

MedicareBlue SupplementSM

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

Choosing a MedicareBlue Supplement plan starts with your specific needs. Use the information in the Outline of Coverage to learn more about the plans available from Wellmark. The premiums and benefits shown in this booklet are for plans sold for effective dates on or after Jan. 1, 2026. MedicareBlue Supplement premiums for the following year are typically available in October. Visit [Wellmark.com/MedicareSupplementPremiumSD](https://www.wellmark.com/MedicareSupplementPremiumSD) to stay updated on premiums and benefits.

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

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

	Plan A	Plan D	Plan F ¹	Plan G	HD Plan G ²	Plan N
Basic benefits This includes hospitalization, medical expenses, blood and hospice care.	✓	✓	✓	✓	✓	✓ ³
Skilled nursing facility coinsurance Without this coverage, beneficiaries are partially responsible for their stay in a skilled nursing facility.		✓	✓	✓	✓	✓
Part A Deductible (\$1,736 in 2026) This amount is set by Medicare, and is used for hospital care.		✓	✓	✓	✓	✓
Part B Deductible (\$283 in 2026) This amount is set by Medicare, and is applied to medical costs.			✓			
Part B excess charges Coverage when a provider charges over the Medicare approved amount.			✓	✓	✓	
Foreign travel emergency Coverage for when emergency care outside the United States is needed.		80%	80%	80%	80%	80%

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

² Benefits for this plan begin after one has paid a calendar year deductible of \$2,950 for out-of-pocket expenses.

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

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

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

	Plan B	Plan C	HD Plan F¹	Plan K	Plan L	Plan M
Basic benefits This includes hospitalization, medical expenses, blood and hospice care.	✓	✓	✓	✓ ²	✓ ²	✓
Skilled nursing facility coinsurance Without this coverage, beneficiaries are partially responsible for their stay in a skilled nursing facility.		✓	✓	50%	75%	✓
Part A Deductible (\$1,736 in 2026) This amount is set by Medicare, and is used for hospital care.	✓	✓	✓	50%	75%	50%
Part B Deductible (\$283 in 2026) This amount is set by Medicare, and is applied to medical costs.		✓	✓			
Part B excess charges Coverage when a provider charges over the Medicare approved amount.			✓			
Foreign travel emergency Coverage for when emergency care outside the United States is needed.		80%	80%			80%
Out-of-pocket limits				\$8,000	\$4,000	

¹ Benefits for this plan begin after one has paid a calendar year deductible of \$2,950 for out-of-pocket expenses.

² Plans K & L show how much you'll pay for approved services before you meet your out-of-pocket yearly limit and Part B deductible. After you meet them, the plan will pay 100% of your costs for approved services.

2026 MedicareBlue Supplement

Preferred: Non-Tobacco Premiums — Male

Premiums effective Jan. 1, 2026, for South Dakota residents. Applicants should refer to the MedicareBlue Supplement application to determine eligibility for preferred or standard premiums.

Age	Plan D	Plan F ¹	Plan G without Household Discount ²	Plan G with Household Discount ²	HD Plan G without Household Discount ²	HD Plan G with Household Discount ²	Plan N
64 and under	\$358.30	\$403.70	\$361.70	\$325.50	\$144.70	\$130.20	\$286.60
65	\$242.40	\$273.20	\$244.70	\$220.20	\$97.90	\$88.10	\$194.00
66	\$242.40	\$273.20	\$244.70	\$220.20	\$97.90	\$88.10	\$194.00
67	\$260.80	\$294.00	\$263.40	\$237.10	\$105.40	\$94.80	\$208.60
68	\$279.80	\$315.10	\$282.30	\$254.10	\$112.90	\$101.60	\$223.80
69	\$279.80	\$315.10	\$282.30	\$254.10	\$112.90	\$101.60	\$223.80
70	\$302.30	\$340.70	\$305.40	\$274.90	\$122.20	\$110.00	\$242.00
71	\$324.90	\$366.10	\$328.00	\$295.20	\$131.20	\$118.10	\$260.00
72	\$331.90	\$373.90	\$335.00	\$301.50	\$134.00	\$120.60	\$265.60
73	\$340.10	\$383.10	\$343.20	\$308.90	\$137.30	\$123.60	\$272.00
74	\$346.90	\$390.90	\$350.10	\$315.10	\$140.00	\$126.00	\$277.60
75	\$358.30	\$403.70	\$361.70	\$325.50	\$144.70	\$130.20	\$286.60
76	\$365.70	\$412.10	\$369.20	\$332.30	\$147.70	\$132.90	\$292.60
77	\$373.10	\$420.20	\$376.60	\$338.90	\$150.60	\$135.60	\$298.40
78	\$380.70	\$428.80	\$384.10	\$345.70	\$153.60	\$138.30	\$304.50
79	\$388.10	\$437.20	\$391.70	\$352.50	\$156.70	\$141.00	\$310.30
80	\$395.70	\$445.60	\$399.30	\$359.40	\$159.70	\$143.80	\$316.50
81	\$402.70	\$453.80	\$406.60	\$365.90	\$162.60	\$146.40	\$322.10
82	\$410.70	\$462.80	\$414.60	\$373.10	\$165.80	\$149.20	\$328.50
83	\$417.60	\$470.60	\$421.70	\$379.50	\$168.70	\$151.80	\$334.10
84	\$425.40	\$479.40	\$429.50	\$386.60	\$171.80	\$154.60	\$340.30
85 and over	\$429.40	\$483.80	\$433.50	\$390.20	\$173.40	\$156.10	\$343.50

