

[Learn More](#)

Frequently Asked Questions

2017 BlueSimplicitySM

Member Q&A

- [BlueSimplicity Plans](#)
 - [Plan basics and availability](#)
 - [Access to care](#)
 - [Benefit design](#)

BlueSimplicity Plans

Plan basics and availability

Q1. What are the BlueSimplicity plans?

A1. Wellmark's new BlueSimplicity plans were created based on member feedback. There's no longer a need to keep track of deductibles and coinsurance — just the maximum copay amount for your covered benefits. Plus, no deductible means your benefits kick in from the start. And amounts you pay on copays go toward your out-of-pocket maximum, so you'll never pay more than that in a year.

Q2. Where can consumers and small businesses purchase BlueSimplicity plans?

A2. Wellmark's new BlueSimplicity plans will be sold through all existing channels, including Wellmark authorized agents.

Q3. When will the plans be available for sale?

A3. Individuals (IA only) can purchase BlueSimplicity plans during the 2017 Open Enrollment Period, which is Nov. 1, 2016 – Jan. 31, 2017.

This plan was available to small groups beginning Oct. 1, 2016 for a Jan. 1, 2017 effective date.

Q4. Where are these products available?

A4. Effective Jan. 1, 2017, Wellmark BlueSimplicity plans are available in all counties in Iowa.

If you get your health insurance through your employer, Wellmark BlueSimplicity products are available in all counties in Iowa and South Dakota.

Q5. Will I get a new ID card if I purchase this plan?

A5. Yes, you will get a new ID card when you purchase a new Wellmark plan. When visiting your doctor or getting your prescriptions filled, make sure you show them your new ID card. This will assure you that your claims are processed correctly.

Q6. Do I have to designate a personal doctor?

A6. In Iowa, if you choose a Wellmark BlueSimplicity plan on the Wellmark Blue HMO network, you must designate an in-network provider as your personal doctor.

You can change your personal doctor at any time effective the first of the following month. You must receive your annual wellness exam and annual gynecological exam from your designated personal doctor or obstetrics-gynecology practitioner. Female members have the option to choose both a personal doctor and an OB/GYN.

Although you don't need to designate a personal doctor for the plans on the Wellmark Blue PPO network, we encourage you to choose and use one. Developing a relationship with your personal doctor can lead to better health outcomes and organized care. With a personal doctor, you'll have one doctor who knows your history and helps coordinate care. This is especially important in the case of an emergency.

Access to care

Q7. How can I find providers in my network?

A7. To find an in-network provider, use the Find a Doctor or Hospital tool on Wellmark.com. Just look for your network name in the upper right corner of your Wellmark ID card. I can also help you find an in-network provider over the phone.

Q8. Can I receive care from a provider outside my network?

A8. BlueSimplicity plans offer Wellmark Blue HMO and PPO networks.

Care from providers and hospitals outside the Wellmark Blue HMO network (which covers 100 percent of doctors and 97 percent of hospitals in Iowa) is typically only covered in emergency situations.

Coverage through the PPO network covers care from 96 percent of hospitals and 92 percent of doctors around the country.

Q9. Can I get a prescription filled at a pharmacy outside my service area?

A9. You can fill your prescriptions through any of the more than 65,000 in-network pharmacies nationwide—whether in or out of state. Specialty drugs must be purchased through the specialty pharmacy program.

Benefit design

Q10. What are the services covered by the BlueSimplicity plans?

A10. Wellmark's BlueSimplicity plans and high-deductible health plans are ACA plans. This means you have access to the following covered services: preventive care, maternity and newborn care, ambulance services, emergency room, hospitalization, mental health and substance abuse, prescription drugs, rehabilitation and devices, laboratory services, chronic disease management, and pediatric vision. To find out more about your out-of-pocket costs for these services, refer to your coverage manual.

Q11. How do BlueSimplicity rates compare to other plans?

A11. Each year, Wellmark looks at the rates of all our health insurance plans to make sure they cover the cost of keeping Wellmark members protected from the cost of health care. BlueSimplicity plans are no different, and, depending on your specific plan benefits, your premium may vary.

Wellmark's new BlueSimplicity plans were designed with members in mind. Plans were designed with more transparent costs and greater control. With BlueSimplicity, there's no longer a need to worry about deductibles and coinsurance — just the maximum copay amount for your covered benefits.

Q12. Do I have to meet a deductible before I can get benefits?

A12. No. With Wellmark's BlueSimplicity plans, there's no deductible to keep track of. This means your benefits begin immediately.

Wellmark's BlueSimplicity HSA plans have a deductible that must be met for certain covered services, however, some services like preventive care may waive the deductible. For BlueSimplicity HSA plans, once your deductible is met, you will not have any cost share for covered services.

Q13. How do I know how much I will have to pay for my services?

A13. With Wellmark's BlueSimplicity plans, you know the cost of a procedure or service before you go. You can find your cost share for a particular service or procedure in your coverage manual, or I can look up your plan details for you.

With Wellmark's high-deductible health plans, you have to pay the full cost of services up to your deductible. Once you meet your deductible, covered services will be paid in-full.

To find out how much a specific procedure or service will cost you, you can also log in or sign up for myWellmark and use the Health Care Cost Estimator. Wellmark can also help you find your costs over the phone.

Q14. Why are the copays so high on these plans?

A14. Your cost share, or copay, is similar to the amount you would have paid in a traditional health insurance plan. The difference now, however, is that we've calculated your share up-front in the form of a simple copay. You will be responsible for the copay instead of paying a deductible and/or coinsurance.

Also, all BlueSimplicity plans include preventive services like mammograms, well-child visits and your annual exam at no cost to you.

Q15. Do I have to pay the entire copay if it is more than the cost of the covered services?

A15. No. You will only be responsible for the lowest amount due - whether it's the copay amount or the discounted amount your provider has agreed to charge Wellmark members. Your copay for a particular procedure or services will never be more than the amount outlined in your coverage manual for that procedure or service.

Q16. Do my copays apply to my out-of-pocket maximum?

A16. Yes. Amounts you spend on copays apply to your overall out-of-pocket maximum (OPM). Once you reach your annual OPM, covered benefits pay at 100 percent.

Q17. Do I continue to pay copays once I reach the annual out-of-pocket maximum?

A17. No, once you reach your annual out-of-pocket maximum, covered benefits pay at 100 percent.

Q18. Are preventive services covered under my plan? What preventive drugs are covered?

A18. Yes. Preventive services and drugs are covered by all Wellmark plans at generally no cost to you.

A drug is considered preventive if it is being prescribed to prevent a condition you have risk factors for but haven't been diagnosed yet. They're also used to prevent the return of a disease or condition. A drug is not considered preventive if it is being prescribed to treat an existing illness, injury or condition.

Refer to the BlueSimplicity Rx drug list on Wellmark.com to see if your drug is preventive.

Q19. Will the pharmacy benefits be different for the new plans? If so, how?

A19. Wellmark's new, simple plans also have a new formulary called BlueSimplicity Rx. BlueSimplicity Rx is simple and straightforward. No more wondering whether a drug is brand-name or generic. Drugs are graded based on their value, which is a combination of their safety, effectiveness for treating a specific illness or condition and its cost relative to other drugs that treat the same conditions.

Q20. How do I know how much I will have to pay for my prescription?

A20. How much you have to pay for a prescription drug depends on what level of the Blue Simplicity Rx formulary it appears on. For specific drug costs, log in to myWellmark and use the Check Drug Cost tool. You can also refer to the BlueSimplicity Rx drug list on Wellmark.com or your coverage manual.