




# 2023 MEDICARE ADVANTAGE

## Participant Guide

*Updated: 04/11/23*

**WELLMARK 2023 MEDICARE ADVANTAGE TRAINING**



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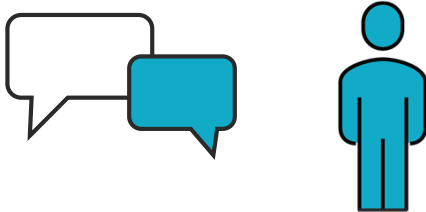
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**MEDICARE ADVANTAGE QUESTIONS ANSWERED**



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**AGENDA**

Over 65 Market & Medicare Advantage Plans

- 1 Medicare Advantage Plans
- 2 Medicare Advantage Prescription Drug Coverage
- 3 Blue Medicare Advantage<sup>SM</sup> PPO Valor (MA only)
- 4 Medicare Advantage Premiums
- 5 Support Processes & Resources

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# MEDICARE ADVANTAGE (MA) PLANS

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## OVER 65 MARKET

The SD & IA over 65 population will continue to increase, at an expected rate of around 12% annually.



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## MEDICARE ADVANTAGE (MA) PLANS

- Blue Medicare Advantage HMO<sup>SM</sup>
- Blue Medicare Advantage PPO<sup>SM</sup>
- Blue Medicare Advantage Enhanced PPO<sup>SM</sup>
- Blue Medicare Advantage <sup>SM</sup> Valor PPO
- Blue Medicare Advantage PPO | Avera (SD Only)

- Prescription drug coverage<sup>1</sup>
- Delta Dental<sup>®</sup> Coverage
- Vision and hearing coverage
- Over-the-counter allowance for health-related products<sup>2</sup>
- Meal program (following an inpatient or SNF discharge)
- Wellness and fitness



<sup>1</sup> Excluding Blue Medicare Advantage Valor PPO  
<sup>2</sup> Quarterly allowance

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## MA PRESCRIPTION DRUGS

Where should members fill prescriptions?  
 How do members determine if a prescription drug is covered?  
 Are prescription drugs covered under medical coverage or prescription coverage?

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## MEDICARE PRESCRIPTION DRUG (RX) COVERAGE

Pharmacy Coverage Part D  
Prescription Drugs

Medical Insurance Part B  
Prescription Drugs

Wellmark.com

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RETURN TO HOME PAGE
Wellmark 
LOG OUT

PRESCRIPTIONS & DRUG LISTS

COVERAGE AND BENEFITS

PRESCRIPTIONS & DRUG LISTS

Prescription Drugs

GET CARE

WELLMARK MEMBER PORTAL

JOIN US

CONTACT US

PAY YOUR BILL ONLINE

HEALTH INSURANCE SERVICES

### PRESCRIPTION DRUGS AND PHARMACY BENEFITS

**Know if you have pharmacy coverage**

If you have prescription drug coverage through Wellmark, this information can help you and your health care provider get the most from your prescription drug coverage. Find out if you have coverage through Wellmark in one of three ways:

- Log in and view your pharmacy coverage in [myWellmark](#)
- Search for your coverage documents using your Wellmark ID number.
- Call the number on your Wellmark member ID card for assistance.

[VIEW YOUR PHARMACY COVERAGE](#)

Log in to myWellmark to [find an in-network pharmacy](#)

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# AGENT SEARCH



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## PHARMACY DIRECTORY & DRUG FORMULARY LIST

Agents can locate Medicare Advantage pharmacies and covered drugs from the Benefit Plans and Directory section of Producer Connection.

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## PRESCRIPTION DRUG - PART D SEARCH

Click on the "Search online" option to search by a covered prescription drug name. A Formulary Search window will pop up to enter the drug name.

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

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## PHARMACY DIRECTORY

Wellmark  PRODUCER CONNECTION

**2023 Pharmacy Directory**

- Search online 
- Blue Medicare Advantage HMO 
- Blue Medicare Advantage PPO 

Click on the "Search online" option to search for an in-network pharmacy. A search window will pop up to enter a name, location, etc.

**Find a Pharmacy Near You**

Enter a ZIP code or city and state, and select a pharmacy type. All listed pharmacies are in-network unless otherwise noted.

