NOTICE ABOUT YOUR 2018 HEALTH BENEFITS

This year, State of Iowa employees and families will see two major changes to their health insurance coverage:

1. All benefits eligible State of Iowa employees (except SPOC-covered employees) must elect health benefits, opt-out or decline coverage. Coverage will not roll over from 2017. If you do not elect your benefits during the Open Enrollment and Change Period, you will not have health coverage for 2018.

- and -

2. In 2018, all State of Iowa employees (except SPOC-covered employees) have the same health plan. However, you must choose your level of network coverage within the plan. You have two options:

   a. With the IOWA CHOICE option, you’ll have a slightly lower monthly premium. You’ll have access to doctors and hospitals in Iowa and counties sharing a border with Iowa. You will not have access to care outside of these areas unless you have an emergency while out of state or need care that is not available in the state of Iowa.

   b. With the NATIONAL CHOICE option, you’ll have access to doctors and hospitals in Iowa, plus nationwide coverage.

In the coming weeks, you have decisions to make. The State of Iowa will provide you with easy-to-understand resources — like this decision guide — to help you learn about your options and make the best choices for you and your family.

Read this guide. Talk to your family. Then, mark your calendars. A new, simplified health plan is here, and your opportunity to sign up is coming soon.

IMPORTANT DATES

Mark these dates on your calendar.

- OPEN ENROLLMENT AND CHANGE: October 16–November 17, 2017
- OPEN ENROLLMENT CLOSES: November 17, 2017, 11:59 p.m. CST
- NEW BENEFIT ELECTIONS EFFECTIVE: January 1, 2018

NOVEMBER

<table>
<thead>
<tr>
<th>MO</th>
<th>TU</th>
<th>WE</th>
<th>TH</th>
<th>FR</th>
<th>SA</th>
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<td>29</td>
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<td>31</td>
</tr>
</tbody>
</table>

READY TO ENROLL? Go to the 2018 ENROLLMENT AND CHANGE WEB PAGE to complete the process.
When it comes to choosing your health benefits, there’s a lot to think about, and many important decisions to make. But a little preparation can make the process easy. Use this checklist to help you make your benefit decisions.

☐ **Read all enrollment materials**
  Before selecting your benefits, be sure to thoroughly review this guide and the [Enrollment and Change web page](https://wellmark.com).  

☐ **Sit down with your family**
  It’s important to compare notes, talk about your options, and make benefits decisions together.

☐ **Decide how much coverage you need**
  Will you select single or family coverage? Are you including your spouse in your coverage? Your children?

☐ **Review your coverage options**
  For 2018, all State of Iowa employees have the same health plan. However, you must choose your level of network coverage. [See page 6 to learn more about your coverage options.](#)

☐ **Think about your health care needs and expenses**
  Do you or any family members have medical procedures coming up? Do you have any new health conditions, or are you taking new medications? Are you considering any major life changes, like starting a family? All of these can affect your out-of-pocket spending in the coming year. One way to estimate costs for future medical services and prescription drug use is to consider how many times you and your family used your health care benefits last year. Visit and register for [myWellmark®](https://wellmark.com), your secure member portal, at [Wellmark.com/myWellmark](https://wellmark.com/myWellmark) to use the [Claims & Spending Tool](https://wellmark.com) to create and print a year-to-date spend report. While you’re there, you can use the [myWellmark® Care Finder](https://wellmark.com) to get cost estimates for any upcoming medical procedures.

**YOUR STATE OF IOWA**

Open Enrollment Checklist

**READY TO ENROLL?** Go to the [2018 Enrollment and Change Web Page](https://wellmark.com) to complete the process.
Decide if you want an FSA
With a Flexible Spending Account, or FSA, you can set aside a portion of your paycheck to pay for certain medical and dependent care expenses. Money in an FSA is not subject to payroll taxes, which means substantial tax savings for you. Note: you have to use the money you put into your FSA each year; however, you can carry over up to $500 of your unused Health FSA balance from 2017 to 2018. You can use these funds for claims incurred through Dec. 31, 2018. Use myWellmark and the myWellmark Care Finder as described on page 4 to help you estimate and plan for how much money to set aside for 2018.

