

Blue Medicare Advantage Enhanced PPO offered by Wellmark Advantage Health Plan

Annual Notice of Changes for 2024

You are currently enrolled as a member of Blue Medicare Advantage Enhanced PPO. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.Wellmark.com/Medicare/Advantage/Resources. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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What to do now

1. **ASK:** Which changes apply to you
 - Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
 - Check the changes in the 2024 “Drug List” to make sure the drugs you currently take are still covered.
 - Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.
 - Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in Blue Medicare Advantage Enhanced PPO.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Blue Medicare Advantage Enhanced PPO.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Customer Service number at 1-855-716-2544 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., local time, Monday through Friday, with weekend hours October 1 through March 31. This call is free.
- This information is available in large print and other alternate formats.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Blue Medicare Advantage Enhanced PPO

- Wellmark Advantage Health Plan is a PPO plan with a Medicare contract. Enrollment in Wellmark Advantage Health Plan depends on contract renewal.
- When this document says "we," "us," or "our," it means Wellmark Advantage Health Plan. When it says "plan" or "our plan," it means Blue Medicare Advantage Enhanced PPO.
- Out-of-network/non-contracted providers are under no obligation to treat 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.

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Blue Medicare Advantage Enhanced PPO in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<p>Monthly plan premium*</p> <p>* Your premium may be higher or lower than this amount. See Section 1.1 for details.</p>	\$49	\$54
<p>Maximum out-of-pocket amounts</p> <p>This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)</p>	<p>From network providers: \$3,650</p> <p>From network and out-of-network providers combined: \$5,450</p>	<p>From network providers: \$3,650</p> <p>From network and out-of-network providers combined: \$5,450</p>
<p>Doctor office visits</p>	<p>Primary care visits: In-Network: \$0 copay per visit. Out-of-Network: \$20 copay per visit.</p> <p>Specialist visits: In-Network: \$25 copay per visit. Out-of-Network: \$30 copay per visit.</p>	<p>Primary care visits: In-Network: \$0 copay per visit. Out-of-Network: \$20 copay per visit.</p> <p>Specialist visits: In-Network: \$25 copay per visit. Out-of-Network: \$30 copay per visit.</p>
<p>Inpatient hospital stays</p>	<p>In-Network: For Medicare-covered hospital stays you pay: \$325 copay per day for days 1-4. \$0 copay per day for days 5-90. \$0 copay per day for days over 90.</p>	<p>In-Network: For Medicare-covered hospital stays you pay: \$350 copay per day for days 1-5. \$0 copay per day for days 6-90. \$0 copay per day for days over 90.</p>

Cost	2023 (this year)	2024 (next year)
<p>Inpatient hospital stays (continued)</p>	<p>Out-of-Network: For Medicare-covered hospital stays you pay: \$350 copay per day for days 1-4. \$0 copay per day for days 5-90. \$0 copay per day for days over 90.</p>	<p>Out-of-Network: For Medicare-covered hospital stays you pay: \$400 copay per day for days 1-5. \$0 copay per day for days 6-90. \$0 copay per day for days over 90.</p>
<p>Part D prescription drug coverage (See Section 1.5 for details.)</p>	<p>Deductible: \$0 Copay/Coinsurance for a one-month supply during the Initial Coverage Stage: Standard retail pharmacy: Drug Tier 1: \$6 Drug Tier 2: \$14 Drug Tier 3: \$36 You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: \$100 You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: You pay 33% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>Deductible: \$0 Copay/Coinsurance for a one-month supply during the Initial Coverage Stage: Standard retail pharmacy: Drug Tier 1: \$6 Drug Tier 2: \$14 Drug Tier 3: \$36 You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: \$100 You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: You pay 33% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p>

Cost	2023 (this year)	2024 (next year)
Part D prescription drug coverage (continued)	<p>Preferred retail pharmacy:</p> <p>Drug Tier 1: \$0 Drug Tier 2: \$8 Drug Tier 3: \$35 You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: \$100 You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5: You pay 33% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Mail-order pharmacy:</p> <p>Drug Tier 1: \$0 Drug Tier 2: \$8 Drug Tier 3: \$35 You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: \$100 You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5: You pay 33% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays 	<p>Preferred retail pharmacy:</p> <p>Drug Tier 1: \$0 Drug Tier 2: \$8 Drug Tier 3: \$35 You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: \$100 You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5: You pay 33% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Mail-order pharmacy:</p> <p>Drug Tier 1: \$0 Drug Tier 2: \$8 Drug Tier 3: \$35 You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: \$100 You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5: You pay 33% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays

Cost	2023 (this year)	2024 (next year)
Part D prescription drug coverage (continued)	<p>most of the cost for your covered drugs.</p> <ul style="list-style-type: none"> For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.) 	<p>the full cost for your covered Part D drugs. You pay nothing.</p>

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$49	\$54

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 6 regarding “Extra Help” from Medicare.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$3,650	\$3,650 Once you have paid \$3,650 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

Cost	2023 (this year)	2024 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.	\$5,450	\$5,450 Once you have paid \$5,450 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.Wellmark.com/Finder-Medicare. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 *Pharmacy Directory* to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Cardiac rehabilitation services	In-Network You pay a \$25 copay for each Medicare-covered	In-Network You pay a \$30 copay for each Medicare-covered

Cost	2023 (this year)	2024 (next year)
Cardiac rehabilitation services (continued)	<p>cardiac or intensive cardiac rehabilitation service.</p> <p>Out-of-Network You pay a \$30 copay for each Medicare-covered cardiac or intensive cardiac rehabilitation service.</p>	<p>cardiac or intensive cardiac rehabilitation service.</p> <p>Out-of-Network You pay a \$35 copay for each Medicare-covered cardiac or intensive cardiac rehabilitation service.</p>
Dental services	<p>Preventive dental Fluoride - 1 per calendar year</p> <p>Comprehensive dental: \$1,500 maximum annual dental benefit.</p> <p>Fillings (amalgam and resin) - once per tooth every 48 months.</p>	<p>Preventive dental Fluoride - 2 per calendar year</p> <p>Comprehensive dental: \$2,000 maximum annual dental benefit.</p> <p>Fillings (amalgam and resin) - once per tooth every 24 months</p>
Diabetic supplies	<p>In-Network You pay 20% of the total cost for Medicare-covered diabetic shoes and inserts.</p> <p>In- and Out-of-Network You pay a \$0 copay for Medicare-covered diabetic lancets and test strips.</p>	<p>In-Network You pay a \$0 copay for Medicare-covered diabetic shoes and inserts.</p> <p>In- and Out-of-Network You pay 20% of the total cost for Medicare-covered diabetic lancets and test strips.</p>
Emergency care	You pay a \$90 copay for Medicare-covered emergency services within the U.S. and its territories.	You pay a \$100 copay for Medicare-covered emergency services within the U.S. and its territories.
Inpatient hospital care	<p>In-Network You pay a \$325 copay per day for days 1 through 4</p>	<p>In-Network You pay a \$350 copay per day for days 1 through 5</p>

Cost	2023 (this year)	2024 (next year)
<p>Inpatient hospital care (continued)</p>	<p>for Medicare-covered inpatient hospital care.</p> <p>You pay a \$0 copay per day for days 5 through 90 for Medicare-covered inpatient hospital care.</p> <p>You pay a \$0 copay per day for days over 90 for Medicare-covered inpatient hospital care.</p> <p>Out-of-Network</p> <p>You pay a \$350 copay per day for days 1 through 4 for Medicare-covered inpatient hospital care.</p> <p>You pay a \$0 copay per day for days 5 through 90 for Medicare-covered inpatient hospital care.</p> <p>You pay a \$0 copay per day for days over 90 for Medicare-covered inpatient hospital care.</p>	<p>for Medicare-covered inpatient hospital care.</p> <p>You pay a \$0 copay per day for days 6 through 90 for Medicare-covered inpatient hospital care.</p> <p>You pay a \$0 copay per day for days over 90 for Medicare-covered inpatient hospital care.</p> <p>Out-of-Network</p> <p>You pay a \$400 copay per day for days 1 through 5 for Medicare-covered inpatient hospital care.</p> <p>You pay a \$0 copay per day for days 6 through 90 for Medicare-covered inpatient hospital care.</p> <p>You pay a \$0 copay per day for days over 90 for Medicare-covered inpatient hospital care.</p>
<p>Inpatient services in a psychiatric hospital</p>	<p>In-Network</p> <p>You pay a \$325 copay per days for days 1-4 for Medicare covered inpatient mental health services.</p> <p>You pay a \$0 copay per days for days 5-90 for Medicare covered inpatient mental health services.</p> <p>You pay a \$0 copay per days for days 91-190 until lifetime limitation is exhausted.</p>	<p>In-Network</p> <p>You pay a \$350 copay per days for days 1-5 for Medicare covered inpatient mental health services.</p> <p>You pay a \$0 copay per days for days 6-90 for Medicare covered inpatient mental health services.</p> <p>You pay a \$0 copay per days for days 91-190 until lifetime limitation is exhausted.</p>

