

Important information about the enclosed premiums and Medicare deductibles and cost-sharing amounts

The MedicareBlue Supplement information enclosed in the 2022 Outline of Coverage booklet reflects plan benefits and premiums for coverage effective **on or before** Dec. 31, 2022.

Your 2023 benefits

Medicare changes its deductibles and cost-sharing amounts annually. When Medicare changes its amounts effective Jan. 1, 2023, your MedicareBlue Supplement benefits will automatically adjust to match the Medicare covered deductibles and cost-sharing amounts.

Determining your 2023 premiums

The plan premiums shown in the enclosed 2022 Outline of Coverage booklet are good through Dec. 31, 2022. The 2023 premiums shown in this document are effective for new and existing policies beginning Jan. 1, 2023.

If you are within a guaranteed issue rights period, you will receive preferred premiums, non-tobacco or tobacco, based on your tobacco usage.

All other applicants should refer to the 2023 MedicareBlue Supplement application to determine your appropriate premium table. Based on your answers to the health questions, the application will guide you to the appropriate premium table.

We're here to help

If you have any questions about the enclosed materials or which premium table you should refer to, please contact your local agent or one of our Medicare experts at **877-877-8411**, 8 a.m. to 5 p.m., Monday–Friday, Central time. TTY hearing impaired users call 711.

2023 Preferred Premiums: Non-Tobacco

Premiums are effective on or after Jan. 1, 2023.

Age	Plan D		Plan F ¹		Plan G without Household Discount ²	
	Male	Female	Male	Female	Male	Female
64 and under	\$249.50	\$220.60	\$281.10	\$248.50	\$251.90	\$222.60
65	\$168.80	\$149.30	\$190.20	\$168.20	\$170.40	\$150.70
66	\$168.80	\$149.30	\$190.20	\$168.20	\$170.40	\$150.70
67	\$181.60	\$160.60	\$204.70	\$181.00	\$183.40	\$162.20
68	\$194.80	\$172.30	\$219.40	\$194.00	\$196.60	\$173.90
69	\$194.80	\$172.30	\$219.40	\$194.00	\$196.60	\$173.90
70	\$210.50	\$186.20	\$237.30	\$209.80	\$212.60	\$188.00
71	\$226.30	\$200.10	\$254.90	\$225.40	\$228.40	\$202.00
72	\$231.10	\$204.40	\$260.40	\$230.30	\$233.30	\$206.40
73	\$236.80	\$209.40	\$266.80	\$235.90	\$239.00	\$211.40
74	\$241.60	\$213.60	\$272.20	\$240.60	\$243.80	\$215.60
75	\$249.50	\$220.60	\$281.10	\$248.50	\$251.90	\$222.60
76	\$254.60	\$225.10	\$286.90	\$253.70	\$257.10	\$227.30
77	\$259.80	\$229.70	\$292.60	\$258.80	\$262.20	\$231.90
78	\$265.10	\$234.30	\$298.60	\$264.10	\$267.50	\$236.60
79	\$270.20	\$238.90	\$304.50	\$269.10	\$272.80	\$241.20
80	\$275.50	\$243.50	\$310.30	\$274.40	\$278.00	\$245.90
81	\$280.40	\$248.00	\$316.00	\$279.40	\$283.20	\$250.30
82	\$286.00	\$252.80	\$322.30	\$285.00	\$288.70	\$255.30
83	\$290.80	\$257.20	\$327.70	\$289.70	\$293.70	\$259.60
84	\$296.30	\$261.90	\$333.80	\$295.10	\$299.10	\$264.50
85 and over	\$299.00	\$264.40	\$336.90	\$297.80	\$301.90	\$266.80

¹ Plan F is available for anyone who is eligible for Medicare **before** Jan. 1, 2020.

² To be eligible to receive the Household Discount, members must have a legal spouse or another adult living at their residence (but no more than three other persons age 60 or older) who is 18 years of age or older with whom they have continuously resided with for the last 12 months.

Premiums are based on attained age rating, which means premiums increase as your age increases until age 85. Premiums shown represent the cost per one month.

These premiums are presented in conjunction with the MedicareBlue Supplement Outline of Coverage for the applicable products. They are presented to you as part of the offer to contract with Wellmark Blue Cross and Blue Shield of South Dakota.

2023 Preferred Premiums: Non-Tobacco

Premiums are effective on or after Jan. 1, 2023.

Age	Plan G with Household Discount ²		High Deductible Plan G without Household Discount ²		High Deductible Plan G with Household Discount ²		Plan N	
	Male	Female	Male	Female	Male	Female	Male	Female
64 and under	\$226.70	\$200.30	\$100.80	\$89.00	\$90.70	\$80.10	\$199.50	\$176.40
65	\$153.40	\$135.60	\$68.20	\$60.30	\$61.40	\$54.20	\$135.10	\$119.40
66	\$153.40	\$135.60	\$68.20	\$60.30	\$61.40	\$54.20	\$135.10	\$119.40
67	\$165.10	\$146.00	\$73.40	\$64.90	\$66.00	\$58.40	\$145.30	\$128.40
68	\$176.90	\$156.50	\$78.60	\$69.60	\$70.80	\$62.60	\$155.90	\$137.80
69	\$176.90	\$156.50	\$78.60	\$69.60	\$70.80	\$62.60	\$155.90	\$137.80
70	\$191.30	\$169.20	\$85.00	\$75.20	\$76.50	\$67.70	\$168.50	\$148.90
71	\$205.60	\$181.80	\$91.40	\$80.80	\$82.20	\$72.70	\$181.00	\$160.00
72	\$210.00	\$185.80	\$93.30	\$82.60	\$84.00	\$74.30	\$184.90	\$163.50
73	\$215.10	\$190.30	\$95.60	\$84.60	\$86.00	\$76.10	\$189.40	\$167.50
74	\$219.40	\$194.00	\$97.50	\$86.20	\$87.80	\$77.60	\$193.30	\$170.90
75	\$226.70	\$200.30	\$100.80	\$89.00	\$90.70	\$80.10	\$199.50	\$176.40
76	\$231.40	\$204.60	\$102.80	\$90.90	\$92.60	\$81.80	\$203.70	\$180.10
77	\$236.00	\$208.70	\$104.90	\$92.80	\$94.40	\$83.50	\$207.80	\$183.70
78	\$240.80	\$212.90	\$107.00	\$94.60	\$96.30	\$85.20	\$212.10	\$187.40
79	\$245.50	\$217.10	\$109.10	\$96.50	\$98.20	\$86.80	\$216.10	\$191.10
80	\$250.20	\$221.30	\$111.20	\$98.40	\$100.10	\$88.50	\$220.40	\$194.80
81	\$254.90	\$225.30	\$113.30	\$100.10	\$102.00	\$90.10	\$224.30	\$198.40
82	\$259.80	\$229.80	\$115.50	\$102.10	\$103.90	\$91.90	\$228.80	\$202.30
83	\$264.30	\$233.60	\$117.50	\$103.80	\$105.70	\$93.40	\$232.70	\$205.80
84	\$269.20	\$238.10	\$119.60	\$105.80	\$107.70	\$95.20	\$237.00	\$209.60
85 and over	\$271.70	\$240.10	\$120.80	\$106.70	\$108.70	\$96.00	\$239.20	\$211.50

² To be eligible to receive the Household Discount, members must have a legal spouse or another adult living at their residence (but no more than three other persons age 60 or older) who is 18 years of age or older with whom they have continuously resided with for the last 12 months.

Premiums are based on attained age rating, which means premiums increase as your age increases until age 85. Premiums shown represent the cost per one month.

These premiums are presented in conjunction with the MedicareBlue Supplement Outline of Coverage for the applicable products. They are presented to you as part of the offer to contract with Wellmark Blue Cross and Blue Shield of South Dakota.

2023 Preferred Premiums: Tobacco

Premiums are effective on or after Jan. 1, 2023.

Age	Plan D		Plan F ¹		Plan G without Household Discount ²	
	Male	Female	Male	Female	Male	Female
64 and under	\$274.50	\$242.60	\$309.20	\$273.40	\$277.00	\$244.90
65	\$185.70	\$164.20	\$209.30	\$185.10	\$187.40	\$165.80
66	\$185.70	\$164.20	\$209.30	\$185.10	\$187.40	\$165.80
67	\$199.80	\$176.60	\$225.20	\$199.10	\$201.80	\$178.40
68	\$214.30	\$189.50	\$241.40	\$213.40	\$216.20	\$191.20
69	\$214.30	\$189.50	\$241.40	\$213.40	\$216.20	\$191.20
70	\$231.60	\$204.80	\$261.00	\$230.80	\$233.90	\$206.80
71	\$248.90	\$220.10	\$280.40	\$248.00	\$251.30	\$222.20
72	\$254.30	\$224.90	\$286.40	\$253.30	\$256.60	\$227.10
73	\$260.50	\$230.40	\$293.40	\$259.50	\$262.90	\$232.50
74	\$265.70	\$235.00	\$299.40	\$264.70	\$268.20	\$237.10
75	\$274.50	\$242.60	\$309.20	\$273.40	\$277.00	\$244.90
76	\$280.10	\$247.70	\$315.60	\$279.10	\$282.80	\$250.10
77	\$285.80	\$252.70	\$321.90	\$284.70	\$288.50	\$255.10
78	\$291.60	\$257.80	\$328.50	\$290.50	\$294.30	\$260.30
79	\$297.30	\$262.80	\$334.90	\$296.00	\$300.00	\$265.30
80	\$303.10	\$267.90	\$341.40	\$301.90	\$305.80	\$270.50
81	\$308.40	\$272.80	\$347.60	\$307.40	\$311.50	\$275.40
82	\$314.60	\$278.10	\$354.50	\$313.50	\$317.60	\$280.80
83	\$319.90	\$282.90	\$360.50	\$318.70	\$323.10	\$285.60
84	\$325.90	\$288.10	\$367.20	\$324.70	\$329.00	\$290.90
85 and over	\$329.00	\$290.80	\$370.60	\$327.60	\$332.00	\$293.50

¹ Plan F is available for anyone who is eligible for Medicare **before** Jan. 1, 2020.

