



## 2024 Wellmark IFP ACA Plan Cost Share Change – South Dakota

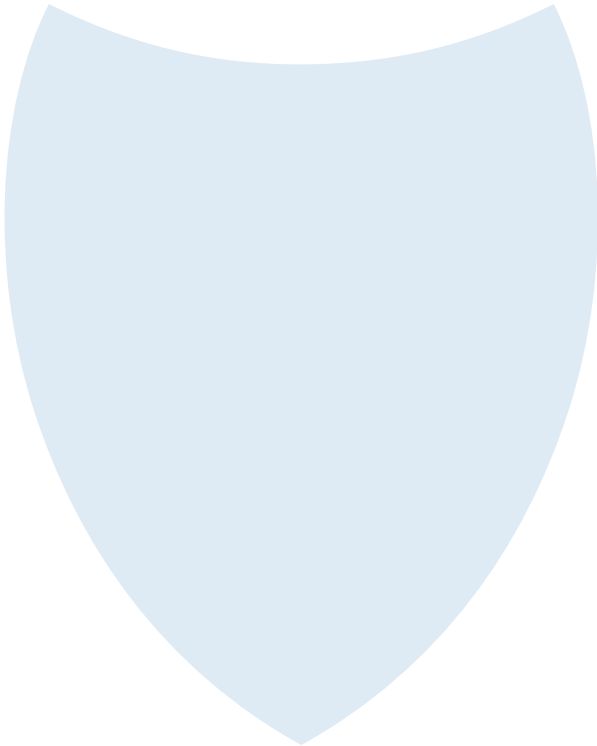
2023 Plan Benefits	Bronze HDHP	Bronze Traditional	Silver Traditional	Gold Traditional	Standard Bronze	Standard Silver	Standard Gold	2024 Plan Benefits	Bronze HDHP	Bronze Traditional	Silver Traditional	Gold Traditional	Standard Bronze	Standard Silver	Standard Gold
<b>Deductible Single/Family</b>	\$7,000 / \$14,000	\$7,200 / \$14,400	\$5,000 / \$10,000	\$1,500 / \$3,000	\$7,500 / \$15,000	\$5,800 / \$11,600	\$2,000 / \$4,000	<b>Deductible Single/Family</b>	<b>\$7,500 / \$15,000</b>	\$7,200 / \$14,400	\$5,000 / \$10,000	\$1,500 / \$3,000	\$7,500 / \$15,000	<b>\$5,900 / \$11,800</b>	<b>\$1,500 / \$3,000</b>
<b>Out-of-pocket Max Single/Family</b>	\$7,000 / \$14,000	\$9,000 / \$18,000	\$8,700 / \$17,400	\$8,700 / \$17,400	\$9,000 / \$18,000	\$8,900 / \$17,800	\$8,700 / \$17,400	<b>Out-of-pocket Max Single/Family</b>	<b>\$7,500 / \$15,000</b>	\$9,000 / \$18,000	\$8,700 / \$17,400	<b>\$8,500 / \$17,000</b>	<b>\$9,400 / \$18,800</b>	<b>\$9,100 / \$18,200</b>	\$8,700 / \$17,400
<b>Coinsurance</b>	0%	50%	30%	30%	50%	40%	25%	<b>Coinsurance</b>	0%	50%	30%	<b>25%</b>	50%	40%	25%
<b>Office visit/virtual visit</b>	Deductible applies	PCP: \$80 Non-PCP: \$150	PCP: \$50 Non-PCP: \$75	PCP: \$20 Non-PCP: \$60	PCP: \$50 Non-PCP: \$100	PCP: \$40 Non-PCP: \$80	PCP: \$30 Non-PCP: \$60	<b>Office visit/virtual visit</b>	Deductible applies	PCP: \$80 Non-PCP: \$150	PCP: \$50 Non-PCP: \$75	PCP: \$20 Non-PCP: <b>\$50</b>	PCP: \$50 Non-PCP: \$100	PCP: \$40 Non-PCP: \$80	PCP: \$30 Non-PCP: \$60
<b>Doctor On Demand® virtual visit</b>	Deductible applies	\$0	\$0	\$0	\$50	\$40	\$30	<b>Doctor On Demand® virtual visit</b>	Deductible applies	\$0	\$0	\$0	\$50	\$40	\$30
<b>Emergency room care</b>	Deductible applies	\$1,200	\$1,000	\$400	50% after Deductible	40% after Deductible	25% after Deductible	<b>Emergency room care</b>	Deductible applies	\$1,200	\$1,000	\$400	50% after Deductible	40% after Deductible	25% after Deductible
<b>Prescription drugs</b>	Deductible applies to all drug tiers	Tier 1 \$35 Deductible applies to all other drug tiers	Tier 1 \$30 Tier 2 \$60 Tier 3 \$140	Tier 1 \$20 Tier 2 \$60 Tier 3 \$125	Tier 1 \$25 Tier 2 \$50 Tier 3 \$100	Tier 1 \$20 Tier 2 \$40 Tier 3 \$80	Tier 1 \$15 Tier 2 \$30 Tier 3 \$60	<b>Prescription drugs</b>	Deductible applies to all drug tiers	Tier 1 \$35 Deductible applies to all other drug tiers	Tier 1 \$30 Tier 2 \$60 Tier 3 \$140	Tier 1 \$20 Tier 2 \$60 Tier 3 \$125	Tier 1 \$25 Tier 2 \$50 Tier 3 \$100	Tier 1 \$20 Tier 2 \$40 Tier 3 \$80	Tier 1 \$15 Tier 2 \$30 Tier 3 \$60
<b>Blue Rx Essentials<sup>SM</sup></b>			<b>Biosimilar and generic specialty</b> \$220	<b>Biosimilar and generic specialty</b> \$215	<b>Biosimilar and generic specialty</b> \$500	<b>Biosimilar and generic specialty</b> \$350	<b>Biosimilar and generic specialty</b> \$250	<b>Blue Rx Essentials<sup>SM</sup></b>			<b>Biosimilar and generic specialty</b> \$220	<b>Biosimilar and generic specialty</b> \$215	<b>Biosimilar and generic specialty</b> \$500	<b>Biosimilar and generic specialty</b> \$350	<b>Biosimilar and generic specialty</b> \$250
<b>CVS Specialty® Program</b>			<b>Preferred specialty</b> \$300	<b>Preferred specialty</b> \$300	<b>Preferred specialty</b> \$500	<b>Preferred specialty</b> \$350	<b>Preferred specialty</b> \$250	<b>Prudent Rx Specialty Drug Card Program</b>	N/A		<b>Preferred specialty</b> \$300	<b>Preferred specialty</b> \$300	<b>Preferred specialty</b> \$500	<b>Preferred specialty</b> \$350	<b>Preferred specialty</b> \$250
			<b>Non-preferred specialty</b> \$500	<b>Non-preferred specialty</b> \$400	<b>Non-preferred specialty</b> \$500 (Deductible waived for Tier 1 only)	<b>Non-preferred specialty</b> \$350 (Deductible waived for Tier 1 & 2)	<b>Non-preferred specialty</b> \$250				<b>Non-preferred specialty</b> \$500	<b>Non-preferred specialty</b> \$400	<b>Non-preferred specialty</b> \$500 (Deductible waived for Tier 1 only)	<b>Non-preferred specialty</b> \$350 (Deductible waived for Tier 1 & 2)	<b>Non-preferred specialty</b> \$250

**FOR TRAINING PURPOSES ONLY. NOT FOR DISTRIBUTION OR USE WITH THE GENERAL PUBLIC. CHECK BENEFIT DOCUMENTATION FOR COMPLETE INFORMATION.**

Wellmark Blue Cross Blue Shield of South Dakota is an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross®, Blue Shield®, the Cross® and Shield® symbols are registered marks and Blue Rx Essentials<sup>SM</sup> is a service mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. CVS/Caremark® is a registered trademark of CVS Health Corp., an independent company that provides pharmacy services on behalf of Wellmark Blue Cross and Blue Shield. PrudentRx is an independent company providing cost savings for specialty medications through enrollment in copay assistance programs from drug manufacturers. Wellmark's virtual health care visit benefit is made available through an independent company, Doctor On Demand by Included Health and the telemedicine services are provided by licensed physicians practicing within a group of independently owned professional practices. Doctor On Demand physicians do not prescribe Drug Enforcement Administration-controlled substances, and may elect not to treat conditions or prescribe other medications based on what is clinically appropriate. For plans that include benefits for mental health treatment, Doctor On Demand benefits may include treatment for certain psychological conditions, emotional issues and chemical dependency. Services performed by Doctor On Demand psychologists are covered. Doctor On Demand does not provide psychiatry services. Doctor On Demand® by Included Health is a registered mark of Included Health, Inc.

# South Dakota health plan **2024 plan portfolio**

**For individual and family Affordable Care Act plans**



## Inside

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# EPO network

## Traditional health plans

🇺🇸 Gold

🇺🇸 Silver

🇺🇸 Bronze

	1500	5000	7200
<b>Deductible</b>			
• Single	\$1,500	\$5,000	\$7,200
• Family <sup>1</sup>	\$3,000	\$10,000	\$14,400
<b>Coinsurance</b>	25%	30%	50%
<b>Out-of-pocket max</b>			
• Single	\$8,500	\$8,700	\$9,000
• Family <sup>1</sup>	\$17,000	\$17,400	\$18,000
<b>Medical benefits</b>			
<b>Preventive<sup>2</sup></b>	FREE	FREE	FREE
<b>Virtual visit with Doctor On Demand<sup>®</sup></b>	\$0	\$0	\$0
• Behavioral Health Coaching services	\$0	\$0	\$0
<b>Office services</b>			
• Primary care <sup>3</sup>	\$20	\$50	\$80
• Non-primary care	\$50	\$75	\$150
<b>Office-administered specialty medical drug</b>	\$300 <sup>4</sup>	\$300 <sup>4</sup>	50% after deductible
<b>Emergency room services</b>	\$400	\$1,000	\$1,200
<b>Blue Rx Essentials</b>			
• Tier 1	\$20	\$30	\$35
• Tier 2	\$60	\$60	50% after deductible
• Tier 3	\$125	\$140	50% after deductible
• Biosimilars	\$215	\$220	50% after deductible
• Preferred specialty <sup>5</sup>	\$300	\$300	50% after deductible
• Non-preferred specialty <sup>5</sup>	\$400	\$500	50% after deductible

<sup>1</sup> The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

<sup>2</sup> Preventive services must be received from an in-network provider in the Wellmark Blue EPO<sup>SM</sup> network. Please see your coverage document for a full listing of preventive services.

<sup>3</sup> The primary care office copay applies to certified nurse midwives, family practitioners, general practitioners, geriatricians, obstetricians/gynecologists, pediatricians, physicians assistants, advanced registered nurse practitioners, physical therapists, occupational therapists, speech pathologists, and in some cases, mental health or chemical dependency visits. All other in-network practitioners are subject to the non-primary care office copay. The copay applies per practitioner, per date of service.

<sup>4</sup> The office visit copayment applies in addition to this office administered specialty medical drug copayment.

<sup>5</sup> If you enroll with PrudentRx to get copayment assistance for your eligible specialty medications, you will have \$0 out-of-pocket responsibility for prescriptions listed on the PrudentRx drug list.

# Standard health plans

🇺🇸 Gold

🇺🇸 Silver

🇺🇸 Bronze

	1500	5900	7500
<b>Deductible</b>			
• Single	\$1,500	\$5,900	\$7,500
• Family <sup>1</sup>	\$3,000	\$11,800	\$15,000
<b>Coinsurance</b>	25%	40%	50%
<b>Out-of-pocket max</b>			
• Single	\$8,700	\$9,100	\$9,400
• Family <sup>1</sup>	\$17,400	\$18,200	\$18,800
<b>Medical benefits</b>			
<b>Preventive<sup>2</sup></b>	FREE	FREE	FREE
<b>Virtual visit with Doctor On Demand<sup>®</sup></b>	\$30	\$40	\$50
• Includes Behavioral Health Coaching services	\$0	\$0	\$0
<b>Office services</b>			
• Primary care <sup>3</sup>	\$30	\$40	\$50
• Non-primary care	\$60	\$80	\$100
<b>Office-administered specialty medical drug<sup>4</sup></b>	\$250	\$350 after deductible	\$500 after deductible
<b>Emergency room services</b>	25% after deductible	40% after deductible	50% after deductible
<b>Blue Rx Essentials</b>			
• Tier 1	\$15	\$20	\$25
• Tier 2	\$30	\$40	\$50 after deductible
• Tier 3	\$60	\$80 after deductible	\$100 after deductible
• Biosimilars	\$250	\$350 after deductible	\$500 after deductible
• Preferred specialty <sup>5</sup>	\$250	\$350 after deductible	\$500 after deductible
• Non-preferred specialty <sup>5</sup>	\$250	\$350 after deductible	\$500 after deductible

<sup>1</sup> The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

<sup>2</sup> Preventive services must be received from an in-network provider in the Wellmark Blue EPO<sup>SM</sup> network. Please see your coverage document for a full listing of preventive services.

<sup>3</sup> The primary care office copay applies to certified nurse midwives, family practitioners, general practitioners, geriatricians, obstetricians/gynecologists, pediatricians, physicians assistants, advanced registered nurse practitioners, physical therapists, occupational therapists, speech pathologists, and in some cases, mental health or chemical dependency visits. All other in-network practitioners are subject to the non-primary care office copay. The copay applies per practitioner, per date of service.

<sup>4</sup> The office visit copayment applies in addition to this office administered specialty medical drug copayment.

<sup>5</sup> If you enroll with PrudentRx to get copayment assistance for your eligible specialty medications, you will have \$0 out-of-pocket responsibility for prescriptions listed on the PrudentRx drug list.

# High-deductible health plan

 Bronze

**7500**

**Deductible / Out-of-pocket max**

- Single \$7,500
- Family<sup>1</sup> \$15,000

**Medical benefits**

- Preventive<sup>2</sup> FREE
- Behavioral Health Coaching with Doctor On Demand<sup>®</sup> FREE

**Lowest cost**

- Virtual visit with Doctor On Demand \$

**Low cost**

- PCP office visit<sup>3</sup> \$\$
- Facility lab/X-ray
- Urgent care

**Medium cost**

- Non-PCP office visit \$\$\$
- Outpatient physical therapist
- Home health care

**High cost**

- Emergency room \$\$\$\$
- Ambulatory
- Inpatient hospitalization
- Office-administered specialty medical drug cost share

**Blue Rx Essentials**

- All tiers Deductible applies

<sup>1</sup> The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

<sup>2</sup> Preventive services must be received from an in-network provider in the Wellmark Blue EPO<sup>SM</sup> network. Please see your coverage document for a full listing of preventive services.

<sup>3</sup> The primary care office copay applies to certified nurse midwives, family practitioners, general practitioners, geriatricians, obstetricians/gynecologists, pediatricians, physicians assistants, advanced registered nurse practitioners, physical therapists, occupational therapists, speech pathologists, and in some cases, mental health or chemical dependency visits. All other in-network practitioners are subject to the non-primary care office copay. The copay applies per practitioner, per date of service.

# Your enrollment checklist

## How to enroll through Healthcare.gov

Enrolling in an ACA plan with Wellmark is simplified into four steps. You can feel confident you're covered from beginning to end.

### 1. Log in or create an account on Healthcare.gov

If this is your first time enrolling in an ACA plan, you can create an account by providing simple details like the state you wish to have coverage in and a valid email address. You can enroll once your email is validated.

If you already have a [Healthcare.gov](#) account, log in and select your application to begin browsing plan options.

### 2. Be prepared

In order to enroll in a new plan, you will need to have a few things to start your application.

- **Basic information:** Provide your name, date of birth and home address.
- **Household information:** Be prepared to provide basic information for each person in your household, even those not applying for coverage.
- **Social Security number:** Have this number handy for you and everyone you want covered under your health plan.
- **Household income:** Provide the best estimate of your household income. This is important as it will determine if you are eligible for a subsidy.
- **Agent number:** If you're working with an agent, as we recommend you do, don't forget to insert their agent number (NPN). If you're unsure of the number, contact your agent for help.

If you've already completed your application from a prior year, be sure to make any needed updates to your application before enrolling in a new plan.

### 3. Choose your plan

After you have filled out your application, it's time to choose a plan. Use the tool at the top left to filter by network (EPO), health insurer (Wellmark Blue Cross and Blue Shield of South Dakota), or even medical management program (pregnancy or heart disease).

### 4. What to expect after enrollment?

Once you have enrolled in a Wellmark plan, we will begin processing your application and start setting you up in our system.

To have coverage beginning Jan. 1, enroll before Dec. 15 and pay your first month's premium. You will receive a letter from Wellmark notifying you how to pay. You can expect your ID card and a welcome letter shortly after we've received your first payment.





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This document is intended to be used solely for illustrative purposes, and provides simplified information and examples of a general nature. It is not intended as legal or tax advice, nor as an indication that you are eligible to contribute to an HSA, and should not be construed as such. Consult your tax advisor for specific tax advice and for more information about tax savings.

This guide is a brief summary of policies presented, which are subject to exclusions, limitations, reductions in benefits, and terms under which the policies may be renewed or discontinued. For costs and complete details of the coverage, call or write your authorized insurance agent or Wellmark.

Also, please note, this is a general description of coverage. It is not a statement of contract. Actual coverage is subject to the terms and conditions specified in the policy itself and enrollment regulations in force when the policy becomes effective. The benefits outlined in this guide are In-network benefits only. For full benefit details, please refer to your coverage manual.



Wellmark Blue Cross and Blue Shield of South Dakota, is an independent licensee of the Blue Cross and Blue Shield Association.

Blue Cross®, Blue Shield®, the Cross® and Shield® symbols, are registered marks and Blue Rx Essentials<sup>SM</sup>, Wellmark Blue EPO<sup>SM</sup> are service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Wellmark's virtual health care visit benefit is made available through an independent company, Doctor On Demand by Included Health and the telemedicine services are provided by licensed physicians practicing within a group of independently owned professional practices. Doctor On Demand does not itself provide any physician, mental health or other health care provider services. Doctor On Demand operates subject to state laws. Doctor On Demand offers medical care in 50 states. Doctor On Demand is not intended to replace an annual, in-person visit with a primary care physician. Doctor On Demand does not provide Wellmark Blue Cross and Blue Shield products or services. Doctor On Demand is a separate company providing an online telehealth solution for Wellmark members. Doctor On Demand® Included Health, is a registered mark of Included Health, Inc.

PrudentRx is an independent company providing specialty drug copay benefits to Wellmark Blue Cross and Blue Shield members.



# 2024 health plan resource guide

for South Dakota **individual and family** Affordable Care Act plans



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# What matters to you, matters to us

**Welcome to the health plan that cares for nearly 400,000 South Dakotans.**

**Thank you for trusting us; we take this responsibility seriously. When you have a Wellmark Blue Cross and Blue Shield of South Dakota insurance plan, you are covered for life's expected and unexpected events. You can see the health care providers you know and trust, because your health plan was designed to include a broad, in-state provider network that delivers flexible and affordable coverage. This guide delivers options specifically designed for South Dakota individuals and families.**

**We hope you find it helpful in choosing a plan that's right for you.**



**We're making  
health care better by  
focusing on what  
matters most.**



# More choices

## Plans that fit you

Wellmark offers a mix of plans and cost shares so you can choose an option that fits your needs and lifestyle. Individual and family health coverage may be available to you at a reduced cost through premium tax credits (subsidies) that are based on income and household size.

## Network availability

The Wellmark Exclusive Provider Network (EPO) is a local network that provides members with access to health care providers across the state and access to emergency care nationwide.

# More value

## Service you can count on

When you need support, Wellmark is there. Experienced, local customer service representatives can answer your questions or explain a claim, or you can access online support tools that are tailored to your specific health plan.

## An industry leader

We are proud to serve more of your friends and neighbors than any other health insurance company in South Dakota.<sup>1</sup>

<sup>1</sup> Sources: Exhibit of Premiums, Enrollment & Utilization and the Supplemental Health Care Exhibit (NAIC), Medical Loss Ratio Reports (CCIIO) and MFAASO enrollment.

# Understand the **network**

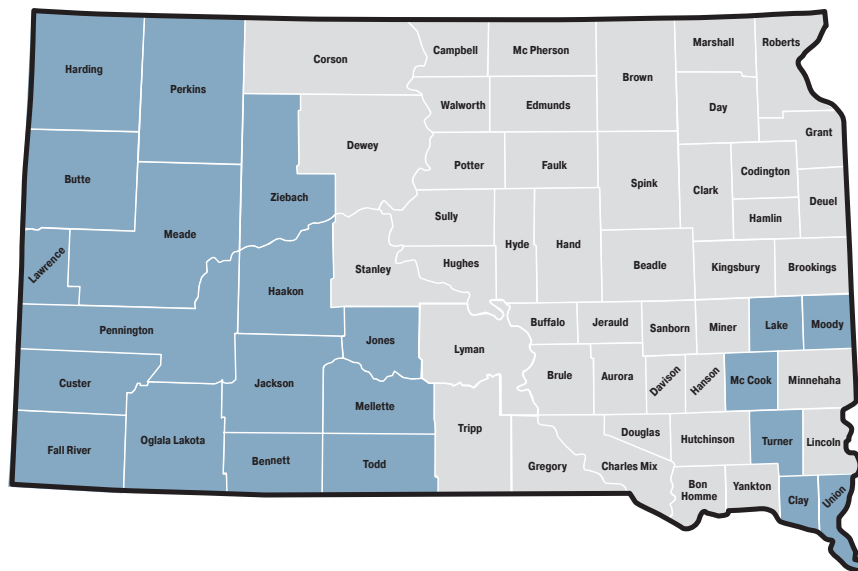
## Wellmark Blue EPO<sup>SM</sup> Network




**Building a long-term relationship with your primary care provider (PCP) can lead to better overall health.**

Staying in-network is easy as all Wellmark Affordable Care Act (ACA) plans offer the Wellmark Blue EPO network. Our EPO network provides members with access to health care providers throughout the state of South Dakota and access to emergency care nationwide.

The map below illustrates the eligible counties you must reside in to purchase a plan.



