

Blue Medicare Advantage Valor PPO
Blue Medicare Advantage PPO
Blue Medicare Advantage Enhanced PPO

Jan. 1 – Dec. 31, 2023

Summary of Benefits

Blue Medicare Advantage is a preferred provider organization (PPO). To join Blue Medicare Advantage Valor PPO, Blue Medicare Advantage PPO, or Blue Medicare Advantage Enhanced PPO, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Our service area for Blue Medicare Advantage includes the following counties in Iowa: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Delaware, Des Moines, Dickinson, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Sac, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright.

Blue Medicare Advantage Valor PPO, Blue Medicare Advantage PPO and Blue Medicare Advantage Enhanced PPO have a network of doctors, hospitals, pharmacies and other providers. If you use the providers in our network, you may pay less for your covered services. You can also use providers that are not in our network. For more detailed information about our providers, you can call Customer Service (phone numbers are printed on the back cover of this booklet) or visit our website at www.Wellmark.com/Finder-Medicare.

Out-of-network/non-contracted providers are under no obligation to treat Blue Medicare Advantage Valor PPO, Blue Medicare Advantage PPO and Blue Medicare Advantage Enhanced PPO members, except in emergency situations. Please call our Customer Service number or see your *Evidence of Coverage* for more information, including the cost sharing that applies to out-of-network services.

www.WellmarkAdvantageHealthPlan.com

Wellmark Advantage Health Plan is a PPO plan with a Medicare contract. Enrollment in Wellmark Advantage Health Plan depends on contract renewal.

Premium/Cost-sharing Table

You must continue to pay your Medicare Part B premium.

Monthly plan premiums, deductibles and limits on how much you pay for covered services	Blue Medicare Advantage Valor PPO	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO
Premium	\$0	\$0	\$49
Deductible	<p>This plan does not have a deductible for hospital and medical services.</p> <p>This plan does not include Part D prescription drug coverage.</p>	<p>This plan does not have a deductible for hospital and medical services.</p> <p>This plan does not have a deductible for Part D prescription drugs.</p>	<p>This plan does not have a deductible for hospital and medical services.</p> <p>This plan does not have a deductible for Part D prescription drugs.</p>
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	<p>In-Network \$4,500 annually</p> <p>Combined In- and Out-of-Network \$4,500 annually</p>	<p>In-Network \$3,750 annually</p> <p>Combined In- and Out-of-Network \$6,700 annually</p>	<p>In-Network \$3,650 annually</p> <p>Combined In- and Out-of-Network \$5,450 annually</p> <p>The most you pay for copays, coinsurance and other costs for medical services for the year.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>You will still need to pay your monthly plan premiums, Medicare Part B premiums and cost sharing for your Part D drugs.</p>

Benefits	Blue Medicare Advantage Valor PPO Medical coverage only	Blue Medicare Advantage PPO Medical & Part D drug coverage	Blue Medicare Advantage Enhanced PPO Medical & Part D drug coverage
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Note: Services with * may require prior authorization.

<p>Inpatient Hospital Coverage*</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>	<p>The copays are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care for 60 days in a row.</p>		
	<p>In- and Out-of-Network</p> <p>\$380 copay per day for days 1 through 4</p> <p>\$0 copay per day for days 5 through 90</p> <p>\$0 copay per day for days over 90</p>	<p>In-Network</p> <p>\$370 copay per day for days 1 through 4</p> <p>\$0 copay per day for days 5 through 90</p> <p>\$0 copay per day for days over 90</p> <p>Out-of-Network</p> <p>\$400 copay per day for days 1 through 4</p> <p>\$0 copay per day for days 5 through 90</p> <p>\$0 copay per day for days over 90</p>	<p>In-Network</p> <p>\$325 copay per day for days 1 through 4</p> <p>\$0 copay per day for days 5 through 90</p> <p>\$0 copay per day for days over 90</p> <p>Out-of-Network</p> <p>\$350 copay per day for days 1 through 4</p> <p>\$0 copay per day for days 5 through 90</p> <p>\$0 copay per day for days over 90</p>
<p>Outpatient Hospital Coverage*</p> <ul style="list-style-type: none"> • Non-surgical outpatient hospital services • Surgical outpatient hospital services 	<p>In- and Out-of-Network</p> <p>\$35 copay for non-surgical services</p> <p>\$325 copay for surgical services</p>	<p>In-Network</p> <p>\$40 copay for non-surgical services</p> <p>\$300 copay for surgical services</p> <p>Out-of-Network</p> <p>\$400 copay</p>	<p>In-Network</p> <p>\$20 copay for non-surgical services</p> <p>\$250 copay for surgical services</p> <p>Out-of-Network</p> <p>\$350 copay</p>

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<p>Ambulatory Surgical Center (ASC) Services*</p> <ul style="list-style-type: none"> • Medicare-covered arthroplasty hip and knee surgical services in an ambulatory surgical center • Other services in an ambulatory surgical center 	<p>In- and Out-of-Network \$0 copay</p> <p>In- and Out-of-Network \$200 copay</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network \$325 copay</p> <p>In-Network \$225 copay</p> <p>Out-of-Network \$325 copay</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network \$325 copay</p> <p>In-Network \$200 copay</p> <p>Out-of-Network \$325 copay</p>
<p>Doctor Visits</p> <ul style="list-style-type: none"> • Primary care providers • Specialists 	<p>In- and Out-of-Network \$0 copay</p> <p>In- and Out-of-Network \$35 copay</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network \$20 copay</p> <p>In-Network \$40 copay</p> <p>Out-of-Network \$50 copay</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network \$20 copay</p> <p>In-Network \$25 copay</p> <p>Out-of-Network \$30 copay</p>