City, State, ZIP:

Pharmacy Type:  Retail Pharmacy  Mail Order Pharmacy  Specialty Pharmacy  Compounding Pharmacy  Other Pharmacy

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

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## PHARMACY DIRECTORY

Wellmark  PRODUCER CONNECTION

**2023 Pharmacy Directory**

- Search online 
- Blue Medicare Advantage HMO 
- Blue Medicare Advantage PPO 

Click on the plan name (PDF) and the document will open. Search through the list to find an in-network pharmacy near you.

**2023 PHARMACY DIRECTORY**

Blue Medicare Advantage PPO  
Blue Medicare Advantage Enhanced PPO

Pharmacy Name	Address	City	State	ZIP	Pharmacy Type
Walgreens	123 Main St	Chicago	IL	60601	Retail Pharmacy
CVS	456 Elm St	Chicago	IL	60602	Retail Pharmacy
Walgreens	789 Oak St	Chicago	IL	60603	Retail Pharmacy

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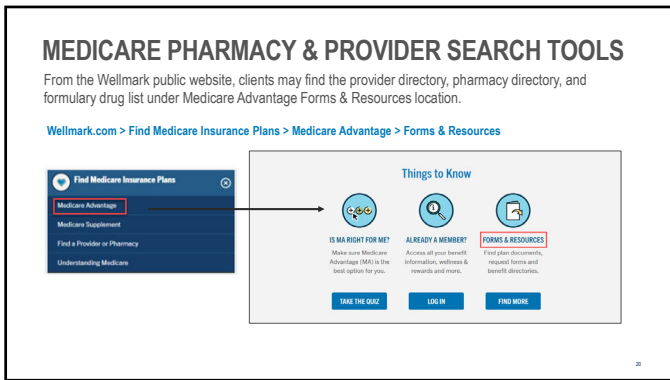
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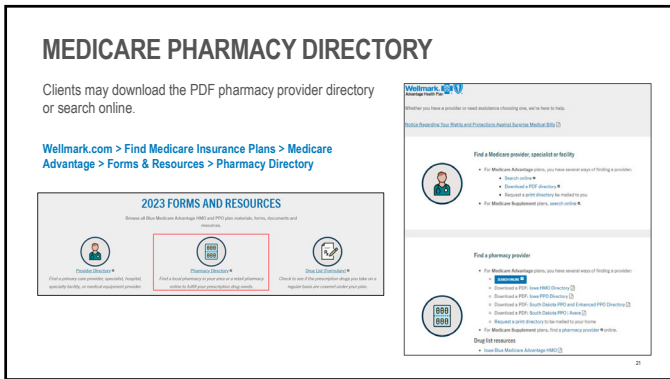
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## PART B DRUG POLICIES

Medical benefit drug policies are a list of policies that indicate whether a drug would be covered under Part B.

**Things to Know**

- IS MA RIGHT FOR ME?** Make sure Medicare Advantage (MA) is the best option for you. [LEARN THE GOALS](#)
- ALREADY A MEMBER?** Access all your benefits, information, wellness & rewards and more. [LOG IN](#)
- FORMS & RESOURCES** Find plan documents, request forms and benefit directories. [FIND MORE](#)

**Additional Medicare Advantage Provider resources**

[SEE ALL PROVIDER RESOURCES](#)

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## PART B DRUG POLICIES

Click on Utilization Management and a new window will display with the Part B Drug Policies link available for review.

**Medicare Advantage resources for providers**

Review all Blue Medicare Advantage<sup>SM</sup> plan materials, forms, documents and resources.

- Quick reference guide
- Provider Manual
- Provider contract addenda
- Bill rates
- Member lock
- BlueCross

**Part B Drug**

- Prior authorization list
- Prior authorization form
- Policies**

**Part D Drug**

- Prior Authorization/Step Therapy
- Medicare Prescription Drug Coverage Determination form
- Blue Medicare Advantage HMO request for redetermination form

**Utilization management**

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## PART B PRESCRIPTION DRUGS (OUTPATIENT)

Coverage may include:

- Some antigens
- Blood clotting factors by injection
- Injectable and infused drugs
- Oral End-Stage Renal Disease (ESRD) drugs
- Home health nurse or aide to provide the injection drug if caregivers are unable to give injections

