Wellmark Health Insurance FAQs for UnityPoint Health

At UnityPoint Health, we provide team members with a strong culture where you can work, grow, and belong through a set of shared values. We also offer a comprehensive Total Rewards package that supports your career and life journey, so you can focus on delivering an exceptional experience to our patients and communities.

UnityPoint Health is committed to providing benefits that support your physical, emotional, and financial health. Our benefits are flexible enough to help meet your immediate and future needs.

To enhance our team members' experience, we have selected Wellmark Blue Cross Blue Shield as UnityPoint Health's new health insurance provider, effective January 1, 2026. This decision followed a thorough review of health plan vendors and input from key stakeholders, including the Culture Advisory Council, with a focus on enhancing the team member experience, expanding access, and simplifying care.

Choosing health insurance is an important decision that can significantly impact your health and financial security. It is important to assess your healthcare needs, compare plan types and understand the costs and benefits. Here are some frequently asked questions to assist you in the decision-making process.

When does my coverage with HealthPartners UnityPoint Health end?
All insurance offerings through HealthPartners UnityPoint Health will end on December 31, 2025. Your health plan coverage and access will remain unchanged through the end of the year.

Will my health insurance selections automatically continue in 2026?
Your previous insurance selections will not automatically continue into 2026. You must re-enroll in health insurance during the benefits Open Enrollment period to maintain coverage for 2026.

I have specific questions regarding my coverage. Who can I contact?
For general inquiries, you can contact AskHR by opening a ticket in Lawson or calling (888) 543-2275. For more specific questions contact Wellmark at (800) 546-3939.

Which medical plan is the best choice for me?
There is a lot to consider when selecting a medical plan, and you may not always know what medical expenses or other financial obligations you may face throughout the year. It is important that you take time and think through which medical plan is best for you based on your unique situation.

Both health insurance plans:

- Cover the same basic medical services
- Cover the same network of providers, hospitals and health care specialists who deliver quality care according to network standards and have agreed to lower, preferred rates for covered services.

Will our insurance premiums change?
Premiums will increase by an average of 1.3%. UnityPoint Health will still cover most of the cost.

2026 health insurance premiums per pay period:

	Traditional Plan		Health Savings Plan	
	Full-Time Rates	Part-Time Rates	Full-Time Rates	Part-Time Rates
Employee Only	$86.06	$129.09	$50.73	$59.95
Employee + Spouse/DP	$202.80	$304.20	$121.30	$181.95
Employee + Child(ren)	$166.81	$250.23	$99.79	$149.67
Family	$278.11	$417.18	$166.34	$249.51

Can I see any doctor or go to any care facility?
You'll have more choices for care in 2026, but it's still important to check that your doctor or care facility is in-network before getting care.

You don't need a referral to see providers in any of the network tiers, except for Mayo Clinic Health System, which does require an approved referral for team members that reside in Iowa. The provider tiers determine how much you pay for deductibles, co-pays, coinsurance, and out-of-pocket expenses.

If you live in Iowa, the zip code of your primary residence will determine your provider network access. Services received from out-of-network providers are not covered benefits, except for emergency care.

- Tier 1 – UnityPoint Health Providers, Facilities and Joint Ventures (referenced as Level 1 Affiliated Partners)
- Tier 2 – Level 2 Affiliated Partners
- Tier 3 – Wellmark Health Plan of Iowa Providers
  - *Excludes Medical Associates in Dubuque*
- Tier 4 – University of Iowa Health Care Providers
  - *If an out-of-network referral is approved to Mayo Clinic Health System, it will be processed at the Tier 4 cost share.*

If you do not live in Iowa, the state you live in determines which providers you can see and what your out-of-pocket costs will be. You will have higher out-of-pocket costs for services received from out-of-network providers, except for emergency care.

- Tier 1 – UnityPoint Health Providers, Affiliated Partners, Wellmark Blue Preferred Participating Providers (Wisconsin), and Wellmark BlueCard® Participating Providers (All Other States)
- Tier 2 - University of Iowa Health Care Providers and Mayo Clinic Health System Providers
- Tier 3 - Out-of-Network Providers

How can I find out if my provider or care facility is in network?
To find a provider, visit the Wellmark network search microsite or call Wellmark at (800) 546-3939. For information about your provider's tier, call Wellmark.