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<p>Preventive Care</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<p>In- and Out-of-Network \$0 copay</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse screening and counseling • Annual physical exam • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening (colonoscopy, flexible sigmoidoscopy, guaiac-based fecal occult blood test, fecal immunochemical test, or DNA based colorectal screening) • Depression screening • Diabetes screening • Glaucoma screening • HIV screening • COVID-19, flu, Hepatitis B and pneumonia immunizations • Intensive behavioral therapy for obesity • Medical nutrition therapy services • Medicare Diabetes Prevention Program • Prostate cancer screenings • Screening for lung cancer with low dose computed tomography • Screening for sexually transmitted infections and counseling to prevent STIs • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • “Welcome to Medicare” preventive visit (one-time) 		

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<p>Emergency Care</p> <p>If you are admitted to the hospital within one day, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>If you need care when you’re outside of the U.S., you have coverage for emergency medical care, emergency transportation and urgently needed services only.</p>	<p style="text-align: center;">In- and Out-of-Network</p> <p style="text-align: center;">\$90 copay</p> <p style="text-align: center;">Worldwide</p> <p style="text-align: center;">\$100 copay</p> <p style="text-align: center;">Urgent care emergency care and emergency transportation are subject to a combined \$50,000 lifetime maximum benefit outside of the U.S. and its territories.</p>		

Benefits	Blue Medicare Advantage Valor PPO Medical coverage only	Blue Medicare Advantage PPO Medical & Part D drug coverage	Blue Medicare Advantage Enhanced PPO Medical & Part D drug coverage
<p>Urgently Needed Services</p> <p>If you need care when you're outside of the U.S., you have coverage for emergency medical care, emergency transportation and urgently needed services only.</p> <p>Urgent care, emergency care and emergency transportation are subject to a combined \$50,000 lifetime maximum benefit outside of the U.S. and its territories.</p>	<p>In- and Out-of-Network \$40 copay</p> <p>Worldwide \$100 copay</p>	<p>In- and Out-of-Network \$45 copay</p> <p>Worldwide \$100 copay</p>	<p>In- and Out-of-Network \$35 copay</p> <p>Worldwide \$100 copay</p>

Benefits	Blue Medicare Advantage Valor PPO Medical coverage only	Blue Medicare Advantage PPO Medical & Part D drug coverage	Blue Medicare Advantage Enhanced PPO Medical & Part D drug coverage
<p>Diagnostic Services/Labs/Imaging</p> <p>Outpatient services, including:</p> <ul style="list-style-type: none"> • Diagnostic tests and procedures • Therapeutic radiological services • Lab services 	<p>In- and Out-of-Network</p> <p>\$0 copay in a primary care provider office</p> <p>\$35 copay in a specialist office</p> <p>\$100 copay in a hospital</p> <p>In- and Out-of-Network</p> <p>20% coinsurance</p> <p>In- and Out-of-Network</p> <p>\$5 copay</p>	<p>In-Network</p> <p>\$0 copay in a primary care provider office</p> <p>\$40 copay in a specialist office</p> <p>\$100 copay in a hospital</p> <p>Out-of-Network</p> <p>\$20 copay in a primary care provider office</p> <p>\$50 copay in a specialist office</p> <p>\$300 copay in a hospital</p> <p>In- and Out-of-Network</p> <p>20% coinsurance</p> <p>In-Network</p> <p>\$5 copay</p> <p>Out-of-Network</p> <p>\$10 copay</p>	<p>In-Network</p> <p>\$0 copay in a primary care provider office</p> <p>\$25 copay in a specialist office</p> <p>\$75 copay in a hospital</p> <p>Out-of-Network</p> <p>\$20 copay in a primary care provider office</p> <p>\$30 copay in a specialist office</p> <p>\$200 copay in a hospital</p> <p>In- and Out-of-Network</p> <p>20% coinsurance</p> <p>In-Network</p> <p>\$0 copay</p> <p>Out-of-Network</p> <p>\$10 copay</p>

Benefits	Blue Medicare Advantage Valor PPO Medical coverage only	Blue Medicare Advantage PPO Medical & Part D drug coverage	Blue Medicare Advantage Enhanced PPO Medical & Part D drug coverage
<p>Diagnostic Services/Labs/Imaging (continued)</p> <ul style="list-style-type: none"> High-tech Medicare-covered diagnostic radiological services, such as CT, MRI, MRA, and PET X-rays and low-tech diagnostic radiological services such as ultrasounds 	<p>In- and Out-of-Network</p> <p>\$0 copay in a primary care provider office</p> <p>\$35 copay in a specialist office</p> <p>\$100 copay in a hospital</p> <p>In- and Out-of-Network</p> <p>\$20 copay for Medicare-covered X-rays and low-tech radiological services.</p>	<p>In-Network</p> <p>\$0 copay in a primary care provider office</p> <p>\$40 copay in a specialist office</p> <p>\$100 copay in a hospital</p> <p>Out-of-Network</p> <p>\$20 copay in a primary care provider office</p> <p>\$50 copay in a specialist office</p> <p>\$300 copay in a hospital</p> <p>In-Network</p> <p>\$20 copay for Medicare-covered X-rays and low-tech radiological services.</p> <p>Out-of-Network</p> <p>\$30 copay for Medicare-covered X-rays and low-tech radiological services.</p>	<p>In-Network</p> <p>\$0 copay in a primary care provider office</p> <p>\$25 copay in a specialist office</p> <p>\$75 copay in a hospital</p> <p>Out-of-Network</p> <p>\$20 copay in a primary care provider office</p> <p>\$30 copay in a specialist office</p> <p>\$250 copay in a hospital</p> <p>In-Network</p> <p>\$10 copay for Medicare-covered X-rays and low-tech radiological services.</p> <p>Out-of-Network</p> <p>\$20 copay for Medicare-covered X-rays and low-tech radiological services.</p>