² To be eligible to receive the Household Discount, members must have a legal spouse or another adult living at their residence (but no more than three other persons age 60 or older) who is 18 years of age or older with whom they have continuously resided with for the last 12 months.

Premiums are based on attained age rating, which means premiums increase as your age increases until age 85. Premiums shown represent the cost per one month.

These premiums are presented in conjunction with the MedicareBlue Supplement Outline of Coverage for the applicable products. They are presented to you as part of the offer to contract with Wellmark Blue Cross and Blue Shield of South Dakota.

2023 Preferred Premiums: Tobacco

Premiums are effective on or after Jan. 1, 2023.

Age	Plan G with Household Discount ²		High Deductible Plan G without Household Discount ²		High Deductible Plan G with Household Discount ²		Plan N	
	Male	Female	Male	Female	Male	Female	Male	Female
64 and under	\$249.30	\$220.40	\$110.80	\$98.00	\$99.70	\$88.20	\$219.50	\$194.10
65	\$168.70	\$149.20	\$75.00	\$66.30	\$67.50	\$59.70	\$148.60	\$131.30
66	\$168.70	\$149.20	\$75.00	\$66.30	\$67.50	\$59.70	\$148.60	\$131.30
67	\$181.60	\$160.60	\$80.70	\$71.40	\$72.60	\$64.20	\$159.80	\$141.30
68	\$194.60	\$172.10	\$86.50	\$76.50	\$77.80	\$68.80	\$171.40	\$151.50
69	\$194.60	\$172.10	\$86.50	\$76.50	\$77.80	\$68.80	\$171.40	\$151.50
70	\$210.50	\$186.10	\$93.60	\$82.70	\$84.20	\$74.40	\$185.40	\$163.80
71	\$226.20	\$200.00	\$100.50	\$88.90	\$90.50	\$80.00	\$199.10	\$176.00
72	\$230.90	\$204.40	\$102.60	\$90.80	\$92.40	\$81.80	\$203.40	\$179.90
73	\$236.60	\$209.30	\$105.20	\$93.00	\$94.60	\$83.70	\$208.30	\$184.30
74	\$241.40	\$213.40	\$107.30	\$94.80	\$96.60	\$85.40	\$212.60	\$188.00
75	\$249.30	\$220.40	\$110.80	\$98.00	\$99.70	\$88.20	\$219.50	\$194.10
76	\$254.50	\$225.10	\$113.10	\$100.00	\$101.80	\$90.00	\$224.10	\$198.10
77	\$259.70	\$229.60	\$115.40	\$102.00	\$103.90	\$91.80	\$228.50	\$202.10
78	\$264.90	\$234.30	\$117.70	\$104.10	\$106.00	\$93.70	\$233.30	\$206.20
79	\$270.00	\$238.80	\$120.00	\$106.10	\$108.00	\$95.50	\$237.70	\$210.20
80	\$275.20	\$243.50	\$122.30	\$108.20	\$110.10	\$97.40	\$242.50	\$214.30
81	\$280.40	\$247.90	\$124.60	\$110.20	\$112.20	\$99.20	\$246.80	\$218.30
82	\$285.80	\$252.70	\$127.00	\$112.30	\$114.30	\$101.10	\$251.70	\$222.60
83	\$290.80	\$257.00	\$129.20	\$114.20	\$116.30	\$102.80	\$255.90	\$226.40
84	\$296.10	\$261.80	\$131.60	\$116.40	\$118.40	\$104.70	\$260.70	\$230.50
85 and over	\$298.80	\$264.20	\$132.80	\$117.40	\$119.50	\$105.70	\$263.10	\$232.70

² To be eligible to receive the Household Discount, members must have a legal spouse or another adult living at their residence (but no more than three other persons age 60 or older) who is 18 years of age or older with whom they have continuously resided with for the last 12 months.

Premiums are based on attained age rating, which means premiums increase as your age increases until age 85. Premiums shown represent the cost per one month.

These premiums are presented in conjunction with the MedicareBlue Supplement Outline of Coverage for the applicable products. They are presented to you as part of the offer to contract with Wellmark Blue Cross and Blue Shield of South Dakota.

2023 Standard Premiums: Non-Tobacco

Premiums are effective on or after Jan. 1, 2023.

Age	Plan A		Plan D		Plan F ¹	
	Male	Female	Male	Female	Male	Female
64 and under	\$231.10	\$204.40	\$318.80	\$281.80	\$359.10	\$317.50
65	\$156.50	\$138.20	\$215.70	\$190.80	\$243.00	\$215.00
66	\$156.50	\$138.20	\$215.70	\$190.80	\$243.00	\$215.00
67	\$168.20	\$148.70	\$232.00	\$205.20	\$261.50	\$231.30
68	\$180.40	\$159.60	\$248.90	\$220.10	\$280.40	\$247.80
69	\$180.40	\$159.60	\$248.90	\$220.10	\$280.40	\$247.80
70	\$195.10	\$172.50	\$269.00	\$237.90	\$303.10	\$268.10
71	\$209.60	\$185.40	\$289.10	\$255.70	\$325.70	\$288.00
72	\$214.10	\$189.20	\$295.30	\$261.20	\$332.70	\$294.20
73	\$219.40	\$194.00	\$302.60	\$267.60	\$340.80	\$301.40
74	\$223.70	\$197.90	\$308.60	\$272.90	\$347.80	\$307.40
75	\$231.10	\$204.40	\$318.80	\$281.80	\$359.10	\$317.50
76	\$235.90	\$208.60	\$325.40	\$287.70	\$366.60	\$324.10
77	\$240.70	\$212.70	\$331.90	\$293.50	\$373.90	\$330.70
78	\$245.50	\$217.10	\$338.70	\$299.40	\$381.50	\$337.50
79	\$250.30	\$221.20	\$345.30	\$305.30	\$389.00	\$343.90
80	\$255.20	\$225.60	\$352.00	\$311.10	\$396.50	\$350.60
81	\$259.70	\$229.70	\$358.30	\$316.80	\$403.80	\$357.00
82	\$265.00	\$234.20	\$365.40	\$323.00	\$411.80	\$364.10
83	\$269.50	\$238.20	\$371.60	\$328.60	\$418.70	\$370.20
84	\$274.40	\$242.70	\$378.50	\$334.60	\$426.50	\$377.10
85 and over	\$276.90	\$244.90	\$382.10	\$337.80	\$430.40	\$380.50

¹ Plan F is available for anyone who is eligible for Medicare **before** Jan. 1, 2020.

Premiums are based on attained age rating, which means premiums increase as your age increases until age 85. Premiums shown represent the cost per one month.

These premiums are presented in conjunction with the MedicareBlue Supplement Outline of Coverage for the applicable products. They are presented to you as part of the offer to contract with Wellmark Blue Cross and Blue Shield of South Dakota.

2023 Standard Premiums: Non-Tobacco

Premiums are effective on or after Jan. 1, 2023.

Age	Plan G without Household Discount ²		Plan G with Household Discount ²	
	Male	Female	Male	Female
64 and under	\$321.80	\$284.40	\$289.60	\$256.00
65	\$217.70	\$192.60	\$195.90	\$173.30
66	\$217.70	\$192.60	\$195.90	\$173.30
67	\$234.30	\$207.30	\$210.90	\$186.60
68	\$251.20	\$222.10	\$226.10	\$199.90
69	\$251.20	\$222.10	\$226.10	\$199.90
70	\$271.70	\$240.20	\$244.50	\$216.20
71	\$291.90	\$258.10	\$262.70	\$232.30
72	\$298.10	\$263.70	\$268.30	\$237.30
73	\$305.30	\$270.10	\$274.80	\$243.10
74	\$311.50	\$275.40	\$280.40	\$247.90
75	\$321.80	\$284.40	\$289.60	\$256.00
76	\$328.50	\$290.40	\$295.70	\$261.40
77	\$335.00	\$296.30	\$301.50	\$266.70
78	\$341.80	\$302.30	\$307.60	\$272.10
79	\$348.50	\$308.10	\$313.70	\$277.30
80	\$355.20	\$314.20	\$319.70	\$282.80
81	\$361.80	\$319.80	\$325.60	\$287.80
82	\$368.90	\$326.20	\$332.00	\$293.60
83	\$375.20	\$331.70	\$337.70	\$298.50
84	\$382.10	\$337.90	\$343.90	\$304.10
85 and over	\$385.70	\$340.90	\$347.10	\$306.80

² To be eligible to receive the Household Discount, members must have a legal spouse or another adult living at their residence (but no more than three other persons age 60 or older) who is 18 years of age or older with whom they have continuously resided with for the last 12 months.

Premiums are based on attained age rating, which means premiums increase as your age increases until age 85. Premiums shown represent the cost per one month.

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2023 Standard Premiums: Non-Tobacco

Premiums are effective on or after Jan. 1, 2023.

Age	High Deductible Plan G without Household Discount ²		High Deductible Plan G with Household Discount ²		Plan N	
	Male	Female	Male	Female	Male	Female
64 and under	\$128.70	\$113.80	\$115.80	\$102.40	\$255.00	\$225.40
65	\$87.10	\$77.00	\$78.40	\$69.30	\$172.60	\$152.50
66	\$87.10	\$77.00	\$78.40	\$69.30	\$172.60	\$152.50
67	\$93.70	\$82.90	\$84.40	\$74.60	\$185.60	\$164.10
68	\$100.50	\$88.80	\$90.40	\$80.00	\$199.10	\$176.00
69	\$100.50	\$88.80	\$90.40	\$80.00	\$199.10	\$176.00
70	\$108.70	\$96.10	\$97.80	\$86.50	\$215.30	\$190.20
71	\$116.80	\$103.20	\$105.10	\$92.90	\$231.30	\$204.50
72	\$119.20	\$105.50	\$107.30	\$94.90	\$236.30	\$208.90
73	\$122.10	\$108.00	\$109.90	\$97.20	\$242.00	\$214.10
74	\$124.60	\$110.20	\$112.20	\$99.20	\$247.00	\$218.30
75	\$128.70	\$113.80	\$115.80	\$102.40	\$255.00	\$225.40
76	\$131.40	\$116.20	\$118.30	\$104.60	\$260.30	\$230.10
77	\$134.00	\$118.50	\$120.60	\$106.70	\$265.40	\$234.70
78	\$136.70	\$120.90	\$123.00	\$108.80	\$271.00	\$239.50
79	\$139.40	\$123.20	\$125.50	\$110.90	\$276.10	\$244.10
80	\$142.10	\$125.70	\$127.90	\$113.10	\$281.60	\$248.90
81	\$144.70	\$127.90	\$130.20	\$115.10	\$286.60	\$253.50
82	\$147.60	\$130.50	\$132.80	\$117.40	\$292.30	\$258.50
83	\$150.10	\$132.70	\$135.10	\$119.40	\$297.30	\$263.00
84	\$152.80	\$135.20	\$137.60	\$121.60	\$302.80	\$267.80
85 and over	\$154.30	\$136.40	\$138.80	\$122.70	\$305.60	\$270.20

² To be eligible to receive the Household Discount, members must have a legal spouse or another adult living at their residence (but no more than three other persons age 60 or older) who is 18 years of age or older with whom they have continuously resided with for the last 12 months.