Is there coverage for my dependent child who lives in a different service area?
If your dependent child lives outside of Iowa, contact Wellmark about Guest Membership for that location.

Is continued coverage available for a disabled dependent over the age of 26? Yes. Wellmark will send a letter two months prior to a dependent turning age 26. To remain on the plan as a covered dependent, the dependent must:

- Be unmarried
- Be claimed as a dependent on the team member's most recent federal tax return due to a disability
- AND
  - Be eligible for and receiving Social Security income due to the disability
  - Documentation verifying that Social Security benefits are being received due to the disability must be provided.

- OR
  - Be eligible for and receiving Medicare benefits due to the disability
    - Documentation verifying that Medicare benefits are being received due to the disability must be provided along with the Medicare ID#.

Once letter and documentation is returned, Wellmark will determine if the dependent can remain under the team member's contract as a disabled dependent.

If your disabled dependent is covered by HealthPartners and is over 26 years old, no action is required to maintain their coverage.

When does a parent lose access to their child's Explanation of Benefits (EOB)? Parents cannot view a dependent child's EOB after the child turns 18.

What if my provider is no longer considered in-network with Wellmark?
If your current provider is no longer in-network, you may be able to keep seeing them for a limited time. This is called a continuity of care benefit and applies in certain situations:

- **You're getting treatment for a chronic or serious condition (including behavioral health**): You can continue care for up to 90 days or until your current treatment is finished, whichever comes first.
- **You're being treated for a terminal illness**: Care can continue for up to 90 days.
- **You're in your second or third trimester of pregnancy**: You can stay with your provider through delivery and follow-up care after birth.

For more information on continuity of care benefits, call Wellmark at (800) 546-3939.

How can I learn more about what is covered under each plan?
For more details on what is covered under each plan, see the Summary of Benefits and Coverage (SBC) and other plan documents on the HR landing page under My Benefits and Health Insurance. The Wellmark Welcome Guide also explains how to use your benefits.

- Welcome Guide – Team Members Residing In Iowa
- Welcome Guide – Team Members Residing Outside of Iowa

Do deductible and out-of-pocket maximum amounts accumulate across tiers?
Yes, deductibles and out-of-pocket costs from one tier count toward other tiers, unless they are from out-of-network providers.

Can one family member meet the family deductible under the Traditional and Health Savings plans?
Under the Traditional plan, the family must work together to meet the family deductible. Each family member also has an individual deductible. Meaning if one person meets their deductible their services will start being covered, even if the family deductible hasn't been met yet.

Under the Health Savings Plan, if you cover your spouse and/or dependents, the entire family deductible must be reached, either by an individual or by the family before the insurance company will cover services. There is no individual deductible under the family plan.

Updated October 10, 2025

I live in Iowa, how is coverage different from what I had before under the Traditional Plan (formerly referred to as the Network Plan)?

