

**Benefits Review For:**

# **CEDAR COUNTY**

**July 1, 2022  
Renewal**

**Presented By:**

**Phil E. Waniorek Jr.  
President**

 **BENEFITS, INC**  
*Insurance & Benefit Solutions*

# **Disclaimer**

The intent of this summary is to briefly highlight your benefits and NOT to replace your insurance contracts or booklets. The information has been compiled into summary form to outline the benefits offered by your company.

If this benefit summary does not address your specific benefit questions, please refer to the Wellmark Certificate. You can also call Wellmark or Benefits, Inc. for additional assistance.

The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract

The information in this booklet is proprietary. Please do not copy or distribute to others.

# Cedar County Medical Insurance

Wellmark Blue Cross and Blue Shield of Iowa

Blue Choice Plan - higher deductible is purchased from Wellmark

**In Network : Deductible - \$5,000 Single/\$10,000 Family**

Out-of-Pocket - \$7,350 Single/\$14,700 Family

**Out Network : Deductible - \$7,000 Single/\$14,000 Family**

Out-of-Pocket - \$14,000 Single/\$28,000 Family

Effective July 1, 2022

Plan Feature	In-Network Level 1	In-Network Level 2	Out-of-Network Level 3
<b>Deductible</b>	<b>\$500 Single \$1,000 Family</b>	<b>\$500 Single \$1,000 Family</b>	<b>\$2,500 Single \$5,000 Family</b>
<b>Coinsurance</b>	20%	20%	40%
<b>Out-of-Pocket-copayments will apply to your out of pocket maximum</b>	<b>\$2,000 single \$4,000 family</b>	<b>\$2,000 single \$4,000 family</b>	<b>\$9,000 single \$18,000 family</b>
<b>Lifetime Maximum</b>	Unlimited		
<b>Office Visits to Primary Care Practitioners (PCP)</b> <i>Primary Care practitioners include: general, internal medicine, ARNP, pediatricians, OB/GYN, physician assistants</i>	\$20 copayment	\$40 copayment	40% coinsurance after deductible
<b>Office Visits to Specialists</b>	\$40 copayment	\$40 copayment	40% coinsurance after deductible
<b>Preventive Care</b> <i>Includes routine/preventive physical exam; well child care; allergy testing</i>	Covered at 100%	No Coverage	No Coverage
<b>Emergency Services</b> <i>If admitted, see Facility Services</i> • Facility services • Physician services	\$250 copayment		
<b>Facility Services</b> • Inpatient hospital • Outpatient hospital • Nursing Facility (90 days/calendar year)	20% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
<b>X-Ray and Laboratory Services</b> <i>outpatient (non routine/preventive)</i>	20% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
<b>X-Ray and Laboratory Services</b> <i>Independent Lab (non routine/preventive)</i>	\$40 copayment	\$40 copayment	40% coinsurance after deductible
<b>Chiropractic Care</b> • Exams • Manipulations, modalities, x-rays, etc.	\$20 copayment	\$40 copayment	40% coinsurance after deductible
<b>Mental Health &amp; Substance Abuse Services</b> <i>Office Visits unlimited visits Inpatient &amp; Outpatient Care unlimited days</i>	\$20 copayment 20% coinsurance after deductible	\$40 copayment 20% coinsurance after deductible	40% coinsurance after deductible
<b>Physician Services</b> • Inpatient hospital • Outpatient hospital	20% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
<b>Home Health Care</b>	20% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
<b>Maternity Care</b> • Physician Services • Facility Services	20% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
<b>Home/Durable Medical Equipment</b>	20% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
<b>Prescription Drug Coverage</b> <i>You can find a complete list of generics on <a href="http://www.wellmark.com">www.wellmark.com</a> this RX tool can help you manage your prescription coverage.</i>	Annual Deductible - \$100 Single / \$200 Family (Waived for Generics) Copays - \$8 Tier 1/\$35 Tier 2/\$50 Tier 3/\$50 Tier 4 <b>Specialty Drugs Copays - \$250 Preferred / \$500 Non-Preferred</b> <b>CVS ONLY</b>		

# **Blue Choice**

## **Explanation of the different Levels of Providers**

### **Level 1**

In Network.

