

**Blue Medicare Advantage Valor PPO**  
**Blue Medicare Advantage PPO**  
**Blue Medicare Advantage Enhanced PPO**  
**Blue Medicare Advantage PPO | Avera**

Jan. 1 – Dec. 31, 2024

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## Summary of Benefits

Blue Medicare Advantage is a preferred provider organization (PPO). To join a Wellmark Advantage Health Plan, you must meet all of the following requirements:

- Have both Medicare Part A and Medicare Part B.
- Be a United States citizen or lawfully present in the United States.
- Live in our geographic service area. Incarcerated individuals are not considered living in the geographic service area even if they are physically located in it.

Our service area for Blue Medicare Advantage Valor PPO, Blue Medicare Advantage PPO and Blue Medicare Advantage Enhanced PPO includes the following counties in South Dakota: Aurora, Bon Homme, Brookings, Butte, Campbell, Charles Mix, Clark, Clay, Corson, Custer, Davison, Day, Deuel, Dewey, Douglas, Edmunds, Fall River, Haakon, Hanson, Harding, Hutchinson, Jackson, Jerauld, Kingsbury, Lake, Lawrence, Lincoln, Marshall, McCook, McPherson, Meade, Miner, Minnehaha, Moody, Pennington, Perkins, Roberts, Sanborn, Turner, Union, Walworth, Yankton and Ziebach.

Our service area for Blue Medicare Advantage PPO | Avera includes the following counties in South Dakota: Aurora, Bon Homme, Charles Mix, Clay, Davison, Douglas, Hanson, Hutchinson, Jerauld, Lake, Lincoln, McCook, Miner, Minnehaha, Moody, Sanborn, Turner, Union and Yankton. Not all Avera Health providers are participating in the Blue Medicare Advantage PPO | Avera network. Check with your providers to see if they are part of this network. Using providers participating in this network will save you money as they offer the lowest cost sharing.

Each Wellmark Advantage Health Plan has a network of doctors, hospitals, pharmacies and other providers. If you use the providers in our network, you may pay less for your covered services. You can also use providers that are not in our network. For more detailed information about our providers, you can call Customer Service (phone numbers are printed on the back cover of this booklet) or visit our website at [www.Wellmark.com/Finder-Medicare](http://www.Wellmark.com/Finder-Medicare).

Out-of-network/non-contracted providers are under no obligation to treat Wellmark Advantage Health Plan members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

[www.WellmarkAdvantageHealthPlan.com](http://www.WellmarkAdvantageHealthPlan.com)

*Wellmark Advantage Health Plan is a PPO plan with a Medicare contract. Enrollment in Wellmark Advantage Health Plan depends on contract renewal.*

## Premium/Cost-sharing Table

You must continue to pay your Medicare Part B premium.

Monthly plan premiums, deductibles and limits on how much you pay for covered services	Blue Medicare Advantage Valor PPO	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	Blue Medicare Advantage PPO   Avera
<b>Premium</b>	\$0	\$19	\$64	\$0
<b>Deductible</b>	<p>This plan does not have a deductible for hospital and medical services.</p> <p>This plan does not include Part D prescription drug coverage.</p>	<p>This plan does not have a deductible for hospital and medical services.</p> <p>This plan does not have a deductible for Part D prescription drugs.</p>	<p>This plan does not have a deductible for hospital and medical services.</p> <p>This plan does not have a deductible for Part D prescription drugs.</p>	<p>This plan does not have a deductible for hospital and medical services.</p> <p>This plan does not have a deductible for Part D prescription drugs.</p>
<b>Maximum Out-of-Pocket Responsibility</b> <i>(does not include prescription drugs)</i>	<p><b>In-Network</b> \$5,000 annually</p> <p><b>Combined In- and Out-of-Network</b> \$5,000 annually</p>	<p><b>In-Network</b> \$4,200 annually</p> <p><b>Combined In- and Out-of-Network</b> \$4,200 annually</p>	<p><b>In-Network</b> \$3,800 annually</p> <p><b>Combined In- and Out-of-Network</b> \$3,800 annually</p>	<p><b>Avera and In-Network</b> \$3,855 annually</p> <p><b>Combined In- and Out-of-Network</b> \$7,500 annually</p>
	<p>The most you pay for copays, coinsurance and other costs for medical services for the year.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>You will still need to pay your monthly plan premiums, Medicare Part B premiums and cost sharing for your Part D drugs.</p>			

<b>Benefits</b>	<b>Blue Medicare Advantage Valor PPO</b>	<b>Blue Medicare Advantage PPO</b>	<b>Blue Medicare Advantage Enhanced PPO</b>	<b>Blue Medicare Advantage PPO   Avera</b>
	<b>\$0 monthly premium</b> Medical coverage only	<b>\$19 monthly premium</b> Medical & Part D drug coverage	<b>\$64 monthly premium</b> Medical & Part D drug coverage	<b>\$0 monthly premium</b> Medical & Part D drug coverage

**Note:** Services with \* may require prior authorization.

<b>Inpatient Hospital Coverage*</b>  Our plan covers an unlimited number of days for an inpatient hospital stay.	The copays are based on benefit periods.  A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care for 60 days in a row.			
	<b>In- and Out-of-Network</b> \$380 copay per day for days 1 through 5  \$0 copay per day for days 6 through 90  \$0 copay per day for days over 90	<b>In- and Out-of-Network</b> \$365 copay per day for days 1 through 5  \$0 copay per day for days 6 through 90  \$0 copay per day for days over 90	<b>In- and Out-of-Network</b> \$350 copay per stay	<b>Avera Network</b> \$375 copay per stay  <b>In-Network</b> \$750 copay per stay  <b>Out-of-Network</b> \$1,500 copay per stay

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	<b>\$0 monthly premium</b> Medical coverage only	<b>\$19 monthly premium</b> Medical & Part D drug coverage	<b>\$64 monthly premium</b> Medical & Part D drug coverage	<b>\$0 monthly premium</b> Medical & Part D drug coverage
<b>Outpatient Hospital Coverage*</b> <ul style="list-style-type: none"> <li>• Non-surgical outpatient hospital services</li> <li>• Surgical outpatient hospital services</li> </ul>	<b>In- and Out-of-Network</b>  \$40 copay for non-surgical services  \$325 copay for surgical services	<b>In- and Out-of-Network</b>  \$40 copay for non-surgical services  \$350 copay for surgical services	<b>In- and Out-of-Network</b>  \$30 copay for non-surgical services  \$200 copay for surgical services	<b>Avera Network</b> \$0 copay for Medicare-covered arthroplasty hip and knee surgical services  \$15 copay for non-surgical services  \$200 for surgical services  <b>In-Network</b> \$30 copay for non-surgical services  \$400 copay for surgical services  <b>Out-of-Network</b> \$45 copay for non-surgical services  \$600 copay for surgical services

Benefits	Blue Medicare Advantage Valor PPO  \$0 monthly premium Medical coverage only	Blue Medicare Advantage PPO  \$19 monthly premium Medical & Part D drug coverage	Blue Medicare Advantage Enhanced PPO  \$64 monthly premium Medical & Part D drug coverage	Blue Medicare Advantage PPO   Avera  \$0 monthly premium Medical & Part D drug coverage
<b>Ambulatory Surgical Center (ASC) Services*</b> <ul style="list-style-type: none"> <li>Medicare-covered arthroplasty hip and knee surgical services in an ambulatory surgical center</li> <li>Other services in an ambulatory surgical center</li> </ul>	<b>In- and Out-of-Network</b> \$0 copay          <b>In- and Out-of-Network</b> \$200 copay	<b>In- and Out-of-Network</b> \$200 copay          <b>In- and Out-of-Network</b> \$200 copay	<b>In- and Out-of-Network</b> \$175 copay          <b>In- and Out-of-Network</b> \$175 copay	<b>Avera Network</b> \$0 copay  <b>In-Network</b> \$300 copay  <b>Out-of-Network</b> \$450 copay  <b>Avera Network</b> \$150 copay  <b>In-Network</b> \$300 copay  <b>Out-of-Network</b> \$450 copay



