



*Thank you for purchasing a Short Term Major Medical policy from Wellmark Blue Cross and Blue Shield.*

You will receive your laminated Wellmark identification card five to seven business days after we receive your completed application and premium payment from the representative who sold you your policy.

You will notice on the card that we have replaced your Social Security number with the new Wellmark ID — a combination of letters and numbers — to help keep your personal information private, giving you an added measure of security. If you should require covered services before your new ID card arrives, please show this document to your health-care provider and ask his or her office to call the number below to verify your eligibility:

**1-800-847-1506**

Again, thank you for trusting Wellmark with your Short Term Major Medical needs, and remember to watch your mailbox for your new Wellmark ID card.



You Just Can't Beat The Blues®

636 Grand Avenue  
Des Moines, IA 50309

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

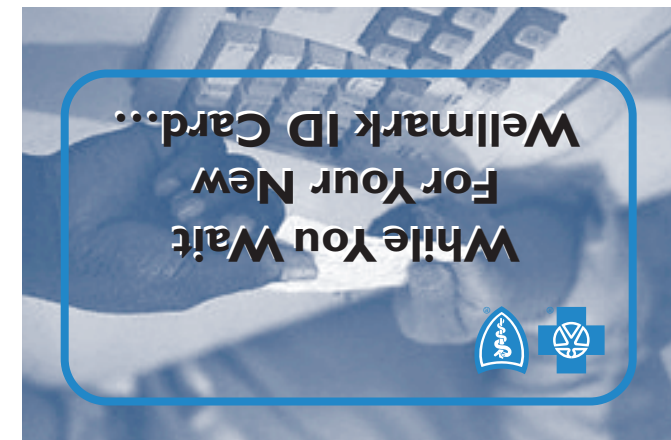
Blue Cross®, Blue Shield®, the Cross and Shield symbols, You Just Can't Beat The Blues®, and Blue Card® are registered marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans.

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**Protect Yourself**  
Short Term Major Medical  
Outline of Coverage



This outline of coverage provides a brief description of the important features of your Short Term Major Medical policy. This is not the insurance contract 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. It is, therefore, important that you read your policy carefully.



An Independent Licensee of the  
Blue Cross and Blue Shield Association

**For more than 60 years, Wellmark Blue Cross and Blue Shield of Iowa has been committed to meeting the unique needs of its members. For people who have a temporary need for health insurance, we offer Short Term Major Medical coverage.**

Short Term Major Medical provides coverage from a minimum of 30 days to a maximum of six months. Just let us know how long you need coverage.

Our plans allow you to visit any physician or medical facility, and your coverage follows you from state to state.

We're here for you when and where you need us...offering choices and taking the worry and hassle out of health insurance. That's a promise you can count on!

Short Term Major Medical coverage works well for a variety of situations.

- Students no longer eligible for coverage under a parent's policy
- Employed persons on an extended leave of absence
- People who are between jobs
- New employees waiting for group insurance coverage
- People leaving a group policy who want temporary coverage

Major medical policies provide coverage for major hospital, medical and surgical services resulting from a covered accident or sickness. Coverage is subject to the exclusions and limitations listed in the policy. For example, coverage is not provided for pre-existing conditions or for preventive or routine health care. *See pages 5–9 for more information about what is and what is not covered.*

## 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 Major Medical Policy

All services must be medically necessary to be covered.

	YOU PAY		
	Option 1	Option 2	Option 3
Per Person Deductible*	\$250	\$500	\$1,000
Coinsurance	20%	20%	20%
Per Person Out-of-Pocket Maximum*	\$1,000	\$1,500	\$3,000

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

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

## Eligibility Requirements

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

- You must be an Iowa resident;
- No one listed on the application can be younger than 15 days old;
- 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 you want this coverage to start;
- 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 Major Medical policy is in effect, that person's coverage under this Short Term Major Medical 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 children are eligible for coverage under a two-person or family policy if they are:

- A full-time student under age 23; or
- Age 18 or younger

## Payment Arrangements

Most physicians and medical facilities contract with Wellmark Blue Cross and Blue Shield. 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 any services whether or not they are covered under the policy.

**Covered Charge**—This is the amount a provider bills for services covered under the policy.

**Maximum Allowable Fee**—This is the amount we establish, using various methodologies, for covered services. In other words, the amount we agree to pay.