Review or gather your information
If you’re new to the plan, you’ll need information about yourself and your family members to complete your enrollment. Gather your Social Security Numbers, birthdates, and other general information to make the process quick and easy. Also, make sure to have information about any additional insurance coverage you may have, including Medicare. If you had State of Iowa health coverage in 2017, be sure to review your information in IowaBenefits.

Enroll online by November 17, 2017 at the 2018 Enrollment and Change web page
Missing the open enrollment deadline means you can’t enroll or make changes to your benefits until the end of 2018, unless you have a qualifying event. Learn more about qualifying events here.
In 2018, all State of Iowa employees (excluding SPOC-covered employees) will have the same health plan. However, you must choose your level of network coverage within that plan. You have two options:

- **IOWA CHOICE**
- **NATIONAL CHOICE**

The 2018 plan offers the broadest coverage available from all of our existing plans. All of the health care services that are covered today will continue to be covered (though the cost share amounts for covered services may differ). As has been true in the past, you may see limited changes as a result of our insurance carrier’s updates to their medical policy or prescription drug formulary.

The chart below compares the two network options. You’ll notice the only differences are the provider networks and the premiums. Use the following charts to make the right selection for you.

### NETWORK

<table>
<thead>
<tr>
<th></th>
<th>IOWA CHOICE</th>
<th>NATIONAL CHOICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Where am I covered?”</td>
<td>In Iowa and counties sharing a border with Iowa. This includes 100 percent of Iowa hospitals and 96 percent of Iowa doctors. Go to Wellmark.com/finder to see if your doctor is in-network.</td>
<td>In Iowa and throughout the nation, from any provider in the United States. In Iowa, in-network care includes 100 percent of hospitals and 99 percent of doctors. Outside of Iowa, in-network care includes 96 percent of hospitals and 93 percent of doctors.</td>
</tr>
<tr>
<td>“Do I have out-of-network coverage?”</td>
<td>No.</td>
<td>Yes, though it will cost you less to see in-network providers.</td>
</tr>
<tr>
<td>“Can I get care outside of Iowa?”</td>
<td>Generally, no. Most providers outside of Iowa are considered out-of-network. You can only get out-of-network coverage if you: 1. Have an emergency while you are out-of-state. 2. Are referred by your physician and granted special permission by Wellmark because no providers in your network offer the health care services you need.</td>
<td>Yes.</td>
</tr>
</tbody>
</table>

**QUESTIONS ABOUT COVERED SERVICES?** Wellmark® Blue Cross® and Blue Shield® has customer service representatives who specialize in the State of Iowa health plan. Call 1-800-622-0043 for more information.
### PREMIUMS

<table>
<thead>
<tr>
<th></th>
<th>IOWA CHOICE</th>
<th>NATIONAL CHOICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$40</td>
<td>$93</td>
</tr>
<tr>
<td>Family</td>
<td>$150</td>
<td>$273</td>
</tr>
</tbody>
</table>

### MEDICAL COVERAGE

<table>
<thead>
<tr>
<th></th>
<th>IOWA CHOICE</th>
<th>NATIONAL CHOICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive services</td>
<td>Covered at 100% per ACA guidelines</td>
<td>Covered at 100% per ACA guidelines</td>
</tr>
<tr>
<td>Office visits</td>
<td>PCP: $15 copay Special: $30 copay</td>
<td>PCP: $15 copay Special: $30 copay</td>
</tr>
<tr>
<td>Doctor On Demand™</td>
<td>$10</td>
<td>$10</td>
</tr>
<tr>
<td>Emergency room visit</td>
<td>$100 copay Waived if admitted</td>
<td>$100 copay Waived if admitted</td>
</tr>
<tr>
<td>Deductible</td>
<td>$250 single for network/non-network care Applies to both inpatient and outpatient services.</td>
<td>$250 single for network/non-network care Applies to both inpatient and outpatient services.</td>
</tr>
<tr>
<td>Coinsurance (inpatient and outpatient hospital services)</td>
<td>10% after deductible</td>
<td>Network: 10% after deductible Non-network: 20% after deductible</td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
<td>$1,000 single $2,000 family All deductibles, coinsurance, and copayments go toward your out-of-pocket maximum. Note: there is a separate out-of-pocket maximum for prescription drugs.</td>
<td>$1,000 single $2,000 family All deductibles, coinsurance, and copayments go toward your out-of-pocket maximum. Note: there is a separate out-of-pocket maximum for prescription drugs.</td>
</tr>
</tbody>
</table>