Cost	2023 (this year)	2024 (next year)
Inpatient services in a psychiatric hospital (continued)	<p>Out-of-Network You pay a \$350 copay per day for days 1-4 for Medicare covered inpatient mental health services.</p> <p>You pay a \$0 copay per day for days 5-90 for Medicare covered inpatient mental health services.</p> <p>You pay a \$0 copay per day for days 91-190 until lifetime limitation is exhausted.</p>	<p>Out-of-Network You pay a \$400 copay per day for days 1-5 for Medicare covered inpatient mental health services.</p> <p>You pay a \$0 copay per day for days 6-90 for Medicare covered inpatient mental health services.</p> <p>You pay a \$0 copay per day for days 91-190 until lifetime limitation is exhausted.</p>
Outpatient diagnostic tests and therapeutic services and supplies	Authorization rules don't apply to genetic testing.	Authorization rules apply to genetic testing.
Over-the-counter items	You have up to \$75 to use every quarter toward certain nonprescription over-the-counter drugs and health-related items.	You have up to \$95 to use every quarter toward certain nonprescription over-the-counter drugs and health-related items.
Pulmonary rehabilitation services	<p>In-Network You pay a \$20 copay for each Medicare-covered pulmonary rehabilitation service.</p> <p>Out-of-Network You pay a \$30 copay for each Medicare-covered pulmonary rehabilitation service.</p>	<p>In-Network You pay a \$15 copay for each Medicare-covered pulmonary rehabilitation service.</p> <p>Out-of-Network You pay a \$35 copay for each Medicare-covered pulmonary rehabilitation service.</p>
Skilled nursing facility (SNF) care	In-Network You pay a \$0 copay per day for days 1 through 20 for Medicare-covered	In-Network You pay a \$0 copay per day for days 1 through 20 for Medicare-covered

Cost	2023 (this year)	2024 (next year)
<p>Skilled nursing facility (SNF) care (continued)</p>	<p>skilled nursing facility services.</p> <p>You pay a \$150 copay per day for days 21 through 48 for Medicare-covered skilled nursing facility services.</p> <p>You pay a \$0 copay per day for days 49 through 100 for Medicare-covered skilled nursing facility services.</p> <p>Out-of-Network</p> <p>You pay a \$0 copay per day for days 1 through 20 for Medicare-covered skilled nursing facility services.</p> <p>You pay a \$225 copay per day for days 21 through 48 for Medicare-covered skilled nursing facility services.</p> <p>You pay a \$0 copay per day for days 49 through 100 for Medicare-covered skilled nursing facility services.</p>	<p>skilled nursing facility services.</p> <p>You pay a \$190 copay per day for days 21 through 55 for Medicare-covered skilled nursing facility services.</p> <p>You pay a \$0 copay per day for days 56 through 100 for Medicare-covered skilled nursing facility services.</p> <p>Out-of-Network</p> <p>You pay a \$0 copay per day for days 1 through 20 for Medicare-covered skilled nursing facility services.</p> <p>You pay a \$210 copay per day for days 21 through 55 for Medicare-covered skilled nursing facility services.</p> <p>You pay a \$0 copay per day for days 56 through 100 for Medicare-covered skilled nursing facility services.</p>
<p>Supervised Exercise Therapy (SET)</p>	<p>Out-of-Network</p> <p>You pay a \$30 copay for each Medicare-covered Supervised Exercise Therapy (SET) service.</p>	<p>Out-of-Network</p> <p>You pay a \$35 copay for each Medicare-covered Supervised Exercise Therapy (SET) service.</p>
<p>Urgently needed services</p>	<p>In- and Out-of-Network</p> <p>You pay a \$35 copay for Medicare-covered urgently needed services within the U.S. and its territories.</p>	<p>In- and Out-of-Network</p> <p>You pay a \$35 copay for Medicare-covered urgently needed services within the U.S. and its territories.</p>

Cost	2023 (this year)	2024 (next year)
Urgently needed services (continued)	You pay a \$100 copay for Medicare-covered urgently needed services outside the U.S.	You pay a \$120 copay for Medicare-covered urgently needed services outside the U.S.
Vision care	In- and Out-of-Network You pay a \$0 copay for each Medicare-covered diabetic retinopathy screening.	In-Network You pay a \$0 copay for each Medicare-covered diabetic retinopathy screening. Out-of-Network You pay a \$20 copay for each Medicare-covered diabetic retinopathy screening.