**Balance Billing**—This is the difference between the billed charge and the maximum allowable fee Wellmark Blue Cross and Blue Shield will pay 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 participate with Blue Cross and Blue Shield, you are responsible for this difference. Balance billed amounts do not apply toward your deductible.

## 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
- Corneal grafts
- Dressings and casts
- Drugs and biologicals
- Electrocardiograms, electroencephalograms and electromyographic tests
- Emergency care
- Intravenous (IV) injections and solutions
- Kidney transplants and bone marrow/stem cell transfers
- 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, inhalation therapy, speech therapy and occupational therapy

### Hospital Benefits—Outpatient

The inpatient hospital services listed above (except for room and board) 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, but not services related to normal pregnancy and delivery
- Concurrent care
- Consultation services
- Corneal grafts
- Hemodialysis
- Mammography (per mandated schedule)
- Medical care
- Medical emergency care
- 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 when you are homebound, 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 and ARE NOT covered under the Short Term Major Medical 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 paid under Workers' Compensation laws, including services or supplies applied toward the satisfaction of any deductible under your employer's Workers' Compensation coverage
- Services or supplies when you are entitled to claim benefits from government agencies (except Medicaid)
- 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

### **Fertility and Infertility**

- Abortions
- Contraceptives
- Infertility diagnosis or treatment
- Routine maternity care

- Services for the collection of donor semen and oocytes, or for the services of a surrogate parent
- Sexual identification counseling or sex change surgery
- Sterilization
- Sterilization reversal
- Subcutaneous implants

### **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 non-covered procedure
- 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
- Temporomandibular joint syndrome
- Travel or lodging costs
- Wigs

### **Preventive and Routine 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

## **Special programs**

### **Case Management**

This coverage 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 alternative treatment plans to meet special needs and to assist in preserving your health insurance benefits.

### **BlueCard® Program**

The BlueCard program provides you with health benefits anywhere in the United States. Simply present your Wellmark Blue Cross and Blue Shield ID card to our participating providers. Your provider will verify your coverage with us and will electronically route your claim information to us. You are only responsible for any applicable deductible and coinsurance amounts. To locate a provider, call 1-800-847-1506 or visit *www.wellmark.com*

## **Policy Term**

Your policy will become effective on the date you indicate on your application for coverage. This date cannot be earlier than the day after the date you sign the application. You can be covered under this policy for

any period from one month 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 on the same day of the month as the effective date. For example, if you choose a three-month coverage term and your effective date is May 3, your policy will terminate at 12:01 a.m. on August 3. 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 six months.

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 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 for your policy all at once. Just submit a check for the total premium along with your application. If you'd prefer to have monthly premiums automatically withdrawn from your checking or savings account and you're requesting coverage for three or more months, simply submit the following along with your application for coverage:

1. A check for the first month's premium plus a \$10.00 service fee.
2. A completed "Authorization for Automatic Account Withdrawal" form if someone other than the primary applicant is paying for this coverage.
3. A voided check from the account you wish to have monthly premiums deducted.

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

## Premiums

Your policy becomes effective on the date you select on your application provided that date is after the date you signed the application. 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.

### Age 0-24

Length of Coverage	Deductible Option	Single		Two-Person	Family
		Male	Female		
1 Month	\$250	\$68.50	\$66.50	\$135.00	\$211.10
	\$500	50.10	47.40	97.50	154.90
	\$1,000	37.70	34.20	71.90	117.10
2 Months	\$250	137.00	133.00	270.00	422.20
	\$500	100.20	94.80	195.00	309.80
	\$1,000	75.40	68.40	143.80	234.20
3 Months	\$250	205.50	199.50	405.00	633.30
	\$500	150.30	142.20	292.50	464.70
	\$1,000	113.10	102.60	215.70	351.30
4 Months	\$250	274.00	266.00	540.00	844.40
	\$500	200.40	189.60	390.00	619.60
	\$1,000	150.80	136.80	287.60	468.40
5 Months	\$250	342.50	332.50	675.00	1,055.50
	\$500	250.50	237.00	487.50	774.50
	\$1,000	188.50	171.00	359.50	585.50
6 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

