



# Short-Term Blue<sup>SM</sup>

PLAN HIGHLIGHTS &  
OUTLINE OF COVERAGE

Finding Coverage  
is Easy with SimplyBlue<sup>SM</sup>  
Plans from Wellmark

This outline of coverage provides a brief description of the important features of a Short-Term Blue policy. This is not your policy and only the actual policy provisions 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 Iowa.

**THEREFORE, IT IS  
IMPORTANT THAT  
YOU READ YOUR  
POLICY**

*The amount of your periodic premium payment will change as provided in the policy and from time to time based on changes in your coverage, including but not limited to, changes in benefits, payment obligations (such as deductible, coinsurance and copayments), the number of covered family members, members' ages, or other factors that require adjustments to the total premium.*

*If you elected to authorize automatic premium withdrawals from a deposit account, the automatic withdrawal will change periodically to correspond with the applicable premium. Your authorization for automatic premium withdrawals shall include authorization for automatic withdrawal of any changed amount unless you call or provide your bank with written notice not less than three (3) business days before a scheduled withdrawal to stop the payment. If you call your bank to stop payment, you may be required to provide a written request within fourteen (14) days after your call. You will be responsible for any fee assessed by your bank for stop-payment orders that you make.*

# Include Short-Term Coverage in Your Long-Range Plans

## When You Need Temporary Coverage

There are times when you need a short-term solution to get you through life's situations. When it comes to health insurance, it's important to have protection when you're experiencing an expected or unexpected change. That's why Wellmark Blue Cross and Blue Shield offers *Short-Term Blue<sup>SM</sup>* — a temporary plan that provides coverage for a one- to six-month period, depending on your need.

## Short-Term Blue Makes Sense

There are a variety of reasons you might need temporary health care coverage. Common situations include:

- Students who have recently graduated and are between coverage from parents and an employer
- Employees on an extended leave of absence from work
- People in-between jobs
- People looking for an alternative to COBRA
- New employees who aren't yet eligible for group coverage

# Understand Your Plan

*Short-Term Blue* is major medical coverage with three deductible options. The policy provides benefits for covered hospital, medical and surgical services resulting from an accident or illness. Coverage is subject to the exclusions and limitations listed in the policy. For detailed information about what is and is not covered, see pages 8-13.



## Plan Choice

Applicable deductible or coinsurance amounts contribute to the amounts you pay out of your pocket for covered services. You can choose from three plan options shown here:

	Short-Term Blue <sup>SM</sup> Plans		
	Option 1	Option 2	Option 3
<b>Annual Deductible</b>			
Single	\$250	\$500	\$1,000
Two-Person	\$500	\$1,000	\$2,000
Family*	\$750	\$1,500	\$3,000
<b>Coinsurance – you pay</b>	20%	20%	20%
<b>Out-of-Pocket Maximum</b>			
Single	\$1,000	\$1,500	\$3,000
Two-Person	\$2,000	\$3,000	\$6,000
Family*	\$3,000	\$4,500	\$9,000
<b>Lifetime Benefit Maximum**</b>	\$1,000,000		
<b>Office Services – you pay</b>	Deductible and coinsurance apply		
<b>Emergency Room</b>	Deductible and coinsurance apply		
<b>Maternity</b>	Not Covered		
<b>Well-Child Care</b>	Not Covered		
<b>Prescription Drugs</b>	Covered under health; subject to deductible & coinsurance		
<b>Out-of-State Coverage/ BlueCard® Program</b>	Yes		

Short-Term Blue policies can be issued on a one to six month basis. If you need coverage for a little longer than first anticipated, you can buy a second separate policy that will provide coverage up to another one to six months.

**Any health conditions occurring during the first policy term will be considered “pre-existing conditions” under the second policy and will not be covered.**

\* Limited to three paid deductibles and out-of-pocket maximums per family.

\*\* The maximum benefits from Wellmark Blue Cross and Blue Shield of Iowa for each covered person under this policy is \$1,000,000.

