THE NUMBER
OF YEARS
WELLMARK
HAS PROVIDED
MEDICARE
SUPPLEMENT
INSURANCE.
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*Medicare matters because your health matters.*

**IT’S TIME TO GET READY.**

For a one-on-one consultation, call 800-336-0505 or contact your agent.
GET READY FOR MEDICARE

For so long, it’s been out there in the distant future. Now, it’s just around the corner.

Start planning now

Before you turn 65, it’s important to have a plan in place for your health care coverage, regardless of your employment status. By picking up this guide and reading through it, you’re getting ready to secure the health care coverage you need.

YOU DON’T HAVE TO BE AN EXPERT. THAT’S WHERE WE COME IN.

Wellmark Blue Cross and Blue Shield has been working with Medicare products since the program began. Medicare started in 1965 with basic coverage for hospital and medical services. The same year, Wellmark began offering Medicare supplement insurance. Wellmark has more than 50 years of knowledge and experience with Medicare products.

In fact, more than half of all Medicare supplement policyholders in Iowa and South Dakota have chosen Wellmark for their insurance needs.

At Wellmark, we will guide you through the transition, so you can spend retirement focusing on the things that matter most to you.

HEALTH CARE COSTS ARE A RETIREMENT CONCERN FOR AMERICANS, AND FOR GOOD REASON.

Unexpected medical expenses can derail years of retirement preparation. When living on a fixed income, it’s more important than ever to realistically budget for expenses, and have a quality health insurer you can trust.

Wellmark members know they can count on stable and predictable rates so they can plan from year to year.
MEDICARE BASICS

Medicare is a health insurance program managed by the federal government for people over the age of 65 or who may have certain disabilities. Medicare is separated into several different “parts” that offer different types of coverage.

How Medicare works
To understand Medicare, the place to start is with Original Medicare. It has two parts:

- **Medicare Part A covers hospital care**, including home health care and hospice care. It is offered at no cost to nearly everyone eligible for Medicare.

- **Medicare Part B covers medical care**, which includes doctor visits, outpatient care and supplies. It is available for a monthly premium to most people eligible for Medicare.

Who is eligible for Medicare?
You can enroll in Medicare if:

- You are 65 or older, a U.S. citizen and have been a legal resident for five straight years.

- You are younger than 65, permanently disabled and have received Social Security disability payments for at least two years — or you need a kidney transplant or dialysis for end-stage renal disease.

To determine your eligibility for Medicare, and calculate your expected premium, visit Medicare.gov and search for the Eligibility and Premium Calculator.

28%

This percentage of Americans approaching retirement are concerned their medical expenses will be too high. But, fewer than 15 percent of those nearing retirement age have estimated how much they will spend on health care in retirement.

Source: Merrill Lynch and Age Wave survey, 2014

For a one-on-one consultation, call 800-336-0505 or contact your agent.
WHEN TO ENROLL

There are different times when you can enroll in Medicare, and each of those times has certain rules around applying and when your coverage will begin.

When you are first eligible for Medicare, you have seven months to sign up, called the Initial Enrollment Period. The period begins three months before the month you turn 65 and coverage can start as early as the month of your 65th birthday (or the month before if your birthday is on the first of the month).

- **Most people are automatically enrolled in hospital coverage (Part A)** on the first day of the month they turn 65. If you don’t receive an enrollment notice three months before your 65th birthday, call Social Security.

- **You can sign up for medical coverage (Part B)** during your Initial Enrollment Period. If you already have other health insurance (for example, if you’re still working and your employer provides your coverage) you can delay your enrollment without a penalty. But be careful, if you delay your enrollment and do not have other health insurance, the Centers for Medicare and Medicaid Services will charge you a penalty once you do sign up. And, you will pay that penalty for as long as you’re enrolled.

If you miss this period, you will have a chance to enroll in Medicare again during the general enrollment period, which takes place every year between Jan. 1 and March 31 for a July 1 effective date. **But if you wait, you may have to pay more.** So, it’s in your best interest to understand how your current coverage works with Medicare before making any decisions.