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

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

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

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

2026 MedicareBlue Supplement

Preferred: Non-Tobacco Premiums — Female

Premiums effective Jan. 1, 2026, for South Dakota residents. Applicants should refer to the MedicareBlue Supplement application to determine eligibility for preferred or standard premiums.

Age	Plan D	Plan F ¹	Plan G without Household Discount ²	Plan G with Household Discount ²	HD Plan G without Household Discount ²	HD Plan G with Household Discount ²	Plan N
64 and under	\$316.70	\$356.90	\$319.70	\$287.70	\$127.90	\$115.10	\$253.40
65	\$214.40	\$241.60	\$216.40	\$194.80	\$86.60	\$77.90	\$171.50
66	\$214.40	\$241.60	\$216.40	\$194.80	\$86.60	\$77.90	\$171.50
67	\$230.60	\$260.00	\$233.00	\$209.70	\$93.20	\$83.90	\$184.40
68	\$247.40	\$278.60	\$249.70	\$224.70	\$99.90	\$89.90	\$197.80
69	\$247.40	\$278.60	\$249.70	\$224.70	\$99.90	\$89.90	\$197.80
70	\$267.40	\$301.30	\$270.00	\$243.00	\$108.00	\$97.20	\$213.80
71	\$287.40	\$323.70	\$290.00	\$261.00	\$116.00	\$104.40	\$229.80
72	\$293.60	\$330.70	\$296.40	\$266.80	\$118.60	\$106.70	\$234.80
73	\$300.70	\$338.70	\$303.60	\$273.20	\$121.40	\$109.30	\$240.60
74	\$306.70	\$345.50	\$309.50	\$278.60	\$123.80	\$111.40	\$245.40
75	\$316.70	\$356.90	\$319.70	\$287.70	\$127.90	\$115.10	\$253.40
76	\$323.30	\$364.30	\$326.40	\$293.80	\$130.60	\$117.50	\$258.60
77	\$329.90	\$371.70	\$333.00	\$299.70	\$133.20	\$119.90	\$263.80
78	\$336.50	\$379.30	\$339.80	\$305.80	\$135.90	\$122.30	\$269.20
79	\$343.10	\$386.50	\$346.30	\$311.70	\$138.50	\$124.70	\$274.40
80	\$349.70	\$394.10	\$353.10	\$317.80	\$141.20	\$127.10	\$279.80
81	\$356.10	\$401.30	\$359.50	\$323.60	\$143.80	\$129.40	\$285.00
82	\$363.10	\$409.30	\$366.60	\$329.90	\$146.60	\$132.00	\$290.60
83	\$369.30	\$416.10	\$372.80	\$335.50	\$149.10	\$134.20	\$295.60
84	\$376.10	\$423.80	\$379.80	\$341.80	\$151.90	\$136.70	\$300.90
85 and over	\$379.70	\$427.60	\$383.10	\$344.80	\$153.20	\$137.90	\$303.70

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

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

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2026 MedicareBlue Supplement

Preferred: Tobacco Premiums — Male

Premiums effective Jan. 1, 2026, for South Dakota residents. Applicants should refer to the MedicareBlue Supplement application to determine eligibility for preferred or standard premiums.