This is your Primary Care Physicians that you select and all Chiropractors, Speech Pathologists, Physical Therapists, and Occupational Therapists that are in the Wellmark HMO Network in the state of IOWA. The above listed providers will have a \$20 copay. The primary Care Physicians that you select are the providers that you will have to go to for all of your Preventive Care. If you go to them, the insurance company will pay 100% of the bill. If you go anywhere else, you pay the entire bill.

You can change your Primary Care Physician at any time. Females can have 2 Primary Care Physicians listed. A Family Doctor and a OB/GYN.

### **Level 2**

In Network

All other providers and facilities inside the state of IOWA that are in the Wellmark HMO Network. You will pay a \$40 copay to see one of the providers in this Level.

### **Level 3**

Out of Network

All providers and facilities outside of the state of IOWA. If you go to a Blue Cross Blue Shield provider or facility, you will still get the discounts that the provider allows for.



*Insurance & Benefit Solutions*

P.O. Box 410  
Decorah, IA 52101  
Office: 563-387-0789  
Toll Free: 877-461-1424  
Fax: 563-387-0682

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To: Employees on Wellmark Group Health Insurance

From: Phil E. Waniorek, President of Benefits, Inc.

For the renewal on July 1, 2022, the County Board of Supervisors has decided to continue to pay chiropractors the same as they did last year. Here is another way that the County Board of Supervisors have stepped up to make your Health Insurance Plan a great plan.

If you have any questions, please feel free to give me a call.

Sincerely,

Phil E. Waniorek

President

*Let Us Work For You!*

## Example of Coverage & Payment

### **Inpatient Surgery: \$50,000**

- Your deductible is \$500
- Your coinsurance is 20%
- Your out of pocket maximum is \$2,000