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## COST OF PART B PRESCRIPTION DRUGS

Members will have a coinsurance for Part B covered prescriptions obtained in:

- Doctors' office
- Pharmacy
- Hospital outpatient setting



In-network prescriptions: 20% of the Medicare approved amount  
 Out-of-network prescriptions: 35% of the Medicare approved amount

Examples are for providers that accept Medicare assignment.  
[Prescription Drug Coverage \(medicare.gov\)](#)

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### PART B EXAMPLE

Part B Prescription Drug: **Denosumab Products (Prolia® and Xgeva®)**

List Price (billed cost): \$1,564.31\*

Member cost share: 20% **allowed** amount

Member out-of-pocket: \$312.86

\*Prolia.com  
Medicare.com

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## IMMUNIZATIONS

Under the Inflation Reduction Act (IRA) there is no coinsurance, copayment, or deductible for the pneumonia, influenza, Hepatitis B, and COVID-19 vaccines (\$0 cost to the member). In addition, per CMS, there is no beneficiary cost sharing on the ingredient cost or any associated sales tax, dispensing fee, or vaccine administration fee regardless of tier placement or benefit phase.

- Hepatitis A
- Measles, mumps, and rubella (MMR)
- Meningococcal serogroups
- Tetanus and diphtheria toxoids (Td)
- Tetanus and diphtheria toxoids and acellular pertussis (Tdap)
- Varicella
- Zoster vaccine, recombinant

Refer to the WAHP Evidence of Coverage (EOC) for cost shares associated with other Part B covered vaccines.

*We also cover some vaccines under Part D benefits.*

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## DURABLE MEDICAL EQUIPMENT



Medicare coverage also includes drugs infused through Durable Medical Equipment (DME).

Doctor and supplier must accept Medicare assignment.

Medicare.gov

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## DURABLE MEDICAL EQUIPMENT (DME)



DME may include:

- Blood sugar meters
- Blood sugar test strips
- Canes
- Commode chairs
- Continuous passive motion machines, devices & accessories
- Continuous Positive Airway Pressure (CPAP) machines
- Pressure-reducing support surfaces
- Suction pumps
- Traction equipment
- Crutches
- Home infusion services
- Hospital beds
- Infusion pumps & supplies
- Lancet devices & lancets
- Nebulizers & nebulizer medications
- Oxygen equipment & accessories
- Patient lifts
- Walkers
- Wheelchairs & scooters

<https://www.medicare.gov/coverage/durable-medical-equipment-dme-coverage>

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## DURABLE MEDICAL EQUIPMENT

Example: CPAP Machine - Per CMS guidelines this type of equipment is required as a monthly rental.

- If the member rents the CPAP, the provider will bill the insurance for the allowed amount each month for the rental period.
- If the member purchased the CPAP outright instead of renting, only one month would be reimbursed and the remaining amount would be the members liability.



<https://www.medicare.gov/coverage/durable-medical-equipment-dme-coverage>

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## BLUE MEDICARE ADVANTAGE<sup>SM</sup> PPO VALOR (MA ONLY)

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### VETERAN ELIGIBLE POPULATIONS (MA ONLY)

The best population for this product is the veteran population on TRICARE FOR LIFE. It provides access to rich medical and supplemental benefits while continuing to allow members to use their TRICARE benefits to cover prescription drugs.

TRICARE<sup>®</sup> is a regionally managed health care program for active duty and retired members of the uniformed services, their families and survivors. Members may seek care from military and non-military providers and pharmacies that are in-network.

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### COORDINATION OF BENEFITS

Tricare For Life is a secondary payor for civilian providers and facilities

- Primary when in active duty
- Secondary when inactive
- Medicare Advantage Only (without PDP) is applicable to retired and inactive members

[Using Other Health Insurance | TRICARE](#)

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# CHAMPVA

## CIVILIAN HEALTH AND MEDICAL PROGRAM OF VETERANS AFFAIRS

- CHAMPVA is a Department of "Veterans Affairs" program that provides coverage to the spouses and children of a veteran that was permanently injured/disabled or died in the line of duty.
- To be eligible for CHAMPVA, the person cannot be eligible for TRICARE.
- Coordination of benefits – Other health insurance is allowed. The MA Only product is primary and CHAMPVA is secondary (member is responsible for secondary payor filing).

