



---

## 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 in Bronze, Silver, and Gold metal 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 3500 (\$0 Virtual PCP + \$0 Select Drugs + Incentives)	Off and on exchange
Silver 2500 (\$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 <https://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:**  
Authorization Application through <https://Availity.com>

For code-specific requirements for all services, visit [wellpoint.com/md/provider/individual-commercial](https://wellpoint.com/md/provider/individual-commercial)

**Diagnostic services — Caelon Medical Benefits Management, Inc.:**

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

Submit requests to Caelon Medical Benefits Management at [www.providerportal.com](https://www.providerportal.com).

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

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

**Behavioral health/substance abuse — Caelon 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 <https://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 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](https://wellpoint.com/md/provider/welcome-individual-commercial).