### PHARMACY COVERAGE

<table>
<thead>
<tr>
<th></th>
<th>IOWA CHOICE</th>
<th>NATIONAL CHOICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription oral contraceptives and contraceptive devices</td>
<td>Covered at 100%</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td>Prescription drugs/items for smoking cessation</td>
<td>Covered at 100%</td>
<td>Covered at 100%</td>
</tr>
<tr>
<td>Tier 1 medications Generic</td>
<td>30-day supply: $10 copay 90-day supply: $30 copay</td>
<td>30-day supply: $10 copay 90-day supply: $30 copay</td>
</tr>
<tr>
<td>Tier 2 medications Preferred brand*</td>
<td>30-day supply: $25 copay 90-day supply: $75 copay</td>
<td>30-day supply: $25 copay 90-day supply: $75 copay</td>
</tr>
<tr>
<td>Tier 3 medications Non-preferred brand*</td>
<td>30-day supply: $50 copay 90-day supply: $150 copay</td>
<td>30-day supply: $50 copay 90-day supply: $150 copay</td>
</tr>
<tr>
<td>Preferred specialty drug</td>
<td>$100 copay</td>
<td>$100 copay</td>
</tr>
<tr>
<td>Non-preferred specialty drug</td>
<td>$200 copay</td>
<td>$200 copay</td>
</tr>
<tr>
<td>Prescription out-of-pocket maximum</td>
<td>Single: $5,850 Family: $11,700</td>
<td>Single: $5,850 Family: $11,700</td>
</tr>
</tbody>
</table>

*A product-selection penalty, or the cost difference between the generic and brand-name medication, is applied when a generic drug is available. The product-selection penalty is charged in addition to the generic copay.

**READY TO ENROLL?** Go to the [2018 ENROLLMENT AND CHANGE WEB PAGE](#) to complete the process.
NEW FOR 2018: DOCTOR ON DEMAND

With Doctor On Demand, State of Iowa employees and families can get fast treatment and prescriptions* via video chat with a doctor online.

- **Low cost:** Only a $15 copay
- **Convenient:** No leaving home when you feel sick
- **No waiting:** Be seen in five minutes or less
- **Always there:** Available 24/7, even in the middle of the night.

With Doctor On Demand, care for the cold, flu, allergies, bugs your kids pick up, and more is never farther away than the phone in your pocket. Visit DoctorOnDemand.com to register, and then download the app for free.

*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.

---

**MEDICAL TERMS**

**DEDUCTIBLE:** The amount you owe for certain covered health care services, like hospital stays or outpatient surgeries, before your plan begins to pay.

**COPAY:** A fixed amount you’ll pay for a covered health care service.

**COINSURANCE:** The percentage of costs of a covered health care service you pay after you’ve paid your deductible.

**OUT-OF-POCKET MAXIMUM:** The most you’ll pay for health care during a plan year before your health insurance begins to pay 100 percent of the cost.

**PCP VS SPECIALIST:** The following are considered primary care providers, or PCPs:

- Family practitioners
- General practitioners
- Internal medicine practitioners
- Obstetricians/gynecologists
- Pediatricians
- Physician assistants
- Advanced registered nurse practitioners

All other providers are considered specialists. Examples of these include cardiologists, dermatologists and orthopedists.

**PHARMACY TERMS**

**TIER:** Your benefit plan has a tiered design. This means whenever you have a prescription filled, the amount you pay depends on what tier, or level, the drug is on. The higher the tier level, the more your drug will cost.

**SPECIALTY DRUG:** Prescription medications requiring special handling, administration or monitoring. These drugs are used to treat complex, chronic and often costly conditions. If you don’t know if you’re taking a specialty drug, use the Wellmark Drug List to search for your drug by name.

**PREFERRED SPECIALTY DRUGS:** These drugs are generally more effective and less expensive than other specialty drugs.

**NON-PREFERRED SPECIALTY DRUGS:** These drugs likely have a more cost-effective generic or preferred alternative available.

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**NEW FOR 2018: DOCTOR ON DEMAND**

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- **Low cost:** Only a $15 copay
- **Convenient:** No leaving home when you feel sick
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*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.
Meet Mary, a State of Iowa employee. Follow her journey and find out how her health care costs add up both before and after her benefits kick in.