Premiums are based on attained age rating, which means premiums increase as your age increases until age 85. Premiums shown represent the cost per one month.

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2023 Standard Premiums: Tobacco

Premiums are effective on or after Jan. 1, 2023.

Age	Plan A		Plan D		Plan F ¹	
	Male	Female	Male	Female	Male	Female
64 and under	\$254.30	\$224.80	\$350.70	\$310.00	\$395.10	\$349.30
65	\$172.10	\$152.00	\$237.20	\$209.90	\$267.40	\$236.50
66	\$172.10	\$152.00	\$237.20	\$209.90	\$267.40	\$236.50
67	\$185.00	\$163.60	\$255.20	\$225.70	\$287.70	\$254.50
68	\$198.50	\$175.50	\$273.80	\$242.10	\$308.40	\$272.60
69	\$198.50	\$175.50	\$273.80	\$242.10	\$308.40	\$272.60
70	\$214.60	\$189.80	\$295.90	\$261.70	\$333.50	\$294.90
71	\$230.60	\$203.90	\$318.00	\$281.20	\$358.30	\$316.80
72	\$235.60	\$208.20	\$324.90	\$287.30	\$365.90	\$323.70
73	\$241.30	\$213.40	\$332.90	\$294.40	\$374.90	\$331.50
74	\$246.10	\$217.70	\$339.50	\$300.20	\$382.60	\$338.20
75	\$254.30	\$224.80	\$350.70	\$310.00	\$395.10	\$349.30
76	\$259.50	\$229.40	\$357.90	\$316.50	\$403.30	\$356.50
77	\$264.80	\$234.00	\$365.20	\$322.90	\$411.30	\$363.80
78	\$270.10	\$238.80	\$372.60	\$329.40	\$419.70	\$371.20
79	\$275.30	\$243.40	\$379.80	\$335.80	\$427.90	\$378.30
80	\$280.80	\$248.10	\$387.30	\$342.30	\$436.10	\$385.70
81	\$285.70	\$252.70	\$394.10	\$348.50	\$444.20	\$392.70
82	\$291.50	\$257.70	\$401.90	\$355.40	\$453.00	\$400.60
83	\$296.40	\$262.10	\$408.80	\$361.40	\$460.60	\$407.20
84	\$301.90	\$267.00	\$416.40	\$368.10	\$469.20	\$414.80
85 and over	\$304.60	\$269.40	\$420.30	\$371.60	\$473.50	\$418.50

¹ Plan F is available for anyone who is eligible for Medicare **before** Jan. 1, 2020.

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2023 Standard Premiums: Tobacco

Premiums are effective on or after Jan. 1, 2023.

Age	Plan G without Household Discount ²		Plan G with Household Discount ²	
	Male	Female	Male	Female
64 and under	\$354.00	\$312.90	\$318.60	\$281.60
65	\$239.50	\$211.80	\$215.60	\$190.60
66	\$239.50	\$211.80	\$215.60	\$190.60
67	\$257.80	\$228.00	\$232.00	\$205.20
68	\$276.30	\$244.30	\$248.70	\$219.90
69	\$276.30	\$244.30	\$248.70	\$219.90
70	\$298.90	\$264.20	\$269.00	\$237.80
71	\$321.00	\$283.90	\$288.90	\$255.50
72	\$327.90	\$290.10	\$295.10	\$261.10
73	\$335.80	\$297.10	\$302.20	\$267.40
74	\$342.70	\$302.90	\$308.40	\$272.60
75	\$354.00	\$312.90	\$318.60	\$281.60
76	\$361.30	\$319.50	\$325.20	\$287.60
77	\$368.60	\$325.90	\$331.70	\$293.30
78	\$376.00	\$332.50	\$338.40	\$299.30
79	\$383.30	\$339.00	\$345.00	\$305.10
80	\$390.70	\$345.60	\$351.60	\$311.00
81	\$398.00	\$351.80	\$358.20	\$316.60
82	\$405.70	\$358.80	\$365.10	\$322.90
83	\$412.70	\$364.90	\$371.40	\$328.40
84	\$420.30	\$371.70	\$378.30	\$334.50
85 and over	\$424.20	\$375.00	\$381.80	\$337.50

² To be eligible to receive the Household Discount, members must have a legal spouse or another adult living at their residence (but no more than three other persons age 60 or older) who is 18 years of age or older with whom they have continuously resided with for the last 12 months.

Premiums are based on attained age rating, which means premiums increase as your age increases until age 85. Premiums shown represent the cost per one month.

These premiums are presented in conjunction with the MedicareBlue Supplement Outline of Coverage for the applicable products. They are presented to you as part of the offer to contract with Wellmark Blue Cross and Blue Shield of South Dakota.

2023 Standard Premiums: Tobacco

Premiums are effective on or after Jan. 1, 2023.

Age	High Deductible Plan G without Household Discount ²		High Deductible Plan G with Household Discount ²		Plan N	
	Male	Female	Male	Female	Male	Female
64 and under	\$141.60	\$125.20	\$127.40	\$112.60	\$280.50	\$248.00
65	\$95.80	\$84.70	\$86.20	\$76.20	\$189.90	\$167.80
66	\$95.80	\$84.70	\$86.20	\$76.20	\$189.90	\$167.80
67	\$103.10	\$91.20	\$92.80	\$82.10	\$204.20	\$180.50
68	\$110.50	\$97.70	\$99.50	\$88.00	\$219.10	\$193.60
69	\$110.50	\$97.70	\$99.50	\$88.00	\$219.10	\$193.60
70	\$119.60	\$105.70	\$107.60	\$95.10	\$236.90	\$209.30
71	\$128.40	\$113.60	\$115.60	\$102.20	\$254.50	\$224.90
72	\$131.20	\$116.00	\$118.00	\$104.40	\$259.90	\$229.80
73	\$134.30	\$118.80	\$120.90	\$107.00	\$266.20	\$235.50
74	\$137.10	\$121.20	\$123.40	\$109.00	\$271.70	\$240.20
75	\$141.60	\$125.20	\$127.40	\$112.60	\$280.50	\$248.00
76	\$144.50	\$127.80	\$130.10	\$115.00	\$286.30	\$253.10
77	\$147.40	\$130.40	\$132.70	\$117.30	\$292.00	\$258.20
78	\$150.40	\$133.00	\$135.40	\$119.70	\$298.10	\$263.50
79	\$153.30	\$135.60	\$138.00	\$122.00	\$303.70	\$268.50
80	\$156.30	\$138.20	\$140.60	\$124.40	\$309.80	\$273.80
81	\$159.20	\$140.70	\$143.30	\$126.60	\$315.30	\$278.90
82	\$162.30	\$143.50	\$146.00	\$129.20	\$321.50	\$284.40
83	\$165.10	\$146.00	\$148.60	\$131.40	\$327.00	\$289.30
84	\$168.10	\$148.70	\$151.30	\$133.80	\$333.10	\$294.50
85 and over	\$169.70	\$150.00	\$152.70	\$135.00	\$336.20	\$297.30

² To be eligible to receive the Household Discount, members must have a legal spouse or another adult living at their residence (but no more than three other persons age 60 or older) who is 18 years of age or older with whom they have continuously resided with for the last 12 months.

Premiums are based on attained age rating, which means premiums increase as your age increases until age 85. Premiums shown represent the cost per one month.

These premiums are presented in conjunction with the MedicareBlue Supplement Outline of Coverage for the applicable products. They are presented to you as part of the offer to contract with Wellmark Blue Cross and Blue Shield of South Dakota.



MedicareBlue SupplementSM is a Medicare supplement insurance plan. MedicareBlue Supplement is not connected with or endorsed by the U.S. government or the federal Medicare program. Wellmark Blue Cross and Blue Shield of South Dakota is an independent licensee of the Blue Cross and Blue Shield Association.

MedicareBlue SupplementSM

Plans A, D, F, G, High Deductible Plan G and N

Choosing a MedicareBlue Supplement plan starts with your specific needs. Use the information in the Outlines of Coverage to learn more about the plans available from Wellmark. The premiums and benefits shown in this booklet are for plans sold for effective dates on or after Jan. 1, 2022. MedicareBlue Supplement premiums for the following year are typically available in October. Visit Wellmark.com/MedicareSupplementPremiumSD to stay updated on premiums and benefits.

These tables show an overview of benefits included in all standard Medicare supplement plans. The first table includes plans offered by Wellmark. The second table includes plans not offered by Wellmark.

