



Wellmark Blue Cross Blue Shield of Iowa
Wellmark Health Plan of Iowa, Inc.

Independent Licensees of the Blue Cross and
Blue Shield Association

Amendment to Your Coverage Manual or Summary Plan Description

This amendment to your coverage manual or summary plan description (SPD) is effective October 1, 2012, except as noted otherwise. The headings refer to sections in the coverage manual or SPD. Please review this amendment and keep it with your coverage manual or SPD.

Choosing a Provider

Please note: *The following ancillary providers provisions do not apply to Blue Advantage or Blue Access members. Blue Advantage members are only covered for services outside the Wellmark Health Plan Network in cases of accidental injury, emergencies, and out-of-network referrals. Blue Access members are only covered for services outside the Wellmark Health Plan Network in cases of accidental injury or emergencies.*

Ancillary providers outside the Wellmark service area or outside the Wellmark Health Plan Network

The following provisions apply if the listed services are covered under your coverage manual or SPD. No coverage is added by this amendment that you do not already have under your coverage manual, SPD, or previous amendments.

Although home durable medical equipment providers, orthotics and prosthetic devices suppliers, and independent labs (aka “ancillary providers”) may participate with a local Blue plan, that does not necessarily mean they will be considered a participating provider by Wellmark. Therefore the following is added under Services Outside the Wellmark Service Area or Services Outside the Wellmark Health Plan Network.

Laboratory services. You may have laboratory specimens or samples collected by a provider that contracts with Wellmark. Those laboratory specimens may be sent to another laboratory for processing or testing. If that laboratory services provider does not have a contractual relationship with the Blue Plan where the sample or specimen was collected, that provider will be considered a nonparticipating provider and you will be responsible for any applicable nonparticipating provider payment obligations and you may also be responsible for any difference between the amount charged and our amount paid for the covered service.

Home/durable medical equipment. If you purchase or rent home/durable medical equipment from a provider that does not have a contractual relationship with the Blue Plan where you purchased or rented the equipment, that provider will be considered a nonparticipating provider and you will be responsible for any applicable nonparticipating provider payment obligations and you may also be responsible for any difference between the amount charged and our amount paid for the covered service.

If you purchase or rent home/durable medical equipment and have that equipment shipped to a service area of a Blue Plan that does not have a contractual relationship with the home/durable medical equipment provider, that provider will be considered nonparticipating and you will be responsible for any applicable nonparticipating provider payment obligations and you may also be responsible for any difference between the amount charged and our amount paid for the covered service. This includes

situations where you purchase or rent home/durable medical equipment and have the equipment shipped to you in Wellmark's service area or in the Wellmark Health Plan Network, when Wellmark does not have a contractual relationship with the home/durable medical equipment provider.

Orthotics and prosthetic devices. If you purchase orthotics or prosthetic devices from a provider that does not have a contractual relationship with the Blue Plan where you purchased the orthotics or prosthetic devices, that provider will be considered a nonparticipating provider and you will be responsible for any applicable nonparticipating provider payment obligations and you may also be responsible for any difference between the amount charged and our amount paid for the covered service.

If you purchase orthotics or prosthetic devices and have that equipment shipped to a service area of a Blue Plan that does not have a contractual relationship with the provider, that provider will be considered nonparticipating and you will be responsible for any applicable nonparticipating provider payment obligations and you may also be responsible for any difference between the amount charged and our amount paid for the covered service. This includes situations where you purchase orthotics or prosthetic devices and have them shipped to you in Wellmark's service area or in the Wellmark Health Plan Network, when Wellmark does not have a contractual relationship with the provider.

Talk to your provider. Whenever possible, before receiving laboratory services, home/durable medical equipment, orthotics, or prosthetic devices, ask your provider to utilize a provider that has a contractual arrangement with the Blue Plan where you received services, purchased or rented equipment, shipped equipment, or ask your provider to utilize a provider that has a contractual arrangement with Wellmark.

To determine if a provider has a contractual arrangement with a particular Blue Plan or with Wellmark, call the Customer Service number on your ID card or visit our website, www.wellmark.com.

Notification Requirements and Care Coordination

Effective December 15, 2012, the Notification Requirements and Care Coordination section of your coverage manual or summary plan description (SPD) is revised as follows:

How to determine if a service is subject to Precertification, Notification, or Concurrent Review

To determine if a service is subject to precertification, notification, or concurrent review, you must call the Customer Service number on your ID card or visit www.wellmark.com.