Age	Plan D	Plan F ¹	Plan G without Household Discount ²	Plan G with Household Discount ²	HD Plan G without Household Discount ²	HD Plan G with Household Discount ²	Plan N
64 and under	\$394.10	\$444.00	\$397.80	\$358.00	\$159.10	\$143.20	\$315.20
65	\$266.60	\$300.50	\$269.20	\$242.30	\$107.70	\$96.90	\$213.40
66	\$266.60	\$300.50	\$269.20	\$242.30	\$107.70	\$96.90	\$213.40
67	\$286.80	\$323.30	\$289.70	\$260.70	\$115.90	\$104.30	\$229.50
68	\$307.70	\$346.60	\$310.50	\$279.50	\$124.20	\$111.80	\$246.20
69	\$307.70	\$346.60	\$310.50	\$279.50	\$124.20	\$111.80	\$246.20
70	\$332.60	\$374.80	\$335.90	\$302.30	\$134.40	\$120.90	\$266.20
71	\$357.40	\$402.70	\$360.80	\$324.70	\$144.30	\$129.90	\$286.00
72	\$365.10	\$411.30	\$368.50	\$331.70	\$147.40	\$132.70	\$292.10
73	\$374.10	\$421.40	\$377.50	\$339.80	\$151.00	\$135.90	\$299.20
74	\$381.60	\$429.90	\$385.10	\$346.60	\$154.00	\$138.60	\$305.30
75	\$394.10	\$444.00	\$397.80	\$358.00	\$159.10	\$143.20	\$315.20
76	\$402.20	\$453.20	\$406.10	\$365.50	\$162.40	\$146.20	\$321.80
77	\$410.40	\$462.20	\$414.20	\$372.80	\$165.70	\$149.10	\$328.20
78	\$418.70	\$471.70	\$422.50	\$380.30	\$169.00	\$152.10	\$335.00
79	\$426.90	\$480.90	\$430.90	\$387.80	\$172.40	\$155.10	\$341.40
80	\$435.20	\$490.20	\$439.20	\$395.30	\$175.70	\$158.10	\$348.20
81	\$442.90	\$499.20	\$447.30	\$402.60	\$178.90	\$161.00	\$354.30
82	\$451.70	\$509.10	\$456.00	\$410.40	\$182.40	\$164.20	\$361.40
83	\$459.40	\$517.60	\$463.90	\$417.50	\$185.60	\$167.00	\$367.50
84	\$468.00	\$527.30	\$472.40	\$425.20	\$189.00	\$170.10	\$374.30
85 and over	\$472.40	\$532.10	\$476.80	\$429.10	\$190.70	\$171.60	\$377.80

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

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

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

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

Preferred: Tobacco Premiums — Female

Premiums effective Jan. 1, 2026, for South Dakota residents. Applicants should refer to the MedicareBlue Supplement application to determine eligibility for preferred or standard premiums.

Age	Plan D	Plan F ¹	Plan G without Household Discount ²	Plan G with Household Discount ²	HD Plan G without Household Discount ²	HD Plan G with Household Discount ²	Plan N
64 and under	\$348.40	\$392.60	\$351.60	\$316.40	\$140.60	\$126.60	\$278.70
65	\$235.90	\$265.70	\$238.10	\$214.30	\$95.20	\$85.70	\$188.60
66	\$235.90	\$265.70	\$238.10	\$214.30	\$95.20	\$85.70	\$188.60
67	\$253.70	\$286.00	\$256.20	\$230.60	\$102.50	\$92.20	\$202.90
68	\$272.10	\$306.40	\$274.60	\$247.10	\$109.80	\$98.80	\$217.60
69	\$272.10	\$306.40	\$274.60	\$247.10	\$109.80	\$98.80	\$217.60
70	\$294.10	\$331.50	\$296.90	\$267.20	\$118.80	\$106.90	\$235.20
71	\$316.10	\$356.10	\$319.00	\$287.10	\$127.60	\$114.80	\$252.80
72	\$322.90	\$363.80	\$326.00	\$293.40	\$130.40	\$117.40	\$258.30
73	\$330.80	\$372.60	\$333.90	\$300.50	\$133.60	\$120.20	\$264.60
74	\$337.40	\$380.00	\$340.50	\$306.50	\$136.20	\$122.60	\$269.90
75	\$348.40	\$392.60	\$351.60	\$316.40	\$140.60	\$126.60	\$278.70
76	\$355.60	\$400.70	\$359.10	\$323.20	\$143.60	\$129.30	\$284.40
77	\$362.90	\$408.80	\$366.30	\$329.70	\$146.50	\$131.90	\$290.10
78	\$370.10	\$417.20	\$373.70	\$336.30	\$149.50	\$134.50	\$296.10
79	\$377.40	\$425.10	\$381.00	\$342.90	\$152.40	\$137.20	\$301.80
80	\$384.70	\$433.50	\$388.40	\$349.60	\$155.40	\$139.80	\$307.70
81	\$391.70	\$441.40	\$395.40	\$355.90	\$158.20	\$142.40	\$313.40
82	\$399.40	\$450.20	\$403.30	\$363.00	\$161.30	\$145.20	\$319.60
83	\$406.20	\$457.60	\$410.10	\$369.10	\$164.00	\$147.60	\$325.10
84	\$413.70	\$466.20	\$417.70	\$375.90	\$167.10	\$150.40	\$331.00
85 and over	\$417.60	\$470.40	\$421.50	\$379.40	\$168.60	\$151.80	\$334.10

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

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

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

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

Standard: Non-Tobacco Premiums — Male

Premiums effective Jan. 1, 2026, for South Dakota residents. Applicants should refer to the MedicareBlue Supplement application to determine eligibility for preferred or standard premiums.

