

# MEDICARE MATTERS

Your get-ready guide



80



**THE NUMBER  
OF YEARS  
WELLMARK  
HAS PROVIDED  
HEALTH  
INSURANCE  
COVERAGE.**

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Medicare matters  
because your health matters.

**IT'S TIME TO  
GET READY.**

# GET READY FOR MEDICARE

For so long, it's been out there in the distant future.  
Now, it's just around the corner.

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## Start planning now

Before you turn 65, it's important to have a plan in place for your health care coverage, regardless of your employment status. By picking up this guide and reading through it, you're getting ready to secure the health care coverage you need.

## YOU DON'T HAVE TO BE AN EXPERT. THAT'S WHERE WE COME IN.

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Medicare started in 1965 with basic coverage for hospital and medical services. Shortly after, Medicare supplement plan options were created, and Wellmark quickly began offering these plans to our members. Wellmark has decades' worth of knowledge and experience with Medicare products.

**In fact, 9 in 10 Wellmark Medicare supplement members keep their plan year after year.**

At Wellmark, we will guide you through the transition, so you can spend retirement focusing on the things that matter most to you.



## HEALTH CARE COSTS ARE A RETIREMENT CONCERN FOR AMERICANS, AND FOR GOOD REASON.

Unexpected medical expenses can derail years of retirement preparation. When living on a fixed income, it's more important than ever to realistically budget for expenses, and have a quality health insurer you can trust.

**Wellmark members know they can count on stable and predictable rates so they can plan from year to year.**

# MEDICARE BASICS

Medicare is a health insurance program managed by the federal government for people over the age of 65 or who may have certain disabilities. Medicare is separated into several different “parts” that offer different types of coverage.

## How Medicare works

To understand Medicare, the place to start is with Original Medicare. It has two parts:

- **Medicare Part A covers hospital care**, including home health care and hospice care. It is offered at no cost to nearly everyone eligible for Medicare.
- **Medicare Part B covers medical care**, which includes doctor visits, outpatient care and supplies. It is available for a monthly premium to most people eligible for Medicare.

## Who is eligible for Medicare?

You can enroll in Medicare if:

- You are 65 or older, a U.S. citizen and have been a legal resident for five straight years.
- You are younger than 65, permanently disabled and have received Social Security disability payments for at least two years — or you need a kidney transplant or dialysis for end-stage renal disease.

To determine your eligibility for Medicare, and calculate your expected premium, visit [Medicare.gov](https://www.Medicare.gov).



# 72%

This percentage of people worry about serious health problems in their retirement.

Today's retirees say the number one ingredient for happy retirement is health, and the potentially high cost of care is their top financial concern.

*Source: Age Wave/Merrill Lynch, "Finances in Retirement: New Challenges, New Solutions," 2017*

# WHAT MEDICARE COVERS

## Part A: Hospital coverage

Medicare Part A is generally offered at no cost to you, but there is a deductible for hospital stays and you may also have copays for longer stays.

### WHAT'S INCLUDED IN PART A?

- Semi-private room
- Your hospital meals
- Skilled nursing services
- Special unit care, such as intensive care
- Operating room and recovery room services
- Hospice care
- Drugs, medical supplies and medical equipment while hospitalized
- Lab tests, X-rays and radiation treatment while hospitalized
- Rehabilitation services
- Some blood for transfusions in hospitals or skilled nursing facilities
- Skilled in-home health care if you're home-bound and only need part-time care

## Part B: Medical coverage

Medicare Part B is available for a monthly premium based on your income and has a yearly deductible. After your yearly deductible, you pay 20 percent (Medicare pays 80 percent) of Medicare-approved expenses for eligible services and supplies that are medically necessary.

### PART B ELIGIBLE EXPENSES

#### Outpatient services

- Doctor's services, including office visits and surgery
- X-rays, lab tests and radiation therapy
- Medical supplies and services such as oxygen and durable medical equipment
- Diabetes self-monitoring training, nutrition therapy and testing supplies (not insulin)
- Outpatient diagnostic and treatment services, including some outpatient surgery
- Outpatient rehabilitation services such as physical therapy

#### Preventive care services

- "Welcome to Medicare" visit within the first 12 months of enrolling in Part B
- Annual wellness visits after 12 months of being enrolled in Part B or 12 months after the "Welcome to Medicare" visit
- Cancer screenings such as pap tests, pelvic exams, mammograms, colorectal screenings and prostate exams
- Flu shots, pneumonia and hepatitis B vaccines
- Diabetes and HIV screenings
- Stop-smoking counseling

This is not a comprehensive list of Medicare benefits.

