



Medicare Options in Iowa

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Agenda

1. Understanding Parts of Medicare
2. Individual Medicare Solutions
3. Group Retire Program
4. Wellmark support resources
5. Next steps

Medicare basics



What is Medicare?

Medicare is the federal health insurance program administered by the Centers for Medicare & Medicaid (CMS) for people 65 or older. Those with a disability, end-stage renal disease or ALS may be eligible to get Medicare sooner.

Medicare coverage options

ORIGINAL MEDICARE



Medicare Part A: Hospital coverage



Medicare Part B: Medical coverage

ADDITIONAL COVERAGE OPTIONS to help cover what Original Medicare doesn't provide



Medicare Part D: prescription drugs



Medicare supplement insurance (Medigap): Helps pay some out-of-pocket costs not paid by Original Medicare



Medicare Part C (Medicare Advantage):

Combines Part A, Part B, and often Part D coverage into one plan. Plans often include valuable extras like dental, vision and hearing

Medicare parts explained



PART A

- Inpatient hospital care and services
- Skilled nursing covered up to 100 days (after three-day hospital stay)
- Medicare-approved home health care, covered in full
- Hospice care covered if provided in Medicare-certified facility

What Part A costs: Monthly premium: \$0 premium
(Plan Year 2024) (for eligible enrollees)
Deductible: \$1,632



PART B

- Doctor visits
- Outpatient services
- Laboratory services
- Durable medical equipment
- Preventive services
- Annual wellness visit
- Certain screenings and immunizations
- “Welcome to Medicare” preventive visit

What Part B costs: Monthly premium: \$174.70*
(Plan Year 2024) (standard premium)
Deductible: \$240
Copay: 20%

*Your Part B premium could be higher or lower based on your income

Medicare parts explained



PART C — Medicare Advantage

- Covers same benefits as Original Medicare
- Part D prescription drug coverage often included
- Additional benefits may include:
 - Dental
 - Vision
 - Hearing
 - Fitness
 - Over the counter allowance
 - And more!

MEDICARE SUPPLEMENT (also called MEDIGAP)



- Also called Medicare supplement
- Helps pay some out-of-pocket costs that come with Original Medicare
- Additional benefits may be available to purchase such as dental or vision

Medicare parts explained



PART D — Drug Coverage

- Covers commonly used brand name and generic drugs
- Doesn't include over-the-counter medicines
- Benefits vary from plan to plan
- Requires you to use an in-network pharmacy
- Each plan includes a list of covered drugs called a formulary

What to know about Part D

There are four cost stages, each with a different cost share and limit. Cost stages reset each year.

1. Annual deductible

You pay the full cost of drugs until you hit the plan's deductible, if applicable

2. Initial coverage

You pay a copay or coinsurance based on the drug tier, until your **total drug costs** reach \$5,030 for 2024

3. Coverage gap

Also known as the donut hole, you pay 25% of the cost of your drugs until your **out-of-pocket** cost reaches \$8,000

4. Catastrophic coverage

Once your true out-of-pocket costs (TrOOP) reach \$8,000, you pay nothing for the rest of the year

What to know about Medicare IRMAA

Income-related monthly adjustment amount

- Surcharge that high-income individuals may pay in addition to their Medicare Part B and Part D premiums
- Applies to eligible Medicare beneficiaries, whether you have Original Medicare or Medicare Advantage
- In 2024, that threshold is \$103,000 for a single person and \$206,000 for a joint return
- IRMAA payments go directly to Medicare, even if you pay monthly premiums to an insurance company, like Wellmark

Medicare Part C (Medicare Advantage)

Medicare Advantage

How does it work?

- You may pay copays for hospital or health care provider services
- Your health care provider or facility files a claim to your insurance
- Your insurance processes the claim and sends you an Explanation of Benefits

Who is eligible to enroll?

- Reside in the U.S.
- Live in the plan's service area at least six months of the year
- Entitled to Medicare Part A
- Enrolled in Medicare Part B
- Continue to pay your part B premium

Why choose a Medicare Advantage plan from Wellmark?

1. Low monthly premiums
2. Plans feature a broad network
3. Plans have low copays or coinsurance
4. Plans include a maximum out-of-pocket limit
5. Plans include additional benefits



Blue Medicare Advantage HMOSM: Iowa

Benefit Categories	Blue Medicare Advantage HMO SM In-network
Monthly premium	\$0
Maximum out-of-pocket	\$3,450
Office visits: primary care	\$0
Office visits: specialists	\$35
Diagnostic tests and procedures:	
X-rays	\$20
Lab	\$5
Inpatient hospital copay	\$360 days 1–5
Outpatient hospital copay	
Knee & hip	\$0 (ASC only)
Non-surgical	\$35
Surgical	\$300
Meals (post in-patient/SNF stay)	2 meals/day for 14 days (2 times per year)
Routine vision*	\$0 exam + \$200 eyewear allowance
Routine hearing	\$0 exam + \$1,000 per ear for hearing aids
Over-the-counter allowance	\$75 per quarter
Delta Dental® of Iowa preventive and comprehensive coverage	Preventive \$0 copay and \$1,500 comprehensive annual allowance

Part D	Blue Medicare Advantage HMO SM Preferred / Standard / Mail
Drug tiers	30-day supply
Tier 1	\$0 / \$10 / \$0
Tier 2	\$10 / \$20 / \$10
Tier 3	\$47 / \$47 / \$47
Tier 4	\$100 / \$100 / \$100
Tier 5	33% / 33% / 33%

Part D	Blue Medicare Advantage HMO SM Preferred / Standard / Mail
Drug tiers	100-day supply
Tier 1	\$0 / \$30 / \$0
Tier 2	\$28 / \$60 / \$0
Tier 3	\$129 / \$141 / \$118
Tier 4	\$275 / \$300 / \$250
Tier 5	N/A

* Lenses covered in full: single vision, lined bifocals, lined trifocals, lenticular lenses, and upgrades for standard progressives.