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<p>Hearing Services</p> <p>Original Medicare covers limited hearing services</p> <p>Hearing exam to diagnose and treat hearing and balance issues</p> <p>Enhanced hearing services, beyond Original Medicare</p> <ul style="list-style-type: none"> • Routine hearing exam once every year • Hearing aid fitting evaluation once every year • Hearing aids <p>Locate a NationsHearing provider at www.NationsBenefits.com/WellmarkMA for this plan or call 1-877-271-1467, 24 hours a day, 7 days a week. TTY users call 711.</p>	<p>In- and Out-of-Network</p> <p>\$0 copay for hearing exams from primary care providers</p> <p>\$35 copay for hearing exams from specialists</p> <p>In- and Out-of-Network</p> <p>\$0 copay</p> <p>In- and Out-of-Network</p> <p>\$0 copay</p> <p>In-Network</p> <p>\$0 copay up to a \$1,000 (per ear) allowance once every year from a NationsHearing provider</p> <p>Out-of-Network</p> <p>\$0 copay up to a \$1,000 (per ear) allowance once every year</p>	<p>In-Network</p> <p>\$0 copay for primary care provider visit</p> <p>\$40 copay for specialist visit</p> <p>Out-of-Network</p> <p>\$20 copay for hearing exams from primary care providers</p> <p>\$50 copay for hearing exams from specialists</p> <p>In- and Out-of-Network</p> <p>\$0 copay</p> <p>In- and Out-of-Network</p> <p>\$0 copay</p> <p>In-Network</p> <p>\$0 copay up to a \$1,000 (per ear) allowance once every year from a NationsHearing provider</p> <p>Out-of-Network</p> <p>\$0 copay up to a \$1,000 (per ear) allowance once every year</p>	<p>In-Network</p> <p>\$0 copay for primary care provider visit</p> <p>\$25 copay for specialist visit</p> <p>Out-of-Network</p> <p>\$20 copay for hearing exams from primary care providers</p> <p>\$30 copay for hearing exams from specialists</p> <p>In- and Out-of-Network</p> <p>\$0 copay</p> <p>In- and Out-of-Network</p> <p>\$0 copay</p> <p>In-Network</p> <p>\$0 copay up to a \$1,250 (per ear) allowance once every year from a NationsHearing provider</p> <p>Out-of-Network</p> <p>\$0 copay up to a \$1,250 (per ear) allowance once every year</p>

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<p data-bbox="207 304 451 336">Dental Services</p> <p data-bbox="207 384 451 779">Original Medicare covers limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)</p> <p data-bbox="207 810 451 951">Preventive dental services, beyond Original Medicare</p> <ul data-bbox="215 982 467 1959" style="list-style-type: none"> <li data-bbox="215 982 467 1052">• Cleaning – twice per year <li data-bbox="215 1073 467 1308">• Dental X-rays – one set of up to four bitewing X-rays, or one set of up to six periapical films every year <li data-bbox="215 1329 467 1640">• Vertical bitewing X-rays, intraoral complete series, or panoramic image – every 3 years <li data-bbox="215 1661 467 1730">• Oral exam – twice per year <li data-bbox="215 1751 467 1843">• Fluoride treatments – once per year <li data-bbox="215 1864 467 1959">• Brush biopsies – unlimited 	<p data-bbox="492 384 654 415">In-Network</p> <p data-bbox="492 426 743 531">\$40 copay for Medicare-covered services</p> <p data-bbox="492 562 719 594">Out-of-Network</p> <p data-bbox="492 604 743 709">\$50 copay for Medicare-covered services</p> <p data-bbox="492 804 711 877">In- and Out-of-Network</p> <p data-bbox="492 888 621 919">\$0 copay</p>	<p data-bbox="808 384 971 415">In-Network</p> <p data-bbox="808 426 1060 531">\$40 copay for Medicare-covered services</p> <p data-bbox="808 562 1036 594">Out-of-Network</p> <p data-bbox="808 604 1060 709">\$50 copay for Medicare-covered services</p> <p data-bbox="808 804 1027 877">In- and Out-of-Network</p> <p data-bbox="808 888 938 919">\$0 copay</p>	<p data-bbox="1125 384 1287 415">In-Network</p> <p data-bbox="1125 426 1377 531">\$25 copay for Medicare-covered services</p> <p data-bbox="1125 562 1352 594">Out-of-Network</p> <p data-bbox="1125 604 1377 709">\$30 copay for Medicare-covered services</p> <p data-bbox="1125 804 1344 877">In- and Out-of-Network</p> <p data-bbox="1125 888 1255 919">\$0 copay</p>

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<p>Dental Services (continued)</p> <p>To find a network provider visit www.IowaDentalMA.com or call 1-833-721-2892, 7:30 a.m. to 6 p.m. Central time, Monday through Friday. TTY users call 1-888-287-7312.</p> <p>A provider who does not agree to participate with the network (accept our approved amount) may also charge you the difference between the approved amount and the charged amount. You are responsible for any charges above the plan's maximum annual dental benefit.</p> <p>Coverage restrictions apply. Ask your provider to confirm coverage prior to receiving services.</p>			

