Wellmark Advantage Health Plan

Blue Medicare Advantage PPO offered by Wellmark Advantage Health Plan

Annual Notice of Change for 2026

You're enrolled as a member of Blue Medicare Advantage 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 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). Hours are 24 hours a day, 7 days a week. This call is free.
- This information is available in large print and other alternate formats.

About Blue Medicare Advantage 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 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 PPO.** Starting January 1, 2026, you'll get your medical and drug coverage through Blue Medicare Advantage PPO. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1 for details.	$0	**$0**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From network providers: $3,750 From network and out-of-network providers combined: $5,500	**From network providers: $4,150** **From network and out-of-network providers combined: $5,500**
Primary care office visits	In-Network: $0 copayment per visit. Out-of-Network: $35 copayment per visit.	**In-Network:** **$0 copayment per visit.** **Out-of-Network:** **$35 copayment per visit.**
Specialist office visits	In-Network: $40 copayment per visit. Out-of-Network: $70 copayment per visit.	**In-Network:** **$45 copayment per visit.** **Out-of-Network:** **$70 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: $375 copayment per day for days 1-6. $0 copayment per day for days 7-90. $0 copayment per day for days over 90.	**In-Network:** **For Medicare-covered hospital stays:** **$380 copayment per day for days 1-6.** **$0 copayment per day for days 7-90.** **$0 copayment per day for days over 90.**

	2025 (this year)	2026 (next year)
Inpatient hospital stays (continued)	Out-of-Network: 40% of the total cost per stay.	**Out-of-Network:** **40% of the total cost per stay.**
Part D drug coverage deductible (Go to Section 1.7 for details.)	$0	**$300 except for covered insulin products and most adult Part D vaccines.**
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment/Coinsurance during the Initial Coverage Stage: **Standard** retail pharmacy: Drug Tier 1: $0 Drug Tier 2: $12 Drug Tier 3: $47 $35 per month supply of each covered insulin product on this tier. Drug Tier 4: 50% of the total cost. $35 per month supply of each covered insulin product on this tier. Drug Tier 5: 33% of the total cost. $35 per month supply of each covered insulin product on this tier.	**Copayment/ Coinsurance during the Initial Coverage Stage:** **Standard retail pharmacy:** **Drug Tier 1: $0** **Drug Tier 2: $5** **Drug Tier 3: 20% of the total cost.** **$35 per month supply of each covered insulin product on this tier.** **Drug Tier 4: 25% of the total cost.** **$35 per month supply of each covered insulin product on this tier.** **Drug Tier 5: 29% of the total cost.** **$35 per month supply of each covered insulin product on this tier.**

	2025 (this year)	2026 (next year)
Part D drug coverage (continued)	**Mail-order** pharmacy: Drug Tier 1: $0 Drug Tier 2: $12 Drug Tier 3: $47 $35 per month supply of each covered insulin product on this tier. Drug Tier 4: 50% of the total cost. $35 per month supply of each covered insulin product on this tier. Drug Tier 5: 33% of the total cost. $35 per month supply of each covered insulin product on this tier. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	**Mail-order pharmacy:** **Drug Tier 1: $0** **Drug Tier 2: $5** **Drug Tier 3: 20% of the total cost.** **$35 per month supply of each covered insulin product on this tier.** **Drug Tier 4: 25% of the total cost.** **$35 per month supply of each covered insulin product on this tier.** **Drug Tier 5: 29% of the total cost.** **$35 per month supply of each covered insulin product on this tier.** **Catastrophic Coverage Stage:** **During this payment stage, you pay nothing for your covered Part D drugs.**

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**

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

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 Your costs for covered medical services (such as copayments) from network providers **count** toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$3,750	**$4,150** **Once you've paid $4,150 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 network providers for the rest of the calendar year.**

	2025 (this year)	2026 (next 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. Your costs for outpatient prescription drugs **don't count** toward your maximum out-of-pocket amount for medical services.	$5,500	**$5,500** **Once you've paid $5,500 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 network or 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.Wellmark.com/Finder-Medicare** 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 the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* at **www.WellmarkAdvantageHealthPlan.com** to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at **www.WellmarkAdvantageHealthPlan.com**.
- Call Customer Service at 1-855-716-2544 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

