

Blue Medicare Advantage Valor PPO offered by Wellmark Advantage Health Plan

Annual Notice of Change for 2026

You're enrolled as a member of Blue Medicare Advantage Valor PPO.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Blue Medicare Advantage Valor PPO.
- To change to a **different plan**, visit **www.Medicare.gov** or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at **www.Wellmark.com/Medicare/Advantage/Resources** or call Customer Service at 1-855-716-2544 (TTY users call 711) to get a copy by mail.

More Resources

- Call Customer Service at 1-855-716-2544 (TTY users call 711) for more information. Hours are 8 a.m. to 8 p.m. local time, Monday through Friday, with weekend hours October 1 through March 31. This call is free.
- This information is available in large print and other alternate formats.

About Blue Medicare Advantage Valor PPO

- Wellmark Advantage Health Plan is a PPO plan with a Medicare contract. Enrollment in Wellmark Advantage Health Plan depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Wellmark Advantage Health Plan. When it says “plan” or “our plan,” it means Blue Medicare Advantage Valor PPO.
- Out-of-network/non-contracted providers are under no obligation to treat Plan 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.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Blue Medicare Advantage Valor PPO.** Starting January 1, 2026, you'll get your medical coverage through Blue Medicare Advantage Valor PPO. Go to Section 2 for more information about how to change plans and deadlines for making a change.

- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's), for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium Go to Section 1 for details.	\$0	\$0
Maximum out-of-pocket amounts This is the <u>most</u> you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	From network providers: \$5,000 From in-network and out-of-network providers combined: \$5,000	From network providers: \$6,750 From in-network and out-of-network providers combined: \$6,750
Primary care office visits	In-Network: \$0 copayment per visit. Out-of-Network: \$25 copayment per visit.	In-Network: \$0 copayment per visit. Out-of-Network: \$25 copayment per visit.
Specialist office visits	In-Network: \$50 copayment per visit. Out-of-Network: \$75 copayment per visit.	In-Network: \$50 copayment per visit. Out-of-Network: \$75 copayment per visit.
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	In-Network: For Medicare-covered hospital stays you pay: \$325 copayment per day for days 1-6. \$0 copayment per day for days 7-90. \$0 copayment per day for days over 90. Out-of-Network: 40% coinsurance per stay.	In-Network: For Medicare-covered hospital stays you pay: \$380 copayment per day for days 1-6. \$0 copayment per day for days 7-90. \$0 copayment per day for days over 90. Out-of-Network: 40% coinsurance per stay.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services (and other health services not covered by Medicare) for the rest of the calendar year.

	2025 (this year)	2026 (next year)
In-network maximum out-of-pocket amount	\$5,000	\$6,750 Once you've paid \$6,750 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.	\$5,000	\$6,750 Once you've paid \$6,750 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or

	2025 (this year)	2026 (next year)
Combined maximum out-of-pocket amount (continued)		out-of-network providers for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* www.WellmarkAdvantageHealthPlan.com to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at www.Wellmark.com/Finder-Medicare.
- Call Customer Service at 1-855-716-2544 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Service at 1-855-716-2544 (TTY users call 711) for help.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Acupuncture for chronic low back pain	In-Network \$20 copayment for each Medicare-covered acupuncture session.	In-Network \$15 copayment for each Medicare-covered acupuncture session.
Cardiac rehabilitation services	Out-of-Network \$40 copayment for each Medicare-covered cardiac rehabilitation service. In- and Out-of-Network \$55 copayment for each Medicare-covered intensive cardiac rehabilitation service.	Out-of-Network \$45 copayment for each Medicare-covered cardiac rehabilitation service. In-Network \$50 copayment for each Medicare-covered intensive cardiac rehabilitation service.

