

2021

Individual & Family
Insurance Plan Book for Missouri
Find the plan that fits your life



WellFirst Health®

Have questions?
We are here to help

Call

Call our Customer Care Center for questions about benefits and more.

866-514-4194 (TTY: 711)

Monday - Thursday, 7:30 am - 5 pm
Friday, 8 am - 4:30 pm

Click

Visit wellfirstbenefits.com/get-help

Enroll

Find the best plan for you!
Visit wellfirstbenefits.com/calculator



For more information on our available plans visit wellfirstbenefits.com

Look Inside

WellFirst Health[®]

Health Coverage Focused on Health Care

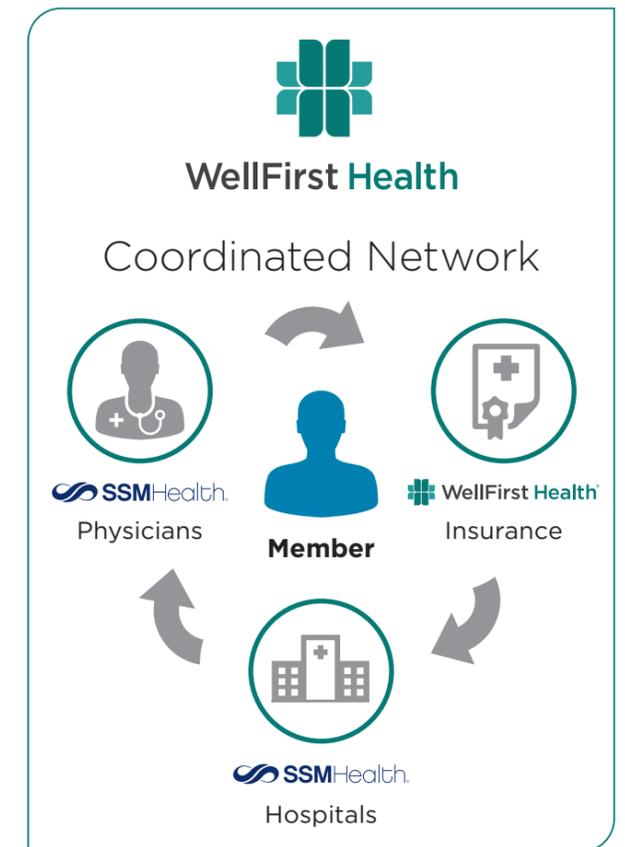
Traditionally, insurance companies and physicians measure success quite differently. This dynamic has led to a health care system that focuses more on illness than wellness.

WellFirst Health Insurance changes that.

It's a true collaboration between health care experts, hospital partners and insurance providers, leading to a better value and beneficial experience for members — one that is truly focused on them. WellFirst Health was developed right here by local health care and insurance professionals and was designed specifically to help our communities flourish.

Coordinated, Physician-led Coverage and Care

WellFirst Health Insurance addresses the challenge of creating a long-term, sustainable health care solution by transforming the health care model. With its coordinated approach and focus on the doctor-patient relationship versus insurance company profits, WellFirst Health brings an innovative model of care and coverage to Missouri. Primary care physicians and specialists across WellFirst Health's network collaborate to provide the best personalized care possible. It's insurance that members can feel great about.



visit wellfirstbenefits.com to find a wealth of health insurance information, benefit details and so much more.

Why Choose WellFirst Health?

WellFirst Health is dedicated to our members complete and lasting well-being. It gives members peace of mind financially and the confidence that their health care is of the utmost quality. The plan offers preventive care and wellness education through early diagnosis, groundbreaking treatment and rapid recovery.

Health Insurance that Fits You



We have options — whether you're a family of 1, 2 or 12

Great coverage at a competitive price



Rewards for Living Healthy



We look out for you when you're sick — and when you're well

Up to \$150 in rewards for making healthy choices!



foodsmart A free digital nutrition tool with a database of nutritional information, recipes and more

Local Company, Local Partners



SSM Health delivers exceptional care throughout the St. Louis region, with nearby physician offices, urgent care locations and numerous hospitals — including a respected children's hospital. Their wide network of care gives patients the right care, close to home.



Giving You Options



Marketplace plans are great for individuals and families that are eligible for discounts or financial subsidies

Direct plans offer individuals and families, who do not qualify for subsidies, similar plans as the Marketplace, with additional value-added benefits



Learn more at wellfirstbenefits.com/calculator

Where to Go for Care



Knowing your care options in advance is not just good for your health, but it also saves you money.