Medicare supplement plans offered by Wellmark Blue Cross and Blue Shield of South Dakota

	Plan A	Plan D	Plan F ¹	Plan G	HD Plan G ²	Plan N
Basic benefits This includes hospitalization, medical expenses, blood and hospice care.	✓	✓	✓	✓	✓	✓ ³
Skilled nursing facility coinsurance Without this coverage, beneficiaries are partially responsible for their stay in a skilled nursing facility.		✓	✓	✓	✓	✓
Part A Deductible (\$1,556 in 2022) This amount is set by Medicare, and is used for hospital care.		✓	✓	✓	✓	✓
Part B Deductible (\$233 in 2022) This amount is set by Medicare, and is applied to medical costs.			✓			
Part B excess charges Coverage when a provider charges over the Medicare approved amount.			✓	✓	✓	
Foreign travel emergency Coverage for when emergency care outside the United States is needed.		80%	80%	80%	80%	80%

¹ Plan F is available for anyone who is eligible for Medicare before Jan. 1, 2020.

² Benefits for this plan begin after one has paid a calendar year deductible of \$2,490 for out-of-pocket expenses.

³ Exceptions: up to \$20 copay for office visits and up to \$50 copay for emergency room.

See more details in the Outlines of Coverage for each plan.

Standard Medicare supplement plans in this table are NOT offered by Wellmark Blue Cross and Blue Shield of South Dakota, but may be available through another carrier.

	Plan B	Plan C	HD Plan F¹	Plan K	Plan L	Plan M
Basic benefits This includes hospitalization, medical expenses, blood and hospice care.	✓	✓	✓	✓ ²	✓ ³	✓
Skilled nursing facility coinsurance Without this coverage, beneficiaries are partially responsible for their stay in a skilled nursing facility.		✓	✓	50%	75%	✓
Part A Deductible (\$1,556 in 2022) This amount is set by Medicare, and is used for hospital care.	✓	✓	✓	50%	75%	50%
Part B Deductible (\$233 in 2022) This amount is set by Medicare, and is applied to medical costs.		✓	✓			
Part B excess charges Coverage when a provider charges over the Medicare approved amount.			✓			
Foreign travel emergency Coverage for when emergency care outside the United States is needed.		80%	80%			80%
Out-of-pocket limits				\$6,620	\$3,310	

¹ Benefits for this plan begin after one has paid a calendar year deductible of \$2,490 for out-of-pocket expenses.

² Hospitalization and preventive care paid at 100 percent; other basic benefits paid at 50 percent.

³ Hospitalization and preventive care paid at 100 percent; other basic benefits paid at 75 percent.

2022 MedicareBlue Supplement Preferred: Non-Tobacco Premiums — Male

Premiums effective Jan. 1, 2022, for South Dakota residents. Applicants should refer to the 2022 MedicareBlue Supplement application to determine eligibility for preferred or standard premiums.

Age	Plan D	Plan F ¹	Plan G without Household Discount ²	Plan G with Household Discount ²	HD Plan G without Household Discount ²	HD Plan G with Household Discount ²	Plan N
64 and under	\$240.40	\$270.80	\$242.70	\$218.40	\$97.10	\$87.40	\$192.30
65	\$162.60	\$183.30	\$164.20	\$147.80	\$65.70	\$59.10	\$130.20
66	\$162.60	\$183.30	\$164.20	\$147.80	\$65.70	\$59.10	\$130.20
67	\$175.00	\$197.20	\$176.70	\$159.00	\$70.70	\$63.60	\$140.00
68	\$187.70	\$211.40	\$189.40	\$170.50	\$75.80	\$68.20	\$150.20
69	\$187.70	\$211.40	\$189.40	\$170.50	\$75.80	\$68.20	\$150.20
70	\$202.90	\$228.60	\$204.90	\$184.40	\$82.00	\$73.80	\$162.40
71	\$218.00	\$245.60	\$220.10	\$198.10	\$88.00	\$79.20	\$174.40
72	\$222.70	\$250.90	\$224.80	\$202.30	\$89.90	\$80.90	\$178.20
73	\$228.20	\$257.00	\$230.30	\$207.30	\$92.10	\$82.90	\$182.50
74	\$232.80	\$262.30	\$234.90	\$211.40	\$94.00	\$84.60	\$186.20
75	\$240.40	\$270.80	\$242.70	\$218.40	\$97.10	\$87.40	\$192.30
76	\$245.40	\$276.50	\$247.70	\$222.90	\$99.10	\$89.20	\$196.30
77	\$250.30	\$282.00	\$252.70	\$227.40	\$101.10	\$91.00	\$200.20
78	\$255.40	\$287.70	\$257.80	\$232.00	\$103.10	\$92.80	\$204.30
79	\$260.40	\$293.40	\$262.80	\$236.50	\$105.10	\$94.60	\$208.20
80	\$265.50	\$299.00	\$267.90	\$241.10	\$107.20	\$96.40	\$212.40
81	\$270.20	\$304.50	\$272.80	\$245.50	\$109.10	\$98.20	\$216.10
82	\$275.50	\$310.50	\$278.20	\$250.40	\$111.30	\$100.20	\$220.40
83	\$280.20	\$315.80	\$283.00	\$254.70	\$113.20	\$101.90	\$224.20
84	\$285.50	\$321.70	\$288.20	\$259.40	\$115.30	\$103.80	\$228.30
85 and over	\$288.10	\$324.60	\$290.90	\$261.80	\$116.40	\$104.70	\$230.50

¹ Plan F is available for anyone who is eligible for Medicare before Jan. 1, 2020.

² To be eligible to receive the Household Discount, members must have a legal spouse or another adult living at their residence (but no more than three other persons age 60 or older) who is 18 years of age or older with whom they have continuously resided with for the last 12 months.

Premiums are based upon the most current Medicare deductible and cost-sharing amounts and are subject to changes.

If you are applying for Plans D, F, G, High Deductible Plan G or N within six months after your Medicare Part B effective date or the first day of the month in which you turn age 65 and you are currently enrolled in Medicare Part B, you are within your Medicare Supplement Open Enrollment Period. This means your acceptance is guaranteed and you do not have to answer health questions. You also do not have to answer health questions if you are within a Guaranteed Issue Rights Period.

2022 MedicareBlue Supplement Preferred: Non-Tobacco Premiums — Female

Premiums effective Jan. 1, 2022, for South Dakota residents. Applicants should refer to the 2022 MedicareBlue Supplement application to determine eligibility for preferred or standard premiums.

Age	Plan D	Plan F ¹	Plan G without Household Discount ²	Plan G with Household Discount ²	HD Plan G without Household Discount ²	HD Plan G with Household Discount ²	Plan N
64 and under	\$212.50	\$239.50	\$214.50	\$193.10	\$85.80	\$77.20	\$170.00
65	\$143.90	\$162.10	\$145.20	\$130.70	\$58.10	\$52.30	\$115.00
66	\$143.90	\$162.10	\$145.20	\$130.70	\$58.10	\$52.30	\$115.00
67	\$154.70	\$174.40	\$156.30	\$140.70	\$62.50	\$56.30	\$123.80
68	\$166.00	\$186.90	\$167.50	\$150.80	\$67.00	\$60.30	\$132.70
69	\$166.00	\$186.90	\$167.50	\$150.80	\$67.00	\$60.30	\$132.70
70	\$179.40	\$202.20	\$181.10	\$163.00	\$72.40	\$65.20	\$143.50
71	\$192.80	\$217.20	\$194.60	\$175.10	\$77.80	\$70.00	\$154.20
72	\$197.00	\$221.90	\$198.90	\$179.00	\$79.60	\$71.60	\$157.50
73	\$201.80	\$227.30	\$203.70	\$183.30	\$81.50	\$73.30	\$161.40
74	\$205.80	\$231.80	\$207.70	\$186.90	\$83.10	\$74.80	\$164.70
75	\$212.50	\$239.50	\$214.50	\$193.10	\$85.80	\$77.20	\$170.00
76	\$216.90	\$244.40	\$219.00	\$197.10	\$87.60	\$78.80	\$173.50
77	\$221.40	\$249.40	\$223.50	\$201.20	\$89.40	\$80.50	\$177.00
78	\$225.80	\$254.50	\$228.00	\$205.20	\$91.20	\$82.10	\$180.60
79	\$230.20	\$259.30	\$232.40	\$209.20	\$93.00	\$83.70	\$184.10
80	\$234.60	\$264.40	\$236.90	\$213.20	\$94.80	\$85.30	\$187.70
81	\$238.90	\$269.20	\$241.20	\$217.10	\$96.50	\$86.80	\$191.20
82	\$243.60	\$274.60	\$246.00	\$221.40	\$98.40	\$88.60	\$195.00
83	\$247.80	\$279.20	\$250.10	\$225.10	\$100.00	\$90.00	\$198.30
84	\$252.30	\$284.40	\$254.80	\$229.30	\$101.90	\$91.70	\$201.90
85 and over	\$254.80	\$286.90	\$257.10	\$231.40	\$102.80	\$92.60	\$203.80

¹ Plan F is available for anyone who is eligible for Medicare before Jan. 1, 2020.

² To be eligible to receive the Household Discount, members must have a legal spouse or another adult living at their residence (but no more than three other persons age 60 or older) who is 18 years of age or older with whom they have continuously resided with for the last 12 months.

Premiums are based upon the most current Medicare deductible and cost-sharing amounts and are subject to changes.

If you are applying for Plans D, F, G, High Deductible Plan G or N within six months after your Medicare Part B effective date or the first day of the month in which you turn age 65 and you are currently enrolled in Medicare Part B, you are within your Medicare Supplement Open Enrollment Period. This means your acceptance is guaranteed and you do not have to answer health questions. You also do not have to answer health questions if you are within a Guaranteed Issue Rights Period.

2022 MedicareBlue Supplement Preferred: Tobacco Premiums — Male

Premiums effective Jan. 1, 2022, for South Dakota residents. Applicants should refer to the 2022 MedicareBlue Supplement application to determine eligibility for preferred or standard premiums.