 **Counties eligible to purchase the Wellmark Blue EPO plans**

 **Find the full description of our plan types at [Wellmark.com/Plans](https://www.wellmark.com/plans) to select the right plan for you.**

# Pharmacy benefits

No matter which plan you choose, our pharmacy benefits are easy to navigate with Blue Rx Essentials<sup>SM</sup>. Prescriptions are grouped into tiers based on factors like cost and effectiveness when compared to similar drugs. Combined with our easy-to-navigate pharmacy network and tools in your myWellmark account and on [Wellmark.com](https://www.wellmark.com), you will understand what you'll pay without any hidden costs or fees.



When the cost of a drug is lower than the copay amount, members will pay the cost of the drug.

**\$ – DRUG TIER 1** will have the lowest costs. It includes most generics and select branded drugs.

**\$\$ – DRUG TIER 2** has a higher cost share than Tier 1. It is made up of drugs that are preferred based on effectiveness when compared to similar drugs.

**\$\$\$ – DRUG TIER 3** also increases out-of-pocket costs. It consists of non-preferred drugs that have reasonable, more cost-effective alternatives on Tier 1 or Tier 2.

**\$\$\$\$ – BIOSIMILAR AND GENERIC SPECIALTY DRUGS** are safe, effective and less costly specialty treatment options. According to the Food and Drug Administration (FDA), a biosimilar is highly similar to and has no meaningful differences from an existing FDA-approved product.

**\$\$\$\$\$ – SPECIALTY DRUGS** are split into two categories — preferred and non-preferred. Preferred drugs are proven to treat complex or rare conditions. There is insufficient clinical evidence indicating non-preferred drugs are more beneficial than preferred alternatives.

## CVS Specialty<sup>®</sup> Pharmacy

As a Wellmark member, your specialty prescriptions will be filled through CVS. With CVS Specialty and its dedicated care team, you can:



**Pick up prescriptions locally or have them shipped to you.**



**Talk to your CVS CareTeam, led by pharmacists and nurses, who can help answer your questions.**



**Refill prescriptions and check your order status from your computer or phone.**

Save money on your specialty prescriptions with manufacturer discount cards available through PrudentRx, a third-party vendor through Wellmark's pharmacy benefits administrator, CVS, to help lower prescription drug costs. PrudentRx will reach out directly to enroll. If you fail to respond or decline to participate in the PrudentRx program, please note that you will be responsible for your member cost-share of 30 percent coinsurance. The PrudentRx drug list can be found at [Wellmark.com/DrugLists](https://www.wellmark.com/DrugLists).

# myWellmark®

Use myWellmark, our secure member website and app that has tools, resources and insights to help manage your health care spending and live a healthier life. myWellmark streamlines your health insurance information and makes it easier to find what you need, when you need it, on any device.

myWellmark helps you get the most from your health insurance benefits. With myWellmark, you can:



**Find a trusted health care provider in your plan's network and designate a primary care provider.**



**Find information related to your specific benefits.**



**Estimate your cost of care for procedures and services.**



**View your detailed claims information, including cost breakdown and status tracker.**



**View your year-to-date spend report.**



**Receive electronic documents quickly and securely.**

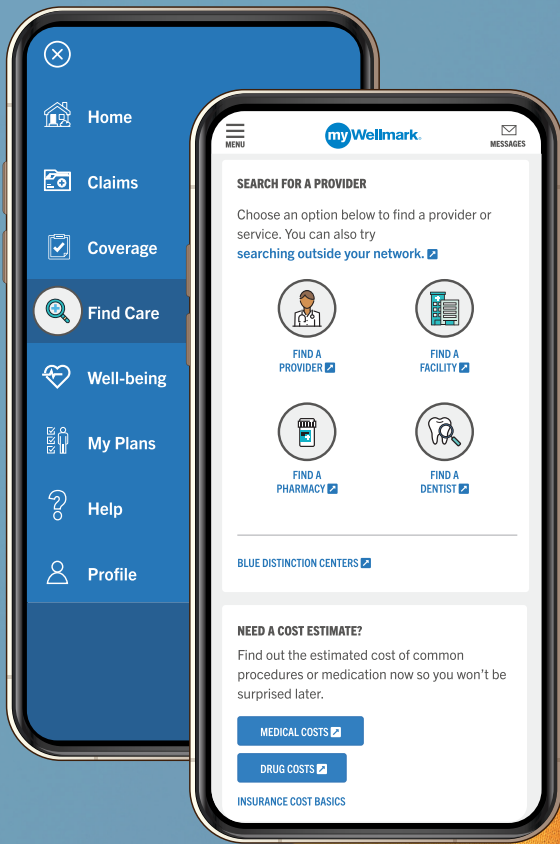


**Access your digital ID cards.**



**Enhance your well-being with tailored insights.**

Get more from your health plan by registering at [myWellmark.com](https://myWellmark.com).





# Virtual visits



**Virtual visits give you convenient access to quality care from any device. All our plans include low or no-cost coverage for virtual care visits.**

## BeWell 24/7<sup>SM</sup>

Sometimes you just need to talk to a knowledgeable resource for answers to health-related questions. BeWell 24/7, Wellmark's exclusive service for members, securely connects you to trained health care professionals who can help you navigate anything from where to get care, to finding in-home health care for loved ones.

## Doctor On Demand<sup>®</sup>

Most Wellmark plans provide virtual visits through Doctor On Demand. With Doctor On Demand you can connect face-to-face with a board-certified doctor from virtually anywhere using a smartphone, tablet or computer. You get the care you need, when you need it, at a lower cost than an office visit or other virtual visit provider. It's as easy as downloading the app from the App Store<sup>®</sup>, on Google Play<sup>™</sup> or visiting [DoctorOnDemand.com/Wellmark-BHC](https://www.doctorondemand.com/Wellmark-BHC).

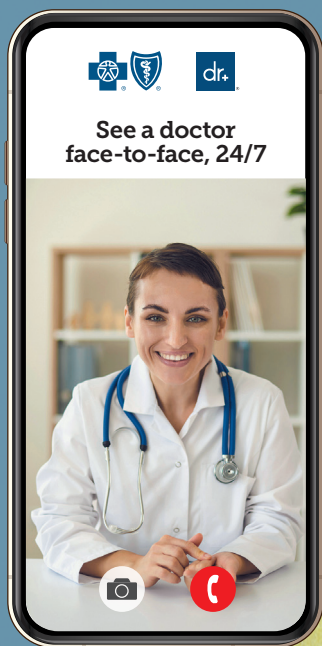
### You and your family members can see a virtual doctor for:

- Cold and flu symptoms
- Bronchitis and sinus infections
- Urinary tract infections
- Sore throats
- Allergies
- Fever
- Headaches
- Pink eye
- Skin conditions
- Mental health services<sup>1</sup>
- Behavioral health coaching<sup>2</sup>

<sup>1</sup> Doctor On Demand benefits may include treatment for certain psychological conditions, emotional issues and chemical dependency. Services performed by Doctor On Demand psychologists and psychiatrists are covered.

<sup>2</sup> Behavioral health coaching is only available for adults age 18 and older.

Doctor On Demand physicians can treat hundreds of the most common medical conditions and prescribe medication if needed.<sup>1</sup>



<sup>1</sup> Doctor On Demand physicians do not prescribe Drug Enforcement Administration-controlled substances, and may elect not to treat or prescribe other medications based on what is clinically appropriate.

# Additional support



As a Wellmark member, you have access to additional programs and support to help you no matter your stage of life. See why more South Dakotans choose Wellmark.<sup>1</sup>

## Available for all Wellmark plans

### Blue365<sup>®</sup> program

Blue365 offers exclusive access to discounts and resources that help you live a healthier lifestyle. You can take advantage of discounts and savings on gym memberships, fitness equipment from brands like Fitbit<sup>®</sup> and Garmin<sup>®</sup>, vision care and more through Blue365. Registration is simple, and the exclusive deals come right to your inbox. You can access this program at [Wellmark.com/Blue365](https://www.wellmark.com/blue365).

### Blue<sup>SM</sup>

Looking for ways to save money and make the most of your health insurance benefits? Look no further than Blue. When you visit [Wellmark.com/Blue](https://www.wellmark.com/blue), you'll find information about your health insurance and the valuable services that come with your plan. Plus, you'll discover ways to support your mental health, eat healthier and incorporate movement into your day.

### Health support programs

Wellmark has three different programs — case management, pregnancy support and rare condition management — that can help improve outcomes when there is a significant health need.

### Well-being support

Got goals? We're here to help. Wellmark members have access to a free well-being program. The no-cost program can help you reach your well-being goals and it's all available to you through myWellmark. Take a well-being assessment to get started and get tips to help you be your best.

### Blue Distinction<sup>®</sup> Centers

When you need specialized care, like a surgery or a transplant, choosing where to get care can be a big decision. And, where you go can impact your results. You are required to use Blue Distinction Centers for bariatric surgery and transplants if enrolled in a Traditional, Standard or High Deductible Health Plan. Blue Distinction Centers are recognized for their proven history of delivering exceptional care and results. This could mean fewer complications, lower readmissions and higher survival rates. All Wellmark members have full in-network access to Blue Distinction Centers — no matter their plan.

<sup>1</sup> Sources: Exhibit of Premiums, Enrollment & Utilization and the Supplemental Health Care Exhibit (NAIC), Medical Loss Ratio Reports (CCIO) and MFA ASO enrollment.



This document is intended to be used solely for illustrative purposes, and provides simplified information and examples of a general nature. It is not intended as legal or tax advice, nor as an indication that you are eligible to contribute to an HSA, and should not be construed as such. Consult your tax advisor for specific tax advice and for more information about tax savings.

This guide is a brief summary of policies presented, which are subject to exclusions, limitations, reductions in benefits, and terms under which the policies may be renewed or discontinued. For costs and complete details of the coverage, call or write your authorized insurance agent or Wellmark.

Also, please note, this is a general description of coverage. It is not a statement of contract. Actual coverage is subject to the terms and conditions specified in the policy itself and enrollment regulations in force when the policy becomes effective.



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Blue Cross®, Blue Shield®, the Cross® and Shield® symbols, and Blue Distinction® are registered marks and Blue Rx Essentials<sup>SM</sup>, Wellmark Blue EPO<sup>SM</sup> and Blue<sup>SM</sup> are service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Blue365® is a discount program available to members who have medical coverage with Wellmark. This is NOT insurance. Blue365® is a registered mark of the Blue Cross and Blue Shield Association. Wellmark® and myWellmark® are registered marks and BeWell 24/7<sup>SM</sup> is a service mark of Wellmark, Inc.

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CVS/Caremark® is a registered trademark of CVS Health Corp., an independent company that provides pharmacy services on behalf of Wellmark Blue Cross and Blue Shield. CVS Specialty® pharmacy provides Rx management and personalized support for patients with complex or chronic conditions.

PrudentRx is an independent company providing cost savings for specialty medications through enrollment in copay assistance programs from drug manufacturers.

Doctor On Demand physicians do not prescribe Drug Enforcement Administration-controlled substances, and may elect not to treat conditions or prescribe other medications based on what is clinically appropriate. For plans that include benefits for mental health treatment, Doctor On Demand benefits may include treatment for certain psychological conditions, emotional issues and chemical dependency. Services performed by Doctor On Demand psychologists are covered. Doctor On Demand does not provide psychiatry services. For more information, call Wellmark at the number on your ID card or call Wellmark Customer Service.

Doctor On Demand by Included Health is a separate company providing an online telehealth solution for Wellmark members. Doctor On Demand® is a registered mark of Included Health, Inc.

Blue Distinction Centers (BDC) met overall quality measures for patient safety and outcomes, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable healthcare. Each provider's cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. National criteria for BDC and BDC+ are displayed on www.bcbs.com. Individual outcomes may vary. For details on a provider's in-network status or your own policy's coverage, contact your Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.

# Congrats! You're all signed up for a Wellmark South Dakota health plan



## Secure your coverage and get the most from your plan with these five steps

### **STEP 1: Watch your mail.**

You will soon receive a letter in the mail with important information about your new health plan. Read this letter as soon as you receive it and follow the instructions for paying your first month's premium.

***IMPORTANT! This must be done before your coverage is effective. To have coverage beginning Jan. 1, you must enroll before Dec. 15 and pay your first month's premium.***

### **STEP 2: Be on the lookout for your Wellmark ID card.**

Once you've paid your first month's premium, you'll receive your Wellmark ID card in the mail. Policyholders with family coverage will receive two cards, policyholders with individual coverage will receive one card. If additional ID cards are needed, policyholders can order physical copies or access their ID card anytime on **myWellmark**.

### **STEP 3: Register for myWellmark<sup>®</sup>.**

Visit **myWellmark.com** to register for your personalized health insurance website. With **myWellmark**, you can check claims, track your health care costs, see what's covered, access your ID card, compare prescription drug prices and get your digital Explanation of Benefits (EOB) statements.



## STEP 4: Set up eBilling.

When you sign up for electronic billing, your monthly plan premium is automatically withdrawn from your bank account. Simply log in to [myWellmark.com](https://mywellmark.com) and follow the billing links to be directed to the eBilling website.

## STEP 5: Get more from your health insurance.



Remember BeWell 24/7<sup>SM</sup> when life gets stressful. Members who need help finding an in-network doctor or need advice about medical treatments, tests and procedures can get help from real people around the clock. Simply call **844-84-BEWELL** any time to get answers to health-related questions.



Go to [Wellmark.com/Blue](https://Wellmark.com/Blue) to read about health plan benefits that can help you save money, support your mental health and learn more about fitness and nutrition. While you're there, don't forget to sign up for the monthly *Blue*<sup>SM</sup> e-newsletter!



Get access to exclusive deals and discounts on gym memberships, activity trackers, healthy food and more. Plus, get these offers sent straight to your inbox when you sign up for Blue365<sup>®</sup>. Visit [Wellmark.com/Blue365](https://Wellmark.com/Blue365).



**That's it! You're all set with your coverage. But don't worry, we're always here to help.**

For questions about your health insurance plan, talk to your Wellmark agent or call Customer Service at the phone number on your Wellmark ID card.



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2023 Fall Training — Participant Guide

# Your roadmap to success







## Agenda

1. Legislative updates
2. Virtual visits
3. Product updates
  - Small group market
  - Mid-size group market
  - Individual and family plans market
  - Over 65 Medicare market

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## 2024 Legislative Updates Better member outcomes

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## End of public health emergency

**PHE ended May 11, 2023, meaning:**

- COVID vaccines/booster are still required to be covered without cost sharing.
- COVID tests/treatments are no longer required to be covered with no cost sharing.
- Medicaid redeterminations (began April 1 due to federal legislation).
- This leads to disenrollment of Medicaid<sup>1</sup> for people who do not meet eligibility requirements.

Source: <sup>1</sup>CMCS Informational Bulletin, Key Dates Related to the Medicaid Continuous Enrollment Condition Provisions in the Consolidated Appropriations Act, 2023 available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib010523.pdf>, and State Health Official Letter #21-002, Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program

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## Inflation Reduction Act (IRA)

**Inflation Reduction Act** – the IRA provides financial relief for Medicare beneficiaries by improving access to affordable treatments, lower drug costs and drug cost stability.

**Part D improvements include:**

- Insulin available at \$35/month per covered prescription and for insulin used in durable medical equipment pumps.
- Access to adult vaccines without cost sharing.
- Expansion in the low-income subsidy program (LIS or “Extra Help” under Medicare Part D to 150 percent of the Federal Poverty Level in 2024).
- A yearly cap of between \$3,250 and \$3,300 (2024) on out-of-pocket prescription drug costs for LIS eligible.

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Source: Inflation Reduction Act and Medicare | CMS

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## Federal CAA reporting requirement

The Consolidated Appropriations Act (CAA) requires submission of claims, employer premium, and employee contribution data for reporting purposes annually to Centers for Medicare and Medicaid Services (CMS).

### Minimal information is needed from employer groups

- Group employer identification number (EIN).
- Form 5500 plan number, if applicable.
- Total dollars collected during the calendar year from employees for health care coverage.

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## ARPA

American Rescue Plan Act (ARPA):

Was signed into law March 11, 2021.

Increased premium tax credits, lowering the amount consumers must contribute toward their premiums.

As part of the Inflation Reduction Act signed into law Aug. 16, 2022, the enhanced tax credits are extended through 2025.



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# Medicaid Redetermination

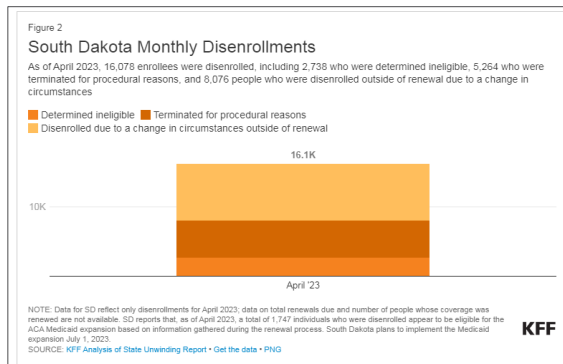
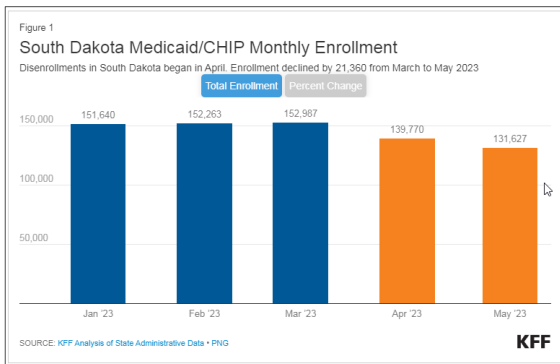
With the end of the Public Health Emergency (PHE) on May 11, 2023, Medicaid eligibility determinations began April 1, which will lead to disenrollment of Medicaid for people who do not meet eligibility requirements.

- CMS gives a 12-month Medicaid unwinding period (post PHE) to complete pending post-enrollment verifications, redeterminations and renewals.<sup>1</sup>
- Loss of Medicaid triggers a 60-day Special Enrollment Period (SEP) for employer coverage or Marketplace.
- Disenrollments for Iowa and South Dakota began April 1, 2023.

<sup>1</sup> See: CMCS Informational Bulletin, Key Dates Related to the Medicaid Continuous Enrollment Condition Provisions in the Consolidated Appropriations Act, 2023 available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib010523.pdf>, and State Health Official Letter #21-002, Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency available at: <https://www.medicaid.gov/sites/default/files/2022-03/sho22001.pdf>

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Source: Medicaid Enrollment and Unwinding Tracker – State Enrollment and Unwinding Data | KFF

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## Virtual visits

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### Virtual care forecast for employers, 2023

### Results show that convenience drives patient engagement:

- **73 percent** of patients find virtual primary care appealing.
- Mental health conditions can be attributed to **62 percent** of missed workdays.
- **54 percent** of businesses are looking to expand their virtual health solutions in 2023.

Source: <https://business.kaiserpermanente.org/wp-content/uploads/2023/03/Kaiser-Permanente-virtual-care-employer-report.pdf>


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## Virtual care

**We are committed to helping groups and members broaden access to medical care and behavioral health solutions; including mental health and psychiatry visits.**

Wellmark's virtual health care visit benefit is made available through an independent company, Doctor On Demand, Inc., and the telemedicine services are provided by licensed physicians practicing within a group of independently owned professional practices. Doctor On Demand, Inc. does not itself provide any physician, mental health or other healthcare provider services. Doctor On Demand operates subject to state laws. Doctor On Demand offers medical care in 50 states. Doctor On Demand is not intended to replace an annual, in-person visit with a primary care physician.




dr. on demand  
by Included Health

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## Virtual care benefits

dr. on demand  
by Included Health

 **Urgent care and behavioral health services** through Doctor On Demand®

- Virtual visits with a doctor, mental health therapist or psychiatrist have a **\$0 cost** for the member\*
- Also available for **mid-size** group plans and members with HDHPs with a **lower cost share** when using Doctor on Demand® for urgent and mental health care visits

\*Zero-dollar cost share excludes Mid-size group plans, HDHP, and GF/GM plans.

 **Behavioral health coaching** through Doctor On Demand®

Chat with a licensed coach **\$0 cost** for the member\*\*

- Includes high deductible health plans
- Must be 18 years of age

\*\*Behavioral health coaching not eligible for Mid-size group

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# Virtual visit video consultation



Get treatment for urgent care needs for common health issues like:

- Cold and flu
- Sore throats
- Allergies
- Fever
- Skin conditions
- Bronchitis and sinus infections
- Urinary tract infections
- Pink eye
- Headaches

**\$0 copay on services through Doctor on Demand®\***

\*Zero-dollar cost share excludes Mid-size group plans, HDHP, and GF/GM plans.



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# Online access anytime anywhere with Doctor on Demand® doctors

Available 24/7, online urgent care doctors are able to provide care when you are sick or need prescriptions.

Have members login to the DOD® mobile application or website to request a visit at the time that they need care.



Wellmark's virtual health care visit benefit is made available through an independent company, Doctor On Demand, Inc., and the telemedicine services are provided by licensed physicians practicing within a group of independently owned professional practices. Doctor On Demand, Inc. does not itself provide any physician, mental health or other healthcare provider services. Doctor On Demand operates subject to state laws. Doctor On Demand offers medical care in 50 states. Doctor On Demand is not intended to replace an annual, in-person visit with a primary care physician.

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# Mental health services through DOD®

## Doctor On Demand online consultations and medication management:

- Care for mental health needs including, therapy, psychiatry and medication management.
- Talk to a board-certified DOD physician live via video conference.
- Mental health treatment cost shares are subject to the plan coverage cost share amount.

### Here are some of the things DOD services can help treat:

- |            |               |                 |
|------------|---------------|-----------------|
| Anxiety    | Depression    | Trauma and Loss |
| Postpartum | Relationships | Stress          |

Zero-dollar cost share excludes Mid-size group plans, HDHP, and GM/GF plans.

Source: <https://doctorondemand.com/what-we-treat/mental-health/>  
Wellmark Virtual Visit FAQ

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**Feeling better SHOULD BE EASY**

Visit a doctor on your smartphone, tablet or computer from virtually anywhere with \$0 copay\*.

**See a doctor in minutes**

Get treatment for 90 percent of all common ED complaints, from common colds to uncommon rashes. Plus, connect with a therapist or psychiatrist whenever and wherever you're comfortable.

**Get treatment for:**

- Cold and flu
- Bronchitis and sinus infections
- Urinary tract infections
- Sore throats
- Allergies
- Fever
- Headache
- Pink eye
- Skin conditions
- Other conditions such as mental health!