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<p><b>Preventive Care</b></p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<p><b>In- and Out-of-Network</b> \$0 copay</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse screening and counseling</li> <li>• Annual physical exam</li> <li>• Annual wellness visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease risk reduction visit</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screening (colonoscopy, flexible sigmoidoscopy, guaiac-based fecal occult blood test, fecal immunochemical test, or DNA based colorectal screening)</li> <li>• Depression screening</li> <li>• Diabetes screening</li> <li>• Glaucoma screening</li> <li>• HIV screening</li> <li>• COVID-19, flu, Hepatitis B and pneumonia immunizations</li> <li>• Intensive behavioral therapy for obesity</li> <li>• Medical nutrition therapy services</li> <li>• Medicare Diabetes Prevention Program</li> <li>• Prostate cancer screenings</li> <li>• Screening for lung cancer with low dose computed tomography</li> <li>• Screening for sexually transmitted infections and counseling to prevent STIs</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> </ul>			

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	<b>\$0 monthly premium</b> Medical coverage only	<b>\$19 monthly premium</b> Medical & Part D drug coverage	<b>\$64 monthly premium</b> Medical & Part D drug coverage	<b>\$0 monthly premium</b> Medical & Part D drug coverage
<p><b>Emergency Care</b></p> <p>If you are admitted to the hospital within one day, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>If you need care when you’re outside of the U.S., you have coverage for emergency medical care, emergency transportation and urgently needed services only.</p>	<p><b>In- and Out-of-Network</b></p> <p>\$120 copay</p>			<p><b>In- and Out-of-Network</b></p> <p>\$100 copay</p>
	<p><b>Worldwide</b></p> <p>\$120 copay</p> <p>Urgent care, emergency care and emergency transportation are subject to a combined \$50,000 lifetime maximum benefit outside of the U.S. and its territories.</p>			



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	\$0 monthly premium Medical coverage only	\$19 monthly premium Medical & Part D drug coverage	\$64 monthly premium Medical & Part D drug coverage	\$0 monthly premium Medical & Part D drug coverage
<p><b>Urgently Needed Services</b></p> <p>If you need care when you're outside of the U.S., you have coverage for emergency medical care, emergency transportation and urgently needed services only.</p> <p>Telemedicine urgent care visit</p>	<p><b>In- and Out-of-Network</b> \$60 copay</p>	<p><b>In- and Out-of-Network</b> \$45 copay</p>	<p><b>In- and Out-of-Network</b> \$35 copay</p>	<p><b>In- and Out-of-Network</b> \$50 copay</p>
	<p>\$0 copay for each Medicare-covered urgent care service visit via telehealth.</p> <p><b>Worldwide</b> \$120 copay Urgent care, emergency care and emergency transportation are subject to a combined \$50,000 lifetime maximum benefit outside of the U.S. and its territories.</p> <p><b>In-Network</b> \$0 copay for urgent care services delivered through Wellmark Advantage Health Plan Virtual Visits. To access telehealth services visit <a href="http://www.DoctorOnDemand.com/WellmarkMA">www.DoctorOnDemand.com/WellmarkMA</a> or call 1-800-997-6196. TTY users call 711.</p>			
<p><b>Diagnostic Services/ Labs/Imaging</b></p> <ul style="list-style-type: none"> <li>Outpatient therapeutic radiological services</li> <li>Outpatient lab services</li> </ul>	<p><b>In- and Out-of-Network</b> 20% coinsurance</p> <p><b>In- and Out-of-Network</b> \$5 copay</p>	<p><b>In- and Out-of-Network</b> 20% coinsurance</p> <p><b>In- and Out-of-Network</b> \$5 copay</p>	<p><b>In- and Out-of-Network</b> 20% coinsurance</p> <p><b>In- and Out-of-Network</b> \$0 copay</p>	<p><b>In- and Out-of-Network</b> 20% coinsurance</p> <p><b>Avera Network</b> \$0 copay</p> <p><b>In-Network</b> \$15 copay</p> <p><b>Out-of-Network</b> \$30 copay</p>

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	\$0 monthly premium Medical coverage only	\$19 monthly premium Medical & Part D drug coverage	\$64 monthly premium Medical & Part D drug coverage	\$0 monthly premium Medical & Part D drug coverage
<b>Diagnostic Services/ Labs/Imaging</b> (continued) <ul style="list-style-type: none"> <li>Outpatient diagnostic tests and procedures</li> </ul>	\$0 copay at primary care provider \$40 copay at specialist \$100 copay at hospital	\$0 copay at primary care provider \$40 copay at specialist \$100 copay at hospital	\$0 copay at primary care provider \$30 copay at specialist \$75 copay at hospital	<b>Avera Network</b> \$0 copay at primary care provider \$20 copay at specialist \$75 copay in a professional office or hospital setting <b>In-Network</b> \$15 copay at primary care provider \$40 copay at specialist \$150 copay in a professional office or hospital setting <b>Out-of-Network</b> \$30 copay at primary care provider \$60 copay at specialist \$200 copay in a professional office or hospital setting

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<p><b>Diagnostic Services/ Labs/Imaging</b> (continued)</p> <ul style="list-style-type: none"> <li>Outpatient high-tech diagnostic radiological services (for example, CT, MRI, MRA and PET)</li> <li>Outpatient X-rays and low-tech diagnostic radiological services (for example, ultrasounds)</li> </ul>	<p><b>In- and Out-of-Network</b> \$0 copay at primary care provider \$40 copay at specialist \$100 copay at hospital</p> <p>\$20 copay</p>	<p><b>In- and Out-of-Network</b> \$0 copay at primary care provider \$40 copay at specialist \$100 copay at hospital</p> <p>\$20 copay</p>	<p><b>In- and Out-of-Network</b> \$0 copay at primary care provider \$30 copay at specialist \$75 copay at hospital</p> <p>\$10 copay</p>	<p><b>Avera Network</b> \$0 copay at primary care provider \$20 copay at specialist \$90 copay in a professional office or hospital setting</p> <p><b>In-Network</b> \$15 copay at primary care provider \$40 copay at specialist \$180 copay in a professional office or hospital setting</p> <p><b>Out-of-Network</b> \$30 copay at primary care provider \$60 copay at specialist \$270 copay in a professional office or hospital setting</p> <p><b>Avera Network</b> \$10 copay</p> <p><b>In-Network</b> \$20 copay</p> <p><b>Out-of-Network</b> \$30 copay</p>

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<p><b>Hearing Services</b></p> <p><b>Original Medicare covers limited hearing services</b></p> <p>Hearing exam to diagnose and treat hearing and balance issues</p>	<p><b>In- and Out-of-Network</b> \$0 copay for hearing exams from primary care providers</p> <p>\$40 copay for hearing exams from specialists</p>	<p><b>In- and Out-of-Network</b> \$0 copay for hearing exams from primary care providers</p> <p>\$40 copay for hearing exams from specialists</p>	<p><b>In- and Out-of-Network</b> \$0 copay for hearing exams from primary care providers</p> <p>\$30 copay for hearing exams from specialists</p>	<p><b>Avera Network</b> \$0 copay for hearing exams from primary care providers</p> <p>\$20 copay for hearing exams from specialists</p> <p><b>In-Network</b> \$15 copay for hearing exams from primary care providers</p> <p>\$40 copay for hearing exams from specialists</p> <p><b>Out-of-Network</b> \$30 copay for hearing exams from primary care providers</p> <p>\$60 copay for hearing exams from specialists</p>

