

A close-up photograph of corn plants in a field, with bright sunlight filtering through the leaves, creating a warm, golden glow. A semi-transparent green rectangular box with a white border is positioned in the upper left quadrant, containing the main title and plan details.

# HEALTH PLAN OPTIONS

2023 PLAN PROVISIONS

Iowa-only Traditional, Iowa-only HDHP, Traditional PPO, & PPO HDHP Plans

A|B|C

ASSOCIATED BENEFITS  
CORPORATION

CENTRAL VALLEY AG



# GET READY TO ENROLL

Your benefits enrollment is just around the corner, so now is the time to think about which health plan is right for you. Not sure? ABC is here to help. Use the information in this guide to understand and compare your health benefit options, and to select coverage that's a good fit for you and your family.

## YOUR ENROLLMENT CHECKLIST

### ☐ REVIEW ALL ENROLLMENT MATERIALS

Before selecting your benefits, read any information you receive from your employer. Call ABC at 800-747-4370 if you have questions.

### ☐ SIT DOWN WITH YOUR FAMILY

It's important to talk about your options and make benefit decisions together.

### ☐ GO OVER WHO YOU WILL BE COVERING

Even if you haven't had any major life changes, it's a good idea to confirm who you plan to include in your coverage this year.

### ☐ THINK ABOUT YOUR HEALTH CARE NEEDS

Do you or any family members have upcoming medical procedures, new health conditions or are you taking new medications? All of these can affect the coverage you may need.

### ☐ GATHER YOUR INFORMATION

You'll need Social Security numbers, birthdates and other general information for yourself and your family members to complete your enrollment.

### ☐ ENROLL BY THE DEADLINE

Missing the enrollment deadline means you can't enroll or make changes to your benefits until the end of 2023 unless you have a qualifying event: a major life change like marriage, divorce or the birth of a baby.



## GLOSSARY

**PREMIUM:** The amount of money that's taken from each paycheck to pay for your health insurance coverage.

**DEDUCTIBLE:** The amount you pay out of pocket for care and prescriptions before your plan begins to pay for benefits.

**COINSURANCE:** The percentage you pay for care after you've reached your deductible.

**COPAY:** The amount you pay for certain kinds of care at the time of service.

**OUT-OF-POCKET MAXIMUM:** The most you have to pay in a plan year. After you spend this amount on deductibles, copays and coinsurance, the plan pays 100% of your health care costs.

# CHOOSING A PLAN



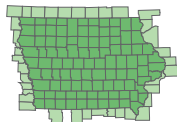
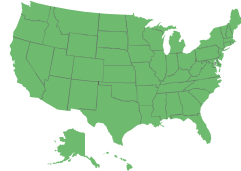
## QUESTIONS?

ABC is here to help you make the choice that's right for you. Call our customer service line at 800-747-4370.

While it can be tempting to stick with a plan you know, making an informed choice can help you save money and access the right base. We've boiled down picking the right plan for you into two easy steps.

### STEP 1: PICK YOUR NETWORK

In past years, we have offered you plans that provide coverage across the U.S. This year, in addition to nationwide plans, we are also offering health plans on an Iowa-only network, which will allow you to save money on premiums.

<div>NEW</div> <b>IOWA-ONLY PLANS</b> <b>Blue Access® Network</b>	<b>NATIONWIDE PLANS</b> <b>Alliance Select<sup>SM</sup> Network</b>
 <p>Care is covered in Iowa and in some surrounding counties only.</p>	 <p>Care is covered in Iowa and across the U.S.</p>
<p>Out-of-network care is not covered. If you go out-of-network, you'll pay the full cost for care.</p>	<p>Out-of-network care is covered. However, you'll pay less when you stay in network.</p>
<p>If you are traveling in an area outside of the network, emergency care is covered, as are virtual visits with Doctor On Demand®.</p>	<p>Your coverage follows you when you travel so you can get care whenever and wherever you need it. Call 1-800-810-BLUE (2583) for more information.</p>
<p>Chiropractic care is covered, but coverage is more limited than on the national network plans.</p>	<p>Chiropractic care is covered.</p>
<p>Premiums are lower because the coverage is mostly limited to in-state care.</p>	<p>Premiums are higher because care is covered nationwide.</p>
<p>You can see any in-network provider you like without a referral.</p>	<p>You can see any provider you like without a referral.</p>
<p><b>BOTTOM LINE</b> If you and your family members get your care in state, an Iowa-only plan could be the money-saving option for you.</p>	<p><b>BOTTOM LINE</b> For a higher premium, a nationwide plan gives you ease-of-use plus broad coverage across the country. It's a good option if you regularly get care out of state or from a non-network provider.</p>