Blue Medicare Advantage PPOSM: Iowa

Benefit Categories	Blue Medicare Advantage PPO SM In-network / Out-of-network
Monthly premium	\$0
Maximum Out-of-pocket	\$3,750 / \$5,500
Office visits: primary care	\$0 / \$20
Office visits: specialists	\$40 / \$50
Diagnostic tests and procedures: X-rays Lab	\$20 / \$30 \$5 / \$10
Inpatient hospital copay	\$375 days 1–5
Outpatient hospital copay Knee & hip Non-surgical Surgical	\$0 (ASC only) / \$325 \$40 / \$400 \$300 / \$400
Meals (post in-patient/SNF stay)	2 meals/day for 14 days (2 times per year)
Routine vision*	\$0 exam + \$200 eyewear allowance
Routine hearing	\$0 exam + \$1,000 per ear for hearing aids
Over-the-counter allowance	\$85 per quarter
Delta Dental [®] of Iowa preventive and comprehensive coverage	Preventive \$0 copay and \$1,500 comprehensive annual allowance

Part D	Blue Medicare Advantage PPO SM Preferred / Standard / Mail
Drug Tiers	30-day supply
Tier 1	\$0 / \$8 / \$0
Tier 2	\$10 / \$20 / \$10
Tier 3	\$47 / \$47 / \$47
Tier 4	\$100 / \$100 / \$100
Tier 5	33% / 33% / 33%

Part D	Blue Medicare Advantage PPO SM Preferred / Standard / Mail
Drug Tiers	100-day supply
Tier 1	\$0 / \$24 / \$0
Tier 2	\$28 / \$60 / \$0
Tier 3	\$129 / \$141 / \$118
Tier 4	\$275 / \$300 / \$250
Tier 5	N/A

* Lenses covered in full: single vision, lined bifocals, lined trifocals, lenticular lenses, and upgrades for standard progressives.

Blue Medicare Advantage Enhanced PPOSM: Iowa

Benefit Categories	Blue Medicare Advantage Enhanced PPO SM In-network / Out-of-network
Monthly premium	\$54
Maximum out-of-pocket	\$3,650 / \$5,450
Office visits: primary care	\$0 / \$20
Office visits: specialists	\$25 / \$30
Diagnostic tests and procedures:	
X-rays	\$10 / \$20
Lab	\$0 / \$10
Inpatient hospital copay	\$350 days 1–5
Outpatient hospital copay	
Knee & hip	\$0 (ASC only) / \$325
Non-surgical	\$20 / \$350
Surgical	\$250 / \$350
Meals (post in-patient/SNF stay)	2 meals/day for 14 days (2 times per year)
Routine vision*	\$0 exam + \$200 eyewear allowance
Routine hearing	\$0 exam + \$1,250 per ear for hearing aids
Over-the-counter allowance	\$95 per quarter
Delta Dental [®] of Iowa preventive and comprehensive coverage	Preventive \$0 copay and \$2,000 comprehensive annual allowance

Part D	Blue Medicare Advantage Enhanced PPO SM Preferred / Standard / Mail
Drug tiers	30-day supply
Tier 1	\$0 / \$6 / \$0
Tier 2	\$8 / \$14 / \$8
Tier 3	\$35 / \$36 / \$35
Tier 4	\$100 / \$100 / \$100
Tier 5	33% / 33% / 33%

Part D	Blue Medicare Advantage Enhanced PPO SM Preferred / Standard / Mail
Drug tiers	100-day supply
Tier 1	\$0 / \$18 / \$0
Tier 2	\$22 / \$42 / \$0
Tier 3	\$96 / \$108 / \$88
Tier 4	\$275 / \$300 / \$250
Tier 5	N/A

* Lenses covered in full: single vision, lined bifocals, lined trifocals, lenticular lenses, and upgrades for standard progressives.

Blue Medicare Advantage PPO | Avera

Benefit Categories	Blue Medicare Advantage PPO Avera Avera Network / PPO In-network / Out-of-network
Monthly premium	\$0
Maximum out-of-pocket	\$3,855 / \$3,855 / \$7,500
Office visits: primary care	\$0 / \$15 / \$30
Office visits: specialists	\$20 / \$40 / \$60
Diagnostic tests and procedures: X-rays Lab	\$10 / \$20 / \$30 \$0 / \$15 / \$30
Inpatient hospital copay	\$375 per stay / \$750 per stay / \$1,500 per stay
Outpatient hospital copay Knee & hip Non-surgical Surgical	\$0 / \$300 / \$450 \$15 / \$30 / \$45 \$200 / \$400 / \$600
Meals (post in-patient and SNF)	2 per day/14 days, 2 times/year
Routine vision*	\$0 exam + \$150 eyewear allowance
Routine hearing	\$0 exam + \$1,000 per ear for hearing aids
Over-the-counter allowance	\$50 per quarter
Delta Dental® of South Dakota preventive and comprehensive coverage	Preventive \$15 copay and \$1,250 comprehensive annual allowance