	2025 (this year)	2026 (next year)
Cardiac rehabilitation services (continued)		Out-of-Network \$60 copayment for each Medicare-covered intensive cardiac rehabilitation service.
Chiropractic services	In-Network \$20 copayment for each Medicare-covered visit. \$30 copayment for each maintenance visit. \$0 copayment for one annual set of X-rays (up to 3 views) when performed by a chiropractor. Out-of-Network \$40 copayment for each Medicare-covered visit. \$40 copayment for each maintenance visit. \$0 copayment for one annual set of X-rays (up to 3 views) when performed by a chiropractor.	In-Network \$15 copayment for each Medicare-covered visit. Maintenance visits are <u>not</u> covered. X-rays (up to 3 views) when performed by a chiropractor are <u>not</u> covered. Out-of-Network \$40 copayment for each Medicare-covered visit. Maintenance visits are <u>not</u> covered. X-rays (up to 3 views) when performed by a chiropractor are <u>not</u> covered.
Dental services	Combined in- and out-of-network annual maximum benefit of \$1,500 for comprehensive dental services.	Combined in- and out-of-network annual maximum benefit of \$1,200 for comprehensive dental services.

	2025 (this year)	2026 (next year)
Diabetes self-management training, diabetic services and supplies	In-Network \$0 copayment for Medicare-covered diabetic supplies. <i>Authorization rules may apply.</i> Out-of-Network 20% of the total cost for Medicare-covered diabetic supplies. <i>Authorization rules may apply.</i>	In-Network \$0 copayment for Medicare-covered preferred diabetic supplies. Preferred brands of diabetic supplies are Accu-Chek and True Metrix. <i>All non-preferred diabetic supplies require prior authorization.</i> Out-of-Network 20% of the total cost for Medicare-covered preferred diabetic supplies. Preferred brands of diabetic supplies are Accu-Chek and True Metrix. <i>All non-preferred diabetic supplies require prior authorization.</i>
Durable medical equipment (DME) and related supplies	Out-of-Network 0% of the total cost for Medicare-covered Part B non-insulin diabetic supplies, such as continuous glucose monitors at an out-of-network pharmacy.	Out-of-Network 20% of the total cost for Medicare-covered Part B non-insulin diabetic supplies, such as continuous glucose monitors at an out-of-network pharmacy.
Hearing services	In- and Out-of-Network Routine Hearing Exam Routine hearing exams are <u>not</u> covered.	In- and Out-of-Network Routine Hearing Exam \$0 copayment for a routine hearing exam once per year.

	2025 (this year)	2026 (next year)
Immunizations	In- and Out-of-Network 0% of the total cost for other Medicare-covered Part B vaccines.	In-Network 0% of the total cost for other Medicare-covered Part B vaccines. Out-of-Network 30% of the total cost for other Medicare-covered Part B vaccines.
Inpatient hospital care	In-Network \$325 copayment per day for days 1-6. \$0 copayment per day for days 7-90.	In-Network \$380 copayment per day for days 1-6. \$0 copayment per day for days 7-90.
Inpatient services in a psychiatric hospital	In-Network \$325 copayment per day for days 1-6. \$0 copayment per day for days 7-90.	In-Network \$380 copayment per day for days 1-6. \$0 copayment per day for days 7-90.
Meal benefit	There is no coinsurance, copayment, or deductible for the meal benefit.	Meals are <u>not</u> covered.
Medicare Part B prescription drugs	Out-of-Network 20% of the total cost for each Medicare-covered Part B chemotherapy drug and the administration. 35% of the total cost for each Medicare-covered Part B drug.	Out-of-Network 30% of the total cost for each Medicare-covered Part B chemotherapy drug and the administration. 30% of the total cost for each Medicare-covered Part B drug.
Outpatient diagnostic tests and therapeutic services and supplies	In-Network \$200 copayment for high-tech Medicare-covered diagnostic	In-Network \$225 copayment for high-tech Medicare-covered diagnostic