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

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Ambulance services	**In- and Out-of-Network** $350 copayment for each Medicare-covered, one-way ground or air ambulance trip.	**In- and Out-of-Network** **$440 copayment for each Medicare-covered, one-way ground or air ambulance trip.**
Cardiac rehabilitation services	**Out-of-Network** $50 copayment for each Medicare-covered cardiac rehabilitation service. $65 copayment for each Medicare-covered intensive cardiac rehabilitation service.	**Out-of-Network** **$60 copayment for each Medicare-covered cardiac rehabilitation service.** **$75 copayment for each Medicare-covered intensive cardiac rehabilitation service.**
Chiropractic services	**Out-of-Network** $55 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** **Maintenance visits are <u>not</u> covered.** **X-rays are <u>not</u> covered.**
Dental services	**In-Network** $40 copayment for each Medicare-covered service. **Enhanced preventive and comprehensive dental benefits above Original Medicare**	**In-Network** **$45 copayment for each Medicare-covered service.** **Enhanced preventive and comprehensive dental benefits above Original Medicare**

	2025 (this year)	2026 (next year)
Dental services (continued)	One set of bitewing X-rays every year or up to six periapical films every year (not both). **In- and Out-of-Network** Combined in- and out-of-network annual maximum benefit of $1,500.	**One set of bitewing X-rays every year and up to six periapical films every year.** **In- and Out-of-Network** **Combined in- and out-of-network annual maximum benefit of $1,000.**
Diabetes self-management training, diabetic services and supplies	**In-Network** 0% of the total cost for Medicare-covered diabetic supplies. **Out-of-Network** 20% of the total cost for all Medicare-covered diabetic supplies. *Authorization rules may apply.*	**In-Network** **0% of the total cost for all for Medicare-covered preferred diabetic supplies.** **Out-of-Network** **20% of the total cost for all Medicare-covered preferred diabetic supplies.** **Preferred brands for diabetic supplies are Accu-Chek and True Metrix.** ***Non-preferred diabetic supplies require prior authorization.***
Durable medical equipment (DME) and related supplies	**Out-of-Network** 20% of the total cost for each Medicare-covered item and related supplies. 20% of the total cost for Medicare-covered insulin infusion pumps, tubing and continuous glucose monitors at a DME provider.	**Out-of-Network** **30% of the total cost for each Medicare-covered item and related supplies.** **30% of the total cost for Medicare-covered insulin infusion pumps, tubing and continuous glucose monitors at a DME provider.**

	2025 (this year)	2026 (next year)
Health fitness program (SilverSneakers® fitness programs)	$0 copayment for health fitness program. SilverSneakers is a registered trademark of Tivity Health, Inc. © 2025 Tivity Health, Inc. All rights reserved.	**Health fitness program (SilverSneakers® fitness programs) is <u>not</u> covered.**
Hearing services	**In-Network** $40 copayment for Medicare-covered services from a specialist. **In- and Out-of-Network Routine Hearing Exam** $0 copayment once per year for a routine hearing exam through NationsHearing. **Hearing Aid** Our plan pays up to a $500 allowance toward one new standard (analog or basic digital) hearing aid for each ear, once per year.	**In-Network** **$45 copayment for Medicare-covered services from a specialist.** **In- and Out-of-Network Routine Hearing Exam** **$0 copayment once per year for a routine hearing exam.** **Hearing Aid is <u>not</u> covered.**
Home infusion therapy	**In- and Out-of-Network** 20% of the total cost for Medicare-covered home infusion therapy.	**In-Network** **20% of the total cost for Medicare-covered home infusion therapy.** **Out-of-Network** **30% of the total cost for Medicare-covered home infusion therapy.**
Immunizations	**Out-of-Network** 0% of the total cost for other Medicare-covered Part B vaccines.	**Out-of-Network** **35% of the total cost for other Medicare-covered Part B vaccines.**