**Getting started is easy.**

1. Scan the QR code above to download the Doctor on Demand app or visit [DrOnDemand.com/Wellmark](http://DrOnDemand.com/Wellmark).
2. Have your Wellmark Blue Cross and Blue Shield member ID card ready.
3. Create an account or sign in to begin your visit.
4. Pick your provider. Select the next available appointment or find the time best for your schedule.

**24/7 Questions:**  
**Call 800-997-6196**

DRONDEMAND.COM/QUESTIONS | 2023 © WELLMARK BLUE CROSS AND BLUE SHIELD. ALL RIGHTS RESERVED. \*COST SHARE SUBJECT TO PLAN COVERAGE. VISIT MUST BE FOR A COVERED CONDITION.

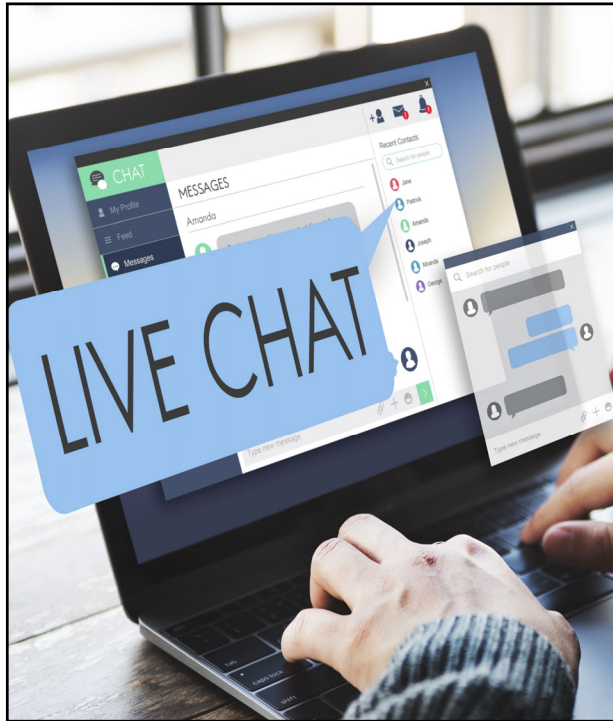
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## Doctor On Demand® virtual visit member flyer

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## Virtual behavioral health coaching

Members get real-time, live chats with a certified life skills coach:

- 24/7 unlimited chat-based messaging.
- There is no live video or audio consultation.
- The member must be **18 years old** for behavioral health.

The coach gives non-clinical advice and provides referrals to a higher level of care, when applicable:

- Services can be paired with clinical care.

Behavioral health coaching not eligible for Mid-size group

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## Chat based behavioral health coaching

**Members have access to additional behavioral health support addressing and supporting immediate needs.**

- Work / school stress
- Sleep issues
- Weight Management
- Career challenges
- Worry
- Communication difficulties
- Relationship challenges
- Life Transitions
- Burnout



**Doctor On Demand® Behavioral Health Coaching Member Flyer**

**FLYER M-2022324 04/23 A**

Behavioral health coaching not eligible for Mid-size group

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## Plan enhancements

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**NEW**

### PrudentRx<sup>®</sup> specialty drug copay card program

Wellmark is offering PrudentRx<sup>®</sup> Specialty Copay Card program.\*

- **\$0 member cost share** for covered drugs on the PrudentRx<sup>®</sup> list.
- Members will work with PrudentRx<sup>®</sup> to obtain manufacture copay assistance for their eligible specialty drug(s).
- Expansive specialty drug list.

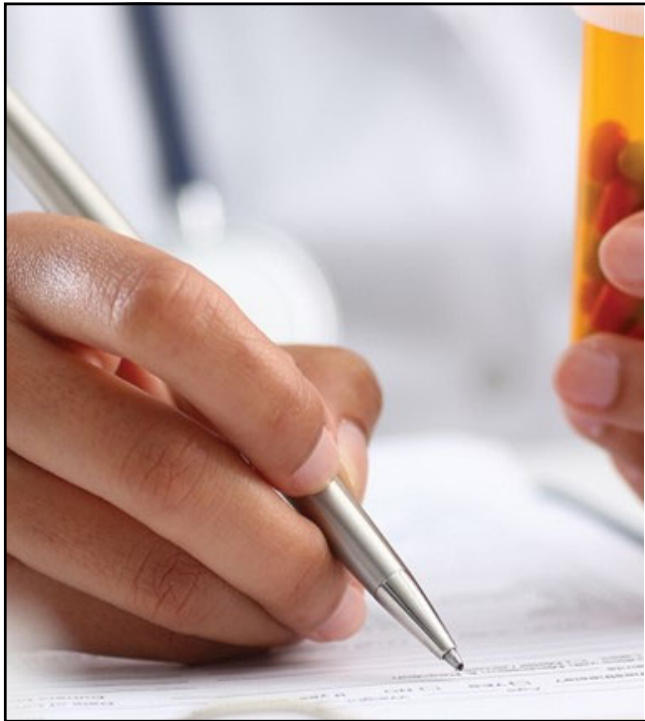
\*The PrudentRx<sup>®</sup> program is administered by PrudentRx<sup>®</sup> but is integrated with CVS<sup>®</sup> specialty pharmacies.  
PrudentRx is an independent company providing specialty copay benefits to Wellmark Blue Cross and Blue Shield members.



ACA Small Group  
Individual Exchange  
Mid-size Group  
GM/GF plans

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## PrudentRx<sup>®</sup> copay card program

Amounts paid by the PrudentRx<sup>®</sup> program do not apply towards the member's deductible and out-of-pocket maximum.

PrudentRx<sup>®</sup> copay card program is not available for HDHP.

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## PrudentRx<sup>®</sup>

### Member Resources > Prescription & Drug Lists

Members will find the PrudentRx<sup>®</sup> list on **Wellmark.com**

**Drug lists**

Also known as a formulary, your drug list will tell you if a drug is covered under your plan, whether it needs special approval to be filled, coverage limits and if a generic option is available — which could save you money.

But first, you will need to know the name of your plan's drug list. Find out in one of these ways:

- Log in and view your [Summary of Benefits & Coverage document](#)
- Search for your coverage documents using your Wellmark ID number.
- Call the number on your Wellmark member ID card for assistance.

**View your drug list:**

- [Blue Rx Basic<sup>SM</sup>](#)
- [Blue Rx Complete<sup>SM</sup>](#)
- [Blue Rx Essentials<sup>SM</sup> 2023](#)
- [Blue Rx Preferred<sup>SM</sup>](#)
- [Blue Rx Value<sup>SM</sup>](#)
- [Blue Rx Value Plus<sup>SM</sup>](#)
- [BlueSimplicity<sup>SM</sup> Rx](#)

Drug list (formulary) changes effective July 1, 2023 [2]

[PrudentRx Drug List \[2\]](#)

**Important to know:**

- Your health plan's drug list is regularly updated as generic drugs become available and changes take place in the pharmaceuticals market, so it's good to check it regularly. For the most up-to-date information, log in to myWellmark or call the number on your ID card.
- Your plan's drug list will also show if it's a speciality medication, if it has any prior authorizations, quantity or age limits, and what tier your drug falls on.

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**NEW**


## Removing the limit on gynecological exams

Members will no longer have a limit to the number of (routine preventative) gynecological exams in a plan year.

Multiple well-women exams per member per year will have cost shares waived in order for women to obtain all necessary services.\*

ACA Small Group  
ACA Individual Exchange  
Mid-size Group  
GM

\*excludes GF



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## Specialty drug office cost share

To create parity for specialty drug benefits, a new cost share has been added to an office visit when a specialty drug is administered in an office setting.

### Specialty drug office copay:

- Drugs designated as “specialty medical” on the formulary drug lists on Wellmark.com.
- Drugs covered under the medical benefit.

ACA Small Group  
ACA Individual Exchange  
Mid-size Group  
Excludes GM/GF

**Example:**

Member receives an injection of Prolia\* for osteoporosis in their provider’s office every six months.

Office copay: \$25  
Specialty medical drug copay: \$150  
**Total member cost share: \$175**

*\*List price for drug is \$1279 per treatment*

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## Small Group (ACA)

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## Small group ACA rates

**For 2024, the average rate change for the small group portfolio is...**

**Average rate change**  
SG WSD + **3.9%**

Percentages vary by plan and are pending approval from the South Dakota Insurance Division

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## Adjust cost share (AV) changes

**Adjusted plan cost shares** to meet the new **2024** requirements of the Notice of Benefits and Payments Parameters (NBPP).

Wellmark will continue to maintain a competitive portfolio through our position in the AV range by adjusting cost shares to maintain the lower end.

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## SG ACA plan cost share changes



### 2024 Wellmark SG- ACA Plan Cost Share – South Dakota

2023 Plan Benefits	SimplyBlue® 6000	SimplyBlue Primary	myBlue HDHP® Bronze	CompleteBlue® 4000	CompleteBlue 5000	2024 Plan Benefits	SimplyBlue 6000	SimplyBlue Primary	myBlue HDHP Bronze	CompleteBlue 4000	CompleteBlue 5000
Deductible Single/Family	\$6,000 / \$12,000	\$7,000 / \$14,000	\$7,500 / \$15,000	\$4,000 / \$8,000	\$5,000 / \$10,000	Deductible Single/Family	\$6,000 / \$12,000	\$7,000 / \$14,000	\$7,500 / \$15,000	\$4,000 / \$8,000	\$5,000 / \$10,000
Out-of-pocket Max Single/Family	\$5,000 / \$10,000	\$6,000 / \$12,000	\$7,500 / \$15,000	\$5,000 / \$10,000	\$6,000 / \$12,000	Out-of-pocket Max Single/Family	\$5,000 / \$10,000	\$6,000 / \$12,000	\$7,500 / \$15,000	\$5,000 / \$10,000	\$6,000 / \$12,000
Coinurance	50%	50%	0%	30%	30%	Coinurance	50%	50%	0%	30%	30%
Office visit/virtual visit	PCP: \$70 Non-PCP: \$150	PCP: \$25 Non-PCP: \$120	Deductible applies	PCP: \$40 Non-PCP: \$100	PCP: \$60 Non-PCP: \$110	Office visit/virtual visit	PCP: \$70 Non-PCP: \$150	PCP: \$25 Non-PCP: \$120	Deductible applies	PCP: \$40 Non-PCP: \$100	PCP: \$60 Non-PCP: \$110
Doctor On Demand® virtual visit	\$0	\$0	Deductible applies	\$0	\$0	Doctor On Demand® virtual visit	\$0	\$0	Deductible applies	\$0	\$0
Emergency room care	50% after Deductible	50% after Deductible	Deductible applies	\$700	\$600	Emergency room care	50% after Deductible	50% after Deductible	Deductible applies	\$700	\$600
Prescription drugs	Tier 1 \$30	Tier 1 \$25	Deductible applies to all drug tiers	Tier 1 \$30 Tier 2 \$60 Tier 3 \$150	Tier 1 \$30 Tier 2 \$70 Tier 3 \$140	Prescription drugs	Tier 1 \$30	Tier 1 \$25	Deductible applies to all drug tiers	Tier 1 \$30 Tier 2 \$60 Tier 3 \$150	Tier 1 \$30 Tier 2 \$70 Tier 3 \$140
Blue Rx Essentials®	Deductible applies to all other drug tiers	Deductible applies to all other drug tiers		Biosimilar and generic specialty \$150 Preferred specialty \$100 Non-preferred specialty \$500	Biosimilar and generic specialty \$170 Preferred specialty \$100 Non-preferred specialty \$500	Blue Rx Essentials®	Deductible applies to all other drug tiers	Deductible applies to all other drug tiers	N/A	Biosimilar and generic specialty \$150 Preferred specialty \$100 Non-preferred specialty \$500	Biosimilar and generic specialty \$170 Preferred specialty \$100 Non-preferred specialty \$500
CVS Specialty® Program						Prudent Rx Specialty Drug Card Program (not available for HDHP)					

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# New look!

## 2024 Enhanced Plan Comparison Guide!

PPO network	
Plan	Cost
Gold plan	\$1,200
Silver plan	\$800
Bronze plan	\$500
High-deductible health plan	\$300

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## 2024 health plan resource guide

for South Dakota businesses with 1–50 employees

Also available online  
 Get the digital version of this guide anytime, anytime at [Wellmark.com/SDresGuide](http://Wellmark.com/SDresGuide)

## What's inside

Your guide specifically designed for South Dakota employers and members.

- Understand the networks
- myWellmark®
- Virtual visits
- Pharmacy benefits
- Additional support

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## 2024 Small Group summary


- Virtual care
- PrudentRx® Copay Program
- Removing the limit on gynecological exams
- Specialty drug office cost share



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## Network



## Preferred provider organization

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## Specialty benefits

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## Avēsis Vision<sup>®</sup> Specialty benefits

### Specialty Benefits

- Low-cost, high-impact benefits
- Affordable premiums
- A mix of independent eyecare providers and leading national retailers

Avēsis Vision<sup>®</sup> is an independent vision insurance company that does not provide Wellmark Blue Cross and Blue Shield products and services. Avēsis Vision is underwritten by Fidelity Security Life Insurance.



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## Specialty benefits

### Amplifon Hearing™

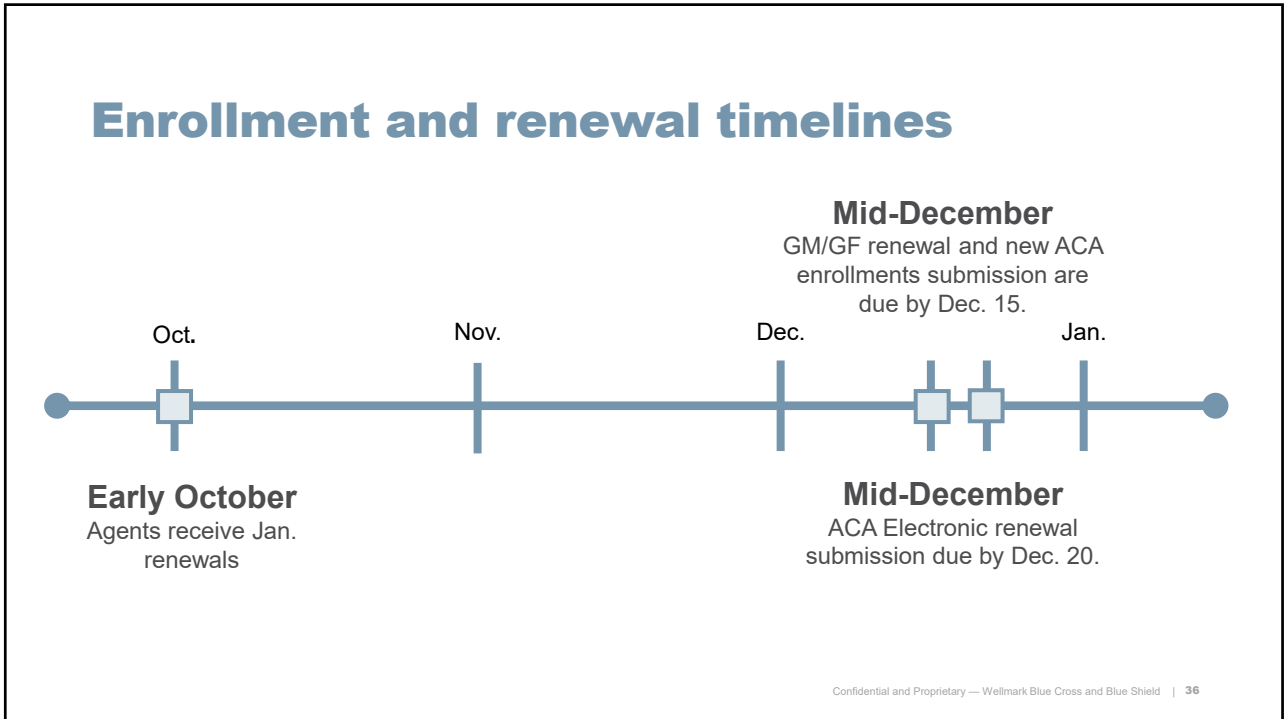
- Hearing screening — covered in-network at no charge every 24 months
- Hearing device batteries maintenance plan

Hearing Discount Savings Plan provided by Amplifon Hearing Health Care™. Amplifon Hearing Health Care is an independent company that does not provide Wellmark Blue Cross and Blue Shield products or services.

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## Enrollment and renewal timelines



**Early October**  
Agents receive Jan. renewals

**Mid-December**  
GM/GF renewal and new ACA enrollments submission are due by Dec. 15.

**Mid-December**  
ACA Electronic renewal submission due by Dec. 20.

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## Reminders for Small group

### Medicare secondary payer (MSP) form

- All employer-sponsored group health/drug coverage requires the MSP form (N-2305 05/14).
- The form needs to be completed at enrollment/renewal, regardless of group size/market.
- A separate confirmation form is required for each Employer Tax Identification Number (EIN) used to report employee earnings to the IRS.
- CMS can collect double the damages from an employer for claims that Medicare has paid as primary in error. CMS can also assess a fine of \$1,000 per day, per member for inaccurate reporting.
- The MSP Q&A M-4302 09/16 document is available on the Marketing Toolkit for reference.

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## Reminders for Small group

### Average employee count (AEC)

- Wellmark sends Average Employee Count forms mid-January.
- Groups have four weeks to complete and return by mid-February (typically by Feb. 15).
- Average employee counts determine what market segment a group falls into.
  - Jan. through July renewals in 2024 will use 2022 average employee counts.
  - June through Dec. renewals in 2024 will use 2023 average employee counts.

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## BlueSource<sup>SM</sup>



Add new employees  
or family members



Add a spouse or  
dependent to existing  
contracts



Cancel coverage for  
employees and/or covered  
family members

## Employer self-service

Available in Employer Connection

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## BlueSource<sup>SM</sup>

To use new functionality Small group ACA employer groups will need to do the following:

- **Register** for Employer Connection.
- Assign a **main designated security coordinator**.

Assign security roles, at minimum add:

- **Enrollment Administrator.**
- **View or Edit Member Data.**
- **Eligibility Benefits.**

- Log on to **Employer Connection** and click on **“View Full Member List”**.

Click on “Add Employee”:

- **Or click on the Member Name and Add Spouse/Dependent.**
- **Or click Cancel Coverage.**

## BlueSource<sup>SM</sup> updates

Available in Employer Connection

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NEW

## BlueSource<sup>SM</sup>

- Agent initiates and shares renewal in BlueSource<sup>SM</sup>
- Employer group receives email invitation with a link to next steps to complete the renewal
- Agent receives notification when the renewal is submitted and can check progress in BlueSource<sup>SM</sup>
- Employer group receives reminders 15 and five days prior to the submission deadline

### Self-service renewal

Available in Employer Connection

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## Employer self-service renewal

Once the employer group has accessed the renewal, they will follow the step-by-step on-screen instructions to review, edit, sign and submit the renewal.

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## BlueSource enhancements

**The agent will no longer need to submit the new group enrollment to Wellmark after the group completes the DocuSign.**

A spreadsheet of member level information will be available in Submission History for all group members:

- Includes the name, age, plan selection and monthly premium for each member.
- Is available for all new group enrollments and renewals.
- The file can be exported

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## Federal CAA reporting requirement

### **We need your help!**

Ensure your groups understand the importance of reporting information.

Wellmark leverages **Employer Connection** for the data collection.

- This will be available for entry on January 1st for the previous calendar year.
- Information must be entered by April 30th to be included in the submission.
- Groups must be registered on the Employer Connection to access the tool

**Future updates to BlueSource<sup>SM</sup> will allow agents to submit on behalf of groups. More information will be shared through Blues Briefing Q1 2024.**

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# Mid-size group

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## 2024 Plans

## Mid-size group portfolio

**Wellmark will be removing BlueSimplicity<sup>SM</sup> plans from the portfolio effective Jan. 1, 2024.**

- Blue Simplicity Basic will be crosswalked to Primary plans (Primary 3500)
- Preferred will be crosswalked to copayment plus (Copayment Plus 2000)

Wellmark continues to offer four plan types across all three available networks.

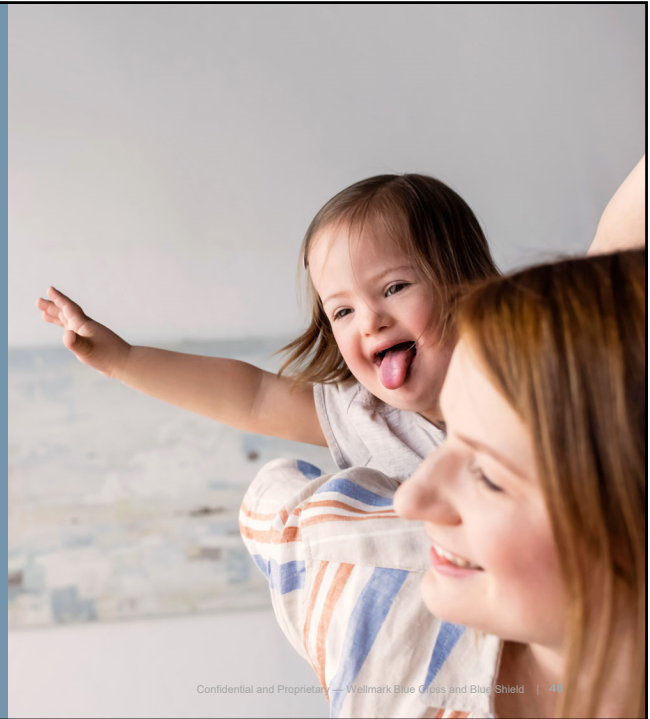
**Traditional**
**Modified**
**Primary**
**HDHP**

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## 2024 Mid-size summary

- Virtual care
- PrudentRx® Copay Program
- Removing the limit on gynecological exams
- Specialty drug office cost-share



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# Mid-size group plan change

**Wellmark**

### South Dakota 2024 Midsize (51-100) Plan Changes

**Overview**  
To remain competitive and meet our members' needs, this document reflects the changes to the overall portfolio and serves as a training supplement to the 2024 Plan Comparison Guide.

**2024 Midsize (51-100) Plan Changes**

Plan Name	Plan Change
All Plans	Add a Specialty Drug Office Cost Share
All Plans	Eliminate Well-ness Incentives
All Plans (Excluding 401(k))	Add Product to Specialty Drug Program

**Terminated 2024 Midsize (51-100) Plan**

BlueCross <sup>SM</sup> Preferred PPO
BlueCross <sup>SM</sup> Basic PPO

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## New look!

