



Blue Medicare Advantage PPO<sup>SM</sup>  
Blue Medicare Advantage Enhanced PPO<sup>SM</sup>  
Blue Medicare Advantage<sup>SM</sup> Valor PPO  
Blue Medicare Advantage PPO | Avera

## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-855-716-2544** (current members) or **1-800-213-3771** (non-members) from 8 a.m. to 8 p.m., Monday through Friday, with weekend hours from Oct. 1 through March 31. TTY users should call **711**.

### Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [www.Wellmark.com/medicare/advantage/resources](http://www.Wellmark.com/medicare/advantage/resources) or call **1-855-716-2544** (TTY **711**) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

The next two check boxes do not apply to the **Blue Medicare Advantage Valor PPO** plan as it does not cover Part D prescription drugs:

- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

### Understanding Important Rules

- Effect on Current Coverage.** Your current health care coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.
- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on Jan. 1, 2025.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

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