Traditional Plan	**HealthPartners CY2025**	**Zip Code Zone 1** *Blue Color*	**Zip Code Zone 2** *Green Color*	**Zip Code Zone 3** *Purple Color*
Deductible - Single	$750	Tier 1 - $750 Tier 2 - $750 Tier 3 - $1,050 Tier 4 - $1,350	Tier 1 - $750 Tier 2 - $750 Tier 3 - $1,050 Tier 4 - $1,350	Tier 1 - $750 Tier 2 - $750 Tier 3 - $750 Tier 4 - $1,350
Deductible - Family	$1,500	Tier 1 - $1,500 Tier 2 - $1,500 Tier 3 - $2,100 Tier 4 - $2,700	Tier 1 - $1,500 Tier 2 - $1,500 Tier 3 - $2,100 Tier 4 - $2,700	Tier 1 - $1,500 Tier 2 - $1,500 Tier 3 - $1,500 Tier 4 - $2,700
Coinsurance	20%	Tier 1 - 20% Tier 2 - 25% Tier 3 - 30% Tier 4 - 50%	Tier 1 - 20% Tier 2 - 20% Tier 3 - 30% Tier 4 - 50%	Tier 1 - 20% Tier 2 - 20% Tier 3 - 20% Tier 4 - 50%
Out-of-Pocket Maximum - Single includes deductible and copays	$4,000	Tier 1 - $3,900 Tier 2 - $3,900 Tier 3 - $4,900 Tier 4 - $6,900	Tier 1 - $3,900 Tier 2 - $3,900 Tier 3 - $4,900 Tier 4 - $6,900	Tier 1 - $3,900 Tier 2 - $3,900 Tier 3 - $3,900 Tier 4 - $6,900
Out-of-Pocket Maximum - Family includes deductible and copays	$8,000	Tier 1 - $7,800 Tier 2 - $7,800 Tier 3 - $9,300 Tier 4 - $9,900	Tier 1 - $7,800 Tier 2 - $7,800 Tier 3 - $9,300 Tier 4 - $9,900	Tier 1 - $7,800 Tier 2 - $7,800 Tier 3 - $7,800 Tier 4 - $9,900
Covered Preventive Services	No Charge	No Charge	No Charge	No Charge
Office Visit Copay	$10	Tier 1 - $10 Tier 2 - $35 Tier 3 - $60 Tier 4 - $125	Tier 1 - $10 Tier 2 - $10 Tier 3 - $60 Tier 4 - $125	Tier 1 - $10 Tier 2 - $10 Tier 3 - $10 Tier 4 - $125
Specialty Visits Copay	$50	Tier 1 - $40 Tier 2 - $65 Tier 3 - $90 Tier 4 - $180	Tier 1 - $40 Tier 2 - $40 Tier 3 - $90 Tier 4 - $180	Tier 1 - $40 Tier 2 - $40 Tier 3 - $40 Tier 4 - $180
Urgent Copay	$20	Tier 1 - $20 Tier 2 - $20 Tier 3 - $20 Tier 4 - $125	Tier 1 - $20 Tier 2 - $20 Tier 3 - $20 Tier 4 - $125	Tier 1 - $20 Tier 2 - $20 Tier 3 - $20 Tier 4 - $125
Mental Health / Chemical Dependency Office Visit Copay	$10	$10	$10	$10
Mental Health / Chemical Dependency Outpatient	Deductible, 20% Coinsurance	Deductible, 20% Coinsurance	Deductible, 20% Coinsurance	Deductible, 20% Coinsurance
Doctor On Demand	N/A	$40	$40	$40
Chiropractic Copay	$10 *up to 5 visits*	$25	$25	$25
Emergency Room Copay	1-3 visit(s) - $200, ded, 20% 4-5 visits - $400, ded, 30% 6+ visits - $600, ded, 40%	$300 Waived if Admitted	$300 Waived if Admitted	$300 Waived if Admitted

**Office visit/speciality visit co-pay may apply at some locations if not able to bill as urgent care.*

UnityPoint Health

Updated October 10, 2025

I live in Iowa, how is coverage different from what I had before under the Health Savings Plan?

