WELLMARK INDIVIDUAL MEDICARE OPTIONS

- Wellmark MedicareBlue Supplement Plans
- Wellmark MedicareBlue Rx (Part D) Plans
- Blue Medicare Advantage PPO and HMO Plans
AGENDA

1. Medicare Supplement and Medicare Part D
2. Medicare Supplement Enrollment
3. Wellmark Advantage Health Plan options
4. Medicare Advantage enrollment
MEDICARE SUPPLEMENTS AND MEDICARE PART D
WHAT IS MEDICARE SUPPLEMENT?

Medicare Supplements are individual health plans offered by private insurance companies to help fill the coverage gaps with Original Medicare. To be eligible, you must be enrolled in Medicare Part A and Part B.

MEDICARE SUPPLEMENTS AVAILABLE FROM WELLMARK

Plan A

Plan D

Plan G or HD-G*

Plan F**

*High Deductible Plan G
**Plan F is only available to individual eligible for Medicare prior to 01/01/2020
MEDICARE SUPPLEMENT EXPLAINED

Plan A
- Basic Hospital Benefits

Plan D
- Basic Hospital Benefits
- Skill Nursing Facility coinsurance up to 100 days
- Part A Deductible
- Part B Deductible and coinsurance
- Foreign travel emergency

Plan G
- Basic Hospital Benefits
- Skill Nursing Facility coinsurance up to 100 days
- Part A Deductible
- Part B coinsurance
- Part B excess charges
- Foreign travel emergency
- HD-G has a $2,700 deductible before benefits pay

Plan F
- Basic Hospital Benefits
- Skill Nursing Facility coinsurance up to 100 days
- Part A Deductible
- Part B deductible and coinsurance
- Part B excess charges
- Foreign travel emergency
# MEDICARE SUPPLEMENT ENROLLMENT

<table>
<thead>
<tr>
<th>Initial Enrollment Period (IEP)</th>
<th>When you first become eligible for Medicare Part B for the first time and last six months from your Medicare Part B effective date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guaranteed Issue Right</td>
<td>Occurs when an event happens that impacts your current coverage such as moving outside the state, losing your current coverage due to no fault of your own or your coverage provides you lesser benefits. University of Iowa retirees will have a guaranteed issue right to enroll in a Medicare Supplement with an effective date between 01/01/2023 and 03/01/2023. This allows you to choose any Medicare Supplement plan without health questions and at the preferred rate.</td>
</tr>
</tbody>
</table>
WHAT IS MEDICARE PART D?

Medicare itself does not cover prescription drugs. In 2006, Medicare began offering Medicare Part D plans that are offered by private insurance companies but overseen by Medicare. These plans help Medicare Beneficiaries cover prescription drug cost. To be eligible, you must be enrolled in Medicare Part A or Part B.

MEDICARE PART D PLANS AVAILABLE FROM WELLMARK

MedicareBlue Rx Select

MedicareBlue Rx Standard

MedicareBlue Rx Premier

*High Deductible Plan G

**Plan F is only available to individuals eligible for Medicare prior to 01/01/2020
<table>
<thead>
<tr>
<th>Premiums and Deductibles</th>
<th>Select</th>
<th>Standard</th>
<th>Premier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly plan premium</td>
<td>$17.30</td>
<td>$80.70</td>
<td>$113.60</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$ on tiers 1 and 2 drugs</td>
<td>$ on tiers 1 and 2 drugs</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>$505 on tiers 3-5 drugs</td>
<td>$505 on tiers 3-5 drugs</td>
<td></td>
</tr>
<tr>
<td>Cost Share</td>
<td>Select</td>
<td>Standard</td>
<td>Premier</td>
</tr>
<tr>
<td>Initial coverage</td>
<td>After deductible</td>
<td>After deductible</td>
<td></td>
</tr>
<tr>
<td>Tier 1: Preferred Generic</td>
<td>$0/$12</td>
<td>$7/$14</td>
<td>$0/$15</td>
</tr>
<tr>
<td>Tier 2: Generic</td>
<td>$2/$15</td>
<td>$12/$19</td>
<td>$0/$20</td>
</tr>
<tr>
<td>Tier 3: Preferred Brand</td>
<td>21%/25% coinsurance</td>
<td>$40/$47</td>
<td>20%/25% coinsurance</td>
</tr>
<tr>
<td>Tier 4: Non-preferred Brand</td>
<td>40%/50% coinsurance</td>
<td>45%/50% coinsurance</td>
<td>40%/45% coinsurance</td>
</tr>
<tr>
<td>Tier 5: Specialty</td>
<td>25% coinsurance</td>
<td>25% coinsurance</td>
<td>33% coinsurance</td>
</tr>
</tbody>
</table>
**WELLMARK MEDICAREBLUE RX PLAN OPTIONS**