South Dakota health plans  
2024 network benefits


For businesses with 51-100 employees

## 2024 Enhanced Plan Comparison Guide!

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## 2024 health plan resource guide

for South Dakota businesses with 51-100 employees




### What's inside

Your guide specifically designed for South Dakota employers and members.

- Understand the networks
- myWellmark®
- Virtual visits
- Pharmacy benefits
- Additional support

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## Reminders for Mid-size groups

### Submission deadlines

- New groups due by **25th of month**
- Renewals due by **15th of month**
- **Blues enroll groups due 1st of the month prior to renewal date**
- Quote requests due by the **18th of the month**

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# Individual and family (ACA)

## Exchange health products

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### 2024 Plans



## IFP portfolio

Wellmark continues to offer all three plan types across available networks.

**Traditional** | **HDHP** | **Standard**

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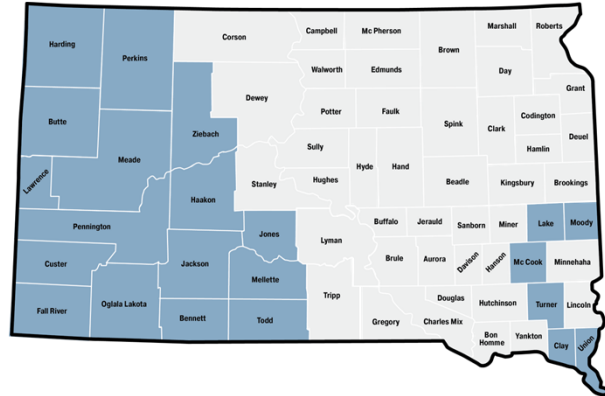
## 2024 Wellmark IFP eligible counties

### SD Expansion into Region 2

- Applicants must reside in one of these counties to be eligible
- Ability to impact the lives of South Dakotans in these counties

#### Counties include:

- |              |                 |          |
|--------------|-----------------|----------|
| ✓ Harding    | ✓ Jones         | ✓ Clay   |
| ✓ Perkins    | ✓ Mellette      | ✓ Lake   |
| ✓ Ziebach    | ✓ Todd          | ✓ McCook |
| ✓ Butte      | ✓ Bennett       | ✓ Moody  |
| ✓ Lawrence   | ✓ Jackson       | ✓ Turner |
| ✓ Meade      | ✓ Oglala Lakota | ✓ Union  |
| ✓ Pennington | ✓ Custer        |          |
| ✓ Haakon     | ✓ Fall River    |          |



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## IFP enrollment and provider search tips



### HealthCare.gov

Search for **provider name** rather than clinic name



### Wellmark.com

Search under the **Wellmark Blue EPO Network** on Wellmark.com/ProviderFinder



### Customer Service

If you have questions, contact Wellmark Customer Service at **800-524-9242**

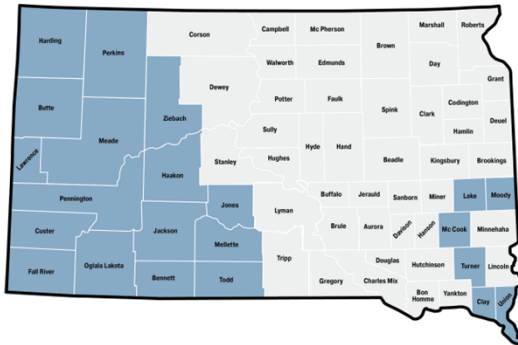
**Enrollment completed on HealthCare.gov**

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# 2024 IFP summary

- SD Expansion into Region 2
- Virtual care
- PrudentRx Copay Program
- Removing the limit on gynecological exams
- Specialty drug office cost share



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## IFP ACA plan cost share changes

**2024 Wellmark IFP ACA Plan Cost Share Change – South Dakota**

2023 Plan Benefits	Bronze HQRW	Bronze Traditional	Silver Traditional	Gold Traditional	Standard Bronze	Standard Silver	Standard Gold	2024 Plan Benefits	Bronze HQRW	Bronze Traditional	Silver Traditional	Gold Traditional	Standard Bronze	Standard Silver	Standard Gold
Deductible Single/Family	\$7,000 / \$14,000	\$7,200 / \$14,400	\$5,000 / \$10,000	\$1,600 / \$3,200	\$7,000 / \$14,000	\$5,800 / \$11,600	\$2,000 / \$4,000	Deductible Single/Family	\$7,500 / \$15,000	\$7,200 / \$14,400	\$5,000 / \$10,000	\$1,600 / \$3,200	\$7,000 / \$14,000	\$5,800 / \$11,600	\$2,000 / \$4,000
Out-of-pocket Max Single/Family	\$7,000 / \$14,000	\$9,000 / \$18,000	\$8,700 / \$17,400	\$8,700 / \$17,400	\$9,000 / \$18,000	\$8,900 / \$17,800	\$8,700 / \$17,400	Out-of-pocket Max Single/Family	\$7,500 / \$15,000	\$9,000 / \$18,000	\$8,700 / \$17,400	\$8,600 / \$17,200	\$9,400 / \$18,800	\$9,100 / \$18,200	\$8,700 / \$17,400
Coinsurance	0%	50%	30%	30%	50%	40%	25%	Coinsurance	0%	50%	30%	25%	50%	40%	25%
Office visit/virtual visit	Deductible applies	PCP: \$60 Non-PCP: \$75	PCP: \$60 Non-PCP: \$75	PCP: \$20 Non-PCP: \$60	PCP: \$50 Non-PCP: \$100	PCP: \$40 Non-PCP: \$80	PCP: \$30 Non-PCP: \$60	Office visit/virtual visit	Deductible applies	PCP: \$60 Non-PCP: \$75	PCP: \$60 Non-PCP: \$75	PCP: \$50 Non-PCP: \$60	PCP: \$50 Non-PCP: \$100	PCP: \$40 Non-PCP: \$80	PCP: \$30 Non-PCP: \$60
Doctor On Demand® virtual visit	Deductible applies	\$0	\$0	\$0	\$40	\$40	\$30	Doctor On Demand® virtual visit	Deductible applies	\$0	\$0	\$0	\$40	\$40	\$30
Emergency room care	Deductible applies	\$1,200	\$1,000	\$400	50% after Deductible	40% after Deductible	20% after Deductible	Emergency room care	Deductible applies	\$1,200	\$1,000	\$400	50% after Deductible	40% after Deductible	20% after Deductible
Prescription drugs	Deductible applies to all drug tiers	Tier 1 \$35 Tier 2 \$60 Tier 3 \$140	Tier 1 \$30 Tier 2 \$60 Tier 3 \$125	Tier 1 \$20 Tier 2 \$60 Tier 3 \$100	Tier 1 \$25 Tier 2 \$60 Tier 3 \$100	Tier 1 \$20 Tier 2 \$60 Tier 3 \$80	Tier 1 \$15 Tier 2 \$60 Tier 3 \$60	Prescription drugs	Deductible applies to all drug tiers	Tier 1 \$35 Tier 2 \$60 Tier 3 \$140	Tier 1 \$30 Tier 2 \$60 Tier 3 \$125	Tier 1 \$20 Tier 2 \$60 Tier 3 \$100	Tier 1 \$25 Tier 2 \$60 Tier 3 \$100	Tier 1 \$20 Tier 2 \$60 Tier 3 \$80	Tier 1 \$15 Tier 2 \$60 Tier 3 \$60
Blue Rx Essentials™	Deductible applies to all other drug tiers	Biosimilar and generic specialty \$20	Biosimilar and generic specialty \$20	Biosimilar and generic specialty \$20	Biosimilar and generic specialty \$20	Biosimilar and generic specialty \$20	Biosimilar and generic specialty \$20	Blue Rx Essentials™	Deductible applies to all other drug tiers	Biosimilar and generic specialty \$20	Biosimilar and generic specialty \$20	Biosimilar and generic specialty \$20	Biosimilar and generic specialty \$20	Biosimilar and generic specialty \$20	Biosimilar and generic specialty \$20
CVS Specialty® Program	Deductible applies	Preferred specialty \$300 Non-preferred specialty \$300	Preferred specialty \$215 Non-preferred specialty \$400	Preferred specialty \$200 Non-preferred specialty \$400	Preferred specialty \$200 Non-preferred specialty \$500	Preferred specialty \$200 Non-preferred specialty \$500	Preferred specialty \$200 Non-preferred specialty \$250	CVS Specialty® Program	NA	Preferred specialty \$300 Non-preferred specialty \$300	Preferred specialty \$200 Non-preferred specialty \$400	Preferred specialty \$200 Non-preferred specialty \$500	Preferred specialty \$200 Non-preferred specialty \$500	Preferred specialty \$200 Non-preferred specialty \$500	Preferred specialty \$200 Non-preferred specialty \$250


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# New look!



**South Dakota health plan  
2024 plan portfolio**

For Individual and Family Affordable Care Act plans



## 2024 Enhanced Plan Comparison Guide!

Your enrollment checklist

How to enroll through...

High-deductible health plan

Standard health plans

EPO network

Traditional health plans

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## 2024 health plan resource guide

for South Dakota Individual and Family Affordable Care Act plans




# What's inside

Your guide specifically designed for South Dakota individuals and families.


- Understand the networks
- myWellmark®
- Virtual visits
- Pharmacy benefits
- Additional support

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**Congrats! You're all signed up for a Wellmark South Dakota health plan**



Secure your coverage and get the most from your plan with these five steps

**STEP 1: Watch your mail.**  
You will soon receive a letter in the mail with important information about your new health plan. Read this letter as soon as you receive it and follow the instructions for paying your first month's premium.  
**IMPORTANT!** This must be done before your coverage is effective. To have coverage beginning Jan. 1, you must enroll before Dec. 15 and pay your first month's premium.

**STEP 2: Be on the lookout for your Wellmark ID card.**  
Once you've paid your first month's premium, you'll receive your Wellmark ID card in the mail. Policyholders with family coverage will receive two cards, policyholders with individual coverage will receive one card. If additional ID cards are needed, policyholders can order physical copies or access their ID card online on myWellmark.


**STEP 3: Register for myWellmark®.**  
Visit myWellmark.com to register for your personalized health insurance website. With myWellmark, you can check claims, track your health care costs, view and download, access your ID card, compare prescription drug prices and get your digital Explanation of Benefits (EOB) statements.

**STEP 4: Set up eBilling.**  
When you sign up for electronic billing, your monthly plan premium is automatically withdrawn from your bank account. Simply log in to myWellmark.com and follow the billing link to be directed to the billing website.

**STEP 5: Get more from your health insurance.**  
Remember WellRx 24/7™ when you get stressed. Members who need help finding an in-network doctor or need advice about medical treatments, tests and procedures can get help from real people around the clock. Simply call 844-64-REDELL any time to get answers to health-related questions.


Go to Wellmark.com. Use to read about health plan benefits that can help you save money, support your mental health and learn more about fitness and nutrition. While you're there, don't forget to sign up for the monthly Blue® membership!

Get access to exclusive deals and discounts on gym memberships, online grocery, healthy food and more. Plus, get those offers sent straight to your inbox when you sign up for Blue360®. Visit Wellmark.com/Blue360.



That's it! You're all set with your coverage. But don't worry, we'll always be here to help.

For questions about your health insurance plan, call your Wellmark agent or call Customer Service at the phone number on your Wellmark ID card.



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# New member checklist flyer

**Flyer M-2022492**  
07/23 A

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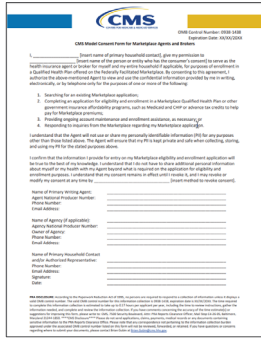
## Consumer consent needed

New guidance from the Centers for Medicare & Medicaid Services went into effect June 18, 2023.

Registered agents and brokers assisting consumers apply for and enroll in Marketplace coverage must document consumer consent prior to accessing or updating their Marketplace information. Forms may be tailored to the need of the agent/broker.

**This may include:**

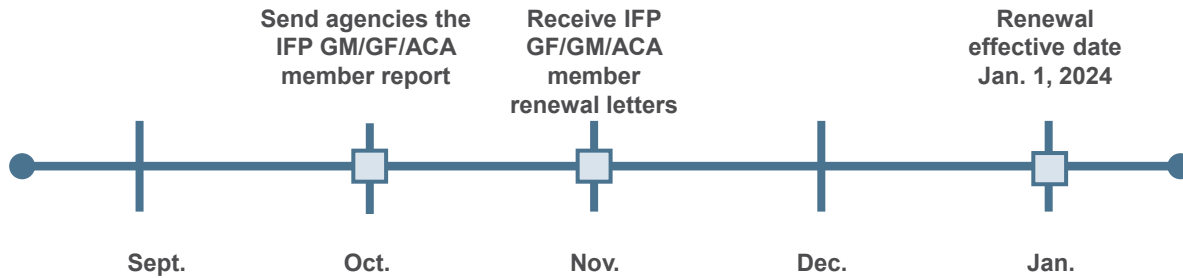
- Recorded phone calls.
- Text messages.
- Emails.
- Electronic documents with digital signatures.
- Paper documents with wet signatures.



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## IFP renewal timeline



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## Reminders for IFP

### IFP plan movement

Wellmark does NOT automatically terminate IFP plans when moving to other Wellmark coverage:

- Written notice is needed to terminate GM/GF contracts.
- Notify the Exchange directly for ACA terminations.

GM/GF dependents turning 26 can convert to their own contract to remain on the same GM/GF plan:

- A quarterly report provided to identify these opportunities.

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# Over 65 market


## Whole health solution

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# Medicare landscape

Wellmark continues to focus on providing a whole health solution for our over 65 members.

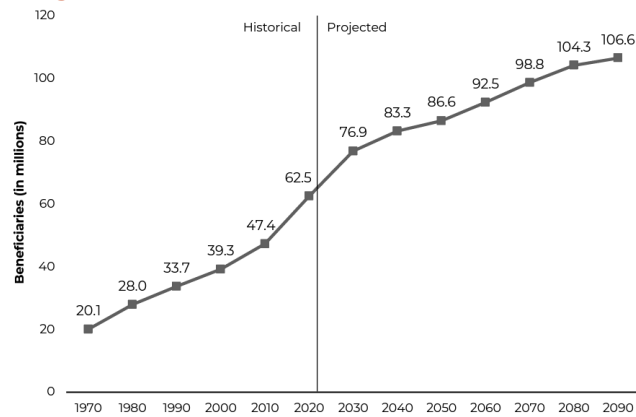


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## Medicare enrollment progression

**Chart 2-4 Enrollment in the Medicare program is projected to grow rapidly through 2030**



**Note:** Enrollment numbers are based on Part A enrollment only. Beneficiaries enrolled only in Part B are not included.

**Source:** The annual report of the Boards of Trustees of the Medicare trust funds 2022.

Source: <https://www.commonwealthfund.org/publications/explainer/2022/may/medicare-advantage-policy-primer>

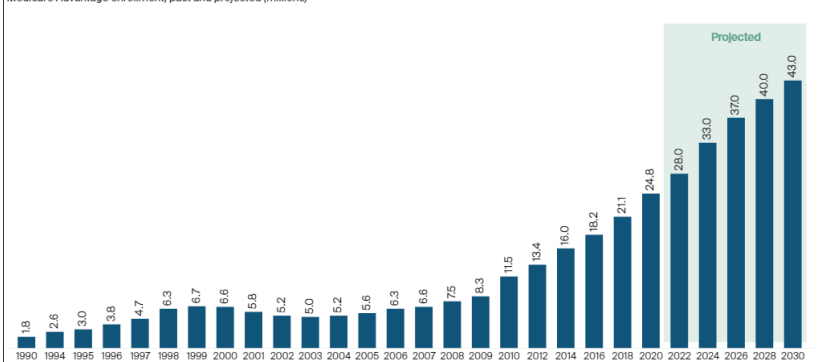
Medicare enrollment is projected to increase to **77 million by 2030.**

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## Medicare Advantage enrollment

Medicare Advantage enrollment, past and projected (millions)



Download data

Data: Centers for Medicare and Medicaid Services, Medicare Advantage State County Penetration File, Mar. 2021. Projected enrollment rates are calculated from CBO projections of Medicare Advantage enrollment and Part A eligibility (July 2021). 2021 Edition of Centers for Medicare and Medicaid Services Statistical Supplement for 1990-2009 data.

Source: Steven Findlay, Gretchen Jacobson, and Aimee Cicchiello, "Medicare Advantage: A Policy Primer," explainer, Commonwealth Fund, May 2022. <https://doi.org/10.26099/69fq-dy83>

Source: <https://www.commonwealthfund.org/publications/explainer/2022/may/medicare-advantage-policy-primer>

Medicare Advantage will compose **50-60%** of all enrollments by **2030.**


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## Find the right fit!





Original Medicare plus additional coverage

- Medicare Supplement and/or PDP
- Medicare Advantage



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## Medicare coverage options

Medicare Advantage	Medicare Supplement
 <p><b>Part D Drug Coverage</b></p>  <p><b>Other specialty benefits</b></p> <p style="font-size: 2em; margin: 0;">=</p>  <p><b>Part C Medicare Advantage</b></p>	 <p><b>Medicare Supplement*</b></p> <p style="font-size: 0.8em; margin-top: 10px;">*Part D and optional specialty benefits can be added for an additional cost.</p>

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José is 65 this year and will be eligible for Medicare...if looking at additional coverage options, which is the better plan – Medicare Advantage or a Medicare Supplement?

- That is a great question! Medicare Supplement and MA both help manage out-of-pocket expenses, the answer depends upon what José needs from a financial and medical standpoint.
- Let's look at a few benefits of each plan and ask a few questions to help find a plan that fits José healthcare needs.



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## Compare options

José, what are your preferences when it comes to your health care?

**Wellmark resources: Plan Selector Quiz**



How do you prefer to pay for the cost of care?



Where do you plan to seek care? Do you want the ability to see any doctor accepting Medicare or would you be comfortable seeking care from a broad network of providers dedicated to MA?



What benefits do you want your plan to cover?

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# Medicare supplement

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## 2024 Medicare supplement renewal

Average base rate adjustment:

- Pre-Standardized = **+0%**
- Senior Blue = **7.5%**
- MedicareBlue<sup>SM</sup> Supplement = **6.3%**

NOTE: All numbers are averages and are pending insurance divisions approval

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## MedicareBlue<sup>SM</sup> supplement

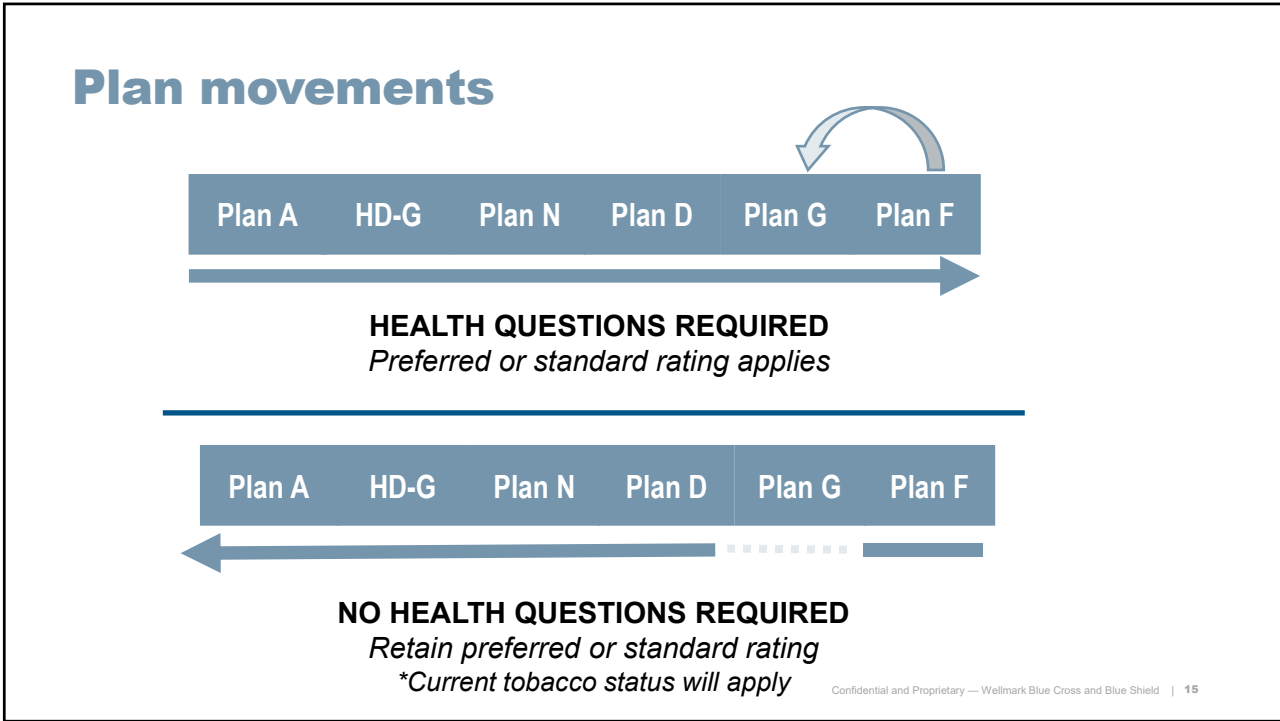
	PLAN A	HD PLAN G (Household discount potential)	PLAN N	PLAN D	PLAN G (Household discount potential)	PLAN F <sup>1</sup>
Basic benefits	✓	✓	✓	✓	✓	✓
Skilled nursing facility coinsurance		✓	✓	✓	✓	✓
Part A deductible		✓	✓	✓	✓	✓
Part B deductible						✓
Part B excess charge		✓			✓	✓
Foreign travel emergency		✓	✓	✓	✓	✓
Plan deductible		✓				

1. Plan F only available to members eligible for Medicare prior to 1/1/2020.

MedicareBlue<sup>SM</sup> Supplement is a service mark of the Blue Cross and Blue Shield Association.