Once you are enrolled, Social Security will send you a “Welcome to Medicare” packet that includes your Medicare card.

**When is your 7-month initial enrollment period?**

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<tr>
<td>3 months before your 65th birthday</td>
<td>65th Birthday</td>
<td>3 months after your 65th birthday</td>
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There are three ways to apply for Medicare Parts A and B.

**ONLINE**
Visit the Social Security website.

**BY PHONE**
Call the Social Security national customer hotline at 800-772-1213.

**IN PERSON**
Visit your local Social Security office.
WHAT MEDICARE COVERS

Part A: Hospital coverage

Medicare Part A is generally offered at no cost to you, but there is a deductible for hospital stays and you may also have copays for longer stays.

WHAT’S INCLUDED IN PART A?

- Semi-private room
- Your hospital meals
- Skilled nursing services
- Special unit care, such as intensive care
- Operating room and recovery room services
- Hospice care
- Drugs, medical supplies and medical equipment while hospitalized
- Lab tests, X-rays and radiation treatment while hospitalized
- Rehabilitation services
- Some blood for transfusions in hospitals or skilled nursing facilities
- Skilled in-home health care if you’re home-bound and only need part-time care

Part B: Medical coverage

Medicare Part B is available for a monthly premium based on your income and has a yearly deductible. After your yearly deductible, you pay 20 percent (Medicare pays 80 percent) of Medicare-approved expenses for eligible services and supplies that are medically necessary.

PART B ELIGIBLE EXPENSES

Outpatient services

- Doctor's services, including office visits and surgery
- X-rays, lab tests and radiation therapy
- Medical supplies and services such as oxygen and durable medical equipment
- Diabetes self-monitoring training, nutrition therapy and testing supplies (not insulin)
- Outpatient diagnostic and treatment services, including some outpatient surgery
- Outpatient rehabilitation services such as physical therapy

Preventive care services

- “Welcome to Medicare” visit within the first 12 months of enrolling in Part B
- Annual wellness visits after 12 months of being enrolled in Part B or 12 months after the “Welcome to Medicare” visit
- Cancer screenings such as pap tests, pelvic exams, mammograms, colorectal screenings and prostate exams
- Flu shots, pneumonia and hepatitis B vaccines
- Diabetes and HIV screenings
- Stop-smoking counseling

For a one-on-one consultation, call 800-336-0505 or contact your agent.
Here’s how hospital coverage (Part A) works:

Mary stayed in the hospital for five days in January. She was readmitted in September and stayed for 65 days. Here’s how much she can expect to pay:

**JANUARY**

Mary is admitted to the hospital for five days.

- Admission: Mary pays deductible 1 $1,316
- You pay your Part A deductible for each benefit period.
- Days 1 – 5: Mary pays $0 $0
- Medicare pays for the first 60 days of eligible care in full after you pay the deductible.

**SEPTEMBER**

Mary is readmitted to the hospital for 65 days. A new benefit period has started since it has been longer than 60 days since Mary’s last benefit period, so she’s responsible for a deductible.

- Admission: Mary pays deductible 2 $1,316
- You pay your Part A deductible for each benefit period.
- Days 1 – 60: Mary pays $0 $0
- Medicare pays for the first 60 days of eligible care in full after you pay the deductible.
- Medicare pays all but $329 a day for the 61st through 90th day
- Days 61 – 65: Mary pays for her remaining care $1,645

**MARY’S TOTAL COST = $4,277**

Here’s how medical coverage (Part B) works:

John visited his Medicare-participating doctor to get a few tests done. He has already paid his deductible for the year. Here’s how much he can expect to pay:

- Medicare-approved amount for his appointment is $100.
- Medicare pays 80% of the approved amount, and pays $80.
- John is responsible for the other 20% (coinsurance) $20

**JOHN’S TOTAL COST = $20**

You can see that Medicare doesn’t cover all your expenses.

In fact, there’s a gap that can leave you with a large bill. Hospital stays, doctor appointments, deductibles and other services can all add up, which is why extra coverage is available to you from Wellmark.
Coverage You Can Count On

Wellmark’s MedicareBlue Supplement℠ plans help pay for health care costs and some services not covered by Medicare, such as deductibles, copays and coinsurance. Wellmark has a variety of options to fit your needs.

