer will maintain records and furnish to Wellmark any information required in connection with administration of the coverage.
7. Employer will pay Wellmark by the premium due date, the premiums on behalf of each member covered under the contract unless otherwise stated in any other financial agreement between the parties; submit applications of employees prior to their date of eligibility; keep all necessary records regarding membership; and assume responsibility for handling the COBRA and state mandated continuation process, if applicable.
8. Claims filed by or on behalf of members may at Wellmark's option be suspended if premiums are not timely received.
9. Employer may receive on behalf of members, certain notices delivered by Wellmark, and will immediately forward such notices to members at their last known address.
10. That in order for Wellmark to accept or decline this application for new or renewing group coverage, all the information requested must be completed. In the event the application or renewal package is not complete, Wellmark or its Agent is authorized to obtain the necessary information and to complete that information on this application or renewal package. The employer understands that the coverage issued by Wellmark may be different than the coverage selected herein. In that event Wellmark shall notify the employer of such differences and by payment of the appropriate premiums, the employer will accept the coverage as issued.
11. The premium rates calculated for the employer are contingent, based on the accuracy of the eligibility data submitted on the employees and covered dependents to Wellmark by the employer. Wellmark reserves the right to review such rates upon receipt of all individual applications for employer's employees and to modify the rates, if the enrollment information so warrants. Any misstatements on employees application may result in a material change to the group's coverage or premium rates as of the effective date of coverage.
12. Employer is responsible to ensure that employer's premium contribution strategy complies with all applicable laws and regulations relating to non-discrimination in employee benefits, including but not limited to the Age Discrimination in Employment Act, the Americans with Disabilities Act, Health Insurance Portability and Accountability Act, and Internal Revenue Code Section 105(h). Wellmark will not be held liable for any penalties or losses resulting from employer's violation of these laws and regulations.
13. All employees applying for coverage or renewing coverage are employees of the employer and receive salary or wages documented on state and/or federal payroll reports, or self-employment wages documented on appropriate tax reporting forms. Each enrolled employee must be actively at work and satisfy any applicable eligibility waiting period.
14. The requested coverage is not in effect unless and until this application is approved by Wellmark, that approval of coverage is evidenced by issuing a Group Insurance Policy to the employer and an employee's coverage is not in effect until the employee applies and is approved for coverage by Wellmark.
15. This small group off-exchange product is not eligible for a premium tax credit.
16. Any Health Savings Account associated with a group sponsored health plan is a separate arrangement between the individual and a bank or other qualified institution. Applicant must be an eligible individual under IRS regulations to receive the HSA tax benefits.
17. The information contained in the Medicare Secondary Payer section is complete and accurate as of the date of the employer's signature below.
18. The employer has reviewed entire application or renewal package for group coverage and all information contained herein is true and complete to the best of the employer or authorized employer representative's knowledge and belief.
19. The employer authorizes the Wellmark independent Agent or producer identified in this application or renewal package to make enrollment or eligibility changes on behalf of the employer's group health plan, and employer will notify Wellmark if this authorization is revoked.

EMPLOYER REPRESENTATIVE SIGNATURE

SIGNATURE: _____

DATE: _____