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## High deductible plan G option

- Rates are 40-50% lower than normal Plan G (depending on age/gender)
- HD-G annual deductible (\$2,700 in 2023) is lower than many MA plans MOOP
- Most members never reach the annual deductible. In the event the deductible is met, benefits mirror Plan G
- Medicare continues to pay their portion of claim costs (i.e., 80% for most services)
- No underwriting requirement to move from Plan G to HD-G
- Broad network
- Good use of HSA funds

### HD-G to Plan G Movement

Purchase  
Aug 2023
12-month  
period ends  
Aug 2024
Next AEP can move to  
Plan G with no  
underwriting effective  
Jan 1

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# High deductible G savings example

## Premium Savings

	PLAN G 2023	PLAN G-HD 2023	ANNUAL PREMIUM SAVINGS
Premium	\$135.60	\$54.20	\$976.80

Premium Savings = \$976.80  
 Less Claims Expenses = \$760.80  
**Net Savings = \$216**

\* Example for female, age 65, non-tobacco use, with household discount

## Annual Claims

Service	Approved Charges	Medicare Pays	Member Pays
Office Visit (joint pain)	\$300	\$59.20 <i>(80% after deductible)</i>	\$240.80 <i>(\$226 Part B Ded.* + 20%)</i>
Office Visit (flu symptoms)	\$300	\$240 <i>(80% coinsurance)</i>	\$60 <i>(20% coinsurance)</i>
Office Visit (routine exam)	\$250	\$250 <i>(100%)</i>	\$0
Outpatient Surgery	\$2,000	\$1,600 <i>(80% coinsurance)</i>	\$400 <i>(20% coinsurance)</i>
Office Visit (follow-up care)	\$300	\$240 <i>(80% coinsurance)</i>	\$60 <i>(20% coinsurance)</i>
<b>Totals</b>	<b>\$3,150</b>	<b>\$2,389.20</b>	<b>\$760.80</b>

\* The Part B deductible is member liability under HD-G and Plan G.


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For illustrative purposes only.


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# Medicare supplement

## Buy Up Options

- 
- MedicareBlue<sup>SM</sup> Rx (Part D Prescription Drug)
  - Avēsis<sup>®</sup> Vision with Amplifon<sup>®</sup> Hearing

## Value-add benefits

- 
- Identity Theft Protection
  - BeWell 24/7<sup>SM</sup>
  - Blue365<sup>®</sup> and Gympass are discounted services

MedicareBlue<sup>SM</sup> Rx, Blue Dental<sup>SM</sup>, BeWell 24/7<sup>SM</sup> are service marks of the Blue Cross and Blue Shield Association. The Blue365 program is brought to you by the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Association is an association of independent, locally operated Blue Cross and/or Blue Shield Companies. Avēsis<sup>®</sup> Vision is an independent vision insurance company that does not provide Wellmark Blue Cross and Blue Shield products and services. Avēsis Vision is underwritten by Fidelity Security Life Insurance Company<sup>®</sup>, Kansas City, Missouri. Hearing Discount Savings Plan provided by Amplifon Hearing Health Care. Amplifon is an independent company that does not provide Wellmark Blue Cross and Blue Shield products or services. ID Experts<sup>®</sup> is an independent company providing identity protection services. IDEperts does not provide Wellmark Blue Cross and Blue Shield products or services.

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## Medicare supplement



**BeWell 24/7, a service exclusively for Wellmark Blue Cross Blue Shield members.**  
Real help from real people 24/7.

- **Locate** health care providers and facilities
- **Coordinate** health care appointments and in-home health help
- **Discuss** treatment options and answer health and wellness questions
- **Navigate** to most appropriate level of care based on current symptoms
- **Connect** to Wellmark’s customer service for additional support

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## Prescription drug plans

PENDING CMS APPROVAL	PREMIUM	BEST FOR THOSE WHO:
MedicareBlue <sup>SM</sup> Rx Select	2023: \$17.30 2024: <b>\$20.20</b>	<ul style="list-style-type: none"> <li>• Premium cost-conscious members</li> <li>• Those with few medication needs</li> <li>• Use primarily generic drugs</li> <li>• Primarily get drugs at local preferred pharmacy (no need for broad pharmacy network)</li> </ul>
MedicareBlue <sup>SM</sup> Rx Standard	2023: \$80.70 2024: <b>\$76.40</b>	<ul style="list-style-type: none"> <li>• Mid-level drugs needs</li> <li>• Some minor, but chronic, conditions</li> <li>• Prefers a broader choice of pharmacies</li> <li>• Needs a broad formulary</li> </ul>
MedicareBlue <sup>SM</sup> Rx Premier	2023: \$113.60 2024: <b>\$123.50</b>	<ul style="list-style-type: none"> <li>• High medication needs</li> <li>• Use primarily generic drugs</li> <li>• Major chronic conditions</li> <li>• Needs broad pharmacy network (travels frequently or wants to use local pharmacy)</li> <li>• Mail order is of interest</li> </ul>

----- PENDING CMS APPROVAL -----

Red indicates change from 2023 to 2024

MedicareBlue<sup>SM</sup> Rx Select, MedicareBlue<sup>SM</sup> Rx Standard, MedicareBlue<sup>SM</sup> Rx Premier are service marks of the Blue Cross and Blue Shield Association.

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## MedicareBlue<sup>SM</sup> Rx Select

PENDING CMS APPROVAL	2023		2024	
Deductible	Tier 1 and 2 drugs: \$0 Tier 3, 4 and 5 drugs: \$505		Tier 1 and 2 drugs: \$0 Tier 3, 4 and 5 drugs: <b>\$545</b>	
Pharmacy Network	Preferred	Standard	Preferred	Standard
Tier 1: Pref. Generic	\$0	\$12	<b>\$2</b>	\$12
Tier 2: Non-Pref. Generic	\$2	\$15	<b>\$6</b>	\$15
Tier 3: Pref. Brand	21%	25%	<b>\$42</b>	<b>\$47</b>
Tier 4: Non-Pref. Drug	40%	50%	<b>46%</b>	50%
Tier 5: Specialty	25%		25%	
Initial Coverage Limit (ICL)	\$4,660		<b>\$5,030</b>	
Coverage Gap	Once a member's prescription drug costs reach the ICL, they pay 25%			
True Out-of-Pocket (TrOOP)	\$7,400		<b>\$8,000</b>	
Catastrophic Coverage	Once the member's out-of-pocket costs reach the TrOOP amount, they pay the greater of \$4.15 generic / \$10.35 brand or 5%		<b>Once the member's out-of-pocket costs reach the TrOOP amount, they pay \$0</b>	
Mail Order/ESN	90-day supply: 2X copay		<b>Tier 1 &amp; 2: 2X copay; Tier 3: 3X copay</b>	

Red indicates change from 2023 to 2024

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## MedicareBlue<sup>SM</sup> Rx Standard

PENDING CMS APPROVAL	2023		2024	
Deductible	Tier 1 and 2 drugs: \$0 Tier 3, 4 and 5 drugs: \$505		Tier 1 and 2 drugs: \$0 Tier 3, 4 and 5 drugs: <b>\$545</b>	
Pharmacy Network	Preferred	Standard	Preferred	Standard
Tier 1: Pref. Generic	\$7	\$14	\$7	<b>\$15</b>
Tier 2: Non-Pref. Generic	\$12	\$19	<b>\$13</b>	<b>\$20</b>
Tier 3: Pref. Brand	\$40	\$47	<b>\$43</b>	\$47
Tier 4: Non-Pref. Drug	45%	50%	45%	50%
Tier 5: Specialty	25%		25%	
Initial Coverage Limit	\$4,660		<b>\$5,030</b>	
Coverage Gap	Once a member's prescription drug costs reach the ICL, they pay 25%			
True Out-of-Pocket (TrOOP)	\$7,400		<b>\$8,000</b>	
Catastrophic Coverage	Once the member's out-of-pocket costs reach the TrOOP amount, they pay the greater of \$4.15 generic / \$10.35 brand or 5%		<b>Once the member's out-of-pocket costs reach the TrOOP amount, they pay \$0</b>	
Mail Order/ESN	Tier 1, 2, and 3: 3X copay		Tier 1, 2, and 3: 3X copay	

Red indicates change from 2023 to 2024

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## MedicareBlue<sup>SM</sup> Rx Premier

PENDING CMS APPROVAL	2023		2024	
Deductible	\$0		\$0	
Pharmacy Network	Preferred	Standard	Preferred	Standard
Tier 1: Pref. Generic	\$0	\$15	\$0	\$15
Tier 2: Non-Pref. Generic	\$0	\$20	\$0	\$20
Tier 3: Pref. Brand	20%	25%	20%	25%
Tier 4: Non-Pref. Drug	40%	45%	40%	45%
Tier 5: Specialty	33%		33%	
Initial Coverage Limit	\$4,660		\$5,030	
Coverage Gap	Once a member's prescription drug costs reach the ICL, they pay \$0 for Generic (Tier 1 & 2) and 25% for Brand Name (Tier 3, 4 & 5)			
True Out-of-Pocket (TrOOP)	\$7,400		\$8,000	
Catastrophic Coverage	Once the member's out-of-pocket costs reach the TrOOP amount, they pay the greater of \$4.15 generic / \$10.35 brand or 5%		Once the member's out-of-pocket costs reach the TrOOP amount, they pay \$0	
Mail Order/ESN	90-day supply: 2X copay		90-day supply: 2X copay	

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Red indicates change from 2023 to 2024

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## Mail order Medicare Blue<sup>SM</sup> Rx

Express Scripts<sup>®</sup> Pharmacy<sup>1</sup> and Amazon Pharmacy<sup>2</sup> are in-network pharmacies that offer preferred cost sharing for mail order to Medicare Blue<sup>SM</sup> Rx members.

**Express Scripts<sup>®</sup> Pharmacy:** 1-833-715-0970 or [express-scripts.com/MedicareBlueRx](https://express-scripts.com/MedicareBlueRx)

- Free standard delivery
- Refill reminders through phone or email
- Optional automatic refills for eligible prescriptions
- Save time — no waiting in line at the pharmacy
- Mobile app to manage prescriptions

**Amazon Pharmacy:** 1-855-206-3609 or [amazon.com/pharmacy/MedicareBlueRx](https://amazon.com/pharmacy/MedicareBlueRx)

- Easy to use – it's like shopping on Amazon.com
- Free shipping with most orders
- Peace of mind delivered to their door
- Once an account is set up, doctors can send prescriptions to Amazon Pharmacy
  - E-SCRIBE Amazon Pharmacy home delivery
  - Phone: 855-206-3605, then press 1
  - Fax: 512-884-5981

<sup>1</sup> Express Scripts<sup>®</sup> Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Medicare Blue<sup>SM</sup> Rx. Express Scripts<sup>®</sup> Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

<sup>2</sup> Amazon Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Medicare Blue<sup>SM</sup> Rx.

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## 2024 Wellmark Advantage Health plans

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

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## 2024 Service area expansion

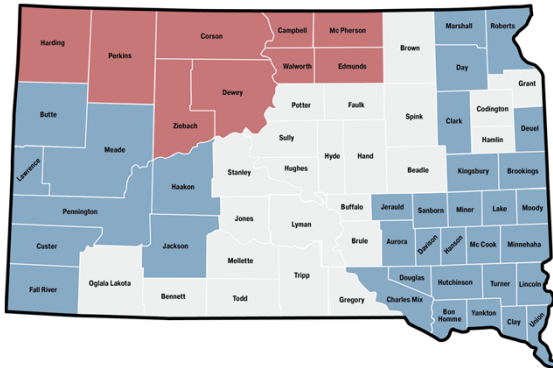
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## South Dakota WAHP PPO

- Blue Medicare Advantage PPO (\$19)
- Blue Medicare Advantage Enhanced PPO (\$69)
- Blue Medicare Advantage Valor PPO (MA-Only)

**81%** of Medicare beneficiaries in South Dakota have access to a Wellmark Advantage Health Plan



### 2023 Service Area

- Includes 34 counties in South Dakota

### 2024 Expanded Service Area

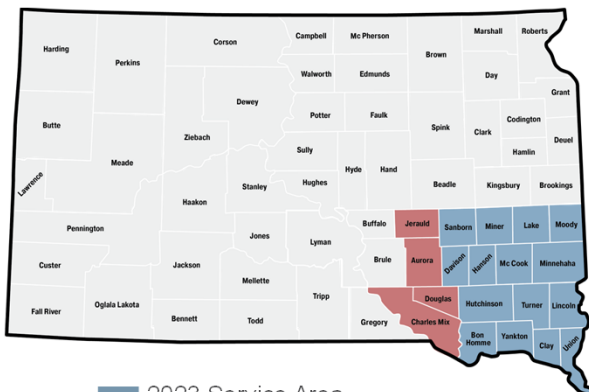
- Includes 43 counties in South Dakota

**PPO is NOT available in 23 counties**

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## Blue Medicare Advantage PPO | Avera



- 2023 Service Area
- 2024 Expanded Service Area

### 2023 Avera Service Area

- Includes 15 counties in South Dakota

### 2024 Expanded Service Area

- Includes 19 counties in South Dakota
- Expands into 6 counties in Iowa
- Total of 25 counties across IA/SD



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## 2024 SD Blue Medicare Advantage plan benefits

BENEFIT CATEGORIES	BLUE MEDICARE ADVANTAGE <sup>SM</sup> VALOR PPO Combined In- and Out-of-network	BLUE MEDICARE ADVANTAGE PPO   AVERA Avera Network / PPO In-network / Out-of-network	BLUE MEDICARE ADVANTAGE PPO <sup>SM</sup> Combined In- and Out-of-network	MEDICARE ADVANTAGE ENHANCED PPO <sup>SM</sup> Combined In- and Out-of-network
<b>Premium</b>	\$0	\$0	\$19	\$64
<b>Maximum Out-of-Pocket (MOOP)</b>	\$5,000	\$3,855 IN / \$7,500 OON	\$4,200	\$3,800
<b>Office visit: primary care</b>	\$0	\$0 / \$15 / \$30	\$0	\$0
<b>Office visit: specialists</b>	\$40	\$20 / \$40 / \$60	\$40	\$30
<b>PT / OT / ST</b>	\$40	\$10 / \$40 / \$60	\$40	\$15
<b>Inpatient acute hospital care</b>	\$380 Days 1-5	\$375 / \$750 / \$1,500 per stay	\$365 Days 1-5	\$350 per stay
<b>Diagnostic tests and procedures:</b>				
• X-rays	\$20	\$10 / \$20 / \$30	\$20	\$10
• Diagnostic Radiological (e.g., MRI)	\$150	\$90 / \$180 / \$270	\$100	\$75
• Lab	\$5	\$0 / \$15 / \$30	\$5	\$0
• Blood	\$0	\$0	\$0	\$0
• Other Diagnostic Tests	\$40 - \$325	\$20-\$75 / \$40-\$150 / \$60-\$200	\$40 - \$100	\$30 - \$75
<b>Outpatient hospital:</b>				
• Knee & Hip	\$0 (ASC only)	\$0 / \$300 / \$450	\$0 (ASC only)	\$100 (ASC only)
• Non-Surgical	\$40	\$15 / \$30 / \$45	\$40	\$30
• Ambulatory	\$200	\$150 / \$300 / \$450	\$200	\$175
• Surgical	\$350	\$200 / \$400 / \$600	\$350	\$200
<b>Chiropractic services:</b>				
• X-rays	\$0 one set of x-rays/yr.	\$0 one set of x-rays/yr.	\$0 one set of x-rays/yr.	\$0 one set of x-rays/yr.
• Medicare-covered visit	\$20	\$20	\$20	\$20
• Routine (14 visit limit)	\$30	\$30	\$30	\$25
<b>Diabetic Supplies</b>				
• Test strips & lancets	0%	0% / 20% / 40%	20%	20%
• Other diabetic supplies	0%	0% / 30% / 40%	20%	20%
• Diabetic shoes & inserts	20%	20% / 30% / 40%	20%	20%
<b>Ambulance</b>	\$325	\$275	\$325	\$250
<b>Urgent care</b>	\$60	\$50	\$45	\$35
<b>Emergency Room</b>	\$120	\$100	\$120	\$120
<b>Worldwide Emergency Care</b>	\$120 copay for Worldwide emergency coverage urgent coverage, and emergency transportation			

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Blue Medicare Advantage PPO<sup>SM</sup>, Medicare Advantage Enhanced PPO<sup>SM</sup>, Blue Medicare Advantage<sup>SM</sup> Valor PPO are service marks of the Blue Cross and Blue Shield Association.

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## 2024 South Dakota supplemental benefits

IN-NETWORK BENEFITS	BLUE MEDICARE ADVANTAGE <sup>SM</sup> VALOR PPO	BLUE MEDICARE ADVANTAGE PPO   AVERA	BLUE MEDICARE ADVANTAGE PPO <sup>SM</sup>	MEDICARE ADVANTAGE ENHANCED PPO <sup>SM</sup>
<b>Fitness</b>	✓	✓	✓	✓
<b>Member Rewards Program</b>	✓	✓	✓	✓
<b>Virtual Visits</b>				
• Doctor on Demand	\$0	\$0	\$0	\$0
• PCP Telehealth	\$0	\$0	\$0	\$0
• Specialist Telehealth	\$40	\$20	\$0	\$30
<b>Dental</b>				
• Preventive Exam	\$25	\$15	\$15	\$0
• Annual Allowance	\$500	\$1,250	\$1,000	\$2,000
• Restorative Services	50%	25%	50%	25%
• Other Services	50%	50%	50%	50%
<b>Vision</b>				
• Preventive Exam	\$0	\$0	\$0	\$0
• Glasses Lens Coverage*	Covered in Full*	Covered in Full*	Covered in Full*	Covered in Full*
• Annual Eyewear/Contact Lens Allowance	\$150	\$150	\$175	\$250
<b>Hearing</b>				
• Preventive Exam	\$0	\$0	\$0	\$0
• Annual Hearing Aid Allowance	\$1,000 per ear per year	\$1,000 per ear per year	\$1,000 per ear per year	\$1,250 per ear per year
<b>Over-the-counter (OTC) Items</b>	\$50 per quarter	\$50 per quarter	\$85 per quarter	\$100 per quarter
<b>Meals (following an inpatient or SNF discharge)</b>	2 per day for 14 days	2 per day for 14 days	2 per day for 14 days	2 per day for 14 days
<b>Personal Emergency Response Service</b>	✓	✓	x	✓

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\* Lenses covered in full: single vision, lined bifocals, lined trifocals, lenticular lenses, and upgrades for standard progressives.

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## 2024 South Dakota pharmacy benefits

30-Day Supply

COST SHARES	DEDUCTIBLE	BLUE MEDICARE ADVANTAGE PPO <sup>SM</sup>   AVERA Preferred / Standard / Mail	BLUE MEDICARE ADVANTAGE PPO <sup>SM</sup> Preferred / Standard / Mail	MEDICARE ADVANTAGE ENHANCED PPO <sup>SM</sup> Preferred / Standard / Mail
Tier 1: Preferred Generic	\$0	\$0 / \$12 / \$0	\$0 / \$12 / \$0	\$0 / \$6 / \$0
Tier 2: Generic		\$7 / \$15 / \$7	\$10 / \$18 / \$10	\$10 / \$14 / \$10
Tier 3: Preferred Brand		\$47 / \$47 / \$47	\$47 / \$47 / \$47	\$47 / \$47 / \$47
Tier 4: Non-Preferred Brand		\$100 / \$100 / \$100	\$100 / \$100 / \$100	\$100 / \$100 / \$100
Tier 5: Specialty		33% / 33% / 33%	33% / 33% / 33%	33% / 33% / 33%
Initial Coverage Limit (ICL) Amount — \$5,030		Once your prescription drug costs reach the ICL, you pay 25%		
Catastrophic Coverage (TrOOP — \$8,000)		Once your out-of-pocket costs reach the TrOOP amount, you pay \$0		

100-Day Supply

COST SHARES	DEDUCTIBLE	BLUE MEDICARE ADVANTAGE PPO <sup>SM</sup>   AVERA Preferred / Standard / Mail 30-day cost times: 2.75 / 3 / 2.5	BLUE MEDICARE ADVANTAGE PPO <sup>SM</sup> Preferred / Standard / Mail 30-day cost times: 2.75 / 3 / 2.5	MEDICARE ADVANTAGE ENHANCED PPO <sup>SM</sup> Preferred / Standard / Mail 30-day cost times: 2.75 / 3 / 2.5
Tier 1: Preferred Generic	\$0	\$0 / \$36 / \$0	\$0 / \$36 / \$0	\$0 / \$18 / \$0
Tier 2: Generic		\$19 / \$45 / \$0	\$28 / \$54 / \$0	\$28 / \$42 / \$0
Tier 3: Preferred Brand		\$129 / \$141 / \$118	\$129 / \$141 / \$118	\$129 / \$141 / \$118
Tier 4: Non-Preferred Brand		\$275 / \$300 / \$250	\$275 / \$300 / \$250	\$275 / \$300 / \$250
Tier 5: Specialty		N/A	N/A	N/A
Initial Coverage Limit (ICL) Amount — \$5,030		Once your prescription drug costs reach the ICL, you pay 25%		
Catastrophic Coverage (TrOOP — \$8,000)		Once your out-of-pocket costs reach the TrOOP amount, you pay \$0		

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## Mail order through CVS Caremark<sup>®</sup>

Medicare Advantage health plans includes coverage for thousands of prescription drugs. Preferred pharmacies include Costco, CVS, Hy-Vee, Lewis Drug, Safeway, Walmart and many others.

Members can also save time and money by using **CVS Caremark<sup>®</sup>** Home Delivery as follows:

- Visit **Caremark.com** to create an account
- Select **“Start Prescription Delivery by Mail”**
- Search for the medication, select **“Request a New Prescription”** and then **“Checkout”**
- Optional feature available to select **“Enroll in Automatic Refill and Renewal”**
- Complete the checkout process by clicking on **“Submit Refills”**



**Caremark Customer Service** can help a member sign up for home delivery or answer questions about their prescription drug coverage:

- PPO **1-888-832-6168** (TTY **711**)
- HMO **1-800-323-3098** (TTY **711**)













CVS Caremark<sup>®</sup> is an independent company providing mail order and specialty drug dispensing in support of Wellmark Advantage Health Plan.