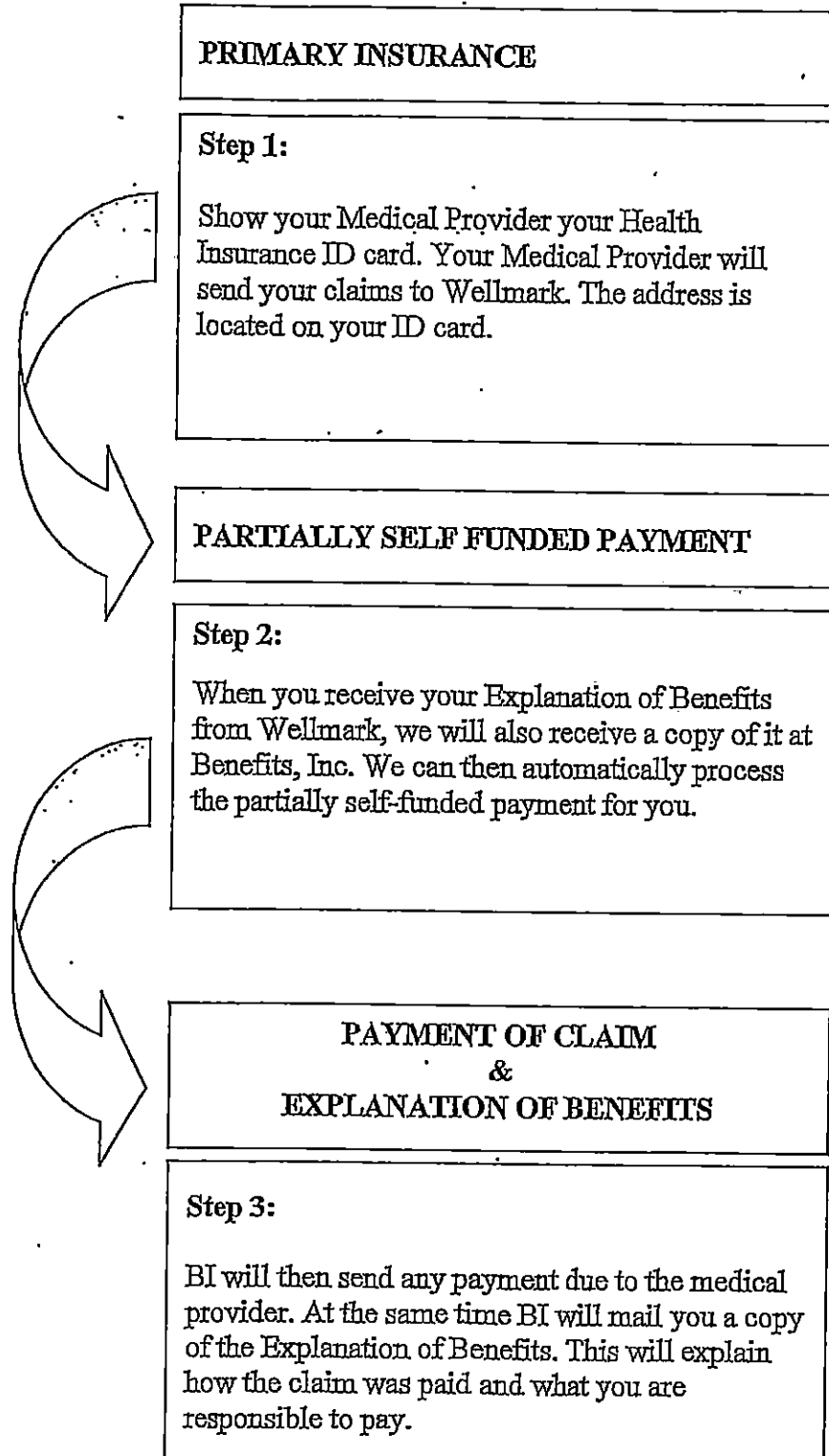
In this example you pay the first \$500 in charges. This is your deductible. Afterwards there is still \$49,500 left, your coinsurance is 20%. The 20% comes to \$9,900, this is more than your OPM of \$2,000. You will pay the \$500 of your deductible and then an additional \$1,500 in coinsurance or copays to reach the OPM of \$2,000. Your insurance company will pay the remaining amount.

*How it breaks down:*

*Your payments come to \$2,000.  
Your health insurance pays  
\$48,000.*

*In addition you have reached  
your Out-of-Pocket Maximum for  
the year. All eligible medical  
expenses for the remainder of  
the year are paid for at 100% by  
your insurance plan.*

## Partially Self- Funded Claims Flow Chart



Explanation Of Benefits

**Benefits, Inc.**

PO BOX 410  
Decorah, IA 52101  
563-387-0789

Client Insured  
Claimant  
Patient ID  
Prov Name KOSKUTH REGIONAL HEALTH CENTER  
Prov ID 55015 Date 05/28/14  
Charge 643.00 Check 010679  
Claim 14-013323 ID

\*\*\*\*\* THIS IS NOW A BILL \*\*\*\*\*

Service	From	To	Charge	Incl	CD	Deduct	Allowable	Pct	Payable
2	3	3	4	5	6	7	8	9	10
ORS	05/06/14	05/06/14	643.00	228.24	08	117.80	296.96	70	207.87
OUTPATIENT SERVICES									

	11	12	13	14	15
Totals	643.00	228.24	117.80	296.96	207.87

Description of Ineligible Codes 16 Insured Responsibility 206.89

08 Discount given by the provider of service. Patient not responsible.

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2014 YTD Deductible Met	\$ 2,000.00	Single	\$ 2,000.00	Family
2014 YTD Coinsurance Met	\$ 108.59	Single	\$ 108.59	Family
2014 YTD Copay Met	\$ 490.00	Single	\$ 490.00	Family
2014 YTD Out of Pocket	\$ 2,598.59	Single	\$ 2,598.59	Family

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All charges are processed in accordance to PLAN provisions and limitations. Within 60 days after receipt of the Explanation of Benefits, you may request a review of the handling of this claim. If there are such questions, please submit your comments in writing, or request a review of pertinent documents upon which the decision was based, and the matter will be given further considerations. Be sure to refer to our Claim Number.