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<b>Enhanced hearing services, beyond Original Medicare</b> <ul style="list-style-type: none"> <li>Routine hearing exam once every year</li> <li>Hearing aid fitting evaluation once every year</li> <li>Hearing aids</li> </ul>	<b>In- and Out-of-Network</b> \$0 copay  <b>In- and Out-of-Network</b> \$0 copay  <b>In- and Out-of-Network</b> \$0 copay up to a \$1,000 (per ear) allowance once every year	<b>In- and Out-of-Network</b> \$0 copay  <b>In- and Out-of-Network</b> \$0 copay  <b>In- and Out-of-Network</b> \$0 copay up to a \$1,000 (per ear) allowance once every year	<b>In- and Out-of-Network</b> \$0 copay  <b>In- and Out-of-Network</b> \$0 copay  <b>In- and Out-of-Network</b> \$0 copay up to a \$1,250 (per ear) allowance once every year	<b>In- and Out-of-Network</b> \$0 copay  <b>In- and Out-of-Network</b> \$0 copay  <b>In- and Out-of-Network</b> \$0 copay up to a \$1,000 (per ear) allowance once every year
<p><b>Hearing aid warranty</b></p> <p>Every hearing aid purchased through NationsHearing comes with:</p> <ul style="list-style-type: none"> <li>60-day, money-back guarantee</li> <li>3-year manufacturer warranty</li> <li>3-year supply of batteries (does not apply to rechargeable hearing aids)</li> <li>One-time loss, stolen, or damage prorated replacement coverage available for 3 years from the fitting date</li> </ul> <p>You may pay less if you use an in-network provider. Locate an in-network NationsHearing provider at <a href="http://wellmarkma.nationsbenefits.com/hearing">wellmarkma.nationsbenefits.com/hearing</a> for this plan or call 1-877-271-1467, 8 a.m. to 8 p.m., 7 days a week. TTY users call 711.</p> <p>If you pay out-of-pocket, you can submit receipts from a non-NationsHearing provider for reimbursement up to plan benefit allowance. Learn more by calling NationsHearing.</p>				

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<p><b>Dental Services</b></p> <p><b>Original Medicare covers limited dental services</b> (this does not include services in connection with care, treatment, filling, removal or replacement of teeth)</p> <p><b>Preventive dental services, beyond Original Medicare</b></p> <p>We're pleased to offer dental coverage through Delta Dental of South Dakota with the largest dental network in the state.</p> <ul style="list-style-type: none"> <li>• Oral exams – twice per calendar year</li> <li>• Routine cleanings or periodontal cleanings – twice per calendar year</li> </ul>	<p><b>In- and Out-of-Network</b></p> <p>\$40 copay for Medicare-covered services</p> <p><b>In- and Out-of-Network</b></p> <p>\$25 copay for an office visit that may include:</p> <ul style="list-style-type: none"> <li>• Cleanings (including periodontal cleanings)</li> <li>• Oral exams</li> <li>• Bitewing X-rays</li> <li>• Brush biopsies</li> </ul>	<p><b>In- and Out-of-Network</b></p> <p>\$40 copay for Medicare-covered services</p> <p><b>In- and Out-of-Network</b></p> <p>\$15 copay for an office visit that may include:</p> <ul style="list-style-type: none"> <li>• Cleanings (including periodontal cleanings)</li> <li>• Oral exams</li> <li>• Bitewing X-rays</li> <li>• Brush biopsies</li> </ul>	<p><b>In- and Out-of-Network</b></p> <p>\$30 copay for Medicare-covered services</p> <p><b>In- and Out-of-Network</b></p> <p>\$0 copay for an office visit that may include:</p> <ul style="list-style-type: none"> <li>• Cleanings (including periodontal cleanings)</li> <li>• Oral exams</li> <li>• Bitewing X-rays</li> <li>• Brush biopsies</li> <li>• Panoramic or full mouth X-rays</li> <li>• Fluoride</li> </ul>	<p><b>Avera Network</b></p> <p>\$20 copay for Medicare-covered services</p> <p><b>In-Network</b></p> <p>\$40 copay for Medicare-covered services</p> <p><b>Out-of-Network</b></p> <p>\$60 copay for Medicare-covered services</p> <p><b>In- and Out-of-Network</b></p> <p>\$15 copay for an office visit that may include:</p> <ul style="list-style-type: none"> <li>• Cleanings (including periodontal cleanings)</li> <li>• Oral exams</li> <li>• Bitewing X-rays</li> <li>• Brush biopsies</li> </ul>

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	<b>\$0 monthly premium</b> Medical coverage only	<b>\$19 monthly premium</b> Medical & Part D drug coverage	<b>\$64 monthly premium</b> Medical & Part D drug coverage	<b>\$0 monthly premium</b> Medical & Part D drug coverage
<p><b>Preventive dental services, beyond Original Medicare</b> (continued)</p> <ul style="list-style-type: none"> <li>• Bitewing X-rays – once every calendar year</li> <li>• Brush biopsies – unlimited</li> </ul> <p><b>Blue Medicare Advantage Enhanced covers:</b></p> <ul style="list-style-type: none"> <li>• Vertical bitewing X-rays, intraoral complete series, or panoramic image – every five calendar years</li> <li>• Fluoride – twice per calendar year</li> </ul>				

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<p><b>Comprehensive dental services, beyond Original Medicare</b></p> <p>In addition to preventive dental, we cover comprehensive dental services.</p> <ul style="list-style-type: none"> <li>• Fillings (amalgam and resin-based composite) – once per tooth every 24 months</li> <li>• Non-surgical periodontal – once every 24 months</li> <li>• Full mouth debridement – once per lifetime</li> <li>• Surgical periodontal – once every 36 months</li> <li>• Oral surgery – once per lifetime per tooth</li> <li>• Simple extractions – once per lifetime per tooth</li> </ul>	<p><b>In- and Out-of-Network</b></p> <p>Comprehensive dental: \$500 maximum annual dental benefit</p> <p>50% coinsurance for:</p> <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Non-surgical periodontal</li> <li>• Full mouth debridement</li> <li>• Surgical periodontal</li> <li>• Oral surgery</li> <li>• Simple extractions</li> <li>• Root canals</li> <li>• Crowns and crown repair</li> <li>• Dentures, bridges and repairs</li> <li>• Implants and implant repairs</li> </ul>	<p><b>In- and Out-of-Network</b></p> <p>Comprehensive dental: \$1,000 maximum annual dental benefit</p>	<p><b>In- and Out-of-Network</b></p> <p>Comprehensive dental: \$2,000 maximum annual dental benefit</p> <p>25% coinsurance for fillings</p> <p>50% coinsurance for:</p> <ul style="list-style-type: none"> <li>• Non-surgical periodontal</li> <li>• Full mouth debridement</li> <li>• Surgical periodontal</li> <li>• Oral surgery</li> <li>• Simple extractions</li> <li>• Root canals</li> <li>• Crowns and crown repair</li> <li>• Dentures, bridges and repairs</li> <li>• Implants and implant repairs</li> </ul>	<p><b>In- and Out-of-Network</b></p> <p>Comprehensive dental: \$1,250 maximum annual dental benefit</p>



Benefits	Blue Medicare Advantage Valor PPO	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	Blue Medicare Advantage PPO   Avera
<p><b>Comprehensive dental services, beyond Original Medicare</b> (continued)</p> <ul style="list-style-type: none"> <li>• Root canals – once per lifetime per tooth</li> <li>• Crowns – once per tooth every 60 months</li> <li>• Dentures and bridges – once every 60 months</li> <li>• Implants – once per tooth every 60 months</li> </ul>	<p>To find a network provider, visit <a href="http://www.deltadentalsd.com/medicare-advantage">www.deltadentalsd.com/medicare-advantage</a> or call 1-800-881-9928 from 7 a.m. to 7 p.m., Central time, Monday through Friday. TTY users call 711.</p> <p>The allowance goes toward the approved amount of each service, and you are responsible for the cost above the plan's maximum benefit allowance.</p> <p>A provider who does not participate with the network (accept our approved amount) may also charge you the difference between the approved amount and the charged amount.</p> <p>You can submit receipts from an out-of-network provider for reimbursement by calling the number above.</p> <p>Coverage restrictions apply. Ask your provider to confirm coverage prior to receiving services.</p>	<p><b>\$0 monthly premium</b> Medical coverage only</p> <p><b>\$19 monthly premium</b> Medical &amp; Part D drug coverage</p>	<p><b>\$64 monthly premium</b> Medical &amp; Part D drug coverage</p>	<p><b>\$0 monthly premium</b> Medical &amp; Part D drug coverage</p>