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is provided electronically.

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert by October 31, 2023, please call Customer Service and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply, or for mail-order prescriptions, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1 - Preferred Generic:</p> <p><i>Standard cost sharing:</i> You pay \$6 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1 - Preferred Generic:</p> <p><i>Standard cost sharing:</i> You pay \$6 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$0 per prescription.</p>

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</p> <p>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.</p>	<p>Tier 2 - Generic:</p> <p><i>Standard cost sharing:</i> You pay \$14 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$8 per prescription.</p> <p>Tier 3 - Preferred Brand:</p> <p><i>Standard cost sharing:</i> You pay \$36 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$35 per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4 - Non-Preferred Drug:</p> <p><i>Standard cost sharing:</i> You pay \$100 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$100 per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>Tier 2 - Generic:</p> <p><i>Standard cost sharing:</i> You pay \$14 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$8 per prescription.</p> <p>Tier 3 - Preferred Brand:</p> <p><i>Standard cost sharing:</i> You pay \$36 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$35 per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 4 - Non-Preferred Drug:</p> <p><i>Standard cost sharing:</i> You pay \$100 per prescription.</p> <p><i>Preferred cost sharing:</i> You pay \$100 per prescription.</p> <p>You pay \$35 per month supply of each covered insulin product on this tier.</p>

Stage	2023 (this year)	2024 (next year)
Stage 2: Initial Coverage Stage (continued)	Tier 5 - Specialty Tier: <i>Standard cost sharing:</i> You pay 33% of the total cost. <i>Preferred cost sharing:</i> You pay 33% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. <hr/> Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).	Tier 5 - Specialty Tier: <i>Standard cost sharing:</i> You pay 33% of the total cost. <i>Preferred cost sharing:</i> You pay 33% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. <hr/> Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Process	2023 (this year)	2024 (next year)
Customer Service	Wellmark Advantage Health Plan Member Correspondence PO Box 261125 Plano, TX 75026	Wellmark Advantage Health Plan Member Correspondence PO Box 211501 Eagan, MN 55121
Grievance and Appeals	Wellmark Advantage Health Plan Appeals & Grievances PO Box 260677 Plano, TX 75026	Wellmark Advantage Health Plan Appeals & Grievances PO Box 211483 Eagan, MN 55121

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Blue Medicare Advantage Enhanced PPO

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Blue Medicare Advantage Enhanced PPO.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024*

handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Wellmark Advantage Health Plan offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Blue Medicare Advantage Enhanced PPO.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Blue Medicare Advantage Enhanced PPO.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll or visit our website to disenroll online. Contact Customer Service if you need more information on how to do so.
 - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Iowa, the SHIP is called Senior Health Insurance Information Program (SHIIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Senior Health Insurance Information Program (SHIIP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Senior Health Insurance Information Program (SHIIP) at 1-800-351-4664. You can learn more about Senior Health Insurance Information Program (SHIIP) by visiting their website (shiip.iowa.gov).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
 - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Iowa Department of Public Health. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-515-281-7689 from 8 a.m. to 4:30 p.m., local time, Monday through Friday.

SECTION 7 Questions?

Section 7.1 – Getting Help from Blue Medicare Advantage Enhanced PPO

Questions? We're here to help. Please call Customer Service at 1-855-716-2544. (TTY only, call 711.) We are available for phone calls 8 a.m. to 8 p.m., local time, Monday through Friday, with weekend hours October 1 through March 31. Calls to these numbers are free.

Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for Blue Medicare Advantage Enhanced PPO. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.Wellmark.com/Medicare/Advantage/Resources. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.Wellmark.com/Medicare/Advantage/Resources. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/"Drug List")*.

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2024

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can

get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.