

Blue Medicare Advantage HMO

Jan. 1 – Dec. 31, 2023

Summary of Benefits

Blue Medicare Advantage is a health maintenance organization (HMO). To join Blue Medicare Advantage HMO, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Our service area for Blue Medicare Advantage includes the following counties in Iowa: Adair, Adams, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Delaware, Dickinson, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Sac, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Wapello, Warren, Washington, Webster, Winnebago, Woodbury, Worth and Wright.

Blue Medicare Advantage HMO has a network of doctors, hospitals, pharmacies and other providers. If you use providers that are not in our network, the plan may not pay for these services. For some services you can 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.

Out-of-network/non-contracted providers are under no obligation to treat Blue Medicare Advantage HMO 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

Wellmark Advantage Health Plan is an HMO 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 premium, deductible and limits on how much you pay for covered services		Blue Medicare Advantage HMO
Premium	\$0	
Deductible	<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>	
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	<p>You pay \$3,450 for services you receive from any provider. Your limit for services received from in-network providers will count toward this limit.</p> <p>This is 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>	

Benefits	Blue Medicare Advantage HMO	What you should know
<p>Notes: Services with * may require prior authorization.</p> <p>Blue Medicare Advantage HMO doesn't require a referral for you to make an appointment with an in-network specialist.</p> <p>All cost shares are for in-network providers only. If you see out-of-network providers you pay the full cost.</p> <p>Exceptions include emergencies, urgently needed services, out-of-area dialysis services and cases in which the plan authorizes use of out-of-network providers.</p>		
<p>Inpatient Hospital Coverage*</p>	<p>\$360 copay per day for days 1 through 5</p> <p>\$0 copay for additional days beyond day 5</p>	<p>The copays are based on benefit periods.</p> <p>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.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>If you go to out-of-network providers you pay the full cost.</p>
<p>Outpatient Hospital Coverage*</p> <ul style="list-style-type: none"> • Non-surgical outpatient hospital services • Surgical outpatient hospital services. 	<p>\$35 copay for non-surgical services</p> <p>\$300 copay for surgical services</p>	<p>If you go to out-of-network providers you pay the full cost.</p>
<p>Ambulatory Surgical Center (ASC) Services*</p> <ul style="list-style-type: none"> • Medicare-covered arthroplasty hip and knee surgical services in an ambulatory surgical center • Other services in an ambulatory surgical center 	<p>\$0 copay</p> <p>\$200 copay</p>	<p>If you go to out-of-network providers you pay the full cost.</p>
<p>Doctor Visits</p> <ul style="list-style-type: none"> • Primary care providers • Specialists 	<p>\$0 copay</p> <p>\$35 copay</p>	<p>If you go to out-of-network providers you pay the full cost.</p>

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<p>Preventive Care</p> <p>\$0 copay</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse screening and counseling • Annual physical exam • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening (colonoscopy, flexible sigmoidoscopy, guaiac-based fecal occult blood test, fecal immunochemical test, or DNA based colorectal screening) • Depression screening • Diabetes screening • Glaucoma screening • HIV screening • COVID-19, flu, Hepatitis B and pneumonia immunizations • Intensive behavioral therapy for obesity • Medical nutrition therapy services • Medicare Diabetes Prevention Program • Prostate cancer screenings • Screening for lung cancer with low dose computed tomography • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Tobacco use cessation (counseling to stop smoking or tobacco use) • “Welcome to Medicare” preventive visit (one-time) 		<p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>

