

Benefit Enrollment Guide

Plan Year: 2024

Pottawattamie County



Pick the best benefits for you and your family.

Pottawattamie County strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Benefit Enrollment Guide.

This guide will outline all of the different benefits Pottawattamie County offers, so you can identify which offerings are best for you and your family.

If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to Payroll.

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**Pottawattamie
County**

Find Your Fire



Who is eligible?

If you're a full-time employee at Pottawattamie County, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 40 or more hours per week. In addition, the following family members are eligible for medical, dental and vision coverage:

Spouse / Dependent Children.

How to enroll

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

When to enroll

When you are first eligible as a new hire. As well as open enrollment each year for an effective date of July 1st.

How to make changes

Unless you experience a qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer- sponsored plan

Health Insurance

Effective 1/1/2024

	Benefits Purchased from IGHCP	Benefits Purchased from Wellmark Plan13
Insurance Carrier	Wellmark Blue Cross Blue Shield	Wellmark Blue Cross Blue Shield
PPO Network	Blue Choice	Blue Choice
Annual Deductible	\$750 Single / \$1,500 Family	\$5,000 Single / \$10,000 Family
Annual Out of Pocket Maximum includes Deductible & Coinsurance	\$1,250 Single / \$2,500 Family	\$7,350 Single / \$14,700 Family
Maximum Lifetime Benefit	Unlimited	Unlimited
Coinsurance - In Network	10%	30%
Coinsurance - Out of Network	20%	40%
Ambulance Services - (Emergency only)	Deductible & Coinsurance	Deductible & Coinsurance
Physician Office Services	\$20.00	\$20.00
Chiropractic Office Services - In-Network	\$20.00	\$20.00
Chiropractic Office Services - Out of Network	\$20.00	Deductible & Coinsurance
Eye Examinations / Hearing Screening	\$20.00 (every other calendar year)	Covered under IGHCP Use EBS Card
Inpatient Hospital	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Hospital	Deductible & Coinsurance	Deductible & Coinsurance
Physician Hospital Services	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	\$100.00 per visit**	Deductible & Coinsurance
Diagnostic X-Ray/Laboratory - Outpatient	Deductible & Coinsurance	Deductible & Coinsurance
CT Scan, Pet Scan, MRI, & Nuclear Medicine	Deductible & Coinsurance	Deductible & Coinsurance
Maternity	Deductible & Coinsurance	Deductible & Coinsurance
Durable Medical Equipment	Deductible & Coinsurance	Deductible & Coinsurance
Nursing Facility Services	Deductible & Coinsurance (90 days/yr)	Deductible & Coinsurance (90 days/yr)
Home Health Care	Deductible & Coinsurance	Deductible & Coinsurance
Hospice	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health/Substance Abuse - Inpatient	Deductible & Coinsurance (30 days/yr)	Deductible & Coinsurance (30 days/yr)
Mental Health/Substance Abuse - Outpatient	\$20.00 (52 visits/year)	\$20.00 (52 visits/year)
Routine Adult & Child Preventive Care Screening Immunization	No Charge 1 per year	No Charge 1 per year
Prescription Drugs	30-day supply	30-day supply
Tier 1	\$10.00	\$10.00
Tier 2	\$25.00	\$25.00
Tier 3	\$40.00	\$40.00
Tier 4	\$40.00	\$40.00
Specialty	\$85.00	\$85.00
Prescription Drugs - Mail Order Tier	90-day supply	90-day supply
Tier 1	\$20.00	\$20.00
Tier 2	\$50.00	\$50.00
Tier 3	\$80.00	\$80.00
Tier 4	\$80.00	\$80.00

***Each time a member/dependent goes to the ER, they need to notify EBS, then EBS can process the claim with the \$100 ER copay benefit. To notify EBS of your ER visit: please call EBS at 800-373-1327 or email Vicky at vmccoy@ebs-tpa.com or Jody, EBS Claims Manager at jsuminski@ebs-tpa.com . Please provide the patient's name and the date of service of the ER visit.**

UPDATE Effective July 1, 2024: Blue Choice will be changing to Wellmark Blue POS.