<table>
<thead>
<tr>
<th>Cost Share</th>
<th>Select</th>
<th>Standard</th>
<th>Premier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage Gap</td>
<td>Generic and brand name: 25% of plan cost</td>
<td>Generic and brand name: 25% of plan cost</td>
<td>Preferred Tier 1: $0 Tier 1: $15 Tier 2: $20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>For drugs in all other tiers:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Generic and brand name 25% of plan cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catastrophic Coverage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Catastrophic Coverage**

Amount you pay for a 30-day supply after you paid $7,400 in out-of-pocket prescription drug costs. You pay the greater of $4.15 copay for generic and $10.35 copay for all other covered drugs, or 5% coinsurance. Out-of-pocket costs include the amount paid for covered drugs for the calendar year. This does not include the amount the plan paid or the plan premium.
# MEDICARE PART D ENROLLMENT

<table>
<thead>
<tr>
<th>Enrollment Period</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Enrollment Period (IEP)</strong></td>
<td>When you first become eligible for Medicare Part A or Part B for the first time. You can enroll during the three months before your 65th birthday, the month of and for three months after.</td>
</tr>
<tr>
<td><strong>Annual Enrollment Period (AEP)</strong></td>
<td>Join, drop or switch Part D plans for a Jan. 1 effective date.</td>
</tr>
<tr>
<td><strong>Special Enrollment Period (SEP)</strong></td>
<td>If you have a life event like losing health coverage or moving, you may qualify for a Special Enrollment Period (SEP) to sign up for a Medicare Advantage plan. You will likely have 60 days before and 60 days following the event to enroll in a plan. Note: If you miss your SEP, you may have to wait until the next Annual Enrollment Period to apply.</td>
</tr>
</tbody>
</table>
MEDICARE ADVANTAGE
MEDICARE ADVANTAGE IS A COMPLETE PACKAGE

Part A
- Hospital care
- Skilled nursing facility care
- Hospice
- Home health care

Part B
- Doctor visits
- Mental health care
- Outpatient surgery
- Lab tests
- Durable medical equipment

Other Benefits
- Dental
- Vision
- Hearing
- Preventive care
- Other supplemental benefits

Other Benefits
- Prescription drugs
MEDICARE ADVANTAGE ELIGIBILITY

To be eligible for a Medicare Advantage plan, you must:

- Reside in the U.S.
- Live in the plan service area at least 6 months out of the year
- Be enrolled in Medicare Part A and Medicare Part B
- Continue to pay your Part B premium
WHY MEDICARE ADVANTAGE?

• Low or no monthly premiums
• Premiums are the same for everyone regardless of age or health status
• Plans typically have lower copays or deductibles than Original Medicare
• More predictable spending due to defined maximum out-of-pocket limit not available with Original Medicare
• Coverage that travels with you, nationwide and worldwide
• Valuable additional benefits like routine dental, vision, hearing, fitness memberships and over-the-counter drug allowances – at no additional cost
WELLMARK ADVANTAGE HEALTH PLAN OPTIONS
Preferred provider organization (PPO) — With a PPO plan, you can see any provider, although you may have higher costs visiting an out-of-network provider. Referrals are not needed to see a specialist or out-of-network doctor.

Health maintenance organization (HMO) — HMO plans feature a set of network doctors and hospitals. Members in an HMO must choose a primary care physician who will help coordinate their care. Care received outside the network, except for urgent or emergency, will not be covered.
## WELLMARK ADVANTAGE HEALTH PLAN OPTIONS

