

2024 Fall Training

Your roadmap to success



Agenda

2025 portfolio plan options and benefits

- Individual and Family Plans
Network
Specialty Benefits
- Small Group Plans
Network
Specialty Benefits
- Midsize Group Plans
Network
- Member health and experience
Behavioral Health
MyWellmark
- Resources/Tools

Individual and family plans

Confidential and Proprietary — Wellmark Blue Cross and Blue Shield | 3

Individual and family plans

- Minimal plan changes
- Expansion into region 3



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Individual and family plan rates

For 2025, the average rate change for the South Dakota individual and family plan is...

- ACA average base rate change
+5.3%
- GF/GM base rate change
+7.0%

Percentages vary by plan and are pending approval from the South Dakota Insurance Division

2025 Plans



IFP plans

Wellmark continues to offer all three plan types

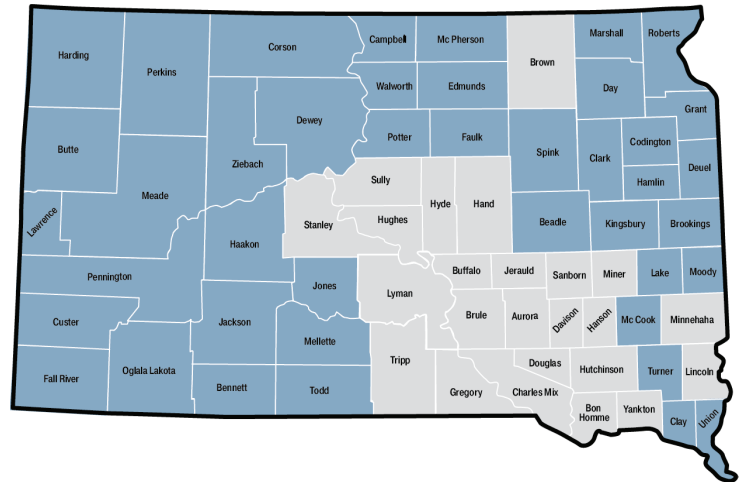
Traditional

HDHP

Standard

Wellmark expansion into region 3

- | | | |
|-----------------|-----------------|--------------------|
| ✓ Harding | ✓ Jones | ✓ Marshall |
| ✓ Perkins | ✓ Mellette | ✓ Roberts |
| ✓ Ziebach | ✓ Todd | ✓ Campbell |
| ✓ Butte | ✓ Bennett | ✓ Walworth |
| ✓ Lawrence | ✓ Clay | ✓ Potter |
| ✓ Meade | ✓ Lake | ✓ McPherson |
| ✓ Pennington | ✓ McCook | ✓ Edmunds |
| ✓ Haakon | ✓ Moody | ✓ Faulk |
| ✓ Jackson | ✓ Turner | ✓ Grant |
| ✓ Oglala Lakota | ✓ Union | ✓ Codington |
| ✓ Custer | ✓ Spink | ✓ Hamlin |
| ✓ Fall River | ✓ Beadle | ✓ Kingsbury |
| | ✓ Clark | ✓ Brookings |
| | ✓ Day | ✓ Deuel |
| | ✓ Corson | ✓ Dewey |



Moving between regions

Considerations for members:

- If a member is moving between regions, their premium will change. This is due to Wellmark utilizing area rating.
- If a member is moving between Region 2 and Region 3, they will stay on the same Wellmark ID, but because the area rating factor is different, they will see a change in their pre-subsidy premium.
- If a member is moving in or out of Region 1, they will have to change Wellmark ID's, even if staying on the same "plan". This will also come with a change in their pre-subsidy premium.

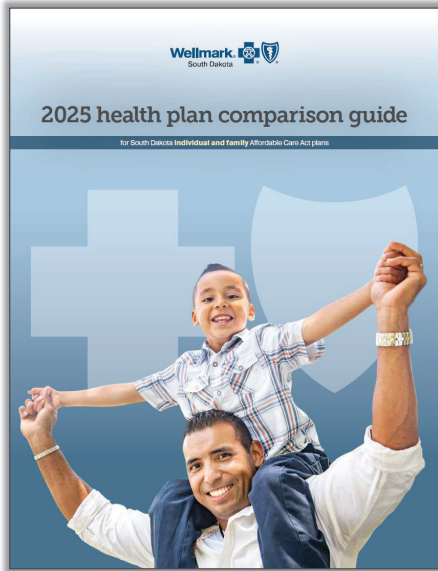
Plan changes

Plan Change Guide

2025 Wellmark IFP ACA Plan Cost Share – South Dakota															
2024 Plan Benefits	Bronze HDHP	Bronze Traditional	Silver Traditional	Gold Traditional	Standard Bronze	Standard Silver	Standard Gold	2025 Plan Benefits	Bronze HDHP	Bronze Traditional	Silver Traditional	Gold Traditional	Standard Bronze	Standard Silver	Standard Gold
Deductible Single/Family	\$1,500 / \$3,000	\$1,200 / \$2,400	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000	Deductible Single/Family	\$1,500 / \$3,000	\$1,200 / \$2,400	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000
Out-of-pocket Max Single/Family	\$1,800 / \$3,600	\$1,600 / \$3,200	\$1,400 / \$2,800	\$1,400 / \$2,800	\$1,400 / \$2,800	\$1,400 / \$2,800	\$1,400 / \$2,800	Out-of-pocket Max Single/Family	\$1,800 / \$3,600	\$1,600 / \$3,200	\$1,400 / \$2,800	\$1,400 / \$2,800	\$1,400 / \$2,800	\$1,400 / \$2,800	\$1,400 / \$2,800
Coinurance	0%	0%	30%	20%	30%	40%	20%	Coinurance	0%	30%	30%	25%	00%	40%	25%
Office visit/virtual visit	Deductible applies	PCP: \$10 Non-PCP: \$15	PCP: \$10 Non-PCP: \$15	PCP: \$10 Non-PCP: \$15	PCP: \$10 Non-PCP: \$15	PCP: \$10 Non-PCP: \$15	PCP: \$10 Non-PCP: \$15	Office visit/virtual visit	Deductible applies	PCP: \$10 Non-PCP: \$15	PCP: \$10 Non-PCP: \$15	PCP: \$10 Non-PCP: \$15	PCP: \$10 Non-PCP: \$15	PCP: \$10 Non-PCP: \$15	PCP: \$10 Non-PCP: \$15
Doctor On Demand® virtual visit	Deductible applies	\$0	\$0	\$0	\$0	\$0	\$0	Doctor On Demand® virtual visit	Deductible applies	\$0	\$0	\$0	\$0	\$0	\$0
Emergency room care	Deductible applies	\$1,000	\$1,000	\$400	50% after deductible	40% after deductible	20% after deductible	Emergency room care	Deductible applies	\$1,000	\$400	\$400	50% after deductible	40% after deductible	20% after deductible
Prescription drugs	Deductible applies to all drug tiers	Tier 1 \$35 Tier 2 \$40 Tier 3 \$140	Tier 1 \$30 Tier 2 \$40 Tier 3 \$140	Tier 1 \$25 Tier 2 \$30 Tier 3 \$130	Tier 1 \$25 Tier 2 \$30 Tier 3 \$130	Tier 1 \$25 Tier 2 \$30 Tier 3 \$130	Tier 1 \$25 Tier 2 \$30 Tier 3 \$130	Prescription drugs	Deductible applies to all drug tiers	Tier 1 \$35 Tier 2 \$40 Tier 3 \$140	Tier 1 \$30 Tier 2 \$40 Tier 3 \$140	Tier 1 \$25 Tier 2 \$30 Tier 3 \$130	Tier 1 \$25 Tier 2 \$30 Tier 3 \$130	Tier 1 \$25 Tier 2 \$30 Tier 3 \$130	Tier 1 \$25 Tier 2 \$30 Tier 3 \$130
Blue Rx Essentials™	N/A	Similar and generic specialty \$20 Preferred specialty 5% after deductible	Similar and generic specialty \$20 Preferred specialty \$30	Similar and generic specialty \$20 Preferred specialty \$30	Similar and generic specialty \$20 Preferred specialty \$30	Similar and generic specialty \$20 Preferred specialty \$30	Similar and generic specialty \$20 Preferred specialty \$30	Blue Rx Essentials™	N/A	Similar and generic specialty \$20 Preferred specialty 5% after deductible	Similar and generic specialty \$20 Preferred specialty \$30	Similar and generic specialty \$20 Preferred specialty \$30	Similar and generic specialty \$20 Preferred specialty \$30	Similar and generic specialty \$20 Preferred specialty \$30	Similar and generic specialty \$20 Preferred specialty \$30