Benefits	Blue Medicare Advantage Valor PPO  \$0 monthly premium Medical coverage only	Blue Medicare Advantage PPO  \$19 monthly premium Medical & Part D drug coverage	Blue Medicare Advantage Enhanced PPO  \$64 monthly premium Medical & Part D drug coverage	Blue Medicare Advantage PPO   Avera  \$0 monthly premium Medical & Part D drug coverage
<b>Vision Services</b>  <b>Original Medicare covers limited vision services</b> <ul style="list-style-type: none"> <li>• Glaucoma screening</li> <li>• Diabetic retinopathy screening</li> <li>• Eyeglasses or contact lenses after cataract surgery</li> <li>• Exam to diagnose and treat diseases and conditions of the eye</li> </ul>	<b>In- and Out-of-Network</b> \$0 copay  \$0 copay  \$0 copay  <b>In- and Out-of-Network</b> \$40 copay	<b>In- and Out-of-Network</b> \$0 copay  \$0 copay  \$0 copay  <b>In- and Out-of-Network</b> \$40 copay	<b>In- and Out-of-Network</b> \$0 copay  \$0 copay  \$0 copay  <b>In- and Out-of-Network</b> \$30 copay	<b>Avera, In- and Out-of-Network</b> \$0 copay  \$0 copay  \$0 copay  <b>Avera Network</b> \$20 copay  <b>In-Network</b> \$40 copay  <b>Out-of-Network</b> \$60 copay

Benefits	Blue Medicare Advantage Valor PPO  \$0 monthly premium Medical coverage only	Blue Medicare Advantage PPO  \$19 monthly premium Medical & Part D drug coverage	Blue Medicare Advantage Enhanced PPO  \$64 monthly premium Medical & Part D drug coverage	Blue Medicare Advantage PPO   Avera  \$0 monthly premium Medical & Part D drug coverage
<p><b>Enhanced vision benefits, beyond Original Medicare</b></p> <ul style="list-style-type: none"> <li>Routine eye exam every 12 months</li> <li>Elective contacts every 12 months <i>OR</i></li> <li>One complete pair of eyeglasses (lenses and frames) every 12 months</li> </ul>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> 50% coinsurance</p> <p><b>In-Network</b> \$0 copay up to \$150 benefit allowance</p> <p><b>Out-of-Network</b> 50% coinsurance up to \$150 benefit allowance</p> <p><b>In- and Out-of-Network</b> You are responsible for any charges above the plan's \$150 benefit allowance.</p>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> 50% coinsurance</p> <p><b>In-Network</b> \$0 copay up to \$175 benefit allowance</p> <p><b>Out-of-Network</b> 50% coinsurance up to \$175 benefit allowance</p> <p><b>In- and Out-of-Network</b> You are responsible for any charges above the plan's \$175 benefit allowance.</p>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> 50% coinsurance</p> <p><b>In-Network</b> \$0 copay up to \$250 benefit allowance</p> <p><b>Out-of-Network</b> 50% coinsurance up to \$250 benefit allowance</p> <p><b>In- and Out-of-Network</b> You are responsible for any charges above the plan's \$250 benefit allowance.</p>	<p><b>In-Network</b> \$0 copay</p> <p><b>Out-of-Network</b> 50% coinsurance</p> <p><b>In-Network</b> \$0 copay up to \$150 benefit allowance</p> <p><b>Out-of-Network</b> 50% coinsurance up to \$150 benefit allowance</p> <p><b>In- and Out-of-Network</b> You are responsible for any charges above the plan's \$150 benefit allowance.</p>
<p>You get lower copays when you receive your enhanced vision care in network from a VSP Choice Network provider.</p> <p>You have access to VSP vision discounts and a broad vision network, including Costco, Walmart, Sam's Club and Visionworks.</p> <p>To locate a VSP Choice Network provider, visit <a href="http://www.vsp.com">www.vsp.com</a> or call 1-855-492-9028 from 8 a.m. to 8 p.m., 7 days a week. TTY users call 1-800-428-4833.</p> <p>To submit receipts for reimbursement from a non-VSP provider that participates with Medicare visit <a href="http://VSP.com/claims/submit-oon-claim">VSP.com/claims/submit-oon-claim</a>.</p>				

Benefits	Blue Medicare Advantage Valor PPO	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	Blue Medicare Advantage PPO   Avera
<p><b>Mental Health Services</b> Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>	<p>If your hospital stay is longer than 90 days, our plan provides for up to 100 additional days of coverage, subject to the Medicare lifetime limit of 190 days. This limitation does not apply to inpatient psychiatric services furnished in a psychiatric unit of a general hospital.</p> <p>A benefit period starts the day you go into an inpatient psychiatric hospital. It ends when you go for 60 days in a row without inpatient psychiatric hospital care.</p> <p>No prior hospital stay is required. Copays restart as new benefit period begins.</p>			
<ul style="list-style-type: none"> <li data-bbox="121 651 394 711">• Inpatient mental health</li> <li data-bbox="121 1040 415 1101">• Outpatient therapy visit</li> </ul>	<p><b>In- and Out-of-Network</b> \$380 copay per day for days 1 through 5</p> <p>\$0 copay per day for days 6 through 90</p> <p>\$0 copay per day for days 91 through 190 until lifetime limitation is exhausted</p> <p><b>In- and Out-of-Network</b> \$40 copay for outpatient group/individual visit</p>	<p><b>In- and Out-of-Network</b> \$365 copay per day for days 1 through 5</p> <p>\$0 copay per day for days 6 through 90</p> <p>\$0 copay per day for days 91 through 190 until lifetime limitation is exhausted</p> <p><b>In- and Out-of-Network</b> \$40 copay for outpatient group/individual visit</p>	<p><b>In- and Out-of-Network</b> \$350 copay per stay</p> <p><b>In- and Out-of-Network</b> \$30 copay for outpatient group/individual visit</p>	<p><b>Avera Network</b> \$375 copay per stay</p> <p><b>In-Network</b> \$750 copay per stay</p> <p><b>Out-of-Network</b> \$1,500 copay per stay</p> <p><b>Avera Network</b> \$20 copay for outpatient group/individual visit</p> <p><b>In-Network</b> \$40 copay for outpatient group/individual visit</p> <p><b>Out-of-Network</b> \$60 copay for outpatient group/individual visit</p>

Benefits	Blue Medicare Advantage Valor PPO	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	Blue Medicare Advantage PPO   Avera
<b>Mental Health Services</b> (continued) <ul style="list-style-type: none"> <li>Telemedicine therapy visit</li> </ul>	<p><b>In-Network</b>            \$0 copay for telemedicine therapy visit services delivered through Wellmark Advantage Health Plan Virtual Visits. To access telehealth services visit <a href="http://www.DoctorOnDemand.com/WellmarkMA">www.DoctorOnDemand.com/WellmarkMA</a> or call 1-800-997-6196. TTY users call 711.</p>			
<b>Skilled Nursing Facility (SNF)*</b>  Our plan covers up to 100 days in a SNF.	<p><b>In- and Out-of-Network</b>            \$0 copay per day for days 1 through 20             \$203 copay per day for days 21 through 55             \$0 copay per day for days 56 through 100</p>	<p><b>In- and Out-of-Network</b>            \$0 copay per day for days 1 through 20             \$203 copay per day for days 21 through 55             \$0 copay per day for days 56 through 100</p>	<p><b>In- and Out-of-Network</b>            \$0 copay per day for days 1 through 20             \$190 copay per day for days 21 through 55             \$0 copay per day for days 56 through 100</p>	<p><b>Avera, In- and Out-of-Network</b>            \$0 copay per day for days 1 through 20             \$190 copay per day for days 21 through 55             \$0 copay per day for days 56 through 100</p>
<b>Physical Therapy</b>	<p><b>In- and Out-of-Network</b>            \$40 copay</p>	<p><b>In- and Out-of-Network</b>            \$40 copay</p>	<p><b>In- and Out-of-Network</b>            \$15 copay</p>	<p><b>Avera Network</b>            \$10 copay   <b>In-Network</b>            \$40 copay   <b>Out-of-Network</b>            \$60 copay</p>