Part D	Blue Medicare Advantage PPO Avera Preferred / Standard / Mail
Drug tiers	30-day supply
Tier 1	\$0 / \$12 / \$0
Tier 2	\$7 / \$15 / \$7
Tier 3	\$47 / \$47 / \$47
Tier 4	\$100 / \$100 / \$100
Tier 5	33% / 33% / 33%

Part D	Blue Medicare Advantage PPO Avera Preferred / Standard / Mail
Drug tiers	100-day supply
Tier 1	\$0 / \$36 / \$0
Tier 2	\$19 / \$45 / \$0
Tier 3	\$129 / \$141 / \$118
Tier 4	\$275 / \$300 / \$250
Tier 5	N/A

* Lenses covered in full: single vision, lined bifocals, lined trifocals, lenticular lenses, and upgrades for standard progressives.

Blue Medicare AdvantageSM Valor: Iowa

Benefit Categories	Blue Medicare Advantage Valor PPO Combined In- and Out-of-network
Monthly premium	\$0
Maximum out-of-pocket	\$5,000
Office visits: primary care	\$0
Office visits: specialists	\$40
Diagnostic tests and procedures:	
X-rays	\$20
Lab	\$5
Inpatient hospital copay	\$380 days 1–5
Outpatient hospital copay	
Knee & hip	\$100 ASC only
Non-surgical	\$40
Surgical	\$350
Meals (post in-patient and SNF)	2 per day/14 days, 2 times/year
Routine vision*	\$0 exam + \$150 eyewear allowance
Routine hearing	\$0 exam + \$1,000 per ear for hearing aids
Over-the-counter allowance	\$50 per quarter
Delta Dental® of Iowa preventive and comprehensive coverage	Preventive \$0 copay and \$1,000 comprehensive annual allowance

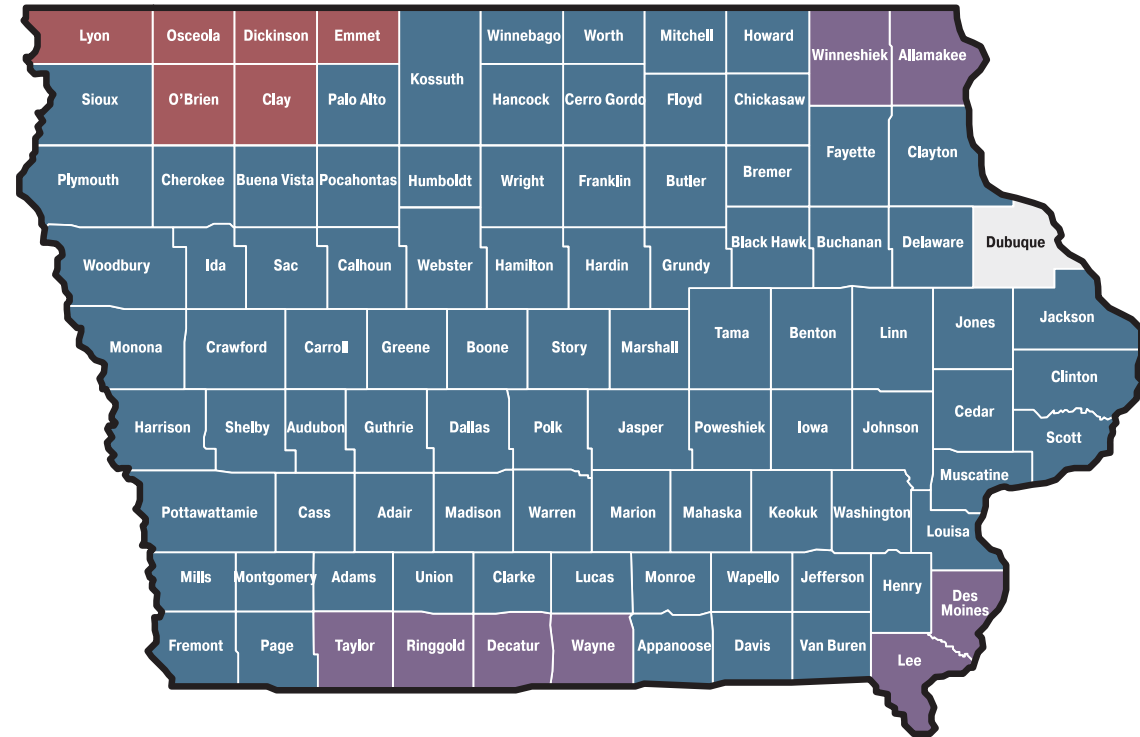
No Part D Coverage

This plan is suited for individuals who have TRICARE For Life because it does not include Part D prescription drug coverage. Members who enroll in this plan can keep their TRICARE For Life prescription drug coverage.

* Lenses covered in full: single vision, lined bifocals, lined trifocals, lenticular lenses, and upgrades for standard progressives.