# WHEN TO ENROLL

There are different times when you can enroll in Medicare, and each of those times has certain rules around applying and when your coverage will begin.

When you are first eligible for Medicare, you have seven months to sign up. This is called the Initial Enrollment Period. The period begins three months before the month you turn 65 and coverage can start as early as the month of your 65<sup>th</sup> birthday (or the month before if your birthday is on the first of the month).

- **Most people are automatically enrolled in hospital coverage (Part A)** on the first day of the month they turn 65. If you don't receive an enrollment notice three months before your 65<sup>th</sup> birthday, call Social Security.
- **You can sign up for medical coverage (Part B)** during your Initial Enrollment Period. If you already have other health insurance (for example, if you're still working and your employer provides your coverage) you can delay your enrollment without a penalty. But

be careful, if you delay your enrollment and do not have other health insurance, the Centers for Medicare and Medicaid Services will charge you a penalty once you do sign up. And, you will pay that penalty for as long as you're enrolled.

If you miss this period, you will have a chance to enroll in Medicare again during the general enrollment period, which takes place every year between Jan. 1 and March 31 for a July 1 effective date. **But if you wait, you may have to pay more.** So, it's in your best interest to understand how your current coverage works with Medicare before making any decisions.

Once you are enrolled, Social Security will send you a "Welcome to Medicare" packet that includes your Medicare card.

## When is your 7-month initial enrollment period?



**FIND MORE INFORMATION** about when to enroll in the Frequently Asked Questions section on page 16.

There are three ways to apply for Medicare Parts A and B.



**ONLINE**  
Visit Social Security at [ssa.gov](http://ssa.gov).



**BY PHONE**  
Call the Social Security national customer hotline at 800-772-1213 (TTY 711).



**IN PERSON**  
Visit your local Social Security office.

## Here's how hospital coverage (Part A) works:

Part A covers hospital care. You are charged a deductible for each benefit period you enter. Remember, a benefit period is not based on the calendar year.

This example shows the costs Mary can expect after a couple of hospital stays in a single year.

### JANUARY

Mary is admitted to the hospital for five days.

Admission: Mary pays deductible 1 \$1,364

- Mary must pay her Part A deductible since she is starting a new benefit period.

Days 1–5: Mary pays \$0 \$0

- Medicare charges \$0 coinsurance for days 1-60 of each benefit period. Since Mary was in the hospital for five days, she owes \$0.

### SEPTEMBER

Mary is readmitted to the hospital for 65 days.

Admission: Mary pays deductible 2 \$1,364

- Mary must pay another Part A deductible because she is starting a new benefit period. A new benefit period starts if it has been 60 days since the last benefit period.

Days 1–60: Mary pays \$0 \$0

- Medicare charges \$0 coinsurance for days 1-60 of each benefit period.

Days 61–65: Mary pays for her remaining care \$1,705

- Medicare charges \$341 coinsurance per day for days 61-90. Mary must pay \$341 each day she is in the hospital during this time.

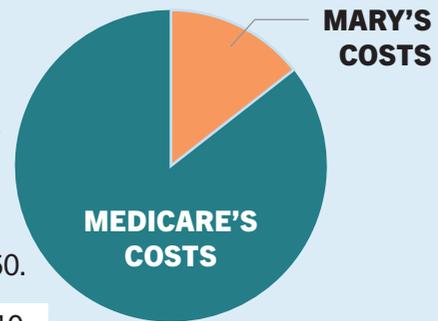
**MARY'S TOTAL COST = \$4,433**

## Here's how medical coverage (Part B) works:

During Mary's hospital stay, she was seen by her Medicare-participating doctor. Mary has already paid her Part B deductible of \$185 for the year. Here's how much she can expect to pay:

- The Medicare-approved amount for her care is \$2,200.
- Medicare pays 80% of the approved amount, and pays \$1,760.

Mary is responsible for the other 20% (coinsurance) \$440



**MARY'S TOTAL COST = \$440**

## You can see that Medicare doesn't cover all your expenses.

In fact, there's a gap that can leave you with a large bill. Hospital stays, doctor appointments, deductibles and other services can all add up, which is why extra coverage is available to you from Wellmark.