Benefits	Blue Medicare Advantage Valor PPO	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	Blue Medicare Advantage PPO   Avera
	<b>\$0 monthly premium</b> Medical coverage only	<b>\$19 monthly premium</b> Medical & Part D drug coverage	<b>\$64 monthly premium</b> Medical & Part D drug coverage	<b>\$0 monthly premium</b> Medical & Part D drug coverage
<p><b>Ambulance</b></p> <p>Copay is for each one-way trip for Medicare-covered services.</p> <p>Medicare-covered non-emergency ambulance transport must be medically required.</p> <p>*Authorization required for non-emergency air ambulance.</p> <p>You are covered for emergency transportation worldwide. There is a combined \$50,000 lifetime plan coverage limit for emergency and urgent care services outside the U.S. and its territories.</p>	<p><b>In- and Out-of-Network</b></p> <p>\$325 copay</p> <p><b>Worldwide</b></p> <p>\$120 copay</p>	<p><b>In- and Out-of-Network</b></p> <p>\$325 copay</p> <p><b>Worldwide</b></p> <p>\$120 copay</p>	<p><b>In- and Out-of-Network</b></p> <p>\$250 copay</p> <p><b>Worldwide</b></p> <p>\$120 copay</p>	<p><b>In- and Out-of-Network</b></p> <p>\$275 copay</p> <p><b>Worldwide</b></p> <p>\$120 copay</p>
<b>Transportation</b>	Non-emergency transportation is not covered.			

Benefits	Blue Medicare Advantage Valor PPO	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	Blue Medicare Advantage PPO   Avera
<b>Medicare Part B Drugs*</b> <ul style="list-style-type: none"> <li>• Part B insulin drugs</li> <li>• Chemotherapy drugs</li> <li>• Other Part B drugs</li> </ul>	<b>In- and Out-of-Network</b> \$35 copay maximum for a one-month supply of insulin 20% coinsurance for chemotherapy drugs and all other Part B drugs			<b>Avera, In- and Out-of-Network</b> \$35 copay maximum for a one-month supply of insulin  <b>Avera and In-Network</b> 20% coinsurance for chemotherapy drugs and all other Part B drugs  <b>Out-of-Network</b> 40% coinsurance for chemotherapy drugs and all other Part B drugs

Benefits	Blue Medicare Advantage Valor PPO	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	Blue Medicare Advantage PPO   Avera
<b>Medicare Part B Immunizations</b>	<p><b>\$0 monthly premium</b> Medical coverage only</p> <p><b>In- and Out-of-Network</b> 0% coinsurance for pneumonia, influenza, Hepatitis B and COVID-19 vaccines.</p> <p><b>In-Network</b> 0% coinsurance for other Medicare-covered Part B vaccines.</p> <p><b>Out-of-Network</b> 20% coinsurance for other Medicare-covered Part B vaccines</p>	<p><b>\$19 monthly premium</b> Medical &amp; Part D drug coverage</p>	<p><b>\$64 monthly premium</b> Medical &amp; Part D drug coverage</p>	<p><b>\$0 monthly premium</b> Medical &amp; Part D drug coverage</p> <p><b>Avera, In- and Out-of-Network</b> 0% coinsurance for pneumonia, influenza, Hepatitis B and COVID-19 vaccines.</p> <p><b>Avera and In-Network</b> 0% coinsurance for other Medicare-covered Part B vaccines.</p> <p><b>Out-of-Network</b> 40% coinsurance for other Medicare-covered Part B vaccines</p>



Benefits	Blue Medicare Advantage Valor PPO	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	Blue Medicare Advantage PPO   Avera
	\$0 monthly premium Medical coverage only	\$19 monthly premium Medical & Part D drug coverage	\$64 monthly premium Medical & Part D drug coverage	\$0 monthly premium Medical & Part D drug coverage
<b>Rehabilitation Services</b> <ul style="list-style-type: none"> <li data-bbox="121 451 342 548">• Cardiac rehabilitation services</li> <li data-bbox="121 764 394 862">• Intensive cardiac rehabilitation services</li> <li data-bbox="121 1078 342 1143">• Pulmonary rehabilitation</li> </ul>	<p data-bbox="464 451 800 521"><b>In- and Out-of-Network</b> \$35 copay</p> <p data-bbox="464 764 800 834"><b>In- and Out-of-Network</b> \$65 copay</p> <p data-bbox="464 1078 800 1148"><b>In- and Out-of-Network</b> \$15 copay</p>	<p data-bbox="858 451 1194 521"><b>In- and Out-of-Network</b> \$35 copay</p> <p data-bbox="858 764 1194 834"><b>In- and Out-of-Network</b> \$65 copay</p> <p data-bbox="858 1078 1194 1148"><b>In- and Out-of-Network</b> \$15 copay</p>	<p data-bbox="1255 451 1591 521"><b>In- and Out-of-Network</b> \$30 copay</p> <p data-bbox="1255 764 1591 834"><b>In- and Out-of-Network</b> \$30 copay</p> <p data-bbox="1255 1078 1591 1148"><b>In- and Out-of-Network</b> \$15 copay</p>	<p data-bbox="1640 451 1850 521"><b>Avera Network</b> \$20 copay</p> <p data-bbox="1640 553 1797 623"><b>In-Network</b> \$35 copay</p> <p data-bbox="1640 656 1860 725"><b>Out-of-Network</b> \$60 copay</p> <p data-bbox="1640 758 1850 828"><b>Avera Network</b> \$20 copay</p> <p data-bbox="1640 860 1797 930"><b>In-Network</b> \$40 copay</p> <p data-bbox="1640 963 1860 1032"><b>Out-of-Network</b> \$60 copay</p> <p data-bbox="1640 1065 1850 1136"><b>Avera Network</b> \$15 copay</p> <p data-bbox="1640 1169 1797 1239"><b>In-Network</b> \$15 copay</p> <p data-bbox="1640 1271 1860 1341"><b>Out-of-Network</b> \$60 copay</p>

Benefits	Blue Medicare Advantage Valor PPO  \$0 monthly premium Medical coverage only	Blue Medicare Advantage PPO  \$19 monthly premium Medical & Part D drug coverage	Blue Medicare Advantage Enhanced PPO  \$64 monthly premium Medical & Part D drug coverage	Blue Medicare Advantage PPO   Avera  \$0 monthly premium Medical & Part D drug coverage
<b>Rehabilitation Services</b> (continued) <ul style="list-style-type: none"> <li>Occupational therapy visit</li> <li>Speech language therapy</li> </ul>	<b>In- and Out-of-Network</b> \$40 copay          <b>In- and Out-of-Network</b> \$40 copay	<b>In- and Out-of-Network</b> \$40 copay          <b>In- and Out-of-Network</b> \$40 copay	<b>In- and Out-of-Network</b> \$15 copay          <b>In- and Out-of-Network</b> \$15 copay	<b>Avera Network</b> \$10 copay  <b>In-Network</b> \$40 copay  <b>Out-of-Network</b> \$60 copay  <b>Avera Network</b> \$10 copay  <b>In-Network</b> \$40 copay  <b>Out-of-Network</b> \$60 copay
<b>Foot Care (podiatry services)</b>  Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	<b>In- and Out-of-Network</b> \$40 copay	<b>In- and Out-of-Network</b> \$45 copay	<b>In- and Out-of-Network</b> \$35 copay	<b>Avera Network</b> \$25 copay  <b>In-Network</b> \$45 copay  <b>Out-of-Network</b> \$60 copay