- Members will not have to designate a PCP but if they use a designated PCP, they could receive a \$5 discount on copays. There would not be a discount offered on a coinsurance plan.
- When the member prepares to go to the provider, they can call customer service and let them know so they can put the PCP in the system.
- If the member does not do this, Wellmark will go back to see who they have used the last two years, and they will designate that provider as the PCP.
- If Wellmark doesn't have 2 years of claim history to see the provider being used, they will use location and other criteria to set a default PCP.
- Members can update their PCP information at any time online or by calling customer service. The changes are updated in real time.
- Wellmark will be sending a letter to all members letting them know who they show as their PCP.

Dental & Voluntary Vision Insurance



Carrier: Dental – MetLife

This dental plan features various level of benefits

	MetLife	
Preferred Provider Organization	In-Network	Out of Network
<u>BENEFIT OVERVIEW</u>		
<u>Deductible</u>		
Single	\$50	\$50
Family	\$150	\$150
<u>Preventive Services</u>		
Coinsurance	100%	100%
Deductible	Waived	Waived
<u>Basic Services</u>		
Coinsurance	80%	80%
<u>Major Services</u>		
Coinsurance	50%	50%
<u>Child Orthodontia</u>		
Coinsurance	50%	50%
<u>Maximum Benefit Per Calendar Year</u>	\$1,500	\$1,500
<u>Orthodontia Lifetime Benefit</u>	\$1,500	\$1,500

Employees who do not elect coverage during their original 31-day application period will have to wait until Open Enrollment, unless there is a qualifying event, ie.. loss of coverage.

****Vision Discount plan included with dental coverage through MetLife (see attached flier)**

Orthodontia Coverage

1) HOW WE BENEFIT WHEN ORTHO IS ALREADY IN PROGRESS (and the participant is transitioning from coverage with a prior carrier)

The value of the services rendered will be established by subtracting the benefit amount *MetLife would have paid* for the treatment rendered prior to the MetLife effective date from the maximum benefit for the entire treatment (up to the MetLife lifetime orthodontia maximum).

Example: (Assumes 50% w/ \$1,500 max)

Assumptions: Total Fee \$5,100. Length of treatment = 20 months. 14 months received prior to coverage with MetLife. 6 months remaining. \$750 in benefits paid out by prior carrier.

- Eligible expense (with MetLife) = $\$5100 - \1500 (which is calculated by taking the benefit paid by prior carrier (\$750) and dividing it by the coinsurance (50%) = $\$3,600$
- Benefits = $\$3,600 / 6$ (months remaining) $\times 50\%$ (coinsurance) = $\$300$ benefits per month.
- Maximum payout = $\$1,500 - \750 (prior carrier payout) = $\$750$.
- **Benefits paid = (2 x \$300) + (1 x \$150) = \$750.** The participant would "max out" on the 3rd monthly installment.

2) HOW WE BENEFIT WHEN ORTHO IS ALREADY IN PROGRESS (and the participant is transitioning from having no prior coverage)

New Hires" or Dependents Added After the Effective Date (treatment in progress) — The total benefit payable under the MetLife plan will be determined based on the lifetime orthodontia maximum under the MetLife dental plan minus the estimated value of service rendered prior to the participant's effective date. The remaining benefit will be considered over the course of treatment.

Example: (Assumes 50% w/ \$1,500 max)

Assumptions: Total Fee \$5,100. Length of treatment = 20 months. 14 months received prior to coverage with MetLife. 6 months remaining.

- Eligible expense (with MetLife) = $\$5100 - \$1,020$ banding fee (20% of total fee) / 20 (months of treatment) = $\$204$. $\$204 \times 14$ (months of "ineligible coverage") = $\$2,856$.
- Eligible expense total = $\$5,100 - \$1,020 - \$2,856 = \$1,224$
- **Benefits paid = $\$1,224 / 6$ (months remaining) $\times 50\%$ (coinsurance) = $\$102$ per month for a total payout of $\$612$.** In this example, the participant does not max out.

Voluntary Vision Insurance-Reliance Standard

Full-time employees are eligible to participate in the county's voluntary vision plan. The employee is responsible for 100% of the premium for single and family coverage. This vision plan is **in addition** to the one eye exam provided every two years through the county's health insurance plan. Plan covers one eye exam every year and assists with costs of frames, lenses, and contacts.