Benefits	Blue Medicare Advantage Valor PPO Medical coverage only	Blue Medicare Advantage PPO Medical & Part D Medical & Part D drug coverage	Blue Medicare Advantage Enhanced PPO Medical & Part D drug coverage
<p>Comprehensive dental services, beyond Original Medicare</p> <ul style="list-style-type: none"> • Palliative emergency treatments • Periodontal scaling and root planing – once per quadrant every 36 months • Fillings – (amalgam and resin) once per tooth every 48 months • Root canals – once per lifetime per tooth • Simple and surgical extractions • Crowns – once every 84 months • Crown repairs • Blue Medicare Advantage Enhanced plan also covers dentures, bridges and repairs – once every 60 months 	<p>Comprehensive dental: \$1,000 maximum annual dental benefit</p> <p>In-Network 25% coinsurance for:</p> <ul style="list-style-type: none"> • Palliative emergency treatments • Periodontal scaling and root planing • Fillings • Root canals • Simple and surgical extractions • Crowns and crown repairs <p>Out-of-Network 50% coinsurance for:</p> <ul style="list-style-type: none"> • Palliative emergency treatments • Periodontal scaling and root planing • Fillings 	<p>Comprehensive dental: \$1,000 maximum annual dental benefit</p> <p>In-Network 25% coinsurance for:</p> <ul style="list-style-type: none"> • Palliative emergency treatments • Periodontal scaling and root planing • Fillings • Root canals • Simple and surgical extractions • Crowns and crown repairs <p>Out-of-Network 50% coinsurance for:</p> <ul style="list-style-type: none"> • Palliative emergency treatments • Periodontal scaling and root planing • Fillings 	<p>Comprehensive dental: \$1,500 maximum annual dental benefit</p> <p>In-Network 25% coinsurance for:</p> <ul style="list-style-type: none"> • Palliative emergency treatments • Periodontal scaling and root planing • Fillings • Root canals • Simple and surgical extractions • Crowns and crown repairs • Dentures, bridges and repairs <p>Out-of-Network 50% coinsurance for:</p> <ul style="list-style-type: none"> • Palliative emergency treatments • Periodontal scaling and root planing • Fillings

Benefits	Blue Medicare Advantage Valor PPO Medical coverage only	Blue Medicare Advantage PPO Medical & Part D drug coverage	Blue Medicare Advantage Enhanced PPO Medical & Part D drug coverage
Comprehensive dental services, beyond Original Medicare (continued)	<ul style="list-style-type: none"> • Root canals • Simple extractions • Crowns and crown repairs 	<ul style="list-style-type: none"> • Root canals • Simple extractions • Crowns and crown repairs 	<ul style="list-style-type: none"> • Root canals • Simple extractions • Crowns and crown repairs • Dentures, bridges and repairs
Vision Services Original Medicare covers limited vision services <ul style="list-style-type: none"> • Glaucoma screening • Diabetic retinopathy screening • Eyeglasses or contact lenses after cataract surgery • Exam to diagnose and treat diseases and conditions of the eye 	<p>In- and Out-of-Network \$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>In- and Out-of-Network \$0 – \$35 copay, depending on the service</p>	<p>In- and Out-of-Network \$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>In-Network \$0 – \$40 copay, depending on the service</p> <p>Out-of-Network \$50 copay</p>	<p>In- and Out-of-Network \$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>In-Network \$0 – \$25 copay, depending on the service</p> <p>Out-of-Network \$30 copay</p>

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<p>Enhanced vision benefits, beyond Original Medicare</p> <ul style="list-style-type: none"> Routine eye exam every 12 months Elective contacts every 12 months <p><i>OR</i></p> <ul style="list-style-type: none"> One complete pair of eyeglasses (lenses and frames) every 12 months <p>You get lower copays when you receive your enhanced vision care in-network from a VSP Choice Network provider.</p> <p>To locate a VSP Choice Network provider, visit www.vsp.com or call 1-855-492-9028 from 8 a.m. to 8 p.m., seven days a week. TTY users call 1-800-428-4833.</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network 50% coinsurance</p> <p>In-Network \$0 copay up to \$150 benefit allowance</p> <p>Out-of-Network 50% coinsurance up to \$150 benefit allowance</p> <p>In- and Out-of-Network You are responsible for any charges above the plan's \$150 benefit allowance.</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network 50% coinsurance</p> <p>In-Network \$0 copay up to \$175 benefit allowance</p> <p>Out-of-Network 50% coinsurance up to \$175 benefit allowance</p> <p>In- and Out-of-Network You are responsible for any charges above the plan's \$175 benefit allowance</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network 50% coinsurance</p> <p>In-Network \$0 copay up to \$200 benefit allowance</p> <p>Out-of-Network 50% coinsurance up to \$200 benefit allowance</p> <p>In- and Out-of-Network You are responsible for any charges above the plan's \$200 benefit allowance.</p>