Age	Plan A	Plan D	Plan F ¹	Plan G without Household Discount ²	Plan G with Household Discount ²	HD Plan G without Household Discount ²	HD Plan G with Household Discount ²	Plan N
64 and under	\$331.90	\$457.80	\$515.70	\$462.10	\$415.90	\$184.80	\$166.40	\$366.10
65	\$224.70	\$309.70	\$349.00	\$312.60	\$281.30	\$125.00	\$112.50	\$247.90
66	\$224.70	\$309.70	\$349.00	\$312.60	\$281.30	\$125.00	\$112.50	\$247.90
67	\$241.50	\$333.20	\$375.60	\$336.50	\$302.90	\$134.60	\$121.20	\$266.50
68	\$259.10	\$357.40	\$402.60	\$360.70	\$324.60	\$144.30	\$129.80	\$285.90
69	\$259.10	\$357.40	\$402.60	\$360.70	\$324.60	\$144.30	\$129.80	\$285.90
70	\$280.20	\$386.30	\$435.30	\$390.10	\$351.10	\$156.00	\$140.40	\$309.20
71	\$301.00	\$415.10	\$467.70	\$419.10	\$377.20	\$167.60	\$150.90	\$332.20
72	\$307.50	\$424.10	\$477.70	\$428.00	\$385.20	\$171.20	\$154.10	\$339.30
73	\$315.00	\$434.50	\$489.40	\$438.40	\$394.60	\$175.40	\$157.80	\$347.50
74	\$321.20	\$443.20	\$499.40	\$447.30	\$402.60	\$178.90	\$161.00	\$354.60
75	\$331.90	\$457.80	\$515.70	\$462.10	\$415.90	\$184.80	\$166.40	\$366.10
76	\$338.80	\$467.20	\$526.40	\$471.70	\$424.50	\$188.70	\$169.80	\$373.80
77	\$345.70	\$476.70	\$536.90	\$481.10	\$433.00	\$192.40	\$173.20	\$381.20
78	\$352.50	\$486.40	\$547.90	\$490.80	\$441.70	\$196.30	\$176.70	\$389.10
79	\$359.40	\$495.80	\$558.60	\$500.40	\$450.40	\$200.20	\$180.20	\$396.50
80	\$366.50	\$505.50	\$569.30	\$510.10	\$459.10	\$204.00	\$183.60	\$404.40
81	\$373.00	\$514.40	\$579.80	\$519.50	\$467.60	\$207.80	\$187.00	\$411.50
82	\$380.50	\$524.60	\$591.30	\$529.70	\$476.70	\$211.90	\$190.70	\$419.70
83	\$387.00	\$533.60	\$601.20	\$538.80	\$484.90	\$215.50	\$194.00	\$426.90
84	\$394.10	\$543.50	\$612.50	\$548.70	\$493.80	\$219.50	\$197.50	\$434.80
85 and over	\$397.60	\$548.60	\$618.10	\$553.80	\$498.40	\$221.50	\$199.40	\$438.90

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

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

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

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

Standard: Non-Tobacco Premiums — Female

Premiums effective Jan. 1, 2026, for South Dakota residents. Applicants should refer to the MedicareBlue Supplement application to determine eligibility for preferred or standard premiums.

Age	Plan A	Plan D	Plan F ¹	Plan G without Household Discount ²	Plan G with Household Discount ²	HD Plan G without Household Discount ²	HD Plan G with Household Discount ²	Plan N
64 and under	\$293.50	\$404.70	\$456.00	\$408.40	\$367.60	\$163.40	\$147.00	\$323.70
65	\$198.50	\$273.90	\$308.70	\$276.50	\$248.90	\$110.60	\$99.60	\$219.10
66	\$198.50	\$273.90	\$308.70	\$276.50	\$248.90	\$110.60	\$99.60	\$219.10
67	\$213.60	\$294.60	\$332.20	\$297.60	\$267.80	\$119.00	\$107.10	\$235.60
68	\$229.10	\$316.10	\$355.90	\$319.00	\$287.10	\$127.60	\$114.80	\$252.80
69	\$229.10	\$316.10	\$355.90	\$319.00	\$287.10	\$127.60	\$114.80	\$252.80
70	\$247.80	\$341.60	\$385.00	\$344.90	\$310.40	\$138.00	\$124.20	\$273.20
71	\$266.20	\$367.10	\$413.60	\$370.60	\$333.50	\$148.20	\$133.40	\$293.60
72	\$271.70	\$375.00	\$422.50	\$378.70	\$340.80	\$151.50	\$136.30	\$300.00
73	\$278.60	\$384.20	\$432.70	\$387.90	\$349.10	\$155.20	\$139.60	\$307.40
74	\$284.20	\$391.90	\$441.40	\$395.50	\$356.00	\$158.20	\$142.40	\$313.50
75	\$293.50	\$404.70	\$456.00	\$408.40	\$367.60	\$163.40	\$147.00	\$323.70
76	\$299.50	\$413.10	\$465.40	\$417.10	\$375.40	\$166.80	\$150.20	\$330.40
77	\$305.50	\$421.50	\$474.90	\$425.50	\$383.00	\$170.20	\$153.20	\$337.00
78	\$311.70	\$429.90	\$484.60	\$434.10	\$390.70	\$173.60	\$156.30	\$343.90
79	\$317.70	\$438.40	\$493.80	\$442.50	\$398.30	\$177.00	\$159.30	\$350.50
80	\$323.90	\$446.80	\$503.50	\$451.10	\$406.00	\$180.40	\$162.40	\$357.40
81	\$329.90	\$454.90	\$512.60	\$459.30	\$413.40	\$183.70	\$165.40	\$364.10
82	\$336.30	\$463.90	\$522.90	\$468.40	\$421.60	\$187.40	\$168.60	\$371.20
83	\$342.10	\$471.80	\$531.50	\$476.30	\$428.70	\$190.50	\$171.50	\$377.60
84	\$348.50	\$480.50	\$541.50	\$485.20	\$436.70	\$194.10	\$174.70	\$384.50
85 and over	\$351.70	\$485.10	\$546.30	\$489.50	\$440.60	\$195.80	\$176.20	\$388.10