POTTAWATTAMIE COUNTY

Eye Care Highlight Sheet

Plan 1: TriChoice Sharper Vision Plan Summary

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	\$10 Exam	\$10 Exam
Annual Eye Exam	\$25 Eye Glass Lenses or Frames*	\$25 Eye Glass Lenses or Frames
Lenses (per pair)	Covered in full	Up to \$45
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$130	Up to \$105
Medically Necessary	Covered in full	Up to \$210
Frames	\$130**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**The Costco allowance will be the wholesale equivalent.

Lens Options (member cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children	No benefit
Solid Plastic Dye	\$33 adults	No benefit
Plastic Gradient Dye	\$15 (except Pink I & II)	No benefit
Photochromatic Lenses (Glass & Plastic)	\$17 \$31-\$82	No benefit No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

*Lens Option member costs vary by prescription, option chosen and retail locations.

POTTAWATTAMIE COUNTY

Eye Care Highlight Sheet

Additional Sharper Vision Choice Network Features

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, members just need to visit us at reliancestandard.com/dental-vision and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Retail Chain Affiliate Providers Available With Sharper Vision

Effective January 1, 2012, retail chain affiliate providers, which include Costco® Optical and Visionworks, give members added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

Reliance Standard Life Insurance Company

Reliance Standard Life Insurance Company (Reliance Standard) was incorporated in 1907 as the Central Standard Life Insurance Company in Chicago, Illinois. In 1967 the administrative offices moved to Philadelphia, PA and the company was renamed Reliance Standard Life Insurance Company. Reliance Standard is domiciled in Illinois, and its headquarters remain in Philadelphia. Reliance Standard is a member of The Tokio Marine Group.

VSP Information

For more information regarding the VSP provider network or to find out more about VSP, please visit the VSP web-site at www.vsp.com.

POTTAWATTAMIE COUNTY

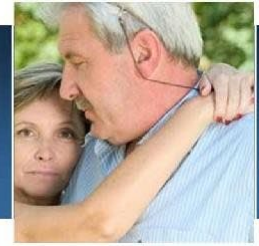
Eye Care Highlight Sheet

Customer Service

Our Customer Relations Department is open from 7 am to midnight (CST) Monday through Thursday and 7 am to 6:30 pm (CST) on Fridays. You can call toll-free at 800-497-7044. Your claim forms can be faxed in to (402) 309-2580. We will be happy to answer any questions you may have regarding a specific claim you have filed or to answer questions about benefits for eye care procedures being considered.

This form is a benefit highlight, not a certificate of insurance. The coverage outlined here highlights the benefits available through Reliance Standard Life, and does not include exclusions and limitations. For details on exclusions and limitations, or a complete list of covered procedures, contact your benefits coordinator.

Disability Insurance



Carrier: National Insurance Services

Benefits You Receive: In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

Long-Term Disability

Waiting Period

180 Days

This is the period of time you must be disabled before long term disability benefits are payable.

Benefits Payable

60% of earnings with a maximum of \$5,000 per month

This is the amount you will receive in the event you are disabled.

Maximum Benefit

To Age 65

This is the maximum period that disability benefits will be payable. Extended benefits are payable for individuals disabled after age 62.

Life and AD&D Insurance



Carrier: National Insurance Services

Basic Life & AD&D Insurance

Provides full-time employees with \$25,000 group life and accidental death and dismemberment (AD&D) insurance. This is the amount your beneficiary will receive in the event of your death. Your life insurance benefits are subject to age reductions, which typically begin around age 65. Contact [Payroll](#) to update your beneficiary information.

Voluntary Life & AD&D Insurance

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through bi-weekly payroll deductions. You can purchase coverage on yourself and your spouse in \$10,000 increments.

For an employee, the minimum coverage is \$10,000 and maximum coverage is \$500,000 not to exceed 5 times your annual earnings. Non-medical maximum is 5 times annual earnings up to \$200,000.

For the spouse, the minimum coverage is \$5,000 and maximum coverage is 50% of the employee's benefit up to \$100,000. Non-medical maximum is up to \$50,000.

