

**O u t l i n e   o f   C o v e r a g e**



**BluePriority<sup>SM</sup> HSA**  
**BlueSelect<sup>®</sup>**

**H e a l t h   P l a n s   f o r   I n d i v i d u a l s   a n d   F a m i l i e s**

[www.wellmark.com](http://www.wellmark.com)

**You should read your policy carefully. This outline of Blue Priority HSA/Blue Select coverage provides a brief description of the important features of your policy. This is not your policy. Only the actual benefit provisions in your policy will determine your benefits. The policy itself sets forth in detail the rights and obligations of both you and Wellmark Blue Cross and Blue Shield of South Dakota. **THEREFORE, IT IS IMPORTANT THAT YOU READ YOUR POLICY CAREFULLY.****

# BluePriority<sup>SM</sup> HSA/Blue Select

The Blue Priority Health Savings Account/ Blue Select plans outlined here and detailed in the policies are designed to provide you coverage for hospital, medical, and surgical expenses incurred as a result of a covered illness or injury. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, and out-of-hospital care. Covered services are subject to the copayment, deductible and coinsurance provisions, or other limitations set forth in the policy.

This coverage is available to you (“single” coverage), or to you and your family (“family” coverage, including your spouse and/or unmarried dependent children). You will pay the premium for coverage directly to Wellmark Blue Cross and Blue Shield of South Dakota.

## terms to know

### Deductible

A deductible is the fixed dollar amount you pay for covered services before benefits are available.

The family deductible can be met through any combination of family members; however for a Blue Priority HSA qualified plan, the entire deductible amount must be met before benefits are payable from the plan.

### Out-of-Pocket Maximum

The maximum amount you pay for covered services in a benefit period is called the out-of-pocket maximum. Your out-of-pocket maximum equals the deductible and coinsurance amounts you pay during a benefit period. You will pay more than this amount if you receive services from a non-participating provider who does not accept our payment arrangement amount, or if you receive services that are subject to limitations.

### Lifetime Benefit Maximum

In a covered person’s lifetime, total benefits accumulated under this policy and any other individual policy issued by Wellmark Blue Cross and Blue Shield of South Dakota are limited to \$2,000,000.

### Provider Payment Arrangements

We use various methods to determine payment arrangements, including negotiated fees, based upon our contracting relationships with providers. These payment arrangements usually result in savings and can affect how your coinsurance is calculated.

**Billed Charge**—The amount a provider bills for any services whether or not they are covered under your policy.

**Covered Charge**—The amount a provider bills for services covered under your policy.

**Maximum Allowable Fee**—The amount we establish, using various methodologies, for covered services.



### Blue Select Provider Network

Blue Select is a preferred provider organization, a unique network of contracted providers that offers financial incentives to seek care from those providers. Some key features of Blue Select:

- You may see any provider you choose – in South Dakota or outside the state, but you have financial incentives to see Blue Select or BlueCard PPO providers.
- The coinsurance you pay is less for services from Blue Select providers.
- Blue Select providers accept our settlement as payment in full for covered services.
- Blue Select providers take care of necessary notification requirements.

## Blue Priority HSA

Another option you may have with Wellmark Blue Cross and Blue Shield is a Blue Priority HSA. A Blue Priority HSA works in combination with our quality health insurance plan, Blue Select<sup>SM</sup>, to meet your health care needs.

A Blue Priority HSA is another financing tool because it works like a bank account you can use to pay for qualified medical expenses, such as office visits, prescription drugs, dental expenses and laboratory tests. The money you put into your Blue Priority HSA will reduce your income taxes\* for the year—similar to money saved in a 401(k) plan. The

account is a tax-exempt\* trust, administered by MSAver Resources\*\*, a leading HSA company in the United States.

In order to contribute to a Blue Priority HSA, you must be enrolled in a qualified high-deductible health plan; which provides security and additional protection. The annual deductible is higher than you might find in a typical health plan; however, you can use your Blue Priority HSA balance to meet the deductible. So, depending on how much money you have in your Blue Priority HSA, you might not have any out-of-pocket costs before the health plan starts paying benefits.

\*State tax treatment may vary

## BluePriority<sup>SM</sup> HSA/BlueSelect

The deductible amount may change each year in accordance with the Federal government's cost-of-living adjustments for health plans qualifying to accompany a Blue Priority Health Savings Account. This adjustment will be made whether or not you participate in a Blue Priority HSA.