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<p>Emergency Care</p>	<p>U.S. and Its Territories \$90 copay</p> <p>Worldwide \$100 copay</p>	<p>If you are admitted to the hospital within one day, you will pay a \$0 copay for the emergency room visit. 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 and urgently needed services only.</p> <p>Urgent and emergency care are subject to a combined \$50,000 lifetime maximum benefit outside of the U.S. and its territories.</p>
<p>Urgently Needed Services</p>	<p>U.S. and Its Territories \$45 copay</p> <p>Worldwide \$100 copay</p>	<p>If you need care when you’re outside of the U.S., you have coverage for emergency medical care and urgently needed services only.</p> <p>Urgent and emergency care are subject to a combined \$50,000 lifetime maximum benefit outside of the U.S. and its territories.</p>
<p>Diagnostic Services/Labs/Imaging</p> <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • Therapeutic radiological services • Outpatient X-rays and low-tech diagnostic radiological services (for example, ultrasounds) • High-tech diagnostic radiological services (for example, CT, MRI, MRA and PET) 	<p>\$0 copay at primary care physician office</p> <p>\$35 copay at specialist office</p> <p>\$90 copay at a hospital</p> <p>\$5 copay</p> <p>20% coinsurance</p> <p>\$20 copay</p> <p>\$0 copay at primary care physician office</p> <p>\$35 copay at specialist office</p> <p>\$90 copay at a hospital</p>	

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<p>Hearing Services</p> <p>Original Medicare covers limited hearing services</p> <p>Hearing exam to diagnose and treat hearing and balance issues</p> <p>Enhanced hearing services, beyond Original Medicare</p> <ul style="list-style-type: none"> • Routine hearing exam once per year • Hearing aid fitting evaluation once every year • Hearing aids 	<p>\$0 copay for hearing exams from primary care providers</p> <p>\$35 copay for hearing exams from specialists</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay up to a \$1,000 (per ear) allowance, every year</p>	<p>Locate a NationsHearing provider at www.NationsBenefits.com/WellmarkMA or call 1-877-271-1467, 24 hours a day, 7 days a week. TTY users call 711.</p>
<p>Dental Services</p> <p>Original Medicare covers limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)</p> <p>Preventive dental services, beyond Original Medicare</p> <ul style="list-style-type: none"> • Cleaning – twice per year • Dental X-rays – one set of up to four bitewing X-rays or one set of up to six periapical films every year • Vertical bitewing X-rays, intraoral complete series, or panoramic image – every 3 years • Oral exam – twice per year • Fluoride treatments – once per year • Brush biopsies – unlimited 	<p>\$35 copay for Medicare-covered services</p> <p>\$0 copay</p>	<p>To find a network provider visit www.lowaDentalMA.com or call 1-833-721-2892, 7:30 a.m. to 6 p.m. Central time, Monday through Friday. TTY users call 1-888-287-7312.</p>

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<p>Enhanced comprehensive dental services, beyond Original Medicare</p> <ul style="list-style-type: none"> • Palliative emergency treatments • Periodontal scaling and root planing – once per quadrant every 36 months • Fillings (amalgam and resin) – once per tooth every 48 months • Root canals – once per lifetime per tooth • Simple and surgical extractions • Crowns – once every 84 months • Crown repairs • Dentures, bridges and repairs – once every 60 months 	<p>Enhanced comprehensive dental: \$1,000 maximum annual dental benefit</p> <p>25% coinsurance</p>	<p>You are responsible for any charges above the plan's maximum annual dental benefit.</p>
<p>Vision Services</p> <p>Original Medicare covers limited vision services</p> <ul style="list-style-type: none"> • Glaucoma screening • Diabetic retinopathy screening • Eyeglasses or contact lenses after cataract surgery • Exam to diagnose and treat diseases and conditions of the eye 	<p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>\$0 – \$35 copay, depending on the service provider</p>	

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<p>Enhanced vision benefits, beyond Original Medicare</p> <ul style="list-style-type: none"> Routine eye exam every 12 months Elective contacts every 12 months <p><i>OR</i></p> <ul style="list-style-type: none"> One complete pair of eyeglasses (lenses and frames) every 12 months 	<p>\$0 copay</p> <p>\$0 copay up to \$175 benefit allowance</p> <p>\$0 copay up to \$175 benefit allowance</p>	<p>Enhanced vision benefits must be from a VSP Choice Network provider.</p> <p>To locate a VSP Choice Network provider, visit www.vsp.com 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>You are responsible for any charges above the plan's benefit allowance.</p>
<p>Mental Health Services</p> <ul style="list-style-type: none"> Inpatient mental health* Outpatient group/individual therapy visit 	<p>\$350 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>\$35 copay for psychiatric, outpatient group or individual therapy visit</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> <p>Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</p>

