



Insurance Division

GOVERNOR KIM REYNOLDS
LT. GOVERNOR CHRIS COURNOYER

DOUG OMMEN, INSURANCE COMMISSIONER

June 2, 2026

Rebecca Socknat

Sent Via email to _____

Kingsley, Iowa 51028

Re: Case

Dear Rebecca:

This is in response to the complaint you filed with the Iowa Insurance Division Market Regulation Bureau regarding Wellmark Blue Cross and Blue Shield of Iowa ("Wellmark"). Your complaint expresses concerns about your copayment for Physical Therapy (PT) services. We forwarded your concerns to Wellmark for their review and response.

Wellmark informs us that the benefit summary provided to you when selecting the plan, which was submitted with this complaint and contained the incorrect information was not prepared by Wellmark. After you raised the issue with the employer group, they contacted Wellmark, which reviewed the benefit language and determined that the original PT information was incorrect. Wellmark then revised the language to reflect their intended PT benefit, which was consistent with the 2025 benefit year. The final benefit language states that PT services waive the copay and are instead subject to the deductible and 20% coinsurance.

Wellmark advised us that it is the employer group's responsibility to provide the benefit documents to its employees. Since you received conflicting information, Wellmark will reprocess the claims for the five service dates from February 2 through February 23, 2026, to apply a \$25 copay. However, going forward, PT services will not be subject to a copay and will instead apply to the deductible and 20% coinsurance.

After reviewing the information in your complaint and Wellmark's response, I have not been able to definitively establish that any violations of Iowa insurance law occurred. Thank you for bringing this to our attention.

The Iowa Insurance Division seriously evaluates every inquiry and complaint that we receive. The goal of the Division's complaint process is to ensure that Iowa insurance rules and regulations are enforced. These laws require that insurers and producers honestly describe policies and coverage. These laws also require insurers to follow fair and reasonable procedures in handling claims and determining whether a claim is covered under the benefits promised to Iowans in their policies or contracts.

Although the Division has concluded that no further investigation into insurance law violations is warranted at this time, the Division's Consumer Advocacy Office may conduct additional limited review under Chapter 505.8(6) of the Iowa Code. The Consumer Advocacy Office may be reached by phone at 515-654-6538 or by mail at 1963 Bell Ave Suite 100, Des Moines, Iowa, 50315.

Sincerely,
Sue Wittmack
Sue Wittmack
Insurance Complaint Analyst
Market Regulation Bureau

Woodbury County 2026 Medical Options

PLAN STATUS	PPO \$500		HMO \$500		Sheriff Deputies Only - HMO \$250	
CARRIER	Wellmark BCBS		Wellmark BCBS		Wellmark BCBS	
PLAN(S)	PPO		HMO		HMO	
NETWORK(S)	Alliance Select		Blue Advantage		Blue Advantage	
PLAN TYPE:	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
PLAN BASICS						
Individual Deductible	\$500		\$500	Not Covered	\$250	Not Covered
Family Deductible	\$1,000		\$1,000	Not Covered	\$500	Not Covered
Coinsurance Level - Member Pays	20%	30%	20%	NA	20%	NA
Individual Out-of-Pocket per plan year	\$1,500		\$1,500	Not Covered	\$750	Not Covered
Family Out-of-Pocket per plan year	\$3,000		\$3,000	Not Covered	\$1,250	Not Covered
Lifetime Maximum Benefit	Unlimited		Unlimited		Unlimited	
OTHER PLAN DETAILS - Member Pays						
Preventive/Routine Care	0%	Deductible then Coir surance	0%	Not Covered	0%	Not Covered
Primary Care Visit	\$25	Deductible then Coir surance	\$25	Not Covered	\$20	Not Covered
Specialist Visit	\$50	Deductible then Coir surance	\$50	Not Covered	\$20	Not Covered
Urgent Care	\$50	Deductible then Coir surance	\$50	Not Covered	\$20	Not Covered
Chiropractor	\$25	Deductible then Coir surance	\$25	Not Covered	\$20	Not Covered
Phys/Occ/Speech Therapy visit limits may apply	\$25	Deductible then Coir surance	\$25	Not Covered	\$20	Not Covered
Diagnostic Test (X-ray, blood work)	Deductible then Coinsurance	Deductible then Coir surance	Deductible then Coinsurance	Not Covered	Deductible then Coinsurance	Not Covered
Hospital Services						
Inpatient Hospital	Deductible then Coinsurance	Deductible then Coir surance	Deductible then Coinsurance	Not Covered	Deductible then Coinsurance	Not Covered
Outpatient Surgery	Deductible then Coinsurance	Deductible then Coir surance	Deductible then Coinsurance	Not Covered	Deductible then Coinsurance	Not Covered
Emergency Care	Deductible then Coinsurance	Same as In-Network	Deductible then Coinsurance	Same as In-Network	Deductible then Coinsurance	Same as In-Network
Prescription Drugs						
Deductible	NA		NA	NA	NA	NA
Generic	Greater of \$6 or 20% Coinsurance		Greater of \$6 or 20% Coinsurance	Not Covered	Greater of \$6 or 20% Coinsurance	Not Covered
Preferred Brand Drugs	Greater of \$25 or 20% Coinsurance		Greater of \$25 or 20% Coinsurance	Not Covered	Greater of \$25 or 20% Coinsurance	Not Covered
Non-Preferred Brand Drugs	Greater of \$50 or 20% Coinsurance		Greater of \$50 or 20% Coinsurance	Not Covered	Greater of \$50 or 20% Coinsurance	Not Covered
Specialty Drugs	Same as listed above		Same as listed above	Not Covered	Same as listed above	Not Covered
Mail Order	90 Day Supply		90 Day Supply	Not Covered	90 Day Supply	Not Covered
Tier I / Tier II / Tier III	3 Copayments or Coinsurance		3 Copayments or Coinsurance	Not Covered	3 Copayments or Coinsurance	Not Covered
Sheriff Deputies Only						
Woodbury Employee Health Rates						
Month	PPO \$500 Monthly Rate		HMO \$500 Monthly Rate		HMO \$250 Monthly Rate	
Employee	\$95.00		\$75.00		\$56.98	
Employee/Spouse	\$195.00		\$170.00		NA	
Employee/Child(ren)	\$185.00		\$165.00		NA	
Family	X <u>\$285.00</u>		\$180.00		\$136.36	