<https://www.va.gov/health-care/family-caregiver-benefits/champva/>

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# MEDICARE ADVANTAGE PREMIUMS

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## LOW OR NO-PREMIUM MEDICARE ADVANTAGE PLANS

How is it possible to have either no cost or a very low cost for Medicare Advantage premiums and still have great coverage and benefits?

How does the company afford to insure members if they aren't paying very much to have the plan?

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### HOW DOES IT WORK?

The government created Medicare Advantage plans several years ago to be offered by private insurance companies.

As a result, the government is transferring the financial risks to a private company that assumes the risk but also any reward for a competitive and well managed plan.

Medicare reimburses the insurance carrier a variable payment based on the state and county the beneficiary resides.

The insurance carrier must implement programs to manage risk, provide quality service and improve health outcomes.

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### HOW DOES IT WORK

Medicare provides a monthly reimbursement\* to Wellmark on the members' behalf based on the state, county, and plan star rating.

Most Medicare Advantage plans are paid enough by the government to offer very low – sometimes even \$0 premium plans.

**That's how Medicare Advantage plans manage their costs!**

\*Reimbursement amounts from CMS are based on different factors such as county of residence and are subject to change year to year.

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### HOW DOES IT WORK

**2023 CMS Average Regional Benchmark Rates Per Member Per Month\***

County: [SD or IA Counties](#)  
 Region: [19](#)  
 Star Rating: [New Plan Rating to 5 Star Rating](#)

[Regional Rates Benchmarks 2023 \(cms.gov\)](#)

Statutory Component		
5% Bonus Rate	3.5% Bonus Rate	0% Bonus Rate
\$1,116.21	\$1,107.91	\$1,083.26

**★ S T A R R A T I N G ★**

**Rebate and Quality Bonus Payment**

Star Rating	Bonus %	Rebate %
New Plan	3.5%	65%
<3.5 Stars	0.0%	50%
3.5 Stars	0.0%	65%
4 Stars	5.0%	65%
4.5-5 Stars	5.0%	70%

\*Reimbursement amounts from CMS are based on different factors such as county of residence and are subject to change year to year.

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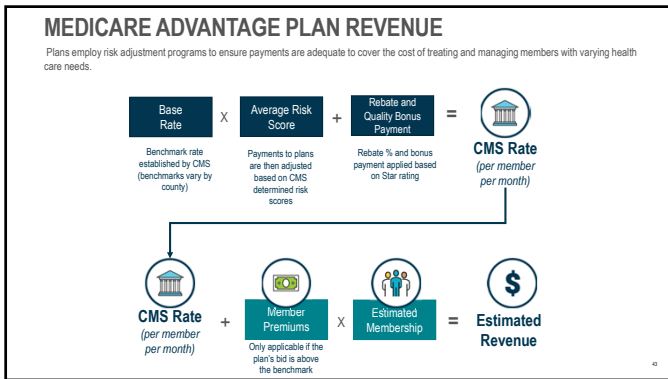
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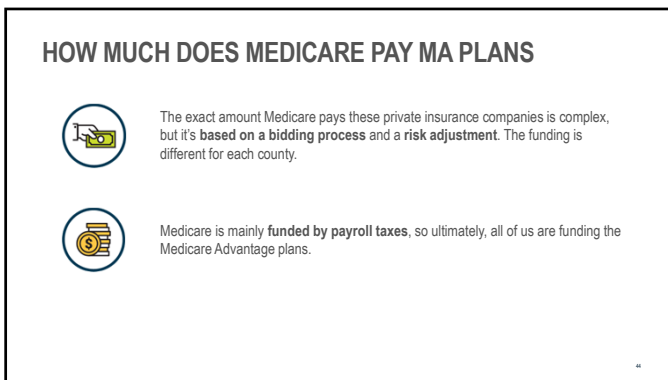
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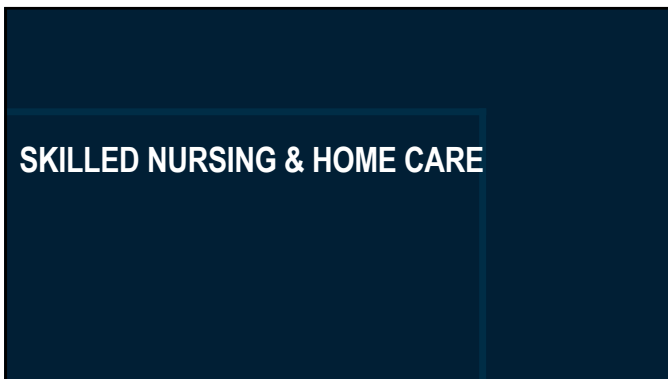
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## SKILLED NURSING & HOME CARE