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<p>Mental Health Services</p> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p> <ul style="list-style-type: none"> Inpatient mental health* Outpatient therapy visit 	<p>If your hospital stay is longer than 90 days, our plan provides for up to 100 additional days of coverage, subject to the Medicare lifetime limit of 190 days. This limitation does not apply to inpatient psychiatric services furnished in a psychiatric unit of a general hospital.</p> <p>A benefit period starts the day you go into an inpatient psychiatric hospital. It ends when you go for 60 days in a row without inpatient psychiatric hospital care.</p> <p>No prior hospital stay is required. Copays restart as new benefit period begins.</p> <p>In- and Out-of-Network \$380 copay per day for days 1 through 4 \$0 copay per day for days 5 through 90 \$0 copay per day for days 91 through 190 until lifetime limitation is exhausted</p> <p>In- and Out-of-Network \$35 copay for psychiatric, outpatient group or individual visit</p>	<p>In-Network \$370 copay per day for days 1 through 4 \$0 copay per day for days 5 through 90 \$0 copay per day for days 91 through 190 until lifetime limitation is exhausted</p> <p>Out-of-Network \$400 copay per day for days 1 through 4 \$0 copay per day for days 5 through 90 \$0 copay per day for days 91 through 190 until lifetime limitation is exhausted</p> <p>In-Network \$40 copay for psychiatric, outpatient group or individual visit</p> <p>Out-of-Network \$50 copay for psychiatric, outpatient group or individual visit</p>	<p>In-Network \$325 copay per day for days 1 through 4 \$0 copay per day for days 5 through 90 \$0 copay per day for days 91 through 190 until lifetime limitation is exhausted</p> <p>Out-of-Network \$350 copay per day for days 1 through 4 \$0 copay per day for days 5 through 90 \$0 copay per day for days 91 through 190 until lifetime limitation is exhausted</p> <p>In-Network \$25 copay for psychiatric, outpatient group or individual visit</p> <p>Out-of-Network \$30 copay for psychiatric, outpatient group or individual visit</p>

Benefits	Blue Medicare Advantage Valor PPO Medical coverage only	Blue Medicare Advantage PPO Medical & Part D drug coverage	Blue Medicare Advantage Enhanced PPO Medical & Part D drug coverage
<p>Skilled Nursing Facility (SNF)*</p> <p>Our plan covers up to 100 days in a SNF.</p>	<p>In-Network</p> <p>\$0 copay per day for days 1 through 20</p> <p>\$187 copay per day for days 21 through 55</p> <p>\$0 copay per day for days 56 through 100</p> <p>Out-of-Network</p> <p>\$0 copay per day for days 1 through 20</p> <p>\$187 copay per day for days 21 through 55</p> <p>\$0 copay per day for days 56 through 100</p>	<p>In-Network</p> <p>\$0 copay per day for days 1 through 20</p> <p>\$184 copay per day for days 21 through 55</p> <p>\$0 copay per day for days 56 through 100</p> <p>Out-of-Network</p> <p>\$0 copay per day for days 1 through 20</p> <p>\$225 copay per day for days 21 through 55</p> <p>\$0 copay per day for days 56 through 100</p>	<p>In-Network</p> <p>\$0 copay per day for days 1 through 20</p> <p>\$150 copay per day for days 21 through 48</p> <p>\$0 copay per day for days 49 through 100</p> <p>Out-of-Network</p> <p>\$0 copay per day for days 1 through 20</p> <p>\$225 copay per day for days 21 through 48</p> <p>\$0 copay per day for days 49 through 100</p>
<p>Physical Therapy</p>	<p>In-Network</p> <p>\$35 copay</p> <p>Out-of-Network</p> <p>\$35 copay</p>	<p>In-Network</p> <p>\$40 copay</p> <p>Out-of-Network</p> <p>\$50 copay</p>	<p>In-Network</p> <p>\$25 copay</p> <p>Out-of-Network</p> <p>\$30 copay</p>
<p>Ambulance</p> <p>Copay is for each one-way trip for Medicare-covered services.</p> <p>You are covered for emergency transportation worldwide. There is a combined \$50,000 lifetime plan coverage limit for emergency and urgent care services outside the U.S. and its territories.</p>	<p>In- and Out-of-Network</p> <p>\$250 copay</p> <p>Worldwide</p> <p>\$100 copay</p>	<p>In- and Out-of-Network</p> <p>\$275 copay</p> <p>Worldwide</p> <p>\$100 copay</p>	<p>In- and Out-of-Network</p> <p>\$225 copay</p> <p>Worldwide</p> <p>\$100 copay</p>
<p>Transportation</p>	<p>Non-emergency transportation is not covered.</p>		

Benefits	Blue Medicare Advantage Valor PPO Medical coverage only	Blue Medicare Advantage PPO Medical & Part D drug coverage	Blue Medicare Advantage Enhanced PPO Medical & Part D drug coverage
Medicare Part B Drugs* <ul style="list-style-type: none"> • Chemotherapy drugs • Other Part B drugs 	In-Network 20% coinsurance for all Part B drugs Out-of-Network 20% coinsurance for chemotherapy drugs 35% coinsurance for all other Part B drugs	In-Network 20% coinsurance for all Part B drugs Out-of-Network 20% coinsurance for chemotherapy drugs 35% coinsurance for all other Part B drugs	In-Network 20% coinsurance for all Part B drugs Out-of-Network 20% coinsurance for chemotherapy drugs 35% coinsurance for all other Part B drugs
Rehabilitation Services <ul style="list-style-type: none"> • Cardiac rehabilitation/intensive cardiac services • Pulmonary rehabilitation • Occupational therapy visit • Speech and language therapy 	In-Network \$35 copay Out-of-Network \$35 copay In-Network \$20 copay Out-of-Network \$20 copay In-Network \$35 copay Out-of-Network \$35 copay In-Network \$35 copay Out-of-Network \$35 copay	In-Network \$40 copay Out-of-Network \$50 copay In-Network \$20 copay Out-of-Network \$50 copay In-Network \$40 copay Out-of-Network \$50 copay In-Network \$40 copay Out-of-Network \$50 copay	In-Network \$25 copay Out-of-Network \$30 copay In-Network \$20 copay Out-of-Network \$30 copay In-Network \$25 copay Out-of-Network \$30 copay In-Network \$25 copay Out-of-Network \$30 copay
Foot care (podiatry services) Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	In-Network \$40 copay Out-of-Network \$40 copay	In-Network \$45 copay Out-of-Network \$50 copay	In-Network \$35 copay Out-of-Network \$40 copay