Know what changes to call out prior to meeting with clients

Product Comparison Guides to help the member choose a plan that fits



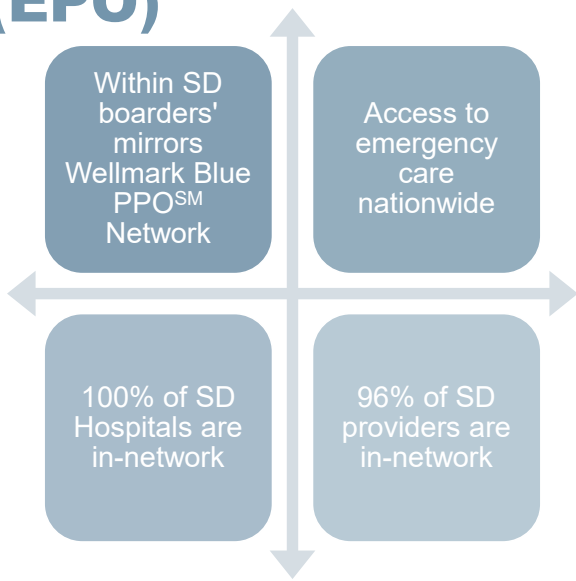
Easy to see plan benefits at a glance

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Strong and reliable network access

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Exclusive Provider Organization network (EPO)



Members can go to any in-network provider within South Dakota borders.

No out-of-network benefits outside of the state



*Emergency coverage for all plans. See outline of coverage for conditions that meet criteria.

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Tools and resources

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Exclusive Provider Organization flyer


New EPO flyer coming soon




A new EPO flyer will be available on the Marketing Toolkit.

A leave behind flyer to support you during client consultations.

What is included:
EPO network details
Wellmark IFP eligible counties
Eligible coverage

Wellmark 
South Dakota

Congrats! You're all signed up for a Wellmark South Dakota health plan



Secure your coverage and get the most from your plan with these five steps


STEP 1: Watch your mail.
You will soon receive a letter in the mail with important information about your new health plan. Read this letter as soon as you receive it and follow the instructions for paying your first month's premium.
IMPORTANT!! This must be done before your coverage is effective. To have coverage beginning Jan. 1, you must enroll before Dec. 15 and pay your first month's premium on myWellmark.


STEP 2: Be on the lookout for your Wellmark ID card.
Once you've paid your first month's premium, you'll receive your Wellmark ID card in the mail. Policyholders with family coverage will receive two cards, policyholders with individual coverage will receive one card. If additional ID cards are needed, policyholders can order physical copies or access their ID card anytime on **myWellmark**.


STEP 3: Register for myWellmark®.
Visit **myWellmark.com** to register for your personalized health insurance website. With **myWellmark**, you can check claims, track your health care costs, see what's covered, access your ID card, compare prescription drug prices and get your digital Explanation of Benefits (EOB) statements.

STEP 4: Set up eBilling.
When you sign up for electronic billing, your monthly plan premium is automatically withdrawn from your bank account. Simply log in to **myWellmark.com** and follow the billing links to be directed to the eBilling website.


STEP 5: Get more from your health insurance.
Remember **BeWell 24/7™** when life gets stressful. Members who need help finding an in-network doctor or need advice about medical treatments, tests and procedures can get help from real people around the clock. Simply call **844-84-BEWELL** any time to get answers to health-related questions.

 Go to **Wellmark.com/Blue** to read about health plan benefits that can help you save money, support your mental health and learn more about fitness and nutrition. While you're there, don't forget to sign up for the monthly **Blue®** newsletter!

 Get access to exclusive deals and discounts on gym memberships, activity trackers, healthy food and more. Plus, get these offers sent straight to your inbox when you sign up for **Blue360®**. Visit **Wellmark.com/Blue360**.



That's it! You're all set with your coverage. But don't worry, we're always here to help.
For questions about your health insurance plan, talk to your Wellmark agent or call Customer Service at the phone number on your Wellmark ID card.

Wellmark 
South Dakota

Wellmark Blue Cross and Blue Shield of South Dakota is an independent licensee of the Blue Cross and Blue Shield of South Dakota. Blue Cross®, Blue Shield® and the Cross® and Shield® symbols and Blue360® are registered marks and Blue® is a service mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue360® is a discount program available to members who have medical coverage with Wellmark. This is NOT insurance. Wellmark® and myWellmark.com are registered marks and Blue360® is a service mark of Wellmark, Inc.

M-2022492-A

Member checklist flyer

Flyer M-2022492
07/23 A



Binder payments

- New updated letter mailed to policy holder with instructions for paying the first month premium.
- QR code added for ease of making payments.
 - Subscribers can use their camera to be taken directly to the payment website <https://binder.Wellmark.com> to make their payment online.
 - The following information will be entered along with payment details:
 - *Exchange Subscriber ID*
 - *Policy ID*
 - *Subscriber's date of birth*
- As always, payments may also be made by check.

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MarketPlace tips

- Always make youngest spouse the policyholder
- On child-only policies, youngest child should be the policyholder
- Always call FFM when removing someone from a policy

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Accumulation carry-overs



If a policyowner ages into Medicare and the spouse remains on the policy, and the subscriber did not call FFM to ensure their deductible and OPM accumulation carries over for the spouse, Wellmark may reconcile this if the following guidelines are met:

- 1) There's no gap in coverage
- 2) The spouse becomes the policyholder on the same plan design with the same network. They cannot make a plan change



Subsidy eligibles take action!