For the children, the minimum coverage is \$2,000 and the maximum coverage is 50% of the employee's benefit up to \$10,000. Non-medical maximum is 50% of the employee's benefit up to \$10,000. Children include those 14 days old up to age 21 (25 if a full-time student)

Employee/Spouse Supplemental Life rates are based on age.

<u>Employee/Spouse Age</u>	<u>Rate per \$1,000 of coverage</u>
Less than 30	\$0.07
30-34	\$0.10
35-39	\$0.13
40-44	\$0.15
45-49	\$0.23
50-54	\$0.39
55-59	\$0.68
60-64	\$0.98
65-69	\$1.54
70-99	\$2.74

Flexible Spending Accounts (FSA)



Administrator:

Employee Benefit Systems

214 North Main Street, P.O. Box 1053

Burlington, IA 52601

800-373-1327 Toll Free / 319-758-6271 Fax

www.ebs-tpa.com

contactus@ebs-tpa.com

Benefits You Receive:

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pretax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

Health Care Reimbursement FSA

This program allows employees to pay for certain IRS-approved medical care expenses with a prescription not covered by their insurance plan with pretax dollars. Maximum Annual Contribution amount is: **\$3,200.**

Some examples include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription contraceptives

Dependent Care FSA

The Dependent Care FSA allows employees to use pretax dollars toward qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year.

Examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

Premium Rates Effective 2024 | 2025



Medical Insurance:

	<u>Single Coverage</u>	<u>Family Coverage</u>
Total Monthly Premium	\$894.51	\$2120.79
County Contribution:	\$796.11	\$1887.51
Employee Contribution:	\$98.40	\$233.28

Dental Insurance:

	<u>Single Coverage</u>	<u>Family Coverage</u>
Total Monthly Premium:	\$25.42	\$83.53
County Contribution:	\$25.42	\$69.37
Employee Contribution:	\$ 0.00	\$14.16

Voluntary Vision Insurance:

	<u>Single Coverage</u>	<u>Family Coverage</u>
Total Monthly Premium:	\$8.12	\$20.28
County Contribution:	\$0.00	\$0.00
Employee Contribution:	\$8.12	\$20.28

CHI Health Employee Assistance Program



CHI Health Health Employee Assistance Program (E.A.P.)

Telephone Number for Services: 402-398-5566 or toll-free 1-888-847-4975

Pottawattamie County recognizes that problems of a personal or emotional nature can have an adverse effect on an employee as well as on the employee's job performance. Pottawattamie County is vitally interested in helping employees resolve these problems before they become so advanced as to impact their employment.

The CHI Health Employee Assistance Program (EAP) has been established to help deal with these problems. This program is designed to provide early identification, motivation, and referral to appropriate care.

EAP is a benefit provided to all employees and their household members. Household member, as used herein, shall mean the spouse or minor dependent children of the covered employee or any person who resides permanently in the "employee" residence.

Assessment and short-term/problem resolution sessions are paid for by Pottawattamie County. There are no deductibles, copays or other similar fees for the assessment and short-term/problem resolution session. If an employee needs assistance beyond the short-term/problem resolution sessions, the employee or dependent will assume financial responsibility for expenses incurred during the treatment process. The employee will be informed during the initial meeting with EAP that he or she should consult with his or her medical insurance group for information on the coverage of such service when services outside the scope of the EAP are required to address the issue.

EAP does not cover specialists. If the EAP provider determines that you need treatment from a specialist, the EAP provider will refer you to your group health plan or appropriate treatment resources in the community.

For services, contact EAP at the above number or visit their website at www.chihealth.com/eap

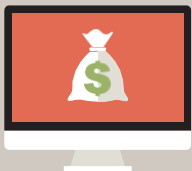
The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Payroll or Human Resources.



HEALTHCARE MADE EASY

Your personal health care information is at your fingertips with myWellmark® – no matter your location – with tools, resources and insights to help you manage health care spending and live a healthier life.