Benefits	Blue Medicare Advantage Valor PPO	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	Blue Medicare Advantage PPO   Avera
<p><b>Medical Equipment/Supplies*</b></p> <ul style="list-style-type: none"> <li>Durable medical equipment (for example, wheelchairs, oxygen)</li> <li>Home infusion therapy</li> </ul>	<p><b>\$0 monthly premium</b> Medical coverage only</p>	<p><b>\$19 monthly premium</b> Medical &amp; Part D drug coverage</p>	<p><b>\$64 monthly premium</b> Medical &amp; Part D drug coverage</p>	<p><b>\$0 monthly premium</b> Medical &amp; Part D drug coverage</p>
	<p style="text-align: center;"><b>In- and Out-of-Network</b></p> <p style="text-align: center;">20% coinsurance for Medicare-covered durable medical equipment</p>			<p><b>Avera Network</b> 20% coinsurance for Medicare-covered durable medical equipment</p> <p><b>In-Network</b> 30% coinsurance for Medicare-covered durable medical equipment</p> <p><b>Out-of-Network</b> 40% coinsurance for Medicare-covered durable medical equipment</p>
	<p style="text-align: center;"><b>In- and Out-of-Network</b></p> <p style="text-align: center;">\$0 copay for Medicare-covered home infusion therapy</p>			<p><b>Avera Network</b> \$0 copay for Medicare-covered home infusion therapy</p> <p><b>In-Network</b> 20% coinsurance for Medicare-covered home infusion therapy</p> <p><b>Out-of-Network</b> 40% coinsurance for Medicare-covered home infusion therapy</p>

Benefits	Blue Medicare Advantage Valor PPO	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	Blue Medicare Advantage PPO   Avera
<p><b>Medical Equipment/Supplies*</b> (continued)</p> <ul style="list-style-type: none"> <li>Prosthetics (for example, braces, artificial limbs)</li> </ul> <ul style="list-style-type: none"> <li>Diabetic lancets and test strips</li> <li>Diabetic supplies (for example, monitors)</li> <li>Diabetic shoes or inserts</li> </ul>	<p><b>In- and Out-of-Network</b></p> <p>20% coinsurance for Medicare-covered prosthetics</p> <p><b>In- and Out-of-Network</b></p> <p>\$0 copay for Medicare-covered diabetic lancets and test strips</p> <p>20% coinsurance for Medicare-covered diabetic supplies</p> <p>20% coinsurance for Medicare-covered shoes or inserts</p>	<p><b>In- and Out-of-Network</b></p> <p>20% coinsurance for Medicare-covered prosthetics</p> <p><b>In- and Out-of-Network</b></p> <p>20% coinsurance for Medicare-covered diabetic lancets and test strips</p> <p>20% coinsurance for Medicare-covered diabetic supplies</p> <p>20% coinsurance for Medicare-covered shoes or inserts</p>	<p><b>In- and Out-of-Network</b></p> <p>20% coinsurance for Medicare-covered prosthetics</p> <p><b>Avera Network</b></p> <p>20% coinsurance for Medicare-covered prosthetics</p> <p><b>In-Network</b></p> <p>30% coinsurance for Medicare-covered prosthetics</p> <p><b>Out-of-Network</b></p> <p>40% coinsurance for Medicare-covered prosthetics</p> <p><b>Avera Network</b></p> <p>20% coinsurance for Medicare-covered diabetic lancets and test strips</p> <p>20% coinsurance for Medicare-covered diabetic supplies</p> <p>20% coinsurance for Medicare-covered shoes or inserts</p> <p><b>In-Network</b></p> <p>30% coinsurance for Medicare-covered diabetic lancets and test strips</p> <p>30% coinsurance for all other Medicare-covered diabetic supplies</p>	<p><b>\$0 monthly premium</b> Medical coverage only</p> <p><b>\$19 monthly premium</b> Medical &amp; Part D drug coverage</p> <p><b>\$64 monthly premium</b> Medical &amp; Part D drug coverage</p> <p><b>\$0 monthly premium</b> Medical &amp; Part D drug coverage</p>

Benefits	Blue Medicare Advantage Valor PPO	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	Blue Medicare Advantage PPO   Avera
<b>Medical Equipment/Supplies*</b> (continued)	<b>\$0 monthly premium</b> Medical coverage only	<b>\$19 monthly premium</b> Medical & Part D drug coverage	<b>\$64 monthly premium</b> Medical & Part D drug coverage	<b>\$0 monthly premium</b> Medical & Part D drug coverage  <b>Out-of-Network</b> 40% coinsurance for Medicare-covered diabetic supplies
<b>Health Fitness Programs</b>	<p>This benefit is built into the plan with no additional cost.</p> <p>Members are covered for a fitness benefit through SilverSneakers®. SilverSneakers is a comprehensive program that can improve overall well-being and social connections. Designed for all levels and abilities, SilverSneakers provides convenient access to a nationwide fitness network, a variety of programming options and activities beyond the gym that incorporate physical well-being and social interaction.</p> <p>Benefits include:</p> <ul style="list-style-type: none"> <li>• Use of exercise equipment, classes and other amenities at thousands of participating locations</li> <li>• SilverSneakers LIVE™ online classes and workshops taught by instructors trained in senior fitness</li> <li>• SilverSneakers On-Demand™ online library with hundreds of workout videos</li> <li>• SilverSneakers GO™ mobile app with on-demand videos and live classes</li> <li>• SilverSneakers FLEX® gives you options to get active outside of traditional gyms (like recreation centers, malls and parks)</li> <li>• Online fitness tips and healthy eating information</li> <li>• Social connections through events such as shared meals, holiday celebrations and class socials</li> <li>• GetSetUp virtual enrichment program with classes on topics ranging from healthy eating to aging in place</li> </ul>			

Benefits	Blue Medicare Advantage Valor PPO	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	Blue Medicare Advantage PPO   Avera
<b>Health Fitness Programs</b> (continued)	<p>To locate a participating fitness center near you, call 1-888-338-0345, 7 a.m. to 7 p.m. Central time or 6 a.m. to 6 p.m. Mountain time. TTY users call 711. Or visit <a href="http://www.SilverSneakers.com">www.SilverSneakers.com</a>.</p> <p>This is not a covered benefit for gym memberships or fitness programs that are not part of the SilverSneakers® Fitness Program.</p> <p>Tivity Health is an independent corporation retained by Wellmark Advantage Health Plan to provide health and fitness services to its Wellmark Advantage Health Plan members. SilverSneakers and SilverSneakers FLEX are registered trademarks of Tivity Health, Inc. SilverSneakers GO, SilverSneakers On-Demand and SilverSneakers LIVE are trademarks of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved.</p>			
<b>Meal Benefit</b>  Two meals per day for 14 days following discharge from inpatient hospital or skilled nursing facility.	<p>This benefit is built into the plan with no additional cost.</p> <p>Members who have been discharged from an inpatient hospital or skilled nursing facility may be eligible for a 14-day, 28-meal benefit. An assessment with your case manager is required to determine eligibility for the meal benefit. If you qualify for this benefit, your case manager will contact you shortly after discharge to arrange meal delivery.</p> <p>The program offers precooked, refrigerated meals delivered to your home that meet your specific dietary needs and restrictions.</p> <p>Benefit must be started within 30 days of discharge. Benefit is limited to twice annually.</p>			
<b>Chiropractic Care</b> <ul style="list-style-type: none"> <li>Unlimited manual manipulation of the spine to correct subluxation</li> <li>Up to 14 maintenance visits</li> <li>One set of X-rays (up to 3 views) when performed by a chiropractor</li> </ul>	<b>In- and Out-of-Network</b> \$20 copay for each Medicare-covered visit  \$30 copay for each maintenance visit  \$0 copay for one annual set of X-rays	<b>In- and Out-of-Network</b> \$20 copay for each Medicare-covered visit  \$30 copay for each maintenance visit  \$0 copay for one annual set of X-rays	<b>In- and Out-of-Network</b> \$20 copay for each Medicare-covered visit  \$25 copay for each maintenance visit  \$0 copay for one annual set of X-rays	<b>In- and Out-of-Network</b> \$20 copay for each Medicare-covered visit  \$30 copay for each maintenance visit  \$0 copay for one annual set of X-rays

