



Wellmark Blue Cross and Blue Shield is an independent
Licensee of the Blue Cross and Blue Shield Association.

Updates to your coverage manual

The updates take effect Jan. 1, 2016. Please file the enclosed amendment(s) with your important insurance documents.

Dear Valued Wellmark Member,

Thank you for being a member of Wellmark Blue Cross and Blue Shield. To get the most from your benefits, it's important to stay up-to-date on what your plan covers, as well as understand any changes that go into effect.

Understanding the changes

Health insurance can be confusing. That's why, each year, Wellmark looks at the language in your coverage manual to make sure it's clear and accurately outlines what's covered by your plan and how the benefits apply.

This year, you will see simple language changes to your coverage manual for added clarity to your benefits. Please be sure to read the amendment(s) enclosed for a full explanation.

What's next?

It's simple — you don't have to do anything. Just read the enclosed document(s) carefully and keep it with your important health insurance records.

Call us with questions

If you have any questions about the information in this letter, please call Wellmark Customer Service at the phone number on your ID card.

Thank you for choosing Wellmark for your health insurance needs. We look forward to serving you in the future.

Sincerely,

Laura Jackson
Executive Vice President, Health Care Innovation & Business Development

P.S. Still not sure how this update impacts your plan? Talk to your employer or instantly access your benefits and claim information using myWellmark on Wellmark.com.



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.

Medical

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.
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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.

Exception Process for Noncovered Drugs

Exception Process for Noncovered Drugs, *under the* Notification Requirements and Care Coordination *section of your coverage manual or SPD is deleted.*

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:

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

Exception Requests for Non-Formulary Prescription Drugs

The following is added under the Claims section of your coverage manual or SPD:

Prescription drugs that are not listed on the Wellmark Blue Rx Drug List are not covered. However, you may submit an exception request for coverage of a non-formulary drug (i.e., a drug that is not included

on the Wellmark Blue Rx Drug List). The form is available at *Wellmark.com* or by calling the Customer Service number on your ID card. Your prescribing physician or other provider must provide a clinical justification supporting the need for the non-formulary drug to treat your condition. The provider should include a statement that:

- All covered formulary drugs on any tier have been ineffective; or
- All covered formulary drugs on any tier will be ineffective; or
- All covered formulary drugs on any tier would not be as effective as the non-formulary drug; or
- All covered formulary drugs would have adverse effects.

Wellmark will respond within 72 hours of receiving the Exception Request for Non-Formulary Prescription Drugs form. For expedited requests, Wellmark will respond within 24 hours.

In the event Wellmark denies your exception request, you and your provider will be sent additional information regarding your ability to request an independent review of our decision. If the independent reviewer approves your exception request, we will treat the drug as a covered benefit for the duration of your prescription. You will be responsible for out-of-pocket costs (for example: deductible, copay, or coinsurance, if applicable) as if the non-formulary drug is on the highest tier of the Wellmark Blue Rx Drug List. Amounts you pay will be counted toward any applicable out-of-pocket maximums. If the independent reviewer upholds Wellmark's denial of your exception request, the drug will not be covered, and this decision will not be considered an adverse benefit determination, and will not be eligible for further appeals. You may choose to purchase the drug at your own expense.

The Exception Request for Non-Formulary Prescription Drugs process is only available for FDA-approved prescription drugs that are not on the Wellmark Blue Rx Drug List. It is not available for items that are specifically excluded under your benefits, such as cosmetic drugs, convenience packaging, non-FDA approved drugs, infused drugs, most over-the-counter medications, nutritional, vitamin and dietary supplements, or antigen therapy. The preceding list of excluded items is illustrative only and is not a complete list of items that are not eligible for the process.

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

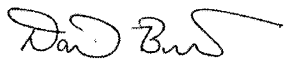
The following definition is added:

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.