## Eligibility Requirements

You can purchase coverage for yourself and other members of your family. To be eligible for coverage, the following applies:

- All applicants must be Iowa residents;
- No one listed on the application has been turned down for other health insurance coverage for health reasons within the last five years;
- No one listed on the application has any other health insurance on the date this coverage starts;
- Neither you nor any person listed on the application can be pregnant;
- No one listed on the application is eligible for Medicare. **Note:** If a person listed on the application reaches the age of 65 or becomes eligible for Medicare during the time the Short-Term Blue policy is in effect, that person's coverage under this Short-Term Blue policy will terminate;
- No one listed on the application has been treated, diagnosed, or been advised within the last five years to seek treatment for:
  - alcohol abuse
  - cancer or tumor
  - chemical dependency
  - diabetes
  - drug abuse
  - heart or circulatory system disorder or disease, including hypertension or high blood pressure
  - immune system disorder, including acquired immune deficiency (AIDS) or AIDS Related Complex (ARC), or a positive HIV test
  - stroke

Dependent unmarried children are eligible for coverage under a two-person or family policy if they are:

- At least 15 days old;
- Under age 25; or
- A full-time student

## Payment Arrangements

Most physicians and medical facilities contract with Wellmark Blue Cross and Blue Shield of Iowa. We negotiate payment arrangements with our providers. These payment arrangements usually result in savings for you. Knowing the following terms will help you understand your payment responsibilities.

### Billed Charge

This is the amount a provider bills for medical services whether or not the services are covered under the policy.

### Covered Charge

This is the amount a provider bills for services covered under the policy.

### Maximum Allowable Fee

The amount established by Wellmark, using various methodologies, for covered services and supplies.

### Balance Billing

This is the difference between the billed charge and the maximum allowable fee, calculated by Wellmark Blue Cross and Blue Shield of Iowa, for a specific service, procedure, or product. Participating providers will not bill you for the difference. When you receive services from a provider who does not contract with Blue Cross and Blue Shield, you are responsible for this difference. Balance billed amounts do not apply toward your deductible.

# Know Your Benefits

## Covered Benefits

### Hospital Benefits — Inpatient

Coverage is provided for the following services when received on an inpatient basis in a hospital or nursing facility:

- Accidental injury services
- Anesthetics and their administration
- Blood administration
- Chemotherapy services
- Complications of pregnancy
- Corneal grafts
- Dietary Services
- Dressings and casts
- Drugs and biologicals
- Electrocardiograms, electroencephalograms and electromyographic tests
- Emergency care
- Hemodialysis services
- Inhalation therapy
- Intravenous (IV) injections and solutions
- Kidney transplants and bone marrow/stem cell transfers
- Occupational therapy to treat the upper extremities
- Room and board and nursing services
- Special care units including burn care units, cardiac care units, intensive care units, isolation rooms, operating rooms and recovery rooms
- Surgical services and supplies
- Therapy, including physical therapy and speech therapy

## Hospital Benefits — Outpatient

The inpatient hospital services listed (except for room and board, and dietary services) are also covered on an outpatient basis when treatment is for any of the following:

- Accident and injury care
- Medical emergency care
- Surgery
- Therapy, including physical therapy, inhalation therapy, speech therapy and occupational therapy

## Practitioner Services

The following list describes services we cover when received from an approved practitioner:

- Accidental injury services
- Anesthetics and their administration
- Assisting surgeon services
- Chemotherapy services
- Complications of pregnancy
- Concurrent care
- Consultation services
- Corneal grafts
- Hemodialysis
- Mammography (per state mandated schedule)
- Medical emergency care
- Medical services
- Occupational therapy to treat the upper extremities
- Physical therapy
- Radiation therapy
- Surgical services
- X-ray and laboratory testing, including allergy testing and pap smears

## Other Covered Services

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

- Ambulance services (professional air or ground)
- Home infusion therapy
- Home medical equipment
- Insulin and insulin supplies
- Oxygen and equipment
- Prescription drugs and medicines, except contraceptives and contraceptive devices
- Prosthetic appliances

## Limitations

### Home Health Services

Home health services are covered when they are provided by a home health agency. These services must be prescribed by a physician for the treatment of illness or injury, and not more costly than alternative services that would be effective for diagnosis and treatment of your condition. Services are limited to 30 visits.