Virtual Visit

Get care for certain common conditions from the comfort of home via smart phone or computer at wellfirstbenefits.com/virtualvisit. Receive a diagnosis, a treatment plan and a prescription at no cost* for members.

The lowest-cost option.

- Acid reflux
- Allergies & hay fever
- Bladder infections
- Cold/flu, sinus infections
- Diaper rash
- Lice
- Motion sickness
- Pink eye
- Ringworm (tinea)
- Swimmer's ear (otitis externa)
- Tick bite
- Tobacco cessation
- Vaginal yeast infection
- Whooping cough (pertussis)
- **And more**



Primary Care

Need care? Call your primary care clinic for an appointment. Same-day appointments are usually available.

A lower-cost option.

Common reasons to visit include:

- Annual Preventive Office Visits and checkups
- Flu and other recommended immunizations
- Less severe issues like earaches, cold or flu symptoms and sore throat
- Managing chronic conditions
- Migraines



Urgent Care

If a same-day appointment is not available to treat your illness or injury at your primary care clinic, you may be directed to Urgent Care.

A lower-cost option.



Still not sure of the type of care you need?
Call the 24-Hour Nurse Advice Line at 833-925-0398
A nurse is ready to help 24/7/365.



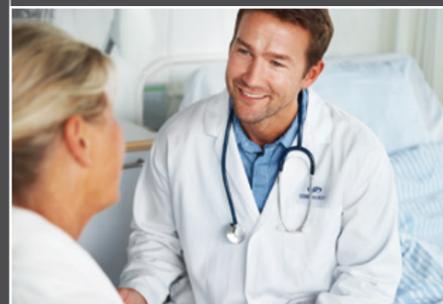
Emergency Care

For a life-threatening illness or injury, go to the nearest emergency room or call 911. Tell your primary care provider that you went to the ER. You may need follow-up services.

The high-cost option.

Common reasons to visit include:

- Heart attack symptoms (chest pain, shortness of breath, nausea/vomiting)
- Stroke symptoms (slurred speech, sudden weakness and vision loss, and dizziness)
- Head injury or sudden confusion
- Severe abdominal pain



Visit wellfirstbenefits.com/calculator for help deciding which plan option is best for you.

SSM Health Express Clinics at Walgreens

Need to see an SSM Health provider in-person, but you can't make it to your primary provider's office? Visit an SSM Health Express Clinic at Walgreens locations across the St. Louis area.

Walk in or schedule an appointment online and avoid the wait: wellfirstbenefits.com/schedule

*HSA plan members do not qualify for \$0 Virtual Visit Copay. See your plan for details.

Understanding the Basics of Health Insurance

Health insurance is complicated, so we're going to walk you through the basics.

Essential Health Benefits

There are ten benefits that individual plans must cover. Depending on the type of plan you purchased, services associated with Essential Health Benefits may still require cost sharing in the form of copays, coinsurance and deductibles.



- Preventive (see below), wellness and disease management services

- Emergency care



- Hospitalization

- Ambulatory care



- Maternity and newborn services

- Prescription drug coverage



- Pediatric services

- Laboratory services



- Rehabilitative and habilitative services



- Mental health and substance abuse services, including behavioral health treatment



Preventive Services are provided with no copays, coinsurance or deductibles when delivered by a network provider, and when all preventive services criteria are met.

- Routine vaccines

- Flu & pneumonia vaccines

- Preventive care visits

- Blood pressure, cholesterol and diabetes screenings

- Colorectal cancer screening (50+)

- Mammography screenings (once per year for 40 years of age and older)



For a more comprehensive list, visit wellfirstbenefits.com/preventivecare.



Prescription Coverage includes programs to make filling prescriptions easier and save you money along the way. Prescription coverage benefits vary from plan to plan. For more information visit wellfirstbenefits.com/medications.



Federal Poverty Level (FPL) is the measure of income level issued annually by the Department of Health and Human Services. The relationship between your income and the Federal Poverty Level is used to determine your eligibility for certain programs and benefits.

Insurance With You in Mind



Preventive Services

We do more than help pay the medical bill. At the heart of our preventive care philosophy is a promise you will get the support needed to remain healthy.