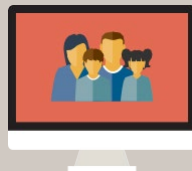
Use myWellmark to better understand and get the most from your health insurance benefits. With myWellmark, you can:



Estimate your cost of care for procedures and services before you go



View detailed claims information, including cost breakdown and status tracker



Track and organize your family's medical expenses



Receive electronic versions of your Explanation of Benefits (EOB)




Find a trusted provider in your plan's network



See relevant information related to your specific coverage

Get more from your health plan by registering at [myWellmark.com](https://mywellmark.com).

LEARN MORE 

myWellmark streamlines your health insurance information and makes it easier to find what you need, when you need it, on any device.

GET THE INFORMATION YOU NEED

Using your specific health plan benefits and a powerful suite of tools, myWellmark helps you make informed decisions:

- Find an in-network provider near you
- Know what your visits will cost before you go
- See your doctor's quality score and patient rating
- Read reviews from other patients and leave your own

KEEP TABS ON CLAIMS AND SPENDING

On your personalized myWellmark, you'll see an at-a-glance overview of recent claims activity and whether a claim is paid, pending or denied (and why). Need more details, including your share of the cost? Just click on any claim.

KNOW YOUR BENEFITS INSIDE AND OUT

When it comes to your coverage and benefits, myWellmark has you covered. You're able to:

- Keep track of services you've used
- Determine potential copay or coinsurance costs for in- and out-of-network services
- See how close you are to meeting your deductible and out-of-pocket maximums
- Choose how you would like to receive communications and important documents related to your benefits



Your health care — at your fingertips. Get easy, on-the-go access to tools, resources and insights that help you manage health care spending and live a healthier life. It's all available in the myWellmark mobile app. The best part? It's free.

WITH THE MOBILE APP, YOU CAN:

- Log in securely using fingerprint or facial recognition technology*
- View in-network doctors and hospitals
- Get health answers over the phone with one tap of a finger
- Connect directly to your provider's office or another health professional
- Find the closest doctor or facility, and get driving directions
- View and email your mobile ID card for easy, on-the-go access

*If supported by your mobile device.

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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EBS Gateway Member Claims Portal Registration

Available on the Portal are EOB's, claims history, and benefit plan information.

GET STARTED AT ebs.vbagateway.com

Step 1: Click on "Click here to register and/or enroll."

Step 2: Select 'Member' from the 'Portal' drop down menu and continue to fill out all fields.

Step 3: Once all fields have been completed, click submit. You will then receive a message thanking you for registering.

**** AT THIS TIME YOU WILL RECEIVE AN EMAIL CONFIRMATION TO VALIDATE YOUR ACCOUNT****

Step 4: While you have the confirmation email open, click the link to activate your account.

Step 5: Click "Click here to activate" and your Gateway account is now active.

**For questions please call: [Employee Benefits Systems \(EBS\)](https://www.ebs-tpa.com) 214 North Main St. – PO Box 1053
Burlington, IA 52601
Phone: 319-752-3200
Toll Free: 1-800-373-1327
www.ebs-tpa.com**

Welcome to EBS Gateway

Register & Enroll
[Click here to register and/or enroll.](#)

Supported Browsers
Current and prior major release of and on a rolling basis. We recommend .

LOG IN

[I forgot my username or password](#)

Register

Please select the portal you wish to register for.

Call EBS @ 1.800.373.1327 if you have any questions concerning the registration process.

Password must be at least 8 characters long, include at least one capital letter, one lowercase letter, one number, and one special character

Portal
Member

SSN *
000-00-0000

Birthdate *

First Name *
First Name

Last Name *
Last Name

Username *
Username

Email Address *
Email Address

Password *

Confirm Password *

CANCEL SUBMIT

FEELING BETTER SHOULD BE EASY.

Visit a doctor on your smartphone, tablet or computer from virtually anywhere.



GETTING STARTED IS EASY.

- 1 Download the Doctor on Demand app or visit DoctorOnDemand.com.
- 2 Have your Wellmark member ID card ready.
- 3 Create an account or sign in.

¹ Doctor On Demand physicians do not prescribe Schedule I-IV DEA Controlled Substances and may elect not to treat or prescribe other medications based on what is clinically appropriate.)

² Services performed by psychologists are available for some plans. Psychiatry is not covered. For more information, ask your benefits administrator or call Wellmark at the number on your ID card.