### Age 25-29

Length of Coverage	Deductible Option	Single		Two-Person	Family
		Male	Female		
1 Month	\$250	\$76.00	\$78.30	\$154.30	\$230.50
	\$500	50.10	49.70	99.80	157.20
	\$1,000	37.70	36.50	74.20	119.40
2 Months	\$250	152.00	156.60	308.60	461.00
	\$500	100.20	99.40	199.60	314.40
	\$1,000	75.40	73.00	148.40	238.80
3 Months	\$250	228.00	234.90	462.90	691.50
	\$500	150.30	149.10	299.40	471.60
	\$1,000	113.10	109.50	222.60	358.20
4 Months	\$250	304.00	313.20	617.20	922.00
	\$500	200.40	198.80	399.20	628.80
	\$1,000	150.80	146.00	296.80	477.60
5 Months	\$250	380.00	391.50	771.50	1,152.50
	\$500	250.50	248.50	499.00	786.00
	\$1,000	188.50	182.50	371.00	597.00
6 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

Premiums effective as of September 1, 2005

### Age 30-34

Length of Coverage	Deductible Option	Single		Two-Person	Family
		Male	Female		
1 Month	\$250	\$79.60	\$90.40	\$170.00	\$246.10
	\$500	56.70	62.90	119.60	177.00
	\$1,000	37.70	44.20	81.90	127.10
2 Months	\$250	159.20	180.80	340.00	492.20
	\$500	113.40	125.80	239.20	354.00
	\$1,000	75.40	88.40	163.80	254.20
3 Months	\$250	238.80	271.20	510.00	738.30
	\$500	170.10	188.70	358.80	531.00
	\$1,000	113.10	132.60	245.70	381.30
4 Months	\$250	318.40	361.60	680.00	984.40
	\$500	226.80	251.60	478.40	708.00
	\$1,000	150.80	176.80	327.60	508.40
5 Months	\$250	398.00	452.00	850.00	1,230.50
	\$500	283.50	314.50	598.00	885.00
	\$1,000	188.50	221.00	409.50	635.50
6 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

### Age 35-39

Length of Coverage	Deductible Option	Single		Two-Person	Family
		Male	Female		
1 Month	\$250	\$101.30	\$105.30	\$206.70	\$282.80
	\$500	69.20	73.40	142.60	200.00
	\$1,000	47.00	52.30	99.40	144.60
2 Months	\$250	202.60	210.60	413.40	565.60
	\$500	138.40	146.80	285.20	400.00
	\$1,000	94.00	104.60	198.80	289.20
3 Months	\$250	303.90	315.90	620.10	848.40
	\$500	207.60	220.20	427.80	600.00
	\$1,000	141.00	156.90	298.20	433.80
4 Months	\$250	405.20	421.20	826.80	1,131.20
	\$500	276.80	293.60	570.40	800.00
	\$1,000	188.00	209.20	397.60	578.40
5 Months	\$250	506.50	526.50	1,033.50	1,414.00
	\$500	346.00	367.00	713.00	1,000.00
	\$1,000	235.00	261.50	497.00	723.00
6 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

Premiums effective as of September 1, 2005

### Age 40 - 44

Length of Coverage	Deductible Option	Single		Two-Person	Family
		Male	Female		
1 Month	\$250	\$115.80	\$114.80	\$230.60	\$306.70
	\$500	85.10	81.50	166.60	224.00
	\$1,000	59.50	60.10	119.60	164.80
2 Months	\$250	231.60	229.60	461.20	613.40
	\$500	170.20	163.00	333.20	448.00
	\$1,000	119.00	120.20	239.20	329.60
3 Months	\$250	347.40	344.40	691.80	920.10
	\$500	255.30	244.50	499.80	672.00
	\$1,000	178.50	180.30	358.80	494.40
4 Months	\$250	463.20	459.20	922.40	1,226.80
	\$500	340.40	326.00	666.40	896.00
	\$1,000	238.00	240.40	478.40	659.20
5 Months	\$250	579.00	574.00	1,153.00	1,533.50
	\$500	425.50	407.50	833.00	1,120.00
	\$1,000	297.50	300.50	598.00	824.00
6 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

### Age 45 - 49

Length of Coverage	Deductible Option	Single		Two-Person	Family
		Male	Female		
1 Month	\$250	\$148.10	\$139.20	\$287.30	\$367.20
	\$500	102.00	99.40	201.40	261.90
	\$1,000	81.90	76.50	158.40	205.40
2 Months	\$250	296.20	278.40	574.60	734.40
	\$500	204.00	198.80	402.80	523.80
	\$1,000	163.80	153.00	316.80	410.80
3 Months	\$250	444.30	417.60	861.90	1,101.60
	\$500	306.00	298.20	604.20	785.70
	\$1,000	245.70	229.50	475.20	616.20
4 Months	\$250	592.40	556.80	1,149.20	1,468.80
	\$500	408.00	397.60	805.60	1,047.60
	\$1,000	327.60	306.00	633.60	821.60
5 Months	\$250	740.50	696.00	1,436.50	1,836.00
	\$500	510.00	497.00	1,007.00	1,309.50
	\$1,000	409.50	382.50	792.00	1,027.00
6 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