Who is eligible to enroll in MedicareBlue Supplement?

You must meet the following criteria to enroll in a Medicare supplement plan:

- You should be enrolled in Medicare Part A.
- You should be enrolled in Medicare Part B.
- Your primary residence must be in Iowa or South Dakota.
- You must continue to pay your Part A and B premiums.

Is your primary residence outside Iowa or South Dakota?
Call 888-630-2583 to find a Blue Cross Blue Shield plan in your area.
Finding the plan that works for you

Choosing a MedicareBlue Supplement plan starts with your specific health care needs. Do you have specific health issues and need to see a doctor often? You may consider more coverage. Do you have an active lifestyle and stay relatively healthy? You may want basic coverage. Wellmark has several plans to choose from.

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<th>STANDARD MEDICARE SUPPLEMENT PLANS</th>
<th>PLAN A</th>
<th>PLAN D</th>
<th>PLAN F</th>
<th>PLAN FHD</th>
<th>PLAN G</th>
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<tr>
<td>BASIC BENEFITS</td>
<td>X</td>
<td>X</td>
<td>X*</td>
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<td>X**</td>
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<td>This includes hospitalization, medical expenses, blood and hospice care.</td>
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<td>SKILLED NURSING FACILITY COINSURANCE</td>
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<td>Without this coverage, members are partially responsible for their stay in a skilled nursing facility.</td>
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<td>HOSPITAL (PART A) DEDUCTIBLE</td>
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<td>X</td>
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<td>Coverage to pay the hospital deductible (an amount set by Medicare).</td>
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<tr>
<td>MEDICAL (PART B) DEDUCTIBLE</td>
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<td>This amount will be applied to medical costs.</td>
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<td>MEDICAL (PART B) EXCESS</td>
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<td>Coverage when a provider charges over the Medicare-approved amount.</td>
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<td>FOREIGN TRAVEL EMERGENCY</td>
<td>X</td>
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<tr>
<td>Coverage when emergency care outside the United States is needed.</td>
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*Benefits begin after you pay the annual deductible amount.
**Exceptions: Up to $20 copay for office visits and up to $50 copay for emergency room.

Freedom of choice

With a Wellmark Medicare supplement plan, you can visit any Medicare-participating doctor or hospital with no referrals. That means you can relax knowing that Wellmark Blue Cross and Blue Shield coverage will travel with you across the state or across the country.
When to enroll

You can enroll in a Medicare supplement plan from Wellmark beginning the first day of the month your medical coverage (Part B) is effective. If you enroll during the first six months of your medical coverage, you won’t need to answer any health questions. If you’re under 65 and enrolling in Medicare due to a disability, other rules may apply.

If you don’t enroll during your Initial Enrollment Period, you may have to answer health questions if you choose to enroll later.

If you want to change Medicare supplement plans, you may do so any time of year. However, you may need to answer health questions if you are switching to a plan with more comprehensive benefits.

GETTING PART A AND PLAN A MIXED UP?

• **PART A** is what Medicare calls your hospital expenses.

• **PLAN A** is a Medicare supplement plan.

While most will have PART A coverage (Original Medicare hospital expenses), you get to choose if PLAN A (Medicare supplement plan) is right for you.

For a one-on-one consultation, call 800-336-0505 or contact your agent.
PRESCRIPTION DRUG PLANS THAT WORK FOR YOU

MedicareBlue℠ Rx (PDP) is a convenient, easy-to-use, Part D prescription drug plan. Pair this with a MedicareBlue Supplement plan to help protect yourself from unexpected drug costs.

Now that you’ve learned more about Original Medicare and Medicare supplement coverage, you know drug costs are not covered. A prescription drug plan is a small price to pay for help in protecting against unexpected drug costs that can quickly add up.

If you enroll in a prescription drug plan, you will pay a monthly premium plus a share of the cost of your prescriptions. Drug plans vary by types of drugs covered, how much you pay and the pharmacy you use.