What are skilled nursing services and home care?

What is covered for skilled nursing under Medicare Advantage?

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### SKILLED NURSING FACILITY (SNF)

A skilled nursing facility provides skilled care such as nursing or rehabilitation services to individuals who can no longer care for themselves following an injury or illness.

It can be a separate facility, or part of a hospital, or other health care facility.

Note: Wellmark contracts with Medicare to provide Medicare Part A and B benefits as Part C - Medicare Advantage. Skilled Nursing falls under Part A (hospital insurance).

[www.WellmarkAdvantageHealthPlan.com](http://www.WellmarkAdvantageHealthPlan.com)

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### REQUIREMENTS FOR SKILLED NURSING FACILITY

Requirements to be eligible for coverage:

- Prior authorization
- The member has Medicare Part A and has days available in the benefit period.
  - Plan covers 100 days each benefit period. No prior hospital stay is required.
  - The benefit period starts again when the member has not utilized SNF for 60 days.
  - Copays restart as new benefit period begins.
  - New benefit periods do not restart due to a change in diagnosis, condition or calendar year.



[SNF\\_Care\\_Coverage\\_in\\_Medicare.pdf](http://SNF_Care_Coverage_in_Medicare.pdf)

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## COVERED SERVICES

Medicare-covered services for skilled nursing facility care include:

- A semi-private room
- Meals, including special diets
- Skilled nursing care
- Physical therapy, Occupational therapy, Speech-language pathology services, Medical social services
- Medications
- Medical supplies and equipment used in the facility
- Ambulance transportation (when other transportation endangers your health) to the nearest supplier of needed services that aren't available at the SNF
- Laboratory tests ordinarily provided by SNFs
- Physician/Practitioner services



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## SKILLED NURSING FACILITY (SNF) MEDICARE ADVANTAGE

Members cost share and coverage conditions are based on the Wellmark Advantage Health Plan (WAHP).

- Requirements to be eligible for SNF
- The coverage period of 100 days per benefit period
- The three-day hospital stay requirement under Original Medicare is **waived** for all WAHP members.
- The yearly maximum out-of-pocket cost share amount is based upon the WAHP plan option.

[SNF Care Coverage \(medicare.gov\)](https://www.medicare.gov)

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## SKILLED NURSING FACILITY COST SHARE - IOWA

BENEFIT CATEGORIES	BLUE MEDICARE ADVANTAGE VALOR PPO Combined In-Network & Out-of-Network	BLUE MEDICARE ADVANTAGE HMO In-Network No Out-of-Network coverage	BLUE MEDICARE ADVANTAGE PPO In-Network / Out-of-Network	BLUE MEDICARE ADVANTAGE ENHANCED PPO In-Network / Out-of-Network
Premium	\$0	\$0	\$0	\$49
Maximum Out-of-Pocket (MOOP)	\$4,500	\$3,450	\$3,750 / \$6,700	\$3,650 / \$5,450
Days/Copay	\$0 copay per day for days 1-20	\$0 copay per day for days 1-20	\$0 copay per day for days 1-20 / \$0 copay per day for days 1-20	\$0 copay per day for days 1-20 / \$0 copay per day for days 1-20
Days/Copay	\$187 copay per day for days 21-55	\$184 copay per day for days 21-55	\$184 copay per day for days 21-55 / \$225 copay per day for days 21-55	\$150 copay per day for days 21-48 / \$225 copay per day for days 21-48
Days/Copay	\$0 copay per day for days 56-100	\$0 copay per day for days 56-100	\$0 copay per day for days 56-100 / \$0 copay per day for days 56-100	\$0 copay per day for days 49-100 / \$0 copay per day for days 49-100

Authorization rules may apply.