Living Healthy

Living Healthy, powered by WebMD, is our comprehensive wellness program that includes reward incentives* for your healthy activities.



Powerful Tools

Get access to online accounts, like MyChart, designed to assist you with communicating with your physician, viewing claims and accessing prescription history.



Exceptional Support

When you have insurance questions or needs, our knowledgeable Customer Care Team is just a call away.



Care Around The Clock

WellFirst Health's 24-hour Nurse Advice Line is available any time you need a little health advice. Our staff is available 365 days of the year.



Out-of-Area Care

Both urgent and emergency care are covered by WellFirst Health when you are traveling and unable to return to the service area.



Transportation

WellFirst Health has partnered with Lyft to bring our members to and from their appointments free of charge. Learn more at wellfirstbenefits.com/lyft.



Care from Anywhere

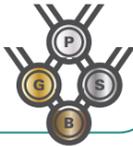
SSM Health's Virtual Visit is available to all WellFirst Health individual and family plan members free of charge for certain plans. See the direct and marketplace plan grids located in the front pocket for more details.

* Only WellFirst Health members age 18 and older are eligible for Living Healthy rewards. Check with your plan administrator for reward offerings specific to your plan. Visit wellfirstbenefits.com/livinghealthy for details.

Help Choosing The Best Plan for You

WellFirst Health is all about options, so pick the plan option that's best for you. One route is to select a plan with lower premiums and higher copays. Another may have higher premiums and lower copays.

We can help if you have questions. Whichever plan you choose, it will fall into a metal category. These help categorize plans according to how much you can expect to pay in monthly premium and when you receive medical services. See page 11 for more information.



Plan Types



Copay Plus Plans

You don't like surprise bills? This may be the plan for you. Copay Plus plans feature:



Low copays for office visits and many prescription drugs



Affordable deductible and coinsurance options



An easy way to build a relationship with a provider

Get the coverage you need and the cost predictability you prefer!



Classic Plans

Make it simple. The Classic Plan delivers both comprehensive coverage and simplicity, while offering dependable copay options for prescriptions.



It's simple! Pick a deductible level and you're all set ... and covered!

Note: Classic plans are only available to Marketplace members.

Find the best plan for you!

Visit wellfirstbenefits.com/calculator.



Value Copay Plans

Perhaps you prefer the lower premiums of a high-deductible plan as well as low out-of-pocket costs when you visit the doctor. WellFirst Health has you covered on that preference, too. We offer Value Copay Plan options that serve your needs.



Three affordable office visit copays to cover unexpected problems



Lower copays on generic prescription drugs with most plans



Overall monthly premium savings of a high-deductible health plan



Safety Net Plans

Catastrophic Plans are available for those who:



are under age thirty

or



meet certain income guidelines

and



are comfortable with their health status

Your goal is to protect yourself from medical bankruptcy in the event of an unexpected catastrophic illness or injury. Consider jumping into our Safety Net Plan that offers a high deductible and **three FREE office visits**. Remember that government affordability programs are not available with the Safety Net Plan.

Note: Safety Net plans are only available to Marketplace members.

Looking to save even more? Choose an HSA-eligible plan

You're a saver and prefer to take advantage of a Health Savings Account (HSA) to cover your medical bills. We have excellent choices for you! **Eligible individuals can combine a qualifying high-deductible health plan (HDHP) with an HSA** for more financial freedom and flexibility. Just visit wellfirstbenefits.com and purchase one of our HSA-eligible Individual & Family plans. For questions regarding an HSA plan, call WellFirst Health at **866-514-4194 (TTY: 711)**.



Provide multiple options for combining a qualifying HDHP with an HSA



Grow health care savings—No "use it or lose it" rule



Receive tax savings

Health Insurance Affordability Programs

Having health insurance means peace of mind in knowing you are covered. Depending on your income and personal situation, you may be eligible for a variety of discounts and subsidies, too. See wellfirstbenefits.com/calculator for more information and to find out if you are eligible.



Tax Credits lower the monthly premium you pay for health insurance and are available for those who make **\$51,000 or less for a single person**.

Advance payments of the premium tax credit are available to individuals with household income of at least 100 percent, but not more than 400 percent, of the Federal Poverty Level (FPL).

You can use your tax credit on most Marketplace plans. When you visit wellfirstbenefits.com and begin shopping plans, your tax credit allowance will be calculated for you.