Medicare changes its deductible and cost-sharing amounts annually. The amounts shown in this example are accurate for 2019.



# COVERAGE YOU CAN COUNT ON

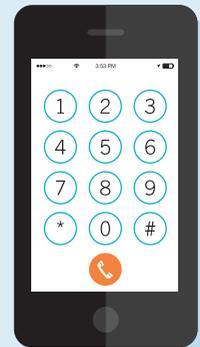
Wellmark's MedicareBlue Supplement<sup>SM</sup> plans help pay for health care costs and some services not covered by Medicare, such as deductibles, copays and coinsurance. Wellmark has a variety of options to fit your needs.

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## Who is eligible to enroll in MedicareBlue Supplement?

You must meet the following criteria to enroll in a Wellmark Medicare supplement plan:

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



**Is your primary residence outside Iowa or South Dakota? Call 888-630-2583 (TTY 711) to find a Blue Cross Blue Shield plan in your area.**



## PSST...

**Your coverage options don't stop at Medicare supplement plans.** Learn more about prescription drug plans on **page 10** and dental, vision and hearing coverage on **page 12**.

## Finding the plan that works for you

Choosing a MedicareBlue Supplement plan starts with your specific health care needs. Do you have specific health issues and need to see a doctor often? You may consider more coverage. Do you have an active lifestyle and stay relatively healthy? You may want basic coverage. Wellmark has several plans to choose from.

**PLAN G AND PLAN G<sup>HD</sup>**  
members may get a discount on their premium if they reside with another adult. Eligibility rules apply.

STANDARD MEDICARE SUPPLEMENT PLANS	PLAN A	PLAN D	PLAN F <sup>1</sup>	PLAN G	PLAN G <sup>HD</sup>	PLAN N
<b>BASIC BENEFITS</b> This includes hospitalization, medical expenses, blood and hospice care.	X	X	X	X	X <sup>2</sup>	X <sup>3</sup>
<b>SKILLED NURSING FACILITY COINSURANCE</b> Without this coverage, members are partially responsible for their stay in a skilled nursing facility.		X	X	X	X	X
<b>HOSPITAL (PART A) DEDUCTIBLE</b> Coverage to pay the hospital deductible (an amount set by Medicare).		X	X	X	X	X
<b>MEDICAL (PART B) DEDUCTIBLE</b> This amount will be applied to medical costs.			X			
<b>MEDICAL (PART B) EXCESS</b> Coverage when a provider charges over the Medicare-approved amount.			X	X	X	
<b>FOREIGN TRAVEL EMERGENCY</b> Coverage when emergency care outside the United States is needed.		X	X	X	X	X

<sup>1</sup>Due to federal regulations, Plan F is only available to individuals eligible for Medicare prior to Jan. 1, 2020.

<sup>2</sup>Benefits begin after you pay the annual plan deductible amount.

<sup>3</sup>Exceptions: Up to \$20 copay for certain office visits and up to \$50 copay for emergency room.



### Freedom of choice

With a Wellmark Medicare supplement plan, you can visit any Medicare-participating doctor or hospital with no referrals. That means you can relax knowing that Wellmark Blue Cross and Blue Shield coverage will travel with you across the state or across the country.

**WANT TO SEE MORE?** Get a free, no-obligation quote at [Wellmark.com/MedicareQuote](https://www.wellmark.com/MedicareQuote).

## When to enroll in a Medicare supplement plan

You can enroll in a Medicare supplement plan from Wellmark beginning the first day of the month your medical coverage (Part B) is effective. If you enroll during the first six months of your medical coverage, you won't need to answer health questions. If you're under 65 and enrolling in Medicare due to a disability, other rules may apply.



Once your Medicare Part B is effective, you have six months to enroll in a Medicare supplement plan without needing to answer health questions.

If you don't enroll during your Initial Enrollment Period, you may have to answer health questions if you choose to enroll later.

If you want to change Medicare supplement plans, you may do so any time of year. However, you may need to answer health questions.



### GETTING PART A AND PLAN A MIXED UP?

- **PART A** is what Medicare calls your hospital coverage.
- **PLAN A** is a Medicare supplement plan.