100 days are covered per benefit period. No prior hospital stay is required.

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## HOSPICE CARE

### HOSPICE CARE

Hospice is a program of care and support for terminally ill patients and their families.

Hospice care focuses on comfort care (palliative care) for pain relief and symptom management.

Hospice | <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospice>

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### HOSPICE COVERAGE

Patients with Medicare Part A can get hospice care benefits if they meet the following criteria:

- Receive care from any Medicare –certified hospice program.
- Attending physician (if they have one) and the hospice physician/medical director certifies them as terminally ill, with a medical prognosis of 6 months or less to live if the illness runs its normal course
- Hospice doctor can be a network provider or an out-of-network provider.



<https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospice>  
 Wellmark 2023 Evidence of Coverage for Blue Medicare Advantage HMO

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### HOSPICE COVERAGE

Hospice coverage is paid by Original Medicare, rather than the Blue Medicare Advantage HMO, PPO and Enhanced PPO plan.

- Members pay the covered plan cost-sharing amount for in-network services.
- Members pay the covered cost sharing under Fee-for-Service Medicare (Original Medicare).
- If a service is a covered service under the Blue Medicare Advantage plans and is not covered under Medicare Part A or B, Blue Medicare Advantage will continue to cover plan-covered services. The member will be responsible for the plan cost share amount of the service.

<https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospice>

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## HOSPICE BENEFITS & SERVICES COVERED

- Services from a hospice-employed physician, nurse practitioner (NP), or other physicians chosen by the patient
- Nursing care
- Medical equipment
- Medical supplies
- Drugs to manage pain and symptoms
- Hospice aide and homemaker services
- Physical therapy
- Occupational therapy
- Medical social services
- Dietary counseling
- Spiritual counseling
- Individual and family or just family grief and loss counseling before and after the patient's death
- Short-term inpatient pain control and symptom management and respite care
- Speech-language pathology services

Medicare may pay for other reasonable and necessary hospice services in the patient's plan of care (POC). The hospice program must offer and arrange these services.

CMS.gov

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## TRIAL RIGHT



<https://www.medicare.gov/supplements-other-insurance/when-can-i-buy-medigap/guaranteed-issue-rights>

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## MEDICARE TRIAL RIGHT GUIDELINES

Member enrolled in **Medicare Advantage** during **IEP**:

- During their first 12 months, MA members may choose to leave their MA plan and return to Original Medicare and enroll in a Med Supp option and purchase Part D & other Specialty Benefits.
- Health questions not required.

Enrolled in **Med Supp** and moved to MA during **AEP or OEP**:

- During their first 12 months, MA members may choose to return to their original Med Supp carrier & previous Med Supp plan (if still available).
- Health questions not required.

Medicare.gov

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## TRIAL RIGHT ELIGIBILITY REQUIREMENTS WELLMARK-TO-WELLMARK PLAN MEMBERS

- Wellmark's trial right period for Wellmark-to-Wellmark plan movement allows re-enrollment without answering health questions up to 24 months following the WAHP effective date.
- Wellmark allows a WAHP member to disenroll from the Medicare Advantage plan and enroll in a Wellmark Medicare Supplement plan during the Annual Enrollment Period (Oct. 15 – Dec. 7 effective Jan. 1) without requiring health questions up to 24 months following the WAHP effective date.



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## TRIAL RIGHT ELIGIBILITY REQUIREMENTS WELLMARK-TO-WELLMARK PLAN MEMBERS

Wellmark-to-Wellmark movement is allowed for MA enrollments effective on or after Jan. 1, 2022, and is limited to beneficiaries who:

- Join WAHP when they are first eligible for Medicare, and within 13-24 months of joining, they decide they want to switch to Original Medicare.
  - In this case the beneficiary has the right to buy a MedicareBlue<sup>SM</sup> Supplement plan at prevailing rates without answering health questions.
- Drop a Wellmark Medicare Supplement plan to join a WAHP for the first time, they've been in the plan for up to 24 months, and they want to switch back.
  - In this case the beneficiary has the right to return to the Wellmark Medicare Supplement policy they had before joining the WAHP at prevailing rates without answering health questions.