## Exclusions

The following services are excluded or are not considered medically necessary by Wellmark Blue Cross and Blue Shield of Iowa and ARE NOT COVERED under the *Short-Term Blue Policy*.

## Pre-Existing Conditions

- Services and supplies for the treatment of a pre-existing condition.

A pre-existing condition is any illness, injury, or other condition for which you or your family members received, or were advised to receive, treatment or advice within 12 consecutive months before the effective date of this policy. This includes any condition that existed on the effective date of this policy, and any condition which progressed, developed from, was a complication of, or was secondary to a condition existing on the effective date of this policy. This also includes any condition which would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment within 12 months before the effective date of this policy.

## Covered by Other Programs or Laws

- Military-related injury
- Services or supplies that are or could have been paid under Workers' Compensation laws, including any services or supplies applied toward the satisfaction of any deductible under your employer's Workers' Compensation coverage
- Services under the policy if you are eligible for Medicare, even though you do not enroll in Medicare or waive or fail to claim Medicare benefits
- Services when someone else has the legal obligation to pay for your care
- Services or supplies when you are entitled to claim benefits from government agencies (except Medicaid)

## Fertility and Infertility

- Abortions
- Contraceptives
- Infertility diagnosis or treatment
- Routine maternity care
- Services for the collection or purchase of donor semen and oocytes, or for the services of a surrogate parent
- Sexual identification counseling or sex change surgery
- Sterilization reversal
- Voluntary sterilization

## Preventive Care

- Immunizations
- Routine examinations
- Routine foot care
- Routine newborn care
- Vision care
- Well-child care

## Therapy, Self-Motivation and Other Programs

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

## Transplants

- Expenses for the purchase of any organ
- Mechanical or non-human organs
- Services or supplies that are paid by an organ donor's health care coverage
- Transplants, except as described in your policy
- Transportation of a living donor

## Miscellaneous

- Active, reserve or military corps duty injury
- Anesthesia that is local or topical
- Arch supports
- Blood
- Care received outside of the United States or its possessions
- Chiropractic care
- Complications of a noncovered procedure (except pregnancy)
- Counseling, including bereavement, genetic, marriage and family counseling
- Dental care, except accidental injuries as described in the policy
- Elastic stockings or bandages
- Hearing exams or hearing aids
- Investigational treatment
- Maxillary and mandibular implants
- Mental health or chemical dependency conditions
- Motor vehicles
- Personal convenience items
- Routine maternity care
- Services furnished to you prior to the effective date of the policy
- Travel or lodging costs
- Treatment of temporomandibular joint (TMJ) disorders
- Wigs

# Expect More



**24/7 Health Line** — As a Wellmark member, you have access to a 24/7 toll-free health line, staffed by nurses and health professionals who can assist with general health and wellness questions. They also provide guidance for urgent health concerns to help determine whether you should seek emergency care.



**Helpful, Local Customer Service** — You are able to talk with experienced, local customer service representatives at Wellmark. Our knowledgeable staff will answer your questions and provide information to help you get the most from your health insurance plan.



**Your Coverage Goes With You** — No matter where you go, your Wellmark coverage goes with you. Within the United States, just present your ID card — it's that easy.

You can feel confident your health is covered with the right coverage, at the right price, right now.



# Becoming a Member

With Short-Term Blue, feel confident knowing your health is protected.

## Once You Apply

When you apply for coverage, remember that the requested effective date cannot be earlier than the day after you sign your application. If your application is not approved, your premium payment will be refunded in full.

Coverage will begin on your requested effective date only if:

- your application is received and accepted,
- your coverage effective date is approved, and
- your premium payment is received and accepted.