Mary used her health insurance multiple times this year. See how her costs add up and how her experiences can help you know what to expect the next time you need care.

MARY’S BENEFIT PLAN

$1,000 medical OPM

$5,850 prescription drug OPM

$15 copay for doctor visits

$15 copay for generic prescription drugs

10% coinsurance for medical services after $250 deductible

10% coinsurance for medical equipment after $250 deductible

100% covered

Mary’s cost: $0

Mary’s annual cost:

$180

Monthly blood pressure meds

$15 copay/month

Mary’s cost: $180

Monthly birth control meds

100% covered

Mary’s cost: $0

Mary needs crutches for her broken ankle

10% coinsurance

Mary’s cost: $0

Broke her ankle and spent the night in hospital

10% coinsurance

Mary’s cost: $600

MRI due to back pain

10% coinsurance after deductible

Mary’s cost: $385

Annual preventive exam

100% covered

Mary’s cost: $0

Doctor visit for strep throat

$15 copay

Mary’s cost: $15

Monthly birth control meds

100% covered

Mary’s cost: $0

Monthly blood pressure meds

$15 copay/month

Mary’s annual cost: $180

Mary’s cost:

$0

Under Mary’s plan benefits, 10% coinsurance applies for crutches. Since Mary has already reached her OPM of $1,000 for the year, she doesn’t pay anything.

Mary hasn’t met her $250 deductible, so she’ll pay the deductible plus 10% coinsurance. Her cost is $385.

MEDICAL OUT-OF-POCKET MAXIMUM (OPM) MET

— The cost of Mary’s services really add up to $7,000. But, because her costs for health care services are capped at $1,000/year and she’s already paid $400, she only pays $600.

MARY’S TOTAL COSTS:

$1,000 OPM + $180 prescription drugs cost = $1,180

READY TO ENROLL? Go to the 2018 ENROLLMENT AND CHANGE WEB PAGE to complete the process.
THE HEALTH PLAN

Compare Tool

When it comes to health insurance plans, one size does not fit all. This is why Wellmark created the Health Plan Compare Tool. This easy-to-use online tool simplifies the selection process. It also helps you budget for the coming year by asking you a few quick questions about anticipated medical services and prescription drug use. The tool uses the information you provide to generate a side-by-side comparison of each plan.

Before you log in, take a few minutes to complete the Health Plan Compare Tool worksheets below.

HEALTH PLAN COMPARE TOOL WORKSHEETS:

MEDICAL SERVICES

Enter the estimated number of medical visits you and your family expect to have during the coming year. The tool assumes all services are provided by an in-network provider and will use an average cost for each visit to calculate your estimated annual expenses.

<table>
<thead>
<tr>
<th>OFFICE VISITS AND MEDICAL SERVICES</th>
<th>ESTIMATED NUMBER OF VISITS</th>
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<tbody>
<tr>
<td>1. ROUTINE OR PREVENTIVE OFFICE VISITS</td>
<td>[ ]</td>
</tr>
<tr>
<td>2. PRIMARY CARE OFFICE VISITS (Includes chiropractic visits)</td>
<td>[ ]</td>
</tr>
<tr>
<td>3. SPECIALIST OFFICE VISITS (For example: Podiatrists, ENTs or pain specialists)</td>
<td>[ ]</td>
</tr>
<tr>
<td>4. INPATIENT MEDICAL SERVICES (For example: Heart surgery)</td>
<td>[ ]</td>
</tr>
<tr>
<td>5. OUTPATIENT MEDICAL SERVICES (For example: Knee replacement)</td>
<td>[ ]</td>
</tr>
<tr>
<td>6. EMERGENCY ROOM VISITS</td>
<td>[ ]</td>
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</tbody>
</table>

One way to estimate future medical services and prescription drug use: Consider how many times you and your family used your health care benefits last year.

Register or log in to myWellmark at Wellmark.com/myWellmark and use the Claims and Spending Tool to generate, view and print a year-to-date spend report.

READY TO ENROLL? Go to the 2018 ENROLLMENT AND CHANGE WEB PAGE to complete the process.
HEALTH PLAN COMPARE TOOL WORKSHEETS: PRESCRIPTION DRUGS

Enter the estimated number of prescriptions you and your family expect to have during the coming year. The tool will use an average cost for each prescription to calculate your estimated annual expenses.