Benefits	Blue Medicare Advantage Valor PPO Medical coverage only	Blue Medicare Advantage PPO Medical & Part D drug coverage	Blue Medicare Advantage Enhanced PPO Medical & Part D drug coverage
<p>Medical Equipment/Supplies*</p> <ul style="list-style-type: none"> • Durable medical equipment (for example, wheelchairs, oxygen) • Home infusion therapy • Prosthetics (for example, braces, artificial limbs) • Diabetic lancets and test strips • Diabetic supplies (for example, monitors, shoes or inserts) 	<p>In- and Out-of-Network 20% coinsurance for Medicare-covered durable medical equipment</p> <p>In- and Out-of-Network \$0 copay for Medicare-covered home infusion therapy</p> <p>In- and Out-of-Network 20% coinsurance for Medicare-covered prosthetics</p> <p>In- and Out-of-Network \$0 copay for Medicare-covered diabetic lancets and test strips</p> <p>In- and Out-of-Network 20% coinsurance for all other Medicare-covered diabetic supplies</p>		

Benefits	Blue Medicare Advantage Valor PPO Medical coverage only	Blue Medicare Advantage PPO Medical & Part D drug coverage	Blue Medicare Advantage Enhanced PPO Medical & Part D drug coverage
Health Fitness Program	<p>This benefit is built into the plan with no additional cost.</p> <p>Members are covered for a fitness benefit through SilverSneakers®. SilverSneakers is a comprehensive program that can improve overall well-being and social connections. Designed for all levels and abilities, SilverSneakers provides convenient access to a nationwide fitness network, a variety of programming options and activities beyond the gym that incorporate physical well-being and social interaction.</p> <p>Benefits include:</p> <ul style="list-style-type: none"> • Use of exercise equipment, classes and other amenities at thousands of participating locations • SilverSneakers LIVE™ online classes and workshops taught by instructors trained in senior fitness • SilverSneakers On-Demand™ online library with hundreds of workout videos • SilverSneakers GO™ mobile app with on-demand videos and live classes • SilverSneakers FLEX® gives you options to get active outside of traditional gyms (like recreation centers, malls and parks) • Online fitness tips and healthy eating information • Social connections through events such as shared meals, holiday celebrations and class socials • GetSetUp virtual enrichment program with classes on topics ranging from healthy eating to aging in place <p>To locate a participating fitness center near you, call 1-888-338-0345, 7 a.m. to 7 p.m. Central time or 6 a.m. to 6 p.m. Mountain time, Monday through Friday. TTY users call 711. Or visit www.SilverSneakers.com.</p> <p>This is not a covered benefit for gym memberships or fitness programs that are not part of the SilverSneakers Fitness Program.</p> <p>Tivity Health is an independent corporation retained by Wellmark Advantage Health Plan to provide health and fitness services to its Wellmark Advantage Health Plan members. SilverSneakers and SilverSneakers FLEX are registered trademarks of Tivity Health, Inc. SilverSneakers GO, SilverSneakers On-Demand and SilverSneakers LIVE are trademarks of Tivity Health, Inc. © 2022 Tivity Health, Inc. All rights reserved.</p>		

Benefits	Blue Medicare Advantage Valor PPO Medical coverage only	Blue Medicare Advantage PPO Medical & Part D drug coverage	Blue Medicare Advantage Enhanced PPO Medical & Part D drug coverage
<p>Meal Benefit</p> <p>Two meals per day for 14 days following discharge from an inpatient hospital or skilled nursing facility.</p>	<p>This benefit is built into the plan with no additional cost.</p> <p>Members who have been discharged from an inpatient hospital or skilled nursing facility may be eligible for a 14-day, 28-meal benefit through Mom's Meals. An assessment with your case manager is required to determine eligibility for the meal benefit. If you qualify for this benefit, your case manager will make a referral to the plan-approved meal provider.</p> <p>Members are eligible for this benefit during the 30-day period after they return home from the hospital. Benefit is limited to twice annually.</p> <p>This program offers:</p> <ul style="list-style-type: none"> • Health-specific menus designed to support your nutritional needs • High quality, refrigerated meals arrive at your home when you need them most • Easy to prepare meals last for 14 days in the fridge – just heat, eat and enjoy within minutes 		

Benefits	Blue Medicare Advantage Valor PPO Medical coverage only	Blue Medicare Advantage PPO Medical & Part D drug coverage	Blue Medicare Advantage Enhanced PPO Medical & Part D drug coverage
<p>Chiropractic Care</p> <ul style="list-style-type: none"> Manual manipulation of the spine to correct subluxation Up to 14 routine care visits One set of X-rays (up to 3 views) when performed by a chiropractor 	<p>In-Network</p> <p>\$20 copay for each Medicare-covered visit</p> <p>\$30 copay for each routine care visit</p> <p>\$0 copay for one annual set of X-rays</p> <p>Out-of-Network</p> <p>\$20 copay for each Medicare-covered visit</p> <p>\$30 copay for each routine care visit</p> <p>\$0 copay for one annual set of X-rays</p>	<p>In-Network</p> <p>\$20 copay for each Medicare-covered visit</p> <p>\$30 copay for each routine care visit</p> <p>\$0 copay for one annual set of X-rays</p> <p>Out-of-Network</p> <p>\$55 copay for each Medicare-covered visit</p> <p>\$55 copay for each routine care visit</p> <p>\$0 copay for one annual set of X-rays</p>	<p>In-Network</p> <p>\$20 copay for each Medicare-covered visit</p> <p>\$25 copay for each routine care visit</p> <p>\$0 copay for one annual set of X-rays</p> <p>Out-of-Network</p> <p>\$50 copay for each Medicare-covered visit</p> <p>\$50 copay for each routine care visit</p> <p>\$0 copay for one annual set of X-rays</p>
<p>Home Health Care</p> <p>Includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Custodial care is not a benefit.</p>	<p align="center">In- and Out-of-Network</p> <p align="center">\$0 copay</p>		
<p>Nurse Advice Line</p> <p>Speak to a nurse anytime day or night by calling our 24-hour Nurse Line at 1-833-968-1747. TTY users call 711.</p>	<p align="center">In- and Out-of-Network</p> <p align="center">\$0 copay</p>		