The Blue Priority HSA/Blue Select plans featured in this outline of coverage have varying benefits. You may select one of the plans below:

Plan Name	HSA A	HSA B
<b>Type of Plan</b>	PPO	PPO
<b>Benefit Period Medical Deductible</b>	\$1,550 Single \$3,100 Family	\$2,550 Single \$5,100 Family
<b>Coinsurance</b> — In Network Out-of-Network	0% 40%	0% 40%
<b>In Network Out-of-Pocket Maximum (OPM)</b>	\$1,550 Single \$3,100 Family	\$2,550 Single \$5,100 Family
<b>Out-of-Network Out-of-Pocket Maximum (OPM)</b>	\$3,550 Single \$7,100 Family	\$4,550 Single \$9,100 Family
<b>Lifetime Benefit Maximum</b>	\$2,000,000	\$2,000,000
<b>Pre-existing Waiting Period</b>	11 months	11 months
<b>Office Visit</b> In-Network Out-of-Network	Deductible applies Deductible and coinsurance apply	Deductible applies Deductible and coinsurance apply
<b>Emergency Room</b>	Deductible and coinsurance apply	Deductible and coinsurance apply
<b>Prescription Drugs</b>	Covered under health as an out-of-network benefit	Covered under health as an out-of-network benefit
<b>Preventive Care</b>	Limited to \$500 annually	Limited to \$500 annually
<b>Maternity</b>	Complications only	Complications only
<b>Infertility</b>	Not covered	Not covered
<b>Mental Health / Chemical Dependency</b>	Mental Health: Covered Chemical Dependency: Inpatient 30 days per 6 months for alcoholism; 90 days inpatient per lifetime Chemical Dependency: Outpatient care for alcoholism not covered	Mental Health: Covered Chemical Dependency: Inpatient 30 days per 6 months for alcoholism; 90 days inpatient per lifetime Chemical Dependency: Outpatient care for alcoholism not covered

# benefits

## Approved Hospital/Health Care Facility Services

The Blue Priority HSA/Blue Select program provides coverage for medically necessary services and supplies related to the treatment of an illness or injury for an unlimited number of days when care is received as an inpatient in a facility. Approved health care facilities include ambulatory surgical facilities, community mental health centers, facilities for treatment of chemical dependency, hospitals, and nursing facilities.

### Facility Services

The following list describes approved facility services that are covered on an in- and out-patient basis, unless specifically stated otherwise.

- Accidental injury services
- Anesthetics and their administration
- Blood administration
- Chemotherapy services
- Corneal grafts
- Dietary services—*but only as an inpatient or when prescribed by a physician for treatment of Phenylketonuria (PKU)*
- Dressings and casts
- Drugs and biologicals
- Hemodialysis services
- Inhalation therapy
- Intravenous injections and solutions
- Medical emergency care
- Medical and surgical supplies
- Mental health conditions
- Occupational therapy—*limited to treatment of the upper extremities*
- Physical therapy
- Rooms—including general nursing care and meals as an inpatient, or when prescribed by a physician for the treatment of Phenylketonuria (PKU)
- Special care units including burn care units, cardiac care units, delivery rooms, intensive care units, isolation rooms, operating rooms, and recovery rooms
- Speech therapy—*limited to restoration of loss due to illness or injury*

## Approved Practitioner Services

### Some approved practitioners include:

certified registered nurse anesthetists, chiropractors, dentists, doctors of osteopathy, licensed independent social workers, medical doctors, nurse midwives, nurse practitioners, occupational therapists, optometrists, oral surgeons, physical therapists, physician assistants, podiatrists, psychologists, and qualified mental health professionals. The following list describes approved practitioner services:

- Accidental injury services
- Anesthetics and their administration
- Assisting surgeon services
- Chemotherapy services
- Concurrent care
- Consultation services
- Corneal grafts
- Dental treatment for accidental injury
- Diagnostic screening for prostate cancer including:
  - 1) An annual medically recognized diagnostic examination, including a digital rectal examination and a prostate-specific antigen test, for:
    - a. Asymptomatic men age 50 and over; and
    - b. Men age 45 and over at high risk for prostate cancer;and
  - 2) Males of any age who have a prior history of prostate cancer, medically indicated diagnostic testing at intervals recommended by a physician, including the digital rectal exam, prostate-specific antigen test, and bone scan.
- Hemodialysis services
- Complications of pregnancy only
- Medical emergency care
- Medical services (other than surgical or obstetrical) provided by your practitioner while you are an inpatient or an outpatient, including home and office calls
- Mental health conditions
- Occupational therapy for upper extremities
- Physical therapy
- Preventive care limited to \$500 annually
- Radiation therapy

