

Blue Medicare Advantage PPOSM
Blue Medicare Advantage Enhanced PPOSM

Jan. 1 – Dec. 31, 2022

Summary of Benefits

Blue Medicare Advantage is a preferred provider organization (PPO). To join Blue Medicare Advantage PPO or Blue Medicare Advantage Enhanced PPO, 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, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Delaware, Des Moines, Dickinson, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Muscatine, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Warren, Washington, Webster, Winnebago, Woodbury, Worth and Wright.

Blue Medicare Advantage PPO and Blue Medicare Advantage Enhanced PPO have 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. But if you want to, 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.

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

www.WellmarkAdvantageHealthPlan.com

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

Premium/Cost-sharing Table for Blue Medicare Advantage PPO and Blue Medicare Advantage Enhanced PPO

You must continue to pay your Medicare Part B premium.

Counties	Monthly Plan Premium	
	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO
Adair, Adams, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Delaware, Des Moines, Dickinson, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Muscatine, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Scott, Shelby, Sioux, Story, Tama, Union, Van Buren, Warren, Washington, Webster, Winnebago, Woodbury, Worth and Wright	\$0	\$49

Deductible and limits on how much you pay for covered services		
Deductible	This plan does not have a deductible for hospital and medical services. This plan does not have a deductible for Part D prescription drugs.	This plan does not have a deductible for hospital and medical services. This plan does not have a deductible for Part D prescription drugs.

	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	What you should know
Deductible and limits on how much you pay for covered services			
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	In-Network \$3,900 annually Combined In- and Out-of-Network \$6,700 annually	In-Network \$3,800 annually Combined In- and Out-of-Network \$6,700 annually	<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>

Benefits	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	What you should know
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Note: Services with * may require prior authorization.

<p>Inpatient Hospital Coverage*</p>	<p>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.</p>		<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>
	<p>In-Network \$375 copay per day for days 1 through 4 \$0 copay per day for days 5 – 90 \$0 copay per day for days over 90</p> <p>Out-of-Network \$400 copay per day for days 1 through 4 \$0 copay per day for days 5 – 90 \$0 copay per day for days over 90</p>	<p>In-Network \$325 copay per day for days 1 through 4 \$0 copay per day for days 5 – 90 \$0 copay per day for days over 90</p> <p>Out-of-Network \$350 copay per day for days 1 through 4 \$0 copay per day for days 5 – 90 \$0 copay per day for days over 90</p>	
<p>Outpatient Hospital Coverage*</p> <ul style="list-style-type: none"> • Medicare-covered arthroplasty hip and knee surgical services in an ambulatory surgical center • Ambulatory surgical center • Outpatient hospital 	<p>In-Network \$0 copay</p> <p>Out-of-Network \$325 copay</p> <p>In-Network \$225 copay</p> <p>Out-of-Network \$325 copay</p> <p>In-Network \$100 – \$300 copay</p> <p>Out-of-Network \$400 copay</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network \$325 copay</p> <p>In-Network \$200 copay</p> <p>Out-of-Network \$325 copay</p> <p>In-Network \$100 – \$250 copay</p> <p>Out-of-Network \$350 copay</p>	<p>Lower copay applies to non-surgical outpatient hospital services and higher copay applies to surgical outpatient hospital services.</p>

Benefits	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	What you should know
<p>Doctor Visits</p> <ul style="list-style-type: none"> • Primary care providers • Specialists 	<p>In-Network \$10 copay</p> <p>Out-of-Network \$20 copay</p> <p>In-Network \$40 copay</p> <p>Out-of-Network \$50 copay</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network \$20 copay</p> <p>In-Network \$25 copay</p> <p>Out-of-Network \$30 copay</p>	
<p>Preventive Care</p>	<p>In- and Out-of-Network You pay \$0</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 	<p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	