	2025 (this year)	2026 (next year)
Inpatient hospital care	**In-Network** $375 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** $375 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.	**Meal benefit is <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.	**Out-of-Network** **35% of the total cost for each Medicare-covered Part B chemotherapy drug and the administration.**
Outpatient diagnostic tests and therapeutic services and supplies	**In-Network** $200 copayment for high-tech Medicare-covered diagnostic radiological services such as CT, MRI, MRA, and PET. **Out-of-Network** $300 copayment for high-tech Medicare-covered diagnostic radiological services such as CT, MRI, MRA, and PET.	**In-Network** **$210 copayment for high-tech Medicare-covered diagnostic radiological services such as CT, MRI, MRA, and PET.** **Out-of-Network** **$350 copayment for high-tech Medicare-covered diagnostic radiological services such as CT, MRI, MRA, and PET.**

	2025 (this year)	2026 (next year)
Outpatient hospital observation	**In-Network** $350 copayment for Medicare-covered services.	**In-Network** **$375 copayment for Medicare-covered services.**
Outpatient hospital services	**In-Network** $40 copayment for Medicare-covered outpatient hospital non-surgical services.	**In-Network** **$45 copayment for Medicare-covered outpatient hospital non-surgical services.**
Outpatient mental health care	**In-Network** $40 copayment for each Medicare-covered psychiatric service, outpatient individual or group therapy visit, including telehealth.	**In-Network** **$45 copayment for each Medicare-covered psychiatric service, outpatient individual or group therapy visit, including telehealth.**
Outpatient rehabilitation services	**In-Network** $40 copayment for each Medicare-covered physical therapy visit, occupational therapy, and speech language therapy visit.	**In-Network** **$45 copayment for each Medicare-covered physical therapy visit, occupational therapy, and speech language therapy visit.**
Outpatient substance use disorder services	**In-Network** $40 copayment for each Medicare-covered outpatient individual or group therapy visit, including telehealth.	**In-Network** **$45 copayment for each Medicare-covered outpatient individual or group therapy visit, including telehealth.**
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers	**In-Network** $200 copayment for each Medicare-covered ambulatory surgical center visit.	**In-Network** **$300 copayment for each Medicare-covered ambulatory surgical center visit.**

	2025 (this year)	2026 (next year)
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers (continued)	$400 copayment for Medicare-covered outpatient hospital surgical services. **Out-of-Network** $300 copayment for each Medicare-covered ambulatory surgical center visit. $500 copayment for Medicare-covered outpatient hospital surgery services.	**$500 copayment for Medicare-covered outpatient hospital surgical services.** **Out-of-Network** **$400 copayment for each Medicare-covered ambulatory surgical center visit.** **$600 copayment for Medicare-covered outpatient hospital surgery services.**
Over the Counter (OTC)	**In-Network** You have up to $50 every quarter to use toward certain non-prescription over-the-counter drugs and health-related items. Benefits are available each quarter (January, April, July, October). Unused OTC amounts don't roll over to the next quarter or to the next calendar year.	**OTC is <u>not</u> covered.**
Physician/Practitioner services, including doctor's office visits	**In-Network** $40 copayment for each Medicare-covered specialist visit, including telehealth.	**In-Network** **$45 copayment for each Medicare-covered specialist visit, including telehealth.**
Podiatry services	**In-Network** $40 copayment for each Medicare-covered service.	**In-Network** **$45 copayment for each Medicare-covered service.**

	2025 (this year)	2026 (next year)
Prosthetic and orthotic devices and related supplies	**Out-of-Network** 20% of the total cost of the approved amount for Medicare-covered prosthetic devices and related supplies. 20% of the total cost of the approved amount for Medicare-covered medical supplies (for example, bandages and catheter tips).	**Out-of-Network** **30% of the total cost of the approved amount for Medicare-covered prosthetic devices and related supplies.** **30% of the total cost of the approved amount for Medicare-covered medical supplies (for example, bandages and catheter tips).**
Skilled nursing facility (SNF) care	**In-Network** $0 copayment per day for days 1-20. $214 copayment per day for days 21-100. **Out-of-Network** 40% of the approved amount per stay.	**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.**
Supervised Exercise Therapy (SET)	**Out-of-Network** $50 copayment for each Medicare-covered service.	**Out-of-Network** **$45 copayment for each Medicare-covered service.**
Urgently needed services	**In-Network** $50 copayment for each Medicare-covered service.	**In-Network** **$55 copayment for each Medicare-covered service.**
Vision care	**In-Network** $40 copayment for eye exam to diagnose and treat diseases and conditions of the eye.	**In-Network** **$45 copayment for eye exam to diagnose and treat diseases and conditions of the eye.**

	2025 (this year)	2026 (next year)
Vision care (continued)	**In- and Out-of-Network** You have a maximum benefit allowance of up to $100.	**In- and Out-of-Network** **You have a maximum benefit allowance of up to $50.**
Worldwide Emergency Coverage	$120 copayment for emergency care outside the U.S. and its territories. $350 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.** **$440 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 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier**.