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Standard: Tobacco Premiums — Male

Premiums effective Jan. 1, 2026, for South Dakota residents. Applicants should refer to the MedicareBlue Supplement application to determine eligibility for preferred or standard premiums.

Age	Plan A	Plan D	Plan F ¹	Plan G without Household Discount ²	Plan G with Household Discount ²	HD Plan G without Household Discount ²	HD Plan G with Household Discount ²	Plan N
64 and under	\$365.10	\$503.60	\$567.30	\$508.30	\$457.50	\$203.30	\$183.00	\$402.70
65	\$247.10	\$340.70	\$383.90	\$343.90	\$309.50	\$137.60	\$123.80	\$272.70
66	\$247.10	\$340.70	\$383.90	\$343.90	\$309.50	\$137.60	\$123.80	\$272.70
67	\$265.70	\$366.50	\$413.10	\$370.20	\$333.20	\$148.10	\$133.30	\$293.20
68	\$285.00	\$393.20	\$442.90	\$396.70	\$357.00	\$158.70	\$142.80	\$314.60
69	\$285.00	\$393.20	\$442.90	\$396.70	\$357.00	\$158.70	\$142.80	\$314.60
70	\$308.20	\$424.90	\$478.90	\$429.20	\$386.30	\$171.70	\$154.50	\$340.10
71	\$331.20	\$456.70	\$514.50	\$461.00	\$414.90	\$184.40	\$166.00	\$365.40
72	\$338.20	\$466.50	\$525.50	\$470.80	\$423.70	\$188.30	\$169.50	\$373.30
73	\$346.50	\$478.00	\$538.40	\$482.30	\$434.10	\$192.90	\$173.60	\$382.20
74	\$353.40	\$487.60	\$549.30	\$492.10	\$442.90	\$196.80	\$177.20	\$390.10
75	\$365.10	\$503.60	\$567.30	\$508.30	\$457.50	\$203.30	\$183.00	\$402.70
76	\$372.70	\$514.00	\$579.10	\$518.90	\$467.00	\$207.60	\$186.80	\$411.20
77	\$380.20	\$524.40	\$590.60	\$529.30	\$476.40	\$211.70	\$190.60	\$419.30
78	\$387.80	\$535.00	\$602.70	\$539.90	\$485.90	\$216.00	\$194.40	\$428.00
79	\$395.40	\$545.40	\$614.50	\$550.50	\$495.50	\$220.20	\$198.20	\$436.20
80	\$403.20	\$556.10	\$626.30	\$561.10	\$505.00	\$224.40	\$202.00	\$444.90
81	\$410.30	\$565.90	\$637.80	\$571.50	\$514.40	\$228.60	\$205.80	\$452.70
82	\$418.60	\$577.20	\$650.50	\$582.70	\$524.40	\$233.10	\$209.80	\$461.70
83	\$425.70	\$587.00	\$661.40	\$592.70	\$533.40	\$237.10	\$213.40	\$469.60
84	\$433.50	\$597.90	\$673.80	\$603.60	\$543.20	\$241.40	\$217.30	\$478.30
85 and over	\$437.40	\$603.60	\$679.90	\$609.20	\$548.30	\$243.70	\$219.30	\$482.80

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

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

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

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

Standard: Tobacco Premiums — Female

Premiums effective Jan. 1, 2026, for South Dakota residents. Applicants should refer to the MedicareBlue Supplement application to determine eligibility for preferred or standard premiums.