Benefits	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	What you should know
<p>Preventive Care (continued)</p>	<ul style="list-style-type: none"> • Immunizations, including flu, COVID-19 vaccines, Hepatitis B, and Pneumococcal shots • 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 (counseling for people with no sign of tobacco-related disease) • “Welcome to Medicare” preventive visit (one-time) 		
<p>Emergency Care</p>	<p>In-Network \$90 copay</p> <p>Out-of-Network \$90 copay</p> <p>Worldwide \$100 copay</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>You are covered for emergency medical care 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>Urgently Needed Services</p>	<p>In-Network \$45 copay</p> <p>Out-of-Network \$45 copay</p> <p>Worldwide \$100 copay</p>	<p>In-Network \$35 copay</p> <p>Out-of-Network \$35 copay</p> <p>Worldwide \$100 copay</p>	<p>You are covered for urgently needed care 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>

Benefits	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	What you should know
<p>Diagnostic Services/Labs/Imaging</p> <ul style="list-style-type: none"> • Diagnostic tests and procedures • Lab services • Diagnostic radiological service (e.g., MRI) • Outpatient X-rays • Therapeutic radiological services 	<p>In- and Out-of-Network \$20 – \$300 copay</p> <p>In-Network \$5 copay</p> <p>Out-of-Network \$10 copay</p> <p>In-Network \$10 – \$285 copay</p> <p>Out-of-Network \$10 – \$300 copay</p> <p>In-Network \$10 – \$285 copay</p> <p>Out-of-Network \$10 – \$300 copay</p> <p>In- and Out-of-Network 20% coinsurance</p>	<p>In- and Out-of-Network \$10 – \$200 copay</p> <p>In-Network \$0 copay</p> <p>Out-of-Network \$10 copay</p> <p>In-Network \$10 – \$200 copay</p> <p>Out-of-Network \$10 – \$250 copay</p> <p>In-Network \$10 – \$200 copay</p> <p>Out-of-Network \$10 – \$250 copay</p> <p>In- and Out-of-Network 20% coinsurance</p>	<p>Copays vary based on location of service. Services delivered in a non-hospital setting have a lower cost-share than those delivered in a hospital setting.</p>

Benefits	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	What you should know
<p>Hearing Services</p> <p>Original Medicare covers limited hearing services</p> <ul style="list-style-type: none"> Hearing exam to diagnose and treat hearing and balance issues <p>Enhanced hearing services, beyond Original Medicare</p> <ul style="list-style-type: none"> Routine hearing exam once every year Hearing aid fitting evaluation once every year Hearing aids 	<p>In-Network \$10 – \$40 copay, depending on the service</p> <p>Out-of-Network \$15 – \$40 copay, depending on the service</p> <p>In- and Out-of-Network \$0 copay</p> <p>In-Network \$0 copay</p> <p>Out-of-Network \$15 – \$40 copay</p> <p>In-Network \$0 copay up to a \$1,000 (per ear) allowance once every year from a NationsHearing provider</p> <p>Out-of-Network \$0 copay up to a \$1,000 (per ear) allowance once every year</p>	<p>In-Network \$5 – \$30 copay, depending on the service</p> <p>Out-of-Network \$15 – \$40 copay, depending on the service</p> <p>In- and Out-of-Network \$0 copay</p> <p>In-Network \$0 copay</p> <p>Out-of-Network \$15 – \$40 copay</p> <p>In-Network \$0 copay up to a \$1,250 (per ear) allowance once every year from a NationsHearing provider</p> <p>Out-of-Network \$0 copay up to a \$1,250 (per ear) allowance once every year</p>	<p>Locate a NationsHearing provider at www.NationsBenefits.com/WellmarkMA for this plan or call 1-877-271-1467, 24 hours a day, 7 days a week from 8 a.m. to 8 p.m. local time, Monday through Friday. TTY users call 711.</p>