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# Medicare Advantage

## Supplemental benefits

 	 	 	 	 	 
<ul style="list-style-type: none"> <li>• VSP® Vision</li> <li>• Delta Dental®</li> <li>• Meals Program</li> </ul>	<ul style="list-style-type: none"> <li>• Part D Prescription Drug</li> <li>• NationsOTC® Items</li> <li>• Silver Sneakers®</li> </ul>	<ul style="list-style-type: none"> <li>• NationsHearing®</li> <li>• NationsResponse®</li> </ul>			

VSP® is a registered mark of Vision Service Plan, an independent company that provides vision administrative services on behalf of Wellmark Advantage Health Plan, Inc.  
 NationsHearing® is a registered mark of NationsBenefit, LLC, an independent company that provides hearing administrative services on behalf of Wellmark Advantage Health Plan, Inc.  
 NationsOTC® is a registered mark of NationsBenefits, LLC, an independent company that provides over-the-counter benefits administration on behalf of Wellmark Advantage Health Plan, Inc.  
 NationsResponse® is an independent company providing response alert solutions on behalf of Wellmark Advantage Health Plan, Inc.  
 SilverSneakers® is a registered mark of Tivity Health, Inc., an independent company that provides health and fitness programming on behalf Wellmark Advantage Health Plan, Inc.

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# Dental benefits

## Dental is a critical driver of plan selection and member satisfaction

- **Reduced coinsurance** for comprehensive **restorative services** (fillings) on **Avera** and **Enhanced** plans
- **Lowered preventive exam copay** on the Avera and \$19 PPO plans
- **Increased comprehensive allowance** on Avera, \$19 PPO and Enhanced plans



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## Vision benefits

### Full-service plan offers additional value

- **Free basic lenses** in addition to current **\$0 preventive exams** and eyewear allowance
- **Increased annual allowance** for eyeglasses or contact lenses on \$19 PPO and Enhanced plans
- Added **additional retailers**:
  - Wal-Mart
  - Sam's Club
  - Costco
  - Visionworks



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VSP® is a registered mark of Vision Service Plan, an independent company that provides vision administrative services on behalf of Wellmark Advantage Health plan, Inc

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## Livongo

### Diabetes management program through Livongo

Wellmark Advantage Health Plans include Livongo, a diabetes management program offered at **no cost to members with diabetes**.

Register with Livongo to claim benefits that include:

- **Unlimited** strips and lancets
- Strips and lancets are **sent directly to beneficiary**
- **Smart blood glucose meter**
- **24/7** support



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# Livongo

## Diabetes management program through Livongo

Beneficiaries can register for the Livongo program to get their free meter and test strips by phone, mail, or online.

- Call **1-855-578-2650** TTY:711 24 hours a day, 7 days a week
- Mail in the **registration form** (prepaid envelope included)
- Visit **Explore.Livongo.com/WELLMARK**

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## Over-the-counter (OTC) benefits

### Increased allowances to spend on health and wellness items

Members have access to a variety of brand-name and generic health and wellness products with the OTC benefit through NationsOTC.



Plan	2023 Allowance	2024 Allowance
Blue Medicare Advantage PPO   Avera	\$50 per quarter	
Blue Medicare Advantage PPO	\$50 per quarter	\$85 per quarter
Blue Medicare Advantage Enhanced PPO	\$75 per quarter	\$100 per quarter
Blue Medicare Advantage <sup>SM</sup> Valor PPO	\$50 per quarter	

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## Claims scenarios

Claim scenarios are for illustrative purposes only.  
Providers may render additional services and charge additional fees based on patient needs.

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Scenario #1

**Member has an outpatient hospital surgery for a total shoulder replacement**

Services are:

- Medicare-covered outpatient hospital surgery
- Rendered at an in-network facility
- Processed under Blue Medicare Advantage Enhanced PPO

CPT	Description	Plan Approved	Plan's Share	Member's Share
23472	Arthroplasty - Total Shoulder	\$13,000	\$12,800	\$200
01638	Anesthesia for Shoulder	\$200	\$200	\$0
64415	Anesthetic Agent Injection	\$70	\$70	\$0
23472	Arthroplasty Glenohumeral Joint	\$200	\$200	\$0
<b>Totals:</b>			<b>\$13,270</b>	<b>\$200</b>

For illustrative Purposes Only

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Scenario #2

**Colonoscopies**

**Important to know:**

- Benefits are payable based on how the provider files the claim.
- Example 3 services are handled differently under Medicare guidelines vs. commercial business.
- For Medicare, the modifier PT is appended for all payors when a screening becomes diagnostic. In this case, deductible is waived but copay or coinsurance applies.
- Wellmark Advantage Health Plans do not have a deductible, so the applicable copay applies.

Services are:

- Medicare-covered in-network outpatient surgical center
- Processed under Blue Medicare Advantage Enhanced PPO

**Example 1:** Preventive colonoscopy

CPT	Description	Plan Approved	Plan's Share	Member's Share
45378	Preventive Colonoscopy	\$1,700	\$1,700	\$0
G0500	Moderate Sedation Anesthesia	\$200	\$200	\$0
<b>Totals:</b>			<b>\$1,900</b>	<b>\$0</b>

**Example 2:** Screening after a positive non-invasive stool-based screening test (i.e., Cologuard)


CPT	Description	Plan Approved	Plan's Share	Member's Share
81528	Stool DNA-Based Colorectal Screening	\$400	\$400	\$0
45378	Preventive Colonoscopy	\$1,700	\$1,700	\$0
G0500	Moderate Sedation Anesthesia	\$200	\$200	\$0
<b>Totals:</b>			<b>\$2,300</b>	<b>\$0</b>

**Example 3:** Preventive colonoscopy with polyp removal

CPT	Description	Plan Approved	Plan's Share	Member's Share
45387-PT	Colonoscopy with polyp removal	\$2,000	\$1,800	\$200
G0500	Moderate Sedation Anesthesia	\$200	\$200	\$0
<b>Totals:</b>			<b>\$2,000</b>	<b>\$200</b>

For illustrative Purposes Only

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**Scenario #3**

**Member needs eyeglasses following cataract surgery**

**Important to know:**

- Benefits do not carry over
- One pair of eyeglasses or contact lenses are covered after each cataract surgery.
- Member cannot reserve this benefit to obtain multiple pairs of eyeglasses or contact lenses at once.
- Coverage is for Medicare-covered services only, buy-ups are member liability

### Eyeglasses After Cataract Surgery – Covered under Medicare Part B benefits

Services rendered by an in-network Medicare approved provider submitted on a 1500 claim form with Medicare approved CPT codes.

**Eyeglasses after cataract surgery in right eye**

DOS	CPT	Description	Plan Approved	Plan's Share	Member's Share
2/1/24	V2303-RT	Spherocylinder, trifocal, plano lens	\$85	\$85	\$0
<b>Totals:</b>				<b>\$85</b>	<b>\$0</b>

**Eyeglasses after cataract surgery in left eye**

DOS	CPT	Description	Plan Approved	Plan's Share	Member's Share
3/1/24	V2303-LT	Spherocylinder, trifocal, plano lens	\$85	\$85	\$0
<b>Totals:</b>				<b>\$85</b>	<b>\$0</b>

### Supplemental Vision Benefit – VSP In-network Provider

Services for a routine vision exam and eyeglasses following cataract surgeries.

Description	Plan Approved	Plan's Share	Member's Share
Routine Eye Exam	\$150	\$150	\$0
Standard tri-focal lens	\$75	\$75	\$0
Standard Frame	\$150	\$150	\$0
<b>Totals:</b>		<b>\$375</b>	<b>\$0</b>

**For illustrative Purposes Only**


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# Medicare Advantage support

### Resolving Issues or Making Inquiries

If you need to resolve an issue or ask a question please use the steps below.

Step	Action
1	Reference <b>Wellmark Advantage Frequently Asked Questions (FAQs)</b> as follows: Navigate: > <b>Producer Connection</b> > Medicare Advantage > Tools and Resources > Agent Training > <b>Frequently Asked Questions (FAQs)</b>
2	If you need answers to Medicare Advantage questions not answered by the FAQs, please contact your General Agency (GA).
3	If you need general Medicare Advantage information and there is no GA available or additional assistance is needed, contact the <b>Agent Services Line: 855-716-557</b> . <b>NOTE:</b> Always request a call reference number if one is not offered. Agent Services is available during the pre-sale if your client has a benefit question not answered by the <b>Evidence of Coverage (EOC)</b> . <b>Example:</b> The EOC indicates eyeglasses following cataract surgery is a covered benefit. It is allowed to obtain another pair of eyeglasses later in the same year once the beneficiaries eyes have healed and the prescription changes?
4	If you require client-specific Medicare Advantage information, contact <b>Client Services</b> , as follows: • <b>HMO plans:</b> 855-716-2555 • <b>PPO plans:</b> 855-716-2544
5	If after completing the steps above your issue is still unresolved, contact a Wellmark Sales Representative.




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 Wellmark is a registered mark of Wellmark, Inc.

### Contact Information

HANG ME ON THE FRIDGE OR ANOTHER CONVENIENT LOCATION.

<b>Customer Service</b>	PPO: 1-855-716-2544 HMO: 1-855-716-2555 TTY: 711 9 a.m. to 6 p.m., Monday through Friday, with weekend hours Oct. 1 through March 31. <b>Secure member portal:</b> <a href="https://www.bluecross.com/wellmark/member">https://www.bluecross.com/wellmark/member</a>
<b>Pharmacy Services through Caremark</b>	PPO: 1-888-832-4168 HMO: 1-800-322-3096 TTY: 711 <a href="https://www.caremark.com">Caremark.com</a>
<b>Telehealth – Wellmark Advantage Health Plan Virtual Visits (online doctor visit)</b>	1-800-997-4196 (TTY: 711) <a href="https://doctorondemand.com/wellmarkma">DoctorOnDemand.com/wellmarkma</a>
<b>Emotional and Mental Wellness – Wellmark Advantage Health Plan Virtual Visits</b>	1-800-997-4196 (TTY: 711) <a href="https://doctorondemand.com/wellmarkma">DoctorOnDemand.com/wellmarkma</a>
<b>Live Healthy Blue</b>	1-816-798-8449 (TTY: 711) <a href="https://wellmarklivehealthy.com">wellmarklivehealthy.com</a>
<b>24-hour Nurse Advice Line</b>	1-833-969-1747 (TTY: 711)
<b>Dental Benefit – Delta Dental of Iowa</b>	1-833-721-2892 (TTY: 711) <a href="https://www.dental.com">dental.com</a>
<b>Vision Benefit – VSP</b>	1-855-492-9028 (TTY: 1-800-428-4833) <a href="https://www.vsp.com">VSP.com</a>
<b>Hearing Benefit – NationsHearing</b>	1-877-271-5467 Line #1 (TTY: 711) <a href="https://nationshearing.com/wellmarkma">nationshearing.com/wellmarkma</a>
<b>Over-the-Counter Benefits – NationsOTC</b>	1-877-271-5467 Line #2 (TTY: 711) <a href="https://nationsotc.com/wellmarkma">nationsotc.com/wellmarkma</a>
<b>Personal Emergency Response System™ – NationsResponse</b>	1-877-271-5467 Line #3 (TTY: 711) <a href="https://nationsresponse.com/wellmarkma">nationsresponse.com/wellmarkma</a>
<b>Fitness – SilverSneakers® by Tivity Health</b>	1-888-328-2445 (TTY: 711) <a href="https://www.silversneakers.com">SilverSneakers.com</a>
<b>Find a doctor or pharmacy</b>	<a href="https://www.wellmark.com/finder/medicare">Wellmark.com/finder/medicare</a>

\*Only available with Enhanced and Vaker PPO plans.



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Source: Blue Medicare Advantage Agent Training (wellmark.com)

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# Wellmark Medicare Advantage Health plans

## Durable medical equipment

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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.

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## Durable medical equipment (DME)

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

Source: <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



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

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## Immunizations and covid vaccines

PHE ended May 11, 2023

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## COVID-19 coverage

	Medicare Supplement	Wellmark Advantage Health Plan	Not Covered
COVID vaccines covered with \$0 cost share.	✓	✓	
Over-the-counter (OTC) COVID tests.			✓
COVID-19 tests with \$0 cost share when ordered by a health care provider –AND– done by a laboratory.	✓	✓	
Oral antiviral treatments covered for high-risk, cost share applies.	✓	✓	

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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.

Other Covered Medicare Part B drugs include:

- 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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## Wellmark Medicare Advantage Health plans

Star performance ratings

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## Star ratings

- Feedback from members about the plan's service and care.
- The number of members who left or stayed with the plan.
- The number of complaints Medicare got about the plan.

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

Source: medicare.gov/plan-compare

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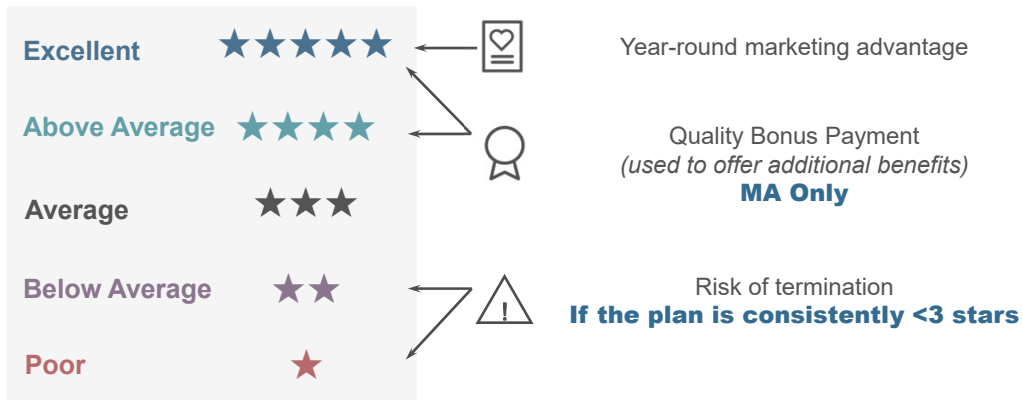
## What makes up a CMS star rating?

Domain	Description	Category
Staying healthy with screening tests and vaccines	Whether members got various screening tests, vaccines and other checkups to help them stay healthy.	HEDIS
Managing chronic (long-term) conditions	How often members with certain conditions got recommended tests and treatments to help manage their conditions.	HEDIS/HOS
Member experience with the health plan/drug plan	Member ratings of the plan.	CAHPS
Member complaints and changes in the health plan/drug plan performance	How often members had problems with the plan. Includes how much the plan's performance improved (if at all) over time.	OPS
Health plan/drug plan customer service	How well the plan handles member calls and questions.	OPS
Drug safety and accuracy of drug pricing	How accurate the plan's pricing information is and how often members with certain medical conditions are prescribed drugs in a way that is safer and clinically recommended for their condition.	Rx

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## Star ratings program financial impact



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## Medicare plan finder — star ratings

CMS posts Star Ratings on the Medicare Plan Finder (MPF) to assist beneficiaries in finding the best plan for them.

**Blue Medicare Advantage PPO (PPO)**  
Wellmark Advantage Health Plan | Plan ID: H5900-001-0  
**Star rating:** Plan too new to be measured

**MONTHLY PREMIUM**  
 \$0.00 Includes: Health & drug coverage  
 Doesn't include: \$170.10 Standard Part B premium

**YEARLY DRUG & PREMIUM COST**  
 \$0.00  
 Only includes premiums for the months left in this year when you don't enter any drugs

**PLAN BENEFITS**

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✗ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

See more benefits ▾

**HealthPartners UnityPoint Health Align (PPO)**  
HealthPartners UnityPoint Health | Plan ID: H3416-001-6  
**Star rating:** ⭐ This plan got Medicare's highest rating (5 stars)

**MONTHLY PREMIUM**  
 \$0.00 Includes: Health & drug coverage  
 Doesn't include: \$170.10 Standard Part B premium

**YEARLY DRUG & PREMIUM COST**  
 \$0.00  
 Only includes premiums for the months left in this year when you don't enter any drugs

**PLAN BENEFITS**

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✗ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

See more benefits ▾

**MediGold Prime Choice (PPO)**  
MediGold | Plan ID: H3866-007-0  
**Star rating:** ⭐⭐⭐⭐

**MONTHLY PREMIUM**  
 \$0.00 Includes: Health & drug coverage  
 Doesn't include: \$170.10 Standard Part B premium

**YEARLY DRUG & PREMIUM COST**  
 \$0.00  
 Only includes premiums for the months left in this year when you don't enter any drugs

**PLAN BENEFITS**

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✗ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

See more benefits ▾

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# Ways to support Stars performance

**Product Design**      **Provider Influence**      **Member Influence**      **Agent Communication/Influence**

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# Network

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## MA network vs. commercial network differences

The Medicare Advantage network may differ from the commercial network for the following reasons:

### 1. Provider type/credentialing

- Providers must have a PTAN/Medicare Number to contract as a Medicare Advantage Network Provider.
- Not all commercial specialties are a specialty that would be reimbursed by Medicare and may not have a Medicare rate for us to reimburse on.

### 2. High-cost specialties

- Wellmark Advantage Health Plan avoids or limits contracting with provider types that are high-cost and are not required for network adequacy (i.e. Long-Term Acute Care Hospital (LTACH) and Rehab Hospitals)

### 3. Quality concerns

- Wellmark Advantage Health Plan avoids or limits contracting providers with a history of member complaints or that have low CMS quality scores (i.e. Skilled Nursing Facilities (SNF) with 2 or less stars).

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## Network development recruitment strategy

**Network Development:** Prioritization of building out the provider network.

Tier	Description	Recruitment Approach	Goal
1A	Providers critical to baseline adequacy requirements in current MA service area	Active	Adequacy / Compliance
1B	Providers critical to baseline adequacy in proposed service area expansion	Active	Adequacy / Compliance
2	All critical access hospitals (CAHs) and rural health clinics (RHCs) in IA and SD	Active	Network robustness
3A	Providers capable of adding network depth in current service area. Providers are requesting to join.	Passive	Network robustness
3B	Providers in current service area specifically requested by members, Member Services, or Product	Active	Member satisfaction
4	Providers outside of current service area or service area expansion	Passive	Network robustness

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## National PPO networks

### Commercial Markets BlueCard PPO®

- Every **Blue Plan contracts** with their own state's providers and facilities.
- Goal is to provide customers with a high quality, **broad network**
- Providers **accept** the plan's reimbursement rate (no balance billing)
- Blue members nationwide have access to in-network benefits through **BlueCard PPO®**
- <https://www.wellmark.com/finder> helps members locate a BlueCard PPO® network provider when traveling

### MA Market

### Blue Medicare Advantage PPO<sup>SM</sup>

- Every **Blue Plan contracts** with their own state's providers and facilities.
- Goal is to contract with **select providers** focused on care management and health outcomes.
- Providers **accept** the plan's reimbursement rate (Medicare 15% excess does not apply).
- Blue members nationwide have access to in-network benefits through **Blue Medicare Advantage PPO<sup>SM</sup>**.
- <https://www.wellmark.com/medicare/advantage/resources> helps members locate a Blue Medicare Advantage PPO network provider when traveling.

BlueCard PPO® are registered marks and Blue Medicare Advantage PPO<sup>SM</sup> are service marks of the Blue Cross and Blue Shield Association.

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## Travel examples

When Blue Medicare Advantage PPO<sup>SM</sup> is available

Blue Medicare Advantage PPO Network	Participating with Medicare	Benefit Outcome
Yes	Yes	Services will be subject to in-network level of benefits.
No	Yes	Services will be subject to out-of-network level of benefits (no limiting charge or 15% excess applied)
No	No	Services will be subject to out-of-network level of benefits based on the limiting charge (15% excess for non-assignment)  (i.e., Non-participating providers are reimbursed 95% of the Medicare participating provider rate. Non-participating providers can charge an additional 15%. This total is used when applying out-of-network benefits.)

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## Trial right

Need to switch your plan?

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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 Medicare Supplement option and purchase Part D & other Specialty Benefits.
- Health questions not required.

Member enrolled in **Medicare Supplement** and **moved to MA** during **AEP or OEP**:

- **During their first 12 months**, MA members may choose to return to their original Medicare Supplement carrier or previous Medicare Supplement plan (if still available).
- Health questions not required.

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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, 2023, 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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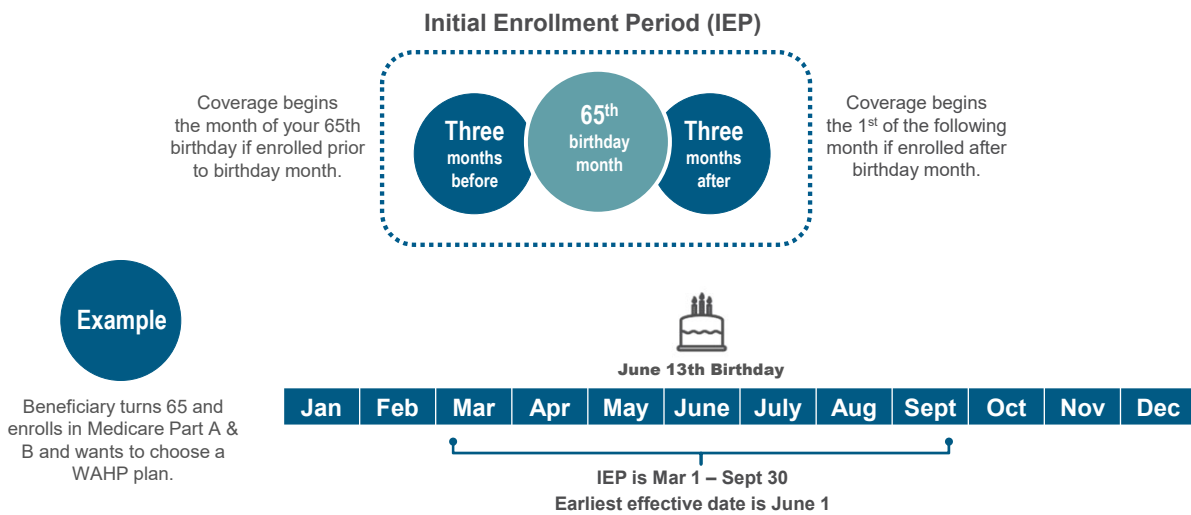
## Wellmark-to-Wellmark trial right scenarios

Scenario	Medicare Advantage Policy Effective Date	Date Policy Change is Submitted	Desired Medicare Supplement Effective Date	Months Between Effective Dates	Valid to Switch to Medicare Supplement	Reason
1	12/1/2022	11/1/2024	1/1/2025	25	No	Effective Date out of 24-month window
2	7/1/2022	10/1/2023	1/1/2024	18	No	Not during AEP
3	10/1/2022	11/1/2023	1/1/2024	15	Yes	Effective Date within 24 months and during AEP
4	1/1/2022	9/1/2023	10/1/2023	21	No	Not during AEP
5	1/1/2022	10/15/2023	1/1/2024	24	Yes	Effective Date within 24 months and during AEP

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## Medicare Part C and Part D – IEP



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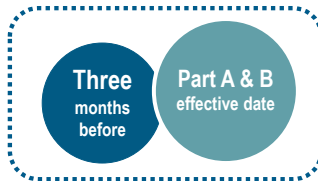
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# Medicare Part C – ICEP

## Initial Coverage Enrollment Period (ICEP)

ICEP begins three months before you are enrolled in both Parts A and B.