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## WELLMARK-TO-WELLMARK TRIAL RIGHT SCENARIOS

Scenario	Med Adv Policy Effective Date	Date Policy Change is Submitted	Effective Date of Med Supp	Months Between Effective Dates	Valid to Switch to Med Supp	Reason
1	12/1/2023	11/1/2025	1/1/2026	25	No	Effective Date out of 24-month window
2	12/1/2023	11/1/2024	1/1/2025	13	Yes	Effective Date within 24 months and during AEP
3	10/1/2023	10/1/2023	1/1/2024	14	No	Not during AEP
4	10/1/2023	11/1/2023	1/1/2024	14	Yes	Effective Date within 24 months and during AEP
5	4/1/2023	4/1/2024	1/1/2025	20	No	Not during AEP
6	4/1/2023	10/15/2024	1/1/2025	20	Yes	Effective Date within 24 months and during AEP

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## SUPPORT PROCESSES

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## PREMIUM PAYMENTS

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## PREMIUM PAYMENTS

Members can have premiums deducted from their **Social Security** check or benefit;

Premium may be paid by **check**.

Premiums can be set up for an automatic **electronic funds transfer** (charge of bank or credit or debit account).

Note: If setting up automatic transfer, it may take up to three weeks for the initial transaction. Clients will need to make other arrangements for the first month, such as pay by check.



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## PREMIUM PAYMENTS

**Best Practice for Collecting Initial MA Premiums**  
 At the time of application, agents should collect two months of premium.

- This includes the first month of premium\* and the current month premium.
- Automatic payments will occur by EFT or SSN deductions after three weeks.
- If the client does not wish to pay the first two months by check, they will receive a paper billing notice requesting the outstanding amount.



Mail payments to: **Wellmark Advantage Health Plan Inc.**  
 P.O. Box 555195  
 Detroit MI 48255-5195

\*Retrospective premium based on the effective date of MA plan

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## BILLING – 50% CAP ON ORIGINAL MEDICARE SERVICES

**CMS Regulation:** In order for an Original Medicare in-network or out-of-network item or service category to be considered a plan benefit, plans may not pay less than 50% of the contracted (Medicare allowable) rate and cost sharing for services cannot exceed 50% of the total MA plan financial liability for the benefit.

- If a plan uses a coinsurance method of cost-sharing, then the coinsurance for an in-network or out-of-network service category cannot exceed 50%.
- If a plan uses a copay method of cost-sharing, then the copay for an out-of-network original Medicare service category cannot exceed 50% of the average Medicare rate in that area.
- The 50% cap is in addition to any other caps. Thus, for those service categories subject to fee-for-service cost-sharing limits (e.g. 20% coinsurance) the plan may not charge more than the fee-for-service cost-sharing limit.

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/mc86c04.pdf>

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## 50% CAP ON ORIGINAL MEDICARE SERVICES

**Example**

MA plan copay for chiropractic visit \$20.00.  
 Chiropractic provider billed \$35.00 for the service.  
**\$35 X 50% cap = \$17.50**  
 The member responsibility is \$17.50 vs. the plan copay amount of \$20.00.



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## WHERE TO GO FOR HELP OR INFORMATION - MEDICARE ADVANTAGE SUPPORT

- 1 Reference the Wellmark Advantage Frequently Asked Question guide located on Producer Connection.



- 2 For additional Medicare Advantage questions, please contact your General Agency, if applicable.
- 3 For general Medicare Advantage information, if there is no GA and/or additional agent assistance needed, the next contact is Agent Services Line: 855-716-557. Agents should always request a call reference number (a number should be offered, but if not, please ask for one).
- 4 For client-specific Medicare Advantage information, the next step for agent contact is:
  - o Client Services o HMO plans: 855-716-2555 o PPO plans: 855-716-2544
- 5 If after completing step 1-4 the issue is still unresolved, contact Wellmark Sales Representatives.