Health Savings Plan ***non-embedded***	**HealthPartners CY2025**	**Zip Code Zone 1** *Blue Color*	**Zip Code Zone 2** *Green Color*	**Zip Code Zone 3** *Purple Color*
Deductible - Single	$2,000	Tier 1 - $2,000 Tier 2 - $2,000 Tier 3 - $2,300 Tier 4 - $2,600	Tier 1 - $2,000 Tier 2 - $2,000 Tier 3 - $2,300 Tier 4 - $2,600	Tier 1 - $2,000 Tier 2 - $2,000 Tier 3 - $2,000 Tier 4 - $2,600
Deductible - Family	$4,000	Tier 1 - $4,000 Tier 2 - $4,000 Tier 3 - $4,600 Tier 4 - $5,200	Tier 1 - $4,000 Tier 2 - $4,000 Tier 3 - $4,600 Tier 4 - $5,200	Tier 1 - $4,000 Tier 2 - $4,000 Tier 3 - $4,000 Tier 4 - $5,200
Coinsurance	20%	Tier 1 - 20% Tier 2 - 25% Tier 3 - 30% Tier 4 - 50%	Tier 1 - 20% Tier 2 - 20% Tier 3 - 30% Tier 4 - 50%	Tier 1 - 20% Tier 2 - 20% Tier 3 - 20% Tier 4 - 50%
Out-of-Pocket Maximum - Single includes deductible and copays	$4,500	Tier 1 - $4,500 Tier 2 - $4,500 Tier 3 - $5,500 Tier 4 - $7,900	Tier 1 - $4,500 Tier 2 - $4,500 Tier 3 - $5,500 Tier 4 - $7,900	Tier 1 - $4,500 Tier 2 - $4,500 Tier 3 - $4,500 Tier 4 - $7,900
Out-of-Pocket Maximum - Family includes deductible and copays	$9,000	Tier 1 - $9,000 Tier 2 - $9,000 Tier 3 - $9,750 Tier 4 - $10,150	Tier 1 - $9,000 Tier 2 - $9,000 Tier 3 - $9,750 Tier 4 - $10,150	Tier 1 - $9,000 Tier 2 - $9,000 Tier 3 - $9,000 Tier 4 - $10,150
Covered Preventive Services	No Charge	No Charge	No Charge	No Charge
Office Visit Copay	Deductible, 20% Coinsurance	Deductible, Coinsurance Tier 1 - 20% Tier 2 - 25% Tier 3 - 30% Tier 4 - 50%	Deductible, Coinsurance Tier 1 - 20% Tier 2 - 20% Tier 3 - 30% Tier 4 - 50%	Deductible, Coinsurance Tier 1 - 20% Tier 2 - 20% Tier 3 - 20% Tier 4 - 50%
Specialty Visits Copay	Deductible, 20% Coinsurance	Deductible, Coinsurance Tier 1 - 20% Tier 2 - 25% Tier 3 - 30% Tier 4 - 50%	Deductible, Coinsurance Tier 1 - 20% Tier 2 - 20% Tier 3 - 30% Tier 4 - 50%	Deductible, Coinsurance Tier 1 - 20% Tier 2 - 20% Tier 3 - 20% Tier 4 - 50%
Urgent Copay	Deductible, 20% Coinsurance	Deductible, Coinsurance Tier 1 - 20% Tier 2 - 20% Tier 3 - 20% Tier 4 - 50%	Deductible, Coinsurance Tier 1 - 20% Tier 2 - 20% Tier 3 - 20% Tier 4 - 50%	Deductible, Coinsurance Tier 1 - 20% Tier 2 - 20% Tier 3 - 20% Tier 4 - 50%
Mental Health / Chemical Dependency Office Visit Copay	Deductible, 20% Coinsurance	Deductible, 20% Coinsurance	Deductible, 20% Coinsurance	Deductible, 20% Coinsurance
Mental Health / Chemical Dependency Outpatient	Deductible, 20% Coinsurance	Deductible, 20% Coinsurance	Deductible, 20% Coinsurance	Deductible, 20% Coinsurance
Doctor On Demand	N/A	50% Coinsurance	50% Coinsurance	50% Coinsurance
Chiropractic Copay	Deductible, 20% Coinsurance *up to 5 visits*	Deductible, 30% Coinsurance	Deductible, 30% Coinsurance	Deductible, 30% Coinsurance
Emergency Room Copay	Deductible, 20% Coinsurance	Deductible, 20% Coinsurance	Deductible, 20% Coinsurance	Deductible, 20% Coinsurance

**Office visit/speciality visit co-pay may apply at some locations if not able to bill as urgent care.*

UnityPoint Health

Updated October 10, 2025

I do not live in Iowa, how is coverage different from what I had before under the Traditional Plan (formerly referred to as the Network Plan)?