Benefits	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	What you should know
<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, we cover:</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>In-Network \$40 copay for Medicare-covered services</p> <p>Out-of-Network \$50 copay for Medicare-covered services</p> <p>In- and Out-of-Network \$0 copay</p>	<p>In-Network \$25 copay for Medicare-covered services</p> <p>Out-of-Network \$30 copay for Medicare-covered services</p> <p>In- and Out-of-Network \$0 copay</p>	<p>To find a network provider, visit www.Wellmark Advantage HealthPlan.com/find-a-dentist or call 1-833-493-0463, 8 a.m. to 8 p.m. local time, Monday through Friday with weekend hours October 1 through March 31. TTY users call 711.</p> <p>A provider who does not agree to participate with the network (accept our approved amount) may also charge you the difference between the approved amount and the charged amount. You are responsible for any charges above the plan's maximum annual dental benefit.</p> <p>Coverage restrictions apply. Ask your provider to confirm coverage prior to receiving services.</p>

Benefits	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	What you should know
<p>Enhanced comprehensive dental services, beyond Original Medicare</p> <p>In addition to preventive dental, we cover:</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 	<p>Enhanced comprehensive dental: \$1,000 maximum annual dental benefit</p> <p>In-Network 25% coinsurance for:</p> <ul style="list-style-type: none"> • Palliative emergency treatments • Periodontal scaling and root planing • Fillings • Root canals • Simple and surgical extractions • Crowns • Crown repairs <p>Out-of-Network \$0 copay for fluoride treatments and brush biopsies</p> <p>50% coinsurance for:</p> <ul style="list-style-type: none"> • Palliative emergency treatments • Periodontal scaling and root planing • Fillings 	<p>Enhanced comprehensive dental: \$1,500 maximum annual dental benefit</p> <p>In-Network 25% coinsurance for:</p> <ul style="list-style-type: none"> • Palliative emergency treatments • Periodontal scaling and root planing • Fillings • Root canals • Simple and surgical extractions • Crowns • Crown repairs <p>Out-of-Network \$0 copay for fluoride treatments and brush biopsies</p> <p>50% coinsurance for:</p> <ul style="list-style-type: none"> • Palliative emergency treatments • Periodontal scaling and root planing • Fillings 	

Benefits	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	What you should know
<p>Enhanced comprehensive dental services, beyond Original Medicare (continued)</p>	<ul style="list-style-type: none"> • Root canals • Simple extractions • Crowns • Crown repairs 	<ul style="list-style-type: none"> • Root canals • Simple extractions • Crowns • Crown repairs 	
<p>Vision Services 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>In- and Out-of-Network \$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>In- and Out-of-Network \$0 – \$40 copay, depending on the service</p>	<p>In- and Out-of-Network \$0 copay</p> <p>\$0 copay</p> <p>\$0 copay</p> <p>In-Network \$0 – \$30 copay, depending on the service</p> <p>Out-of-Network \$40 copay</p>	

Benefits	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	What you should know
<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>OR</p> <ul style="list-style-type: none"> One complete pair of eyeglasses (lenses and frames) every 12 months 	<p>In-Network \$0 copay</p> <p>Out-of-Network \$40 copay</p> <p>In-Network \$0 copay up to \$150 benefit allowance</p> <p>Out-of-Network 50% coinsurance up to \$150 benefit allowance</p> <p>In- and Out-of-Network You are responsible for any charges above the plan's \$150 benefit allowance</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network \$40 copay</p> <p>In-Network \$0 copay up to \$200 benefit allowance</p> <p>Out-of-Network 50% coinsurance up to \$200 benefit allowance</p> <p>In- and Out-of-Network You are responsible for any charges above the plan's \$200 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>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., seven days a week. TTY users call 1-800-428-4833.</p>
<p>Mental Health Services</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>	