## THIS IS AN EXAMPLE ONLY

You have the \$2,000 Deductible plan through your employer, it is a plan that is partially self-funded by your employer. This means that your employer is funding a high deductible plan that they buy from Wellmark down to your \$2,000 deductible plan. When this is done, Benefits, Inc. (BI) is the third party administrator that processes those claims. You will receive an Explanation of Benefits (EOB) from BI showing you how the claim was paid.

This is an explanation of the information that you will find on the Explanation of Benefits from BI. Please look at the corresponding numbers on the Explanation of Benefits to understand what each part of the EOB is telling you.

- 1) Client Name, Employee Name, Claimant Name, information concerning the claim (Claim Number, Group Name, Provider Name, Process Date, etc.)
- 2) Service Category – The type of service that you had.  
Here is a listing of the service categories:

AMB – Ambulance	CHIR – Chiropractor
DME – Durable Medical Equipment	ER – Emergency Room
IPS – In Patient Services	OPS – Out Patient Services
OVI – Office Visit In Network	OVIO – Office Visit 100%
PHA – Pharmacy RX	PIP – Physician Service In Patient
POP – Physician Services Out Patient	TEP – Therapy
WLNS – Wellness	LXOO, LXRD, LXRO – Lab X-ray

There could be others. Call if you have any questions about the Service Categories.
- 3) Date of Service – Date that you had services done.
- 4) Total Charges – Total amount that was billed by the provider for this service.
- 5) Ineligible – Charges that are not being paid by you or Benefits, Inc.
- 6) Ineligible Codes – See #16.
- 7) Deductible – The amount that you will pay toward your Deductible.
- 8) Allowable – Amount of the bill that has to be paid by you or Benefits, Inc. after you have met your deductible.
- 9) Percentage – The percentage that the plan will pay of the allowable.
- 10) Payable – This is the amount that the plan will pay toward this charge.
- 11) This is the Total Charge for this claim.
- 12) This is the Total Amount that is Ineligible for this claim.
- 13) This is the Total Amount of your Deductible that you will have to pay.
- 14) This is the Total Allowable amount for this claim.
- 15) This is the Total Payable Amount for this claim. This is the amount that your Employer is paying toward this claim to bring it down to the Deductible and Coinsurance amounts that you are responsible for.
- 16) Description of Ineligible Codes – This gives you the description of the codes used in #6.
- 17) Insured Responsibility – This tells you the Total Amount Payable by you for this claim.
- 18) This box tells you how much of the Deductible you have met and how much of your Family Deductible have you met. It also does that for the Coinsurance and your Copays. Remember, you're Deductible plus your Coinsurance plus your Medical Copays equals your Out-of-Pocket.

If you should have any questions, concerns or just don't understand your Explanation of Benefits, please give BI a call at 877-461-1424.

# FEELING BETTER SHOULD BE EASY.

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

**dr.** on demand

### Getting started is easy.

- Download the Doctor On Demand® app or visit [DoctorOnDemand.com](http://DoctorOnDemand.com).
- Have your Wellmark Blue Cross and Blue Shield member ID card ready.
- Create an account or sign in.



### See a doctor in minutes

Getting sick is bad enough without having to get out of bed to see a doctor. With Doctor On Demand, you and your family members can connect face-to-face with a board-certified doctor on your schedule.