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Skilled Nursing Facility* (SNF)	\$0 copay per day for days 1 through 20 \$184 copay per day for days 21 through 55 \$0 copay per day for days 56 through 100	Our plan covers up to 100 days in a SNF.
Physical Therapy	\$35 copay	
Ambulance	\$275 copay	Copay is for each one-way trip for Medicare-covered services.
Transportation	Non-emergency transportation is not covered.	
Medicare Part B Drugs* <ul style="list-style-type: none"> • Chemotherapy drugs • Other Part B drugs 	20% coinsurance	
Rehabilitation Services <ul style="list-style-type: none"> • Cardiac rehabilitation/intensive cardiac services • Pulmonary rehabilitation • Occupational therapy visit • Speech and language therapy 	\$35 copay \$20 copay \$35 copay \$35 copay	
Foot care (podiatry services) Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	\$45 copay	

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<p>Medical Equipment/Supplies*</p> <ul style="list-style-type: none"> • Durable medical equipment (includes wheelchairs, oxygen, etc.) • Home infusion therapy • Prosthetics (braces, artificial limbs, etc.) • Diabetic lancets and test strips • Diabetic supplies (monitors shoes or inserts) 	<p>20% coinsurance for Medicare-covered durable medical equipment</p> <p>\$0 copay for Medicare-covered home infusion therapy</p> <p>20% coinsurance for Medicare-covered prosthetics</p> <p>\$0 copay for Medicare-covered diabetic lancets and test strips</p> <p>20% coinsurance for Medicare-covered diabetic supplies</p>	
<p>Health Fitness Program</p>	<p>This benefit is built into the plan with no additional cost. 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"> • Use of exercise equipment, classes and other amenities at thousands of participating locations • SilverSneakers LIVE™ online classes and workshops taught by instructors trained in senior fitness • SilverSneakers On-Demand™ online library with hundreds of workout videos • SilverSneakers GO™ mobile app with on-demand videos and live classes • SilverSneakers FLEX® gives you options to get active outside of traditional gyms (like recreation centers, malls and parks) • Online fitness tips and healthy eating information • Social connections through events such as shared meals, holiday celebrations and class socials • GetSetUp virtual enrichment program with classes on topics ranging from healthy eating to aging in place 	

Benefits	Blue Medicare Advantage HMO	What you should know
<p>Health Fitness Program (continued)</p>	<p>To locate a participating fitness center near you, call 1-888-338-0345, 7 a.m. to 7 p.m., Central time, Monday through Friday. TTY users call 711. Or visit www.SilverSneakers.com.</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. © 2022 Tivity Health, Inc. All rights reserved.</p>	
<p>Meal Benefit</p> <p>Two meals per day for 14 days following discharge from an inpatient hospital or skilled nursing facility.</p>	<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 through Mom’s Meals.</p> <p>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 make a referral to the plan-approved meal provider.</p> <p>Members are eligible for this benefit during the 30-day period after they return home from the hospital. Benefit is limited to twice annually.</p> <p>The Mom’s Meals program offers:</p> <ul style="list-style-type: none"> • Health-specific menus designed to support your nutritional needs • High quality, refrigerated meals that arrive at your home when you need them most • Easy to prepare meals last for 14 days in the fridge—just heat, eat and enjoy within minutes 	
<p>Chiropractic Care</p> <ul style="list-style-type: none"> • Manual manipulation of the spine to correct subluxation • Up to 14 routine care visits • One set of X-rays (up to 3 views), when performed by a chiropractor 	<p>\$20 copay for each Medicare-covered visit</p> <p>\$25 copay for each routine care visit</p> <p>\$0 copay for one annual set of X-rays</p>	