Benefits	Blue Medicare Advantage Valor PPO Medical coverage only	Blue Medicare Advantage PPO Medical & Part D drug coverage	Blue Medicare Advantage Enhanced PPO Medical & Part D drug coverage
<p>Virtual Visits</p> <ul style="list-style-type: none"> Remote access technologies give you the opportunity to meet with a health care provider through electronic forms of communication (such as online). This does not replace an in-person visit, but allows you to meet with a health care provider when it is not possible for you to meet with your doctor in the office. <p>You can use Wellmark Advantage Virtual Visits by visiting www.doctorondemand.com or calling 1-800-997-6196. TTY users call 711.</p>	<p>In- and Out-of-Network</p> <p>Unless listed below, your cost share for a telehealth visit is the same as an in-office visit of the same type.</p> <p>\$0 copay for urgently needed services via telehealth</p> <p>\$0 copay for Wellmark Advantage Virtual Visits, including urgent care, mental health and psychiatric services.</p>		
<p>Outpatient Substance Abuse Individual or group therapy visit</p>	<p>In-Network \$35 copay</p> <p>Out-of-Network \$35 copay</p>	<p>In-Network \$40 copay</p> <p>Out-of-Network \$50 copay</p>	<p>In-Network \$25 copay</p> <p>Out-of-Network \$30 copay</p>
<p>Renal Dialysis</p>	<p>In- and Out-of-Network 20% coinsurance</p>	<p>In- and Out-of-Network 20% coinsurance</p>	<p>In- and Out-of-Network 20% coinsurance</p>

Benefits	Blue Medicare Advantage Valor PPO Medical coverage only	Blue Medicare Advantage PPO Medical & Part D drug coverage	Blue Medicare Advantage Enhanced PPO Medical & Part D drug coverage
<p>Supervised Exercise Therapy (SET) SET is covered for members who have symptomatic peripheral artery disease (PAD). Up to 36 sessions over a 12-week period are covered if the SET program requirements are met.</p>	<p>In-Network \$30 copay for each Medicare-covered service.</p> <p>Out-of-Network \$30 copay for each Medicare-covered service.</p>	<p>In-Network \$30 copay for each Medicare-covered service.</p> <p>Out-of-Network \$50 copay for each Medicare-covered service.</p>	<p>In-Network \$25 copay for each Medicare-covered service.</p> <p>Out-of-Network \$30 copay for each Medicare-covered service.</p>
<p>Over-the-Counter Items (from authorized vendor only)</p> <p>We offer certain drugs and health related products that do not need a prescription. More than 300 OTC items are available under this benefit. Covered items include but are not limited to antacids, cough drops, denture adhesive, eye drops, ibuprofen, toothpaste and first aid items.</p>	<p>This benefit is built into the plan with no additional cost.</p> <p>Benefits are available each quarter (January, April, July, October). Unused OTC amounts do not roll over to the next quarter or to the next calendar year.</p> <p>There is a limit on the total dollar amount we contribute each quarter. However, you can order more than that amount, and you will be asked to pay the difference. All orders must be placed through the plan’s approved vendor. Items can’t be obtained from any other vendor or retailer. Direct member reimbursement is not available.</p> <p>There are three ways to use your benefit:</p> <ol style="list-style-type: none"> Online. Beginning Jan. 1, 2023, you can go to www.NationsBenefits.com/WellmarkMA and follow the prompts to place the order using the online catalog. Phone. Select items using the NationsOTC catalog and place an order by calling 1-877-271-1467 24 hours a day, 7 days a week. TTY users call 711. Items will be mailed to you. Mail. Complete and mail the order form included with the NationsOTC catalog that you’ll receive in the mail. 		
	<p>You get up to \$50 every quarter to spend on certain approved non-prescription over-the-counter drugs and health-related items.</p>	<p>You get up to \$55 every quarter to spend on certain approved non-prescription over-the-counter drugs and health-related items.</p>	<p>You get up to \$75 every quarter to spend on certain approved non-prescription over-the-counter drugs and health-related items.</p>

Benefits	Blue Medicare Advantage Valor PPO Medical coverage only	Blue Medicare Advantage PPO Medical & Part D drug coverage	Blue Medicare Advantage Enhanced PPO Medical & Part D drug coverage
<p>Personal Emergency Response Services (PERS) Blue Medicare Advantage Valor PPO and Blue Medicare Advantage Enhanced PPO cover Personal Emergency Response Services (PERS) to give you added security and protection with a medical alert system that offers two-way connectivity to a live agent and around-the-clock monitoring. For more information, visit www.NationsResponse.com/WellmarkMA or call 1-877-271-1467, 24 hours a day, 7 days a week. TTY users call 711.</p>	<p>\$0 copay</p> <p>The cost of your medical alert system and the monthly monitoring service is covered by your health plan. There are no additional charges associated with your PERS benefit.</p>	<p>Not covered</p>	<p>\$0 copay</p> <p>The cost of your medical alert system and the monthly monitoring service is covered by your health plan. There are no additional charges associated with your PERS benefit.</p>
<p>Worldwide Emergency Coverage</p> <ul style="list-style-type: none"> Worldwide emergency medical coverage Worldwide emergency transportation (ambulance) Worldwide urgent coverage 	<p>\$100 copay</p> <p>\$100 copay</p> <p>\$100 copay</p>		