	2025 (this year)	2026 (next year)
Outpatient diagnostic tests and therapeutic services and supplies (continued)	radiological services such as CT, MRI, MRA, and PET. \$0 copayment for Medicare-covered lab services. Out-of-Network 30% of the total cost for Medicare-covered therapeutic radiological services \$0 copayment for Medicare-covered lab services.	radiological services such as CT, MRI, MRA, and PET. \$15 copayment for Medicare-covered lab services. Out-of-Network 20% of the total cost for Medicare-covered therapeutic radiological services \$20 copayment for Medicare-covered lab services.
Outpatient hospital observation	In-Network \$300 copayment for Medicare-covered services.	In-Network \$350 copayment for Medicare-covered services.
Outpatient surgery, including services provided at ambulatory surgical centers	In-Network \$0 copayment for Medicare-covered arthroplasty knee and hip services in an ambulatory surgical center.	In-Network \$300 copayment for Medicare-covered arthroplasty knee and hip services in an ambulatory surgical center.
Over the Counter (OTC)	You have up to \$50 every quarter to use toward certain non-prescription over-the-counter drugs and health-related items.	You have up to \$30 every quarter to use toward certain non-prescription over-the-counter drugs and health-related items.
Pulmonary rehabilitation services	Out-of-Network \$25 copayment for each Medicare-covered service.	Out-of-Network \$40 copayment for each Medicare-covered service.

	2025 (this year)	2026 (next year)
Skilled nursing facility (SNF) care	Out-of-Network 40% of the total cost per stay.	Out-of-Network \$0 copayment per day for days 1-20. \$230 copayment per day for days 21-100.
Supervised Exercise Therapy (SET)	Out-of-Network \$25 copayment for each Medicare-covered service.	Out-of-Network \$30 copayment for each Medicare-covered service.
Urgently needed services	In- and Out-of-Network \$55 copayment for each Medicare-covered service, including telehealth.	In- and Out-of-Network \$50 copayment for each Medicare-covered service, including telehealth.
Vision care	In- and Out-of-Network Combined in- and out-of-network annual maximum benefit of \$100.	In- and Out-of-Network Combined in- and out-of-network annual maximum benefit of \$80.
Worldwide Emergency Coverage	\$120 copayment for emergency care outside the U.S. and its territories. \$400 copayment for emergency transportation, one-way ground or air ambulance trip outside the U.S. and its territories. \$120 copayment for each urgently needed service outside the U.S. and its territories.	\$125 copayment for emergency care outside the U.S. and its territories. \$125 copayment for emergency transportation, one-way ground or air ambulance trip outside the U.S. and its territories. \$125 copayment for each urgently needed service outside the U.S. and its territories.

SECTION 2 How to Change Plans

To stay in Blue Medicare Advantage Valor PPO, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Blue Medicare Advantage Valor PPO.

If you want to change plans for 2026 follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Blue Medicare Advantage Valor PPO.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Blue Medicare Advantage Valor PPO.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Service at 1-855-716-2544 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty.
- **To learn more about Original Medicare and the different types of Medicare plans,** visit **www.Medicare.gov**, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE.

Section 2.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 2.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without separate Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 3 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan, yearly deductibles, and coinsurance. Also, those who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week;
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778; or
 - Your State Medicaid Office.

SECTION 4 Questions?

Get Help from Blue Medicare Advantage Valor PPO

- **Call Customer Service at 1-855-716-2544. (TTY users call 711.)**

We're available for phone calls 8 a.m. to 8 p.m. local time, Monday through Friday, with weekend hours October 1 through March 31. Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, look in the 2026 *Evidence of Coverage* for Blue Medicare Advantage Valor PPO. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services. Get the *Evidence of Coverage* on our website at **www.Wellmark.com/Medicare/Advantage/Resources** or call Customer Service at 1-855-716-2544 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.WellmarkAdvantageHealthPlan.com**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In South Dakota, the SHIP is called Senior Health Information and Insurance Education (SHIINE).

Call Senior Health Information and Insurance Education (SHIINE) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Senior Health Information and Insurance Education (SHIINE) at 1-800-536-8197. Learn more about Senior Health Information and Insurance Education (SHIINE) by visiting (www.shiine.net).

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.