Cost Sharing Reduction Plans are available for those who make **\$31,000 or less for a single person**.



Lower the amount you pay on services



Most members who applied last year qualified



Lower Out-of-Pocket Costs Cost-sharing reduction is only available on silver plans. There are three levels of cost sharing reduction based on income brackets:

1

100-150 percent of FPL

2

151-200 percent of FPL

3

201-250 percent of FPL

WellFirst Health offers a variety of options for silver plans that are eligible for cost-sharing reduction plans.

Cost-sharing Maximums

The plan you purchase will include a limit on the out-of-pocket expenses you have to pay for health care per year. Once this limit is reached, your health insurance plan begins to pay 100 percent of the cost.

Metal Tiers

You can use metal tiers to help determine which type of plan is right for you. No matter where you purchase your plan, it will be categorized using metal tiers.

Metal Tiers				
				
	Platinum	Gold	Silver	Bronze
Monthly cost	\$\$\$\$	\$\$\$	\$\$	\$
Cost when you get care	\$	\$\$	\$\$\$	\$\$\$\$
Maximum out-of-pocket expenses	\$	\$\$	\$\$\$	\$\$\$\$
Good option if you...	Plan to use a lot of health care services	Want to save on monthly premiums while keeping out-of-pocket costs low	Need to balance monthly premium with out-of-pocket costs	Don't plan to need a lot of health care services

Federal Poverty Level (FPL)

It's important to check if you qualify for one or more of these programs based on your income level. The following table shows the FPL guidelines, but an agent or a WellFirst Health representative can help you if you're not sure.

2020 Federal Poverty Level Guidelines			
Size of Household	Percentage of Federal Poverty Level		
	100%	250%	400%
1 	\$12,760	\$31,900	\$51,040
2 	\$17,240	\$43,100	\$68,960
3 	\$21,720	\$54,300	\$86,880
4 	\$26,200	\$65,500	\$104,800
Coverage Information	May qualify for cost-sharing reductions and advance premium tax credits	May qualify for cost-sharing reductions and advance premium tax credits	May qualify for advance premium tax credits

Financial Help is available!



wellfirstbenefits.com

Information on these pages is valid as of July 2020 and is subject to change.

General Limitations & Exclusions

All benefits are subject to limitations and exclusions as described in your Schedule of Benefits and in your Policy and Benefit Summary (“Policy”). The following list is not exhaustive and may vary based on your Policy. For a complete listing refer to your Policy.

Medical

- Cytotoxic testing and sublingual antigens associated to allergy testing
- Hair analysis (unless lead or arsenic poisoning is suspected)
- Preimplantation genetic testing of embryos and gametes
- Convenience items for a Member or a Member’s family, unless stated otherwise in this policy
- Drugs connected to the treatment of infertility, including but not limited to those administered in a physician’s office
- Outpatient prescription drugs, except those prescriptions otherwise covered under this Policy
- Oral Nutrition: Oral nutrition is not considered a medical item. We do not cover nutritional support that is taken orally (i.e., by mouth), unless mandated by state law or covered under our medical policy for a specific condition. Examples include, but are not limited to, over-the-counter nutritional supplements, infant formula, and donor breast milk
- Replacement of an item if the item is lost, stolen, unusable or nonfunctioning because of misuse, abuse, or neglect
- Sexual dysfunction supplies, including but not limited to medications and injections
- Autopsy
- Charges or costs relating to donor sperm
- Consultation for, or procedures connected to, in vitro fertilization, embryo transplantation, and/or any other assistive reproductive technique (e.g., GIFT, ZIFT)
- Cosmetic services, including cosmetic surgery
- Experimental or investigational services, treatments, or procedures, and any related complications as determined by us, unless coverage is required by state or federal law
- Infertility-related services and procedures
- Infertility-related services or procedures not otherwise covered by this policy. This includes, but is not limited to the collection and storage of sperm and eggs outside the course of treatment for, and diagnosis of, infertility. It also applies to the use of non-Member Traditional Surrogates or Gestational Carriers, who are not covered under this Policy
- Items that can be purchased over the counter and considered to be for comfort, convenience and/or personal hygiene, examples include, but are not limited to: seasonal affective disorder light units, disposable undergarments, wigs and modification to a Member’s home such as ramps, grab bars, stair lifts and bench/chair lifts
- Medical and surgical treatment of excessive sweating (hyperhidrosis)
- Podiatry services or routine foot care rendered provided when there is no localized illness, injury, or symptoms. These include, but are not limited to: 1. the examination, treatment, or removal of all or part of corns, calluses, hypertrophy or hyperplasia of the skin or subcutaneous tissues of the feet; 2. the cutting, trimming, or other non-operative partial removal of toenails; or 3. for any treatment or services in connection with any of these
- Obesity-related services, including any weight loss method, surgical treatment or hospitalization for the treatment of obesity, unless specifically covered under this policy
- Reversal of voluntary sterilization and related procedures
- Surrogacy services, for a non-Member
- Sexual dysfunction treatment and services including, but not limited to surgery
- Take home drugs and supplies unless a written prescription is obtained and filled at a network pharmacy
- Travel immunizations
- Acupuncture
- Chelation therapy for atherosclerosis
- Coma stimulation programs
- Alternative medicine, not otherwise listed in the Policy
- Low level light therapy
- Massage therapy
- Prolotherapy
- Swim or pool therapy, unless prior authorization is obtained