Wellmark Advantage Health Plan service area

- PPO plans are available in 98 of 99 counties
- HMO plans are available in 90 counties
- PPO | Avera plan is available in 6 Iowa counties and 19 South Dakota counties
- 97% of Medicare beneficiaries in Iowa have access to a Medicare Advantage plan from Wellmark Advantage Health Plan



- Iowa counties with Medicare Advantage PPO only
- Iowa counties with Medicare Advantage HMO and PPO
- Iowa counties with Medicare Advantage HMO, PPO and PPO | Avera

Members get more

Our Medicare Advantage plans will provide you with:



An extensive network so you can see the doctors you want.



Coverage for preventive services to keep you healthy.



Prescription drug benefits include \$0 copays and more than 26,000 in-network pharmacies.



Buy wellness products with a quarterly over-the-counter allowance.

Members get more

Our Medicare Advantage plans will provide you with:



A broad Medicare Advantage dental network provided by Delta Dental®.



Valuable vision care and access to VSP®'s full-service plan.



Access to hearing exams and advanced hearing aids.



The ability to stay active with SilverSneakers®.

Dental benefits provided by Delta Dental® of Iowa and Delta Dental® of South Dakota. These are independent companies providing dental services on behalf of Wellmark Advantage Health Plan, Inc.

VSP® is a registered mark of Vision Service Plan, an independent company that provides vision administrative services on behalf of Wellmark Advantage Health Plan, Inc.

NationsHearing® is a registered mark of NationsBenefits, LLC, an independent company that provides hearing administrative services on behalf of Wellmark Advantage Health Plan, Inc.

SilverSneakers® is a registered trademark of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved. Tivity Health, Inc. is an independent company that provides health and fitness programming on behalf Wellmark Advantage Health Plan, Inc.

Medicare Advantage enrollment periods

When to enroll: Medicare Advantage

Initial Enrollment Period (IEP): The 7-month window when you can sign up for Original Medicare (Parts A and B) and add on additional coverage. This period includes the three months before your 65th birthday, your birthday month and the three months after your 65th birthday.



Enroll anytime 3 months before your 65th birthday



Your 65th birthday month



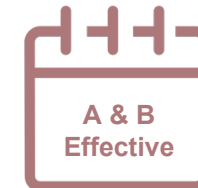
3 months after your 65th birthday

Initial Coverage Election Period (ICEP): The ICEP is a Medicare Advantage enrollment period when you can enroll in a Medicare Advantage Plan for the first time. Your ICEP begins three months before you are enrolled in both Parts A and B and ends the last day of the month before you are enrolled in both Parts A and B.



Enroll anytime 3 months before you enroll in both Parts A and B

After the IEP expires, the ICEP ends the last day of the month before you are enrolled in both Parts A and B.



You can enroll online at www.SSA.gov/Benefits/Medicare or by calling Social Security at 1-800-772-1213. TTY users call 1-800-325-0778.

When to enroll: Medicare Advantage



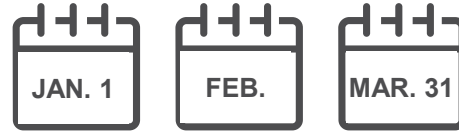
Enroll from Oct. 15–Dec. 7



Annual Enrollment Period (AEP)

WHEN: Each year, from Oct. 15–Dec. 7.

WHAT YOU CAN DO: Make changes to your Medicare Advantage or stand-alone Part D drug coverage for the upcoming year.



Enroll from Jan. 1–March 31



Medicare Advantage Open Enrollment Period (OEP)

WHEN: Each year, from Jan. 1–March 31.

WHAT YOU CAN DO: If you're enrolled in a Medicare Advantage plan, you can make a one-time switch to a different Medicare Advantage plan. Or switch to Original Medicare and add a stand-alone Part D plan during this time.



Limited time period



Special Enrollment Period (SEP)

WHEN: There are many situations when an SEP can occur, such as when you move into a new service area or lose coverage from your employer. The length of your SEP depends on your specific situation. Go to [Medicare.gov](https://www.Medicare.gov) to learn more.

WHAT YOU CAN DO: You can enroll in Medicare Part A, Part B and Part C.

Medicare supplement

Medicare supplement

How does it work?

- Medicare will pay its share of care received.
- Your Medicare supplement policy pays its share.
- You pay any remaining amount not covered by Original Medicare or your Medicare supplement plan.

Who is eligible to enroll in MedicareBlue SupplementSM?

- You must be enrolled in Medicare Part A and Part B
- Your primary residence must be in Iowa or South Dakota
- You must continue to pay Medicare premiums



Why choose a Medicare Supplement plan from Wellmark?

- 1. There are many plan options to fit the coverage you need**
- 2. There are options that allow you to pay very little out-of-pocket for medical services**
- 3. You have the ability to receive care from any Medicare-participating provider (no networks)**

MedicareBlue SupplementSM

	PLAN A	PLAN D	PLAN G (Household discount potential)	HD PLAN G (Household discount potential)	PLAN N	PLAN F ¹
Basic benefits	✓	✓	✓	✓	✓	✓
Skilled nursing facility coinsurance		✓	✓	✓	✓	✓
Part A deductible		✓	✓	✓	✓	✓
Part B deductible						✓
Part B excess charge			✓	✓		✓
Foreign travel emergency		✓	✓	✓	✓	✓
Plan deductible				✓		

1. Plan F is only available to members eligible for Medicare prior to 1/1/2020.

MedicareBlue SupplementSM is a service mark of the Blue Cross and Blue Shield Association.