Benefits	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	What you should know
<p>Mental Health Services (continued)</p> <ul style="list-style-type: none"> Inpatient mental health visit Outpatient therapy visit 	<p>In-Network \$375 copay per day for days 1 through 4</p> <p>\$0 copay per day for days 5 through 90</p> <p>\$0 copay per day for days 91-190 until lifetime limitation is exhausted</p> <p>Out-of-Network \$400 copay per day for days 1 through 4</p> <p>\$0 copay per day for days 5 through 90</p> <p>\$0 copay per day for days 91-190 until lifetime limitation is exhausted</p> <p>In-Network \$40 copay for psychiatric, outpatient group or individual visit</p> <p>Out-of-Network \$50 copay for psychiatric, outpatient group or individual visit</p>	<p>In-Network \$325 copay per day for days 1 through 4</p> <p>\$0 copay per day for days 5 through 90</p> <p>\$0 copay per day for days 91-190 until lifetime limitation is exhausted</p> <p>Out-of-Network \$350 copay per day for days 1 through 4</p> <p>\$0 copay per day for days 5 through 90</p> <p>\$0 copay per day for days 91-190 until lifetime limitation is exhausted</p> <p>In-Network \$25 copay for psychiatric, outpatient group or individual visit</p> <p>Out-of-Network \$30 copay for outpatient group or individual visit \$40 copay for psychiatric services</p>	
<p>Skilled Nursing Facility (SNF)*</p>	<p>In-Network \$0 copay per day for days 1 through 20</p> <p>\$184 copay per day for days 21 through 55</p> <p>\$0 copay per day for days 56 through 100</p>	<p>In-Network \$0 copay per day for days 1 through 20</p> <p>\$150 copay per day for days 21 through 48</p> <p>\$0 copay per day for days 49 through 100</p>	<p>Our plan covers up to 100 days in a SNF.</p>

Benefits	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	What you should know
Skilled Nursing Facility (SNF)* (continued)	Out-of-Network \$0 copay per day for days 1 through 20 \$225 copay per day for days 21 through 55 \$0 copay per day for days 56 through 100	Out-of-Network \$0 copay per day for days 1 through 20 \$225 copay per day for days 21 through 48 \$0 copay per day for days 49 through 100	
Physical Therapy	In-Network \$40 copay Out-of-Network \$50 copay	In-Network \$25 copay Out-of-Network \$40 copay	
Ambulance	In- and Out-of-Network \$275 copay for Medicare-covered ground ambulance services \$325 copay for Medicare-covered air ambulance services Worldwide \$100 copay	In- and Out-of-Network \$225 copay for Medicare-covered ground ambulance services \$275 copay for Medicare-covered air ambulance services Worldwide \$100 copay	Copay is for each one-way trip for Medicare-covered services. 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.
Transportation	Not covered		
Medicare Part B Drugs* <ul style="list-style-type: none"> • Part B drugs such as chemotherapy drugs • Other Part B drugs 	In-Network 20% coinsurance Out-of-Network 20% – 35% coinsurance of the cost, depending on the drug	In-Network 20% coinsurance Out-of-Network 20% – 35% coinsurance of the cost, depending on the drug	

Benefits	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	What you should know
<p>Rehabilitation Services</p> <ul style="list-style-type: none"> • Cardiac rehabilitation/intensive cardiac services • Pulmonary rehabilitation • Occupational therapy visit • Speech and language therapy 	<p>In-Network \$40 copay</p> <p>Out-of-Network \$50 copay</p> <p>In-Network \$30 copay</p> <p>Out-of-Network \$50 copay</p> <p>In-Network \$35 copay</p> <p>Out-of-Network \$50 copay</p> <p>In-Network \$40 copay</p> <p>Out-of-Network \$50 copay</p>	<p>In-Network \$25 copay</p> <p>Out-of-Network \$35 copay</p> <p>In-Network \$25 copay</p> <p>Out-of-Network \$30 copay</p> <p>In-Network \$25 copay</p> <p>Out-of-Network \$30 copay</p> <p>In-Network \$25 copay</p> <p>Out-of-Network \$40 copay</p>	
<p>Foot care (podiatry services) Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions</p>	<p>In-Network \$45 copay</p> <p>Out-of-Network \$50 copay</p>	<p>In-Network \$35 copay</p> <p>Out-of-Network \$40 copay</p>	

