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Wellmark Health Plan of Iowa, Inc. is an Independent Licensee of the Blue Cross and Blue Shield Association.

Temporary Benefits Addendum

This Temporary Benefits Addendum amends your current coverage manual or summary plan description (“SPD”) as described below. Please review this Temporary Benefits Addendum and keep it with your coverage manual or SPD.

Waiver of Cost-Shares for Covered COVID-19 Diagnostic Services	
Start Date of the Benefit:	February 4, 2020
End Date of the Benefit:	October 23, 2020, or the end of the COVID-19 public health emergency declared by the U.S. Secretary of Health and Human Services, whichever is later.

Consistent with the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act, any deductible, coinsurance, and/or copayment will be waived for Covered COVID-19 Diagnostic Services rendered from February 4, 2020 through the End Date of the Benefit.

From February 4, 2020 through the End Date of the Benefit, “Covered COVID-19 Diagnostic Services” means an in vitro diagnostic test for the detection of SARS-CoV-2 or the diagnosis of the virus that causes COVID-19 (i) that is ordered by a covered provider acting within the scope of their license or certification, and (ii) that is approved or authorized by the Federal Drug Administration, the Secretary of Health and Human Services, or the state in which the COVID-19 is being administered, or for which an application for emergency use authorization has been or will be submitted or approved. Additionally, “Covered COVID-19 Diagnostic Services” includes items and services that relate to the furnishing or administration of a COVID-19 test or evaluation of your need to receive a COVID-19 test during a visit at which a COVID-19 test is ordered or administered. To be covered, such items and services must be delivered to you by a covered provider acting within the scope of their license or certification. All items and services must be delivered in accordance with applicable law and generally accepted health care practices.

Waiver of Cost-Shares for Covered COVID-19 Treatment Services	
Start Date of the Benefit:	February 4, 2020
End Date of the Benefit:	June 16, 2020

Any deductible, coinsurance, and/or copayment will be waived for Covered COVID-19 Treatment Services rendered from February 4, 2020 through the End Date of the Benefit.

From February 4, 2020 through the End Date of the Benefit, “Covered COVID-19 Treatment Services” means treatment services for which COVID-19 is identified as a diagnosis and which are delivered to you by a provider that is in your network (see *Choosing a Provider* in your coverage manual or SPD) acting within the scope of their license or certification. Services must be delivered in accordance with applicable law and generally accepted health care practices.

Waiver of Cost-Shares for Covered COVID-19 Inpatient Treatment Services	
Start Date of the Benefit:	June 17, 2020
End Date of the Benefit:	December 31, 2020*

*End Date may be extended upon notice from your health plan.

Any deductible, coinsurance, and/or copayment will be waived for Covered COVID-19 Inpatient Treatment Services rendered from June 17, 2020 through the End Date of the Benefit.

From June 17, 2020 through the End Date of the Benefit, “Covered COVID-19 Inpatient Treatment Services” means inpatient treatment services for which COVID-19 is identified as a diagnosis and which are delivered to you by a provider that is in your network (see *Choosing a Provider* in your coverage manual or SPD) acting within the scope of their license or certification. Services must be delivered in accordance with applicable law and generally accepted health care practices.

Waiver of Cost-Shares for Covered Telehealth Services; Availability of/Change to Definition of Covered Telehealth Services	
Start Date of the Benefit:	March 16, 2020
End Date of the Benefit:	December 31, 2020*

*End Date may be extended upon notice from your health plan.

In recognition that the COVID-19 pandemic has impacted the availability of in-person office visits, Covered Telehealth Services (as defined below) will be available to you from March 16, 2020 through the End Date of the Benefit. Additionally, any deductible, coinsurance, and/or copayment will be waived for Covered Telehealth Services rendered from March 16, 2020 through the End Date of the Benefit.

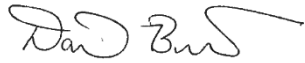
From March 16, 2020 through the End Date of the Benefit, “Covered Telehealth Services” means clinically appropriate telehealth services delivered to you by a provider that is in your network (see *Choosing a Provider* in your coverage manual or SPD) acting within the scope of their license or certification or by a practitioner contracting through Doctor on Demand in accordance with applicable law and generally accepted health care practices. After the End Date of the Benefit, the availability and description of Telehealth Services will be stated in your coverage manual or SPD. If Telehealth Services are available to you in your coverage manual or SPD, audio-only Telehealth Services will continue to be covered until otherwise updated by Wellmark or your plan.

90-Day Treatment Extension for Accidental Dental Services	
Start Date of the Benefit:	March 16, 2020
End Date of the Benefit:	August 31, 2020

Your current coverage manual or SPD covers dental treatment for accidental injuries, so long as such treatment is initiated or completed within the time period described in your coverage manual or SPD (“Treatment Period”). In recognition that non-emergent procedures are being delayed due to the COVID-19 pandemic, the applicable Treatment Period for certain accidental injuries requiring dental treatment as outlined in your coverage manual or SPD will be extended by ninety (90) days. To qualify for this 90-day extension, the Treatment Period for your accidental injury as outlined in your current coverage manual or SPD must start or otherwise apply to your accidental injury between March 16, 2020 and the End Date of the Benefit. Additionally, if the applicable Treatment Period for your accidental injury as outlined in your current coverage manual or SPD expires between March 16, 2020 and the End Date of the Benefit, such Treatment Period will be extended by 90 days, or until the End Date of the Benefit, whichever is later.]

Services must be delivered in accordance with applicable law and generally accepted health care practices, and by a covered practitioner acting within the scope of their license or certification.

All other terms and provisions of your coverage manual or SPD, including any amendments we may have issued previously, remain unaltered and in effect.

A handwritten signature in black ink, appearing to read "David S. Brown". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

David S. Brown
Executive Vice President, Chief Financial Officer and Treasurer
Wellmark Blue Cross and Blue Shield of Iowa
Wellmark Health Plan of Iowa, Inc.