To see if your current providers are in network, visit [Wellmark.com/finder](https://www.wellmark.com/finder).

**SEE THE NEXT PAGE FOR STEP 2**





## CHOOSING A PLAN (cont.)

### STEP 2: PICK YOUR PLAN TYPE

Now that you've selected between the Iowa-only and nationwide networks, it's time to decide:

**Do you want a traditional plan, or a high-deductible health plan?** Understanding the advantages to each can help you pick a plan that aligns with how you prefer to use and save your health care dollars.

TRADITIONAL PLAN	HDHP
<p><b>You'll pay a higher premium and a lower deductible.</b> You'll see more money taken from your paycheck, but you'll meet your deductible and out-of-pocket maximum faster. This may save you money in the long run if you spend more on care, like if you have a complex or chronic health condition.</p>	<p><b>You'll pay a lower premium and a higher deductible.</b> Less money is taken from your monthly paycheck, but you'll pay more up front for care. This may be a good money-saving option if you rarely meet your deductible and you don't expect to pay a lot for care this year. It's also a good option if you like to plan ahead to potentially save long-term.</p>
<p><b>You can take advantage of a flexible spending account, or FSA.</b> With a health care FSA, you can set aside pre-tax money for eligible health and pharmacy expenses. The account is "use it or lose it," as the funds do not roll over from year to year.</p>	<p><b>You can open a health savings account, or HSA.</b> With an HSA, you get unique triple-tax advantages to help you pay your out-of-pocket costs and save long term. The account rolls over each year and is yours to keep, even if you change jobs or retire.</p>
<p><i>BOTTOM LINE</i></p> <p>Consider a traditional plan if you are comfortable paying a higher premium because you want the peace of mind of not having to save up for larger out-of-pocket expenses.</p>	<p><i>BOTTOM LINE</i></p> <p>An HDHP may be a good choice for you if you prefer to research and plan ahead before making a big purchase, if you're good at monitoring your spending, and if you're comfortable paying more up front to potentially save long term.</p>

# YOUR PLAN BASICS

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		BLUE ACCESS 1000		BLUE ACCESS 2000		BLUE ACCESS HDHP 1		BLUE ACCESS HDHP 2	
		IOWA ONLY		IOWA ONLY		IOWA ONLY		NATIONWIDE	
		with wellness participation	without wellness participation	with wellness participation	without wellness participation	with wellness participation	without wellness participation	with wellness participation	without wellness participation
BI-WEEKLY PREMIUM	Single	\$143.52	\$166.60	\$135.62	\$158.70	\$97.76	\$120.84	\$88.66	\$111.74
	+ One	\$321.51	\$367.67	\$300.87	\$347.03	\$236.64	\$282.80	\$214.36	\$260.52
	Family	\$379.66	\$425.82	\$357.63	\$403.79	\$238.98	\$285.14	\$216.28	\$262.44
ANNUAL MEDICAL DEDUCTIBLE		Single \$1,000 Family \$2,000		Single \$2,000 Family \$4,000		Single \$1,500 Family \$3,000		Single \$3,000 Family \$3,000/\$5,000	
ANNUAL PHARMACY DEDUCTIBLE		N/A This plan does not have a pharmacy deductible.		N/A This plan does not have a pharmacy deductible.		See medical deductible. In-network medical and pharmacy deductibles are combined into one amount.		See medical deductible. In-network medical and pharmacy deductibles are combined into one amount.	
MEDICAL OUT-OF-POCKET MAXIMUM (OPM)		Single \$3,000 Family \$6,000		Single \$4,000 Family \$8,000		Single \$3,000 Family \$6,000		Single \$5,000 Family \$5,000/\$10,000	
PHARMACY OUT-OF-POCKET MAXIMUM (OPM)		Single \$3,000 Family \$6,000 Medical and pharmacy OPMs are two separate amounts.		Single \$4,000 Family \$8,000 Medical and pharmacy OPMs are two separate amounts.		See medical OPM. In-network medical and pharmacy deductibles are combined into one amount.		See medical OPM. In-network medical and pharmacy deductibles are combined into one amount.	