Age	Plan A	Plan D	Plan F ¹	Plan G without Household Discount ²	Plan G with Household Discount ²	HD Plan G without Household Discount ²	HD Plan G with Household Discount ²	Plan N
64 and under	\$322.90	\$445.20	\$501.60	\$449.30	\$404.40	\$179.70	\$161.80	\$356.10
65	\$218.30	\$301.40	\$339.60	\$304.20	\$273.80	\$121.70	\$109.50	\$241.00
66	\$218.30	\$301.40	\$339.60	\$304.20	\$273.80	\$121.70	\$109.50	\$241.00
67	\$234.90	\$324.10	\$365.40	\$327.40	\$294.70	\$131.00	\$117.90	\$259.20
68	\$252.00	\$347.70	\$391.50	\$350.90	\$315.80	\$140.40	\$126.30	\$278.00
69	\$252.00	\$347.70	\$391.50	\$350.90	\$315.80	\$140.40	\$126.30	\$278.00
70	\$272.50	\$375.80	\$423.50	\$379.40	\$341.50	\$151.80	\$136.60	\$300.50
71	\$292.80	\$403.90	\$455.00	\$407.60	\$366.80	\$163.00	\$146.70	\$323.00
72	\$298.90	\$412.60	\$464.80	\$416.60	\$374.90	\$166.60	\$150.00	\$330.00
73	\$306.50	\$422.70	\$476.00	\$426.70	\$384.00	\$170.70	\$153.60	\$338.10
74	\$312.60	\$431.10	\$485.60	\$435.00	\$391.50	\$174.00	\$156.60	\$344.90
75	\$322.90	\$445.20	\$501.60	\$449.30	\$404.40	\$179.70	\$161.80	\$356.10
76	\$329.40	\$454.40	\$512.00	\$458.80	\$412.90	\$183.50	\$165.20	\$363.40
77	\$336.00	\$463.70	\$522.40	\$468.00	\$421.20	\$187.20	\$168.50	\$370.70
78	\$342.90	\$473.00	\$533.10	\$477.50	\$429.80	\$191.00	\$171.90	\$378.30
79	\$349.50	\$482.20	\$543.20	\$486.80	\$438.10	\$194.70	\$175.20	\$385.60
80	\$356.30	\$491.50	\$553.80	\$496.30	\$446.70	\$198.50	\$178.70	\$393.20
81	\$362.90	\$500.50	\$564.00	\$505.20	\$454.70	\$202.10	\$181.90	\$400.50
82	\$370.00	\$510.30	\$575.20	\$515.30	\$463.80	\$206.10	\$185.50	\$408.40
83	\$376.30	\$519.00	\$584.70	\$524.00	\$471.60	\$209.60	\$188.60	\$415.40
84	\$383.40	\$528.60	\$595.70	\$533.70	\$480.30	\$213.50	\$192.10	\$423.00
85 and over	\$386.80	\$533.60	\$601.00	\$538.50	\$484.70	\$215.40	\$193.90	\$426.90

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

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

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

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

Premium Information

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

Disclosures

Use these outlines to compare benefits and premiums among policies.

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

Read Your Policy Very Carefully

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

Right to Return Policy

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

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

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

Policy Replacement

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

Notice

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

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

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

Complete Answers are Important

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

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

MedicareBlue Supplement Plan A

Medicare (Part A) Hospital Services Per Benefit Period

Services		Medicare Pays	Wellmark Plan A Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$1,736	\$0	\$1,736 (Part A deductible)
	Days 61–90	All but \$434 a day	\$434 a day	\$0
	Day 91 and after • While using 60 lifetime reserve days	All but \$868 a day	\$868 a day	\$0
	• Once lifetime reserve days are used: – Additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	– Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$217 a day	\$0	Up to \$217 a day
	Beyond 100 days	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care	You must meet Medicare's requirements, including doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

Medicare (Part B) Medical Services Per Calendar Year

Services		Medicare Pays	Wellmark Plan A Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$283 of Medicare approved amounts ³	\$0	\$0	\$283 (Part B deductible)
	Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare approved amounts)		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$283 of Medicare approved amounts ³	\$0	\$0	\$283 (Part B deductible)
	Remainder of Medicare approved amounts	80%	20%	\$0
Clinical Laboratory Services TESTS FOR DIAGNOSTIC SERVICES		100%	\$0	\$0

³ Once you have been billed \$283 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare Parts A and B

Services		Medicare Pays	Wellmark Plan A Pays	You Pay
Home Health Care MEDICARE APPROVED SERVICES	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
	Durable medical equipment: • First \$283 of Medicare approved amounts ³	\$0	\$0	\$283 (Part B deductible)
	• Remainder of Medicare approved amounts	80%	20%	\$0

³ Once you have been billed \$283 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

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

MedicareBlue Supplement Plan D

Medicare (Part A) Hospital Services Per Benefit Period

Services		Medicare Pays	Wellmark Plan D Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
	Days 61–90	All but \$434 a day	\$434 a day	\$0
	Day 91 and after • While using 60 lifetime reserve days	All but \$868 a day	\$868 a day	\$0
	• Once lifetime reserve days are used: – Additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	– Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$217 a day	Up to \$217 a day	\$0
	Beyond 100 days	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care	You must meet Medicare's requirements, including doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

Medicare (Part B) Medical Services Per Calendar Year

Services		Medicare Pays	Wellmark Plan D Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$283 of Medicare approved amounts ³	\$0	\$0	\$283 (Part B deductible)
	Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare approved amounts)		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$283 of Medicare approved amounts ³	\$0	\$0	\$283 (Part B deductible)
	Remainder of Medicare approved amounts	80%	20%	\$0
Clinical Laboratory Services TESTS FOR DIAGNOSTIC SERVICES		100%	\$0	\$0

³ Once you have been billed \$283 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare Parts A and B

