



Wellmark Blue Cross and Blue Shield of Iowa is an Independent Licensee 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 September 1, 2014, 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.

### Medical

## What You Pay

### Payment Details

#### Nicotine Dependency Drugs

*Effective August 1, 2014, payment obligations are waived for covered prescription drugs and devices used to treat nicotine dependence when purchased at a participating pharmacy, including over-the-counter drugs prescribed by a physician. Therefore, the following is added to the Waived Payment Obligations chart:*

#### Waived Payment Obligations

Covered Drug or Service	Payment Obligation Waived
Two smoking cessation attempts per benefit year, up to a 90-days' supply of covered drugs for each attempt, or a 180-days' supply total per benefit year.	See your coverage manual or SPD.

## Details - Covered and Not Covered

### Residential Treatment Facility

**Chemical Dependency Treatment and Mental Health Services.** *Effective July 1, 2014, the description of residential treatment facility benefits under Chemical Dependency Treatment and Mental Health Services is revised as follows:*

For treatment in a residential treatment facility, benefits are available:

- For treatment provided on an intensive outpatient basis, but not including charges related to residential care;
- For partial hospitalization treatment, but not including charges related to residential care;
- For sub-acute, medically monitored inpatient treatment for patients whose condition requires 24-hour licensed registered nurse observation, monitoring and treatment, as well as services provided by interdisciplinary staff under the direction of a licensed physician, but which does not require the full resources of an acute care general hospital or a medically managed inpatient treatment program; and
- For inpatient, medically managed acute care for patients whose condition requires the resources of an acute care general hospital or a medically managed inpatient treatment program.

Coverage for Psychiatric Medical Institutions for Children (PMIC) is separately addressed in your coverage manual or SPD and is not subject to the preceding provision.

**Hospitals and Facilities.** *Effective July 1, 2014, the description of Residential Treatment Facility under Hospitals and Facilities is revised as follows:*

**Residential Treatment Facility.** This is a licensed facility other than a hospital or nursing facility that provides:

- treatment on an intensive outpatient basis;
- partial hospitalization treatment;
- sub-acute, medically monitored inpatient treatment for patients whose condition requires 24-hour licensed registered nurse observation, monitoring, and treatment, as well as services provided by interdisciplinary staff under the direction of a licensed physician, but which does not require the full resources of an acute care general hospital or a medically managed inpatient treatment program;
- inpatient, medically managed acute care for patients whose condition requires the resources of an acute care general hospital or a medically managed inpatient treatment program.

Coverage for Psychiatric Medical Institutions for Children (PMIC) is separately addressed in your coverage manual or SPD and is not subject to the preceding provision.

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## Choosing a Provider

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*The following provision is added to the Choosing a Provider section of your coverage manual or SPD:*

**Please note:** Even if a specific provider type is not listed as a recognized provider type, Wellmark does not discriminate against a licensed health care provider acting within the scope of his or her state license or certification with respect to coverage under your plan.

*Effective July 1, 2014, BlueCard Program, under the Services Outside the Wellmark Service Area section of your coverage manual or SPD is revised as follows:*

### **BlueCard Program**

Typically, when you receive covered services from BlueCard providers outside the Wellmark service area, you are responsible for notification requirements. However, if you are admitted to a BlueCard facility outside the Wellmark service area, any BlueCard provider will handle notification requirements for you.

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## Notification Requirements and Care Coordination

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*Effective July 1, 2014, the Notification Requirements and Care Coordination section of your coverage manual or SPD is revised as follows:*

### **When you are admitted to a facility outside the Wellmark Service Area**

*When you are admitted to a BlueCard facility outside the Wellmark service area, BlueCard providers will handle notification requirements for you.*

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

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<b>Person Responsible</b>	<p>PPO providers obtain precertification and notification for you. However, you or someone acting on your behalf are responsible for precertification and notification if:</p> <ul style="list-style-type: none"> <li>■ You receive services subject to precertification or notification (other than services you receive as an inpatient in a BlueCard facility) from a provider outside Iowa or South Dakota;</li> <li>■ You receive services subject to precertification or notification from a participating or nonparticipating provider.</li> </ul>
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**BlueCard Providers and Notification Requirements**

Typically, only BlueCard providers in Iowa and South Dakota handle notification requirements for you. However, if you are admitted to a BlueCard facility outside Iowa or South Dakota, any BlueCard provider will handle notification requirements for you.

If you receive any other covered service (i.e., services unrelated to an inpatient admission) from a BlueCard provider outside Iowa or South Dakota, you or someone acting on your behalf are responsible for notification requirements.

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**Coverage Changes and Termination**

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Coverage Termination, *under the Coverage Changes and Termination section of your coverage manual or SPD is revised as follows:*

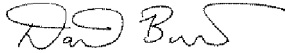
**Coverage Termination**

If you receive covered facility services as an inpatient of a hospital or a resident of a nursing facility on the date your coverage eligibility terminates, payment for the covered facility services will end on the earliest of the following:

- The end of your remaining days of coverage under your benefits plan;
- The date you are discharged from the hospital or nursing facility following termination of your coverage eligibility; or
- A period not more than 60 days from the date of termination.

Only facility services will be covered under this extension of benefits provision. Benefits for professional services will end on the date of termination of your coverage eligibility.

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

A handwritten signature in black ink, appearing to read "David S. Brown". The signature is fluid and cursive, with the first name "David" and last name "Brown" clearly distinguishable.

David S. Brown  
Executive Vice President, Chief Financial Officer and Treasurer  
Wellmark Blue Cross and Blue Shield of Iowa