



Wellmark Blue Cross Blue Shield of Iowa
Wellmark Health Plan of Iowa, Inc.

Independent Licensees of the Blue Cross and
Blue Shield Association

Amendment to Your Coverage Manual or Summary Plan Description

This amendment to your coverage manual or summary plan description (SPD) is effective **January 1, 2016**. The headings refer to sections in the coverage manual or SPD. Please review this amendment and keep it with your coverage manual or SPD.

Details – Covered and Not Covered

Chemical Dependency Treatment

The following is revised:

For treatment in a residential treatment facility, benefits are available:

- For treatment provided on an intensive outpatient basis, but not including charges related to residential care;
- For partial hospitalization treatment, but not including charges related to residential care;
- For sub-acute, medically monitored inpatient treatment for patients whose condition requires four-hour licensed nurse observation, monitoring, and treatment, as well as services provided by interdisciplinary staff under the direction of a licensed physician, but which does not require the full resources of an acute care general hospital or a medically managed inpatient treatment program; and
- For inpatient, medically managed acute care for patients whose condition requires the resources of an acute care general hospital or a medically managed inpatient treatment program.

Hospitals and Facilities

Nursing Facility, *under the Details – Covered and Not Covered section of your coverage manual or SPD is revised:*

Nursing Facility. This type of facility provides continuous skilled nursing services as ordered and certified by your attending physician on an inpatient basis. The facility must be licensed as a nursing facility under applicable law.

Residential Treatment Facility, *under the Details – Covered and Not Covered section of your coverage manual or SPD is revised:*

Residential Treatment Facility. This is a licensed facility other than a hospital or nursing facility that provides:

- treatment on an intensive outpatient basis;
- partial hospitalization treatment;
- sub-acute, medically monitored inpatient treatment for patients whose condition requires four-hour licensed nurse observation, monitoring, and treatment, as well as services provided by interdisciplinary staff under the direction of a licensed physician, but which does not require the full resources of an acute care general hospital or a medically managed inpatient treatment program;

- inpatient, medically managed acute care for patients whose condition requires the resources of an acute care general hospital or a medically managed inpatient treatment program.

Mental Health Services

The following is revised:

For treatment in a residential treatment facility, benefits are available:

- For treatment provided on an intensive outpatient basis, but not including charges related to residential care;
- For partial hospitalization treatment, but not including charges related to residential care;
- For sub-acute, medically monitored inpatient treatment for patients whose condition requires four-hour licensed nurse observation, monitoring, and treatment, as well as services provided by interdisciplinary staff under the direction of a licensed physician, but which does not require the full resources of an acute care general hospital or a medically managed inpatient treatment program; and
- For inpatient, medically managed acute care for patients whose condition requires the resources of an acute care general hospital or a medically managed inpatient treatment program.

Nonmedical Services

The following is added to the description of Nonmedical Services:

You are also not covered for services delivered to you by a provider via interactive audio only, audio-visual technology, or web-based or similar electronic-based communication network.

General Conditions of Coverage, Exclusions, and Limitations

General Exclusions – Nonmedical Services

The following is added to the description of Nonmedical Services:

You are also not covered for services delivered to you by a provider via interactive audio only, audio-visual technology, or web-based or similar electronic-based communication network.

Notification Requirements and Care Coordination

Case Management

Case Management, *under the Notification Requirements and Care Coordination section of your coverage manual or SPD is deleted and replaced with the following:*

Purpose	Case management is intended to identify and assist members with the most severe illnesses or injuries by collaborating with members, members' families, and providers to develop individualized care plans.
---------	---

Applies to	A wide group of members including those who have experienced potentially preventable emergency room visits; hospital admissions/readmissions; those with catastrophic or high cost health care needs; those with potential long term illnesses; and those newly diagnosed with health conditions requiring life-time management. Examples where case management might be appropriate include but are not limited to: Brain or Spinal Cord Injuries Cystic Fibrosis Degenerative Muscle Disorders Hemophilia Pregnancy (high risk) Transplants
Person Responsible	You, your physician, and the health care facility can work with Wellmark's case managers. Wellmark may initiate a request for case management.
Process	Members are identified and referred to the Case Management program through customer service and claims information, referrals from providers or family members, and self-referrals from members.
Importance	Case management is intended to identify and coordinate appropriate care and care alternatives including reviewing medical necessity; negotiating care and services; identifying barriers to care including contract limitations and evaluation of solutions outside the health plan; assisting the member and family to identify appropriate community-based resources or government programs; and assisting members in the transition of care when there is a change in coverage.

Factors Affecting What You Pay

Pharmacies that contract with our pharmacy benefits manager are considered Participating Providers. Pharmacies that do not contract with our pharmacy benefits manager are considered Nonparticipating Providers. Therefore Participating Providers and Nonparticipating Providers are revised as follows:

Participating Providers

Wellmark and Blue Cross and/or Blue Shield Plans have contracting relationships with Participating Providers. Pharmacies that contract with our pharmacy benefits manager are considered Participating Providers. To determine if a pharmacy contracts with our pharmacy benefits manager, ask the pharmacist or call the Customer Service number on your ID card. When you receive services from Participating Providers:

- These providers agree to accept Wellmark's payment arrangements, or payment arrangements or negotiated prices of the Blue Cross and Blue Shield Plan with which the provider contracts. These payment arrangements may result in savings.
- The health plan payment is sent directly to the provider.

Nonparticipating Providers

Wellmark and Blue Cross and/or Blue Shield Plans do not have contracting relationships with nonparticipating providers, and they may not accept our payment arrangements. Pharmacies that do not contract with our pharmacy benefits manager are considered nonparticipating providers. Therefore, when you receive services from nonparticipating providers:

- Wellmark does not make claim payments directly to these providers. You are responsible for ensuring that your provider is paid in full.

Claims

Submitting Claims

The explanation of where to submit prescription drug claims, under How to File a Claim, is deleted and replaced with the following:

Prescription Drug Claims. Send the claim to the address printed on the claim form.

General Provisions

If your coverage manual or SPD contains a Making a Complaint provision (in the General Provisions section), it is deleted and replaced with the following:

If your coverage manual or SPD does not contain a Making a Complaint provision, the following is added:

Submitting a Complaint

If you are dissatisfied or have a complaint regarding our products or services, call the Customer Service number on your ID card. We will attempt to resolve the issue in a timely manner. You may also contact Customer Service for information on where to send a written complaint.

Glossary

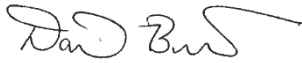
The following definition is added:

Urgent Care Centers are classified by us as such in Iowa or South Dakota if they provide medical care without an appointment during all hours of operation to walk-in patients of all ages who are ill or injured and require immediate care but may not require the services of a hospital emergency room. For a list of Iowa or South Dakota facilities classified by Wellmark as Urgent Care Centers, please see the Wellmark Provider Directory.

The definition of Spouse is deleted and replaced with the following:

Spouse. A man or woman lawfully married to a covered member.

All other terms and provisions of your coverage manual or SPD, including any amendments we may have issued previously, remain unaltered and in effect.



David S. Brown
Executive Vice President, Chief Financial Officer and
Treasurer
Wellmark Blue Cross and Blue Shield of Iowa and
Wellmark Health Plan of Iowa, Inc.