- Individuals on a Marketplace plan **must**
 - 1) File their tax return, or
 - 2) Update their income on the Healthcare.gov
- If they haven't done this in the past 2 years, subsidy will not be applied to their Marketplace plan's premium.

CMS guidelines

Preventing Marketplace Unauthorized Enrollments and Plan Switching

Additional steps are needed for a new agent or broker, who is not already associated, to make changes to a consumers' Marketplace enrollment - even with their consent.

Unassociated or "new" agents and brokers will be required to:

- Conduct a three-way call with the consumer and the Marketplace Call Center
- or –
- Direct the consumer to submit the change themselves through HealthCare.gov or via an approved web-broker platform with a consumer pathway.

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Source: [CMS Statement on System Changes to Stop Unauthorized Agent and Broker Marketplace Activity | CMS](#)

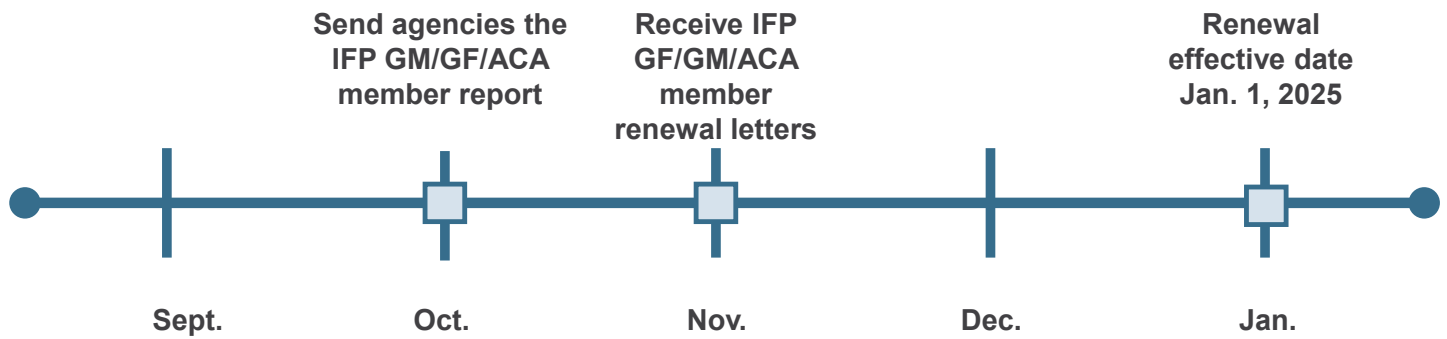
CMS guidelines

Agents, you will be made aware of the need to take additional steps through one of the following ways:

- You and the consumer will receive a notice from Wellmark, for all enrollments stopped by CMS, indicating the need to verify agent information along with the Marketplace call center phone number.
- Web-brokers, such as HealthSherpa, implemented upfront safeguards to verify the agent information, stopping the enrollment. Contact information will be provided for the Marketplace Call Center for calling to verify agent information.

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IFP renewal timeline



Small Group

Small Group Market

- Steady plan performance
- Stable rate structure
- Maintain market leading position

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Small Group rates

For 2025, the average rate change for the Small Group portfolio is...

Average rate change

- SG WSD + **X.X%** - pending
- SG GF/GM base rate change **X.X%** - pending

Percentages vary by plan and are pending approval from the South Dakota Insurance Division

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2025 Plans



Small Group plans

Wellmark continues to offer three plan types across available networks.

Traditional

HDHP

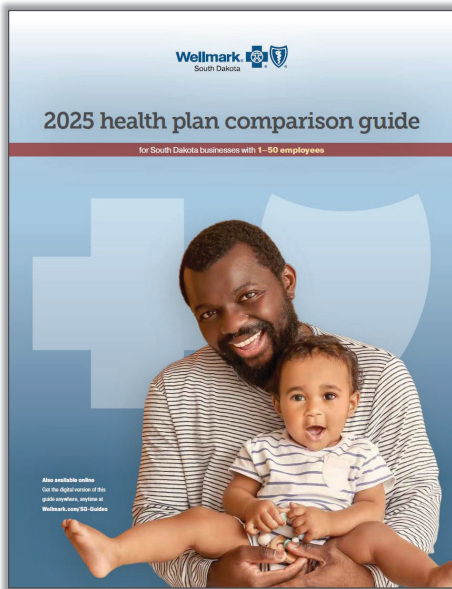
Plan Change Guide

2025 Wellmark SG- ACA Plan Cost Share Change – South Dakota

2024 Plan Details	SimpleBlue HDHP Bronze	SimpleBlue Primary	SimpleBlue HDHP Bronze	CompleteBlue HDHP	CompleteBlue HDHP	2025 Plan Details	SimpleBlue HDHP Bronze	SimpleBlue Primary	SimpleBlue HDHP Bronze	CompleteBlue HDHP	CompleteBlue HDHP
Deductible Single/Family	\$6,000 / \$12,000	\$7,000 / \$14,000	\$7,000 / \$14,000	\$4,000 / \$8,000	\$4,000 / \$8,000	Deductible Single/Family	\$6,000 / \$12,000	\$7,000 / \$14,000	\$6,000 / \$12,000	\$4,000 / \$8,000	\$4,000 / \$8,000
Out-of-pocket Max Single/Family	\$6,000 / \$10,000	\$8,000 / \$10,000	\$7,000 / \$10,000	\$9,000 / \$10,000	\$9,000 / \$10,000	Out-of-pocket Max Single/Family	\$6,000 / \$10,000	\$8,000 / \$10,000	\$6,000 / \$10,000	\$9,000 / \$10,000	\$9,000 / \$10,000
Coinsurance	50%	50%	0%	50%	50%	Coinsurance	50%	50%	0%	50%	50%
Office visit/visit visit	PCP: \$70 Non-PCP: \$150	PCP: \$25 Non-PCP: \$100	Deductible applies	PCP: \$40 Non-PCP: \$100	PCP: \$50 Non-PCP: \$100	Office visit/visit visit	PCP: \$70 Non-PCP: \$150	PCP: \$25 Non-PCP: \$100	Deductible applies	PCP: \$40 Non-PCP: \$100	PCP: \$50 Non-PCP: \$100
Doctor On Demand® virtual visit	\$0	\$0	Deductible applies	\$0	\$0	Doctor On Demand® virtual visit	\$0	\$0	Deductible applies	\$0	\$0
Emergency room care	50% after Deductible	50% after Deductible	Deductible applies	\$700	\$600	Emergency room care	50% after Deductible	50% after Deductible	Deductible applies	\$700	\$600
Prescription drugs	Blue Rx Capitated® Tier 1 \$30 Deductible applies to all other drug tiers	Tier 1 \$25 Deductible applies to all other drug tiers	Deductible applies to all drug tiers N/A	Tier 1 \$30 Tier 2 \$50 Tier 3 \$150 Generic and specialty \$150 Preferred specialty \$150 Non-preferred specialty \$500	Tier 1 \$30 Tier 2 \$70 Tier 3 \$140 Generic and specialty \$170 Preferred specialty \$200 Non-preferred specialty \$500	Blue Rx Capitated® Tier 1 \$30 Deductible applies to all other drug tiers	Tier 1 \$30 Tier 2 \$50 Tier 3 \$150 Generic and specialty \$150 Preferred specialty \$150 Non-preferred specialty \$500	Tier 1 \$20 Deductible applies to all other drug tiers	Tier 1 \$30 Tier 2 \$70 Tier 3 \$140 Generic and specialty \$170 Preferred specialty \$200 Non-preferred specialty \$500	Tier 1 \$30 Tier 2 \$70 Tier 3 \$140 Generic and specialty \$170 Preferred specialty \$200 Non-preferred specialty \$500	Tier 1 \$30 Tier 2 \$70 Tier 3 \$140 Generic and specialty \$170 Preferred specialty \$200 Non-preferred specialty \$500