Non-Medical

- Administrative examinations such as employment, licensing, insurance, adoption, or participation in athletics
- Court-ordered care, unless medically necessary and otherwise covered under this Policy
- Educational services, except for diabetic self-management classes
- Internet consultations, including all related charges and costs, except as defined by our medical policy
- Missed appointment charges
- Telephone consultation charges between providers
- Charges or costs exceeding a benefit maximum or maximum allowable fee, where applicable
- Expenses incurred before the supply or service is actually provided unless Prior Authorized by Us
- Hospital or medical service not listed in this Policy
- Services, treatment, and supplies provided to a Member while the Member is held or detained in custody of law enforcement officials, or imprisoned in a local, state, or federal penal or correctional institution
- Services and supplies furnished by a government plan, hospital, or institution the law requires you to pay
- Services, treatment, and supplies provided in connection with any illness or injury caused by: a) a Member’s engaging in an illegal occupation or b) a Member committing or attempting to commit, a felony. (Note that this exclusion does not apply to the treatment of injuries that result from an act of domestic violence, if that treatment would otherwise be covered)
- Services provided by Members of the subscriber’s immediate family or any person living with the subscriber
- Charges directly related to a non-covered service, such as hospitalization charges, except when a complication results from the non-covered service that could not be reasonably expected and the complication requires medically necessary treatment. The treatment of the complication must be a covered benefit
- Services or supplies associated to a denied Prior Authorization
- Services or supplies associated to a denied admission
- Services or supplies not Medically Necessary, not recommended or approved by a provider, or not provided within the scope of a provider’s license
- Services or items provided as a result of war or any act of war, insurrection, riot or terrorism
- Services or supplies provided for an injury sustained while performing military service
- Services or supplies for which a Member receives or is entitled to receive any benefits, settlement, award, or damages, or following any claim under, any Workers’ Compensation Act, employer’s liability insurance plan, or similar law or act. “Entitled” means the Member is actually insured under Workers’ Compensation

This notice was last updated July 1, 2020.

WellFirst Health Is Here For You

Once you become a member, we make things simple to help you take control of your health. As a member you will receive a member ID card and a personal insurance kit to walk you through your health plan. From finding out-of-area care while traveling to discussing prior authorization with our Medical Affairs team, WellFirst Health prides itself on helping you make the most of your health.

For more information on coverage, benefits, and processes for your plan, please visit wellfirstbenefits.com/newmember.

Privacy & Confidentiality Statement

WellFirst Health is required by law to maintain the privacy of your personal health and financial information (collectively referred to as “nonpublic personal information”) and provide you with written notification of our legal duties and privacy practices concerning that information.

For additional information please visit our website at wellfirstbenefits.com/privacy.

Grievances & Appeals

Your input matters, and we encourage you to reach out with any concerns you may have regarding your health coverage. Visit wellfirstbenefits.com/appeals for details on how to file a grievance or appeal, or for more information about these procedures. Contact the Customer Care Center with any questions about the process by calling **866-514-4194**.





WellFirst Health[®]

WellFirst Health does not discriminate on the basis of disability in the provisions of programs, services or activities. If you need this printed material interpreted or in an alternate format, or need assistance in using any of our services, please contact a Customer Care Specialist at 866-514-4194 (TTY: 711).

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