While most will have PART A coverage (Original Medicare hospital coverage), you get to choose if PLAN A (Medicare supplement plan) is right for you.



# PRESCRIPTION DRUG PLANS THAT WORK FOR YOU

A prescription drug plan can be purchased in addition to Original Medicare and a Medicare supplement plan. Enrolling in a prescription drug plan can protect you from unexpected drug costs.

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## AVOID COSTLY PENALTIES

Don't delay when considering your options for prescription drug plans. The Centers for Medicare and Medicaid Services will charge you a penalty if you go 63 continuous days without drug coverage after your Initial Enrollment Period.

The easiest way to avoid this penalty is to join a Medicare drug plan when you're first eligible.

**Learn more at  
Medicare.gov.**

Now that you've learned more about Original Medicare and Medicare supplement coverage, you know drug costs are not covered. A prescription drug plan is a small price to pay for help in protecting against unexpected drug costs that can quickly add up.

If you enroll in a prescription drug plan, you will pay a monthly premium plus a share of the cost of your prescriptions. Drug plans vary by types of drugs covered, how much you pay and the pharmacy you use.

## When to enroll

You can enroll in a prescription drug plan during your Initial Enrollment Period. If you don't enroll, the Centers for Medicare and Medicaid Services may charge you a penalty — in the form of a higher monthly Part D premium — when you enroll later. The longer you wait to enroll, the higher the penalty.

## Switching plans

You can switch your prescription drug coverage during the annual enrollment period, which runs every year from Oct. 15 through Dec. 7. There are **Special Enrollment Periods** that may allow you to switch outside the annual enrollment period. Some examples include:

- You are eligible for financial help from Social Security.
- You move outside your plan's service area.
- Your plan's government contract ends, or the plan goes out of business.
- You lose prescription drug coverage from an employer or union, or your drug coverage is no longer as good as the standard Part D benefit.
- The plan you're switching to was given a 5-star rating by the Centers for Medicare and Medicaid Services.

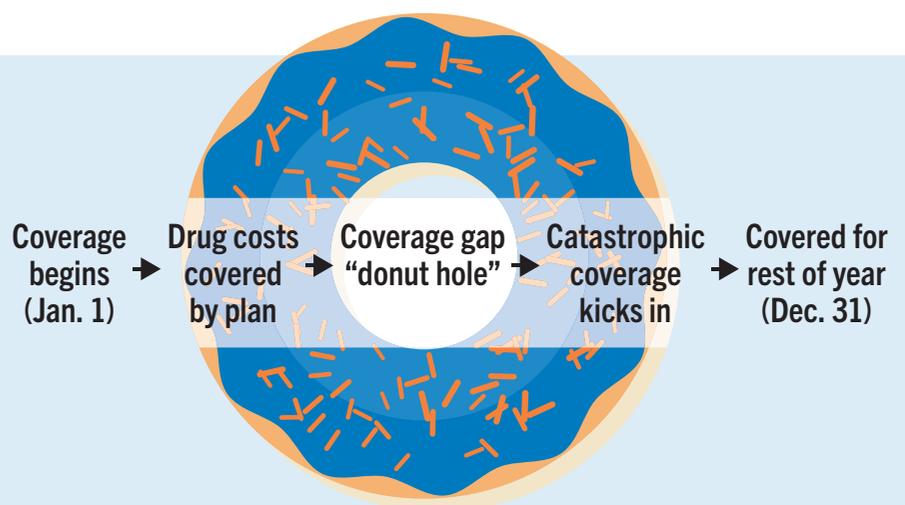
## Options from Wellmark

Four different prescription drug plans are available through Wellmark to help you get the coverage you need. With a range of premiums, coverage options and pharmacy networks, you're sure to find a plan that can fit your needs.

- **Journey Rx™ (PDP) Value:** This plan might be a good fit for individuals who are more conscious of their monthly premium costs, rely on a limited number of medications and are okay with a more limited network of pharmacies.
- **Journey Rx™ (PDP) Standard:** This plan might be a good fit for individuals who rely on a limited number of medications, but are okay with paying a bit more every month for a wider network of pharmacies.
- **MedicareBlue<sup>SM</sup> Rx (PDP) Standard:** This plan might be a good fit for individuals who regularly take generic medications and need broad pharmacy access, especially if they live in a rural community.
- **MedicareBlue<sup>SM</sup> Rx (PDP) Premier:** This plan might be a good fit for individuals who rely on an increased number of prescription drugs and may need broad pharmacy access due to frequent travel.