This is a solicitation of insurance. Must reside in the service area of the plan. Wellmark Medicare supplement insurance plans are not connected or endorsed by any government agency. For costs, exclusions, limitations, and complete details of coverage, call Wellmark or your agent.

Medicare supplement

Specialty benefits (for an additional cost)



- MedicareBlue RxSM
(Part D Prescription Drugs)
- Blue DentalSM
- Avēsis[®] Vision with Amplifon[™]
Hearing

Value-add benefits



- Identity theft protection
- BeWell 24/7SM
- Free Wellmark magazine
- Blue365[®] and Gympass are
discounted services

MedicareBlueSM Rx, Blue DentalSM, BeWell 24/7SM are service marks of the Blue Cross and Blue Shield Association.

The Blue365 program is brought to you by the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Association is an association of independent, locally operated Blue Cross and/or Blue Shield Companies.

Avēsis[®] Vision is an independent vision insurance company that does not provide Wellmark Blue Cross and Blue Shield products and services. Avēsis Vision is underwritten by Fidelity Security Life Insurance Company[®], Kansas City, Missouri.

Hearing Discount Savings Plan provided by Amplifon Hearing Health Care. Amplifon is an independent company that does not provide Wellmark Blue Cross and Blue Shield products or services.

ID Experts[®] is an independent company providing identity protection services. IDEperts does not provide Wellmark Blue Cross and Blue Shield products or services.

Medicare supplement



**BeWell 24/7, a service exclusively for Wellmark Blue Cross and Blue Shield members.
Get real help from real people 24/7.**

- **Locate** health care providers and facilities
- **Coordinate** health care appointments and in-home health help
- **Discuss** treatment options and answer health and wellness questions
- **Navigate** to most appropriate level of care based on current symptoms
- **Connect** to Wellmark's customer service for additional support

Medicare supplement enrollment periods

When to enroll: Medicare supplement

Initial Enrollment Period (IEP): The 7-month window when you can sign up for Original Medicare (Parts A and B) and add on additional coverage. This period includes the three months before your 65th birthday, your birthday month and the three months after your 65th birthday.



Enroll anytime 3 months
before your 65th birthday



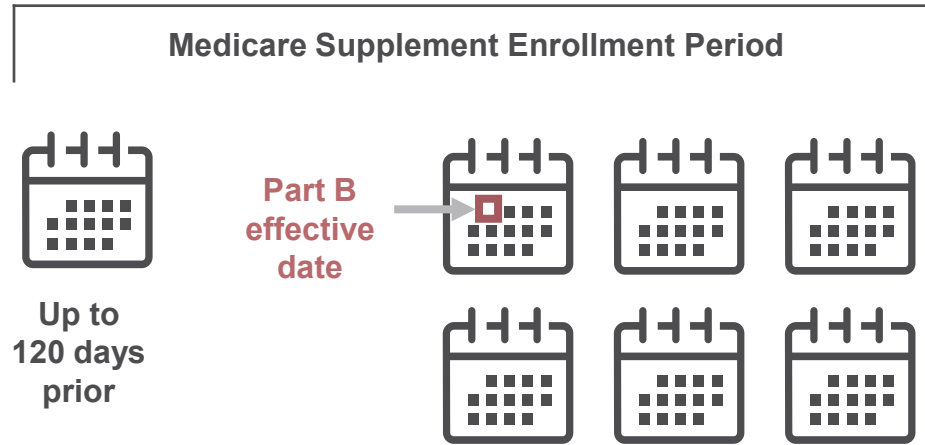
Your 65th
birth month



3 months after your
65th birthday

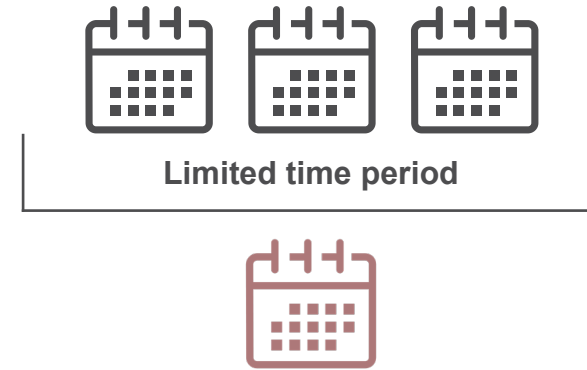
You can enroll online at www.SSA.gov/Benefits/Medicare or by calling Social Security at **1-800-772-1213**. TTY users call **1-800-325-0778**.

When to enroll: Medicare supplement



Enrollment Period

WHEN: The Medicare supplement enrollment period begins 120 days prior to the desired effective date and lasts six-months (180-days) from your Medicare Part B effective date.



Special Enrollment Period (SEP)

WHEN: There are many situations when an SEP can occur, such as when you move into a new service area or lose coverage from your employer. The length of your SEP depends on your specific situation. Go to [Medicare.gov](https://www.Medicare.gov) to learn more.