Traditional Plan	HealthPartners CY2025	All Other States *Includes Illinois, Nebraska, South Dakota & Wisconsin*
Deductible - Single	$750	Tier 1 - $750 Tier 2 - $1,350 Tier 3 - $3,950
Deductible - Family	$1,500	Tier 1 - $1,500 Tier 2 - $2,700 Tier 3 - $7,900
Coinsurance	20%	Tier 1 - 20% Tier 2 - 50% Tier 3 - 50%
Out-of-Pocket Maximum - Single includes deductible and copays	$4,000	Tier 1 - $3,900 Tier 2 - $6,900 Tier 3 - $20,400
Out-of-Pocket Maximum - Family includes deductible and copays	$8,000	Tier 1 - $7,800 Tier 2 - $9,900 Tier 3 - $33,300
Covered Preventive Services	No Charge	Tier 1 - No Charge Tier 2 - No Charge Tier 3 - Deductible, Coinsurance
Office Visit Copay	$10	Tier 1 - $10 Tier 2 - $125 Tier 3 - Deductible, Coinsurance
Specialty Visits Copay	$50	Tier 1 - $40 Tier 2 - $180 Tier 3 - Deductible, Coinsurance
Urgent Copay	$20	Tier 1 - $20 Tier 2 - $125 Tier 3 - Deductible, Coinsurance
Mental Health / Chemical Dependency Office Visit Copay	$10	$10
Mental Health / Chemical Dependency Outpatient	Deductible, 20% Coinsurance	Deductible, 20% Coinsurance
Doctor On Demand	N/A	$40
Chiropractic Copay	$10 *up to 5 visits*	Tier 1 -$25 Tier 2 - $125 Tier 3 - Deductible, Coinsurance *up to 20 visits/year then medical plan required*
Emergency Room Copay	1-3 visit(s) - $200, ded, 20% 4-5 visits - $400, ded, 30% 6+ visits - $600, ded, 40%	$300 Waived if Admitted

**Office visit/speciality visit co-pay may apply at some locations if not able to bill as urgent care.*

UnityPoint Health

Updated October 10, 2025

I do not live in Iowa, how is coverage different from what I had before under the Health Savings Plan?

Health Savings Plan *non-embedded*	**HealthPartners CY2025**	**All Other States** *Includes Illinois, Nebraska, South Dakota & Wisconsin*
Deductible - Single	$2,000	Tier 1 - $2,000 Tier 2 - $2,600 Tier 3 - $5,200
Deductible - Family	$4,000	Tier 1 - $4,000 Tier 2 - $5,200 Tier 3 - $10,400
Coinsurance	20%	Tier 1 - 20% Tier 2 - 50% Tier 3 - 50%
Out-of-Pocket Maximum - Single includes deductible and copays	$4,500	Tier 1 - $4,500 Tier 2 - $7,900 Tier 3 - $21,000
Out-of-Pocket Maximum - Family includes deductible and copays	$9,000	Tier 1 - $9,000 Tier 2 - $10,150 Tier 3 - $34,500
Covered Preventive Services	No Charge	Tier 1 - No Charge Tier 2 - No Charge Tier 3 - Deductible, 50% Coinsurance
Office Visit Copay	Deductible, 20% Coinsurance	Deductible, Coinsurance Tier 1 - 20% Tier 2 - 50% Tier 3 - 50%
Specialty Visits Copay	Deductible, 20% Coinsurance	Deductible, Coinsurance Tier 1 - 20% Tier 2 - 50% Tier 3 - 50%
Urgent Copay	Deductible, 20% Coinsurance	Deductible, Coinsurance Tier 1 - 20% Tier 2 - 50% Tier 3 - 50%
Mental Health / Chemical Dependency Office Visit Copay	Deductible, 20% Coinsurance	Deductible, 20% Coinsurance
Mental Health / Chemical Dependency Outpatient	Deductible, 20% Coinsurance	Deductible, 20% Coinsurance
Doctor On Demand	N/A	50% Coinsurance
Chiropractic Copay	Deductible, 20% Coinsurance *up to 5 visits*	Deductible, Coinsurance Tier 1 - 30% Tier 2 - 30% Tier 3 - 50% *up to 20 visits/year then medical plan required*
Emergency Room Copay	Deductible, 20% Coinsurance	Deductible, 20% Coinsurance

**Office visit/speciality visit co-pay may apply at some locations if not able to bill as urgent care.*

UnityPoint Health

Are X-rays included in the office visit co-pay for the Traditional Plan?
It depends on how the x-ray is billed:

- If billed as a primary care visit: You'll just pay the office visit co-pay.
- If billed as outpatient: You'll pay only the coinsurance.
- If billed as inpatient: You'll pay both the deductible and coinsurance.

Will weight loss GLP-1 medications still be covered?
Yes, GLP-1 medications will still be covered through the medication management pilot program. UnityPoint Health is working with Wellmark to ensure there is no interruption to your treatment during the transition period. Please see your benefits guide for details on cost and coverage.

Is there coverage for bariatric surgeries?
Bariatric surgeries are offered at Wellmark/BCBS Blue Distinction Centers® (BDC). Out-of-pocket expenses are determined by tiered cost sharing.