## Once You're Enrolled

As a new member, you'll receive your Wellmark identification card five to seven business days after we receive and approve your completed application.



# Policy Terms and Conditions

## Policy Term

Coverage will not start on the requested effective date until after your application and submitted premium are received and accepted by Wellmark, and your application and the requested effective date are approved by Wellmark. The requested effective date cannot be earlier than the day after the date you sign your application. You can be covered under this policy for any period from one to six months. You must be covered for a minimum of one full calendar month. If you choose a one, two, three, four, five or six-month term, your coverage will end at 12:01 a.m. on the termination date. However, if you choose the monthly payment option, your policy must terminate on the first day of a month.

## Policy Renewal

This policy ends on the date shown on your application. Since this coverage is not intended to be permanent or continuous, you can not renew your coverage after the date shown on your application. If you find you need coverage for a little longer than first anticipated, you can buy a second, separate policy that will provide coverage for up to another one to six months.

**Note:** Any health conditions occurring during your first policy term will be considered “pre-existing conditions” under your second policy and will not be covered. Deductibles and out-of-pocket maximums met under your first policy will not carry over to your second policy.

## Extension of Benefits

When your policy term ends, benefits may be extended for an injury or illness that began while this policy was in force and for which you are then being treated. To qualify for an extension of benefits, you must have met your deductible during the policy term and:

- you began receiving covered professional or facility services as an inpatient of a hospital or nursing facility while this policy was in force and remain an inpatient in a hospital or nursing facility on the termination date of this policy. Benefits will end upon the earliest of:
  - the date you are discharged;
  - our payment of maximum benefits under the policy;
  - 60 days from the termination date of the policy; or
  - the date services become covered by other health insurance; or
- you are not an inpatient of a hospital or nursing facility on the termination date of this policy, but are being treated for complications of or need follow-up treatment for an injury or illness that began during the policy term. A \$1,000 maximum benefit will be provided for a period of not more than 60 days beyond the policy termination date for the illness or injury. Benefits will end prior to 60 days if services become covered under other health insurance coverage. **Please note:** You are not covered for prescription drugs under this *Extension of Benefits* provision.

## Policy Payment

You can pay your policy all at once or on a monthly basis. If you choose to pay your premium on a monthly basis, a \$10 monthly service fee will apply. To have your premiums automatically withdrawn from a designated checking or savings account, you must complete an “Authorization for Automatic Withdrawal” form, which can be submitted with your application. If your application is not approved, any amount deducted will be refunded. There is not a refund of premium after the 10-day free look period.

# Premiums By Age

## Premiums

Coverage will not start on the requested effective date until after your application and submitted premium are received and accepted by Wellmark, and your application and the requested effective date are approved by Wellmark. The requested effective date cannot be earlier than the day after you sign your application. If your application is not approved, your premium payment will be refunded in full.

The premium for this coverage is based on the age of the oldest person covered under the policy. Your agent can help you determine premium amounts for policy terms that cover partial months; for example, six weeks.

*Note: All premiums are non-refundable. There is also a \$10.00 service fee charged for each automatic deduction from your checking or savings account, along with your monthly premium.*

*Premium payments may be made on a calendar month or policy term basis. For example, a monthly premium would be for the first day of a month through the last day of such month. A policy term payment would be for the first day of coverage and expire at 12:01 a.m. on the termination date.*

AGE 0-24						
Length of Coverage	Deductible Options	Single		Two-Person	Family	
		Male	Female			
1 Month	\$ 250	\$ 82.20	\$ 79.80	\$ 162.00	\$ 253.32	
	500	60.12	56.88	117.00	185.88	
	1,000	45.24	41.04	86.28	140.52	
2 Months	250	164.40	159.60	324.00	506.64	
	500	120.24	113.76	234.00	371.76	
	1,000	90.48	82.08	172.56	281.04	
3 Months	250	246.60	239.40	486.00	759.96	
	500	180.36	170.64	351.00	557.64	
	1,000	135.72	123.12	258.84	421.56	
4 Months	250	328.80	319.20	648.00	1,013.28	
	500	240.48	227.52	468.00	743.52	
	1,000	180.96	164.16	345.12	562.08	
5 Months	250	411.00	399.00	810.00	1,266.60	
	500	300.60	284.40	585.00	929.40	
	1,000	226.20	205.20	431.40	702.60	
6 Months	250	493.20	478.80	972.00	1,519.92	
	500	360.72	341.28	702.00	1,115.28	
	1,000	271.44	246.24	517.68	843.12	