Medicare Part D

Part D prescription drugs

- Helps cover prescription costs
- Eligible when you have Part A or Part B
- Sign up during your Initial Enrollment Period (IEP)
 - or during another Medicare-qualified enrollment period to avoid a late enrollment penalty (LEP)
- Can change your plan each year during the Annual Enrollment Period (AEP): Oct. 15–Dec. 7

Part D prescription drugs

MedicareBlue RxSM



- Three plan options
- Coverage for generic, brand name and specialty drugs
- Lower prescription costs at thousands of preferred pharmacies nationwide
- Prescription mail order service
- Coverage can be paired with Original Medicare or a Medicare supplement insurance (Medigap) plan

MedicareBlueSM Rx Select

	2024	
Monthly Premium	\$20.20	
Deductible	Tier 1 and 2 drugs: \$0 Tier 3, 4 and 5 drugs: \$545	
Pharmacy network	Preferred	Standard
Tier 1: pref. generic	\$2	\$12
Tier 2: non-pref. generic	\$6	\$15
Tier 3: pref. brand	\$42	\$47
Tier 4: non-pref. drug	46%	50%
Tier 5: specialty	25%	
Initial coverage limit (ICL)	\$5,030	
Coverage gap	Once your prescription drug costs reach the ICL, you pay 25%	
True out-of-pocket (TrOOP)	\$8,000	
Catastrophic coverage	Once your out-of-pocket costs reach the TrOOP amount, you pay \$0	
Mail order/ESN	Tier 1 & 2: 2X copay; Tier 3: 3X copay	

You won't pay more than \$35 for a one-month supply of each covered insulin product, regardless of its cost-sharing tier.

MedicareBlueSM Rx Standard

	2024	
Monthly Premium	\$76.40	
Deductible	Tier 1 and 2 drugs: \$0 Tier 3, 4 and 5 drugs: \$545	
Pharmacy network	Preferred	Standard
Tier 1: Pref. generic	\$7	\$15
Tier 2: non-pref. generic	\$13	\$20
Tier 3: pref. brand	\$43	\$47
Tier 4: non-pref. drug	45%	50%
Tier 5: specialty	25%	
Initial coverage limit (ICL)	\$5,030	
Coverage gap	Once your prescription drug costs reach the ICL, you pay 25 percent	
True out-of-pocket (TrOOP)	\$8,000	
Catastrophic coverage	Once your out-of-pocket costs reach the TrOOP amount, you pay \$0	
Mail order/ESN	Tier 1, 2, and 3: 3X copay	

You won't pay more than \$35 for a one-month supply of each covered insulin product, regardless of its cost-sharing tier.

MedicareBlueSM Rx Premier

	2024	
Monthly Premium	\$123.50	
Deductible	\$0	
Pharmacy network	Preferred	Standard
Tier 1: pref. generic	\$0	\$15
Tier 2: non-pref. generic	\$0	\$20
Tier 3: pref. brand	20%	25%
Tier 4: non-pref. drug	40%	45%
Tier 5: specialty	33%	
Initial coverage limit (ICL)	\$5,030	
Coverage gap	Once your prescription drug costs reach the ICL, you pay \$0 for generic (Tiers 1 & 2) and 25 percent for brand name (Tiers 3, 4 & 5)	
True out-of-pocket (TrOOP)	\$8,000	
Catastrophic coverage	Once your out-of-pocket costs reach the TrOOP amount, you pay \$0	
Mail order/ESN	90-day supply: 2X copay	

You won't pay more than \$35 for a one-month supply of each covered insulin product, regardless of its cost-sharing tier.

Part D enrollment periods

When to enroll: Part D

Initial Enrollment Period (IEP): The 7-month window when you can sign up for Original Medicare (Parts A and B) and add on additional coverage. This period includes the three months before your 65th birthday, your birthday month and the three months after your 65th birthday.



Enroll anytime 3 months
before your 65th birthday



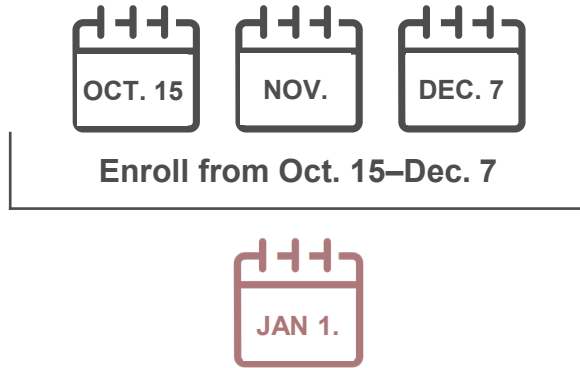
Your 65th
birth month



3 months after your
65th birthday

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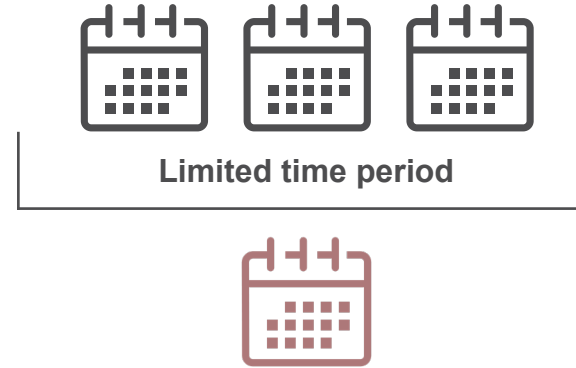
When to enroll: Part D



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WHEN: Each year, from Oct. 15–Dec. 7.

WHAT YOU CAN DO: Make changes to your Medicare Advantage or your stand-alone Part D drug coverage for the upcoming year.