Age	Plan D	Plan F ¹	Plan G without Household Discount ²	Plan G with Household Discount ²	HD Plan G without Household Discount ²	HD Plan G with Household Discount ²	Plan N
64 and under	\$264.50	\$297.90	\$266.90	\$240.20	\$106.80	\$96.10	\$211.50
65	\$178.90	\$201.60	\$180.60	\$162.50	\$72.20	\$65.00	\$143.20
66	\$178.90	\$201.60	\$180.60	\$162.50	\$72.20	\$65.00	\$143.20
67	\$192.50	\$217.00	\$194.40	\$175.00	\$77.80	\$70.00	\$154.00
68	\$206.50	\$232.60	\$208.40	\$187.60	\$83.40	\$75.00	\$165.20
69	\$206.50	\$232.60	\$208.40	\$187.60	\$83.40	\$75.00	\$165.20
70	\$223.20	\$251.50	\$225.40	\$202.90	\$90.20	\$81.20	\$178.60
71	\$239.80	\$270.20	\$242.10	\$217.90	\$96.80	\$87.20	\$191.90
72	\$245.00	\$276.00	\$247.30	\$222.60	\$98.90	\$89.00	\$196.00
73	\$251.00	\$282.70	\$253.30	\$228.00	\$101.30	\$91.20	\$200.70
74	\$256.00	\$288.50	\$258.40	\$232.60	\$103.40	\$93.00	\$204.90
75	\$264.50	\$297.90	\$266.90	\$240.20	\$106.80	\$96.10	\$211.50
76	\$269.90	\$304.10	\$272.50	\$245.30	\$109.00	\$98.10	\$215.90
77	\$275.40	\$310.20	\$278.00	\$250.20	\$111.20	\$100.10	\$220.20
78	\$281.00	\$316.50	\$283.50	\$255.20	\$113.40	\$102.10	\$224.80
79	\$286.40	\$322.70	\$289.10	\$260.20	\$115.60	\$104.10	\$229.10
80	\$292.00	\$328.90	\$294.70	\$265.20	\$117.90	\$106.10	\$233.60
81	\$297.20	\$335.00	\$300.10	\$270.10	\$120.00	\$108.00	\$237.80
82	\$303.10	\$341.60	\$306.00	\$275.40	\$122.40	\$110.20	\$242.50
83	\$308.30	\$347.30	\$311.30	\$280.20	\$124.50	\$112.10	\$246.60
84	\$314.00	\$353.80	\$317.00	\$285.30	\$126.80	\$114.10	\$251.20
85 and over	\$317.00	\$357.10	\$319.90	\$287.90	\$128.00	\$115.20	\$253.50

¹ Plan F is available for anyone who is eligible for Medicare before Jan. 1, 2020.

² To be eligible to receive the Household Discount, members must have a legal spouse or another adult living at their residence (but no more than three other persons age 60 or older) who is 18 years of age or older with whom they have continuously resided with for the last 12 months.

Premiums are based upon the most current Medicare deductible and cost-sharing amounts and are subject to changes.

If you are applying for Plans D, F, G, High Deductible Plan G or N within six months after your Medicare Part B effective date or the first day of the month in which you turn age 65 and you are currently enrolled in Medicare Part B, you are within your Medicare Supplement Open Enrollment Period. This means your acceptance is guaranteed and you do not have to answer health questions. You also do not have to answer health questions if you are within a Guaranteed Issue Rights Period.

2022 MedicareBlue Supplement Preferred: Tobacco Premiums — Female

Premiums effective Jan. 1, 2022, for South Dakota residents. Applicants should refer to the 2022 MedicareBlue Supplement application to determine eligibility for preferred or standard premiums.

Age	Plan D	Plan F ¹	Plan G without Household Discount ²	Plan G with Household Discount ²	HD Plan G without Household Discount ²	HD Plan G with Household Discount ²	Plan N
64 and under	\$233.80	\$263.40	\$236.00	\$212.40	\$94.40	\$85.00	\$187.00
65	\$158.30	\$178.30	\$159.80	\$143.80	\$63.90	\$57.50	\$126.60
66	\$158.30	\$178.30	\$159.80	\$143.80	\$63.90	\$57.50	\$126.60
67	\$170.20	\$191.90	\$171.90	\$154.70	\$68.80	\$61.90	\$136.10
68	\$182.60	\$205.60	\$184.30	\$165.90	\$73.70	\$66.40	\$146.00
69	\$182.60	\$205.60	\$184.30	\$165.90	\$73.70	\$66.40	\$146.00
70	\$197.30	\$222.40	\$199.30	\$179.40	\$79.70	\$71.80	\$157.80
71	\$212.10	\$238.90	\$214.10	\$192.70	\$85.60	\$77.10	\$169.60
72	\$216.70	\$244.10	\$218.80	\$196.90	\$87.50	\$78.80	\$173.30
73	\$222.00	\$250.00	\$224.10	\$201.70	\$89.60	\$80.70	\$177.60
74	\$226.40	\$255.00	\$228.50	\$205.70	\$91.40	\$82.30	\$181.10
75	\$233.80	\$263.40	\$236.00	\$212.40	\$94.40	\$85.00	\$187.00
76	\$238.60	\$268.90	\$241.00	\$216.90	\$96.40	\$86.80	\$190.90
77	\$243.50	\$274.30	\$245.80	\$221.20	\$98.30	\$88.50	\$194.70
78	\$248.40	\$279.90	\$250.80	\$225.70	\$100.30	\$90.30	\$198.70
79	\$253.20	\$285.30	\$255.60	\$230.00	\$102.20	\$92.00	\$202.50
80	\$258.10	\$290.90	\$260.60	\$234.50	\$104.20	\$93.80	\$206.50
81	\$262.80	\$296.20	\$265.30	\$238.80	\$106.10	\$95.50	\$210.30
82	\$268.00	\$302.10	\$270.60	\$243.50	\$108.20	\$97.40	\$214.50
83	\$272.60	\$307.10	\$275.20	\$247.70	\$110.10	\$99.10	\$218.10
84	\$277.60	\$312.80	\$280.30	\$252.30	\$112.10	\$100.90	\$222.10
85 and over	\$280.20	\$315.60	\$282.80	\$254.50	\$113.10	\$101.80	\$224.20

¹ Plan F is available for anyone who is eligible for Medicare before Jan. 1, 2020.

² To be eligible to receive the Household Discount, members must have a legal spouse or another adult living at their residence (but no more than three other persons age 60 or older) who is 18 years of age or older with whom they have continuously resided with for the last 12 months.

Premiums are based upon the most current Medicare deductible and cost-sharing amounts and are subject to changes.

If you are applying for Plans D, F, G, High Deductible Plan G or N within six months after your Medicare Part B effective date or the first day of the month in which you turn age 65 and you are currently enrolled in Medicare Part B, you are within your Medicare Supplement Open Enrollment Period. This means your acceptance is guaranteed and you do not have to answer health questions. You also do not have to answer health questions if you are within a Guaranteed Issue Rights Period.

2022 MedicareBlue Supplement Standard: Non-Tobacco Premiums — Male

Premiums effective Jan. 1, 2022, for South Dakota residents. Applicants should refer to the 2022 MedicareBlue Supplement application to determine eligibility for preferred or standard premiums.

Age	Plan A	Plan D	Plan F ¹	Plan G without Household Discount ²	Plan G with Household Discount ²	HD Plan G without Household Discount ²	HD Plan G with Household Discount ²	Plan N
64 and under	\$222.70	\$307.20	\$346.10	\$310.00	\$279.00	\$124.00	\$111.60	\$245.70
65	\$150.80	\$207.80	\$234.20	\$209.80	\$188.80	\$83.90	\$75.50	\$166.30
66	\$150.80	\$207.80	\$234.20	\$209.80	\$188.80	\$83.90	\$75.50	\$166.30
67	\$162.10	\$223.60	\$252.00	\$225.80	\$203.20	\$90.30	\$81.30	\$178.90
68	\$173.90	\$239.80	\$270.20	\$242.00	\$217.80	\$96.80	\$87.10	\$191.90
69	\$173.90	\$239.80	\$270.20	\$242.00	\$217.80	\$96.80	\$87.10	\$191.90
70	\$188.00	\$259.20	\$292.10	\$261.80	\$235.60	\$104.70	\$94.20	\$207.50
71	\$202.00	\$278.60	\$313.80	\$281.20	\$253.10	\$112.50	\$101.20	\$222.90
72	\$206.30	\$284.60	\$320.50	\$287.20	\$258.50	\$114.90	\$103.40	\$227.70
73	\$211.40	\$291.60	\$328.40	\$294.20	\$264.80	\$117.70	\$105.90	\$233.20
74	\$215.60	\$297.40	\$335.10	\$300.20	\$270.20	\$120.10	\$108.10	\$238.00
75	\$222.70	\$307.20	\$346.10	\$310.00	\$279.00	\$124.00	\$111.60	\$245.70
76	\$227.30	\$313.50	\$353.20	\$316.50	\$284.90	\$126.60	\$114.00	\$250.80
77	\$232.00	\$319.80	\$360.30	\$322.80	\$290.50	\$129.10	\$116.20	\$255.80
78	\$236.60	\$326.40	\$367.60	\$329.30	\$296.40	\$131.70	\$118.60	\$261.10
79	\$241.20	\$332.70	\$374.80	\$335.80	\$302.20	\$134.30	\$120.90	\$266.00
80	\$246.00	\$339.20	\$382.00	\$342.30	\$308.10	\$136.90	\$123.20	\$271.40
81	\$250.30	\$345.20	\$389.10	\$348.60	\$313.70	\$139.40	\$125.50	\$276.20
82	\$255.30	\$352.00	\$396.80	\$355.40	\$319.90	\$142.20	\$128.00	\$281.60
83	\$259.70	\$358.00	\$403.40	\$361.50	\$325.40	\$144.60	\$130.20	\$286.40
84	\$264.40	\$364.70	\$411.00	\$368.20	\$331.40	\$147.30	\$132.60	\$291.70
85 and over	\$266.80	\$368.20	\$414.70	\$371.60	\$334.40	\$148.60	\$133.80	\$294.50

¹ Plan F is available for anyone who is eligible for Medicare before Jan. 1, 2020.

² To be eligible to receive the Household Discount, members must have a legal spouse or another adult living at their residence (but no more than three other persons age 60 or older) who is 18 years of age or older with whom they have continuously resided with for the last 12 months.

Premiums are based upon the most current Medicare deductible and cost-sharing amounts and are subject to changes.