Benefits	Blue Medicare Advantage Valor PPO Medical coverage only	Blue Medicare Advantage PPO Medical & Part D drug coverage	Blue Medicare Advantage Enhanced PPO Medical & Part D drug coverage
<p>Worldwide Emergency Coverage (continued)</p> <p>If you need care when you're outside of the U.S., you have coverage for emergency medical care, emergency transportation and urgently needed services only.</p> <p>You are responsible for the difference between the approved amount and the provider's charge.</p>	<p>Worldwide urgent care emergency care, and emergency transportation is subject to a combined \$50,000 lifetime maximum benefit outside of the U.S. and its territories.</p>		

A complete list of services is found in the *Evidence of Coverage*. For a copy of the *Evidence of Coverage*, go to <http://www.Wellmark.com/Medicare/Advantage/Resources>, or contact Customer Service at 1-855-716-2544 from 8 a.m. to 8 p.m., local time, seven days a week from October 1 through March 31; 8 a.m. to 8 p.m., local time, Monday through Friday from April 1 through September 30, for more information. TTY users call 711.

Blue Medicare Advantage Valor PPO

Outpatient Prescription Drugs

This plan does not cover Part D prescription drugs.

Blue Medicare Advantage PPO

Stage 1: Deductible	Because there is no deductible for the plan, this stage does not apply to you.			
Stage 2: Initial Coverage	Standard retail 30-day supply	Preferred retail 30-day supply	Mail-order 30-day supply	Long-term care 31-day supply
Tier 1: Preferred Generic	\$8	\$0	\$0	\$0
Tier 2: Generic	\$20	\$10	\$8	\$10
Tier 3: Preferred Brand	\$47	\$47	\$49	\$47
Select Insulins	\$35	\$35	\$35	\$35
Tier 4: Non-Preferred	\$100	\$100	\$100	\$100
Tier 5: Specialty	33%	33%	33%	33%
Stage 2: Initial Coverage	Standard retail 90-day supply	Preferred retail 90-day supply	Mail-order 90-day supply	Long-term care 90-day supply
Tier 1: Preferred Generic	\$24	\$0	\$0	Not offered
Tier 2: Generic	\$52	\$22	\$16	Not offered
Tier 3: Preferred Brand	\$139	\$109	\$111	Not offered
Select Insulins	\$105	\$105	\$105	Not offered
Tier 4: Non-Preferred	\$290	\$290	\$290	Not offered
Tier 5: Specialty	Not offered	Not offered	Not offered	Not offered
Stage 3: Coverage Gap	25% for generic and brand drugs. You pay no more than \$35 for a one-month or \$105 for a 90-day supply of Select Insulins.			
Stage 4: Catastrophic Coverage	\$4.15 generic/\$10.35 brand or 5%, whichever is greater			

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at www.Wellmark.com/Medicare/Advantage/Resources.

Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations. You can see the most complete and current information about which drugs are covered on our website (www.Wellmark.com/Finder-Medicare).

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's pharmacy directory at our website (www.Wellmark.com/Finder-Medicare).

Blue Medicare Advantage Enhanced PPO

Stage 1: Deductible	Because there is no deductible for the plan, this stage does not apply to you.			
Stage 2: Initial Coverage	Standard retail 30-day supply	Preferred retail 30-day supply	Mail-order 30-day supply	Long-term care 31-day supply
Tier 1: Preferred Generic	\$6	\$0	\$0	\$0
Tier 2: Generic	\$14	\$8	\$8	\$8
Tier 3: Preferred Brand	\$36	\$35	\$37	\$36
Select Insulins	\$35	\$35	\$35	\$35
Tier 4: Non-Preferred	\$100	\$100	\$100	\$100
Tier 5: Specialty	33%	33%	33%	33%
Stage 2: Initial Coverage	Standard retail 90-day supply	Preferred retail 90-day supply	Mail-order 90-day supply	Long-term care 90-day supply
Tier 1: Preferred Generic	\$18	\$0	\$0	Not offered
Tier 2: Generic	\$42	\$14	\$16	Not offered
Tier 3: Preferred Brand	\$108	\$105	\$111	Not offered
Select Insulins	\$105	\$105	\$105	Not offered
Tier 4: Non-Preferred	\$290	\$290	\$290	Not offered
Tier 5: Specialty	Not offered	Not offered	Not offered	Not offered
Stage 3: Coverage Gap	25% for generic and brand drugs. You pay no more than \$35 for a one-month or \$105 for a 90-day supply of Select Insulins.			
Stage 4: Catastrophic Coverage	\$4.15 generic/\$10.35 brand or 5%, whichever is greater			

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at <http://www.Wellmark.com/Medicare/Advantage/Resources>.

Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations. You can see the most complete and current information about which drugs are covered on our website (www.Wellmark.com/Finder-Medicare).

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's pharmacy directory at our website (www.Wellmark.com/Finder-Medicare).

For more information or to enroll online, visit us at www.WellmarkAdvantageHealthPlan.com

If you are not a member of this plan, call toll-free **1-800-213-3771**.

If you are a member of this plan, call toll-free **1-855-716-2544**.

TTY users should call **711**.

Oct. 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. local time.

April 1 to Sept. 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. local time.

This document is available in other formats such as audio CD and large print.

This document may be available in a non-English language.

You can order a copy of the “Medicare & You” handbook at www.medicare.gov, or you can call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



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