Special Enrollment Period (SEP)

WHEN: There are many situations when an SEP can occur, such as when you move into a new service area or lose coverage from your employer. The length of your SEP depends on your specific situation. Go to [Medicare.gov](https://www.Medicare.gov) to learn more.

WHAT YOU CAN DO: You can enroll in Medicare Part A, Part B and Part D.



Next steps

Ready to enroll today?

Complete a brief enrollment form and have your Medicare card ready.

Still have questions?

Schedule a complimentary consultation with a Wellmark Medicare solutions representative to evaluate which plan best fits your needs.

Additional resources

Wellmark Medicare solutions

- Call **1-800-336-0505**,
TTY users call 711

8 a.m. to 8 p.m., Monday through
Friday, with weekend hours Oct. 1
through March 31

- Visit us online at
Wellmark.com

Medicare benefits and services

- 1-800-MEDICARE
(1-800-633-4227)
- TTY hearing impaired users call
1-877-486-2048
- 24-hours a day, seven days a week

Medicare.gov

Social Security Administration (SSA)

- 1-800-772-1213
- TTY 1-800-325-0778
- Monday through Friday,
7 a.m. to 7 p.m.

Ssa.gov



Thank you for your consideration

With Wellmark, you'll get endless possibilities and peace of mind.

That means finding the right plan at the right price and working with an experienced company you know and trust. It's no wonder our members stay with us year after year.

Because Blue Helps You be YouSM.

Important Medicare Advantage disclosures

- Wellmark Advantage Health Plan is an HMO and PPO plan with a Medicare contract. Enrollment in Wellmark Advantage Health Plan depends on contract renewal. Wellmark Advantage Health Plan, Inc. is an independent licensee of the Blue Cross and Blue Shield Association.
- Out-of-network/non-contracted providers are under no obligation to treat Wellmark Advantage Health Plan 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.
- Other providers are available in our network.

Important Medicare Supplement disclosures

- This is a solicitation of insurance. Must reside in the service area of the plan. Wellmark Medicare supplement insurance plans are not connected or endorsed by any government agency. For costs, exclusions, limitations, and complete details of coverage, call Wellmark or your agent.

Important disclosures

- MedicareBlue Rx is a prescription drug plan with a Medicare contract. Enrollment in MedicareBlue Rx depends on contract renewal.
- Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Coverage is available to residents of the service area and separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa,* Blue Cross and Blue Shield of Minnesota,* Blue Cross and Blue Shield of Montana,* Blue Cross and Blue Shield of Nebraska,* Blue Cross Blue Shield of North Dakota,* Wellmark Blue Cross and Blue Shield of South Dakota,* and Blue Cross Blue Shield of Wyoming.*

*Independent licensees of the Blue Cross and Blue Shield Association

Discrimination is against the law

Wellmark Advantage Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-213-3771. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-213-3771。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Group retiree program

Employer group retiree program

Our Employer Group Retiree Program, known as an EGRP is a type of health plan offered to employers for their retiree population.

Currently we offer Program F, G, N and High Deductible Program F in our EGRP portfolio.

Similar **benefits** to individual Medicare supplement plans, making group transition easier

No **MACRA** impact, allowing Wellmark to offer a Plan F look-a-like program

One plan & rate for all retirees, not based on age, can be billed to either the group or member

National plan allows retirees to live anywhere and have EGRP coverage

Group size matters in terms of who can be offered these plans — active versus retirees

Additional **coverage** is available to cover prescription drug coverage and specialty benefits

Employer group retiree program benefits

	PLAN N	PLAN G	HD PLAN F	PLAN F
Basic benefits	✓	✓	✓	✓
Skilled nursing facility coinsurance	✓	✓	✓	✓
Part A deductible	✓	✓	✓	✓
Part B deductible			✓	✓
Part B excess charge		✓	✓	✓
Foreign travel emergency	✓	✓	✓	✓
Plan deductible			✓	



Buy-up options



MedicareBlueSM Rx
(Part D Prescription Drug)



Blue DentalSM



Avēsis[®] Vision with
Amplifon[™] Hearing



Employer Responsibilities

- Determine eligibility
- Determine billing option
- Ensure compliance with group size
- Communicate to participants

Wellmark Solutions

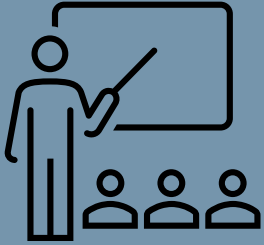


**Support your
retirees by
providing a
simple
transition**

Wellmark support resources

- **Conduct Medicare seminars**
- **Schedule in-person or over the phone 1:1 consultations**
- **Provide educational materials on Medicare basics**
- **Educational Calls to those approaching age 65**
- **Provide materials guiding retirees to a Medicare expert to assist in making their decision**
- **Present at retirement fairs**
- **Conduct EGRP enrollment meetings**





Medicare Seminars

- Medicare Basics
 - Medicare Advantage & enrollment periods
 - Medicare supplement & enrollment periods
 - Medicare Part D & enrollment periods
- Products Available
- Resources available
- Q&A

Wellmark Team of Medicare Experts

- 75 Years of Combined Experience
- 1on1 Consultations
- Educational Outreach Calls
- Free information to help make decisions
- Enrollment

Meet our team of experts,
ready to answer your questions:



Judy Detrick



Jason Calhoun



Jesse Monroe



Jaxson Armstrong



Treye Scherff



Mike Clavell



Emily Price



Jake Vogt



Jon Ludescher



Lance Iburg



Educational Outreach

Our experts will call employees nearing 65 directly to walk them through important next steps. They'll answer questions like:

- What parts of Medicare should I take and when?
- What if I plan to work past age 65?
- Can I contribute to my HSA and be on Medicare?
- What additional coverage options should I consider?