If you are applying for Plans D, F, G, High Deductible Plan G or N within six months after your Medicare Part B effective date or the first day of the month in which you turn age 65 and you are currently enrolled in Medicare Part B, you are within your Medicare Supplement Open Enrollment Period. This means your acceptance is guaranteed and you do not have to answer health questions. You also do not have to answer health questions if you are within a Guaranteed Issue Rights Period.

2022 MedicareBlue Supplement Standard: Non-Tobacco Premiums — Female

Premiums effective Jan. 1, 2022, for South Dakota residents. Applicants should refer to the 2022 MedicareBlue Supplement application to determine eligibility for preferred or standard premiums.

Age	Plan A	Plan D	Plan F ¹	Plan G without Household Discount ²	Plan G with Household Discount ²	HD Plan G without Household Discount ²	HD Plan G with Household Discount ²	Plan N
64 and under	\$196.90	\$271.50	\$306.00	\$274.10	\$246.70	\$109.60	\$98.70	\$217.20
65	\$133.20	\$183.80	\$207.10	\$185.60	\$167.00	\$74.20	\$66.80	\$147.00
66	\$133.20	\$183.80	\$207.10	\$185.60	\$167.00	\$74.20	\$66.80	\$147.00
67	\$143.30	\$197.70	\$222.90	\$199.70	\$179.70	\$79.90	\$71.90	\$158.10
68	\$153.70	\$212.10	\$238.80	\$214.00	\$192.60	\$85.60	\$77.00	\$169.60
69	\$153.70	\$212.10	\$238.80	\$214.00	\$192.60	\$85.60	\$77.00	\$169.60
70	\$166.30	\$229.20	\$258.30	\$231.40	\$208.30	\$92.60	\$83.30	\$183.30
71	\$178.60	\$246.30	\$277.50	\$248.70	\$223.80	\$99.50	\$89.50	\$197.00
72	\$182.30	\$251.70	\$283.50	\$254.10	\$228.70	\$101.60	\$91.50	\$201.30
73	\$187.00	\$257.80	\$290.40	\$260.20	\$234.20	\$104.10	\$93.70	\$206.30
74	\$190.70	\$263.00	\$296.20	\$265.40	\$238.90	\$106.20	\$95.60	\$210.40
75	\$196.90	\$271.50	\$306.00	\$274.10	\$246.70	\$109.60	\$98.70	\$217.20
76	\$201.00	\$277.20	\$312.30	\$279.90	\$251.90	\$112.00	\$100.80	\$221.70
77	\$205.00	\$282.80	\$318.60	\$285.50	\$257.00	\$114.20	\$102.80	\$226.10
78	\$209.20	\$288.50	\$325.20	\$291.30	\$262.20	\$116.50	\$104.90	\$230.80
79	\$213.20	\$294.10	\$331.30	\$296.90	\$267.20	\$118.80	\$106.90	\$235.20
80	\$217.40	\$299.80	\$337.80	\$302.70	\$272.40	\$121.10	\$109.00	\$239.80
81	\$221.40	\$305.30	\$344.00	\$308.20	\$277.40	\$123.30	\$111.00	\$244.30
82	\$225.70	\$311.30	\$350.80	\$314.30	\$282.90	\$125.70	\$113.20	\$249.10
83	\$229.60	\$316.60	\$356.70	\$319.60	\$287.60	\$127.80	\$115.00	\$253.40
84	\$233.90	\$322.40	\$363.40	\$325.60	\$293.00	\$130.20	\$117.20	\$258.00
85 and over	\$236.00	\$325.50	\$366.60	\$328.50	\$295.70	\$131.40	\$118.30	\$260.40

¹ Plan F is available for anyone who is eligible for Medicare before Jan. 1, 2020.

² To be eligible to receive the Household Discount, members must have a legal spouse or another adult living at their residence (but no more than three other persons age 60 or older) who is 18 years of age or older with whom they have continuously resided with for the last 12 months.

Premiums are based upon the most current Medicare deductible and cost-sharing amounts and are subject to changes.

If you are applying for Plans D, F, G, High Deductible Plan G or N within six months after your Medicare Part B effective date or the first day of the month in which you turn age 65 and you are currently enrolled in Medicare Part B, you are within your Medicare Supplement Open Enrollment Period. This means your acceptance is guaranteed and you do not have to answer health questions. You also do not have to answer health questions if you are within a Guaranteed Issue Rights Period.

2022 MedicareBlue Supplement Standard: Tobacco Premiums — Male

Premiums effective Jan. 1, 2022, for South Dakota residents. Applicants should refer to the 2022 MedicareBlue Supplement application to determine eligibility for preferred or standard premiums.

Age	Plan A	Plan D	Plan F ¹	Plan G without Household Discount ²	Plan G with Household Discount ²	HD Plan G without Household Discount ²	HD Plan G with Household Discount ²	Plan N
64 and under	\$245.00	\$337.90	\$380.70	\$341.00	\$306.90	\$136.40	\$122.80	\$270.20
65	\$165.80	\$228.60	\$257.60	\$230.70	\$207.60	\$92.30	\$83.00	\$183.00
66	\$165.80	\$228.60	\$257.60	\$230.70	\$207.60	\$92.30	\$83.00	\$183.00
67	\$178.30	\$245.90	\$277.20	\$248.40	\$223.60	\$99.40	\$89.40	\$196.70
68	\$191.20	\$263.80	\$297.20	\$266.20	\$239.60	\$106.50	\$95.80	\$211.10
69	\$191.20	\$263.80	\$297.20	\$266.20	\$239.60	\$106.50	\$95.80	\$211.10
70	\$206.80	\$285.10	\$321.30	\$288.00	\$259.20	\$115.20	\$103.70	\$228.20
71	\$222.20	\$306.40	\$345.20	\$309.30	\$278.40	\$123.70	\$111.40	\$245.20
72	\$227.00	\$313.00	\$352.60	\$315.90	\$284.30	\$126.40	\$113.70	\$250.50
73	\$232.50	\$320.70	\$361.30	\$323.60	\$291.20	\$129.40	\$116.50	\$256.50
74	\$237.10	\$327.20	\$368.60	\$330.20	\$297.20	\$132.10	\$118.90	\$261.80
75	\$245.00	\$337.90	\$380.70	\$341.00	\$306.90	\$136.40	\$122.80	\$270.20
76	\$250.10	\$344.90	\$388.60	\$348.20	\$313.40	\$139.30	\$125.40	\$275.90
77	\$255.20	\$351.80	\$396.30	\$355.10	\$319.60	\$142.00	\$127.80	\$281.40
78	\$260.20	\$359.00	\$404.40	\$362.20	\$326.00	\$144.90	\$130.40	\$287.20
79	\$265.30	\$366.00	\$412.30	\$369.40	\$332.50	\$147.80	\$133.00	\$292.70
80	\$270.60	\$373.10	\$420.20	\$376.50	\$338.90	\$150.60	\$135.60	\$298.50
81	\$275.30	\$379.70	\$428.00	\$383.40	\$345.10	\$153.40	\$138.00	\$303.80
82	\$280.90	\$387.30	\$436.50	\$390.90	\$351.80	\$156.40	\$140.70	\$309.80
83	\$285.60	\$393.90	\$443.80	\$397.70	\$357.90	\$159.10	\$143.20	\$315.10
84	\$290.90	\$401.20	\$452.10	\$405.00	\$364.50	\$162.00	\$145.80	\$320.90
85 and over	\$293.50	\$405.00	\$456.20	\$408.80	\$367.90	\$163.50	\$147.20	\$324.00

¹ Plan F is available for anyone who is eligible for Medicare before Jan. 1, 2020.

² To be eligible to receive the Household Discount, members must have a legal spouse or another adult living at their residence (but no more than three other persons age 60 or older) who is 18 years of age or older with whom they have continuously resided with for the last 12 months.

Premiums are based upon the most current Medicare deductible and cost-sharing amounts and are subject to changes.

If you are applying for Plans D, F, G, High Deductible Plan G or N within six months after your Medicare Part B effective date or the first day of the month in which you turn age 65 and you are currently enrolled in Medicare Part B, you are within your Medicare Supplement Open Enrollment Period. This means your acceptance is guaranteed and you do not have to answer health questions. You also do not have to answer health questions if you are within a Guaranteed Issue Rights Period.

2022 MedicareBlue Supplement Standard: Tobacco Premiums — Female

Premiums effective Jan. 1, 2022, for South Dakota residents. Applicants should refer to the 2022 MedicareBlue Supplement application to determine eligibility for preferred or standard premiums.

Age	Plan A	Plan D	Plan F ¹	Plan G without Household Discount ²	Plan G with Household Discount ²	HD Plan G without Household Discount ²	HD Plan G with Household Discount ²	Plan N
64 and under	\$216.60	\$298.70	\$336.60	\$301.50	\$271.40	\$120.60	\$108.60	\$239.00
65	\$146.50	\$202.20	\$227.80	\$204.10	\$183.70	\$81.60	\$73.50	\$161.70
66	\$146.50	\$202.20	\$227.80	\$204.10	\$183.70	\$81.60	\$73.50	\$161.70
67	\$157.60	\$217.50	\$245.20	\$219.70	\$197.70	\$87.90	\$79.10	\$173.90
68	\$169.10	\$233.30	\$262.70	\$235.40	\$211.90	\$94.20	\$84.80	\$186.60
69	\$169.10	\$233.30	\$262.70	\$235.40	\$211.90	\$94.20	\$84.80	\$186.60
70	\$182.90	\$252.20	\$284.20	\$254.60	\$229.10	\$101.80	\$91.60	\$201.60
71	\$196.50	\$271.00	\$305.30	\$273.50	\$246.20	\$109.40	\$98.50	\$216.70
72	\$200.60	\$276.80	\$311.90	\$279.50	\$251.60	\$111.80	\$100.60	\$221.40
73	\$205.70	\$283.60	\$319.40	\$286.30	\$257.70	\$114.50	\$103.10	\$226.90
74	\$209.80	\$289.30	\$325.80	\$291.90	\$262.70	\$116.80	\$105.10	\$231.40
75	\$216.60	\$298.70	\$336.60	\$301.50	\$271.40	\$120.60	\$108.60	\$239.00
76	\$221.10	\$304.90	\$343.50	\$307.80	\$277.00	\$123.10	\$110.80	\$243.90
77	\$225.50	\$311.10	\$350.50	\$314.00	\$282.60	\$125.60	\$113.00	\$248.80
78	\$230.10	\$317.40	\$357.70	\$320.40	\$288.40	\$128.20	\$115.40	\$253.80
79	\$234.50	\$323.60	\$364.50	\$326.60	\$293.90	\$130.60	\$117.60	\$258.70
80	\$239.10	\$329.80	\$371.60	\$333.00	\$299.70	\$133.20	\$119.90	\$263.80
81	\$243.50	\$335.80	\$378.40	\$339.00	\$305.10	\$135.60	\$122.00	\$268.70
82	\$248.30	\$342.40	\$386.00	\$345.70	\$311.10	\$138.30	\$124.40	\$274.00
83	\$252.50	\$348.30	\$392.40	\$351.50	\$316.40	\$140.60	\$126.60	\$278.70
84	\$257.30	\$354.70	\$399.70	\$358.10	\$322.30	\$143.20	\$128.90	\$283.80
85 and over	\$259.60	\$358.10	\$403.30	\$361.30	\$325.20	\$144.50	\$130.10	\$286.40

¹ Plan F is available for anyone who is eligible for Medicare before Jan. 1, 2020.

