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MEDICAL PLAN COMPARISON

WELLMARK BLUE CROSS BLUE SHIELD

| | \$1,500 PPO | \$3,000 HDHP | \$5,000 PPO |
|---|---------------------------|---------------------------|---------------------------|
| BENEFITS IN-NETWORK | | | |
| ANNUAL DEDUCTIBLE | | | |
| Individual | \$1,500 Embedded | \$3,000 Non-Embedded | \$5,000 Embedded |
| Family | \$3,000 | \$6,000 | \$10,000 |
| OUT-OF-POCKET (OOP) MAXIMUM | | | |
| Individual | \$4,000 | \$3,000 | \$6,850 |
| Family | \$8,000 | \$6,000 | \$13,700 |
| BENEFIT HIGHLIGHTS | | | |
| Doctor on Demand Virtual Visits (Including Mental Health) | \$0 copay | \$0 copay | \$0 copay |
| Preventive Care | Covered at 100% | Covered at 100% | Covered at 100% |
| Primary Care Physician / Chiropractic | \$25 copay | Deductible | \$20 copay |
| Specialist | \$50 copay | Deductible | \$20 copay |
| Emergency Room | Deductible, then 20% | Deductible | Deductible, then 50% |
| Inpatient Hospital | Deductible, then 20% | Deductible | Deductible, then 50% |
| Outpatient Hospital | Deductible, then 20% | Deductible | Deductible, then 50% |
| Urgent Care | \$25 copay | Deductible | \$20 copay |
| Outpatient Surgery | Deductible, then 20% | Deductible | Deductible, then 50% |
| Lab/X-Ray (Outpatient) | Deductible, then 20% | Deductible | Deductible, then 50% |
| BENEFITS OUT-OF-NETWORK | | | |
| Deductible – Single / Family | \$1,500 / \$3,000 | \$3,000 / \$6,000 | \$6,850 / \$13,700 |
| Member Coinsurance | 30% | 0% | 60% |
| OOP Maximum – Single / Family | \$4,000 / \$8,000 | \$3,000 / \$6,000 | \$10,000 / \$20,000 |
| RATES – PER PAY PERIOD (SEMI-MONTHLY) | WELLNESS/ NON-WELLNESS | WELLNESS/ NON-WELLNESS | WELLNESS/ NON-WELLNESS |
| Employee Only | \$121.50 / \$144.50 | \$55.50 / \$66.00 | \$32.50 / \$38.50 |
| Employee/Spouse | \$267.00 / \$318.00 | \$127.00 / \$151.00 | \$69.00 / \$82.00 |
| Employee/Child(ren) | \$227.00 / \$270.00 | \$110.50 / \$131.50 | \$61.50 / \$73.00 |
| Family | \$398.50 / \$474.50 | \$191.00 / \$227.00 | \$101.00 / 120.00 |

Please note: The medical plans do not require a referral to see a specialist, but the specialist may require a referral from a primary care physician. Please note: If you go to an out-of-network provider, your cost may be higher and your provider may ask you to pay the actual charge for your care at the time of your visit.

Embedded vs. Non-Embedded Deductibles

- **Embedded Deductible (PPO Plans):** Each family member has their own individual deductible. Once an individual meets their deductible, the plan begins paying benefits for that person—even if the full family deductible has not been met.
- **Non-Embedded Deductible (HDHP Plan):** There is only a family deductible. The plan does not begin paying benefits for any family member until the entire family deductible has been met.

This distinction is important when comparing how quickly benefits start for an individual versus the whole family.