### Get treatment for:

- Cold and flu
- Headache
- Bronchitis and sinus infections
- Pink eye
- Urinary tract infections
- Skin condition
- Sore throats
- Other conditions such as mental health (if covered by your group health plan)<sup>1</sup>
- Allergies
- Fever

<sup>1</sup> Mental health treatment cost share is subject to group plan coverage. Mental health coverage includes psychiatry services and medication management along with treatment for psychological conditions, emotional issues and chemical dependency. For more information, call Wellmark with the number on the back of your ID card.



**QUESTIONS? CALL 800-997-6196.**

Callers could experience longer wait times between 10 p.m. and 6 a.m. CST or may be directed to schedule an appointment in some instances.

# Wellmark's ACA preventive services list

Information update: May 2021



## How preventive services are defined

Preventive services are defined under Section 2713 of the ACA as immunizations, screenings, and other services that are listed as recommended by the United States Preventive Services Task Force (USPSTF), the Health Resources Services Administration (HRSA), or the federal Centers for Disease Control (CDC).

The services identified by the ACA to clinicians are recommendations, not mandated services. Clinicians are best able to determine which services to provide.

## Affordable Care Act (ACA) coverage for preventive services

The ACA mandates that all non-grandfathered group and non-grandfathered individual health plans must provide coverage for preventive services with no member cost share when delivered by in-network providers. In accordance with this ACA requirement, Wellmark provides coverage for preventive services when they are delivered by in-network providers.

Benefit coverage and cost sharing will still apply for out-of-network services as specified by member coverage manuals. Additionally, health plans may apply cost sharing to out-of-network preventive care and use reasonable medical management techniques to help control costs and promote efficient delivery of care.



## Preventive services covered under the ACA

This list is not all-inclusive, and benefits are not guaranteed. It outlines benefits with zero cost share. All information is dependent upon the terms of your coverage. Please refer to your coverage manual for information about your benefits. This document was last updated in May 2021 and will be updated periodically. Information is subject to change.

### ADULTS

- Abnormal blood glucose and Type 2 diabetes mellitus screening as part of a cardiovascular risk assessment for patients, aged 40 to 70, who are overweight or obese
- Annual wellness examination
- Aspirin for the prevention of cardiovascular disease in men and women of certain ages (prescription required)
- Cardiovascular disease risk assessment for men and women ages 40 to 75 years old (total cholesterol, LDL-C and HDL-C; or lipid panel)
- Colorectal cancer screening and bowel preparation medicine
- Depression screening
- Healthy diet and physical activity counseling for cardiovascular disease prevention in adults with cardiovascular risk factors
- Hepatitis B screening: in persons at high risk for infections
- Hepatitis C screening: for those at high risk for infection and one-time screening for adults born between 1945 and 1965
- High blood-pressure screening,\* including obtaining measurements outside the clinical setting, to include ambulatory blood pressure monitoring and home blood pressure monitoring before starting treatment
- HIV screening: for all adults through age 65 and older adults who are at increased risk
- Immunizations: COVID-19; Diphtheria, Tetanus, Pertussis; Haemophilus influenzae type b; Hepatitis A; Hepatitis B; Herpes Zoster (age 50 and older); Human Papillomavirus; Influenza (Flu Shot); Measles, Mumps, Rubella; Meningococcal; Pneumococcal; Varicella (as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) on the CDC Immunization Schedules)
- Low to moderate dose statins (generic only) for men and women ages 40 through 75 years old for the prevention of cardiovascular disease events and mortality (prescription required)
- Lung cancer screening — annual computed tomography (CT) scan for at risk adults age 55 to 80 with a 30 pack-year history and currently smoking or have quit smoking within the past 15 years
- Obesity screening for all adults. Clinicians should refer patients with BMI of 30 kg/m<sup>2</sup> or higher to intensive, multicomponent behavior interventions
- Pre-Exposure Prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition
- Screening for latent tuberculosis infection in populations at increased risk
- Sexually transmitted infections (STI) behavior counseling for adults who are at increased risk for STI
- Skin cancer counseling young adults through 24 years of age about minimizing exposure to ultraviolet radiation to reduce risk of skin cancer\*
- Syphilis infection screening for non-pregnant adult at increased risk for infection
- Tobacco use screening, counseling, and cessation interventions including FDA-approved tobacco cessation over-the-counter products and prescription medications (prescription required for all options; limited to 180-day supply per year)