² To be eligible to receive the Household Discount, members must have a legal spouse or another adult living at their residence (but no more than three other persons age 60 or older) who is 18 years of age or older with whom they have continuously resided with for the last 12 months.

Premiums are based upon the most current Medicare deductible and cost-sharing amounts and are subject to changes.

If you are applying for Plans D, F, G, High Deductible Plan G or N within six months after your Medicare Part B effective date or the first day of the month in which you turn age 65 and you are currently enrolled in Medicare Part B, you are within your Medicare Supplement Open Enrollment Period. This means your acceptance is guaranteed and you do not have to answer health questions. You also do not have to answer health questions if you are within a Guaranteed Issue Rights Period.

Premium Information

Wellmark Blue Cross and Blue Shield can only raise premiums for all members of the same plan uniformly. This means that we cannot increase your rate because you had claims. On the effective date of premium rates (or if there is a change in Medicare's benefit structure), members will receive a premium based on their age. If we do change your premium, we will notify you at least 30 days in advance. However, if you are applying for coverage within 60 days of a premium change with an effective date prior to the premium change, Wellmark will provide notice of the new premium within a reasonable period of the time after the enrollment of your application.

Disclosures

Use these outlines to compare benefits and premiums among policies.

These outlines show benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010, have different benefits and premiums.

Read Your Policy

These outlines describe your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

Right to Return Policy

If you find that you are not satisfied with your policy, you may return it to:

**Wellmark Blue Cross and Blue Shield of South Dakota
1601 West Madison Street
Sioux Falls, SD 57104**

If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Policy Replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

Notice

This policy may not fully cover all of your medical costs.

Neither Wellmark Blue Cross and Blue Shield of South Dakota nor its agents are connected with Medicare.

These outlines do not give all the details of Medicare coverage. Contact your local Social Security office or consult *Medicare and You* for more details.

Complete Answers are Important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. Wellmark Blue Cross and Blue Shield may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

MedicareBlue Supplement Plan A

Medicare (Part A) Hospital Services Per Benefit Period

Services		Medicare Pays	Wellmark Plan A Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$1,556	\$0	\$1,556 (Part A deductible)
	Days 61–90	All but \$389 a day	\$389 a day	\$0
	Day 91 and after			
	• While using 60 lifetime reserve days	All but \$778 a day	\$778 a day	\$0
	• Once lifetime reserve days are used: – Additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	– Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare’s requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$194.50 a day	\$0	Up to \$194.50 a day
	Beyond 100 days	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care	You must meet Medicare’s requirements, including doctor’s certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

¹ A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

² NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Basic Benefits.” During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

MedicareBlue Supplement Plan A (continued)

Medicare (Part B) Medical Services Per Calendar Year

Services		Medicare Pays	Wellmark Plan A Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$233 of Medicare approved amounts ³	\$0	\$0	\$233 (Part B deductible)
	Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare approved amounts)		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$233 of Medicare approved amounts ³	\$0	\$0	\$233 (Part B deductible)
	Remainder of Medicare approved amounts	80%	20%	\$0
Clinical Laboratory Services TESTS FOR DIAGNOSTIC SERVICES		100%	\$0	\$0

³ Once you have been billed \$233 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

MedicareBlue Supplement Plan A (continued)

Medicare Parts A and B

Services		Medicare Pays	Wellmark Plan A Pays	You Pay
Home Health Care MEDICARE APPROVED SERVICES	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
	Durable medical equipment: • First \$233 of Medicare approved amounts ³	\$0	\$0	\$233 (Part B deductible)
	• Remainder of Medicare approved amounts	80%	20%	\$0

³ Once you have been billed \$233 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare benefits are subject to changes. Please visit [Medicare.gov](https://www.Medicare.gov) and consult the latest *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*.

MedicareBlue Supplement Plan D

Medicare (Part A) Hospital Services Per Benefit Period

Services		Medicare Pays	Wellmark Plan D Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$1,556	\$1,556 (Part A deductible)	\$0
	Days 61–90	All but \$389 a day	\$389 a day	\$0
	Day 91 and after	All but \$778 a day	\$778 a day	\$0
	• While using 60 lifetime reserve days			
	• Once lifetime reserve days are used: – Additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
– Beyond the additional 365 days	\$0	\$0	All costs	
Skilled Nursing Facility Care¹ You must meet Medicare’s requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$194.50 a day	Up to \$194.50 a day	\$0
	Beyond 100 days	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care	You must meet Medicare’s requirements, including doctor’s certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

¹ A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

² NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Basic Benefits.” During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

MedicareBlue Supplement Plan D (continued)

Medicare (Part B) Medical Services Per Calendar Year

Services		Medicare Pays	Wellmark Plan D Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$233 of Medicare approved amounts ³	\$0	\$0	\$233 (Part B deductible)
	Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare approved amounts)		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$233 of Medicare approved amounts ³	\$0	\$0	\$233 (Part B deductible)
	Remainder of Medicare approved amounts	80%	20%	\$0
Clinical Laboratory Services TESTS FOR DIAGNOSTIC SERVICES		100%	\$0	\$0

³ Once you have been billed \$233 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

MedicareBlue Supplement Plan D (continued)

Medicare Parts A and B

Services		Medicare Pays	Wellmark Plan D Pays	You Pay
Home Health Care MEDICARE APPROVED SERVICES	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
	Durable medical equipment: <ul style="list-style-type: none"> • First \$233 of Medicare approved amounts³ 	\$0	\$0	\$233 (Part B deductible)
	<ul style="list-style-type: none"> • Remainder of Medicare approved amounts 	80%	20%	\$0

Other Benefits Not Covered by Medicare

Services		Medicare Pays	Wellmark Plan D Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE	Medically necessary emergency care services during the first 60 days of each trip outside the United States <ul style="list-style-type: none"> • First \$250 each calendar year 	\$0	\$0	\$250
	<ul style="list-style-type: none"> • Remainder of charges 	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

³ Once you have been billed \$233 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare benefits are subject to changes. Please visit [Medicare.gov](https://www.medicare.gov) and consult the latest *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*.

MedicareBlue Supplement Plan F

Plan F is available for anyone who is eligible for Medicare before Jan. 1, 2020.

Medicare (Part A) Hospital Services Per Benefit Period

Services		Medicare Pays	Wellmark Plan F Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$1,556	\$1,556 (Part A deductible)	\$0
	Days 61–90	All but \$389 a day	\$389 a day	\$0
	Day 91 and after	All but \$778 a day	\$778 a day	\$0
	<ul style="list-style-type: none"> • While using 60 lifetime reserve days 			
	<ul style="list-style-type: none"> • Once lifetime reserve days are used: <ul style="list-style-type: none"> – Additional 365 days 	\$0	100% of Medicare eligible expenses	\$0 ²
– Beyond the additional 365 days	\$0	\$0	All costs	
Skilled Nursing Facility Care¹ You must meet Medicare’s requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$194.50 a day	Up to \$194.50 a day	\$0
	Beyond 100 days	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care	You must meet Medicare’s requirements, including doctor’s certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

¹ A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

² NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Basic Benefits.” During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

MedicareBlue Supplement Plan F (continued)

Plan F is available for anyone who is eligible for Medicare before Jan. 1, 2020.

Medicare (Part B) Medical Services Per Calendar Year

Services		Medicare Pays	Wellmark Plan F Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$233 of Medicare approved amounts ³	\$0	\$233 (Part B deductible)	\$0
	Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare approved amounts)		\$0	100%	\$0
Blood	First 3 pints	\$0	All costs	\$0
	Next \$233 of Medicare approved amounts ³	\$0	\$233 (Part B deductible)	\$0
	Remainder of Medicare approved amounts	80%	20%	\$0
Clinical Laboratory Services TESTS FOR DIAGNOSTIC SERVICES		100%	\$0	\$0

³ Once you have been billed \$233 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

MedicareBlue Supplement Plan F (continued)

Plan F is available for anyone who is eligible for Medicare before Jan. 1, 2020.

Medicare Parts A and B

Services		Medicare Pays	Wellmark Plan F Pays	You Pay
Home Health Care MEDICARE APPROVED SERVICES	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
	Durable medical equipment: <ul style="list-style-type: none"> • First \$233 of Medicare approved amounts³ 	\$0	\$233 (Part B deductible)	\$0
	<ul style="list-style-type: none"> • Remainder of Medicare approved amounts 	80%	20%	\$0

Other Benefits Not Covered by Medicare

Services		Medicare Pays	Wellmark Plan F Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE	Medically necessary emergency care services during the first 60 days of each trip outside the United States <ul style="list-style-type: none"> • First \$250 each calendar year 	\$0	\$0	\$250
	<ul style="list-style-type: none"> • Remainder of charges 	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

³ Once you have been billed \$233 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare benefits are subject to changes. Please visit [Medicare.gov](https://www.Medicare.gov) and consult the latest *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*.