[Blue Medicare Advantage Agent Training \(wellmark.com\)](#)

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 <b>Member Customer Service</b> Wellmark Advantage Health Plan HMO: 1-855-716-2555 PPO: 1-855-716-2544 (TTY: 711) 8 a.m. to 6 p.m., Monday-Friday	 <b>Agent Servicing</b> 1-855-716-2557 8 a.m.-5 p.m., Monday through Friday	 <b>Provider Servicing</b> 1-855-716-2556 8 a.m.-5 p.m., Monday through Friday	 <b>Mailing Address</b> 1331 Grand Ave. Des Moines, IA 50309
 <b>Dental Services</b> Delta Dental® of Iowa External Site 1-833-721-2892 Delta Dental® of South Dakota External Site 1-800-881-8928 8 a.m.-6 p.m., Monday-Friday	 <b>Vision Services</b> VSP External Link® 1-855-492-9028 8 a.m.-6 p.m., 7 days a week	 <b>Hearing Services</b> NationsHearingExternal Site® 1-877-271-1467, Line #1 24 hours a day, 7 days a week	 <b>Pharmacy Services</b> HMO: 1-800-323-3098 PPO: 1-888-832-6188 (TTY: 711) 24 hours a day, 7 days a week

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 <b>Over-the-Counter Supplies</b> Nations OTC External Link® 1-877-271-1467, Line #2 24 hours a day, 7 days a week	 <b>Personal Monitoring Devices</b> Nations Response External Site® 1-877-271-1467, Line #3 24 hours a day, 7 days a week	 <b>Fitness Program</b> Silver Sneakers External Link® 1-888-335-0345 7 a.m.-7 p.m. CST 6 a.m.-6 p.m. MST Monday-Friday	 <b>Telehealth</b> Doctor On Demand External Link® 1-800-997-6196 (TTY: 711) 24 hours a day, 7 days a week
 <b>24/7 Nurse Line</b> 1-833-968-1747 24 hours a day, 7 days a week			

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## APPENDIX A - MEDICARE ADVANTAGE - PART B 2023 DRUG POLICIES

Abecma	Hemgenix (etranacogene dezaparvevec- diti)	Radicava (edaravone)
Actemra (tocilizumab)	Hemophilia Class Policy	Reblozyl (lusparcept aam)
Adalimumab (adalimumab axime)	Humira (adalimumab axim)	Simpsoni Aria (golimumab)
Alpha 1 Protease Inhibitors	Infinzi (durvalumab)	Soliris (eculizumab)
Botulinum Toxin Type A Injection	Immune Globulin Replacement Therapy	Spiranza (nusinersen)
Botulinum Toxin Type B (rimabotulinumtoxinB)	Infliximab	Tecovius (brexucabtagene autoleucel)
Breyazi (siccabtagene marateuce)	Intravitreal Injections for Retinal Conditions	Tecentric (atezolizumab)
Carvykti	Kanuma (babeleipase alfa)	Tegaserod (moterson)
Cimzia (certolizumab pegol)	Keytruda (pembrolizumab)	Tepezza (teprotumumab trine)
Cinqair (realizumab)	Krytoxexa (pegaptacin)	Treatment for Pulmonary Arterial Hypertension
Crysvita (burosumab tewe)	Kymriah (tisagenlecleucel)	Trogarzo (balizumab)
Cynstina (famciclovir)	Lixivaptan (ceplirvimab rwtc)	Tzaniplene (tanzanepumab)
Daratumumab Policy	Lumizyme (alglucosidase alfa)	Ubroveltiq (vexatilumab)
Denocumab (prolira xgeva)	Lusturys (voridigase meparvevec trpf)	Uplizna (nebilizumab)
Enlyxio (vedolizumab)	Medical Benefit Oncology Drug Class	Vyngart
Enzyme Replacement Therapy for Gaucher's Disease	Nplate (romiplostim)	Xalata (collagenase clostridium histolyticum)
Enzyme Replacement Therapy for Mucopolysaccharidosis	Nucala (mepolizumab)	Xolair (omalizumab)
Evinity (romosozumab)	Opdivo (nivolumab)	Yervoy (ipilimumab)
Elixence (entecavir)	Opnatro (patisiran)	Yescarta (axicabtagene ciloleucel)
Fabrazyme (agalsidase beta)	Orencia (abatacept)	Zileta (riamcinolone acetotide)
Faserna (benralizumab)		Zimprova (beclizotumab)

<https://www.wellmark.com/providers/medicare-advantage/part-b-drug-policies>

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## THANK YOU!

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