Why choose MedicareBlue Rx?

- Coverage backed by Wellmark, a company you know you can count on
- Help to protect yourself from unexpected drug costs
- Coverage for preferred and non-preferred generic and brand-name drugs, as well as specialty drugs
- Access to more than 67,000 pharmacies in our network. You can find a list of participating pharmacies at YourMedicareSolutions.com

To be eligible to enroll in MedicareBlue Rx you must be:

- Currently enrolled in Medicare Part A, Part B or both.
- Living in Iowa or South Dakota (but don’t worry, your drug plan will go with you wherever you travel in the U.S.).

The average annual drug expenses of people age 65 and older. It’s important to make sure you have the right coverage in place to help protect you against unexpected costs.

Source: US Department of Commerce, 2014

$803

For a one-on-one consultation, call 800-336-0505 or contact your agent.
**MedicareBlue Rx: Two plan options**

You can choose from two MedicareBlue Rx plans that include a nationwide network of pharmacies: Standard or Premier.

1. **The Standard option** has a $0 deductible on preferred generic drugs and an annual $400 deductible on other drugs. This must be paid before copay or coinsurance cost sharing begins.

2. **The Premier option** does not have a deductible, so drug coverage starts right away with copays or coinsurance. This option also offers additional savings on generic drugs in the coverage gap (also called the donut hole).

Each option includes catastrophic coverage that helps protect you against high drug costs after a certain amount is spent on prescription drugs. Both plans also offer a convenient mail order pharmacy option.

**When to enroll**

You can enroll in a prescription drug plan during your Initial Enrollment Period. If you don’t enroll, the Centers for Medicare and Medicaid Services may charge you a penalty — in the form of a higher monthly Part D premium — when you enroll later. The longer you wait to enroll, the higher the penalty.

**Switching plans**

You can switch your prescription drug coverage during the annual enrollment period, which runs every year from Oct. 15 through Dec. 7. There are **Special Enrollment Periods** that may allow you to switch outside the annual enrollment period. Some examples include:

- You are eligible for financial help from Social Security.
- You move outside your plan’s service area.
- Your plan’s government contract ends, or the plan goes out of business.
- You lose prescription drug coverage from an employer or union, or your drug coverage is no longer as good as the standard Part D benefit.
- The plan you’re switching to was given a 5-star rating by the Centers for Medicare and Medicaid Services.

---

**THE DONUT HOLE**

The donut hole, or coverage gap, happens when your total drug costs exceed a certain amount and before catastrophic coverage kicks in. Not everyone will reach this point, but it is important to know what your plan will cover if you do.

| Coverage begins (Jan. 1) | Drug costs covered by plan | Coverage gap “donut hole” | Catastrophic coverage kicks in | Covered for rest of year (Dec. 31) |

For a one-on-one consultation, call 800-336-0505 or contact your agent. | 11
Since 1965, millions of Iowans and South Dakotans have trusted Wellmark Blue Cross and Blue Shield with their Medicare supplement needs. Once enrolled in our MedicareBlue Supplement plans, the vast majority of our members — nine out of ten — choose to keep their coverage with Wellmark year after year.

We continuously work to earn our members’ trust. When you’re making important decisions about your health care, you can count on Wellmark Blue Cross and Blue Shield. We will provide:

- **The right plan for the right price.** Find a variety of coverage options, from basic to comprehensive, to fit a wide range of budgets.

- **Stability and peace of mind.** When you are on a fixed income, stable rates are important for planning from year to year. At Wellmark, we work hard to keep premiums as stable and predictable as possible.

- **Experience and strength.** As a leader in the insurance industry, you can trust Wellmark’s seasoned expertise and proven track record.

- **Highly trained and qualified staff.** Wellmark is dedicated to your needs. The enrollment process is easy, and our customer service representatives will provide you with the personalized support you need.
GET MORE WITH WELLMARK

With Wellmark, you will get more than the standard Medicare supplement benefits. You get coverage from a company you trust and extra programs and services at no cost to you.