Know what changes to call out prior to meeting with clients

Product Comparison Guides



Easy to see plan benefits at a glance

Strong and reliable network access



96%
SD PROVIDERS
COVERED

Statewide coverage!

BlueCard® national access!

Wellmark Blue PPOSM Network



**NATIONWIDE
COVERAGE
1.7 MILLION
PROVIDERS**



100%
SD HOSPITALS
COVERED

Coverage for out-of-network
providers and services

Emergency coverage*

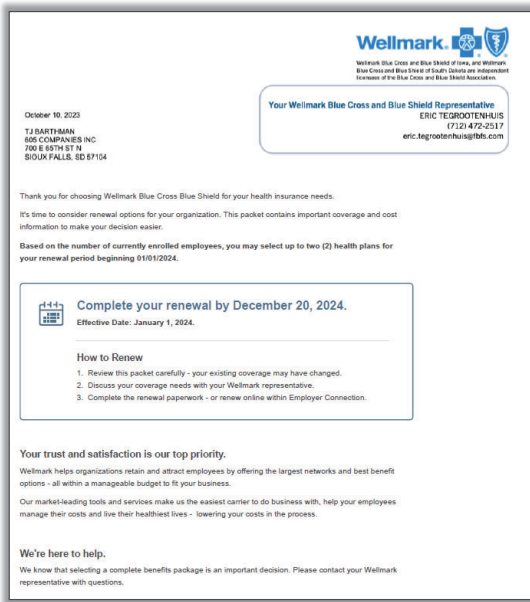
*Emergency coverage for all plans. See outline of coverage for conditions that meet criteria.

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Tools and Resources

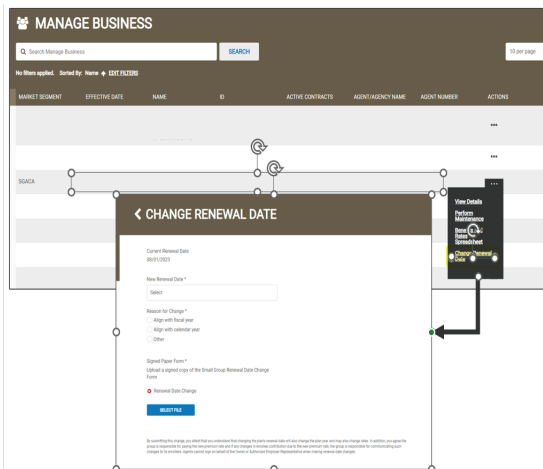
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Renewal packet redesign



- New streamlined and digestible format for ease of use
- Condensed packet for locating information faster for making informed decisions
- Employer group packet is a condensed version while agents have the full non-condensed version accessible in Producer Connection
 - Renewing plans at the front of the packet – locate most relevant information at the front to help in conversations with clients.
 - Member census and group costs (premiums) at the beginning
 - Alternate plans moved to the end to be available to facilitate conversations
 - Valuable information retained such as the rate table

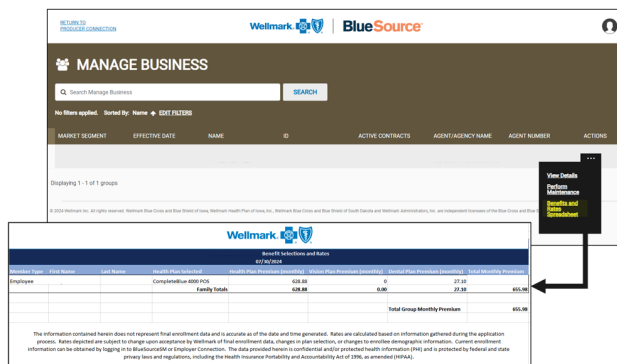
Renewal effective date change



- Agents have the ability to self-serve and change the renewal effective date within the BlueSourceSM application
- This can be submitted via Manage Business by uploading the group effective date change form
- Effective dates follow the same rules as the past
 - Must be submitted 90 days prior
 - Available effective dates are selected from the drop-down menu

BlueSourceSM enhancements

Benefits & Rates Spreadsheet



- Agents can now create a summary of changes at any time throughout the year
- Rates/premiums calculated for each family member in real time
- Shows the impact to the entire group for rates and premiums

BlueSourceSM enhancements

CAA Tool

Consolidated Appropriations Act (CAA) requires yearly reporting of claims, employer premium, and employee contribution data.

Functionality was added for the collection of CMS required information

- This is in addition to Employer Connection – not replacing it
- Group information can also be submitted here on behalf of employer groups
- When your groups ask for assistance troubleshooting or for help in meeting the deadline, you can submit on their behalf using the Wellmark reporting tool on BlueSourceSM
 - Available for groups with both ACA and Non-ACA (GM/GF) plans
 - 16% more submissions with the BlueSourceSM CAA reporting tool

BlueSourceSM enhancements

Mid-Size Group

Mid-Size Group

- Transparent plan offerings
- Aligned products across segments
- Maintain market leading position



2025 Plans

Mid-Size group portfolio

Wellmark continues to offer four plan types.

Traditional

Modified

Primary

HDHP

Plan Change Guide

South Dakota 2025 Midsize (51–100) Plan Changes

Overview

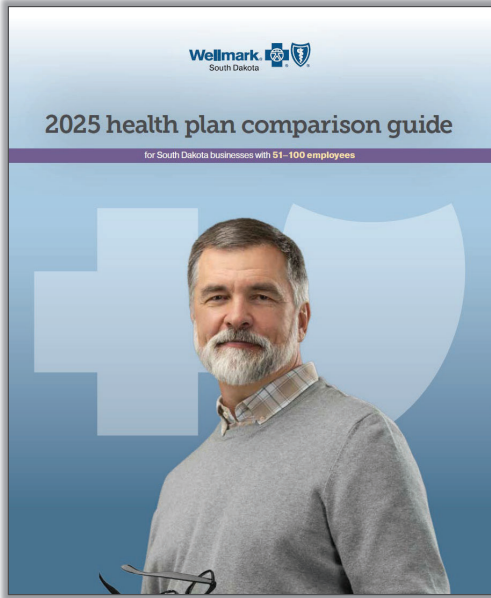
To remain competitive and meet our members' needs, this document reflects the changes to the overall portfolio and serves as a training supplement to the 2025 Plan Comparison Guide.