PLEASE NOTE: This chart shows costs for in-network care only. For out-of-network costs, contact ABC's customer service line at 800-747-4370.

**TIP** To locate in-network providers and facilities near you, visit [Wellmark.com/finder](https://www.wellmark.com/finder).

# YOUR PLAN BASICS

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		PPO 1000		PPO 2000		PPO HDHP 1		PPO HDHP 2	
		NATIONWIDE		NATIONWIDE		NATIONWIDE		NATIONWIDE	
		with wellness participation	without wellness participation	with wellness participation	without wellness participation	with wellness participation	without wellness participation	with wellness participation	without wellness participation
<b>BI-WEEKLY PREMIUM</b>	Single	\$152.65	\$175.73	\$144.14	\$167.22	\$104.04	\$127.12	\$94.15	\$117.23
	+ One	\$342.54	\$388.70	\$320.52	\$366.68	\$252.18	\$298.34	\$228.32	\$274.48
	Family	\$404.46	\$450.62	\$381.24	\$427.40	\$254.63	\$300.79	\$230.40	\$276.56
<b>ANNUAL MEDICAL DEDUCTIBLE</b>		<b>In Network</b> Single \$1,000 Family \$2,000  <b>Out of Network</b> Single \$1,000 Family \$2,000		<b>In Network</b> Single \$2,000 Family \$4,000  <b>Out of Network</b> Single \$2,000 Family \$4,000		<b>In Network</b> Single \$1,500 Family \$3,000  <b>Out of Network</b> Single \$1,500 Family \$3,000		<b>In Network</b> Single \$3,000 Family \$3,000/\$5,000  <b>Out of Network</b> Single \$3,000 Family \$3,000/\$5,000	
<b>ANNUAL PHARMACY DEDUCTIBLE</b>		N/A  This plan does not have a pharmacy deductible.		N/A  This plan does not have a pharmacy deductible.		See medical deductible.  In-network medical and pharmacy deductibles are combined into one amount.		See medical deductible.  In-network medical and pharmacy deductibles are combined into one amount.	
<b>MEDICAL OUT-OF-POCKET MAXIMUM (OPM)</b>		<b>In Network</b> Single \$3,000 Family \$6,000  <b>Out of Network</b> Single \$3,000 Family \$6,000		<b>In Network</b> Single \$4,000 Family \$8,000  <b>Out of Network</b> Single \$4,000 Family \$8,000		<b>In Network</b> Single \$3,000 Family \$6,000  <b>Out of Network</b> Single \$3,000 Family \$6,000		<b>In Network</b> Single \$5,000 Family \$5,000/\$10,000  <b>Out of Network</b> Single \$5,000 Family \$5,000/\$10,000	
<b>PHARMACY OUT-OF-POCKET MAXIMUM (OPM)</b>		Single \$3,000 Family \$6,000  Medical and pharmacy OPMs are two separate amounts.		Single \$4,000 Family \$8,000  Medical and pharmacy OPMs are two separate amounts.		See medical OPM.  In-network medical and pharmacy deductibles are combined into one amount.		See medical OPM.  In-network medical and pharmacy deductibles are combined into one amount.	