Please circle and put an X by the rate option per month for Health coverage above, or indicate that you wish to waive coverage below. Then sign and date below.
Return to Human Resources by December 5th, 2025 when completed.

Important: If newly electing, adding or removing dependents from coverage, please see Human Resources to obtain the applicable Wellmark form.

_____ I elect to waive medical coverage.

Name: Nick Sockrat

Signature: [Handwritten Signature]

Date: 11-23-25



Woodbury County
 Medical | Self-Funded Renewal | Effective 1/1/2026

Carrier Plan Name	1/12026 Plan Options		
	Wellmark	Wellmark	Sheriff Deputies Only
	PPO \$1,000	HMO \$500	Wellmark HMO \$250
PLAN DESIGN*			
In-Network Benefits			
Calendar Year (CY) Deductible (Individual / Family)	\$500 / \$1,000	\$500 / \$1,000	\$250 / \$500
CY Out-of-Pocket Max (Individual / Family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$750 / \$1,250
Coinsurance (member pays after deductible)	20%	20%	20%
Preventive Care	Covered 100%	Covered 100%	Covered 100%
Primary Care Visit	\$25 Copay	\$25 Copay	\$20 Copay
Specialist Visit	\$50 Copay	\$50 Copay	\$20 Copay
Urgent Care	\$50 Copay	\$50 Copay	\$20 Copay
Emergency Room	20% after deductible	20% after deductible	20% after deductible
Inpatient Hospital	20% after deductible	20% after deductible	20% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	20% after deductible
Chiropractic (visit limits may apply)	\$25 Copay	\$25 Copay	\$20 Copay
Phys/Occ/Speech Therapy (visit limits may apply)	\$25 Copay	\$25 Copay	\$20 Copay
Diagnostic Test (X-ray, blood work)	20% after deductible	20% after deductible	20% after deductible
Imaging (CT/PET scan, MRI)	20% after deductible	20% after deductible	20% after deductible
Prescription Drug Benefit	Blue Rx Complete	Blue Rx Value Plus	Blue Rx Value Plus
Deductible (Individual / Family)	NA	NA	NA
Out-of-Pocket Maximum (Individual / Family)	Aggregates with Medical	Aggregates with Medical	Aggregates with Medical
Retail	30 Days	30 Days	30 Days
Tier I / Tier II / Tier III	Greater of \$6 or 20% Coinsurance Greater of \$25 or 20% Coinsurance Greater of \$50 or 20% Coinsurance	Greater of \$6 or 20% Coinsurance Greater of \$25 or 20% Coinsurance Greater of \$50 or 20% Coinsurance	Greater of \$6 or 20% Coinsurance Greater of \$25 or 20% Coinsurance Greater of \$50 or 20% Coinsurance
Specialty	Same as listed above	Same as listed above	Same as listed above
Mail Order	90 Days	90 Days	90 Days
Tier I / Tier II / Tier III	3 Copayments or Coinsurance	3 Copayments or Coinsurance	3 Copayments or Coinsurance
Out-of-Network Benefits			
CY Deductible (Individual / Family)	\$500 / \$1,000	N/A	N/A
CY Out-of-Pocket Max (Individual / Family)	\$1,500 / \$3,000	N/A	N/A
Coinsurance (member pays after deductible)	30%	N/A	N/A
COST ANALYSIS			
Employee Monthly Rates	PPO \$1,000	HMO \$500	HMO \$250
Employee (EE) Only	\$95.00	\$75.00	\$56.98
EE + Spouse	\$195.00	\$170.00	NA
EE + Child(ren)	\$185.00	\$165.00	NA
EE + Family	\$285.00	\$180.00	\$136.36