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out

your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Customer Service at 1-855-716-2544 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you**. We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells about your drug costs. If you get Extra Help and you don't get this material by October 31, 2025, call Customer Service at 1-855-716-2544 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- ***Stage 1: Yearly Deductible***

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D drugs until you reach the yearly deductible.

- ***Stage 2: Initial Coverage***

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach $2,100.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	**The deductible is $300.** **During this stage, you pay $0 cost sharing for drugs on Tier 1: Preferred Generic; $5 cost sharing for drugs on Tier 2: Generic; and the full cost of drugs on Tier 3: Preferred Brand, Tier 4: Non-Preferred Drug, and Tier 5: Specialty Tier drugs until you've reached the yearly deductible.**

Drug Costs in Stage 2: Initial Coverage

For drugs on Tier 3, your cost sharing in the Initial Coverage Stage is changing from a copayment to coinsurance. Go to the following table for the changes from 2025 to 2026.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply, or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

Initial Coverage Stage	2025 (this year)	2026 (next year)
Tier 1: **Preferred Generic** We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	$0 Your cost for a one-month (30 days) mail-order prescription is $0.	**$0** **Your cost for a one-month (30 days) mail-order prescription is $0.**

Initial Coverage Stage	2025 (this year)	2026 (next year)
Tier 2: **Generic** We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	$12 Your cost for a one-month (30 days) mail-order prescription is $12.	**$5** **Your cost for a one-month (30 days) mail-order prescription is $5.**
Tier 3: **Preferred Brand** We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	$47 Your cost for a one-month (30 days) mail-order prescription is $47.	**20% of the total cost.** **Your cost for a one-month (30 days) mail-order prescription is 20% of the total cost.**
Tier 4: **Non-Preferred Drug** We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	50% of the total cost. Your cost for a one-month (30 days) mail-order prescription is 50% of the total cost.	**25% of the total cost.** **Your cost for a one-month (30 days) mail-order prescription is 25% of the total cost.**
Tier 5: **Specialty Tier** We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	33% of the total cost. Your cost for a one-month (30 days) mail-order prescription is 33% of the total cost.	**29% of the total cost.** **Your cost for a one-month (30 days) mail-order prescription is 29% of the total cost.**

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Description	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	**If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.** **To learn more about this payment option, call us at Customer Service 1-855-716-2544 (TTY users call 711) or visit www.Medicare.gov**.

SECTION 3 How to Change Plans

To stay in Blue Medicare Advantage PPO, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, 2025, you'll automatically be enrolled in our Blue Medicare Advantage 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 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 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 (Go to Section 1.1).
- **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 5), or call 1-800-MEDICARE (1-800-633-4227).

Section 3.1 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 3.2 Are there other times of the year to make a change?

In certain situations, people can 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 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 4 Get Help Paying for Prescription Drugs

You can 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 premiums, yearly deductibles, and coinsurance. Also, people 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 call 1-800-325-0778.

- Your State Medicaid Office.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Iowa Department of Public Health AIDS Drug Assistance Program (ADAP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1-800-972-2017 8 a.m. to 4:30 p.m., local time, Monday through Friday. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-888-832-6168 (TTY users should call 711) or visit **www.Medicare.gov**.

SECTION 5 Questions?

Get Help from Blue Medicare Advantage PPO

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

  We're available for phone calls 24 hours a day, 7 days a week. 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, go to the 2026 *Evidence of Coverage* for Blue Medicare Advantage 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 and prescription drugs. 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.Wellmark.com/Finder-Medicare**

  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 Iowa, the SHIP is called Senior Health Insurance Information Program (SHIIP).

Call Senior Health Insurance Information Program (SHIIP) 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 Insurance Information Program (SHIIP) at 1-800-351-4664. Learn more about Senior Health Insurance Information Program (SHIIP) by visiting **shiip.iowa.gov/**.

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.