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<p>Home Health Care</p>	<p>\$0 copay</p>	<p>Includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Custodial care is not a benefit.</p>
<p>Nurse Advice Line</p> <p>Speak to a nurse anytime day or night by calling our 24-hour Nurse Line at 1-833-968-1747. TTY users call 711.</p>	<p>\$0 copay</p>	
<p>Virtual Visits</p> <ul style="list-style-type: none"> • Remote access technologies give you the opportunity to meet with a health care provider through electronic forms of communication (such as online). • 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. 	<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 via telehealth.</p> <p>\$0 copay for Wellmark Advantage Health Plan Virtual Visits, including urgent care, mental health, and psychiatric services.</p>	<p>You can use Wellmark Advantage Health Plan Virtual Visits by visiting www.doctorondemand.com or calling 1-800-997-6196. TTY users call 711.</p>
<p>Outpatient Substance Abuse</p> <p>Individual or group therapy visit</p>	<p>\$35 copay each visit</p>	
<p>Renal Dialysis</p>	<p>20% coinsurance</p>	
<p>Supervised Exercise Therapy (SET)</p> <p>SET is covered for members who have symptomatic peripheral artery disease (PAD).</p> <p>Up to 36 sessions over a 12-week period are covered if the SET program requirements are met.</p>	<p>\$30 copay each visit</p>	

Benefits	Blue Medicare Advantage HMO	What you should know
<p>Over-the-Counter (OTC) Items (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. There are three ways to use your benefit:</p> <p>1. Online. Beginning Jan. 1, 2023, you can go to www.NationsBenefits.com/WellmarkMA and follow the prompts to place the order using the online catalog.</p> <p>2. Phone. Select items using the NationsOTC catalog and place an order by calling 1-877-271-1467, 24 hours a day, 7 days a week. TTY users call 711. Items will be mailed to you.</p> <p>3. Mail. Complete and mail the order form included with the NationsOTC catalog that you'll receive in the mail.</p>	<p>This benefit is built into the plan with no additional cost.</p> <p>You get up to \$55 every quarter to spend on certain approved non-prescription over-the-counter drugs and health-related items.</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>Covered items include but are not limited to antacids, cough drops, denture adhesive, eye drops, ibuprofen, toothpaste, and first aid items.</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. Items can't be obtained from any other vendor or retailer. Direct member reimbursement is not available.</p>
<p>Worldwide Emergency Coverage</p> <ul style="list-style-type: none"> Worldwide emergency medical coverage Worldwide urgent coverage 	<p>\$100 copay</p> <p>\$100 copay</p>	<p>If you need care when you're outside of the U.S. you have coverage for emergency medical care and urgently needed services only.</p> <p>You are responsible for the difference between the approved amount and the provider's charge.</p> <p>Urgent and emergency care 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**, or contact Customer Service at 1-855-716-2555 from 8 a.m. to 8 p.m., local time, 7 days a week from October 1 through March 31; 8 a.m. to 8 p.m., local time, Monday through Friday from April 1 through September 30, for more information. TTY users call 711.

Blue Medicare Advantage HMO

Stage 1: Deductible	Because there is no deductible for the plan, this stage does not apply to you.			
Stage 2: Initial Coverage	Standard retail 30-day supply	Preferred retail 30-day supply	Mail-order 30-day supply	Long-term care 31-day supply
Tier 1: Preferred Generic	\$10	\$0	\$0	\$0
Tier 2: Generic	\$20	\$10	\$8	\$10
Tier 3: Preferred Brand	\$47	\$47	\$47	\$47
Select Insulins	\$35	\$35	\$35	\$35
Tier 4: Non-Preferred	\$100	\$100	\$100	\$100
Tier 5: Specialty	33%	33%	33%	33%
Stage 2: Initial Coverage	Standard retail 100-day supply	Preferred retail 100-day supply	Mail-order 100-day supply	Long-term care 100-day supply
Tier 1: Preferred Generic	\$30	\$0	\$0	Not offered
Tier 2: Generic	\$52	\$22	\$22	Not offered
Tier 3: Preferred Brand	\$135	\$109	\$102	Not offered
Select Insulins	\$105	\$105	\$105	Not offered
Tier 4: Non-Preferred	\$290	\$290	\$275	Not offered
Tier 5: Specialty	Not offered	Not offered	Not offered	Not offered
Stage 3: Coverage Gap	25% for generic and brand drugs. You pay no more than \$35 for a one-month or \$105 for a 100-day supply of Select			
Stage 4: Catastrophic Coverage	Insulins. \$4.15 generic/\$10.35 brand or 5%, whichever is greater			

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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.

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).

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).

For more information or to enroll online, visit us at 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 **1-855-716-2555**.

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, 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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