Therefore, the description of "Applies to" under Precertification, Notification, and Concurrent Review is revised.

Applies to	For a complete list of the services subject to precertification, notification, or concurrent review, visit www.wellmark.com or call the Customer Service number on your ID card.
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When you receive services outside Iowa or South Dakota

When you receive services outside Iowa or South Dakota, you or someone acting on your behalf is responsible for precertification and notification.

Therefore, the description of “Person Responsible”* under Precertification and Notification is revised.

Alliance Select members:

Person Responsible	PPO providers in the states of Iowa and South Dakota perform precertification and notification for you. However, you or someone acting on your behalf is responsible for precertification and notification if: <ul style="list-style-type: none">■ You are admitted to a facility outside Iowa or South Dakota;■ You receive services subject to precertification or notification from a provider outside Iowa or South Dakota; or■ You receive services subject to precertification or notification from a participating or nonparticipating provider.
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Classic Blue members:

Person Responsible	Participating providers in the states of Iowa and South Dakota perform precertification and notification for you. However, you or someone acting on your behalf is responsible for precertification and notification if: <ul style="list-style-type: none">■ You are admitted to a facility outside Iowa or South Dakota;■ You receive services subject to precertification or notification from a provider outside Iowa or South Dakota; or■ You receive services subject to precertification or notification from a nonparticipating provider.
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Prior Approval

Prior approval is required (previously it was recommended). If you do not request prior approval for a service, the benefit for that service will be denied on the basis that you did not request prior approval. However, you do have appeal rights in case of such a denial.

To determine if a service is subject to prior approval, you must call the Customer Service number on your ID card or visit www.wellmark.com.

When you receive services outside Iowa or South Dakota, you or someone acting on your behalf is responsible for prior approval.

Therefore, the descriptions “Purpose,” “Applies to,” “Importance,” and “Person Responsible”* are revised.

Purpose	Prior approval helps determine whether a proposed treatment plan is medically necessary and a benefit under this medical benefits plan. Prior approval is required.
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Applies to	For a complete list of the services subject to prior approval, visit www.wellmark.com or call the Customer Service number on your ID card.
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Importance If your request is approved, the service is covered provided other contractual requirements, such as member eligibility and service maximums, are observed. If your request is denied, the service is not covered, and you will receive a notice with the reasons for denial.

If you do not request prior approval for a service, the benefit for that service will be denied on the basis that you did not request prior approval.

Upon receiving an Explanation of Benefits (EOB) indicating a denial of benefits for failure to request prior approval, you will have the opportunity to appeal (see the *Appeal* section of your coverage manual or SPD) and provide us with medical information for our consideration in determining whether the services were medically necessary and a benefit under your medical benefits plan. Upon review, if we determine the service was medically necessary and a benefit under your medical benefits plan, the benefit for that service will be provided according to the terms of your medical benefits plan.

Approved services are eligible for benefits for a limited time. Approval is based on the medical benefits plan in effect and the information we had as of the approval date. If your coverage changes for any reason (for example, because of a new job or a new medical benefits plan), an approval may not be valid. If your coverage changes before the approved service is performed, a new approval is recommended.

Alliance Select members:

Person Responsible	PPO providers in the states of Iowa and South Dakota request prior approval for you. However, you or someone acting on your behalf is responsible for prior approval if: <ul style="list-style-type: none">■ You are admitted to a facility outside Iowa or South Dakota;■ You receive services subject to prior approval from a provider outside Iowa or South Dakota; or■ You receive services subject to prior approval from a participating or nonparticipating provider.
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Classic Blue and Comprehensive Major Medical members:

Person Responsible	Participating providers in the states of Iowa and South Dakota request prior approval for you. However, you or someone acting on your behalf is responsible for prior approval if: <ul style="list-style-type: none">■ You are admitted to a facility outside Iowa or South Dakota;■ You receive services subject to prior approval from a provider outside Iowa or South Dakota; or■ You receive services subject to prior approval from a nonparticipating provider.
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**“Person Responsible” provisions do not apply to Blue Advantage, Blue Access, or Blue Choice members.*

All other terms and provisions of your coverage manual or SPD, including any amendments we may have issued previously, remain unaltered and in effect.



David S. Brown
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Treasurer
Wellmark Blue Cross and Blue Shield of Iowa;
Wellmark Health Plan of Iowa, Inc.