<table>
<thead>
<tr>
<th>PRESCRIPTION DRUGS, including maintenance prescriptions you take throughout the year</th>
<th>ESTIMATED NUMBER OF PRESCRIPTIONS</th>
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</thead>
<tbody>
<tr>
<td>1. TIER 1 GENERIC DRUGS</td>
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<tr>
<td>2. TIER 2 PREFERRED DRUGS</td>
<td></td>
</tr>
<tr>
<td>3. TIER 3 NON-PREFERRED DRUGS</td>
<td></td>
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<tr>
<td>4. SPECIALTY PREFERRED DRUGS</td>
<td></td>
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<tr>
<td>5. SPECIALTY NON-PREFERRED DRUGS</td>
<td></td>
</tr>
</tbody>
</table>

Need help estimating your prescription drug needs for 2018? You can look up prescription drug tiers and costs with the Check Drug Cost Tool on myWellmark.

REMEMBER: If you are prescribed a name-brand drug, ask your doctor or pharmacist if it has a generic equivalent. If you decide to use a name-brand drug instead of the available generic equivalent, you will owe the copay plus the difference in cost between the name-brand and the generic drug. Choosing the generic drug will save you money.

READY TO ENROLL? Go to the 2018 ENROLLMENT AND CHANGE WEB PAGE to complete the process.
HEALTH PLAN COMPARE TOOL:  
A STEP-BY-STEP GUIDE

STEP 1  
Visit the online Health Plan Compare Tool.

STEP 2  
The first questions will help the tool understand your health insurance needs. Select the answers that best describe you, your family, and your lifestyle. The information you enter is anonymous and not shared with anyone, including your employer.

READY TO ENROLL? Go to the 2018 ENROLLMENT AND CHANGE WEB PAGE to complete the process.
STEP 3
The next set of questions will ask you to estimate your medical costs for the coming year. To complete this section, refer to your answers on the Health Plan Compare Tool worksheets on page 10 of this guide. If you are a current Wellmark member, you can also view your past claims on myWellmark.

Once you have entered your estimates, click Next.
STEP 4
The next set of questions will ask you to estimate your prescription drug costs for the coming year. To complete this section, refer to your answers on the Health Plan Compare Tool worksheet on page 11 of this guide. If you are a current Wellmark member, you can also view your past claims on myWellmark.

Once you have entered your estimates, click Next.
STEP 5

The Plan Options at a Glance page will display a summary of your plan options and your total estimated annual costs. Note: the tool does not estimate out-of-network costs. To see even more information about the plans or to make changes to your estimates, click on View More Details.

YOU NEVER KNOW!

It’s hard to know what your actual health care needs will be. Use the tool to try out several different scenarios.

Start by entering estimates based on a year with fewer office visits and prescriptions. Once you calculate your total estimated annual costs for the scenario, try the tool again. This time, enter estimates as if you and your family were to use significantly more services like additional health care provider visits and more prescription drugs.

Trying out several scenarios can give you a better understanding of how using health care services can change your total estimated annual costs.

READY TO ENROLL? Go to the 2018 ENROLLMENT AND CHANGE WEB PAGE to complete the process.
STEP 6  
On the Detailed Comparison page, you can experiment with making changes to your coverage (such as selecting single vs. family coverage), or you can change your anticipated expenses and re-estimate your annual costs. You can even create a PDF and print out your results once you have the best estimate for your needs.

WHAT DO THESE NUMBERS MEAN?  
These numbers estimate your health coverage costs. Of course, cost is an important factor to consider when choosing your plan, but it’s also important to think about other things, like your lifestyle and health needs. For example, if you travel frequently, or if you know you will need access to providers outside of Iowa like Mayo Clinic or Nebraska Medicine, consider which network may be right for you.

STEP 7  
GO ENROLL!  
Go to the 2018 Enrollment and Change web page to complete the process.

READY TO ENROLL? Go to the 2018 ENROLLMENT AND CHANGE WEB PAGE to complete the process.
STOP!

1. Did you use the Health Plan Compare Tool to find the right plan for you?
2. Did you go to the 2018 Enrollment and Change web page to enroll in your benefits?