Benefits	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	What you should know
<p>Medical Equipment/Supplies*</p> <ul style="list-style-type: none"> • Durable medical equipment (e.g., wheelchairs, oxygen) • Home infusion therapy • Prosthetics (e.g., braces, artificial limbs) • Diabetic supplies (e.g., monitoring, shoes or inserts) 	<p>In- and Out-of-Network 20% coinsurance of the cost for Medicare-covered durable medical equipment</p> <p>In and Out-of-Network 0% coinsurance of the cost for Medicare-covered home infusion therapy</p> <p>In- and Out-of-Network 20% coinsurance of the cost for Medicare-covered prosthetics</p> <p>In-and Out-of-Network 20% coinsurance of the cost for Medicare-covered diabetic supplies</p>		

Benefits	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	What you should know
<p>Health Fitness Programs</p>	<p>All members can join the SilverSneakers® Fitness program at no additional cost. SilverSneakers is a leading fitness program for people with Medicare.</p> <ul style="list-style-type: none"> • Locations nationwide • Low-impact classes to improve strength and balance • Health education events <p>You must use network facilities to obtain this benefit.</p> <p>Use SilverSneakers GO™ app at home to:</p> <ul style="list-style-type: none"> • Access online workout programs that can be tailored to your fitness level. • Learn new exercises with easy-to-follow videos. • Choose between 4- or 12-week programs including strength, walking, and meditation. <p>Download on Google Play or App Store</p> <p>SilverSneakers® app questions: www.SilverSneakers.com/GO</p> <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 www.SilverSneakers.com.</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 is a registered trademark of Tivity Health, Inc. SilverSneakers GO is a trademark of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.</p>		

Benefits	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	What you should know
<p>Chiropractic Care</p> <p>Covered services include:</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>In-Network</p> <p>\$20 copay for each Medicare-covered visit</p> <p>\$30 copay for each routine care visit</p> <p>\$0 copay for one annual set of X-rays</p> <p>Out-of-Network</p> <p>\$55 copay for each Medicare-covered visit</p> <p>\$55 copay for each routine care visit</p> <p>\$0 copay for one annual set of X-rays</p>	<p>In-Network</p> <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> <p>Out-of-Network</p> <p>\$50 copay for each Medicare-covered visit</p> <p>\$50 copay for each routine care visit</p> <p>\$0 copay for one annual set of X-rays</p>	
<p>Home Health Care</p>	<p>In-Network and Out-of-Network</p> <p>\$0 copay</p>		<p>Includes medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services, etc. Custodial care is not a benefit.</p>

Benefits	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	What you should know
<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>In-Network and Out-of-Network</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 via telehealth</p> <p>\$0 copay for primary care visits via telehealth</p> <p>\$0 copay for Wellmark Advantage Virtual Visits, including urgent care, mental health and psychiatric services.</p>	<p>In-Network and Out-of-Network</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 via telehealth</p> <p>\$0 copay for Wellmark Advantage Virtual Visits, including urgent care, mental health and psychiatric services.</p>	<p>You can use Wellmark Advantage Virtual Visits by visiting www.doctorondemand.com or calling 1-800-997-6196. TTY users call 711.</p>
<p>Outpatient Substance Abuse</p> <ul style="list-style-type: none"> Individual or group therapy visit 	<p>In-Network \$35 copay</p> <p>Out-of-Network \$50 copay</p>	<p>In-Network \$30 copay</p> <p>Out-of-Network \$40 copay</p>	
<p>Renal Dialysis</p>	<p>In- and Out-of-Network 20% coinsurance</p>	<p>In- and Out-of-Network 20% coinsurance</p>	

Benefits	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	What you should know
<p>Supervised Exercise Therapy (SET)</p> <ul style="list-style-type: none"> • 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. 	<p>In-Network \$30 copay for each Medicare-covered service.</p> <p>Out-of-Network \$50 copay for each Medicare-covered service.</p>	<p>In-Network \$25 copay for each Medicare-covered service.</p> <p>Out-of-Network \$30 copay for each Medicare-covered service.</p>	
<p>Over-the-Counter 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, 2022, you can go to www.NationsBenefits.com/WellmarkMA and follow the prompts to place the order using the online catalog.</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> <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>You get up to \$75 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>