## THE DONUT HOLE

The donut hole, or coverage gap, happens when your total drug costs exceed a certain amount and before catastrophic coverage kicks in. Not everyone will reach this point, but it is important to know what your plan will cover if you do.



# CONVENIENT COVERAGE, ALL IN ONE PLACE

By now, you understand the importance of making sure you're covered for your general health and prescription drug needs. But, it's also important to think about the other pieces that make up your health. **When you choose Wellmark, you're in control and can add dental, Avēsis Vision and Amplifon Hearing Health Care™ to fit your needs.**

## Dental care

Whether you're going in for a check-up or need major work done, there are always costs associated with a visit to the dentist. Protect your wallet — and your smile — with a dental plan that provides coverage for regular cleanings and helps you pay for pricey procedures.

When you have Blue Dental<sup>SM</sup> coverage, you get:

- An affordable monthly premium
- A plan designed specifically for your needs
- Providers across the U.S. (You can find one at [Wellmark.com/Finder](http://Wellmark.com/Finder))

Wellmark's Blue Dental<sup>SM</sup> coverage options are available to Iowa residents. If you live outside of Iowa, talk to your agent about your options.

## Vision and hearing care

Glasses may be the first thing that come to mind when thinking of vision care. But, regular eye exams can help detect hidden medical conditions, even if you have perfect eyesight. When you have an Avēsis Vision plan with Amplifon Hearing Health Care benefits, you know you can count on:

- Low monthly premiums
- More than 70,000 in-network vision providers
- An average savings of 56 percent off retail prices on hearing aids, plus free batteries and a three-year warranty

## YOUR COVERAGE, YOUR WAY

When you choose Wellmark, you get to choose which options to pair together to fit your unique needs. Plus, your health, dental, vision and hearing premiums are all on the same bill, making it more convenient than ever.



# PERSONALIZED SUPPORT YOU NEED

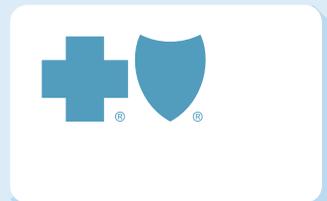
For decades, millions of Iowans and South Dakotans have trusted Wellmark Blue Cross and Blue Shield with their Medicare supplement needs. Once enrolled in our MedicareBlue Supplement plans, the vast majority of our members — **nine out of ten** — choose to keep their coverage with Wellmark year after year.

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We continuously work to earn our members' trust. When you're making important decisions about your health care, you can count on Wellmark Blue Cross and Blue Shield. We will provide:

- **Stability and peace of mind.** When you are on a fixed income, stable rates are important for planning from year to year. At Wellmark, we work hard to keep premiums as stable and predictable as possible.
- **The right plan for the right price.** Find a variety of coverage options, from basic to comprehensive, to fit a wide range of budgets.
- **Experience and strength.** As a leader in the insurance industry, you can trust Wellmark's seasoned expertise and proven track record.
- **Highly trained and qualified staff.** Wellmark is dedicated to your needs. The enrollment process is easy, and our customer service representatives will provide you with the personalized support you need.

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



## 9 in 10

### RELIABILITY AND STRENGTH

The number of MedicareBlue Supplement members who chose to keep their coverage year after year.

# GET MORE WITH WELLMARK

With Wellmark, you will get more than the standard Medicare supplement benefits. You get coverage from a company you trust, plus extra programs and services just for you.

## Freedom of choice

Visit any Medicare-participating doctor or hospital with no referrals. You can relax knowing that Wellmark Blue Cross and Blue Shield coverage will travel with you across the state or across the country.

## Healthy advantages

If you live a healthy lifestyle, you may be eligible for preferred monthly premiums. (Eligibility for preferred premiums may be dependent upon answers to health questions on the application.)

## Local and knowledgeable staff

You can trust the voice on the other end of the phone. We live and work in your community and have a highly trained staff with years of experience.

## Fitness discounts

Get fit and stay fit by using Blue365® to access special discounts on gym memberships, heart rate monitors, healthy eating plans and more. The program is free to MedicareBlue Supplement members. Explore a variety of valuable discounts online at [Blue365Deals.com/WellmarkBCBS](http://Blue365Deals.com/WellmarkBCBS).