2025 Midsize (51–100) Plan Changes

Plan Name	Plan Change
All Plans	No changes to plans from prior year.

Know what changes to call out prior to meeting with clients

Product Comparison Guides to help the member choose a plan that fits



Easy to see plan benefits at a glance!

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Tools and Resources

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BluesEnroll or EDI integration

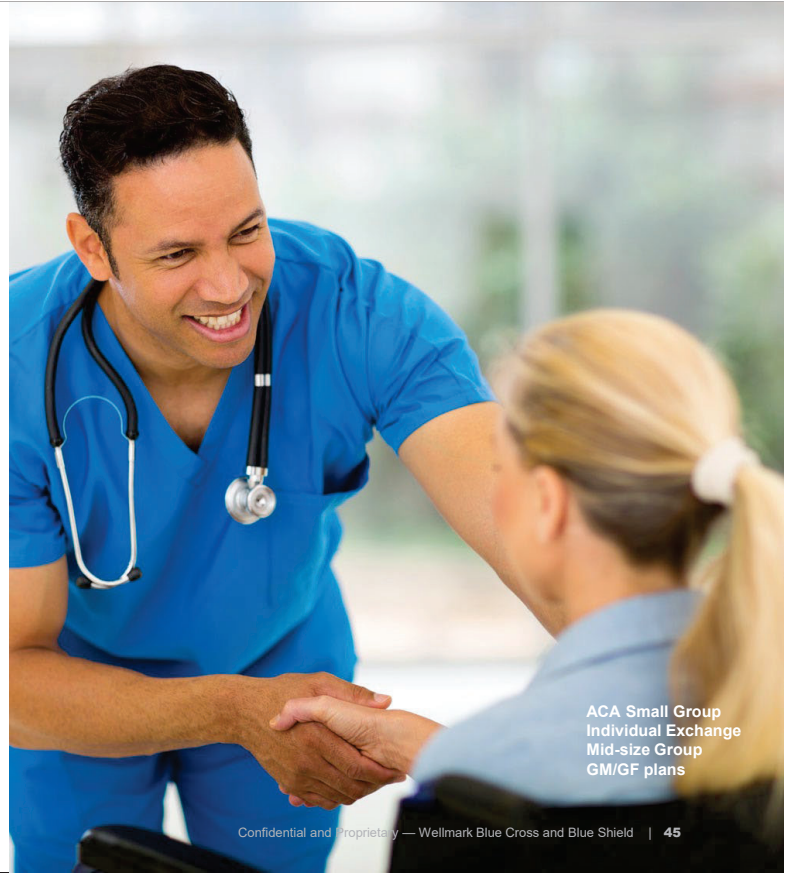
- Electronic Enrollment can improve timeliness, quality, and reduce errors
- BluesEnroll is available for groups with 50 or more enrolled employees.
 - Groups with high turnover and less than 50 enrolled can be reviewed for exception approvals.
- EDI is available for groups with 50 or more enrolled employees. It does not offer exceptions below 50.
- Talk to your Wellmark Representative if you are interested in adding one of these to your groups.

Prescription Drug and Pharmacy

PrudentRx® specialty drug copay card program

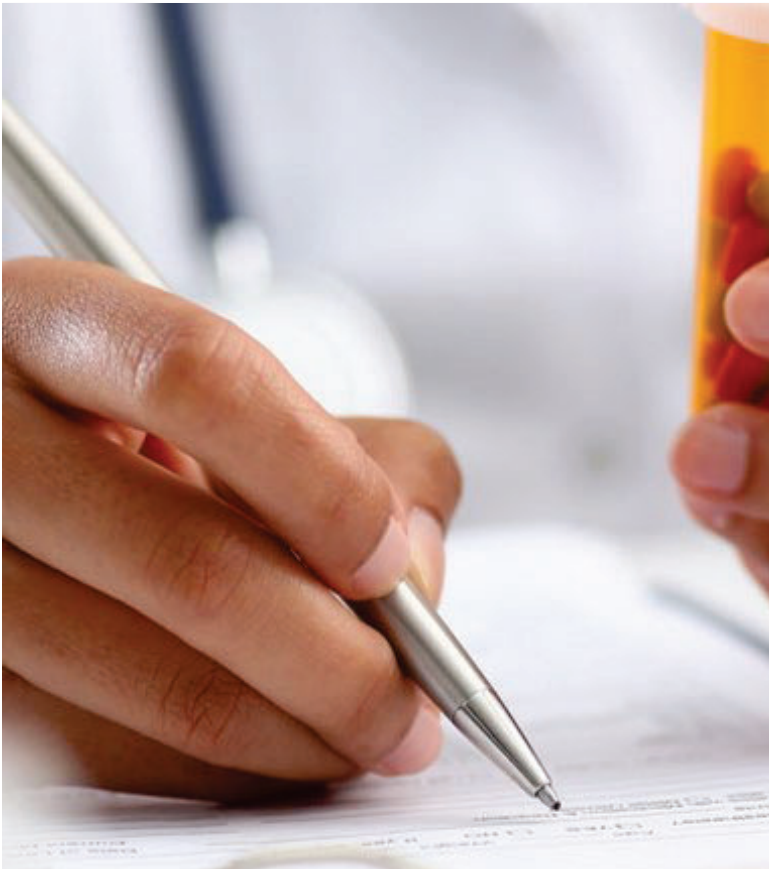
- **\$0 member cost share** for covered drugs on the Wellmark Formulary and PrudentRx® list once a member enrolls *
- Individuals enrolled in a Wellmark plan are automatically eligible for the specialty drug copay card program through PrudentRx.
- Members will work with PrudentRx® to obtain manufacturer copay assistance for their eligible specialty drug(s).

*PrudentRx is not eligible for HDHP
The PrudentRx® program is administered by PrudentRx® but is integrated with CVS® specialty pharmacies. PrudentRx is an independent company providing specialty copay benefits to Wellmark Blue Cross and Blue Shield members.