Premiums effective as of September 1, 2005

### Age 50-54

Length of Coverage	Deductible Option	Single		Two-Person	Family
		Male	Female		
1 Month	\$250	\$180.10	\$197.20	\$377.30	\$457.20
	\$500	126.60	138.70	265.30	325.80
	\$1,000	99.10	102.00	201.10	248.20
2 Months	\$250	360.20	394.40	754.60	914.40
	\$500	253.20	277.40	530.60	651.60
	\$1,000	198.20	204.00	402.20	496.40
3 Months	\$250	540.30	591.60	1,131.90	1,371.60
	\$500	379.80	416.10	795.90	977.40
	\$1,000	297.30	306.00	603.30	744.60
4 Months	\$250	720.40	788.80	1,509.20	1,828.80
	\$500	506.40	554.80	1,061.20	1,303.20
	\$1,000	396.40	408.00	804.40	992.80
5 Months	\$250	900.50	986.00	1,886.50	2,286.00
	\$500	633.00	693.50	1,326.50	1,629.00
	\$1,000	495.50	510.00	1,005.50	1,241.00
6 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	1,206.00	1,489.20

### Age 55-59

Length of Coverage	Deductible Option	Single		Two-Person	Family
		Male	Female		
1 Month	\$250	\$242.40	\$246.30	\$488.80	\$568.70
	\$500	177.90	175.10	353.10	413.50
	\$1,000	132.00	131.60	263.60	310.60
2 Months	\$250	484.80	492.60	977.60	1,137.40
	\$500	355.80	350.20	706.20	827.00
	\$1,000	264.00	263.20	527.20	621.20
3 Months	\$250	727.20	738.90	1,466.40	1,706.10
	\$500	533.70	525.30	1,059.30	1,240.50
	\$1,000	396.00	394.80	790.80	931.80
4 Months	\$250	969.60	985.20	1,955.20	2,274.80
	\$500	711.60	700.40	1,412.40	1,654.00
	\$1,000	528.00	526.40	1,054.40	1,242.40
5 Months	\$250	1,212.00	1,231.50	2,444.00	2,843.50
	\$500	889.50	875.50	1,765.50	2,067.50
	\$1,000	660.00	658.00	1,318.00	1,553.00
6 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

Premiums effective as of September 1, 2005

Age 60-64					
Length of Coverage	Deductible Option	Single		Two-Person	Family
		Male	Female		
1 Month	\$250	\$360.10	\$291.80	\$651.80	\$731.70
	\$500	250.10	201.40	451.50	512.00
	\$1,000	188.70	151.10	339.80	386.90
2 Months	\$250	720.20	583.60	1,303.60	1,463.40
	\$500	500.20	402.80	903.00	1,024.00
	\$1,000	377.40	302.20	679.60	773.80
3 Months	\$250	1,080.30	875.40	1,955.40	2,195.10
	\$500	750.30	604.20	1,354.50	1,536.00
	\$1,000	566.10	453.30	1,019.40	1,160.70
4 Months	\$250	1,440.40	1,167.20	2,607.20	2,926.80
	\$500	1,000.40	805.60	1,806.00	2,048.00
	\$1,000	754.80	604.40	1,359.20	1,547.60
5 Months	\$250	1,800.50	1,459.00	3,259.00	3,658.50
	\$500	1,250.50	1,007.00	2,257.50	2,560.00
	\$1,000	943.50	755.50	1,699.00	1,934.50
6 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

Premiums effective as of September 1, 2005

*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.*

quality  
coverage



## Your Wellmark ID Card

When you purchase a Short Term Major Medical policy with The Blues,<sup>®</sup> you'll receive your Wellmark identification card five to seven business days after we receive your completed application and premium payment from the representative who sold you your policy.

If you require covered services before your new ID card arrives, please show the attached "While You Wait for Your New Wellmark ID Card" card to your health-care provider and ask his or her office to call our toll-free customer service number 1-800-847-1506 to verify your eligibility.

id card