What services require prior authorization?
Refer to Wellmark's prior authorization table to identify which services require prior authorization for coverage. You may also contact Wellmark at (800) 546-3939.

Existing prior authorizations for medical services remain in effect until their original end date.

Existing out-of-network referrals to University of Iowa Health Care remain valid through December 31, 2026:

- They will process at Tier 1 cost share if the approved date is prior to March 31, 2026
- They will process at Tier 2 cost share if the approved date is between April 1, 2026, and December 31, 2026
- They will process at Tier 1 cost share if approved date is between January 1, 2026, and December 31, 2026 (outside of Iowa)

Are telehealth services available?
Yes, telehealth services are included in both plans. They are provided on a pre-deductible basis under the Health Savings Plan.

What is the coverage for preventive health services?
Preventive services, such as annual physicals, are key to maintaining your health. They are covered at no cost to you under both medical plans. You may review Wellmark's preventive services for recommended care and screenings at every age.

Breast cancer screening may now include ultrasounds, MRIs, and biopsies at no extra cost.

Is there coverage for emergency care services?
Yes, no matter where you go, emergency care is covered at the in-network benefit level, no matter where you go.

- Traditional Plan: $300 co-pay per visit
- Health Savings Plan: 20% after deductible is met

Are there chiropractic benefits?
Yes, chiropractic services are included in both plans. There is no longer a limit of 5 visits per calendar year for chiropractic services. After 20 visits within a calendar year, your provider may need to submit a medical review to continue coverage.

- Traditional Plan: $25 co-pay per visit
- Health Savings Plan: 30% after deductible is met

UnityPoint Health

Is there coverage for eye exams under the health insurance plan?
Child eye exams are included when conducted during a well child visit up to age 18. Routine eye exams for adults are not covered unless you have vision insurance. For details about coverage for routine eye exams, eyeglasses, contacts, and other vision services, refer to the 2026 Avesis benefit summary.

Are physical therapy visits covered?
The plan covers physical, occupational, and speech therapy. If billed as primary care, you will pay the office visit cost; if billed as outpatient, you will pay both the deductible and coinsurance.

Is there coverage for transplant services?
Transplant services are offered at Wellmark/BCBS Blue Distinction Centers (BDC). Out-of-pocket expenses are determined by tiered cost sharing.

Are infertility benefits still available?
Yes, fertility services and related prescription drugs are covered, with a $15,000 lifetime maximum. Payments that were made through HealthPartners count toward Wellmark's lifetime maximum.

Will behavioral health services still be covered?
Yes, behavioral health services will continue to be covered. Wellmark provides access to a robust network of mental health professionals and resources.

Are additional counseling services available?
Yes, bereavement and marital counseling services are now available through Wellmark.

Is there coverage for hearing aids?
Yes, Each member will have a $2,500 benefit per 36 months to spend on one ear or both ears.

Is there coverage for gym memberships?
No, gym memberships are not covered. However, just by being a Wellmark member, you will have access to Blue365®. When you sign up, you get exclusive discounts for wellness products and services you use every day – life fitness trackers, eyeglasses, and athletic shoes.

Are hospice respite services available?
Yes. Wellmark now offers 15 days of coverage for inpatient services and 15 days for outpatient services, which is an update from the previous policy of 15 days total.

Do limitations still exist for home health services?
Home health services are covered without limits. Certain services may require prior authorization.

Is there coverage for private duty nursing?
Private duty nursing is not covered.

Do I have access to free tools and resources to help manage costs and live a healthier life?
Yes. For more information on free tools and resources click here or contact Wellmark member services at (800) 546-3939.

Will my health savings account continue to be administered by Fidelity?
Yes. Fidelity will continue to administer health savings accounts for UnityPoint Health team members enrolled in the Health Savings Plan.

Will I still receive the employer contribution if I enroll in the Health Savings Plan?
Yes. UnityPoint Health will continue to invest in HSAs through an annual employer contribution of $750 for single coverage and $1,500 for family.

UnityPoint Health

If I enroll in a Flexible Spending Account (FSA) will the administrator still be HealthPartners?
UnityPoint Health will no longer offer medical, limited purpose and dependent care flexible spending accounts through HealthPartners. We have selected WEX as our new FSA administrator, effective January 1, 2026.