**Freedom of choice**
Visit any Medicare-participating doctor or hospital with no referrals. You can relax knowing that Wellmark Blue Cross and Blue Shield coverage will travel with you across the state or across the country.

**Healthy advantages**
If you live a healthy lifestyle, you may be eligible for preferred monthly premiums. (Eligibility for preferred premiums may be dependent upon answers to health questions on the application.)

**Local and knowledgeable staff**
You can trust the voice on the other end of the phone. We live and work in your community and have a highly-trained staff with years of experience.

**Exclusive discounts**
Get fit and stay fit by using Blue365® to access special discounts on gym memberships, heart rate monitors, healthy eating plans and more. The program is free to MedicareBlue Supplement members. Explore a variety of valuable discounts online at Blue365Deals.com/WellmarkBCBS.

**Free magazine subscription**
*Blue*SM is a free publication and a favorite among MedicareBlue Supplement members, highlighting important information you need to know about your health plan. The magazine also features delicious recipes, sensible nutrition information, tips for staying active, member stories, and so much more. It’s delivered straight to your mailbox.

80%
The percentage of luxury travel purchases made by people over the age of 50. Wellmark Medicare Supplement members can take advantage of travel discounts at Blue365Deals.com/WellmarkBCBS.

*Source: Nielsen study*

For a one-on-one consultation, call 800-336-0505 or contact your agent.
NOW, YOU’RE READY TO ENROLL

Get a free, no obligation, personalized consultation from a local expert. Let us put our knowledge and experience to work for you.

Get the best plan possible and speak to our experts who can guide you through the Medicare decision-making process. Whether you’re getting ready for Medicare or looking to switch your coverage, Wellmark is here to help.

See why more of your neighbors in Iowa and South Dakota choose a Wellmark MedicareBlue Supplement plan over any other.

There’s no risk. No obligation. No hard sell. We’re here to help.

- Contact your authorized independent agent
- Call Wellmark at 800-336-0505, * 8 a.m. to 5 p.m. daily, Central Time (TTY hearing impaired users call 711)
- Visit us online at Wellmark.com
*Calling this number will take you to a licensed sales agent.

Don’t forget to ask about adding prescription drug coverage to your plan.

WE’VE GOT THIS.

Let Wellmark make the transition to Medicare an easy one for you.
QUESTIONS?
WE’VE GOT ANSWERS.

You can count on Wellmark to be there to support you, just like always.

When should I enroll in Medicare?
Generally, during the Initial Enrollment Period. See page 4 for details.

What if I’m still working at age 65 and have health insurance through my employer?
If you are still working at age 65 at a job with health benefits, or you have coverage through your spouse’s group health plan, you might not need to enroll in Medicare immediately. In this case, a special enrollment period allows you to enroll in Medicare later, once your group health coverage is no longer available. Talk with a qualified Wellmark representative to discuss your health insurance options.

What are my coverage options if I retire before age 65?
Depending on your situation, you may qualify for other coverage, or you may want to purchase an individual policy. For a detailed answer to this question, talk to a qualified representative.

Can I keep my doctor?
With a MedicareBlue Supplement plan, you can see any Medicare-participating doctor you want. To check if your doctor accepts Medicare, use the physician compare tool on Medicare.gov.

Do I need a physical exam to qualify for Medicare?
No. You must be 65 or older, under age 65 with a disability, or meet other requirements outlined on page 3.

Can I get Medicare even if I have a pre-existing condition?
Yes, you can enroll in Medicare and receive benefits no matter your health status. You won’t be charged higher premiums because of past or current health conditions.

Do Medicare rates, deductibles and cost sharing change?
Yes, each fall Medicare rates and deductibles do change for the coming year. Medicare members are notified of these changes by mail, in the fall before the Annual Enrollment Period. The Annual Enrollment Period is between Oct. 15 and Dec. 7 each year. Changes take place Jan. 1 the following year.

When should I enroll in a Medicare supplement plan or Part D prescription drug plan?
Generally, the best time to sign up is during your Initial Enrollment Period. See pages 9 and 11 for more information.
Medicare can be confusing. Having trouble understanding Medicare-related words? This glossary can help you understand some common terms.

**Benefit period** — For Original Medicare, the benefit period begins on the first day of a hospital stay and ends when you have been out of the hospital or skilled nursing facility for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

**Centers for Medicare and Medicaid Services (CMS)** — The federal government agency that runs Medicare and works with each state to run their Medicaid program.

**Coinsurance** — The percentage of the Medicare-approved amount you pay for a medical service. With some plans, you do not pay coinsurance until you have paid a deductible.

**Copay** — A fixed amount you pay for each medical service, such as a doctor’s visit. For example, a copayment might be $20 for a doctor’s visit and $7 for a prescription drug you receive.

**Cost sharing** — The way Medicare and your health plan share your health care costs with you. Deductibles, coinsurance and copayments are all types of cost sharing.

**Deductible** — A set amount of money you must pay before your plan pays. Usually you have a separate deductible for Medicare Part A, Part B and Part D. Some deductibles are covered by Medicare supplement (Medigap) plans.

**Eligible care** — Medical care and services that qualify to be covered by your health plan.

**Lifetime reserve days** — These are extra days that Original Medicare will pay for when you are in a hospital for more than 90 days. You have 60 lifetime reserve days to use during your lifetime with a per-day copayment when you use them.

**Medigap (Medicare supplement) plan** — Health insurance policies that typically have standardized benefits and are sold by private insurance companies. Medigap policies work together with your Medicare Part A and Part B coverage. They generally allow you to go to any doctor or hospital that accepts Medicare. MedicareBlue SupplementSM is a Medigap plan.

**Part D (prescription drug plan)** — A Medicare Part D prescription drug plan may be a stand-alone plan that you can enroll in if you have Original Medicare and/or a Medicare supplement plan. MedicareBlueSM Rx is a Part D plan.

**Premium** — A fixed amount you pay, usually paid each month, you pay to be in a Medicare health plan or prescription drug plan.

**Preventive care** — Care that is provided to keep you healthy or find an illness or disease early, when it can be better treated. Examples of preventive care are flu shots, mammograms and screening for diabetes.
Required Federal Accessibility and Nondiscrimination Notice

Discrimination is against the law
Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Wellmark does not exclude people or treat them differently because of their race, color, national origin, age, disability or sex.

Wellmark provides:
• Free aids and services to people with disabilities so they may communicate effectively with us, such as:
  • Qualified sign language interpreters
  • Written information in other formats (large print, audio, accessible electronic formats, other formats)
• Free language services to people whose primary language is not English, such as:
  • Qualified interpreters
  • Information written in other languages

If you need these services, call 800-524-9242.

If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 5W189, Des Moines, IA 50309-2901, 515-376-4500, TTY 888-781-4262, Fax 515-376-9073, Email CRC@Wellmark.com. You can file a grievance in person, by mail, fax or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail, phone or fax at: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington DC 20201, 800-368-1019, 800-537-7697 (TDD).


注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262)。

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262)。


ПРЕДУПРЕЖДЕНИЕ: Если вы говорите на русском языке, вам доступны бесплатные услуги переводчика. Звоните по номеру 800-524-9242 или (телетайп: 888-781-4262)。

ВНИМАНИЕ! Если вы бед по-українські, вам можуть бути надані безкоштовні перекладчі послуги. Обраховуйтеся 800-524-9242 (телетайп: 888-781-4262)。

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyo tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262)。

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maaɗa. Heɓir 800-524-9242 malla (TTY: 888-781-4262)。

FUULEFFANNAA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajilooni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262)。

Ge’: Dinė k’ehjį yánîlî’t’go níkâ bizaad bee ákâ’ adoowol, t’áá jiik’é, náhóló. Koj’ hólne’ 800-524-9242 doodai’ (TTY: 888-781-4262)
MedicareBlue Rx is a prescription drug plan with a Medicare contract. Enrollment in MedicareBlue Rx depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums, deductibles, coinsurance and/or copayments may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The pharmacy network may change at any time. You will receive notice when necessary.

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