**TIP** To locate in-network providers and facilities near you, visit [Wellmark.com/finder](https://www.wellmark.com/finder).

# YOUR MEDICAL COSTS

	<div>NEW</div> <b>ALL IOWA-ONLY TRADITIONAL PLANS</b>	<b>ALL NATIONWIDE TRADITIONAL PPO PLANS</b>	<b>ALL HDHPs</b>
	IN NETWORK	IN NETWORK	IN NETWORK
<b>PREVENTIVE CARE</b> Routine and diagnostic care including: annual physical, annual OB/GYN exam, pap smear, well-child care up to age 7, immunizations, mammogram, breast imaging ultrasound, sigmoidoscopy, colonoscopy and PSA tests.	No charge	No charge	No charge
<b>PRIMARY CARE OFFICE VISIT</b>	Exam: \$25 copay and 20% coinsurance Other services: 20% coinsurance	Exam: \$25 copay and 20% coinsurance Other services: 20% coinsurance	Deductible then 20% coinsurance
<b>SPECIALIST OFFICE VISIT</b>	Exam: \$25 copay and 20% coinsurance Other services: 20% coinsurance	Exam: \$25 copay and 20% coinsurance Other services: 20% coinsurance	Deductible then 20% coinsurance
<b>MENTAL HEALTH OFFICE VISIT</b>	No charge	No charge	Deductible then 20% coinsurance
<b>SUBSTANCE ABUSE OFFICE VISIT</b>	No charge	No charge	Deductible then 20% coinsurance
<b>CHIROPRACTIC CARE</b>	Exam: \$25 copay and 20% coinsurance Other services: 20% coinsurance	Exam: \$25 copay and 20% coinsurance Other services: 20% coinsurance	Deductible then 20% coinsurance
<b>DOCTOR ON DEMAND®</b>	MEDICAL VISIT: \$25 copay MENTAL HEALTH VISIT: No charge	MEDICAL VISIT: \$25 copay MENTAL HEALTH VISIT: No charge	MEDICAL VISIT: Deductible then 20% coinsurance MENTAL HEALTH VISIT: Deductible then 20% coinsurance
<b>URGENT CARE</b>	Exam: \$25 copay and 20% coinsurance Other services: 20% coinsurance Mental health and substance abuse visits: No cost	Exam: \$25 copay and 20% coinsurance Other services: 20% coinsurance Mental health and substance abuse visits: No cost	Deductible then 20% coinsurance
<b>EMERGENCY ROOM</b> Out-of-network services may be balance billed.	\$100 copay and 20% coinsurance	\$100 copay and 20% coinsurance	Deductible then 20% coinsurance
<b>EMERGENCY MEDICAL TRANSPORTATION</b> Out-of-network services may be balance billed.	Deductible then 20% coinsurance	Deductible then 20% coinsurance	Deductible then 20% coinsurance
<b>LAB TESTS AND IMAGING</b>	20% coinsurance; no deductible if services are performed through an in-network doctor's office	20% coinsurance; no deductible if services are performed through an in-network doctor's office	Deductible then 20% coinsurance

PLEASE NOTE: This chart shows costs for in-network care only. For out-of-network costs, contact ABC's customer service line at 800-747-4370.