- Unhealthy alcohol use screening and behavioral counseling interventions

### MEN ONLY

- Abdominal Aortic Aneurysm: one-time screening with ultrasonography for men age 65 to 75 who have ever smoked

### WOMEN ONLY

- Anxiety screening in adolescent and adult women, including those who are pregnant or postpartum
- BRCA Related Cancer: Risk assessment, genetic counseling and genetic testing for women who have family members with breast, ovarian, tubal or peritoneal cancer with 1 of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 and BRCA2). Women with positive screening results should receive genetic counseling and if indicated after counseling, BRCA testing
- Breast cancer medication for risk counseling for those who are at increased risk for breast cancer
- Cervical cancer screening annually for women age 21 to 65
- Chlamydia screening in sexually active non-pregnant women and older non-pregnant women who are at increased risk for infection
- Contraception and contraceptive counseling: this applies to FDA-approved contraceptive methods for female of all ages
- Gonorrhea screening in sexually active non-pregnant women and older non-pregnant women who are at increased risk for infection
- HPV DNA test: women age 30 and older, regardless of pap test results
- Intimate partner violence screening and provide or refer women who screen positive to interventional services\*
- Medications for risk reduction of breast cancer in women age 35 and older who are at increased risk for breast cancer and at low risk for adverse medication effects (prescription required)
- Osteoporosis screening in women aged 65 years and older and in younger women who fracture risk is equal to or greater than that of a 65 year old female who has no additional risk factors
- Screening mammography (2D): breast cancer screening annually for women age 35 and older
- STI and HIV screening and counseling: annual counseling on HIV and STIs for sexually active women
- Well-woman visits, including annual well-woman preventive care office visits

### PREGNANT WOMEN

- Anxiety screening in adolescent and adult women including those who are pregnant or postpartum
- Asymptomatic bacteriuria screening
- Breast feeding support and counseling from trained providers during pregnancy and/or during the postpartum period and breast feeding supplies
- Chlamydia screening
- Daily folic acid supplements for women capable of becoming pregnant (prescription required)
- Gestational diabetes screening in asymptomatic pregnant women

\*Services marked with an asterisk indicate those services that may be delivered and billed within wellness exam or well-child exam from an in-network provider.

- Gonorrhea screening
- Hepatitis B virus infection screening at first prenatal visit
- HIV screening
- Iron deficiency anemia screening
- Provide or refer persons at increased risk of perinatal depression to counseling interventions
- Rh (D) blood typing and antibody testing for incompatibility screening
- Syphilis infection screening
- Tobacco use screening and provide behavioral interventions for cessation