## Free access to *Blue*<sup>SM</sup> Online

*Blue* is a free publication and a favorite among MedicareBlue Supplement members, highlighting important information you need to know about your health plan. It also features delicious recipes, sensible nutrition information, tips for staying active, member stories, and so much more.

## TRAVEL MEDICAL INSURANCE

### Exploring new countries in retirement?

**Consider travel medical insurance.** GeoBlue® provides peace of mind to travelers anywhere in the world through an elite network of providers, innovative online tools and exceptional customer service. Coverage options range from single trips to those living abroad long-term. Call Wellmark to learn more about coverage options that meet your travel needs.



# NOW, YOU'RE READY TO ENROLL

Get a free, no obligation, personalized consultation from a local expert. Let us put our knowledge and experience to work for you.

Get the best plan possible and speak to our experts who can guide you through the Medicare decision-making process. Whether you're getting ready for Medicare or looking to switch your coverage, Wellmark is here to help.

**There's no risk. No obligation. No hard sell.  
We're here to help you take the next step.**

- Contact your authorized independent agent or find one at [Wellmark.com/AgentFinder](https://www.wellmark.com/AgentFinder)
- Call Wellmark at 800-336-0505,\* 8 a.m. to 5 p.m. daily, Central Time (TTY hearing-impaired users call 711)

\*Calling this number will take you to a licensed sales agent.



**Don't forget to ask about adding coverage for:**

- Prescription drugs
- Dental
- Avēsis Vision and Amplifon Hearing Health Care
- Travel medical insurance

## WE'VE GOT THIS.

Let Wellmark make the transition to Medicare an easy one for you.

# QUESTIONS? WE'VE GOT ANSWERS.

You can count on Wellmark to be there to support you, just like always.

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## **When should I enroll in Medicare?**

Generally, during the Initial Enrollment Period. See page 4 for details.

## **What if I'm still working at age 65 and have health insurance through my employer?**

If you are still working at age 65 at a job with health benefits, or you have coverage through your spouse's group health plan, you might not need to enroll in Medicare immediately. In this case, a special enrollment period allows you to enroll in Medicare later, eight months after your group health coverage is no longer available. Talk with a qualified Wellmark representative to discuss your health insurance options.

## **What happens with my Health Savings Account (HSA) once I enroll in Medicare?**

Generally, once you enroll in Medicare you can no longer contribute toward your HSA. However, you may still use your HSA to pay for qualifying expenses. Contact your tax advisor for more details.

## **What are my coverage options if I retire before age 65?**

Depending on your situation, you may qualify for other coverage, or you may want to purchase an individual policy. For a detailed answer to this question, talk to a qualified representative.

## **Can I keep my doctor?**

With a MedicareBlue Supplement plan, you can see any Medicare-participating doctor you want. To check if your doctor accepts Medicare, use the physician compare tool on [Medicare.gov](https://www.medicare.gov).

## **Do I need a physical exam to qualify for Medicare?**

No. You must be 65 or older, under age 65 with a disability, or meet other requirements outlined on page 3.

## **Can I get Medicare even if I have a pre-existing condition?**

Yes, you can enroll in Medicare and receive benefits no matter your health status. You won't be charged higher premiums because of past or current health conditions.

## **Do Medicare rates, deductibles and cost sharing amounts change?**

Each fall, Medicare rates and deductibles change for the coming year. Medicare members are notified of these changes by mail before the Annual Enrollment Period. The Annual Enrollment Period is between Oct. 15 and Dec. 7 each year. Changes take place Jan. 1 the following year.

## **When should I enroll in a Medicare supplement plan or Part D prescription drug plan?**

Generally, the best time to sign up is during your Initial Enrollment Period. See pages 9 and 11 for more information.

# DECODING THE JARGON

Having trouble understanding Medicare-related words? This glossary can help you understand some common terms.

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**Benefit period** — For Original Medicare, the benefit period begins on the first day of a hospital stay and ends when you have been out of the hospital or skilled nursing facility for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

**Centers for Medicare and Medicaid Services (CMS)** — The federal government agency that runs Medicare and works with each state to run their Medicaid program.

**Coinsurance** — The percentage of the Medicare-approved amount you pay for a medical service. With some plans, you do not pay coinsurance until you have paid a deductible.

