

Blue Medicare Advantage Valor PPO offered by Wellmark Advantage Health Plan

Annual Notice of Changes for 2024

You are currently enrolled as a member of Blue Medicare Advantage Valor 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).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals and other providers 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 Valor 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 Valor 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 Valor 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 Valor PPO.
- Out-of-network/non-contracted providers are under no obligation to treat Blue Medicare Advantage Valor 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 Valor PPO in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
Monthly plan premium (See Section 1.1 for details.)	\$0	\$0
Maximum out-of-pocket amounts 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.)	From network providers: \$4,500 From network and out-of-network providers combined: \$4,500	From network providers: \$5,000 From network and out-of-network providers combined: \$5,000
Doctor office visits	Primary care visits: \$0 per visit. Specialist visits: \$35 per visit.	Primary care visits: \$0 per visit. Specialist visits: \$40 per visit.
Inpatient hospital stays	For Medicare-covered hospital stays: \$380 copay per day for days 1 through 4 \$0 copay per day for days 5 through 90.	For Medicare-covered hospital stays: \$380 copay per day for days 1 through 5 \$0 copay per day for days 6 through 90.

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.)	\$0	\$0

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.	\$4,500	\$5,000 Once you have paid \$5,000 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.
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.	\$4,500	\$5,000 Once you have paid \$5,000 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 in-network or out-of-network providers for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

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.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) 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)
Ambulance services	<p>You pay a \$250 copay for Medicare-covered ambulance services within the U.S. and its territories.</p> <p>You pay a \$100 copay for Medicare-covered ambulance services outside the U.S.</p> <p>Non-emergency air ambulance: No authorization required.</p>	<p>You pay a \$325 copay for Medicare-covered ambulance services within the U.S. and its territories.</p> <p>You pay a \$120 copay for Medicare-covered ambulance services outside the U.S.</p> <p>Non-emergency air ambulance: Authorization required.</p>
Ambulatory surgical center services	<p>You pay a \$0 copay for Medicare-covered arthroplasty knee and hip services in an ambulatory surgical center.</p>	<p>You pay a \$100 copay for Medicare-covered arthroplasty knee and hip services in an ambulatory surgical center.</p>

Cost	2023 (this year)	2024 (next year)
Cardiac rehabilitation services	In- and Out-of-Network You pay a \$35 copay for each Medicare-covered intensive cardiac rehabilitation service.	In- and Out-of-Network You pay a \$65 copay for each Medicare-covered intensive cardiac rehabilitation service.
Dental services	Comprehensive dental Fillings (amalgam and resin) - once per tooth every 48 months.	Comprehensive dental Fillings (amalgam and resin) - once per tooth every 24 months.
Diabetic supplies	In- and Out-of-Network You pay 20% of the total cost for Medicare-covered diabetic shoes and inserts.	In- and Out-of-Network You pay a \$0 copay for Medicare-covered diabetic shoes and inserts.
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 outside the U.S.	You pay a \$120 copay for Medicare-covered emergency services within the U.S. and its territories. You pay a \$120 copay for Medicare-covered emergency services outside the U.S.
Hearing services	In- and Out-of-Network You pay a \$35 copay for Medicare-covered hearing exams from specialists.	In- and Out-of-Network You pay a \$40 copay for Medicare-covered hearing exams from specialists.
Inpatient hospital care	In- and Out-of-Network You pay a \$380 copay per day for days 1 through 4 for Medicare-covered inpatient hospital care. You pay a \$0 copay per day for days 5 through 90 for Medicare-covered inpatient hospital care.	In- and Out-of-Network You pay a \$380 copay per day for days 1 through 5 for Medicare-covered inpatient hospital care. You pay a \$0 copay per day for days 6 through 90 for Medicare-covered inpatient hospital care.

Cost	2023 (this year)	2024 (next year)
Inpatient hospital care (continued)	You pay a \$0 copay per day for days over 90 for Medicare-covered inpatient hospital care.	You pay a \$0 copay per day for days over 90 for Medicare-covered inpatient hospital care.
Inpatient services in a psychiatric hospital	<p>In- and Out-of-Network</p> <p>You pay a \$380 copay per day for days 1 through 4 for Medicare-covered inpatient mental health services.</p> <p>You pay a \$0 copay per day for days 5 through 90 for Medicare-covered inpatient mental health services.</p> <p>You pay a \$0 copay per day for days 91 through 190 until lifetime limitation is exhausted.</p>	<p>In- and Out-of-Network</p> <p>You pay a \$380 copay per day for days 1 through 5 for Medicare-covered inpatient mental health services.</p> <p>You pay a \$0 copay per day for days 6 through 90 for Medicare-covered inpatient mental health services.</p> <p>You pay a \$0 copay per day for days 91 through 190 until lifetime limitation is exhausted.</p>
Medicare Part B Immunizations	<p>Out-of-Network</p> <p>There is no coinsurance, copayment, or deductible for the pneumonia, influenza, Hepatitis B and COVID-19 vaccines.</p> <p>You pay 30% of the total cost for other Part B vaccines.</p>	<p>Out-of-Network</p> <p>There is no coinsurance, copayment, or deductible for the pneumonia, influenza, Hepatitis B and COVID-19 vaccines.</p> <p>You pay 20% of the total cost for all other Part B vaccines.</p>
Medicare Part B Prescription Drugs	<p>Out-of-Network</p> <p>You pay 20% of the total cost for Medicare-covered Part B chemotherapy.</p> <p>You pay 35% of the total cost for all other Part B drugs.</p> <p><i>Authorization rules may apply.</i></p>	<p>Out-of-Network</p> <p>You pay 20% of the total cost for Medicare-covered Part B chemotherapy.</p> <p>You pay 20% of the total cost for all other Part B drugs.</p> <p><i>Authorization rules may apply.</i></p>