ICEP ends the last day of the month before you are enrolled in both Parts A and B.

### Example

Beneficiary has had Medicare Part A for 2 years but waived Part B due to participation in a Christian Ministries program. At age 67, the beneficiary enrolls in Medicare Part B and wants a WAHP plan..



[ICEP-and-IEP-Calculation-Tool.xls \(live.com\)](#)

Medicare.gov

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# Medicare Advantage ICEP and IEP Calculation Tool

[Located on CMS.gov](#)

Excel ICEP-and-IEP-Calculation-Tool - View-only

**Medicare Advantage ICEP and Part D IEP Calculation Tool**

**For ICEP:** Enter the beneficiary's Part A and Part B entitlement start dates in the shaded boxes below (MM/YYYY format). The estimated ICEP Start and End dates will be displayed.

**For Part D IEP:** Enter the beneficiary's Part D eligibility start date in the shaded box below to display the Part D IEP.

**NOTE:** This tool is a guide and cannot be used in place of CMS guidance or regulations.

Part A			Part D	
Part B				

**Initial Coverage Election Period (ICEP) and Part D Initial Enrollment Period (IEP) Calculation Tool**

The ICEP is a Medicare Advantage enrollment period as defined in Chapter 2 of the Medicare Managed Care Manual. The IEP is a drug benefit enrollment period as defined in Chapter 3 of the Medicare Prescription Drug Benefit Manual. The tool provided here will apply the general rules as described in detail in that guidance to assist MA organizations with determining the start and end date of a beneficiary's ICEP and drug benefit organizations with determining the start and end date of a beneficiary's IEP. This tool is designed to be helpful in determining the ICEP and IEP periods, however the final determination of the duration or applicability of the ICEP and IEP remain the responsibility of the Organization.

**Instructions:**  
 Open the "ICEP and IEP Calculator" Tab.  
 Navigate to the open field next to the label "Part A".  
 Enter the Month and Year the beneficiary's Part A began (MM/YYYY).  
 Navigate to the open field next to the label "Part B".  
 Enter the Month and Year the beneficiary's Part B began (MM/YYYY).  
 Press the "TAB" key.  
 The ICEP will appear on the screen below these fields.

Navigate to the open field next to the label "Part D".  
 Enter the Month and Year the beneficiary's Part D began (MM/YYYY).  
 Press the "TAB" key.  
 The Part D IEP will appear on the screen below these fields.  
 You must confirm these results by applying the appropriate CMS guidance as described above.

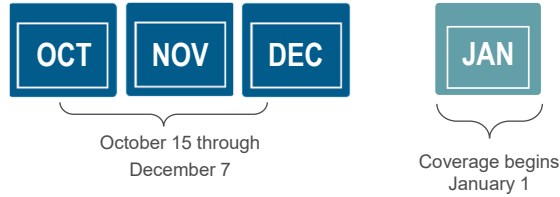
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## Medicare Part C and Part D – AEP

### Annual Enrollment Period (AEP)



#### Example

Beneficiary turned 65 in Feb. and chose a competitor MA plan but wants a WAHP plan.



Plan elected Feb 1



AEP is Oct 15 – Dec 7  
Plan change effective Jan 1

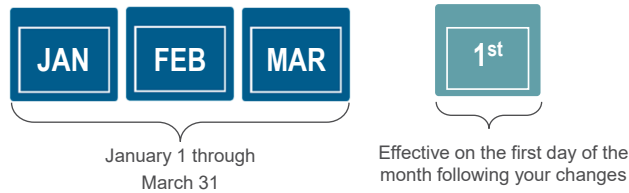
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## Medicare Part C – OEP

### Open Enrollment Period (OEP)



#### Example

Beneficiary turned 65 in Nov. and chose a competitor MA plan but after the AEP ended, decided they want a WAHP plan.



Part C effective Nov 1



OEP is Jan 1 – Mar 31  
Plan change effective 1<sup>st</sup> of the month following

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Betty is turning 65 this year and is wondering when to enroll in Original Medicare.

Betty is still covered under her spouse's employer sponsored health plan.

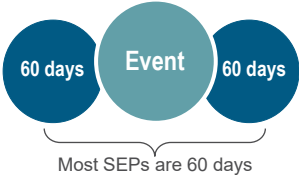
- Will Betty most likely enroll for Medicare Part A & B during the initial enrollment period, or will she enroll in Part A only?
- If Betty later wants to enroll in a Medicare Advantage plan, when would Betty be eligible?



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## Medicare Part C and Part D – SEP

### Special Enrollment Period (SEP)



60 days    Event    60 days

Most SEPs are 60 days




1<sup>st</sup>

Effective on the first day of the month following your changes

Example

Beneficiary has had Medicare Part A for 2 years but maintained employer coverage. Upon retirement, they are enrolling in Part B and a WAHP plan.



Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
-----	-----	-----	-----	-----	------	------	-----	------	-----	-----	-----

Retired Mar 1

SEP is Jan 1 – Apr 30

Earliest effective date is Mar 1

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# Medicare conversion

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Individual and group members aging into Medicare

**Support your clients by providing a simple transition**

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## Employer group retiree program

Our Employer Group Retiree Program, known as an EGRP is a type of health plan offered to employers for their retiree population.

Currently we offer Program F, G, N and High Deductible Program F in our EGRP portfolio.

Similar **benefits** to individual Medicare supplement plans, making group transition easier

No **MACRA** impact, allowing Wellmark to offer a Plan F look-a-like program

Additional **coverage** is available to cover prescription drug coverage and specialty benefits

**National** plan allows retirees to live anywhere and have EGRP coverage

**Group size** matters in terms of who can be offered these plans — active versus retirees

**One** plan & rate for all retirees, not based on age, can be billed to either the group or member

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## Conversion to Medicare

We have tools and resources available to help you as you consult with your clients around their conversion opportunities.



### Discovering Medicare Solutions

Use this pamphlet to guide your discussions with employers on finding a retirement solution that meets their retirees' needs.  
(M-2321506)



### Start the Conversation

Use this flyer to discuss options with early retirees to help them map their path from under 65 to Medicare.  
(M-8820687)



### Medicare Costs: Let's Do the Math

Popularly used flyer recreated to assist with comparing costs of Medicare Supplements and Medicare Advantages plans so your clients can pick a plan that fits their budget.  
(N-2319173)

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## Medicare Advantage & Part D certification

Anyone servicing, marketing or selling Medicare Advantage and/or Part D must be certified through either:

- Pinpoint
- America's Health Insurance Plans (AHIP)
- National Association of Benefits and Insurance Professionals (NABIP)



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## Pinpoint

### Blue Cross Blue Shield Medicare Advantage and/or PDP certification

- Medicare Basics
- Product Training
  - MedicareBlue<sup>SM</sup> Rx
- Sign Fraud Waste and Abuse Attestation
- Cost: \$99.95
- CECs: 8 (extra fee of \$40)

Pinpoint Global Communications is an independent company providing a platform for agents to obtain initial training and annual retraining required to market individual and employer group Medicare Advantage plans to Medicare beneficiaries on behalf of Wellmark Advantage Health Plan, Inc.

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## AHIP & NABIP certification

- Contains Medicare Basics course
- Good for agents with multiple carriers
- Upload AHIP or NABIP certificate to Pinpoint

### Must complete:

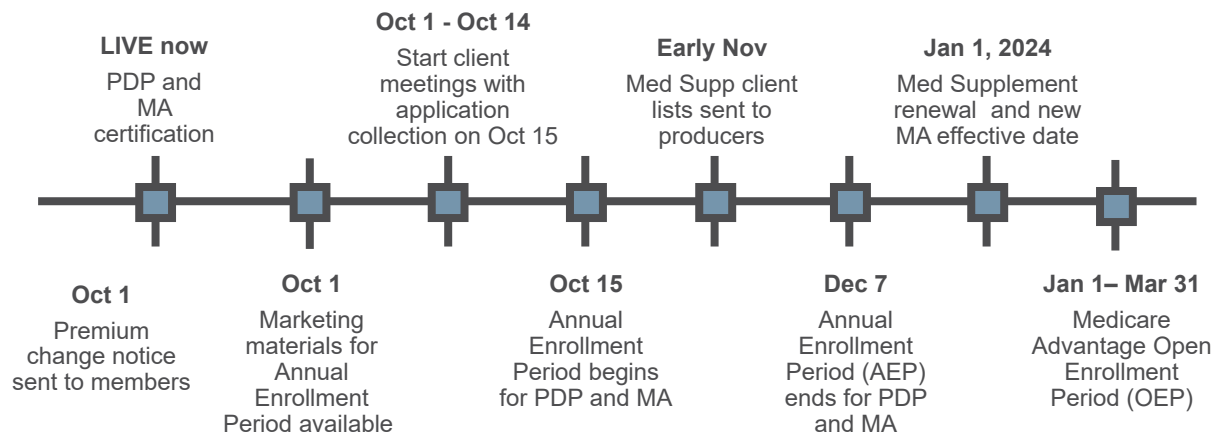
- Product
- Sign Fraud Waste and Abuse Attestation



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## Over 65 timeline



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## Process and procedure updates

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## CMS marketing rules

### Third-party marketing organizations (TPMOs) requirements

In April, the Centers for Medicare & Medicaid Services (CMS) issued a final rule that finalized several new requirements that are applicable TPMOs.

- TPMO requirements are effective Sept. 30, 2023.

### What this means for agents and brokers selling Medicare Advantage and MedicareBlue<sup>SM</sup> Rx:

TPMOs — including agents and brokers — and agencies must comply with CMS regulations that apply to the Medicare Advantage and Plan D plan sponsor, whenever performing lead generation, marketing, sales and enrollment related functions as part of the chain of enrollment (the steps taken by a beneficiary from becoming aware of a Medicare Advantage or Medicare Part D plan to making an enrollment decision).

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## CMS marketing rules

1. Clarification on door-to-door solicitation.
2. Prohibiting the distribution of scope of appointment and future marketing appointments at educational events.
3. Prohibiting sales events to directly follow educational events.
4. Requiring 48 hours between the scope of appointment and a meeting with a Beneficiary.
5. Limiting scope of appointments (SOAs) and business reply cards (BRCs) to a 12-month timeframe.

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## CMS marketing rules

6. Effect on current coverage added to the pre-enrollment checklist (PECL) and review of PECL.
7. CMS list of required elements prior to enrollment.
8. Revised disclaimer

*“We do not offer every plan available in your area. Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program to get information on all of your options.”*

9. New disclaimer

*“Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. You can always contact Medicare.gov, 1-800-MEDICARE, or your local state health insurance program for help with plan choices.”*

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## CMS marketing rules

10. Changes to call recordings. Currently, TPMOs are required to record all calls with beneficiaries. The Final Rule limits the calls that must be recorded from all calls to only those calls regarding sales, marketing and enrollment.

- These calls must be retained, stored and retrievable by enrollee.
- Calls must be stored and retained in a secure way to protect the individual's private information for up to 11 years.
- CMS considers meetings taking place on Zoom, Facetime, Skype or other technology-based platforms to be the same as telephonic calls. Only the audio portion of web technology-based platforms needs to be recorded.

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## Reminders for O65

- Terminate previous policy timely
- Medicare supplement enrollment kit does not include the application
- Enrollments MUST have a Medicare number
- **Cancellation of Medicare BlueRx does not cancel Medicare Blue Supplement plan**

**Medicare Advantage and Medicare Supplement**

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## Reminders for O65

- A Scope of Appointment is required for all sales and marketing activities that take place in-person or telephonically and include walk-ins to Health Plan or Part D sponsor or agent offices.
- The form needs to be completed prior to the appointment except for walk-in.
- With walk-ins, the agent is required to complete the scope at the beginning of the walk-in and note on the form that the appointment is a walk-in.

### Medicare Advantage

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# Thank You!



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# Feeling better SHOULD BE EASY

Visit a doctor on your smartphone, tablet or computer from virtually anywhere with \$0 copay\*.

## See a doctor in minutes

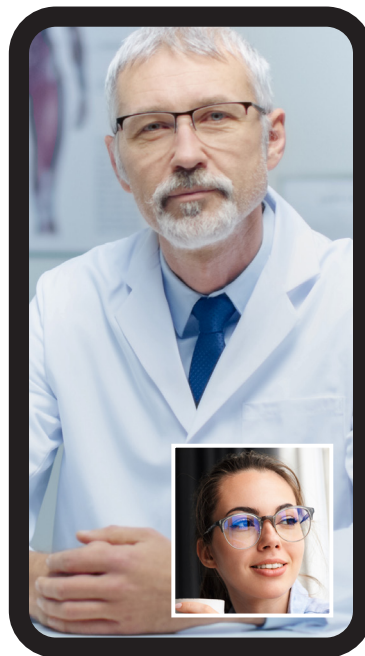
Get treatment for 90 percent of all common ER complaints, from common colds to uncommon rashes. Plus, connect with a therapist or psychiatrist whenever and wherever you're comfortable.

## Get treatment for:

- Cold and flu
- Bronchitis and sinus infections
- Urinary tract infections
- Sore throats
- Allergies
- Fever
- Headache
- Pink eye
- Skin condition
- Other conditions such as mental health<sup>1</sup>

<sup>1</sup> Mental health treatment cost share is subject to plan coverage. Mental health coverage includes psychiatry services and medication management along with treatment for psychological conditions, emotional issues and chemical dependency. For more information, call Wellmark with the number on the back of your ID card.

\*Members with a high deductible health plan will pay the contract amount for services up to the plan's allowed amount.



**dr.** on demand  
by Included Health

## Getting started is easy.



1. Scan the QR code above to download the Doctor on Demand app or visit [DoctorOnDemand.com/Wellmark](https://www.DoctorOnDemand.com/Wellmark)
2. Have your Wellmark Blue Cross and Blue Shield member ID card ready.
3. Create an account or sign in to begin your visit.
4. Pick your provider. Select the next available appointment or find the time best for your schedule.

24/7

## Questions:

# Call 800-997-6196

*Callers could experience longer wait times between 10 p.m. and 6 a.m. CST or may be directed to schedule an appointment in some instances.*





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## 2024 Wellmark SG<sup>SM</sup> ACA Plan Cost Share Change – South Dakota

2023 Plan Benefits	SimplyBlue <sup>SM</sup> 6000	SimplyBlue Primary	myBlue HDHP <sup>SM</sup> Bronze	CompleteBlue <sup>SM</sup> 4000	CompleteBlue 5000	2024 Plan Benefits	SimplyBlue 6000	SimplyBlue Primary	myBlue HDHP Bronze	CompleteBlue 4000	CompleteBlue 5000
<b>Deductible</b> Single/Family	\$6,000 / \$12,000	\$7,000 / \$14,000	\$7,500 / \$15,000	\$4,000 / \$8,000	\$5,000 / \$10,000	<b>Deductible</b> Single/Family	\$6,000 / \$12,000	\$7,000 / \$14,000 \$9,000 / \$18,000	\$7,500 / \$15,000	\$4,000 / \$8,000	\$5,000 / \$10,000
<b>Out-of-pocket Max</b> Single/Family	\$9,000 / \$18,000	\$9,000 / \$18,000	\$7,500 / \$15,000	\$9,000 / \$18,000	\$9,000 / \$18,000	<b>Out-of-pocket Max</b> Single/Family	\$9,000 / \$18,000		\$7,500 / \$15,000	\$9,000 / \$18,000	\$9,000 / \$18,000
<b>Coinsurance</b>	50%	50%	0%	30%	30%	<b>Coinsurance</b>	50%	50%	0%	30%	30%
<b>Office visit/virtual visit</b>	PCP: \$70 Non-PCP: \$150	PCP: \$25 Non-PCP: \$120	Deductible applies	PCP: \$40 Non-PCP: \$100	PCP: \$50 Non-PCP: \$100	<b>Office visit/virtual visit</b>	PCP: \$70 Non-PCP: \$150	PCP: \$25 Non-PCP: \$120	Deductible applies	PCP: \$40 Non-PCP: \$100	PCP: \$50 Non-PCP: \$100
<b>Doctor On Demand<sup>®</sup> virtual visit</b>	\$0	\$0	Deductible applies	\$0	\$0	<b>Doctor On Demand<sup>®</sup> virtual visit</b>	\$0	\$0	Deductible applies	\$0	\$0
<b>Emergency room care</b>	50% after Deductible	50% after Deductible	Deductible applies	\$700	\$600	<b>Emergency room care</b>	50% after Deductible	50% after Deductible	Deductible applies	\$700	\$600
<b>Prescription drugs</b>  <b>Blue Rx Essentials<sup>SM</sup></b>  <b>CVS Specialty<sup>®</sup> Program</b>	Tier 1 \$30  Deductible applies to all other drug tiers	Tier 1 \$25  Deductible applies to all other drug tiers	Deductible applies to all drug tiers	Tier 1 \$30 Tier 2 \$60 Tier 3 \$150  <b>Biosimilar and generic specialty</b> \$135  <b>Preferred specialty</b> \$150  <b>Non-preferred specialty</b> \$500	Tier 1 \$35 Tier 2 \$70 Tier 3 \$140  <b>Biosimilar and generic specialty</b> \$170  <b>Preferred specialty</b> \$200  <b>Non-preferred specialty</b> \$500	<b>Prescription drugs</b>  <b>Blue Rx Essentials<sup>SM</sup></b>  <b>Prudent Rx Specialty Drug Card Program</b> (not available for HDHP)	Tier 1 \$30  Deductible applies to all other drug tiers	Tier 1 \$25  Deductible applies to all other drug tiers	Deductible applies to all drug tiers  N/A	Tier 1 \$30 Tier 2 \$60 Tier 3 \$150  <b>Biosimilar and generic specialty</b> \$135  <b>Preferred specialty</b> \$150  <b>Non-preferred specialty</b> \$500	Tier 1 \$35 Tier 2 \$70 Tier 3 \$140  <b>Biosimilar and generic specialty</b> \$170  <b>Preferred specialty</b> \$200  <b>Non-preferred specialty</b> \$500

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2023 Plan Benefits	CompleteBlue Primary	myBlue HDHP Silver	EnhancedBlue <sup>SM</sup> 1500	EnhancedBlue 3000	EnhancedBlue Primary	2024 Plan Benefits	CompleteBlue Primary	myBlue HDHP Silver	EnhancedBlue 1500	EnhancedBlue 3000	EnhancedBlue Primary
<b>Deductible</b> Single/Family	\$5,800 / \$11,600	\$5,000 / \$10,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$2,500 / \$5,000	<b>Deductible</b> Single/Family	\$5,750 / \$11,500	\$5,500 / \$11,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$2,500 / \$5,000
<b>Out-of-pocket Max</b> Single/Family	\$8,900 / \$17,800	\$5,000 / \$10,000	\$6,500 / \$13,000	\$6,000 / \$12,000	\$5,650 / \$11,300	<b>Out-of-pocket Max</b> Single/Family	\$8,900 / \$17,800	\$5,500 / \$11,000	\$6,500 / \$13,000	\$6,000 / \$12,000	\$5,350 / \$10,700
<b>Coinsurance</b>	30%	0%	20%	30%	25%	<b>Coinsurance</b>	30%	0%	20%	30%	25%
<b>Office visit/virtual visit</b>	PCP: \$15 Non-PCP: \$100	Deductible applies	PCP: \$30 Non-PCP: \$60	PCP: \$30 Non-PCP: \$60	PCP: \$10 Non-PCP: \$100	<b>Office visit/virtual visit</b>	PCP: \$15 Non-PCP: \$100	Deductible applies	PCP: \$30 Non-PCP: \$60	PCP: \$30 Non-PCP: \$60	PCP: \$10 Non-PCP: \$100
<b>Doctor On Demand<sup>®</sup> virtual visit</b>	\$0	Deductible applies	\$0	\$0	\$0	<b>Doctor On Demand<sup>®</sup> virtual visit</b>	\$0	Deductible applies	\$0	\$0	\$0
<b>Emergency room care</b>	30% after Deductible	Deductible applies	\$500	\$400	25% after Deductible	<b>Emergency room care</b>	30% after Deductible	Deductible applies	\$500	\$400	25% after Deductible
<b>Prescription drugs</b>  <b>Blue Rx Essentials<sup>SM</sup></b>  <b>CVS Specialty<sup>®</sup> Program</b>	Tier 1 \$15  Deductible applies to all other drug tiers	Deductible applies to all drug tiers	Tier 1 \$15 Tier 2 \$50 Tier 3 \$100  Biosimilar and generic specialty \$150  Preferred specialty \$200  Non-preferred specialty \$500	Tier 1 \$15 Tier 2 \$40 Tier 3 \$100  Biosimilar and generic specialty \$160  Preferred specialty \$200  Non-preferred specialty \$400	Tier 1 \$10  Deductible applies to all other drug tiers	<b>Prescription drugs</b>  <b>Blue Rx Essentials<sup>SM</sup></b>  <b>Prudent Rx Specialty Drug Card Program</b> (not available for HDHP)	Tier 1 \$15  Deductible applies to all other drug tiers	Deductible applies to all drug tiers  N/A	Tier 1 \$15 Tier 2 \$50 Tier 3 \$100  Biosimilar and generic specialty \$150  Preferred specialty \$200  Non-preferred specialty \$500	Tier 1 \$15 Tier 2 \$40 Tier 3 \$100  Biosimilar and generic specialty \$160  Preferred specialty \$200  Non-preferred specialty \$400	Tier 1 \$10  Deductible applies to all other drug tiers

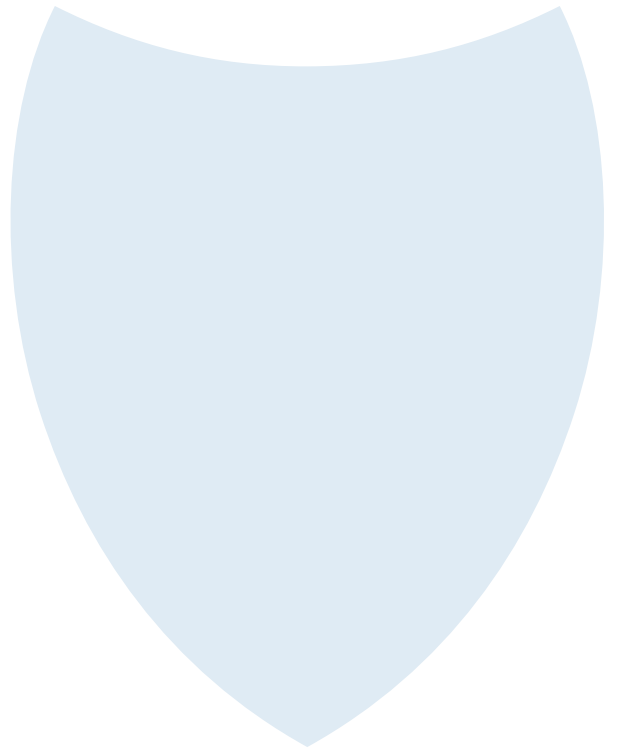
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# South Dakota health plans **2024 plan portfolio**

For businesses with 1–50 employees



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# PPO network

## \$ Gold plans

EnhancedBlue <sup>SM</sup>	1500	3000	Primary
<b>Deductible</b>			
• Single	\$1,500	\$3,000	\$2,500
• Family <sup>1</sup>	\$3,000	\$6,000	\$5,000
<b>Coinsurance</b>	20%	30%	25%
<b>Out-of-pocket max</b>			
• Single	\$6,500	\$6,000	\$5,350
• Family	\$13,000	\$12,000	\$10,700
<b>Medical benefits</b>			
<b>Preventive<sup>2</sup></b>	FREE	FREE	FREE
<b>Virtual visit with Doctor On Demand<sup>®</sup></b>	\$0	\$0	\$0
<b>Office services</b>			
• PCP <sup>3</sup>	\$30	\$30	\$10
• Non-PCP	\$60	\$60	\$100
<b>Office-administered specialty medical drug</b>	\$200 <sup>4</sup>	\$200 <sup>4</sup>	25% after deductible
<b>Hospital services</b>			
• Emergency room	\$500	\$400	25% after deductible
• Outpatient / Inpatient	20% after deductible	30% after deductible	25% after deductible
<b>Blue Rx Essentials<sup>SM</sup></b>			
• Preventive	FREE	FREE	FREE
• Tier 1	\$15	\$15	\$10
• Tier 2	\$50	\$40	25% after deductible
• Tier 3	\$100	\$100	25% after deductible
<b>Specialty<sup>5</sup></b>			
• Biosimilar / generic	\$150	\$160	25% after deductible
• Preferred	\$200	\$200	25% after deductible
• Non-preferred	\$500	\$400	25% after deductible
<b>Medicare Part D Creditable</b>	Yes	Yes	Yes
<b>Plan codes</b>			
<b>Medical</b>	PPO: PG000318	PPO: PG000319	PPO: PG000320

<sup>1</sup> The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

<sup>2</sup> Preventive services must be received from an in-network provider in the Wellmark Blue PPO network. Please see your coverage document for a full listing of preventive services.