**Copay** — A fixed amount you pay for each medical service, such as a doctor's visit. For example, a copay might be \$20 for a doctor's visit and \$7 for a prescription drug you receive.

**Cost sharing** — The way Medicare and your health plan share your health care costs with you. Deductibles, coinsurance and copays are all types of cost sharing.

**Deductible** — A set amount of money you must pay before your plan pays. Usually you have a separate deductible for Medicare Part A, Part B and Part D. Some deductibles are covered by Medicare supplement (Medigap) plans.

**Eligible care** — Medical care and services that qualify to be covered by your health plan.

**Lifetime reserve days** — These are extra days that Original Medicare will pay for when you are in a hospital for more than 90 days. You have 60 lifetime reserve days to use during your lifetime with a per-day copay when you use them.

**Medigap (Medicare supplement) plan** — Health insurance policies that typically have standardized benefits and are sold by private insurance companies. Medigap policies work together with your Medicare Part A and Part B coverage. They generally allow you to go to any doctor or hospital that accepts Medicare. MedicareBlue Supplement<sup>SM</sup> is a Medigap plan.

**Part D (prescription drug plan)** — A Medicare Part D prescription drug plan may be a stand-alone plan that you can enroll in if you have Original Medicare and/or a Medicare supplement plan. MedicareBlue<sup>SM</sup> Rx and Journey Rx<sup>TM</sup> are Part D plans.

**Premium** — A fixed amount you pay, usually every month, to be in a Medicare health plan or prescription drug plan.

**Preventive care** — Care that is provided to keep you healthy or find an illness or disease early, when it can be better treated. Examples of preventive care are flu shots, mammograms and diabetes screenings.

# Required Federal Accessibility and Nondiscrimination Notice

## Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Wellmark does not exclude people or treat them differently because of their race, color, national origin, age, disability or sex.

## Wellmark provides:

- Free aids and services to people with disabilities so they may communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call 800-524-9242.

If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 5W189, Des Moines, IA 50309-2901, 515-376-4500, TTY 888-781-4262, Fax 515-376-9073, Email CRC@Wellmark.com. You can file a grievance in person, by mail, fax or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone or fax at: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington DC 20201, 800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

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 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم 800-524-9242 أو (خدمة الهاتف النصي: 888-781-4262).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ທີ. (TTY: 888-781-4262.)

주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, निःशुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION : si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deutsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တၢ်ဒုးသ့ၣ်ညါ-န့ၣ်ကတိၤကညိၣ်ကိၣ်,ကိၣ်တၢ်မၤတၢ်ဖဲတၢ်မၤတဖၣ်,လၢတဘျီလၢကတၢ်လဲၣ်,အိၣ်လၢန့ၣ်လၢခါ.ဆဲးကျိးဆူၣ်၀၀-၅၂၄-၉၂၄၂၅၀၀၀(TTY:၈၈၈-၇၈၁-၄၂၆၂)တက့ၢ်.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि निःशुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ । 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस् ।

ማሳሰቢያ፡ ከማርቻ ፻፵፯ ገደብ ስሆነ፣ የቋንቋ አገዛ አገልግሎቶቻችን ከአፍሪካ ነፃ ያገኛሉ። በ 800-524-9242 ወይም (ፒፕፕ: 888-781-4262) ደውሎ ያነጋግሩ።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maada. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnaamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'éhjí yáníłti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojjí' hólne' 800-524-9242 doodaii' (TTY: 888-781-4262)

This is a solicitation of insurance. MedicareBlue Supplement plans presented in this brochure are specific to Wellmark Blue Cross and Blue Shield of Iowa and Wellmark Blue Cross and Blue Shield of South Dakota and can only be purchased by Iowa and South Dakota residents, respectively. MedicareBlue Supplement insurance plans and the Blue365 member discount program are not connected with or endorsed by the U.S. government or the federal Medicare program.

#### ABOUT MEDICAREBLUE RX (PDP):

MedicareBlue Rx is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in MedicareBlue Rx depends on contract renewal. 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.

#### ABOUT JOURNEY RX (PDP):

MII Life Insurance, Inc. is the underwriter for Journey Rx, a prescription drug plan with a Medicare contract. Enrollment in Journey Rx depends on contract renewal. Journey Rx is a trademark of MII Life Insurance, Inc.