Premiums effective as of January 1, 2010

AGE 25-29					
Length of Coverage	Deductible Options	Single		Two-Person	Family
		Male	Female		
1 Month	\$ 250	\$ 91.20	\$ 93.96	\$ 185.16	\$ 276.60
	500	60.12	59.64	119.76	188.64
	1,000	45.24	43.80	89.04	143.28
2 Months	250	182.40	187.92	370.32	553.20
	500	120.24	119.28	239.52	377.28
	1,000	90.48	87.60	178.08	286.56
3 Months	250	273.60	281.88	555.48	829.80
	500	180.36	178.92	359.28	565.92
	1,000	135.72	131.40	267.12	429.84
4 Months	250	364.80	375.84	740.64	1,106.40
	500	240.48	238.56	479.04	754.56
	1,000	180.96	175.20	356.16	573.12
5 Months	250	456.00	469.80	925.80	1,383.00
	500	300.60	298.20	598.80	943.20
	1,000	226.20	219.00	445.20	716.40
6 Months	250	547.20	563.76	1,110.96	1,659.60
	500	360.72	357.84	718.56	1,131.84
	1,000	271.44	262.80	534.24	859.68

AGE 30-34					
Length of Coverage	Deductible Options	Single		Two-Person	Family
		Male	Female		
1 Month	\$ 250	\$ 95.52	\$ 108.48	\$ 204.00	\$ 295.32
	500	68.04	75.48	143.52	212.40
	1,000	45.24	53.04	98.28	152.52
2 Months	250	191.04	216.96	408.00	590.64
	500	136.08	150.96	287.04	424.80
	1,000	90.48	106.08	196.56	305.04
3 Months	250	286.56	325.44	612.00	885.96
	500	204.12	226.44	430.56	637.20
	1,000	135.72	159.12	294.84	457.56
4 Months	250	382.08	433.92	816.00	1,181.28
	500	272.16	301.92	574.08	849.60
	1,000	180.96	212.16	393.12	610.08
5 Months	250	477.60	542.40	1,020.00	1,476.60
	500	340.20	377.40	717.60	1,062.00
	1,000	226.20	265.20	491.40	762.60
6 Months	250	573.12	650.88	1,224.00	1,771.92
	500	408.24	452.88	861.12	1,274.40
	1,000	271.44	318.24	589.68	915.12

Premiums effective as of January 1, 2010

AGE 35-39					
Length of Coverage	Deductible Options	Single		Two-Person	Family
		Male	Female		
1 Month	\$ 250	\$121.56	\$ 126.36	\$ 248.04	\$ 339.36
	500	83.04	88.08	171.12	240.00
	1,000	56.40	62.76	119.28	173.52
2 Months	250	243.12	252.72	496.08	678.72
	500	166.08	176.16	342.24	480.00
	1,000	112.80	125.52	238.56	347.04
3 Months	250	364.68	379.08	744.12	1,018.08
	500	249.12	264.24	513.36	720.00
	1,000	169.20	188.28	357.84	520.56
4 Months	250	486.24	505.44	992.16	1,357.44
	500	332.16	352.32	684.48	960.00
	1,000	225.60	251.04	477.12	694.08
5 Months	250	607.80	631.80	1,240.20	1,696.80
	500	415.20	440.40	855.60	1,200.00
	1,000	282.00	313.80	596.40	867.60
6 Months	250	729.36	758.16	1,488.24	2,036.16
	500	498.24	528.48	1,026.72	1,440.00
	1,000	338.40	376.56	715.68	1,041.12