- Routine medical care of a newborn if added to the contract within 31 days of birth
- Routine mammography x-ray: for women 35-39 years of age, one baseline mammogram; 40-49 years of age, one mammogram every two years; 50 years of age and older, one mammogram every year
- Surgical services
- X-ray and laboratory services

### Other Covered Services

Other medically necessary covered services and supplies related to the treatment of illness or injury include:

- Ambulance
- Certified diabetes education program (including insulin, insulin supplies, insulin syringes, and glucose strips)
- Home infusion therapy
- Home medical equipment
- Oxygen and equipment needed to administer oxygen
- Prescription drugs and medicines
- Private-duty nursing
- Prosthetic appliances

### Home Health Services

Coverage includes care provided by a home health agency. Services must be prescribed by a physician when you are home bound and not more costly than alternative services that would be effective for diagnosis and treatment of your condition.

Covered services and supplies include:

- Home health aide services
- Inhalation therapy
- Medical equipment and supplies
- Medical social services
- Occupational therapy (upper extremities only), physical therapy, and speech therapy
- Oxygen and equipment
- Parenteral and enteral nutrition
- Prescription drugs and medicines
- Prosthetic appliances and braces
- Skilled nursing visits

### Hospice Services

Coverage is provided to terminally ill patients with a life expectancy of six months or less. Covered hospice care includes the same services as described under home health, as well as respite care.

Respite care offers rest and relief help for the family caring for a terminally ill patient. Benefits for respite care are limited to a lifetime maximum of 15 days for inpatient and 15 days for outpatient care. Benefits must be used in increments of five days or less.

# limitations

Your Blue Priority HSA/Blue Select coverage is limited as follows:

## Pre-Existing Condition

### Waiting Period

A pre-existing condition waiting period of 11 consecutive months applies if the covered person requiring services or supplies has a pre-existing condition and:

- neither you nor any covered person had creditable coverage within 63 days of your application date for the Blue Select Plans; or
- the covered person's creditable coverage was not in effect for a sufficient amount of time to satisfy the 11 consecutive month waiting period for pre-existing conditions under this coverage. In this case, the 11-month waiting period for pre-existing conditions applicable to each family member under this coverage will be credited for the amount of time each family member was covered under the creditable previous coverage.

## Chemical Dependency Treatment

Coverage for chemical dependency treatment is limited to:

- **30 days** for the inpatient treatment of alcoholism in each six month period; and **90 days** lifetime.
- Outpatient treatment for alcoholism is not covered

## Cosmetic Surgery

Benefits for cosmetic surgery are limited to corrective surgery that has the primary purpose of restoring function after an illness or accidental injury, or is the result of a birth or physical defect.

## Breast Reconstruction after Mastectomy

If you have a mastectomy and elect breast reconstruction in connection with the mastectomy, you are covered for the following:

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and treatment of physical complications of the mastectomy.

## Organ Transplants

Coverage is available under these policies for transplants of the heart, heart and lung, lung, pancreas, kidney, simultaneous pancreas/kidney, liver, and, in limited instances, small bowel. Coverage is limited for certain autologous and allogeneic bone marrow/stem cell transfer transplants as described in the policy. Other limitations for transplants include:

- Services for transportation in an ambulance to a transplant center are limited to a \$10,000 maximum per transplant.
- You should follow written prior approval requirements for all transplants, except kidney.

## Notification Failures

Blue Priority HSA/Blue Select will not cover some or all of the expenses relating to treatment, services, and admissions for which you or your care provider fail to follow the policy's notification requirements.

See page 7.



Become familiar with your policy's limitations and exclusions.

# exclusions

The following services are excluded or are not considered medically necessary by Wellmark Blue Cross and Blue Shield of South Dakota and will not be covered.