Cost	2023 (this year)	2024 (next year)
<p>Outpatient diagnostic tests and therapeutic services and supplies</p>	<p>In- and Out-of-Network You pay a \$35 copay for Medicare-covered diagnostic tests and procedures performed in a specialists office. You pay a \$100 copay for Medicare-covered diagnostic tests and procedures performed in a professional office setting or hospital. You pay a \$35 copay for Medicare-covered high-tech diagnostic radiological services performed in a specialists office. You pay a \$100 copay for Medicare-covered high-tech diagnostic radiological services performed in a professional office setting or hospital. Authorization rules don't apply to genetic testing.</p>	<p>In- and Out-of-Network You pay a \$40 copay for Medicare-covered diagnostic tests and procedures performed in a specialists office. You pay a \$130 copay for Medicare-covered diagnostic tests and procedures performed in a professional office setting or hospital. You pay a \$40 copay for Medicare-covered high-tech diagnostic radiological services performed in a specialists office. You pay a \$150 copay for Medicare-covered high-tech diagnostic radiological services performed in a professional office setting or hospital. Authorization rules apply to genetic testing.</p>
<p>Outpatient hospital services</p>	<p>In- and Out-of-Network You pay a \$35 copay for Medicare-covered outpatient non-surgical services. You pay a \$325 copay for Medicare-covered outpatient surgical services.</p>	<p>In- and Out-of-Network You pay a \$40 copay for Medicare-covered outpatient non-surgical services. You pay a \$350 copay for Medicare-covered outpatient surgical services.</p>

Cost	2023 (this year)	2024 (next year)
Outpatient mental health care	In- and Out-of-Network You pay a \$35 copay for each Medicare-covered psychiatric, outpatient group or individual visit.	In- and Out-of-Network You pay a \$40 copay for each Medicare-covered psychiatric, outpatient group or individual visit.
Outpatient rehabilitation services	You pay a \$35 copay for each Medicare-covered outpatient rehabilitation service.	You pay a \$40 copay for each Medicare-covered outpatient rehabilitation service.
Outpatient substance abuse services	You pay a \$35 copay for each Medicare-covered outpatient substance abuse service.	You pay a \$40 copay for each Medicare-covered outpatient substance abuse service.
Partial hospitalization services	You pay a \$55 copay per day for Medicare-covered service. <i>Authorization rules may apply.</i>	You pay a \$75 copay per day for Medicare-covered service. <i>Authorization rules may apply.</i>
Physician/practitioner services, including doctor's office visits	You pay a \$35 copay for each Medicare-covered specialist visit.	You pay a \$40 copay for each Medicare-covered specialist visit.
Pulmonary rehabilitation services	In- and Out-of-Network You pay a \$20 copay for each Medicare-covered pulmonary rehabilitation service.	In- and Out-of-Network You pay a \$15 copay for each Medicare-covered pulmonary rehabilitation service.
Skilled nursing facility (SNF) care	In-Network You pay a \$0 copay per day for days 1 through 20 for Medicare-covered skilled nursing facility services. You pay a \$187 copay per day for days 21 through 55 for Medicare-covered	In-Network You pay a \$0 copay per day for days 1 through 20 for Medicare-covered skilled nursing facility services. You pay a \$203 copay per day for days 21 through 55 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 \$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 \$187 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>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 \$203 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>You pay a \$30 copay for each Medicare-covered Supervised Exercise Therapy (SET) service.</p>	<p>You pay a \$25 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 \$40 copay for Medicare-covered urgently needed services within the U.S. and its territories.</p> <p>You pay a \$100 copay for Medicare-covered urgently needed services outside the U.S.</p>	<p>In- and Out-of-Network</p> <p>You pay a \$60 copay for Medicare-covered urgently needed services within the U.S. and its territories.</p> <p>You pay a \$120 copay for Medicare-covered urgently needed services outside the U.S.</p>

Cost	2023 (this year)	2024 (next year)
Vision care	In- and Out-of-Network You pay a \$35 copay for each Medicare-covered exam to diagnose and treat diseases and conditions of the eye from specialists.	In- and Out-of-Network You pay a \$40 copay for each Medicare-covered exam to diagnose and treat diseases and conditions of the eye from specialists.

SECTION 2 Administrative Changes

Description	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 Valor 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 Valor 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, there may be 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. 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 Valor 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 Valor 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. Below we list the different kinds of help:

- **“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).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life saving HIV medications. Medicare Part D prescription

drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Iowa Department of Public Health. **Note:** To be eligible for the ADAP operating in your State, 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.

- If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. 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 Valor 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 Valor 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*).

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.