Benefits	Blue Medicare Advantage Valor PPO  \$0 monthly premium Medical coverage only	Blue Medicare Advantage PPO  \$19 monthly premium Medical & Part D drug coverage	Blue Medicare Advantage Enhanced PPO  \$64 monthly premium Medical & Part D drug coverage	Blue Medicare Advantage PPO   Avera  \$0 monthly premium Medical & Part D drug coverage
<b>Home Health Care</b> Includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Custodial care is not a benefit.	<b>In- and Out-of-Network</b> \$0 copay			<b>Avera Network</b> \$0 copay  <b>In-Network</b> \$0 copay  <b>Out-of-Network</b> \$30 copay
<b>Nurse Advice Line</b> Speak to a nurse anytime day or night by calling our 24-hour Nurse Line at 1-833-968-1747. TTY users call 711.	<b>In- and Out-of-Network</b> \$0 copay			
<b>Outpatient Substance Abuse</b>  Individual or group therapy visit	<b>In- and Out-of-Network</b> \$40 copay	<b>In- and Out-of-Network</b> \$40 copay	<b>In- and Out-of-Network</b> \$30 copay	<b>Avera Network</b> \$20 copay  <b>In-Network</b> \$40 copay  <b>Out-of-Network</b> \$60 copay

Benefits	Blue Medicare Advantage Valor PPO	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	Blue Medicare Advantage PPO   Avera
<b>Renal Dialysis</b>	<b>\$0 monthly premium</b> Medical coverage only	<b>\$19 monthly premium</b> Medical & Part D drug coverage	<b>\$64 monthly premium</b> Medical & Part D drug coverage	<b>\$0 monthly premium</b> Medical & Part D drug coverage
<b>Supervised Exercise Therapy (SET)</b>  SET is covered for members who have symptomatic peripheral artery disease (PAD). Up to 36 sessions over a 12-week period are covered if the SET program requirements are met.	<b>In- and Out-of-Network</b> \$25 copay for each Medicare-covered service.			<b>Avera and In-Network</b> 20% coinsurance  <b>Out-of-Network</b> 40% coinsurance  <b>Avera Network</b> \$20 copay for each Medicare-covered service.  <b>In-Network</b> \$25 copay for each Medicare-covered service.  <b>Out-of-Network</b> \$60 copay for each Medicare-covered service.



Benefits	Blue Medicare Advantage Valor PPO	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	Blue Medicare Advantage PPO   Avera
<p><b>Over-the-Counter Items</b> (from authorized vendor only)</p> <p>We offer certain drugs and health related products that do not need a prescription. More than 300 OTC items are available under this benefit. Covered items include but are not limited to antacids, cough drops, denture adhesive, eye drops, ibuprofen, toothpaste and first aid items.</p>	<p><b>\$0 monthly premium</b> Medical coverage only</p> <p>This benefit is built into the plan with no additional cost.</p> <p>Benefits are available each quarter (January, April, July, October). Unused OTC amounts do not roll over to the next quarter or to the next calendar year.</p> <p>There is a limit on the total dollar amount we contribute each quarter. However, you can order more than that amount, and you will be asked to pay the difference. All orders must be placed through the plan's approved vendor. Benefit cannot be used on hearing aids. Items can't be obtained from any other vendor or retailer. Direct member reimbursement is not available.</p> <p>There are three ways to use your benefit:</p> <ol style="list-style-type: none"> <li><b>1. Online.</b> Go to <a href="http://wellmarkma.nationsbenefits.com">wellmarkma.nationsbenefits.com</a> and follow the prompts to place the order using the online catalog.</li> <li><b>2. Phone.</b> Select items using the NationsOTC catalog and place an order by calling 1-877-271-1467, 8 a.m. to 8 p.m., 7 days a week. TTY users call 711. Items will be mailed to you.</li> <li><b>3. Mail.</b> Complete and mail the order form included with the NationsOTC catalog that you'll receive in the mail.</li> </ol> <p>You get up to \$50 every quarter to spend on certain approved non-prescription over-the-counter drugs and health-related items.</p>	<p><b>\$19 monthly premium</b> Medical &amp; Part D drug coverage</p> <p>You get up to \$85 every quarter to spend on certain approved non-prescription over-the-counter drugs and health-related items.</p>	<p><b>\$64 monthly premium</b> Medical &amp; Part D drug coverage</p> <p>You get up to \$100 every quarter to spend on certain approved non-prescription over-the-counter drugs and health-related items.</p>	<p><b>\$0 monthly premium</b> Medical &amp; Part D drug coverage</p> <p>You get up to \$50 every quarter to spend on certain approved non-prescription over-the-counter drugs and health-related items.</p>

Benefits	Blue Medicare Advantage Valor PPO  \$0 monthly premium Medical coverage only	Blue Medicare Advantage PPO  \$19 monthly premium Medical & Part D drug coverage	Blue Medicare Advantage Enhanced PPO  \$64 monthly premium Medical & Part D drug coverage	Blue Medicare Advantage PPO   Avera  \$0 monthly premium Medical & Part D drug coverage
<p><b>Personal Emergency Response Services (PERS)</b></p> <p>Blue Medicare Advantage Valor PPO, Blue Medicare Advantage Enhanced PPO and Blue Medicare Advantage PPO   Avera cover Personal Emergency Response Services (PERS) to give you added security and protection with a medical alert system that offers two-way connectivity to a live agent and around-the-clock monitoring. For more information, visit <a href="https://www.wellmarkma.nationsbenefits.com/PERS">wellmarkma.nationsbenefits.com/PERS</a> or call 1-877-271-1467, 8 a.m. to 8 p.m., 7 days a week. TTY users call 711.</p>	<p>This benefit is built into the plan with no additional cost.</p>	<p>Not Covered</p>	<p>This benefit is built into the plan with no additional cost.</p>	<p>This benefit is built into the plan with no additional cost.</p>

Benefits	Blue Medicare Advantage Valor PPO	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	Blue Medicare Advantage PPO   Avera
<p><b>Telemedicine</b></p> <ul style="list-style-type: none"> <li>Remote access technologies give you the opportunity to meet with a health care provider through electronic forms of communication (such as online).</li> <li>This does not replace an in-person visit, but allows you to meet with a health care provider when it is not possible for you to meet with your doctor in the office.</li> </ul> <p>You can use Wellmark Advantage Virtual Visits by visiting <b>www.DoctorOnDemand.com/WellmarkMA</b> or calling 1-800-997-6196. TTY users call 711.</p>	<p><b>In- and Out-of-Network</b></p> <p>Unless listed below, your cost share for a telehealth visit is the same as an in-office visit of the same type.</p> <p>\$0 copay for urgently needed services <b>via telehealth</b>.</p> <p>\$0 copay for Wellmark Advantage Virtual Visits, including urgent care, mental health and psychiatric services.</p>			
	<p><b>\$0 monthly premium</b> Medical coverage only</p>	<p><b>\$19 monthly premium</b> Medical &amp; Part D drug coverage</p>	<p><b>\$64 monthly premium</b> Medical &amp; Part D drug coverage</p>	<p><b>\$0 monthly premium</b> Medical &amp; Part D drug coverage</p>

Benefits	Blue Medicare Advantage Valor PPO	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	Blue Medicare Advantage PPO   Avera
<p><b>Worldwide Emergency Coverage</b></p> <ul style="list-style-type: none"> <li>Worldwide emergency medical coverage</li> <li>Worldwide emergency transportation (ambulance)</li> <li>Worldwide urgent coverage</li> </ul> <p>If you need care when you're outside of the U.S., you have coverage for emergency medical care, emergency transportation and urgently needed services only.</p> <p>You are responsible for the difference between the approved amount and the provider's charge.</p>	<p><b>\$0 monthly premium</b> Medical coverage only</p>	<p><b>\$19 monthly premium</b> Medical &amp; Part D drug coverage</p>	<p><b>\$64 monthly premium</b> Medical &amp; Part D drug coverage</p>	<p><b>\$0 monthly premium</b> Medical &amp; Part D drug coverage</p>
<p style="text-align: center;">Urgent care, emergency care and emergency transportation are subject to a combined \$50,000 lifetime maximum benefit outside of the U.S. and its territories.</p>				

A complete list of services is found in the *Evidence of Coverage*. For a copy of the *Evidence of Coverage*, go to [www.Wellmark.com/Medicare/Advantage/Resources](http://www.Wellmark.com/Medicare/Advantage/Resources), or contact Customer Service at 1-855-716-2544 from 8 a.m. to 8 p.m., local time, seven days a week from Oct. 1 through March 31; 8 a.m. to 8 p.m., local time, Monday through Friday from April 1 through Sept. 30, for more information. TTY users call 711.