## Mental Health and Chemical Dependency Treatment

- Bereavement counseling or services
- Certain development and learning disorders
- Certain disorders of early childhood, such as academic underachievement disorder
- Communication disorders, such as stuttering and stammering
- Impulse control disorders, such as pathological gambling
- Marriage and family counseling
- Nicotine dependence
- Sensitivity, shyness and social withdrawal disorder
- Sexual identification or gender disorders, including sex change surgery

## Fertility and Infertility

- Contraceptives
- Services provided for the collection of donor semen, oocytes, or the services of a surrogate parent
- Infertility treatment
- Sterilization
- Sterilization reversal
- Subcutaneous implants
- Services provided for the treatment of impotence unless it is the result of a physical illness or injury

## Miscellaneous

- Anesthesia, local or topical
- Arch supports

- Blood
- Complications of a non-covered procedure
- Dental services except as specified and limited in the policy
- Elastic stockings and bandages
- Genetic counseling
- Hearing aids and exams
- Investigational treatment
- Maxillary and mandibular implants
- Motor vehicles
- Nonmedical services
- Personal convenience items
- Services furnished to you prior to the effective date of the policy
- Travel or lodging costs
- Vision care
- Wigs

## Provider Types

- Certified registered nurses (other than an anesthetist)
- Provider is an immediate family member
- Social workers, except as described in your benefits policy

## Preventive and Routine Care

- Routine foot care
- Preventive care in excess of \$500 annually

## Covered by Other Programs or Laws

- Benefits under this policy will not duplicate benefits provided by Medicare

- Services or supplies when someone else has the legal obligation to pay for your care
- Military-related illness or injury
- Services or supplies that are paid under Workers' Compensation

## Therapy, Self-Motivation, and Other Programs

- Acupuncture
- Services and supplies as an inpatient provided primarily for diagnostic evaluation, physical therapy, or occupational therapy
- Cosmetic services and supplies
- Custodial or sanitarium care or rest cures
- Educational or recreational therapy
- Massage therapy
- Occupational therapy supplies
- Self-help or self-cure programs
- Weight reduction programs

## Transplants

- Expenses for the purchase of any organ
- Mechanical or non-human organs
- Transplant services or supplies other than heart, heart and lung, lung, pancreas, kidney, simultaneous pancreas/kidney, small bowel, liver, or bone marrow/stem cell transfers
- Transportation of a living organ donor

# precertification requirements

The following are requirements you or your Blue Select provider must follow to receive the maximum benefits available under your policy.

## Precertification

Precertification is a process whereby you or your provider notify Wellmark Blue Cross and Blue Shield of South Dakota before a planned admission to an out-of-network or out-of-state facility, a nursing facility or acute rehabilitation facility. Precertification is also required before receiving home health, hospice, home infusion therapy, private duty nursing, or mental health and chemical dependency services. During precertification, Wellmark Blue Cross and Blue Shield of South Dakota checks benefit eligibility and determines whether medical necessity standards have been met.

## Concurrent Review

Concurrent Review is a review of your care when you are in a hospital, nursing facility, or other health facility or when you use home health services, hospice services, private duty nursing or home infusion therapy. Wellmark Blue Cross and Blue Shield of South Dakota will initiate the review.

If it is determined your current level of care is no longer medically necessary, we will notify you, your attending physician and the facility 24 hours before your benefits for services end.

*Please note:* We will notify you of the date when coverage for services ends. We will not provide benefits for services received after this date.

## Prior Approval

Before you receive treatment for certain services and supplies, you or your provider should request our written approval. Prior approval helps determine whether a proposed treatment plan is medically necessary, a benefit of your policy, and ensures you receive full benefits for certain services. A list of services on which we recommend prior approval can be found in your policy.

## Case Management

Blue Select provides you the opportunity to receive alternative benefits to help meet health care needs resulting from extreme illness or injury. You, your physician, and the hospital can work with our case managers to identify and arrange treatment plans to meet your special needs and to assist in preserving your health insurance benefits.

## Appeal Process

You may appeal any decision we make to deny or reduce benefits. The appeal process allows for a panel of individuals not previously involved in your case to perform a review of our decision. You may appeal our decision not to approve benefits, to terminate your benefits as a result of admission review or continued stay review, and our decision to reduce benefits. You may appeal by telephone or in writing. A description of the appeal process is included in your policy.

We work with you and your provider to make sure your benefits are used in the most cost-effective settings.

# prescription drugs

Prescription drugs are covered under health as an out-of-network benefit.

## Prior Authorization

Certain drugs, listed in the Wellmark Prescription Drug Guide, are covered by your benefits policy only with prior authorization. Prior authorization allows us to verify that the drug is medically necessary and part of a specific treatment plan. Your practitioner must call us to obtain prior authorization.