ACA Small Group
Individual Exchange
Mid-size Group
GM/GF plans

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PrudentRx® copay card program

- Amounts paid by the PrudentRx® program do not apply towards the member's deductible and out-of-pocket maximum.
- PrudentRx® copay card program applies to ACA plans (Small Group and Individual Exchange) and Mid-Size Group plans.
 - PrudentRx® copay card program does not apply to IFP cost sharing reduction plans (CSR plans)
 - PrudentRx® copay card program does not apply for GF/GM plans
 - PrudentRx® copay card program is not available for HDHP

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PrudentRx[®] Member Experience

- The first time the member needs to fill a PrudentRx[®] qualified specialty drug, they can either:
 1. Contact PrudentRx[®] to enroll in a drug manufactured discount program to have the \$0 copay applied, or
 2. Contact CVS to fill a prescription and CVS will warm transfer to PrudentRx[®] to enroll in a drug manufactured discount program to have the \$0 copay applied
- Member will see \$0 copay for the PrudentRx[®] qualifying drug fill on their next EOB
- The amount paid by PrudentRx[®] for the filled prescription will not apply to the member's Deductible or Out-of-Pocket Maximum

PrudentRx[®]

Members will find their specific BlueRx[®] plan list and PrudentRx[®] list on Wellmark.com.

- Member should check their Wellmark formulary first - Look for SP-P next to the drug name.
- If the drug is on the Wellmark formulary, member should check the PrudentRx[®] list.
- For a specialty drug to be covered at a \$0 copay, it must be on both the Wellmark formulary and the PrudentRx[®] list.

Member Resources > Prescription & Drug Lists

Drug lists

Also known as a formulary, your drug list will tell you if a drug is covered under your plan, whether it needs special approval to be filled, coverage limits and if a generic option is available — which could save you money.

But first, you will need to know the name of your plan's drug list. Find out in one of these ways:

- Log in and view your [Summary of Benefits & Coverage document](#)
- Search for your coverage documents using your Wellmark ID number.
- Call the number on your Wellmark member ID card for assistance.

View your formulary drug list:

- [Blue Rx CompleteSM](#)
- [Blue Rx EssentialsSM](#)
- [Blue Rx PreferredSM](#)
- [Blue Rx ValueSM](#)
- [Blue Rx Value PlusSM](#)
- [BlueSimplicitySM Rx](#)

[Drug list \(formulary\) changes effective July 1, 2024](#)

View supplemental drug lists:

- [PrudentRx Drug List](#)
- [HSA Preventive Drug List](#)

Creditable Drug Coverage

- Significant changes to Part D as part of the Inflation Reduction Act
- No impacts to creditable coverage for members on group and individual plans in plan year 2025
- CMS will reevaluate for plan year 2026

ACA Small Group
ACA Individual Exchange
Mid-size Group
GF/GM SG and IFP



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Member health and experience

ACA Small Group
ACA Individual Exchange
Mid-size Group
GM/GF SG and IFP

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Mental & Behavioral Health Services



Wellmark Blue Cross and Blue Shield recognized the need to broaden our mental health solutions and health services capabilities to allow for a whole-person approach to health care and have made significant investments to meet the growing needs of employers and employees

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Mental illnesses are one of the most common health conditions in the United States

1 in 5 US adults live with a mental illness

1 in 5 youth (ages 13-18) have had a seriously debilitating mental illness⁵

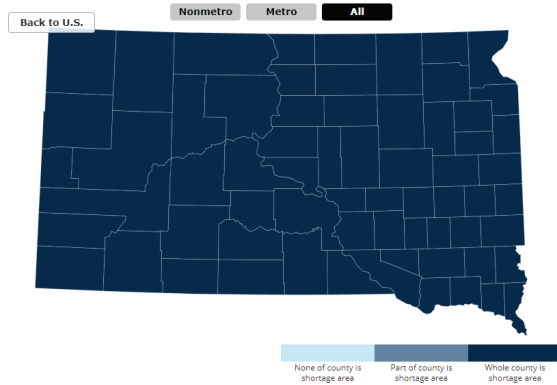
1 in 25 U.S. adults lives with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression⁶

5 Merikangas KR, He J, Burstein M, et al. Lifetime Prevalence of Mental Disorders in US Adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). Journal of the American Academy of Child and Adolescent Psychiatry. 2010;49(10):980-989. doi:10.1016/j.jaac.2010.05.017.

6 Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. 2016.
Source: [About Mental Health \(cdc.gov\)](http://www.samhsa.gov/about-mental-health)

Counties in South Dakota with a shortage of mental health providers in 2023

Health Professional Shortage Areas: Mental Health, by County, April 2024 - South Dakota



440:1

Source: [Map of Health Professional Shortage Areas: Mental Health, by County, April 2024 - Rural Health Information Hub](#)

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Responding to the increasing mental health needs of our members

Wellmark’s comprehensive Behavioral Health program is of no cost to employers or members and is intended to provide more robust mental health resources, such as:



Two new, self-serve assessments for members available on myWellmark that support screening for anxiety and depression.



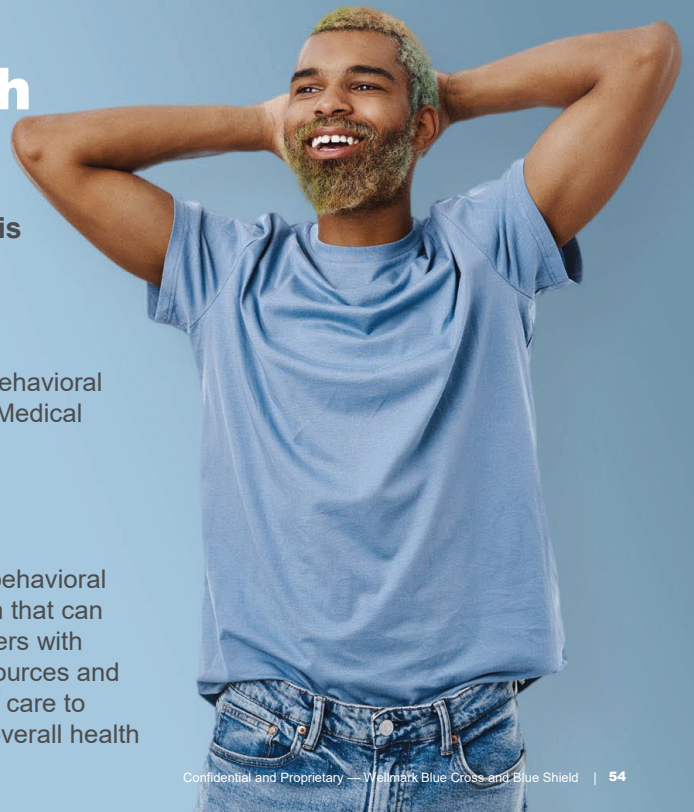
Addition of a Behavioral Health Senior Medical Director



Creation of a dedicated specialized team of Behavioral Health Case Management nurses and social workers.



A specialized behavioral health program that can provide members with education, resources and coordination of care to improve their overall health outcomes.



Launched May-2024

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Primary conditions for Behavioral Health Case Management include:



Depression



Anxiety



Eating Disorders



Substance Abuse



Suicidal Ideation/Attempts



Gender Affirmation



Behavioral Health Case Management

- **Leverages** a predictive model and historical claims data to identify members for outreach
- **Completes** assessments and create individualized care plan for each member
- **Helps** members navigate the healthcare system
- **Enhances** coordination of care in partnership with providers
- **Reduces** the need for medical services and eliminate duplication
- **Encourages** members to seek preventative services to improve their health
- **Connects** members with community resources for social determinants of health

myWellmark

Mental health assessments

Members can privately assess their mental health concerns with self-serve assessments on myWellmark include Behavioral Health assessments and the ability to self-refer into Case Management.