### NEWBORNS/CHILDREN/ADOLESCENTS

- Alcohol and drug use assessment for adolescents\*
- Annual well-child examination
- Anxiety screening — See Women Only
- Autism screening for children through age 2 years
- Behavioral assessments for children
- Blood pressure screening\*
- Cervical dysplasia screening for sexually active females
- Depression: Major depressive disorder screening for adolescents age 12–18 years
- Developmental screening for children under age 3, and surveillance\* throughout childhood
- Dyslipidemia screening for those at higher risk of lipid disorders age 9 through 20 years
- Gonorrhea, prophylactic medication for newborns
- Fluoride varnish application in the primary care setting to the primary teeth of all children from birth through age 5 years
- Hearing screening for newborns and children, birth through age 20
- Height, weight and body mass index measurements\*
- Hematocrit or hemoglobin screening through age 1 year
- Hemoglobinopathies screening: sickle cell screening for newborns, birth through 28 days
- Hepatitis B screening for adolescents at high risk, age 11 through 17 years
- HIV screening for adolescents age 15 and older, and younger adolescents who are at increased risk
- Hypothyroidism screening for newborns, birth through 28 days
- Immunizations: COVID-19; Diphtheria, Tetanus, Pertussis; Haemophilus influenzae type b; Hepatitis A; Hepatitis B; Human Papillomavirus; Inactive Poliovirus; Influenza (Flu Shot); Measles, Mumps, Rubella; Meningococcal; Pneumococcal; Rotavirus; Varicella (as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention (CDC) on the CDC Immunization Schedules)
- Lead screening for children at risk to exposure, birth through 6 years
- Medical history for all children throughout development\*
- Newborn bilirubin screening, birth through 28 days
- Obesity screening in children and adolescents age 6 through 17 years
- Oral health risk assessment\*
- Phenylketonuria (PKU) screening for newborns, birth through 28 days
- Prescription of oral fluoride supplementation by the primary care clinician for children from birth through age 5 years whose water supply is deficient in fluoride

- Skin cancer counseling children and adolescents aged 10 through age 17 about minimizing exposure to ultraviolet radiation to reduce risk for skin cancer\*
- STI behavioral counseling for all sexually active adolescents who are at increased risk for STIs.
- Syphilis screening in adolescents who are at increased risk for infection
- Tobacco use interventions includes education and brief counseling to prevent the initiation of tobacco use among school aged children and adolescents
- Tuberculin testing for children at higher risk of Tuberculosis, birth through age 17 years
- Vision screening to detect amblyopia or its risks for children age 1 through 5 years
- Visual acuity screening in children and adolescents, age 3 through 15 years

### ADDITIONAL INFORMATION:

- Preventive services are routine health care services that prevent illness, disease or other health problems before symptoms occur.
- For those preventive services listed above that indicate “high risk” or “increased risk,” the member should consult with their attending physician to determine if applicable.
- For transgender individuals, sex-specific preventive care services are covered when considered medically appropriate by the attending physician.
- Age, gender and visit limitations may apply.
- Wellmark will apply its standard medical management policies and procedures as specifically mentioned and allowed under the ACA.
- Prior authorization policies for selected services will remain in place.
- Members of Wellmark Health Plan of Iowa and Wellmark Value Health Plan are required to receive most preventive services from their designated primary care practitioners.
- Claims for covered immunizations, whether submitted and paid under a Blue Rx plan or health plan, are covered with no member cost share.
- Benefits are contingent upon accurate claims submission by the provider, including diagnosis and procedure codes.
- Self-funded groups may have selected different benefits. Always consult your coverage manual for specific coverage details.
- Employer groups may elect to follow ACA preventive services as their preventive benefits

### FOR MORE INFORMATION SEE:

*The United States Preventive Services Task Force is a federal agency that makes its recommendations on the basis of explicit criteria. Recommendations issued by the USPSTF are intended for use in the primary care setting. The Task Force recommendation statements present health care providers with information about the evidence behind each recommendation, allowing clinicians to make informed decisions about implementation. Wellmark consults with the Task Force regularly to determine how preventive services may be covered.*

*The Health Resources and Services Administration (HRSA) is an agency of the U.S. Department of Health and Human Services, (HHS) is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.*

*The Centers for Disease Control and Prevention is one of the major operating components of the Department of Health and Human Services, CDC's Mission is to collaborate to create the expertise, information, and tools that people and communities need to protect their health — through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.*

*Bright Futures is a national health promotion and prevention initiative led by the American Academy of Pediatrics. The Bright Future Guidelines provide theory-based and evidence-based driven guidelines for all preventive care screening and well child visits.*



# **BENEFITS, INC**

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