SEE A DOCTOR IN MINUTES

Getting sick is bad enough without having to get out of bed, go to the doctor and sit in a waiting room with other sick people. With Doctor on Demand, you and your family members can see a board-certified doctor in minutes who can treat the most common medical conditions and prescribe medication if needed.¹



Get treatment for:

- Cold and flu
- Bronchitis and sinus infections
- Urinary tract infections
- Sore throats
- Allergies
- Fever
- Headache
- Pink eye
- Skin condition
- **Mental health issues** (including anxiety, depression, relationship issues, grief, eating disorders, smoking cessation or alcohol dependence)²

Questions? Call 800-997-6196.

WITH DOCTOR ON DEMAND, WELLMARK MEMBERS GET MORE. IT'S CONVENIENT, EASY AND YOUR BENEFITS APPLY AUTOMATICALLY.

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).



Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Synergy Health, Inc., Wellmark Value Health Plan, Inc. and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.

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 47 states (not currently available in AK, AR and LA). Doctor On Demand is not intended to replace an annual, in-person visit with a primary care physician.

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John works out to strengthen his joints.

What's your reason?

Studies show that older adults can improve their heart health, blood pressure, and muscle strength with regular workouts. Find your "why" and get started today!



Just by being a Wellmark Blue Cross and Blue Shield member, you have access to Blue365®. When you sign up, you get exclusive gym membership discounts in addition to wellness products and services you use every day.

SAVINGS ARE JUST A CLICK AWAY

REGISTER FOR BLUE365 AT [WELLMARK.COM/BLUE365](https://www.wellmark.com/blue365). It's free and you can start saving right away. Browse the discounts and be the first to know about the latest deals to hit Blue365 through a weekly email sent right to your inbox.

Wondering what types of deals are available? Here are just a few ways you can save money while meeting your health and personal goals:



FITNESS YOUR WAY BY TIVITY HEALTH™: Access more than 10,000 gyms nationwide, so you can stay in shape no matter where you go.



HEARTRATE MONITORS USA: Track your activity with the help of fitness trackers, like FitBit®, Garmin® and Polar®.



REEBOK®: Be comfortable and ready when it's time to hit the gym.



HOTELS.COM™: Relax and reduce stress with 10 percent off hotels on your next vacation.



Wellmark members get more

As part of your health plan, you also have access to:

- **myWellmark®** — your one-stop-shop for tools and resources to help you get the most out of your health care. Just register or log in to myWellmark at Wellmark.com.

With myWellmark, you can:

- Access a digital copy of your ID card
 - Get electronic documents, like your Explanation of Benefits (EOB), emailed to you
 - Pay your premium
- **BlueSM monthly newsletter** — sign up for a free e-newsletter with the latest benefits and health news at Wellmark.com/BlueNewsletter.



Register for Blue365 today!

Go to Wellmark.com/Blue365. All you need to register is a valid email address and the first three characters of your Wellmark ID number.

Blue365 is a discount program available to members who have medical coverage with Wellmark. This is not insurance.

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Learn more about your MetLife benefits



The MetLife Mobile App is available on the iTunes® App Store and Google Play. Download the app, and use it to find a participating dentist, view your claims¹ and to see your ID card.²

metlife.com/mybenefits

MetLife benefits information right from your desktop

The MyBenefits website is a quick and easy way for you to get the information you need about your MetLife benefits — all in one place. Log in at metlife.com/mybenefits to see how we've taken personalization and integration to a new level.

Personalized homepage to all your MetLife benefits

Get more information on your MetLife benefits, where you can link to detailed coverage information and can perform tasks, such as:

Dental Plans — Easily find a participating dentist or view your benefits, copay or coinsurance amount, and claims¹ online. Plus, you will have access to our extensive Oral Health Library to research important dental topics.