<table>
<thead>
<tr>
<th>Plan</th>
<th>Blue Medicare Advantage HMO In-network</th>
<th>Blue Medicare Advantage PPO In-network/Out-of-network</th>
<th>Blue Medicare Advantage Enhanced PPO In-network/Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly premium</td>
<td>$0</td>
<td>$0</td>
<td>$49</td>
</tr>
<tr>
<td>Travel coverage</td>
<td>Yes – emergency and urgent only</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Maximum out-of-pocket limit (in network/combined in- and out-of-network)</td>
<td>$3,600 / N/A</td>
<td>$3,900 / $6,700</td>
<td>$3,800 / $6,700</td>
</tr>
<tr>
<td>Primary care doctor visits</td>
<td>$0</td>
<td>$0/$20</td>
<td>$0/$20</td>
</tr>
<tr>
<td>Acute inpatient hospital</td>
<td>$365 per day for days 1-5 $0 per day for days 6+</td>
<td>$375 per day for days 1-4 $0 per day for days 5+</td>
<td>$325 per day for days 1-4 $0 per day for days 5+</td>
</tr>
<tr>
<td>Outpatient hospital</td>
<td>$35-$300 copay</td>
<td>$40-$300/$400 copay</td>
<td>$20-$250/$350 copay</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$45 copay</td>
<td>$45 copay</td>
<td>$35 copay</td>
</tr>
<tr>
<td>Emergency care</td>
<td>$90 copay</td>
<td>$90 copay</td>
<td>$90 copay</td>
</tr>
<tr>
<td>Inpatient skilled nursing facility</td>
<td>$0 per day for days 1-20 $184 per day for days 21-55 $0 per day for days 56-100</td>
<td>$0 per day for days 1-20 $184 per day for days 21-55 $0 per day for days 56-100</td>
<td>$0 per day for days 1-20 $150 per day for days 21-48 $0 per day for days 49-100</td>
</tr>
<tr>
<td>Routine eye exam</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Routine hearing exam</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>Over-the-counter allowance</td>
<td>$50 per quarter</td>
<td>$50 per quarter</td>
<td>$75 per quarter</td>
</tr>
<tr>
<td>Delta Dental preventative and comprehensive coverage</td>
<td>Preventative $0 copay and comprehensive $1,000 annual allowance</td>
<td>Preventative $0 copay and comprehensive $1,000 annual allowance</td>
<td>Preventative $0 copay and comprehensive $1,500 annual allowance</td>
</tr>
<tr>
<td>Fitness benefit</td>
<td>Silver Sneakers</td>
<td>Silver Sneakers</td>
<td>Silver Sneakers</td>
</tr>
<tr>
<td>Meals following hospital stay</td>
<td>2 per day for 14 days</td>
<td>2 per day for 14 days</td>
<td>2 per day for 14 days</td>
</tr>
</tbody>
</table>
• PPO plans are available in 94 of 99 Iowa counties

• HMO plans are available in 90 of 99 Iowa counties
MEMBERS GET MORE

- An extensive network so you can see the doctors you want
- A broad Medicare Advantage Delta Dental Network
- Coverage for preventive services
- Quarterly over-the-counter benefits
- Part D prescription coverage included
- Valuable vision care
- Hearing exams and hearing aids
- Fitness benefits through SilverSneakers®
- Meals available through Mom’s Meals following hospital or skilled nursing facility stay
- Blue Medicare Advantage PPO Valor plan is available for veterans over 65 that qualify for Tricare for Life
MEDICARE ADVANTAGE
ENROLLMENT
WHEN TO ENROLL IN MEDICARE

Initial Enrollment Period: During your 7-month window which is made up of the 3 months before your 65th birthday, your birthday month, and the three months after your 65th birthday, you can sign up for Original Medicare (Parts A and B) and add on additional coverage.

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.
# Medicare Advantage Enrollment

<table>
<thead>
<tr>
<th>Enrollment Period</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Enrollment Period (AEP)</td>
<td>Oct. 15–Dec. 7</td>
</tr>
<tr>
<td>Open Enrollment Period (OEP)</td>
<td>Jan. 1–March 31</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Enrollment Period (SEP)</td>
<td>If you have a life event like losing health coverage or moving, you may qualify for a Special Enrollment Period (SEP) to sign up for a Medicare Advantage plan. You will likely have 60 days before and 60 days following the event to enroll in a plan. Note: If you miss your SEP, you may have to wait until the next Annual Enrollment Period to apply.</td>
</tr>
</tbody>
</table>
NEXT STEPS

**Ready to enroll today?**
Schedule an appointment with Susan, complete a brief enrollment form and have your Medicare card ready for January 1st.

**Still have questions?**
Schedule a complimentary consultation with Susan to evaluate which plan best fits your needs.
THANK YOU FOR YOUR CONSIDERATION


Keep the confidence of being covered by Wellmark, now with new Medicare Advantage plans that combine affordable all-in-one coverage with health-enhancing extras included in your plan to fit your life or with a Medicare Supplement and Part D plan that fits your needs.

Because Blue is always here for you.
IMPORTANT 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.
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.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 1-800-213-3771 o al (TTY: 711).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打1-800-213-3771或（听障专线：711）。
H ave Questions?  
As a licensed agent, I can help.

Susan Graeve  
319-432-4155  
graeves@wellmark.com
Wellmark Advantage Health Plan, Inc. is an independent licensee 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.