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myWellmark — Mental health support

Additional information is available on myWellmark to help members know when to ask for help, find a mental health professional, and view mental health resources.

WHEN TO ASK FOR HELP

It's important to seek mental health help when you're experiencing difficulties that significantly impact your well-being and daily functioning. Here are some signs that may indicate it's time to ask for support:

- Changes in behavior that are affecting your school or work performance
- Intense worrying or fear
- Thoughts of self-harm or suicide
- Noticeable changes in your eating or sleeping habits
- Trouble coping with life's daily challenges
- Withdrawing from friends, family or activities you once enjoyed
- Significant mood changes or swings
- Feeling sad or disinterested for long periods of time
- Increased reliance on substances (alcohol, drugs) as a way to cope

If you're unsure where to seek help, our mental health case managers can provide guidance tailored to your specific situation.

MENTAL HEALTH RESOURCES

Substance Abuse and Mental Health Services Administration (SAMHSA) SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation.

National Alliance on Mental Illness (NAMI) National, grassroots organization, which offers educational programs, advocates for individuals and families affected by mental illness, and operates a toll-free helpline.

American Foundation for Suicide Prevention Voluntary health community empowers individuals and families affected by mental illness, and operates a toll-free helpline.

Tobacco Free Motivating you to quit smoking.

Trevor Project The Trevor Project provides crisis support to anyone, anytime and anywhere, via text, chat, or call.

FIND A MENTAL HEALTH PROFESSIONAL

Like any health condition, begin by talking to your primary care physician if you are experiencing symptoms. Mental health issues are real, common, and treatable.

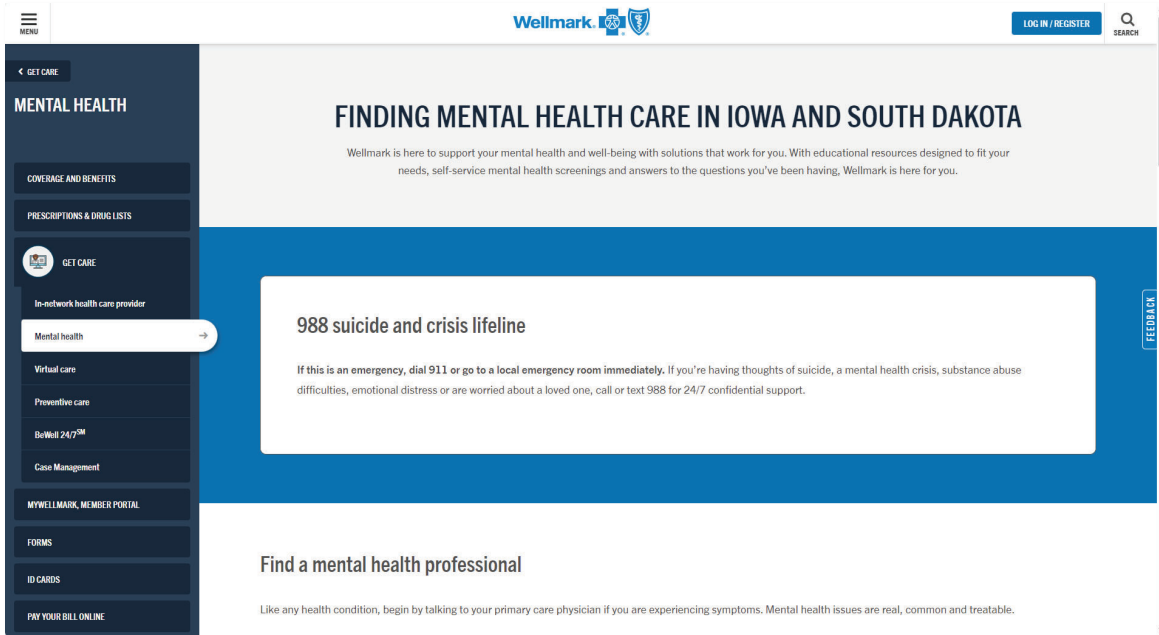
Counseling & Therapy Licensed Mental Health professionals who support, diagnose, and provide personalized treatment to address your mental health and well-being. [View Counseling & Therapy Providers](#)

Diagnosing & Prescribing Psychiatrists who can diagnose and treat mental health issues, including prescribing and monitoring medication. You may also choose to visit with your primary care physician or nurse practitioner. [View Diagnosing & Prescribing Providers](#)

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Wellmark.com — Mental health support

Similar information is available on Wellmark.com on to help members know when to ask for help, find a mental health professional, and view mental health resources.



Mental health support through DOD®

Broadening capabilities for mental health support

Online consultations and medication management:

- Care for mental health needs including, therapy, psychiatry and medication management.
- Talk to a board-certified DOD physician live via video conference.
- Mental health treatment cost shares are subject to the plan coverage.

Here are some of the things DOD services can help treat:



Anxiety



Depression



Stress



Postpartum



Relationships



Trauma and Loss

MyWellmark - enhanced provider finder tool for the member

- Improved the member experience and ease when searching for a provider
- Enhanced ability for members to select their Primary Care Provider on MyWellmark
- Available for members as of January 2024 this year

Enhanced provider finder tool for the member

Search for in-network care
Welcome, Mary. Let's help you search for in-network providers and facilities.

Starting address, city or zip: Distance within:

How would you like to search for in-network care?
First select a category, then enter a term or name in the search bar below.

Enter provider last name

New Search Types

- Provider Specialty (default)
- Provider Name
- Health Facility

Provider Finder
Get Search Facility Details Facility Profile

Blank Children's Pediatric Speech Therapy
Multi-Specialty Group

Important Note: Clinics may have providers that aren't covered in your network. Be sure the provider you want to see is in... [See all](#)

FACILITY INFORMATION	CONTACT INFORMATION	HOURS
LOCATION Blank Children's Pediatric Speech Therapy 4055 Westown Parkway West Des Moines, IA 50266 Distance: 18.5 miles	Phone: 515-254-3399 Fax: No Information Available Email: blancchildrenspediatrics@wellmark.com Website: No Information Available	No Information Available
SPECIALTIES Multi-Specialty Group	STAFF LANGUAGE English	ACCESSIBILITY No Information Available
REIMBURSE No Information Available		PLANS ACCEPTED View Accepted Plans

MAP VIEW

Blank Children's Pediatric Speech Ther...
4055 Westown Parkway
West Des Moines, IA 50266
Distance: 18.5 miles
[GET DIRECTIONS](#)

CONTACT INFORMATION
Phone: 515-254-3399
Fax: No Information Available
Email: blancchildrenspediatrics@wellmark.com
Website: No Information Available