Dental ID cards are available online for you to download and print at your convenience.¹ Cards contain your name, employer's name and group number. Also included are MetLife's claims submission address,¹ website address, customer service telephone number and a service number for International Dental Travel Assistance.³

Additional MyBenefits features include:

- Planning tools that you can use to help you make informed decisions regarding your retirement, benefits coverage as well as other useful information for a variety of everyday topics.
- Forms and documents that you may need are located in the "Tools & Resources" area at the bottom of the MyBenefits home page for you to download.
- In the "News & Updates" section you'll find information from MetLife and your employer such as enrollment dates and new product offerings.
- Online claims tracking and email notifications called eAlerts, which will provide information regarding status changes to your claims for certain benefits.¹
- MetLife Virtual Assistant available on MyBenefits for Dental PPO members – a new click-to-chat feature offers quick help for dental related inquiries and other common tasks such as viewing claims, personal coverage and obtaining personalized estimates.

1. This feature is not available for members with a MetLife Dental HMO/Managed care plan.
2. To use the MetLife mobile app, employees can choose to register at metlife.com/mybenefits from a computer or directly through the app. Certain features of the MetLife Mobile App are not available for all MetLife Dental Plans.
3. AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations.

Like most group benefit programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife group representative for complete details.



Dental information available through the MetLife Mobile App

Viewing your dental plan just got easier with the MetLife Mobile App.¹



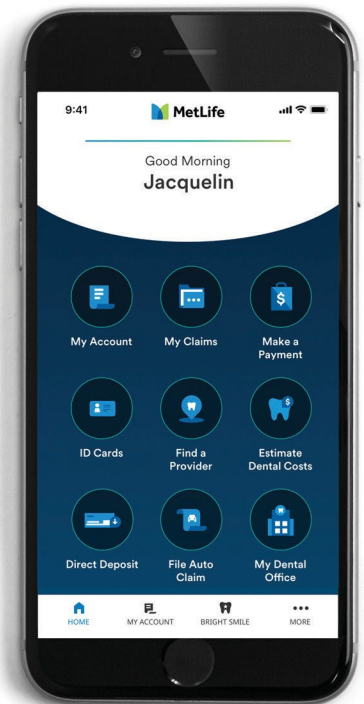
You can:

- Find a dentist
- [Get estimates for most procedures enhanced to display personalized, plan specific costs and additional information such as percent covered, applicable deductible, Plan Maximum and Frequency Limits]
 - Both in-network and out-of-network estimates available] **PPO Plan Only**
- View your plan summary with quick links to important information on deductibles and Plan Maximums as well as Covered Services
- View detailed coverage information for your dental policy such as benefit sharing percentage, applicable deductibles, Plan Maximum and Frequency Limits
- View your claims
- Track your brushing and flossing
- Access and save ID card to photo library or mobile app

It's easy! Search "MetLife" at iTunes App Store or Google Play to download the MetLife US Mobile App, or scan the QR codes. Search our network of thousands of dentists and specialists to find a provider near you.

Or log-in to MyBenefits to access your plan information.¹

It's available 24 hours a day, seven days a week.



1. To use the MetLife mobile app, employees can choose to register at metlife.com/mybenefits from a computer or directly through the app. Certain features of MetLife US Mobile App are not available for some MetLife Dental Plans.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.

Set your sights on savings and convenience.

MetLife VisionAccess is a discount program that helps you save and stay on top of your care. You get great discounts that couldn't be easier to use — just visit one of the thousands of participating private practice ophthalmologists and optometrists.



What you get is clear:


- Savings on eye exams
- Lower costs for laser vision correction
- Availability of the program to your entire family
- Discounts on glasses and frames
- A broad choice of quality providers
- No enrollment or claim forms

Using your discount is simple. Just provide your program code, **MET2020**, when making an appointment or receiving services or materials. And remember, you'll need to visit a participating private practice to take advantage of the program. Save the attached cards for easy reference.

Pricing in regional areas should not exceed certain amounts

Refer to schedule of benefits on the back of this flyer

- Region 1** AK, CA (Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano), CT, DC, HI, NJ, NY (Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester), and MA
- Region 2** California (all except Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano), DE, FL, IL, MD, MI, NH, NV, PA, RI, and WA
- Region 3** AZ, CO, GA, LA, MN, ME, NM, NY (all except Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, Suffolk, Westchester), OH, OR, TX, UT, VT, and VA
- Region 4** AL, AR, IA, ID, IN, KS, KY, MO, MS, MT, NE, NC, ND, OK, SC, SD, TN, WV, WI, WY, and PR

 Cut along dotted line

VisionAccess Program

See Well. Stay Healthy. Save More.