Will the wellness credit still be offered this year?
Yes, we will continue to offer the wellness credit. This is a $20 per pay period credit added to the team member's paycheck, rewarding them for making wellness a priority. A covered spouse or domestic partner would be eligible for an additional $20 if they are enrolled in the team member's UPH medical plan. Please refer to the full FAQ document for more information regarding the 2026 Wellness Credit.

What is the working spouse surcharge?
Team members who choose to enroll a working spouse or domestic partner who is eligible for health insurance coverage through their employer will pay a $75 working spouse surcharge. The $75 surcharge only applies to medical coverage and will be added to your per-pay-period medical premium.

If my spouse works at UPH, can we combine into one family plan or do we need to keep our separate plans?
You can combine into one family plan. The spouse surcharge doesn't apply when both spouses are employed by UPH.

How much will I pay for my prescription?
Team members will pay the lowest co-pay or coinsurance amount when filling prescriptions at a UnityPoint Health retail pharmacy.

After enrolling, you can check drug costs using the Find Costs tool on your myWellmark member portal or app. This tool helps you make the most of your pharmacy benefits.

	Traditional Plan		Health Savings Plan	
Pharmacy Benefits	**Level 1 UPH Pharmacies**	**Level 2 All Other In-Network Pharmacies**	**Level 1 UPH Pharmacies**	**Level 2 All Other In-Network Pharmacies**
Tier 1 - Most Generics	$5	$10	Deductible, 15% Coinsurance	Deductible, 20% Coinsurance
Tier 2 - Preferred Brands	$35	$40	Deductible, 15% Coinsurance	Deductible, 20% Coinsurance
Tier 3 - Non-Preferred Brands	$35	$40	Deductible, 15% Coinsurance	Deductible, 20% Coinsurance
Specialty Drugs*	$70	$70	Deductible, 25% Coinsurance	Deductible, 25% Coinsurance
Durable Medical Equipment *Formulary RxDME*	$35	$40	Deductible, 15% Coinsurance	Deductible, 20% Coinsurance
Weight Loss GLP1s	50% up to $350 per 30-day supply (does not apply to deductible and out of pocket maximum)		50% up to $350 per 30-day supply after deductible is met (applies to deductible and out of pocket maximum)	

**Some specialty medications must be filled at UnityPoint at Home Specialty Pharmacy*

What services are included in the durable medical equipment (DME) formulary?
Durable medical equipment (DME) consists of items designed for long-term or frequent use and is prescribed for use at home. Some diabetic and respiratory therapy supplies can be obtained from pharmacies and are processed through the pharmacy coverage portion.

Can I fill my prescription at a CVS or Hy-Vee pharmacy?
Yes, coverage is available at CVS and Hy-Vee pharmacies.

UnityPoint Health

Where can I fill my specialty drug prescription?
Specialty medications are usually prescribed by physicians whose focus is on the treatment of chronic and complex diseases. They usually require more management and are not always stocked at retail pharmacies. Prescriptions for these medications must be filled at a specialty pharmacy.

If your medication is on the specialty drug listing, it must be filled at the UnityPoint at Home Pharmacy. Your provider should send prescriptions for specialty drugs to UnityPoint at Home Pharmacy at (515) 557-3100 or (888) 584-6311.

Will my current prescription be covered? What medications are not covered?
All health insurance plans cover formulary drugs, no matter your location. To check if your prescription is covered, click here.

Does my prescription require prior authorization?
Some formulary and specialty drugs may require prior authorization to be covered. If you had a prior authorization in place with HealthPartners, you need to ensure it is also in place with Wellmark.

Existing prior authorizations for medications remain valid through March 31, 2026.

If you need additional assistance with the prior authorization process, contact Wellmark at (800) 546-3939.

Will my prescription still be subject to the co-pay maximizer program?
The co-pay maximizer program will be discontinued effective December 31, 2025.

What is the Medication Therapy Management (MTM) Program?
Team members are encouraged to connect with a UnityPoint Health Medication Therapy Management (MTM) Pharmacist to check that medicines, doses, and schedules meet their needs. Working with an MTM pharmacist regularly might also save you money on your medicine copays.