Services		Medicare Pays	Wellmark Plan D Pays	You Pay
Home Health Care MEDICARE APPROVED SERVICES	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
	Durable medical equipment: • First \$283 of Medicare approved amounts ³	\$0	\$0	\$283 (Part B deductible)
	• Remainder of Medicare approved amounts	80%	20%	\$0

Other Benefits Not Covered by Medicare

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

³ Once you have been billed \$283 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

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

MedicareBlue Supplement Plan F

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

Medicare (Part A) Hospital Services Per Benefit Period

Services		Medicare Pays	Wellmark Plan F Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
	Days 61–90	All but \$434 a day	\$434 a day	\$0
	Day 91 and after • While using 60 lifetime reserve days	All but \$868 a day	\$868 a day	\$0
	• Once lifetime reserve days are used: – Additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	– Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$217 a day	Up to \$217 a day	\$0
	Beyond 100 days	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care	You must meet Medicare's requirements, including doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

MedicareBlue Supplement Plan F (continued)

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

Medicare (Part B) Medical Services Per Calendar Year

Services		Medicare Pays	Wellmark Plan F Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$283 of Medicare approved amounts ³	\$0	\$283 (Part B deductible)	\$0
	Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare approved amounts)		\$0	100%	\$0
Blood	First 3 pints	\$0	All costs	\$0
	Next \$283 of Medicare approved amounts ³	\$0	\$283 (Part B deductible)	\$0
	Remainder of Medicare approved amounts	80%	20%	\$0
Clinical Laboratory Services TESTS FOR DIAGNOSTIC SERVICES		100%	\$0	\$0

³ Once you have been billed \$283 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

MedicareBlue Supplement Plan F (continued)

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

Medicare Parts A and B

Services		Medicare Pays	Wellmark Plan F Pays	You Pay
Home Health Care MEDICARE APPROVED SERVICES	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
	Durable medical equipment: • First \$283 of Medicare approved amounts ³	\$0	\$283 (Part B deductible)	\$0
	• Remainder of Medicare approved amounts	80%	20%	\$0

Other Benefits Not Covered by Medicare

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

³ Once you have been billed \$283 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

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

MedicareBlue Supplement Plan G

Medicare (Part A) Hospital Services Per Benefit Period

Services		Medicare Pays	Wellmark Plan G Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
	Days 61–90	All but \$434 a day	\$434 a day	\$0
	Day 91 and after • While using 60 lifetime reserve days	All but \$868 a day	\$868 a day	\$0
	• Once lifetime reserve days are used: – Additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	– Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$217 a day	Up to \$217 a day	\$0
	Beyond 100 days	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care	You must meet Medicare's requirements, including doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

Medicare (Part B) Medical Services Per Calendar Year

Services		Medicare Pays	Wellmark Plan G Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$283 of Medicare approved amounts ³	\$0	\$0	\$283 (Part B deductible)
	Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare approved amounts)		\$0	100%	\$0
Blood	First 3 pints	\$0	All costs	\$0
	Next \$283 of Medicare approved amounts ³	\$0	\$0	\$283 (Part B deductible)
	Remainder of Medicare approved amounts	80%	20%	\$0
Clinical Laboratory Services TESTS FOR DIAGNOSTIC SERVICES		100%	\$0	\$0

³ Once you have been billed \$283 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare Parts A and B

Services		Medicare Pays	Wellmark Plan G Pays	You Pay
Home Health Care MEDICARE APPROVED SERVICES	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
	Durable medical equipment: • First \$283 of Medicare approved amounts ³	\$0	\$0	\$283 (Part B deductible)
	• Remainder of Medicare approved amounts	80%	20%	\$0

Other Benefits Not Covered by Medicare

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

³ Once you have been billed \$283 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

MedicareBlue Supplement High Deductible Plan G

Medicare (Part A) Hospital Services Per Benefit Period

Services		Medicare Pays	After You Pay \$2,950 Deductible, Wellmark HD Plan G ¹ Pays	You Pay
Hospitalization² Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
	Days 61–90	All but \$434 a day	\$434 a day	\$0
	Day 91 and after • While using 60 lifetime reserve days	All but \$868 a day	\$868 a day	\$0
	• Once lifetime reserve days are used: – Additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ³
	– Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care² You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$217 a day	Up to \$217 a day	\$0
	Beyond 100 days	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care	You must meet Medicare's requirements, including doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

¹ This high-deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2,950 deductible. Benefits from the High Deductible Plan G will not begin until out-of-pocket expenses are \$2,950. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare Parts A and B deductibles, excess charges, coinsurance, and copays. This does not include the plan's separate foreign travel emergency deductible.