## Blue Medicare Advantage Valor PPO

### Outpatient Prescription Drugs

This plan does not cover Part D prescription drugs.

## Blue Medicare Advantage PPO

<b>Stage 1: Deductible</b>	Because there is no deductible for the plan, this stage does not apply to you.			
<b>Stage 2: Initial Coverage</b>	<b>Standard retail 30-day supply</b>	<b>Preferred retail 30-day supply</b>	<b>Mail-order 30-day supply</b>	<b>Long-term care 31-day supply</b>
Tier 1: Preferred Generic	\$12	\$0	\$0	\$0
Tier 2: Generic	\$18	\$10	\$10	\$10
Tier 3: Preferred Brand	\$47	\$47	\$47	\$47
Insulins	\$35	\$35	\$35	\$35
Tier 4: Non-Preferred	\$100	\$100	\$100	\$100
Insulins	\$35	\$35	\$35	\$35
Tier 5: Specialty	33%	33%	33%	33%
Insulins	\$35	\$35	\$35	\$35
<b>Stage 2: Initial Coverage</b>	<b>Standard retail 100-day supply</b>	<b>Preferred retail 100-day supply</b>	<b>Mail-order 100-day supply</b>	<b>Long-term care 100-day supply</b>
Tier 1: Preferred Generic	\$36	\$0	\$0	Not offered
Tier 2: Generic	\$54	\$28	\$0	Not offered
Tier 3: Preferred Brand	\$141	\$129	\$118	Not offered
Insulins	\$105	\$105	\$105	Not offered
Tier 4: Non-Preferred	\$300	\$275	\$250	Not offered
Insulins	\$105	\$105	\$105	Not offered
Tier 5: Specialty	Not offered	Not offered	Not offered	Not offered
<b>Stage 3: Coverage Gap</b>	25% for generic and brand drugs. You pay no more than \$35 for a one-month or \$105 for a 100-day supply of Insulins.			
<b>Stage 4: Catastrophic Coverage</b>	\$0			

You won't pay more than \$35 for a one-month supply of each insulin product regardless of the cost-sharing tier.

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at [www.Wellmark.com/Medicare/Advantage/Resources](http://www.Wellmark.com/Medicare/Advantage/Resources).

Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations. You can see the most complete and current information about which drugs are covered on our website ([www.Wellmark.com/Finder-Medicare](http://www.Wellmark.com/Finder-Medicare)).

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's pharmacy directory at our website ([www.Wellmark.com/Finder-Medicare](http://www.Wellmark.com/Finder-Medicare)).

## Blue Medicare Advantage Enhanced PPO

<b>Stage 1: Deductible</b>	Because there is no deductible for the plan, this stage does not apply to you.			
<b>Stage 2: Initial Coverage</b>	<b>Standard retail 30-day supply</b>	<b>Preferred retail 30-day supply</b>	<b>Mail-order 30-day supply</b>	<b>Long-term care 31-day supply</b>
Tier 1: Preferred Generic	\$6	\$0	\$0	\$0
Tier 2: Generic	\$14	\$10	\$10	\$10
Tier 3: Preferred Brand	\$47	\$47	\$47	\$47
Insulins	\$35	\$35	\$35	\$35
Tier 4: Non-Preferred	\$100	\$100	\$100	\$100
Insulins	\$35	\$35	\$35	\$35
Tier 5: Specialty	33%	33%	33%	33%
Insulins	\$35	\$35	\$35	\$35
<b>Stage 2: Initial Coverage</b>	<b>Standard retail 100-day supply</b>	<b>Preferred retail 100-day supply</b>	<b>Mail-order 100-day supply</b>	<b>Long-term care 100-day supply</b>
Tier 1: Preferred Generic	\$18	\$0	\$0	Not offered
Tier 2: Generic	\$42	\$28	\$0	Not offered
Tier 3: Preferred Brand	\$141	\$129	\$118	Not offered
Insulins	\$105	\$105	\$105	Not offered
Tier 4: Non-Preferred	\$300	\$275	\$250	Not offered
Insulins	\$105	\$105	\$105	Not offered
Tier 5: Specialty	Not offered	Not offered	Not offered	Not offered
<b>Stage 3: Coverage Gap</b>	25% for generic and brand drugs. You pay no more than \$35 for a one-month or \$105 for a 100-day supply of Insulins.			
<b>Stage 4: Catastrophic Coverage</b>	\$0			



You won't pay more than \$35 for a one-month supply of each insulin product regardless of the cost-sharing tier.

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at [www.Wellmark.com/Medicare/Advantage/Resources](http://www.Wellmark.com/Medicare/Advantage/Resources).

Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations. You can see the most complete and current information about which drugs are covered on our website ([www.Wellmark.com/Finder-Medicare](http://www.Wellmark.com/Finder-Medicare)).

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's pharmacy directory at our website ([www.Wellmark.com/Finder-Medicare](http://www.Wellmark.com/Finder-Medicare)).

## Blue Medicare Advantage PPO | Avera

<b>Stage 1: Deductible</b>	Because there is no deductible for the plan, this stage does not apply to you.			
<b>Stage 2: Initial Coverage</b>	<b>Standard retail 30-day supply</b>	<b>Preferred retail 30-day supply</b>	<b>Mail-order 30-day supply</b>	<b>Long-term care 31-day supply</b>
Tier 1: Preferred Generic	\$12	\$0	\$0	\$0
Tier 2: Generic	\$15	\$7	\$7	\$7
Tier 3: Preferred Brand	\$47	\$47	\$47	\$47
Insulins	\$35	\$35	\$35	\$35
Tier 4: Non-Preferred	\$100	\$100	\$100	\$100
Insulins	\$35	\$35	\$35	\$35
Tier 5: Specialty	33%	33%	33%	33%
Insulins	\$35	\$35	\$35	\$35
<b>Stage 2: Initial Coverage</b>	<b>Standard retail 100-day supply</b>	<b>Preferred retail 100-day supply</b>	<b>Mail-order 100-day supply</b>	<b>Long-term care 100-day supply</b>
Tier 1: Preferred Generic	\$36	\$0	\$0	Not offered
Tier 2: Generic	\$45	\$19	\$0	Not offered
Tier 3: Preferred Brand	\$141	\$129	\$118	Not offered
Insulins	\$105	\$105	\$105	Not offered
Tier 4: Non-Preferred	\$300	\$275	\$250	Not offered
Insulins	\$105	\$105	\$105	Not offered
Tier 5: Specialty	Not offered	Not offered	Not offered	Not offered
<b>Stage 3: Coverage Gap</b>	25% for generic and brand drugs. You pay no more than \$35 for a one-month or \$105 for a 100-day supply of Insulins.			
<b>Stage 4: Catastrophic Coverage</b>	\$0			

You won't pay more than \$35 for a one-month supply of each insulin product regardless of the cost-sharing tier.

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at [www.Wellmark.com/Medicare/Advantage/Resources](http://www.Wellmark.com/Medicare/Advantage/Resources).

Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations. You can see the most complete and current information about which drugs are covered on our website ([www.Wellmark.com/Finder-Medicare](http://www.Wellmark.com/Finder-Medicare)).

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's pharmacy directory at our website ([www.Wellmark.com/Finder-Medicare](http://www.Wellmark.com/Finder-Medicare)).

For more information or to enroll online, visit us at [www.WellmarkAdvantageHealthPlan.com](http://www.WellmarkAdvantageHealthPlan.com)

If you are not a member of this plan, call toll-free **1-800-213-3771**.

If you are a member of this plan, call toll-free **1-855-716-2544**.

TTY users should call 711.

Oct. 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. local time.

April 1 to Sept. 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. local time.

This document is available in other formats such as audio CD and large print. This document may be available in a non-English language.

You can order a copy of the “Medicare & You” handbook at [www.medicare.gov](http://www.medicare.gov), or you can call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.



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