HEALTH BENEFIT DETAILED RATES

Group Name: KURRENT ELECTRIC INC
Group Number: 00619981
Effective Date: 01/01/2027

CompleteBlue 5000

AGE	Wellmark Blue POS Network combines the state-based HMO with access to out-of-network coverage. Wellmark Health Plan of Iowa, Inc. POS
0-14	$282.30
15	$307.40
16	$316.99
17	$326.58
18	$336.92
19	$347.25
20	$357.95
21	$369.02
22	$369.02
23	$369.02
24	$369.02
25	$370.50
26	$377.88
27	$386.74
28	$401.13
29	$412.94
30	$418.84
31	$427.70
32	$436.55
33	$442.09
34	$447.99
35	$450.95
36	$453.90
37	$456.85
38	$459.80
39	$465.71
40	$471.61
41	$480.47
42	$488.95
43	$500.76
44	$515.52
45	$532.87
46	$553.53
47	$576.78
48	$603.35
49	$629.55
50	$659.07
51	$688.23
52	$720.33
53	$752.81
54	$787.86
55	$822.92
56	$860.93
57	$899.31
58	$940.27
59	$960.57
60	$1,001.53
61	$1,036.95
62	$1,060.20
63	$1,089.35
64	$1,107.06
65+	$1,107.06

CompleteBlue 4000

AGE	Wellmark Blue POS Network combines the state-based HMO with access to out-of-network coverage. Wellmark Health Plan of Iowa, Inc. POS
0-14	$289.75
15	$315.51
16	$325.35
17	$335.20
18	$345.81
19	$356.41
20	$367.40
21	$378.76
22	$378.76
23	$378.76
24	$378.76
25	$380.27
26	$387.85
27	$396.94
28	$411.71
29	$423.83
30	$429.89
31	$438.98
32	$448.07
33	$453.75
34	$459.81
35	$462.84
36	$465.87
37	$468.90
38	$471.93
39	$477.99
40	$484.05
41	$493.14
42	$501.86
43	$513.98
44	$529.13
45	$546.93
46	$568.14
47	$592.00
48	$619.27
49	$646.16
50	$676.46
51	$706.39
52	$739.34
53	$772.67
54	$808.65
55	$844.63
56	$883.64
57	$923.04
58	$965.08
59	$985.91
60	$1,027.95
61	$1,064.31
62	$1,088.17
63	$1,118.10
64	$1,136.28
65+	$1,136.28

EnhancedBlue 3000

AGE	Wellmark Blue POS Network combines the state-based HMO with access to out-of-network coverage. Wellmark Health Plan of Iowa, Inc. POS
0-14	$328.07
15	$357.23
16	$368.38
17	$379.53
18	$391.54
19	$403.55
20	$415.98
21	$428.85
22	$428.85
23	$428.85
24	$428.85
25	$430.57
26	$439.14
27	$449.43
28	$466.16
29	$479.88
30	$486.74
31	$497.04
32	$507.33
33	$513.76
34	$520.62
35	$524.05
36	$527.49
37	$530.92
38	$534.35
39	$541.21
40	$548.07
41	$558.36
42	$568.23
43	$581.95
44	$599.10
45	$619.26
46	$643.28
47	$670.29
48	$701.17
49	$731.62
50	$765.93
51	$799.81
52	$837.12
53	$874.85
54	$915.59
55	$956.34
56	$1,000.51
57	$1,045.11
58	$1,092.71
59	$1,116.30
60	$1,163.90
61	$1,205.07
62	$1,232.09
63	$1,265.97
64	$1,286.55
65+	$1,286.55

Benefits are subject to the terms, limitations, and exclusions of the Policy and Certificate of Coverage. This summary includes a general summary of benefits for each coverage option and is not an offer of coverage. For a complete description of possible health care coverage, restrictions, limitations and exclusions that apply, please contact your Wellmark representative.

Rates shown are subject to change.

Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc. and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue