Iowa PPO
2026

Wellmark Advantage Health Plan

Wellmark Advantage Health Plan, Inc. is an independent licensee of the Blue Cross and Blue Shield Association.

Blue Medicare Advantage[SM] Valor PPO
Blue Medicare Advantage PPO[SM]

Jan. 1 – Dec. 31, 2026

Summary of Benefits

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

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

Our service area for Blue Medicare Advantage Valor PPO includes the following counties in Iowa: Adair, Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cass, Cedar, Cerro Gordo, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Delaware, Des Moines, Dickinson, Emmet, Fayette, Floyd, Franklin, Fremont, Greene, Grundy, Guthrie, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Lyon, Madison, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Page, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Sioux, Story, Tama, Taylor, Union, Van Buren, Wapello, Warren, Washington, Wayne, Webster, Winnebago, Winneshiek, Woodbury, Worth and Wright.

Our service area for Blue Medicare Advantage PPO includes the following counties in Iowa: Appanoose, Audubon, Benton, Black Hawk, Boone, Buchanan, Buena Vista, Butler, Calhoun, Carroll, Cedar, Cerro Gordo, Cherokee, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Decatur, Delaware, Des Moines, Dickinson, Emmet, Fayette, Floyd, Franklin, Greene, Grundy, Hamilton, Hancock, Hardin, Harrison, Henry, Howard, Humboldt, Ida, Iowa, Jackson, Jasper, Jefferson, Johnson, Jones, Keokuk, Kossuth, Lee, Linn, Louisa, Lucas, Madison, Mahaska, Marion, Marshall, Mitchell, Monona, Monroe, Montgomery, Muscatine, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Poweshiek, Ringgold, Sac, Scott, Shelby, Story, Tama, Taylor, Warren, Washington, Wayne, Webster, Winnebago, Woodbury, Worth and Wright.

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

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

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

Premium/Cost-sharing Table

You must continue to pay your Medicare Part B premium.

Monthly plan premiums, deductibles and limits on how much you pay for covered services	Blue Medicare Advantage Valor PPO	Blue Medicare Advantage PPO
Premium	$0	$0
Deductible	This plan does not have a deductible for hospital and medical services. This plan does not include Part D prescription drug coverage.	This plan does not have a deductible for hospital and medical services. No deductible on Part D prescription drugs on Tiers 1 and 2. $300 deductible for Part D prescription drugs in Tiers 3, 4, and 5. Deductible does not apply to insulins.
Maximum Out-of-Pocket Responsibility *(does not include prescription drugs)*	**In-Network** $6,750 annually **Combined In- and Out-of-Network** $6,750 annually	**In-Network** $4,150 annually **Combined In- and Out-of-Network** $5,500 annually
	The most you pay for copayments, coinsurance and other costs for medical services for the year. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. You will still need to pay your monthly plan premiums, Medicare Part B premiums and cost sharing for your Part D drugs.	

Benefits	Blue Medicare Advantage Valor PPO **$0 monthly premium** Medical coverage only	Blue Medicare Advantage PPO **$0 monthly premium** Medical & Part D drug coverage
Inpatient Hospital Coverage Our plan covers an unlimited number of days for an inpatient hospital stay. *Authorization rules may apply.*	*Authorization rules may apply; your plan provider will arrange for this authorization, if needed.* The copayments are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care for 60 days in a row.	
	In-Network $450 copayment per day for days 1 through 6 $0 copayment per day for additional days **Out-of-Network** 40% coinsurance per stay	**In-Network** $380 copayment per day for days 1 through 6 $0 copayment per day for additional days **Out-of-Network** 40% coinsurance per stay
Outpatient Hospital Coverage • Non-surgical outpatient hospital services • Surgical outpatient hospital services	*Authorization rules may apply; your plan provider will arrange for this authorization, if needed.*	
	In-Network $50 copayment for non-surgical services $400 copayment for surgical services **Out-of-Network** $75 copayment for non-surgical services $500 copayment for surgical services	**In-Network** $45 copayment for non-surgical services $500 copayment for surgical services **Out-of-Network** $70 copayment for non-surgical services $600 copayment for surgical services
Ambulatory Surgical Center (ASC) Services	*Authorization rules may apply; your plan provider will arrange for this authorization, if needed.*	
	In-Network $300 copayment **Out-of-Network** $500 copayment	**In-Network** $300 copayment **Out-of-Network** $400 copayment

Benefits	Blue Medicare Advantage Valor PPO **$0 monthly premium** Medical coverage only	Blue Medicare Advantage PPO **$0 monthly premium** Medical & Part D drug coverage
Doctor Visits	*Authorization rules may apply; your plan provider will arrange for this authorization, if needed.*	
• Primary care providers	**In-Network** $0 copayment **Out-of-Network** $25 copayment	**In-Network** $0 copayment **Out-of-Network** $35 copayment
• Specialists	**In-Network** $50 copayment **Out-of-Network** $75 copayment	**In-Network** $45 copayment **Out-of-Network** $70 copayment

Benefits	Blue Medicare Advantage Valor PPO **$0 monthly premium** Medical coverage only	Blue Medicare Advantage PPO **$0 monthly premium** Medical & Part D drug coverage
Preventive Care Any additional preventive services approved by Medicare during the contract year will be covered.	**In- and Out-of-Network** $0 copayment Our plan covers many preventive services, including: • Abdominal aortic aneurysm screening • Alcohol misuse screening and counseling • Annual physical exam • Annual wellness visit (once per plan year) • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening (colonoscopy, flexible sigmoidoscopy, guaiac-based fecal occult blood test, fecal immunochemical test, or DNA based colorectal screening) • Depression screening • Diabetes screening • Diabetes self-management training	• Glaucoma screening • HIV screening • COVID-19, flu, Hepatitis B and pneumonia immunizations • Intensive behavioral therapy for obesity • Medical nutrition therapy services • Medicare Diabetes Prevention Program • Prostate cancer screenings • Screening for lung cancer with low dose computed tomography • Screening for sexually transmitted infections and counseling to prevent STIs • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • “Welcome to Medicare” preventive visit (one time)

<table>
<tr><th>Benefits</th><th colspan="2">Blue Medicare Advantage Valor PPO

$0 monthly premium
Medical coverage only</th><th>Blue Medicare Advantage PPO

$0 monthly premium
Medical & Part D drug coverage</th></tr>
<tr><td rowspan="3">Emergency Care

If you are admitted to the hospital within one day, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.

Outside the U.S. and its territories:

You have coverage for worldwide emergency care. See Worldwide Emergency Coverage later in this chart.</td><td colspan="3">If you are admitted to the hospital within one day, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</td></tr>
<tr><td colspan="2">In- and Out-of-Network
$130 copayment</td><td>In- and Out-of-Network
$125 copayment</td></tr>
<tr><td colspan="3">Outside the U.S. and its territories:

You have coverage for worldwide emergency care.
See Worldwide Emergency Coverage later in this chart.</td></tr>
<tr><td rowspan="2">Urgently Needed Services</td><td colspan="2">In- and Out-of-Network
$50 copayment</td><td>In- and Out-of-Network
$55 copayment</td></tr>
<tr><td colspan="3">In-Network
$0 copayment for urgent care services via Doctor on Demand Visit www.DoctorOnDemand.com/WellmarkMA or call 1-800-997-6196. TTY users call 711.

Outside the U.S. and its territories
You have coverage for worldwide urgently needed services. See Worldwide Emergency Coverage later in this chart.</td></tr>
</table>

Benefits	Blue Medicare Advantage Valor PPO **$0 monthly premium** Medical coverage only	Blue Medicare Advantage PPO **$0 monthly premium** Medical & Part D drug coverage
Diagnostic Services/Labs/ Imaging Outpatient services, including:	*Authorization rules may apply; your plan provider will arrange for this authorization, if needed.*	
• Diagnostic tests and procedures	**In-Network** $70 copayment **Out-of-Network** $95 copayment	**In-Network** $40 copayment **Out-of-Network** $70 copayment
• Therapeutic radiological services	**In-Network** 20% coinsurance **Out-of-Network** 30% coinsurance	**In-Network** 20% coinsurance **Out-of-Network** 20% coinsurance
• Lab services	**In-Network** $15 copayment **Out-of-Network** $20 copayment	**In-Network** $10 copayment **Out-of-Network** $20 copayment
• High-tech Medicare-covered diagnostic radiological services, such as CT, MRI, MRA, and PET	**In-Network** $250 copayment **Out-of-Network** $300 copayment	**In-Network** $210 copayment **Out-of-Network** $350 copayment
• X-rays and low-tech diagnostic radiological services such as ultrasounds	**In-Network** $20 copayment **Out-of-Network** $30 copayment	**In-Network** $20 copayment **Out-of-Network** $30 copayment

Benefits	Blue Medicare Advantage Valor PPO **$0 monthly premium** Medical coverage only	Blue Medicare Advantage PPO **$0 monthly premium** Medical & Part D drug coverage
Hearing Services **Original Medicare covers limited hearing services** Hearing exam to diagnose and treat hearing and balance issues	**In-Network** $0 copayment for primary care provider visit $50 copayment for specialist visit **Out-of-Network** $25 copayment for hearing exams from primary care providers $75 copayment for hearing exams from specialists	**In-Network** $0 copayment for primary care provider visit $45 copayment for specialist visit **Out-of-Network** $35 copayment for hearing exams from primary care providers $70 copayment for hearing exams from specialists
Hearing benefits beyond Original Medicare: • Routine hearing exam – once per year	**In- and Out-of-Network** **Routine Hearing Exam** $0 copayment once per year	**In- and Out-of-Network** **Routine Hearing Exam** $0 copayment once per year
Dental Services **Original Medicare covers limited dental services** (This does not include services in connection with care, treatment, filling, removal, or replacement of teeth.)	**In-Network** $50 copayment for Medicare-covered services **Out-of-Network** $75 copayment for Medicare-covered services	**In-Network** $45 copayment for Medicare-covered services **Out-of-Network** $70 copayment for Medicare-covered services
Preventive dental services, beyond Original Medicare	**In- and Out-of-Network** $0 copayment • Two routine cleanings per calendar year or four periodontal maintenance per calendar year (not both) • Oral exams – twice per year • Fluoride treatments – twice per year	

Benefits	Blue Medicare Advantage Valor PPO **$0 monthly premium** Medical coverage only	Blue Medicare Advantage PPO **$0 monthly premium** Medical & Part D drug coverage
Dental Services (continued)	• One set of bitewing X-rays every year and up to six periapical films every year • Vertical bitewing X-rays, intraoral complete series, or panoramic image – every 3 years • Brush biopsies – unlimited To find a network provider, visit **www.IowaDentalMA.com** or call 1-833-721-2892, 7:30 a.m. to 6 p.m. Central time, Monday through Friday. TTY users call 1-888-287-7312.	
	A provider who does not agree to participate with the network (accept our approved amount) may also charge you the difference between the approved amount and the charged amount. The allowance goes toward the approved amount of each service, and you are responsible for the cost above the plan's maximum benefit allowance. You can submit receipts from an out-of-network provider for reimbursement by calling the number above. Coverage restrictions apply. Ask your provider to confirm coverage prior to receiving services.	
Comprehensive dental services, beyond Original Medicare for Blue Medicare Advantage Valor PPO, Blue Medicare Advantage PPO. • Palliative emergency treatments • Periodontal scaling and root planing – once per quadrant every 24 months • Full mouth debridement – once per lifetime • Surgical periodontal – once every 36 months • Fillings – (amalgam and resin) once per tooth every 24 months • Root canals – once per lifetime per tooth	**Comprehensive dental:** $1,000 maximum annual dental benefit **In-Network** 25% coinsurance for: • Palliative emergency treatments • Periodontal scaling and root planing • Full mouth debridement • Fillings • Root canals • Simple and surgical extractions • Crowns and crown repairs	**Comprehensive dental:** $1,000 maximum annual dental benefit **In-Network** 25% coinsurance for: • Palliative emergency treatments • Periodontal scaling and root planing • Full mouth debridement • Fillings • Root canals • Simple and surgical extractions • Crowns and crown repairs • Dentures, bridges and repairs

Benefits	Blue Medicare Advantage Valor PPO **$0 monthly premium** Medical coverage only	Blue Medicare Advantage PPO **$0 monthly premium** Medical & Part D drug coverage
Comprehensive dental services, beyond Original Medicare (continued) • Simple and surgical extractions • Crowns – once every 60 months • Crown repairs – once every 12 months after six months have elapsed since initial placement **Additional Blue Medicare Advantage PPO coverage:** • Dentures and bridges – once every 60 months • Denture relines and repairs – two per denture per calendar year – after 6 months have elapsed since initial placement • Bridge repairs – two per calendar year – after 6 months have elapsed since initial placement	**Out-of-Network** 50% coinsurance for: • Palliative emergency treatments • Periodontal scaling and root planing • Full mouth debridement • Fillings • Root canals • Simple extractions • Crowns and crown repairs	**Out-of-Network** 50% coinsurance for: • Palliative emergency treatments • Periodontal scaling and root planing • Full mouth debridement • Fillings • Root canals • Simple extractions • Crowns and crown repairs • Dentures, bridges and repairs

Benefits	Blue Medicare Advantage Valor PPO **$0 monthly premium** Medical coverage only	Blue Medicare Advantage PPO **$0 monthly premium** Medical & Part D drug coverage
Vision Services **Original Medicare covers limited vision services**		
• Glaucoma screening	**In- and Out-of-Network** $0 copayment	**In- and Out-of-Network** $0 copayment
• Diabetic retinopathy screening	**In-Network** $0 copayment **Out-of-Network** $25 copayment	**In-Network** $0 copayment **Out-of-Network** $35 copayment
• Eyeglasses or contact lenses after cataract surgery	**In- and Out-of-Network** $0 copayment	**In- and Out-of-Network** $0 copayment
• Exam to diagnose and treat diseases and conditions of the eye	**In-Network** $50 copayment **Out-of-Network** $75 copayment	**In-Network** $45 copayment **Out-of-Network** $70 copayment

<table>
<tr><th>Benefits</th><th>Blue Medicare Advantage Valor PPO

$0 monthly premium
Medical coverage only</th><th>Blue Medicare Advantage PPO

$0 monthly premium
Medical & Part D drug coverage</th></tr>
<tr><td>Vision benefits, beyond Original Medicare

• Routine eye exam every 12 months

• One pair of eyeglass lenses every 12 months, including single vision, lined bifocals, lined trifocals, standard progressive and lenticular lenses</td><td colspan="2">In-Network Through a VSP Provider
$0 copayment

Out-of-Network
50% coinsurance

In-Network Through a VSP Provider
$0 copayment

Out-of-Network
50% coinsurance</td></tr>
<tr><td>• Elective contacts every 12 months

OR

• One complete pair of eyeglasses (lenses and frames) every 12 months</td><td>In-Network Through a VSP Provider
$0 copayment up to $80 benefit allowance

Out-of-Network
50% coinsurance up to $80 benefit allowance

You are responsible for any charges above the plan’s $80 benefit allowance.</td><td>In-Network Through a VSP Provider
$0 copayment up to $50 benefit allowance

Out-of-Network
50% coinsurance up to $50 benefit allowance

You are responsible for any charges above the plan’s $50 benefit allowance.</td></tr>
<tr><td></td><td colspan="2">You are responsible for any charges above the plan’s benefit allowance.

You get lower in-network copays when you receive your non-Medicare-covered vision care from a VSP Choice Network provider.

You have access to VSP vision discounts and a broad vision network, including Costco, Walmart, Sam’s Club and Visionworks.</td></tr>
</table>

Benefits	Blue Medicare Advantage Valor PPO **$0 monthly premium** Medical coverage only	Blue Medicare Advantage PPO **$0 monthly premium** Medical & Part D drug coverage
Vision benefits, beyond Original Medicare (continued)	To locate a VSP Choice Network provider, visit **www.vsp.com/choiceretail** or call 1-855-492-9028 (TTY: 711) from 8 a.m. to 8 p.m., 7 days a week. To submit receipts for reimbursement from a non-VSP provider that participates with Medicare visit **VSP.com/claims/submit-oon-claim**.	
Mental Health Services	*Authorization rules may apply for inpatient stays; your plan provider will arrange for this authorization, if needed.* Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. If your hospital stay is longer than 90 days, our plan provides for up to 100 additional days of coverage, subject to the Medicare lifetime limit of 190 days. This limitation does not apply to inpatient psychiatric services furnished in a psychiatric unit of a general hospital. A benefit period starts the day you go into an inpatient psychiatric hospital. It ends when you go for 60 days in a row without inpatient psychiatric hospital care. No prior hospital stay is required. copayments restart as new benefit period begins.	
• Inpatient mental health	**In-Network** $390 copayment per day for days 1 through 6 $0 copayment per day for days 7 through 190 until lifetime limitation is exhausted **Out-of-Network** 40% coinsurance per stay until lifetime limitation is exhausted	**In-Network** $380 copayment per day for days 1 through 6 $0 copayment per day for days 7 through 190 until lifetime limitation is exhausted **Out-of-Network** 40% coinsurance per stay until lifetime limitation is exhausted

Benefits	Blue Medicare Advantage Valor PPO **$0 monthly premium** Medical coverage only	Blue Medicare Advantage PPO **$0 monthly premium** Medical & Part D drug coverage
Mental Health Services (continued) • Outpatient mental health	**In-Network** $50 copayment for outpatient group or individual therapy visit or psychiatric service **Out-of-Network** $75 copayment for outpatient group or individual therapy visit or psychiatric service	**In-Network** $45 copayment for outpatient group or individual therapy visit or psychiatric service **Out-of-Network** $70 copayment for outpatient group or individual therapy visit or psychiatric service
• Telehealth visit	**In-Network** $0 copayment for telehealth services delivered through Wellmark Advantage Health Plan Virtual Visits. To access telehealth services visit **www.DoctorOnDemand.com/WellmarkMA** or call 1-800-997-6196. TTY users call 711.	
Skilled Nursing Facility (SNF) Our plan covers up to 100 days in a SNF.	*Authorization rules may apply; your plan provider will arrange for this authorization, if needed.*	
	In-Network $0 copayment per day for days 1-20 $218 copayment per day for days 21-100 **Out-of-Network** $0 copayment per day for days 1-20 $230 copayment per day for days 21-100	
Physical Therapy	**In-Network** $50 copayment **Out-of-Network** $75 copayment	**In-Network** $45 copayment **Out-of-Network** $70 copayment

Benefits	Blue Medicare Advantage Valor PPO **$0 monthly premium** Medical coverage only	Blue Medicare Advantage PPO **$0 monthly premium** Medical & Part D drug coverage
Ambulance Ground or Air transportation	*Authorization rules may apply; your plan provider will arrange for this authorization, if needed.*	
	$400 copayment	$440 copayment
	Outside the U.S. and its territories: You have coverage for worldwide emergency transportation. See Worldwide Emergency Coverage later in this chart.	
Transportation	Non-emergency transportation is not covered.	
Medicare Part B Drugs	*Authorization rules may apply; your plan provider will arrange for this authorization, if needed.*	
• Part B Insulin drugs	**In- and Out-of-Network** $35 copayment maximum for a one-month supply of insulin	**In- and Out-of-Network** $35 copayment maximum for a one-month supply of insulin
• Chemotherapy drugs	**In-Network** 20% coinsurance for chemotherapy drugs and all other Part B drugs	**In-Network** 20% coinsurance for chemotherapy drugs and all other Part B drugs
• Other Part B drugs	**Out-of-Network** 30% coinsurance for chemotherapy drugs and all other Part B drugs	**Out-of-Network** 35% coinsurance for chemotherapy drugs and all other Part B drugs
Medicare Part B Immunizations	**In- and Out-of-Network** 0% coinsurance for pneumonia, influenza, Hepatitis B and COVID-19 vaccines **In-Network** 0% coinsurance for other Medicare-covered Part B vaccines **Out-of-Network** 30% coinsurance for other Medicare-covered Part B vaccines	**In- and Out-of-Network** 0% coinsurance for pneumonia, influenza, Hepatitis B and COVID-19 vaccines **In-Network** 0% coinsurance for other Medicare-covered Part B vaccines **Out-of-Network** 35% coinsurance for other Medicare-covered Part B vaccines

Benefits	Blue Medicare Advantage Valor PPO **$0 monthly premium** Medical coverage only	Blue Medicare Advantage PPO **$0 monthly premium** Medical & Part D drug coverage
Rehabilitation Services		
• Cardiac rehabilitation services	**In-Network** $40 copayment **Out-of-Network** $45 copayment	**In-Network** $40 copayment **Out-of-Network** $60 copayment
• Intensive cardiac rehabilitation services	**In-Network** $50 copayment **Out-of-Network** $60 copayment	**In-Network** $55 copayment **Out-of-Network** $75 copayment
• Pulmonary rehabilitation	**In-Network** $35 copayment **Out-of-Network** $40 copayment	**In-Network** $30 copayment **Out-of-Network** $50 copayment
• Occupational therapy visit	**In-Network** $50 copayment **Out-of-Network** $75 copayment	**In-Network** $45 copayment **Out-of-Network** $70 copayment
• Speech and language therapy	**In-Network** $50 copayment **Out-of-Network** $75 copayment	**In-Network** $45 copayment **Out-of-Network** $70 copayment
Foot Care (podiatry services) Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	**In-Network** $50 copayment **Out-of-Network** $75 copayment	**In-Network** $45 copayment **Out-of-Network** $70 copayment

Benefits	Blue Medicare Advantage Valor PPO **$0 monthly premium** Medical coverage only	Blue Medicare Advantage PPO **$0 monthly premium** Medical & Part D drug coverage
Medical Equipment/Supplies • Durable medical equipment (for example, wheelchairs, oxygen) • Home infusion therapy • Prosthetics (for example, braces, artificial limbs) • Diabetic lancets, test strips, blood glucose monitors • Diabetic supplies (for example, monitors) • Diabetic shoes and inserts *Preferred brands of diabetic supplies are Accu-Chek and True Metrix.*	*Authorization rules may apply; your plan provider will arrange for this authorization, if needed.* *All non-preferred diabetic supplies require prior authorization.*	
	In-Network 20% coinsurance for Medicare-covered durable medical equipment **Out-of-Network** 30% coinsurance for Medicare-covered durable medical equipment **In-Network** 20% coinsurance for Medicare-covered home infusion therapy **Out-of-Network** 30% coinsurance for Medicare-covered home infusion therapy	
	In- and Out-of-Network 20% coinsurance for Medicare-covered prosthetics	**In-Network** 20% coinsurance for Medicare-covered prosthetics **Out-of-Network** 30% coinsurance for Medicare-covered prosthetics
	In-Network $0 copayment for Medicare-covered preferred diabetic supplies 0% coinsurance for Medicare-covered continuous glucose monitors from a DME provider or an in-network pharmacy 0% coinsurance for Medicare-covered diabetic shoes and inserts	**In-Network** $0 copayment for Medicare-covered preferred diabetic supplies 0% coinsurance for Medicare-covered continuous glucose monitors from a DME provider or an in-network pharmacy 0% coinsurance for Medicare-covered diabetic shoes and inserts

Benefits	Blue Medicare Advantage Valor PPO **$0 monthly premium** Medical coverage only	Blue Medicare Advantage PPO **$0 monthly premium** Medical & Part D drug coverage
Medical Equipment/Supplies (continued)	**Out-of-Network** 20% coinsurance for Medicare-covered preferred diabetic supplies 20% coinsurance for Medicare-covered continuous glucose monitors from an out-of-network pharmacy 30% coinsurance for Medicare-covered continuous glucose monitors from a DME provider 20% coinsurance for Medicare-covered diabetic shoes and inserts	**Out-of-Network** 20% coinsurance for Medicare-covered preferred diabetic supplies 20% coinsurance for Medicare-covered continuous glucose monitors from an out-of-network pharmacy 30% coinsurance for Medicare-covered continuous glucose monitors from a DME provider 20% coinsurance for Medicare-covered diabetic shoes and inserts
Health Fitness Program (SilverSneakers)	$0 copayment for health fitness program SilverSneakers is a registered trademark of Tivity Health, Inc. © Tivity Health, Inc. All rights reserved.	Not covered
Chiropractic Care • Unlimited manual manipulation of the spine to correct subluxation • Up to 14 maintenance visits per year • One set of X-rays (up to 3 views)	**In-Network** $15 copayment for each Medicare-covered visit $30 copayment for each maintenance visit $0 copayment for one annual set of X-rays **Out-of-Network** $40 copayment for each Medicare-covered visit	**In-Network** $20 copayment for each Medicare-covered visit $30 copayment for each maintenance visit $0 copayment for one annual set of X-rays **Out-of-Network** $55 copayment for each Medicare-covered visit

Benefits	Blue Medicare Advantage Valor PPO **$0 monthly premium** Medical coverage only	Blue Medicare Advantage PPO **$0 monthly premium** Medical & Part D drug coverage
Home Health Care Includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Custodial care is not a benefit.	*Authorization rules may apply; your plan provider will arrange for this authorization, if needed.*	
	In-Network $0 copayment **Out-of-Network** $40 copayment	**In-Network** $0 copayment **Out-of-Network** $50 copayment
Nurse Advice Line	**In- and Out-of-Network** $0 copayment Speak to a nurse anytime day or night by calling our 24-hour Nurse Line at 1-833-968-1747. TTY users call 711.	
Telehealth Use your smartphone, computer, or tablet anywhere in the United States to meet with doctors and behavioral health care providers when it's convenient for you. Prescriptions can be sent to your local pharmacy.	$0 copayment for Wellmark Advantage Health Plan Virtual Visits provided by Doctor on Demand, an independent company and our plan-approved vendor, including urgent care, mental health and psychiatric services This service is separate from any telehealth care your personal doctor might offer. Get urgent general medical services from U.S. board-certified doctors without an appointment for: • Sore throat, coughs, fevers • Ear and sinus infections • Pink eye • Bronchitis • Allergies • Headache We also offer online behavioral health support from licensed behavioral health providers. Wellmark Advantage Health Plan Virtual Visits to access telehealth services by visiting **www.DoctorOnDemand.com/WellmarkMA** or calling 1-800-997-6196. TTY users call 711.	

Benefits	Blue Medicare Advantage Valor PPO **$0 monthly premium** Medical coverage only	Blue Medicare Advantage PPO **$0 monthly premium** Medical & Part D drug coverage
Outpatient substance use disorder services Individual or group therapy visit	**In-Network** $50 copayment **Out-of-Network** $75 copayment	**In-Network** $45 copayment **Out-of-Network** $70 copayment
Renal Dialysis	**In- and Out-of-Network** 20% coinsurance	**In- and Out-of-Network** 20% coinsurance
Supervised Exercise Therapy (SET) SET is covered for members who have symptomatic peripheral artery disease (PAD). Up to 36 sessions over a 12-week period are covered if the SET program requirements are met.	**In-Network** $25 copayment for each Medicare-covered service **Out-of-Network** $30 copayment for each Medicare-covered service	**In-Network** $25 copayment for each Medicare-covered service **Out-of-Network** $45 copayment for each Medicare-covered service

Benefits	Blue Medicare Advantage Valor PPO **$0 monthly premium** Medical coverage only	Blue Medicare Advantage PPO **$0 monthly premium** Medical & Part D drug coverage
Over-the-Counter Items (from authorized vendor only) We offer certain drugs and health related products that do not need a prescription. More than 300 OTC items are available under this benefit. Covered items include but are not limited to antacids, cough drops, denture adhesive, eye drops, ibuprofen, toothpaste and first aid items.	You get up to $30 every quarter to spend on certain approved non-prescription over-the-counter drugs and health-related items. This benefit is built into the plan with no additional cost. Benefits are available each quarter (January, April, July, October). Unused OTC amounts do not roll over to the next quarter or to the next calendar year. There is a limit on the total dollar amount we contribute each quarter. However, you can order more than that amount, and you will be asked to pay the difference. All orders must be placed through the plan's approved vendor. Benefit may be used toward OTC hearing aids. Items can't be obtained from any other vendor or retailer. Direct member reimbursement is not available. There are three ways to use your benefit: 1. **Online.** Go to wellmarkma.nationsbenefits.com and follow the prompts to place the order using the online catalog. 2. **Phone.** Select items using the online NationsOTC catalog and place an order by calling 1-877-271-1467 8 a.m. to 8 p.m., 7 days a week. TTY users call 711. Items will be mailed to you. 3. **Using the app.** Download the Benefits Pro™ app and enjoy access to shopping, benefit information, transaction history and more.	Not covered

Benefits	Blue Medicare Advantage Valor PPO **$0 monthly premium** Medical coverage only	Blue Medicare Advantage PPO **$0 monthly premium** Medical & Part D drug coverage
Personal Emergency Response Services (PERS) PERS gives you added security and protection with a medical alert system that offers two-way connectivity to a live agent and around-the-clock monitoring. For more information, visit **wellmarkma.nationsbenefits.com/PERS** or call 1-877-271-1467, 8 a.m. to 8 p.m., 7 days a week. TTY users call 711.	This benefit is built into the plan with no additional cost.	Not covered
Worldwide Emergency Coverage	**Out-of-Network**	**Out-of-Network**
• Worldwide emergency medical coverage	$130 copayment	$125 copayment
• Worldwide emergency transportation (ambulance)	$130 copayment	$440 copayment
• Worldwide urgent coverage	$130 copayment	$125 copayment
	If you need care when you're outside the U.S., you have coverage for emergency medical care, emergency transportation and urgently needed services only. You are responsible for the difference between the approved amount and the provider's charge. Emergency medical care, emergency transportation, and urgent care are subject to a combined $50,000 lifetime maximum benefit outside the U.S. and its territories.	

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

Blue Medicare Advantage Valor PPO

Outpatient Prescription Drugs
This plan does not cover Part D prescription drugs.

Blue Medicare Advantage PPO

Stage 1: Deductible	No deductible for Tier 1 and 2. $300 total deductible per year for Tiers 3, 4, and 5. Deductible does not apply to insulins.		
Stage 2: Initial Coverage	**Standard retail 30-day supply**	**Mail-order 30-day supply**	**Long-term care 31-day supply**
Tier 1: Preferred Generic	$0	$0	$0
Tier 2: Generic	$5	$5	$5
Tier 3: Preferred Brand	20%	20%	20%
Tier 4: Non-Preferred	25%	25%	25%
Tier 5: Specialty	29%	29%	29%
Stage 2: Initial Coverage	**Standard retail 100-day supply**	**Mail-order 100-day supply**	**Long-term care 100-day supply**
Tier 1: Preferred Generic	$0	$0	Not offered
Tier 2: Generic	$15	$12.50	Not offered
Tier 3: Preferred Brand	20%	20%	Not offered
Tier 4: Non-Preferred	25%	25%	Not offered
Tier 5: Specialty	Not offered	Not offered	Not offered
Stage 3: Catastrophic Coverage	Once your year-to-date out-of-pocket costs (your payments) total $2,100, you move to Stage 3: Catastrophic Coverage. During this stage, you pay $0.		

You won't pay more than $35 for a one-month or $105 for a 100-day supply of each insulin product regardless of the cost-sharing tier.

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

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

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's pharmacy directory at our website **(https://www.wellmark.com/find-care/medicare)**.

For more information or to enroll online, visit us at **www.WellmarkAdvantageHealthPlan.com**

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

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

TTY users should call **711**.

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

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

This document is available in other formats such as audio CD and large print.

This document may be available in a non-English language.

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

Wellmark® Advantage Health Plan