



Quick Reference Guide

Wellpoint Maryland Essential

2025 individual health insurance marketplace plans

Types of individual health plans

We are offering *Affordable Care Act (ACA)*-compliant health plans in 2025, including HMO plans in Bronze, Silver, and Goldmetal categories. These plans are offered for purchase on and off-exchange for members in all 24 counties in Maryland.

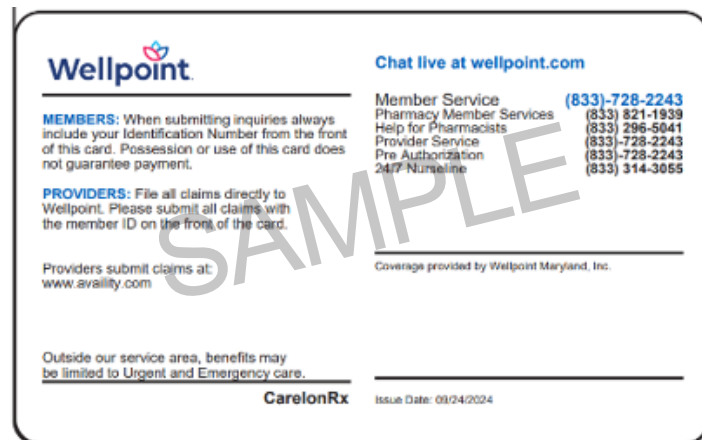
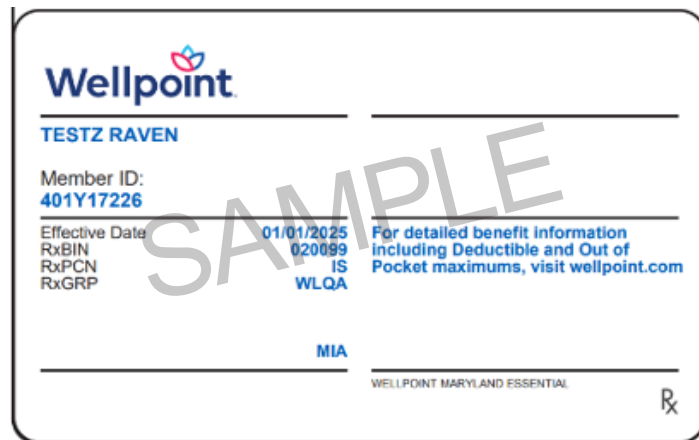
Wellpoint Maryland Essential plans	Location
Bronze 6000 for HSA (+ Incentives)	Off and on exchange
Bronze 5000 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)	Off and on exchange
Bronze Value 9200 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)	Off and on exchange
Catastrophic 9200 (+ Incentives)	Off and on exchange
Gold 1500 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)	Off and on exchange
Gold 800 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)	Off and on exchange
Gold Value 1000 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)	Off and on exchange
Silver Value 4500 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)	Off and on exchange
Silver 2500 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)	Off and on exchange
Silver 3500 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)	Off and on exchange
Silver 3500 Adult Dental/Vision2500 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)	Off and on exchange

Member ID card samples and tips

The following cards are samples only. Actual cards include information specific to the member's health plan and may look slightly different:

- The network at the bottom right corner will show Wellpoint Maryland Essential.
- No alpha prefixes are necessary for these plans.

Remember to use Payor ID WLPNT to ensure correct routing when submitting claims through **Availity.com**.



Health insurance marketplace/ACA plan contact information

Provider Call Center: 833-476-1457, 8 a.m. to 5 p.m. ET

Provider UM: 833-476-1457, 8 a.m. to 5 p.m. ET, Monday through Friday, excludes weekends and legal holidays

Prior authorizations:

Interactive care reviewer (ICR) through **Availity.com**
UM intake fax — **866-488-2839**

For code-specific requirements for all services, visit <https://www.wellpoint.com/md/provider/individual-commercial>.

Diagnostic services — Carelon Medical Benefits Management, Inc.:

- Cardiovascular
- Genetic testing
- Medical oncology
- Musculoskeletal
- Radiation oncology
- Radiology
- Rehabilitation
- Sleep medicine
- Surgical

Submit requests to Carelon Medical Benefits Management at **www.providerportal.com**.

Provider portal support team: **800-252-2021**

Carelon Medical Benefits Management Contact Center: **833-529-8820**, 8 a.m. to 5 p.m. ET, Monday through Friday

Behavioral health/substance abuse — Carelon Behavioral Health, Inc.

National Provider Services Line: **800-397-1630**, 8 a.m. to 8 p.m. ET, Monday through Friday

All behavioral health authorization requests should be submitted electronically using **Availity.com**.

Dental: (Pediatric only)

Pediatric dental services: Dental Prime
Dental member services: **833-821-1946**

Vision: (Pediatric only)

Pediatric vision services: Wellpoint
Vision provider services: **800-521-3605**

Claims mailing address:

Wellpoint
P.O. Box 105187
Atlanta, GA 30348-5187

Appeals:

Wellpoint
P.O. Box 105568
Atlanta, GA 30348-5568

Centralized online real-time record (CORR)/ medical records:

Wellpoint
P.O. Box 105557
Atlanta, GA 30348-5557

PCP assignments:

- All Wellpoint Maryland Essential plans will require a PCP selection.
- Members who do not select a PCP or enroll through <https://marylandhealthconnection.gov> will be assigned an in-network PCP when they enroll.
- Members can change their PCP immediately by calling the member services number on the back of their ID card or texting through the Sydney App.
- For the claims to be processed as in-network, members must see the PCP listed on the card or another provider in their group and/or covering physician under the same tax ID.
- Members who visit a PCP not assigned to them may be responsible for their bill.

Referrals:

- All plans are open access, meaning members do not require referrals to see a specialist.

Out of network:

- Prior authorizations are not required to pay for out-of-network services other than urgent or emergent care.
- Completion of covered services may be allowed at an in-network benefit and reimbursement level with an out-of-network provider for a period of time, according to contractual, regulatory, and accreditation requirements when necessary to complete a course of treatment and to arrange for a safe transfer to an in-network provider or facility.



For more information about requirements, benefits, and services (including the most recent full version of the provider manual), visit our website at wellpoint.com/md/provider/welcome-individual-commercial.