AGE 40-44					
Length of Coverage	Deductible Options	Single		Two-Person	Family
		Male	Female		
1 Month	\$ 250	\$138.96	\$ 137.76	\$ 276.72	\$ 368.04
	500	102.12	97.80	199.92	268.80
	1,000	71.40	72.12	143.52	197.76
2 Months	250	277.92	275.52	553.44	736.08
	500	204.24	195.60	399.84	537.60
	1,000	142.80	144.24	287.04	395.52
3 Months	250	416.88	413.28	830.16	1,104.12
	500	306.36	293.40	599.76	806.40
	1,000	214.20	216.36	430.56	593.28
4 Months	250	555.84	551.04	1,106.88	1,472.16
	500	408.48	391.20	799.68	1,075.20
	1,000	285.60	288.48	574.08	791.04
5 Months	250	694.80	688.80	1,383.60	1,840.20
	500	510.60	489.00	999.60	1,344.00
	1,000	357.00	360.60	717.60	988.80
6 Months	250	833.76	826.56	1,660.32	2,208.24
	500	612.72	586.80	1,199.52	1,612.80
	1,000	428.40	432.72	861.12	1,186.56

Premiums effective as of January 1, 2010

AGE 45-49					
Length of Coverage	Deductible Options	Single		Two-Person	Family
		Male	Female		
1 Month	\$ 250	\$177.72	\$ 167.04	\$ 344.76	\$ 440.64
	500	122.40	119.28	241.68	314.28
	1,000	98.28	91.80	190.08	246.48
2 Months	250	355.44	334.08	689.52	881.28
	500	244.80	238.56	483.36	628.56
	1,000	196.56	183.60	380.16	492.96
3 Months	250	533.16	501.12	1,034.28	1,321.92
	500	367.20	357.84	725.04	942.84
	1,000	294.84	275.40	570.24	739.44
4 Months	250	710.88	668.16	1,379.04	1,762.56
	500	489.60	477.12	966.72	1,257.12
	1,000	393.12	367.20	760.32	985.92
5 Months	250	888.60	835.20	1,723.80	2,203.20
	500	612.00	596.40	1,208.40	1,571.40
	1,000	491.40	459.00	950.40	1,232.40
6 Months	250	1,066.32	1,002.24	2,068.56	2,643.84
	500	734.40	715.68	1,450.08	1,885.68
	1,000	589.68	550.80	1,140.48	1,478.88

AGE 50-54					
Length of Coverage	Deductible Options	Single		Two-Person	Family
		Male	Female		
1 Month	\$ 250	216.12	236.64	452.76	548.64
	500	151.92	166.44	318.36	390.96
	1,000	118.92	122.40	241.32	297.84
2 Months	250	432.24	473.28	905.52	1,097.28
	500	303.84	332.88	636.72	781.92
	1,000	237.84	244.80	482.64	595.68
3 Months	250	648.36	709.92	1,358.28	1,645.92
	500	455.76	499.32	955.08	1,172.88
	1,000	356.76	367.20	723.96	893.52
4 Months	250	864.48	946.56	1,811.04	2,194.56
	500	607.68	665.76	1,273.44	1,563.84
	1,000	475.68	489.60	965.28	1,191.36
5 Months	250	1,080.60	1,183.20	2,263.80	2,743.20
	500	759.60	832.20	1,591.80	1,954.80
	1,000	594.60	612.00	1,206.60	1,489.20
6 Months	250	1,296.72	1,419.84	2,716.56	3,291.84
	500	911.52	998.64	1,910.16	2,345.76
	1,000	713.52	734.40	1,447.92	1,787.04

Premiums effective as of January 1, 2010

AGE 55-59						
Length of Coverage	Deductible Options	Single		Two-Person	Family	
		Male	Female			
1 Month	\$ 250	\$290.88	\$ 295.56	\$ 586.56	\$ 682.44	
	500	213.48	210.12	423.72	496.20	
	1,000	158.40	157.92	316.32	372.72	
2 Months	250	581.76	591.12	1,173.12	1,364.88	
	500	426.96	420.24	847.44	992.40	
	1,000	316.80	315.84	632.64	745.44	
3 Months	250	872.64	886.68	1,759.68	2,047.32	
	500	640.44	630.36	1,271.16	1,488.60	
	1,000	475.20	473.76	948.96	1,118.16	
4 Months	250	1,163.52	1,182.24	2,346.24	2,729.76	
	500	853.92	840.48	1,694.88	1,984.80	
	1,000	633.60	631.68	1,265.28	1,490.88	
5 Months	250	1,454.40	1,477.80	2,932.80	3,412.20	
	500	1,067.40	1,050.60	2,118.60	2,481.00	
	1,000	792.00	789.60	1,581.60	1,863.60	
6 Months	250	1,745.28	1,773.36	3,519.36	4,094.64	
	500	1,280.88	1,260.72	2,542.32	2,977.20	
	1,000	950.40	947.52	1,897.92	2,236.32	

AGE 60-64						
Length of Coverage	Deductible Options	Single		Two-Person	Family	
		Male	Female			
1 Month	\$ 250	\$432.12	\$ 350.16	\$ 782.16	\$ 878.04	
	500	300.12	241.68	541.80	614.40	
	1,000	226.44	181.32	407.76	464.28	
2 Months	250	864.24	700.32	1,564.32	1,756.08	
	500	600.24	483.36	1,083.60	1,228.80	
	1,000	452.88	362.64	815.52	928.56	
3 Months	250	1,296.36	1,050.48	2,346.48	2,634.12	
	500	900.36	725.04	1,625.40	1,843.20	
	1,000	679.32	543.96	1,223.28	1,392.84	
4 Months	250	1,728.48	1,400.64	3,128.64	3,512.16	
	500	1,200.48	966.72	2,167.20	2,457.60	
	1,000	905.76	725.28	1,631.04	1,857.12	
5 Months	250	2,160.60	1,750.80	3,910.80	4,390.20	
	500	1,500.60	1,208.40	2,709.00	3,072.00	
	1,000	1,132.20	906.60	2,038.80	2,321.40	
6 Months	250	2,592.72	2,100.96	4,692.96	5,268.24	
	500	1,800.72	1,450.08	3,250.80	3,686.40	
	1,000	1,358.64	1,087.92	2,446.56	2,785.68	

Premiums effective as of January 1, 2010

# Consider Your Options

Thank you for considering a *Short-Term Blue* policy from Wellmark Blue Cross and Blue Shield.

*Short-Term Blue* offers temporary major medical coverage. Our suite of SimplyBlue plans for individuals and families provide flexibility and affordability. So depending on your particular lifestyle and financial situation, you can find an appropriate plan. Let us help you find the right match for your health insurance needs.

LIFE STAGES					
	Just Starting Out	Starting or Raising a Family	On Your Own	Retiring Early	Between Jobs
Alliance Select <sup>SM</sup> PPO Comprehensive		●	●	●	
Alliance Select <sup>SM</sup> PPO Enhanced	●		●	●	
Alliance Select <sup>SM</sup> PPO Value	●	●			●
Blue Priority HSA <sup>SM</sup>		●	●	●	
Blue Basics <sup>SM</sup>	●				●
Short-Term Blue <sup>SM</sup>					●

## We're Here to Help

Contact us with questions or for more information. We're here to help you figure it all out.



Contact your authorized independent agent



Call a Wellmark representative



Visit our website at: [www.wellmark.com/SimplyBlue](http://www.wellmark.com/SimplyBlue)

*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.*

## If You Have Questions or Need Additional Information:

Please call your authorized agent or  
Wellmark Blue Cross and Blue Shield of Iowa.



**Your Health. Well Protected.<sup>SM</sup>**

Wellmark Blue Cross and Blue Shield of Iowa is an Independent Licensee of the Blue Cross and Blue Shield Association.

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