## YOUR MEDICAL COSTS, CONTINUED

		 <b>ALL IOWA-ONLY TRADITIONAL PLANS</b>	<b>ALL NATIONWIDE TRADITIONAL PPO PLANS</b>	<b>ALL HDHPs</b>
		<b>IN NETWORK</b>	<b>IN NETWORK</b>	<b>IN NETWORK</b>
<b>OUTPATIENT PROCEDURES</b>	Physician fee:	Deductible then 20% coinsurance	Deductible then 20% coinsurance	Deductible then 20% coinsurance
	Facility fee:	Deductible then 20% coinsurance	Deductible then 20% coinsurance	Deductible then 20% coinsurance
<b>INPATIENT HOSPITAL STAY</b>	Physician fee:	Deductible then 20% coinsurance	Deductible then 20% coinsurance	Deductible then 20% coinsurance
	Facility fee:	Deductible then 20% coinsurance	Deductible then 20% coinsurance	Deductible then 20% coinsurance
<b>MATERNITY CARE</b>	Physician fee:	No charge	Deductible then 20% coinsurance	Deductible then 20% coinsurance
	Facility fee:	Deductible then 20% coinsurance	Deductible then 20% coinsurance	Deductible then 20% coinsurance
<b>MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES</b> <small>Precertification is required for in-patient care that is out-of-network.</small>	Office visit:	No charge	No charge	Deductible then 20% coinsurance
	Telehealth visit:	No charge	No charge	Deductible then 20% coinsurance
	Outpatient facility services:	Deductible then 20% coinsurance	Deductible then 20% coinsurance	Deductible then 20% coinsurance
	Inpatient care:	Deductible then 20% coinsurance	Deductible then 20% coinsurance	Deductible then 20% coinsurance
<b>OTHER HEALTH SERVICES</b> <small>Including home health care*, rehabilitation and habilitation services, skilled nursing care*, durable medical equipment and hospice care. *Precertification required.</small>		Deductible then 20% coinsurance	Deductible then 20% coinsurance	Deductible then 20% coinsurance

**PLEASE NOTE:** This chart shows costs for in-network care only. For out-of-network costs, contact ABC's customer service line at 800-747-4370.



# YOUR PRESCRIPTION DRUG COVERAGE

## BLUE Rx COMPLETE<sup>SM</sup> INCLUDED WITH ALL MEDICAL PLANS

### DRUG COSTS

Your drug's tier determines how much you'll pay at the pharmacy. The lower the tier, the more affordable your prescription. To see which tier your medication is on, visit [cutt.ly/BlueRxComplete](http://cutt.ly/BlueRxComplete).

Note that if you fill your prescription at an out-of-network pharmacy, you may be balance billed.

#### TIER 1: Most affordable drugs

Includes most generics and select name-brand drugs.

20% coinsurance\*

#### TIER 2: Preferred drugs

Drugs that are proven to be effective and favorably priced compared to other drugs that treat the same condition.

\$10 copay and 25% coinsurance per prescription\*

#### TIER 3: Non-preferred drugs

Drugs that have not been found to be any more effective than available generics or preferred brands.

\$10 copay and 30% coinsurance per prescription\*

#### TIER 4: Limited-value drugs

Combination products, lifestyle drugs or drugs with more cost-effective options available on lower tiers.

\$10 copay and 30% coinsurance per prescription\*

### SPECIALTY DRUGS

Specialty drugs are high-cost medications for complex conditions that require special handling. You may only fill prescriptions for specialty drugs with CVS Specialty® Pharmacies. Learn more at [CVSSpecialty.com](http://CVSSpecialty.com).

#### Preferred specialty drugs

10% coinsurance, maximum of \$150 per prescription\*

#### Non-preferred specialty drugs

10% coinsurance, maximum of \$200 per prescription\*

### BIOSIMILARS

Biologics are complex medications made from living organisms, including gene, cell, antibody and protein therapies. **Biosimilars** are near-exact copies of biologics made by competing companies once the original patent expires. Biosimilars are more affordable than the original biologic.

#### New prescriptions for biosimilars

10% coinsurance, maximum of \$100 per prescription\*


#### Current prescriptions for biosimilars

10% coinsurance, maximum of \$75 per prescription\*

### OTHER IMPORTANT INFORMATION

See [Wellmark.com/prescriptions](http://Wellmark.com/prescriptions) for information about drugs and drug quantities that require prior authorization to be covered by your plan.

\*On an HDHP, deductible applies before coinsurance and copays.



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