- 20% off eye exam
- 20% off lenses and lens options
- 25% off frames
- 20% off non-prescription sunglasses
- Discounts on laser vision correction



Program Code:
MET2020



Program provided through Vision Service Plan (VSP).

VisionAccess Program

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- 20% off eye exam
- 20% off lenses and lens options
- 25% off frames
- 20% off non-prescription sunglasses
- Discounts on laser vision correction



Program Code:
MET2020



Program provided through Vision Service Plan (VSP).

Get a clearer view on life for less.

Vision care service	Member Savings ¹
Exams	20% off of Usual and Customary fee ² with a maximum copay of: Region 1: \$90 Region 2: \$90 Region 3: \$80 Region 4: \$75
Exam — contact lens	15% off Usual and Customary fee ² Discounts on contact lens materials are not available. Check with your participating private practice for available offers.
Standard corrective lenses — glass or plastic	
• Single vision	20% off of Usual and Customary fee ² with a maximum copay of: Region 1: \$50 Region 2: \$45 Region 3: \$45 Region 4: \$40
• Lined bifocal	20% off of Usual and Customary fee ² with a maximum copay of: Region 1: \$70 Region 2: \$65 Region 3: \$65 Region 4: \$60
• Lined trifocal	20% off of Usual and Customary fee ² with a maximum copay of: Region 1: \$90 Region 2: \$85 Region 3: \$85 Region 4: \$75
Standard lens options	
• Ultraviolet coating	20% off of Usual and Customary fee ² with a maximum copay of \$15
• Tint — solid or gradient	20% off of Usual and Customary fee ²
• Standard scratch-resistant coating (scratch A)	20% off of Usual and Customary fee ² with a maximum copay of \$15
• Standard polycarbonate	20% off of Usual and Customary fee ² with a maximum copay of \$40
• Standard progressive	20% off of Usual and Customary fee ² , add on to bifocal, with a maximum copay of \$55
• Basic anti-reflective coating	20% off of Usual and Customary fee ² with a maximum copay of \$45
• Blended invisible bifocal	20% off of Usual and Customary fee ²
• Intermediate vision lenses	20% off of Usual and Customary fee ²
• High index	20% off of Usual and Customary fee ²
• Polarized	20% off of Usual and Customary fee ²
• All other lens options/features	20% off of Usual and Customary fee ²
Frames	25% off of Usual and Customary fee ²
Laser vision correction³	Discounts averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Discounts are only available from MetLife participating facilities.
Non-prescription sunglasses	20% off of Usual and Customary fee ²

Discounts are only available through participating private practices.

For more information or to find a participating provider

visit our website at www.metlife.com/mybenefits or call 1-888-GET-MET8.

(When calling, say "Vision;" say "MetLife Vision" at 2nd prompt; select 2 for MetLife VisionAccess Discount Program.)

Discounts are available from any participating private practice. See your program schedule of benefits for more details.

Provide your program code, **MET2020**, when making an appointment or receiving services or materials.

To review benefits or find a participating provider, visit our website or call.

www.metlife.com/mybenefits

1-888-GET-MET8 (1-888-438-6388)

Say "Vision;" then say "MetLife Vision" at 2nd prompt (select 2 for MetLife VisionAccess Discount Program)

Discounts are available from any participating private practice. See your program schedule of benefits for more details.

Provide your program code, **MET2020**, when making an appointment or receiving services or materials.

To review benefits or find a participating provider, visit our website or call.

www.metlife.com/mybenefits

1-888-GET-MET8 (1-888-438-6388)

Say "Vision;" then say "MetLife Vision" at 2nd prompt (select 2 for MetLife VisionAccess Discount Program)

MetLife VisionAccess is a discount program and not an insured benefit. The program is available at no charge regardless of enrollment in other MetLife benefits. Participation in the vision discount program is not contingent on the purchase of a MetLife product. It is provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with MetLife or its affiliates.

1. See listing of Regional Discount Areas on the front of this flyer.
2. Usual and Customary fee is the vision care provider's retail fee for services and materials.
3. Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Laser vision care discounts are only available from participating facilities.

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY
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