Medicare Business Team

Medicarebusinesssteam@wellmark.com



Tiffany Bommer
Team Leader



Holly Ahrenholtz
Medicare Service
Coordinator



Tyler Elliott
Medicare Business
Consultant



Support materials



Health insurance coverage for early retirement

If you're retiring early, it is important to know your health insurance coverage options before Medicare begins at age 65.

COBRA or State Continuation
Consolidated Omnibus Budget Reconciliation Act, also called COBRA, allows employees the option to continue on their current group health plan for 18 or 36 months, depending on the qualifying event. Individuals using COBRA are responsible for paying their full premium, which can be a higher cost for your same plan if your employer pays for part of your premium.
State continuation coverage is similar to COBRA, with the specific details of the plan varying, depending on the state where you live.

Individual Marketplace Coverage
Wellmark offers Affordable Care Act (ACA) plans on the Marketplace through Healthcare.gov. Depending on your income, the government may offer a subsidy you can use to lower the cost of your monthly premium. The plan and network options will likely look different than your current group coverage, so it is important to thoroughly understand your new plan before you make a purchase.

THREE MONTHS BEFORE YOU TURN 65 YOU ENTER YOUR INITIAL ENROLLMENT PERIOD AND CAN SIGN UP FOR MEDICARE. It is important to sign up when you are first able, in order to avoid costly penalties later on. Additionally, since Medicare doesn't cover everything, most people choose to enroll in additional coverage so they have more predictability and reliability when it comes to their health insurance.

As your local Wellmark agent, I'll help you personalized plan to retire with confidence.

CONTACT ME
Phone number: _____
Email: _____

Individual Medicare Solutions

YOUR OPTIONS, ENDORSED BY [CLIENT NAME].

We have been there for you when it comes to your health and well-being, and it's true as you make your next big decision. When it's time for retirement, you can be confident knowing you'll find a plan that fits your budget and needs from Wellmark Blue Cross and Blue Shield — a company you know and trust.

Wellmark's Medicare Advantage and Medicare supplement plans can provide you with robust coverage. So, when choosing the best coverage options for your needs, understanding these key differences between Medicare Advantage and Medicare supplement plans is important.

Consider your individual Medicare options

Medicare Advantage (also known as Medicare Part C) combines Medicare Part A (hospital costs), Medicare Part B (medical care) and often Medicare Part D (prescription drugs).

A Medicare Advantage plan could be a great fit if:

- You prefer lower monthly premiums and higher out-of-pocket costs if you need services
- You're comfortable choosing a doctor who participates in the plan's network
- You want all coverage bundled together in one plan

Medicare supplement (often called Medigap) helps pay for some care costs and services not covered by Original Medicare, such as copays and coinsurance.

A Medicare supplement plan could be a great fit if:

- You're comfortable paying higher monthly premiums with lower out-of-pocket costs
- You value freedom to see any doctor who participates in the plan's network
- You want to mix and match coverage options, such as medical, drug, dental, and vision

MEDICARE COSTS: Let's do the math

COST ESTIMATOR WORKSHEET FOR MEDICARE COVERAGE

With Wellmark, you have many options for finding the perfect level of Medicare coverage that fits your needs on a budget you can afford. Generally, most people choose between a Medicare supplement plan or a Medicare Advantage plan to provide the additional coverage they need.

MEDICARE SUPPLEMENT keeps all pieces of your coverage separate. **OR** **MEDICARE ADVANTAGE** combines all parts into one single plan.

Part A + Part B + Medicare supplement + Prescription drug coverage + Dental + Vision and hearing

Your agent can help you weigh your options and determine which plan type is the best fit for you. One thing to consider is how much you can expect to pay with each plan.

STEP 1: Answer these four important questions
Before you start crunching numbers, you should consider your answer to these four questions below, as they could impact some of your coverage decisions.

- Will you take Medicare Part B coverage?** Yes No
If you choose to delay your Part B coverage, you will not be eligible for a Medicare Advantage or Medicare supplement plan. You may choose to delay if you will continue to have employer coverage once you turn 65. Delaying Part B coverage may subject you to a penalty.
- Do you know your income level from the previous tax year?** Yes No
Your income level determines your Part B premium. You don't need to disclose the exact amount on this worksheet — just use the eligibility and premium calculator on Medicare.gov.
- Do you currently contribute to a health savings account (HSA)?** Yes No
You won't be able to contribute to an HSA once you retire, but you can use any current funds to pay for your health care expenses.
- Do you regularly take prescription medications?** Yes No
Before selecting your plan, check the drug formulary — a list of covered prescription drugs — to make sure your plan will help pay for your regular medications. Delaying Part D coverage may subject you to a penalty in the form of a higher premium.

Next steps:

How can Wellmark support your retirees?

Thank you!



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

Blue Cross®, Blue Shield® and the Cross® and Shield® symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Wellmark® is a registered mark of Wellmark, Inc.

Confidential and proprietary.