MedicareBlue Supplement Plan G

Medicare (Part A) Hospital Services Per Benefit Period

Services		Medicare Pays	Wellmark Plan G Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$1,556	\$1,556 (Part A deductible)	\$0
	Days 61–90	All but \$389 a day	\$389 a day	\$0
	Day 91 and after	All but \$778 a day	\$778 a day	\$0
	<ul style="list-style-type: none"> • While using 60 lifetime reserve days 			
	<ul style="list-style-type: none"> • Once lifetime reserve days are used: <ul style="list-style-type: none"> – Additional 365 days 	\$0	100% of Medicare eligible expenses	\$0 ²
– Beyond the additional 365 days	\$0	\$0	All costs	
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$194.50 a day	Up to \$194.50 a day	\$0
	Beyond 100 days	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care	You must meet Medicare's requirements, including doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

¹ A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

² NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Basic Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

MedicareBlue Supplement Plan G (continued)

Medicare (Part B) Medical Services Per Calendar Year

Services		Medicare Pays	Wellmark Plan G Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$233 of Medicare approved amounts ³	\$0	\$0	\$233 (Part B deductible)
	Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare approved amounts)		\$0	100%	\$0
Blood	First 3 pints	\$0	All costs	\$0
	Next \$233 of Medicare approved amounts ³	\$0	\$0	\$233 (Part B deductible)
	Remainder of Medicare approved amounts	80%	20%	\$0
Clinical Laboratory Services TESTS FOR DIAGNOSTIC SERVICES		100%	\$0	\$0

³ Once you have been billed \$233 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

MedicareBlue Supplement Plan G (continued)

Medicare Parts A and B

Services		Medicare Pays	Wellmark Plan G Pays	You Pay
Home Health Care MEDICARE APPROVED SERVICES	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
	Durable medical equipment: <ul style="list-style-type: none"> • First \$233 of Medicare approved amounts³ 	\$0	\$0	\$233 (Part B deductible)
	<ul style="list-style-type: none"> • Remainder of Medicare approved amounts 	80%	20%	\$0

Other Benefits Not Covered by Medicare

Services		Medicare Pays	Wellmark Plan G Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE	Medically necessary emergency care services during the first 60 days of each trip outside the United States <ul style="list-style-type: none"> • First \$250 each calendar year 	\$0	\$0	\$250
	<ul style="list-style-type: none"> • Remainder of charges 	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

³ Once you have been billed \$233 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

MedicareBlue Supplement High Deductible Plan G

Medicare (Part A) Hospital Services Per Benefit Period

Services		Medicare Pays	After You Pay \$2,490 Deductible, Wellmark HD Plan G ¹ Pays	You Pay
Hospitalization² Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$1,556	\$1,556 (Part A deductible)	\$0
	Days 61–90	All but \$389 a day	\$389 a day	\$0
	Day 91 and after • While using 60 lifetime reserve days	All but \$778 a day	\$778 a day	\$0
	• Once lifetime reserve days are used: – Additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ³
	– Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care² You must meet Medicare’s requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$194.50 a day	Up to \$194.50 a day	\$0
	Beyond 100 days	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care	You must meet Medicare’s requirements, including doctor’s certification of terminal illness	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/ coinsurance	\$0

¹ This high-deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2,490 deductible. Benefits from the High Deductible Plan G will not begin until out-of-pocket expenses are \$2,490. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare Part A deductible, Part B deductible and excess charges. This does not include the plan’s separate foreign travel emergency deductible.

² A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

³ NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy’s “Basic Benefits.” During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

MedicareBlue Supplement High Deductible Plan G (continued)

Medicare (Part B) Medical Services Per Calendar Year

Services		Medicare Pays	After You Pay \$2,490 Deductible, Wellmark HD Plan G ¹ Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$233 of Medicare approved amounts ²	\$0	\$0	\$233 (Part B deductible)
	Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare approved amounts)		\$0	100%	\$0
Blood	First 3 pints	\$0	All costs	\$0
	Next \$233 of Medicare approved amounts ²	\$0	\$0	\$233 (Part B deductible)
	Remainder of Medicare approved amounts	80%	20%	\$0
Clinical Laboratory Services TESTS FOR DIAGNOSTIC SERVICES		100%	\$0	\$0

¹ This high-deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2,490 deductible. Benefits from the High Deductible Plan G will not begin until out-of-pocket expenses are \$2,490. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare Part A deductible, Part B deductible and excess charges. This does not include the plan's separate foreign travel emergency deductible.

² Once you have been billed \$233 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

NOTE: Members enrolled in High Deductible Plan G for 12 consecutive months will be allowed to move to Plan G during the Annual Enrollment Period (AEP) from Oct. 15–Dec. 7 for coverage to be effective Jan. 1. Members who move from High Deductible Plan G to Plan G will keep their same rating structure. So if a member has the preferred rating in High Deductible Plan G, then they will get the preferred rating when they move to Plan G. Members moving from High Deductible Plan G to Plan G outside the AEP will be required to answer health questions on the application.

MedicareBlue Supplement High Deductible Plan G (continued)

Medicare Parts A and B

Services		Medicare Pays	After You Pay \$2,490 Deductible, Wellmark HD Plan G ¹ Pays	You Pay
Home Health Care MEDICARE APPROVED SERVICES	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
	Durable medical equipment: <ul style="list-style-type: none"> • First \$233 of Medicare approved amounts² 	\$0	\$0	\$233 (Part B deductible)
	<ul style="list-style-type: none"> • Remainder of Medicare approved amounts 	80%	20%	\$0

Other Benefits Not Covered by Medicare

Services		Medicare Pays	After You Pay \$2,490 Deductible, Wellmark HD Plan G ¹ Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE	Medically necessary emergency care services during the first 60 days of each trip outside the United States <ul style="list-style-type: none"> • First \$250 each calendar year 	\$0	\$0	\$250
	<ul style="list-style-type: none"> • Remainder of charges 	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

¹ This high-deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2,490 deductible. Benefits from the High Deductible Plan G will not begin until out-of-pocket expenses are \$2,490. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare Part A deductible, Part B deductible and excess charges. This does not include the plan's separate foreign travel emergency deductible.

² Once you have been billed \$233 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare benefits are subject to changes. Please visit Medicare.gov and consult the latest *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*.

MedicareBlue Supplement Plan N

Medicare (Part A) Hospital Services Per Benefit Period

Services		Medicare Pays	Wellmark Plan N Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$1,556	\$1,556 (Part A deductible)	\$0
	Days 61–90	All but \$389 a day	\$389 a day	\$0
	Day 91 and after	All but \$778 a day	\$778 a day	\$0
	<ul style="list-style-type: none"> • While using 60 lifetime reserve days 			
	<ul style="list-style-type: none"> • Once lifetime reserve days are used: <ul style="list-style-type: none"> – Additional 365 days 	\$0	100% of Medicare eligible expenses	\$0 ²
– Beyond the additional 365 days	\$0	\$0	All costs	
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$194.50 a day	Up to \$194.50 a day	\$0
	Beyond 100 days	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care	You must meet Medicare's requirements, including doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

¹ A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

² NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Basic Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

MedicareBlue Supplement Plan N (continued)

Medicare (Part B) Medical Services Per Calendar Year

Services		Medicare Pays	Wellmark Plan N Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$233 of Medicare approved amounts ³	\$0	\$0	\$233 (Part B deductible)
	Remainder of Medicare approved amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the member is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the member is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges (Above Medicare approved amounts)		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$233 of Medicare approved amounts ³	\$0	\$0	\$233 (Part B deductible)
	Remainder of Medicare approved amounts	80%	20%	\$0
Clinical Laboratory Services TESTS FOR DIAGNOSTIC SERVICES		100%	\$0	\$0

³ Once you have been billed \$233 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

MedicareBlue Supplement Plan N (continued)

Medicare Parts A and B

Services		Medicare Pays	Wellmark Plan N Pays	You Pay
Home Health Care MEDICARE APPROVED SERVICES	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
	Durable medical equipment: • First \$233 of Medicare approved amounts ³	\$0	\$0	\$233 (Part B deductible)
	• Remainder of Medicare approved amounts	80%	20%	\$0

Other Benefits Not Covered by Medicare

Services		Medicare Pays	Wellmark Plan N Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE	Medically necessary emergency care services during the first 60 days of each trip outside the United States • First \$250 each calendar year	\$0	\$0	\$250
	• Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

³ Once you have been billed \$233 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare benefits are subject to changes. Please visit [Medicare.gov](https://www.medicare.gov) and consult the latest *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*.

Premium payments may be made on a calendar month, calendar quarter, semi-annual calendar year, or calendar year basis. For example, a monthly premium would be for the first day of a month through the last day of such month. A quarterly payment would be for any calendar quarterly period, such as January 1 through March 31. A semi-annual payment would be for the period of either January 1 through June 30 or July 1 through December 31. An annual premium would be for January 1 through December 31 of the applicable year.

The amount of your periodic premium payment will change as provided in the policy and from time to time based on changes in your coverage, including but not limited to, changes in benefits, payment obligations (such as deductible, coinsurance and copayments), your age, or other factors that require adjustments to the total premium. These changes may occur at times other than an annual or other policy renewal.

If you elected to authorize automatic premium withdrawals from an account, the automatic withdrawal will change periodically to correspond with the applicable premium. Your authorization for automatic premium withdrawals shall include authorization for automatic withdrawal of any changed amount unless you call or provide your bank with written notice not less than three (3) business days before a scheduled withdrawal to stop the payment. If you call your bank to stop payment, you may be required to provide a written request within fourteen (14) days after your call. You will be responsible for any fee assessed by your bank for stop-payment orders that you make.

MedicareBlue SupplementSM is a Medicare Supplement insurance plan. MedicareBlue SupplementSM is not connected with or endorsed by the U.S. government or the federal Medicare program.

Sioux Falls Service Center
1601 West Madison Street
Sioux Falls, SD 57104

**If you have questions or need
additional information, call toll-free.**

Not Enrolled: 877-877-8411

Already Enrolled: 800-682-0471

TTY hearing impaired users call 711



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