CONGRATULATIONS!
You’ve completed your health benefits enrollment, and you now have health insurance for 2018. Your benefits will take effect January 1, 2018.

And, you are a member of Wellmark, the State of Iowa’s health insurance plan administrator. This means you get to take advantage of all the coverage, tools, and services that Wellmark has to offer.

Soon, you’ll receive your Wellmark ID card in the mail. Continue to use your current ID card until Dec. 31, 2017. Then on Jan. 1, 2018, begin using your new ID card. Keep your new card with you at all times in your wallet or purse; you’ll need it to receive care or to pick up prescription medicines. If you don’t receive your ID card, call Wellmark’s State of Iowa Customer Support Line at 800-622-0043. You can also log in to myWellmark to download a copy of your ID card.

When your Wellmark ID card arrives, you’ll be eligible for member perks, tools, and services, including:

- **myWellmark**
  Your secure member portal. Register or log in to find helpful tools, check claims, review your benefits, and track your health care expenses — all in one place.

- **myWellmark Care Finder**
  Find and compare costs for medical procedures and search for doctors in your network. You’ll find it in myWellmark, your secure member portal.

- **myWellmark Mobile App**
  All your health insurance tools and information — pocket-sized. It’s everything you need from myWellmark when you’re on the go. Find the app at the App Store™ or Google Play™.

- **BeWell 24/7℠**
  Real people. Real help. It’s Wellmark’s special phone line for when you need answers to your health questions. Call 844-84-BEWELL day or night.

- **Blue365®**
  Sign up for discounts and deals on healthy services and items — everything from shoes to glasses to fitness trackers.

READY TO ENROLL? Go to the 2018 ENROLLMENT AND CHANGE WEB PAGE to complete the process.
<table>
<thead>
<tr>
<th>IMPORTANT contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FOR QUESTIONS ABOUT YOUR HEALTH INSURANCE:</strong></td>
</tr>
<tr>
<td>Wellmark Blue Cross and Blue Shield</td>
</tr>
<tr>
<td>State of Iowa Customer Support Line</td>
</tr>
<tr>
<td>1-800-622-0043</td>
</tr>
<tr>
<td><strong>FOR GENERAL QUESTIONS ABOUT STATE OF IOWA BENEFITS:</strong></td>
</tr>
<tr>
<td>Department of Administrative Services (DAS)</td>
</tr>
<tr>
<td><a href="mailto:employee.benefits@iowa.gov">employee.benefits@iowa.gov</a></td>
</tr>
<tr>
<td>Benefits.iowa.gov</td>
</tr>
<tr>
<td>Or, contact your human resources associate.</td>
</tr>
<tr>
<td><strong>FOR QUESTIONS ABOUT HEALTH AND HEALTH CARE:</strong></td>
</tr>
<tr>
<td>BeWell 24/7</td>
</tr>
<tr>
<td>844-84-BEWELL</td>
</tr>
</tbody>
</table>
Required Federal Accessibility and Nondiscrimination Notice

Discrimination is against the law
Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Wellmark does not exclude people or treat them differently because of their race, color, national origin, age, disability or sex.

Wellmark provides:
• Free aids and services to people with disabilities so they may communicate effectively with us, such as:
  • Qualified sign language interpreters
  • Written information in other formats (large print, audio, accessible electronic formats, other formats)
• Free language services to people whose primary language is not English, such as:
  • Qualified interpreters
  • Information written in other languages

If you need these services, call 800-524-9242. If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 5W189, Des Moines, IA 50309-2901, 515-376-4500, TTY 515-376-9073, Email CRC@Wellmark.com. You can file a grievance in person, by mail, fax or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail, phone or fax at: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 230-01-D, Washington, DC 20201, 800-368-1019, 800-537-7697 (TDD).


주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262) 번으로 연락해 주십시오.


Требуется, когда вы говорите на русском языке, бесплатные услуги перевода. Звоните по номеру 800-524-9242 или (TTY: 888-781-4262).

گفتگوی زبان فارسی را به کار بگیرید و خدمات تغییری را دریافت کنید. باشگاه خدمات بهداشتی و درمانی سراسری، 800-524-9242، (TTY: 888-781-4262) تماس بگیرید.

ATTENTION: si vous parlez français, des services d’assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).


ADVANCEMENT! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

Attention: Si vous parlez espagnol, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).