## Wellmark Drug List

Often there is more than one medication available to treat the same medical condition. For that reason, we have developed the Wellmark Drug List. A portion of the Wellmark Drug List is in the Wellmark Prescription Drug Guide. The list is a comparison of prices among drugs that treat the same condition. It is not a required list of medications.

All practitioners who participate with Wellmark and all pharmacies that participate with Advance Rx have a copy of the Wellmark Drug List. When your practitioner prescribes a drug for you, you can ask that he or she refer to the comparison of prices in the Wellmark Drug List. Doing so can save you money and help control the costs of health care.

# BlueCard<sup>®</sup>

Whether you receive services from a Blue Cross and Blue Shield participating provider in South Dakota or another state, whether you live there or are just visiting, showing your Blue Cross and Blue Shield ID card (BlueCard) means you'll be treated like a member of the local Blue Plan! The "benefits" of our BlueCard Program are listed below.

1. You have the advantage of the local Blue Plan's participating provider pricing arrangements.
2. The coinsurance you pay, unless prohibited by state law, is based on the lower of the billed charge for covered services, and the "negotiated price" for covered services that the local Blue Cross and Blue Shield Plan passes on to us.
3. When receiving services from BlueCard PPO providers, you have the added advantage of having your claims processed at the Blue Select benefit level and receiving the PPO-provider negotiated price, which is typically lower than the traditional participating-provider negotiated price.
4. BlueCard PPO and other participating providers won't collect any difference between their billed charge and the negotiated price, and they'll file the claim electronically.
5. BlueCard PPO networks are available to 95% of the U.S. population. There are also BlueCard Worldwide Network hospitals in Austria, Belgium, Finland, France, Germany, Greece, Ireland, Italy, Monaco, the Netherlands, Portugal, Spain, Switzerland, and the United Kingdom. Selected hospitals in Israel, Japan, Mexico, and Uruguay also participate, as will others in the future.

When you are outside of South Dakota, just call 1-800-810-BLUE (2583) for information about the nearest BlueCard PPO providers.

# general provisions

**Eligibility:** You are eligible to apply for Blue Select coverage if you are a resident of South Dakota, under 65 years of age, and not eligible for Medicare.

## Coverage Renewability

- Coverage is automatically renewed by payment of your premium in advance.
- A grace period of 31 days will be granted for the payment of each premium due after the first premium.
- We will refuse renewal of this policy only if we refuse renewal on all policies of this form and class or if you use this policy fraudulently. If we refuse to renew all policies of this form and class, we will give you 90 days written notice prior to termination. In this event, you will have the option to purchase any other health insurance coverage currently being offered by us to individuals with no additional underwriting.
- To keep the policy in force, you must pay each premium on its due date or within the grace period. We may change the premium only if we change the premium for all policies of this form and class. We have the right to change the premium rate for coverage by notifying you not less than 30 days in advance.
- When you no longer qualify as a dependent or spouse under this policy, you may obtain continuous coverage from Wellmark Blue Cross and Blue Shield of South Dakota with no additional underwriting if you apply within 31 days of the date you become ineligible.

## Medicare Eligibility

When you become eligible for Medicare, you may convert to one of our Senior Blue® Medicare Supplement plans without answering health questions if you have Medicare Part A and B and you apply during your six-month guaranteed enrollment period. This period begins the first month you are enrolled in Medicare Part B (medical insurance).

## Other Information

The monthly premiums are based on the age of the oldest person covered under the policy. The following factors will be reflected in your individual rates:

- Health status of the block of business as determined by the claims experience of that block of business. The annual change due to the claims experience or health status of that block of business is limited to 15 percent.
- Individual demographics including age, gender, lifestyle, family composition and geographic area.
- The expected increase in the overall cost of health care.
- A reduced premium rate is available for persons who do not currently use tobacco products and have not used tobacco products for a minimum of 12 months.



## Working With You, For You

It is important that you understand your coverage to use your benefits properly:

- Present your Wellmark Blue Cross and Blue Shield of South Dakota identification card each time you receive health care services.
- Comply with the notification requirements described on page 7.
- Read your policy for complete details.

*This is a general description of coverage. It is not a statement of contract. Actual coverage is subject to the terms and conditions specified in the policy itself and enrollment regulations in force when the policy becomes effective.*



**You Just Can't Beat The Blues®**

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