Benefits	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	What you should know
<p>Over-the-Counter Items (from authorized vendor only) (continued)</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>Personal Emergency Response Services (PERS)</p>	<p>Not Covered</p>	<p>\$0 copay</p> <p>The cost of your medical alert system and the monthly monitoring service is covered by your health plan. There are no additional charges associated with your PERS benefit.</p>	<p>Blue Medicare Advantage Enhanced PPO covers 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 www.NationsResponse.com/WellmarkMA or call 1-877-271-1467, 24 hours a day, 7 days a week. TTY users call 711.</p>

Benefits	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	What you should know
<p>Worldwide Emergency Coverage</p> <ul style="list-style-type: none"> • Worldwide emergency medical coverage • Worldwide emergency transportation (ambulance) • Worldwide urgent coverage 	<p>\$100 copay</p> <p>\$100 copay</p> <p>\$100 copay</p>		<p>If you need care when you're outside of the United States, 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>Worldwide urgent care, emergency care, and emergency transportation is subject to a combined \$50,000 lifetime maximum benefit outside of the United States and its territories.</p>

Blue Medicare Advantage PPO

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	\$8	\$0	\$0	\$0
Tier 2: Generic	\$20	\$10	\$8	\$10
Tier 3: Preferred Brand	\$47	\$47	\$49	\$47
Tier 4: Non-Preferred	\$100	\$100	\$100	\$100
Tier 5: Specialty	33%	33%	33%	33%
Stage 2: Initial Coverage	Standard retail 90-day supply	Preferred retail 90-day supply	Mail-order 90-day supply	Long-term care 90-day supply
Tier 1: Preferred Generic	\$24	\$0	\$0	Not offered
Tier 2: Generic	\$52	\$22	\$16	Not offered
Tier 3: Preferred Brand	\$139	\$109	\$111	Not offered
Tier 4: Non-Preferred	\$290	\$290	\$290	Not offered
Tier 5: Specialty	Not offered	Not offered	Not offered	Not offered
Stage 3: Coverage Gap	25% for generic and brand drugs			
Stage 4: Catastrophic Coverage	\$3.95 generic/\$9.85 brand or 5%, whichever is greater			

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).

Blue Medicare Advantage Enhanced PPO

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	\$6	\$0	\$0	\$0
Tier 2: Generic	\$14	\$8	\$8	\$8
Tier 3: Preferred Brand	\$36	\$35	\$37	\$36
Tier 4: Non-Preferred	\$100	\$100	\$100	\$100
Tier 5: Specialty	33%	33%	33%	33%
Stage 2: Initial Coverage	Standard retail 90-day supply	Preferred retail 90-day supply	Mail-order 90-day supply	Long-term care 90-day supply
Tier 1: Preferred Generic	\$18	\$0	\$0	Not offered
Tier 2: Generic	\$42	\$14	\$16	Not offered
Tier 3: Preferred Brand	\$108	\$105	\$111	Not offered
Tier 4: Non-Preferred	\$290	\$290	\$290	Not offered
Tier 5: Specialty	Not offered	Not offered	Not offered	Not offered
Stage 3: Coverage Gap	25% for generic and brand drugs			
Stage 4: Catastrophic Coverage	\$3.95 generic/\$9.85 brand or 5%, whichever is greater			

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.WellmarkAdvantageHealthPlan.com.

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

A complete list of services is found in the *Evidence of Coverage*. For a copy of the *Evidence of Coverage*, go to **www.WellmarkAdvantageHealthPlan.com**, or contact Customer Service at 1-855-716-2544 from 8 a.m. to 8 p.m., local time, seven 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.

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.

For more information

Call us at the phone number below or 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 **1-855-716-2544**.

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.



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