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

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

Medicare (Part B) Medical Services Per Calendar Year

Services		Medicare Pays	After You Pay \$2,950 Deductible, Wellmark HD Plan G ¹ Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$283 of Medicare approved amounts ²	\$0	\$0	\$283 (Part B deductible)
	Remainder of Medicare approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare approved amounts)		\$0	100%	\$0
Blood	First 3 pints	\$0	All costs	\$0
	Next \$283 of Medicare approved amounts ²	\$0	\$0	\$283 (Part B deductible)
	Remainder of Medicare approved amounts	80%	20%	\$0
Clinical Laboratory Services TESTS FOR DIAGNOSTIC SERVICES		100%	\$0	\$0

¹ This high-deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2,950 deductible. Benefits from the High Deductible Plan G will not begin until out-of-pocket expenses are \$2,950. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare Parts A and B deductibles, excess charges, coinsurance, and copays. This does not include the plan's separate foreign travel emergency deductible.

² Once you have been billed \$283 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

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

Medicare Parts A and B

Services		Medicare Pays	After You Pay \$2,950 Deductible, Wellmark HD Plan G ¹ Pays	You Pay
Home Health Care MEDICARE APPROVED SERVICES	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
	Durable medical equipment: • First \$283 of Medicare approved amounts ²	\$0	\$0	\$283 (Part B deductible)
	• Remainder of Medicare approved amounts	80%	20%	\$0

Other Benefits Not Covered by Medicare

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

¹ This high-deductible plan pays the same benefits as Plan G after you have paid a calendar year \$2,950 deductible. Benefits from the High Deductible Plan G will not begin until out-of-pocket expenses are \$2,950. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare Parts A and B deductibles, excess charges, coinsurance, and copays. This does not include the plan's separate foreign travel emergency deductible.

² Once you have been billed \$283 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

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

MedicareBlue Supplement Plan N

Medicare (Part A) Hospital Services Per Benefit Period

Services		Medicare Pays	Wellmark Plan N Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
	Days 61–90	All but \$434 a day	\$434 a day	\$0
	Day 91 and after • While using 60 lifetime reserve days	All but \$868 a day	\$868 a day	\$0
	• Once lifetime reserve days are used: – Additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	– Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$217 a day	Up to \$217 a day	\$0
	Beyond 100 days	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care	You must meet Medicare's requirements, including doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

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

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

Medicare (Part B) Medical Services Per Calendar Year

Services		Medicare Pays	Wellmark Plan N Pays	You Pay
Medical Expenses IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$283 of Medicare approved amounts ³	\$0	\$0	\$283 (Part B deductible)
	Remainder of Medicare approved amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges (Above Medicare approved amounts)		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$283 of Medicare approved amounts ³	\$0	\$0	\$283 (Part B deductible)
	Remainder of Medicare approved amounts	80%	20%	\$0
Clinical Laboratory Services TESTS FOR DIAGNOSTIC SERVICES		100%	\$0	\$0

³ Once you have been billed \$283 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Medicare Parts A and B

Services		Medicare Pays	Wellmark Plan N Pays	You Pay
Home Health Care MEDICARE APPROVED SERVICES	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
	Durable medical equipment: • First \$283 of Medicare approved amounts ³	\$0	\$0	\$283 (Part B deductible)
	• Remainder of Medicare approved amounts	80%	20%	\$0

Other Benefits Not Covered by Medicare

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

³ Once you have been billed \$283 of Medicare approved amounts for covered services, your Part B deductible will have been met for the calendar year.

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

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

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

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

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

Wellmark Language Assistance

Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Wellmark does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Wellmark

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 800-524-9242.

If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 3E417, Des Moines, IA 50309-2901, 515-376-6500, TTY 888-781-4262, Fax 515-376-9055, Email CRC@Wellmark.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

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

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

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

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم (٢٤٢٤-٩٢٤٢ أو (خدمة الهاتف النصي: ٨٨٨-٧٨١-٨٨٨).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານ ໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ທີ່ດີທີ່. (TTY: 888-781-4262).

주의: 한국어 를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें: अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, निःशुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION: Si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deutsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

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

တၢ်ဒုးသ့ၣ်ညါ-နမ့ၢ်ကတၢၢ်ကညိကုၣ်,ကုၣ်တၢ်မၤတၢ်ဖဲတၢ်မၤတၢ်လၢတၢ်သ့ၣ်လၢတၢ်သ့ၣ်လၢ,ဆိၣ်လၢန့ၣ်လၢဆဲးက့ၢ်ဆူ ၈၀၀-၅၂၄-၉၂၄,မ့ၢ်တဖၣ်(TTY: ၈၈၈-၇၈၁-၄၂၆)တက့ၢ်.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि निःशुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

ማሳሰቢያ: ከማርኛ የሚናገሩ ከሆነ፣ የቋንቋ አገዛ አገልግሎቶች፣ ከክፍያ ነፃ፣ ያገኛሉ። በ 800-524-9242 ወይም (በTTY: 888-781-4262) ደውለው ያነጋግሩ።

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

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

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

Ge': Diné k'éhjí yání'ti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhó'ł. Kojí' hó'ne' 800-524-9242 doodaii' (TTY: 888-781-4262)

Sioux Falls Service Center

1601 West Madison Street
Sioux Falls, SD 57104

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

Not Enrolled: 877-877-8411

Already Enrolled: 800-682-0471

TTY hearing impaired users call 711



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