HOURS
No Information Available

QUALITY REPORTS

BLUE CROSS/SHIELD No Information Available	RECOGNITION No Information Available	ACCREDITATION No Information Available
--	--	--

Facility Profile

GET DIRECTIONS opens to google maps in a new tab/window with the facility address pre-entered

Provider Finder

Care Search / Provider Results / Provider Profile

PRINT

Kristie A Smith, PT
Physical Therapy

In-Network

OVERVIEW **LOCATION**

OFFICE LOCATION

LOCATION
Yunker Rehabilitation Therapy Services LLC
Phys
3625 N Ankeny BLVD STE C
Ankeny, IA 50023
Distance: 5.1 miles

CONTACT INFORMATION
Phone: (515) 965-4660
Fax: (515) 446-2765
Email: malinda.zahrli@unithypoint.org
Website: No Information Available

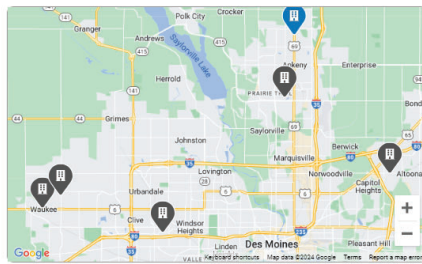
HOURS
In-person services after 5pm

ACCESSIBILITY
No Information Available

STAFF LANGUAGE
English

ALL PRACTICE LOCATIONS
[6 Practice Locations](#)

ALL PRACTICE LOCATIONS



[Next Location >](#)

(1 of 6)

Yunker Rehabilitation Therapy Service...
3625 N Ankeny BLVD STE C
Ankeny, IA 50023
Distance: 5.1 miles
[GET DIRECTIONS](#)

CONTACT INFORMATION
Phone: (515) 965-4660
Fax: (515) 446-2765
Email: malinda.zahrli@unithypoint.org
Website: No Information Available

HOURS
In-person services after 5pm

Provider Profile Updates

If the provider practices at multiple locations, those can be viewed in two places.

Refreshed look! Explanation of Benefits

Wellmark
Health Plan of Iowa
PO Box 9232, Des Moines, Iowa 50306-9232

Hello, Pat.
This is your Explanation of Healthcare Benefits or "EOB". This document shows how we applied your coverage to claim(s) submitted to us. If you have a question, call the customer service number shown at the bottom of this page. **This is not a bill.**

Your Total Responsibility \$0.00
You may have already paid some or all of this amount.

For more information
Visit www.wellmark.com or call 000-123-1234 between 7:30 a.m. and 5:00 p.m. CST, Mon.-Fri.

Glossary

Amount Charged
The charges by a health care provider for the covered or non covered services you have received.

Network Savings
The amount you save on covered services, based on Wellmarks negotiated rate with a Participating or PPO provider.

Medicare Approved Amount
The amount payable under Medicare for a covered service.

Medicare Paid
The amount Medicare pays to you or your provider.

Medical Plan Paid
The amount paid to you or your health care provider.

Copay
The fixed amount you pay for covered health care services. You may be required to pay before receiving services (when copy applies).

Deductible
The fixed amount you pay for covered services before benefit payments are available.

Coinsurance
The percentage of costs you pay for covered health care services (when co-insurance applies).

Amount Not Covered
The portion of charges not covered under your health benefits.

Your Responsibility
The remaining amount you pay the health care provider after your health insurance has processed the claim. This may combine your Copay + Deductible + Coinsurance + Amount Not Covered. You may have already paid some or all of this amount.

Patient Account Number
Your account number with your Health Care provider.

WL00123456
Wellmark ID

01/06/2023 - 01/23/2023
Date(s) of Service for this EOB

02/24/2023 **2** **2**
Issue Date Claims Claim Lines

Cost Totals

Total Charges \$758.00
Summary of charges for this EOB.

Total Savings \$573.12
Summary of savings for this EOB may include Network Savings and/or Medicare Approved Amount.

Total Payments \$184.88
Summary of payments for this EOB may include Wellmark Paid, Other Insurance Paid, and/or Medicare Paid.

Your Total Responsibility \$0.00
Summary of the remaining amounts (Copay + Deductible + Coinsurance + Amount Not Covered) you pay the health care provider. You may have already paid some or all of this amount.

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Pat	01/06/2023	Clearview Hospital Imaging	002285635174	X12345A98765	Approved				
DOB: 07/14	Date(s) of Service	Health Care Provider	Claim Number	Patient Account Number	Claim Status				
Date(s) of Service	Service Received	Notes	Amount Charged	Network Savings	Medical Plan Paid	Copay	Deductible	Coinsurance	Amount Not Covered
01/06/2023	Office Medical Care	-	\$379.00	\$286.56	\$92.44	\$15.00	\$0.00	\$0.00	\$0.00
		1, 2 Total	\$379.00	\$286.56	\$92.44	\$15.00	\$0.00	\$0.00	\$0.00
			Medicare Approved Amount: \$92.44						
			Medicare Paid: \$0.00						
									Your Responsibility \$0.00
									You may have already paid some or all of this amount.

Pat	01/23/2023	Clearview Hospital Imaging	002285635174	X12345A98765	Approved				
DOB: 07/14	Date(s) of Service	Health Care Provider	Claim Number	Patient Account Number	Claim Status				
Date(s) of Service	Service Received	Notes	Amount Charged	Network Savings	Medical Plan Paid	Copay	Deductible	Coinsurance	Amount Not Covered
01/23/2023	Outpatient Medical Care	-	\$379.00	\$286.56	\$92.44	\$0.00	\$0.00	\$13.50	\$0.00
		1, 2 Total	\$379.00	\$286.56	\$92.44	\$0.00	\$0.00	\$13.50	\$0.00
			Medicare Approved Amount: \$92.44						
			Medicare Paid: \$0.00						
									Your Responsibility \$0.00
									You may have already paid some or all of this amount.

Notes regarding this claim submitted to us

- We have settled this claim directly with your provider. (ZB4)
- Wellmark Health Plan of Iowa, Inc. provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. (Z06)

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Adding value post sale

- Help new members get enrolled in myWellmark. Access discount programs.
- Assist with finding dentists or doctors and provide phone numbers to schedule preventative services.
- Bring key marketing materials mental health resources from Wellmark.
- Send the group a Welcome guide to provide all member tools in one easy location
 - Fully Insured PPO network with pharmacy, with well-being member welcome guide S-2821486

Questions?

Wrap up



CEC sign-in sheet



Survey

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Thank You!



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Confidential and proprietary.

Wellmark's virtual health care visit benefit is made available through an independent company, Doctor On Demand, Inc., and the telemedicine services are provided by licensed physicians practicing within a group of independently owned professional practices. Doctor On Demand, Inc. does not itself provide any physician, mental health or other healthcare provider services. Doctor On Demand operates subject to state laws. Doctor On Demand offers medical care in 50 states. Doctor On Demand is not intended to replace an annual, in-person visit with a primary care physician.