<sup>3</sup> The primary care office copay applies to certified nurse midwives, family practitioners, general practitioners, geriatricians, obstetricians/gynecologists, pediatricians, physicians assistants, advanced registered nurse practitioners, chiropractors, physical therapists, occupational therapists, speech pathologists, and in some cases, mental health or chemical dependency visits. All other in-network practitioners are subject to the non-primary care office copay. The copay applies per practitioner, per date of service.

<sup>4</sup> The office visit copayment applies in addition to this office administered specialty medical drug copayment.

<sup>5</sup> If you enroll with PrudentRx to get copayment assistance for your eligible specialty medications, you will have \$0 out-of-pocket responsibility for prescriptions listed on the PrudentRx drug list.

**\$ Silver plans**

<b>CompleteBlue<sup>SM</sup></b>	<b>4000</b>	<b>5000</b>	<b>Primary</b>
<b>Deductible</b>			
• Single	\$4,000	\$5,000	\$5,750
• Family <sup>1</sup>	\$8,000	\$10,000	\$11,500
<b>Coinsurance</b>	30%	30%	30%
<b>Out-of-pocket max</b>			
• Single	\$9,000	\$9,000	\$8,900
• Family	\$18,000	\$18,000	\$17,800
<b>Medical benefits</b>			
<b>Preventive<sup>2</sup></b>	FREE	FREE	FREE
<b>Virtual visit with Doctor On Demand<sup>®</sup></b>	\$0	\$0	\$0
<b>Office services</b>			
• PCP <sup>3</sup>	\$40	\$50	\$15
• Non-PCP	\$100	\$100	\$100
<b>Office-administered specialty medical drug</b>	\$150 <sup>4</sup>	\$200 <sup>4</sup>	30% after deductible
<b>Hospital services</b>			
• Emergency room	\$700	\$600	30% after deductible
• Outpatient / Inpatient	30% after deductible	30% after deductible	30% after deductible
<b>Blue Rx Essentials</b>			
• Preventive	FREE	FREE	FREE
• Tier 1	\$30	\$35	\$15
• Tier 2	\$60	\$70	30% after deductible
• Tier 3	\$150	\$140	30% after deductible
<b>Specialty<sup>5</sup></b>			
• Biosimilar / generic	\$135	\$170	30% after deductible
• Preferred	\$150	\$200	30% after deductible
• Non-preferred	\$500	\$500	30% after deductible
<b>Medicare Part D Creditable</b>	Yes	Yes	No
<b>Plan codes</b>			
<b>Medical</b>	PPO: PG000314	PPO: PG000315	PPO: PG000316

<sup>1</sup> The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

<sup>2</sup> Preventive services must be received from an in-network provider in the Wellmark Blue PPO network. Please see your coverage document for a full listing of preventive services.

<sup>3</sup> The primary care office copay applies to certified nurse midwives, family practitioners, general practitioners, geriatricians, obstetricians/gynecologists, pediatricians, physicians assistants, advanced registered nurse practitioners, chiropractors, physical therapists, occupational therapists, speech pathologists, and in some cases, mental health or chemical dependency visits. All other in-network practitioners are subject to the non-primary care office copay. The copay applies per practitioner, per date of service.

<sup>4</sup> The office visit copayment applies in addition to this office administered specialty medical drug copayment.

<sup>5</sup> If you enroll with PrudentRx to get copayment assistance for your eligible specialty medications, you will have \$0 out-of-pocket responsibility for prescriptions listed on the PrudentRx drug list.

**\$ Bronze plans**

<b>SimplyBlue<sup>SM</sup></b>	<b>6000</b>	<b>Primary</b>
<b>Deductible</b>		
• Single	\$6,000	\$7,000
• Family <sup>1</sup>	\$12,000	\$14,000
<b>Coinsurance</b>	50%	50%
<b>Out-of-pocket max</b>		
• Single	\$9,000	\$9,000
• Family	\$18,000	\$18,000
<b>Medical benefits</b>		
<b>Preventive<sup>2</sup></b>	FREE	FREE
<b>Virtual visit with Doctor On Demand<sup>®</sup></b>	\$0	\$0
<b>Office services</b>		
• PCP <sup>3</sup>	\$70	\$25
• Non-PCP	\$150	\$120
<b>Office-administered specialty medical drug</b>	50% after deductible	50% after deductible
<b>Hospital services</b>		
• Emergency room	50% after deductible	50% after deductible
• Outpatient / Inpatient	50% after deductible	50% after deductible
<b>Blue Rx Essentials</b>		
• Preventive	FREE	FREE
• Tier 1	\$30	\$25
• Tier 2	50% after deductible	50% after deductible
• Tier 3	50% after deductible	50% after deductible
<b>Specialty<sup>4</sup></b>		
• Biosimilar / generic	50% after deductible	50% after deductible
• Preferred	50% after deductible	50% after deductible
• Non-preferred	50% after deductible	50% after deductible
<b>Medicare Part D Creditable</b>	No	No
<b>Plan codes</b>		
<b>Medical</b>	PPO: PG000010	PPO: PG000312

<sup>1</sup> The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

<sup>2</sup> Preventive services must be received from an in-network provider in the Wellmark Blue PPO network. Please see your coverage document for a full listing of preventive services.

<sup>3</sup> The primary care office copay applies to certified nurse midwives, family practitioners, general practitioners, geriatricians, obstetricians/gynecologists, pediatricians, physicians assistants, advanced registered nurse practitioners, chiropractors, physical therapists, occupational therapists, speech pathologists, and in some cases, mental health or chemical dependency visits. All other in-network practitioners are subject to the non-primary care office copay. The copay applies per practitioner, per date of service.

<sup>4</sup> If you enroll with PrudentRx to get copayment assistance for your eligible specialty medications, you will have \$0 out-of-pocket responsibility for prescriptions listed on the PrudentRx drug list.

# High-deductible health plans

## \$ Silver plan

myBlue HDHP <sup>SM</sup>	5500
<b>Deductible</b>	
• Single	\$5,500
• Family <sup>1</sup>	\$11,000
<b>Coinsurance</b>	0%
<b>Out-of-pocket max</b>	
• Single	\$5,500
• Family	\$11,000
<b>Medical benefits</b>	
<b>Preventive<sup>2</sup></b>	FREE
<b>Virtual visit with Doctor On Demand<sup>®</sup></b>	Deductible applies
<b>Office services<sup>3</sup></b>	Deductible applies
<b>Office-administered specialty medical drug</b>	Deductible applies
<b>Hospital services</b>	Deductible applies
<b>Emergency room</b>	Deductible applies
<b>Blue Rx Essentials<sup>4</sup></b>	
• All tiers	Deductible applies
Medicare Part D Creditable	Yes
<b>Plan codes</b>	
<b>Medical</b>	PPO: PG000317

## \$ Bronze plan

myBlue HDHP <sup>SM</sup>	7500
<b>Deductible</b>	
• Single	\$7,500
• Family <sup>1</sup>	\$15,000
<b>Coinsurance</b>	0%
<b>Out-of-pocket max</b>	
• Single	\$7,500
• Family	\$15,000
<b>Medical benefits</b>	
<b>Preventive<sup>2</sup></b>	FREE
<b>Virtual visit with Doctor On Demand<sup>®</sup></b>	Deductible applies
<b>Office services<sup>3</sup></b>	Deductible applies
<b>Office-administered specialty medical drug</b>	Deductible applies
<b>Hospital services</b>	Deductible applies
<b>Emergency room</b>	Deductible applies
<b>Blue Rx Essentials<sup>4</sup></b>	
• All tiers	Deductible applies
Medicare Part D Creditable	No
<b>Plan codes</b>	
<b>Medical</b>	PPO: PG000313

<sup>1</sup> The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

<sup>2</sup> Preventive services must be received from an in-network provider in the Wellmark Blue PPO network. Please see your coverage document for a full listing of preventive services.

<sup>3</sup> All services, with the exception of preventive and well-child visits for in-network, Wellmark Blue PPOSM participating providers, are subject to deductible.

<sup>4</sup> Prescription drugs are covered under health at the in-network deductible/out-of-pocket maximum level.

# Vision and hearing benefits

## Vision plan details<sup>1</sup>

### Avēsis 80

#### Eye exam

- Covered in full after a \$10 copay, every 12 months

#### Frames

- Covered once every 24 months, after a \$25 materials copay; \$80 retail allowance<sup>2</sup>

#### Standard plastic lenses

- One pair covered in full after materials copay, every 12 months

#### Contact lenses

- Covered up to allowance, every 12 months, in lieu of eyeglasses

#### Lens options

- Up to 20 percent off polycarbonate, scratch-resistant coating, tint and UV protective coating

### Avēsis 150

#### Eye exam

- Covered in full after a \$10 copay, every 12 months

#### Frames

- Covered once every 24 months, after a \$10 materials copay; \$150 retail allowance<sup>2</sup>

#### Standard plastic lenses

- One pair covered in full after materials copay for adult polycarbonate, scratch-resistant coating, UV screening, standard tint, anti-reflective coating, every 12 months

#### Contact lenses

- Covered up to allowance, every 12 months, in lieu of eyeglasses

#### Lens options

- Covered in full: polycarbonate, scratch-resistant and UV protective coatings, anti-reflective, solid or gradient tint
- Copay applies: Progressives, transitions, polarized, PGX/PBX
- Up to 20% discount: Other lens options

## Built-in hearing coverage

### Services

#### Free hearing screening and reduced pricing on hearing devices

- Discount program offered through Amplifon Hearing Health Care™ as an added bonus

<sup>1</sup> Applies to in-network benefits. Out-of-network services are covered and include higher copays.

<sup>2</sup> Benefits may vary when purchased at wholesale prices from certain retailers.

DRAFT

This document is intended to be used solely for illustrative purposes, and provides simplified information and examples of a general nature. It is not intended as legal or tax advice, nor as an indication that you are eligible to contribute to an HSA, and should not be construed as such. Consult your tax advisor for specific tax advice and for more information about tax savings.

This guide is a brief summary of policies presented, which are subject to exclusions, limitations, reductions in benefits, and terms under which the policies may be renewed or discontinued. For costs and complete details of the coverage, call or write your authorized insurance agent or Wellmark.

Also, please note, this is a general description of coverage. It is not a statement of contract. Actual coverage is subject to the terms and conditions specified in the policy itself and enrollment regulations in force when the policy becomes effective. The benefits outlined in this guide are In-network benefits only. Out-of-network costs apply to the Wellmark Blue PPO<sup>SM</sup> network only. For full benefit details, please refer to your coverage manual.



Wellmark Blue Cross and Blue Shield of South Dakota is an independent licensee of the Blue Cross and Blue Shield Association.

Blue Cross<sup>®</sup>, Blue Shield<sup>®</sup>, the Cross<sup>®</sup> and Shield<sup>®</sup> symbols, are registered marks and Blue Rx Essentials<sup>SM</sup>, SimplyBlue<sup>SM</sup>, CompleteBlue<sup>SM</sup>, EnhancedBlue<sup>SM</sup>, myBlue HDHP<sup>SM</sup>, myBlue HDHP<sup>SM</sup> Bronze, and myBlue HDHP<sup>SM</sup> Silver are service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Avēsis Vision is an independent vision insurance company that does not provide Wellmark Blue Cross and Blue Shield products and services. Avēsis Vision is underwritten by Fidelity Security Life Insurance.

Hearing Discount Savings Plan provided by Amplifon Hearing Health Care<sup>™</sup>. Amplifon Hearing Health Care is an independent company that does not provide Wellmark Blue Cross and Blue Shield products or services.

Doctor On Demand by Included Health is a separate company providing an online telehealth solution for Wellmark members. Doctor On Demand<sup>®</sup> is a registered mark of Included Health, Inc. Doctor On Demand physicians do not prescribe Drug Enforcement Administration-controlled substances, and may elect not to treat conditions or prescribe other medications based on what is clinically appropriate. For plans that include benefits for mental health treatment, Doctor On Demand benefits may include treatment for certain psychological conditions, emotional issues and chemical dependency. Services performed by Doctor On Demand psychologists are covered. Doctor On Demand does not provide psychiatry services. For more information, call Wellmark at the number on your ID card or call Wellmark Customer Service.

PrudentRx is an independent company providing specialty drug copay benefits to Wellmark Blue Cross and Blue Shield members.





# 2024 health plan resource guide

for South Dakota businesses with **1–50 employees**



**Also available online**

Get the digital version of this guide anywhere, anytime at [Wellmark.com/SG-Guides](https://www.wellmark.com/SG-Guides).



# Why **Wellmark**?



**We're making  
health care  
better by  
focusing on  
what matters  
most.**

As a small business owner, you know the most critical component to your success is your employees. With Wellmark® Blue Cross® and Blue Shield®, you get the largest networks and some of the best benefit options to choose from, so you can select the right coverage to help retain and attract employees — all within a manageable budget to fit your business. We also offer market-leading tools and services that help your employees manage costs and live healthier lives.

Wellmark has built a reputation over the last 80 years for purposefully innovating and developing comprehensive solutions to give you and your employees meaningful plan choices and real value — all while broadening health care provider access.

Wellmark also has a legacy of paying our claims accurately and promptly, saving you and your employees time and money.



# Meaningful choices



## Largest networks

With Wellmark, your options include statewide health care coverage and the largest hospital and physician network in the U.S. with more than 1.7 million unique, in-network providers.<sup>1</sup>



## Flexible plan designs

Our plan selections offer meaningful choices among metallic tiers, coinsurance, deductibles and out-of-pocket maximums so you can pick the design that matters most to you and your employees.



## Virtual visits

Virtual care reduces absenteeism and costs for you and increased convenience and satisfaction for your employees. Plans include Doctor On Demand<sup>®</sup>, so employees can see a board-certified doctor on their schedule at a cost that's less than an office visit.



## Blue Distinction<sup>®</sup> Centers

Your employees get access to specialized care — like a surgery or transplant — with facilities that are recognized for their proven history of delivering exceptional care and results.<sup>2</sup>



## Blue Rx Essentials<sup>SM</sup>

We make pharmacy benefits simple with Blue Rx Essentials. With clear cost tiers, your employees will know what they pay before they go to the pharmacy.

<sup>1</sup> For our PPO network and BlueCard<sup>®</sup> PPO program. Provider Data Repository (PDR), January 2022. From national BlueCard PPO portion of the network reporting services (NRS) extract of PDR data. The data is limited to records in Plans' licensed service.

<sup>2</sup> Your employees are required to use Blue Distinction Centers for bariatric surgery and transplants. For more information, see your coverage manual.

# Understand your network

The **Wellmark Blue PPO<sup>SM</sup> Network** provides the broadest access in the market with an extensive statewide network and a national network of providers through the BlueCard<sup>®</sup> PPO program. This gives your employees access to more than 1.7 million unique, in-network providers throughout the U.S. at a premium price.<sup>1</sup>

We also offer **international coverage through Blue Cross Blue Shield Global<sup>®</sup> Core**. Your employees will have access to traditional inpatient, outpatient and professional health care providers all around the world.

<sup>1</sup> Provider Data Repository (PDR), January 2022. From national BlueCard PPO portion of the network reporting services (NRS) extract of PDR data. The data is limited to records in Plans' licensed service.



## DID YOU KNOW?

**Wellmark Blue Cross and Blue Shield has been covering South Dakotans for more than 80 years.**




**Wellmark makes it easy to choose your coverage in three simple steps.**

**Step 1. Choose a health plan**

You get meaningful choices among tiers, deductibles, coinsurance, out-of-pocket maximums and benefits so you can pick the design that matters most to you and your employees. **Choose from traditional, primary or high-deductible health plans (HDHPs).**

	<b>Traditional</b>	<b>Primary</b>	<b>HDHP</b>
<b>Description</b>	Familiar plan type with cost shares like copays, coinsurance and deductibles	Lower copays are available to incentivize employees to seek care through their primary care provider (PCP) first	Employees pay the full cost of care for everything but preventive services (which are free) until their deductible has been met
<b>How this plan works</b>	Employees pay copays for common health care services like office visits; for other larger expenses, deductible and coinsurance may apply	Lower copay for PCPs and Tier 1 drugs, higher copays for other health care providers, and most other services are subject to deductible and coinsurance	Plans are compatible with a health savings account (HSA), allowing employees to contribute to, invest in, and use funds to pay for qualified medical expenses tax-free
<b>Plan pros</b>	It's the most common and familiar plan type available throughout the industry	Provides a significantly lower copay or cost for high-value, highly used services (PCP visits, Tier 1 drugs)	Offers some of the lowest monthly costs and provides triple tax-free savings: <ol style="list-style-type: none"> <li>1. When money is put into the HSA</li> <li>2. When the money accumulates</li> <li>3. When money is spent on a qualified expense</li> </ol>
<b>Good for this type of employee</b>	For employees who have been comfortable with how their insurance has traditionally worked	For employees who primarily see their PCP and fill low-cost prescriptions	For employees who are seeking lower monthly premiums, tax benefits, and are willing to pay more up-front costs for medical expenses



All HDHPs offer smart integration with Wellmark claims, and consumer-driven accounts from HealthEquity® which means reimbursement is automatic. In addition, employees can view their account balances with a single, secure sign-on in myWellmark®.

They also get an easy-to-use mobile app, EZ Receipts®, to help put them in control of their health care expenses.

## Step 2. Choose a coverage level

Gold, silver and bronze metallic tiers are assigned to plans based on the portion of claims paid by the insurer. Typically, the more coverage a plan offers, the higher the monthly premium.

## Step 3. Choose an Avēsis vision plan

Vision coverage is an important part of the overall health of your employees. Routine eye exams can detect many types of health problems, like diabetes and high blood pressure, before they become serious.

With 35 years of experience, Avēsis offers your employees generous allowances for contacts and glasses while keeping your premiums affordable. And, they offer one of the most diverse vision networks in the country, with more than 104,000 access points nationally.

Choose from two of the most comprehensive vision plans in the industry, plus access to discounts on hearing care services through Amplifon Hearing Health Care™ — all in one package.

<sup>1</sup> Coverage is available for members age 19 or older.



# Understanding your health coverage benefits

All of our plans give your employees coverage for these common benefits:

-  Preventive and wellness services
-  Pediatric vision services<sup>1</sup>
-  Physician and facility services
-  Maternity, newborn and pediatric care
-  Chronic disease management
-  Durable medical equipment (DME)
-  Emergency and ambulatory patient services
-  Rehabilitative and habilitative services and devices
-  Mental health and substance use disorder services
-  Physical, occupational or speech therapy services
-  Hospitalization
-  Prescription drugs

**Preventive services are free**

Preventive services are free when received from in-network providers. Preventive services include things like the annual wellness exam, gynecological exams, age-appropriate mammograms or colonoscopies and well-child visits.

<sup>1</sup> Coverage includes an annual routine vision exam at no cost, plus frames and lenses or contact lenses (allowances and/or limitations apply) for children under age 19. Pediatric vision benefits are administered by Avésis Vision. A full list of all pediatric dental and vision services is included in the coverage manual.



## Pharmacy benefits

**No matter which plans you choose, our pharmacy benefits are easy to navigate with Blue Rx Essentials.**

Blue Rx Essentials prescription tiers are designated based on factors like cost and effectiveness when compared to similar drugs. Combined with our easy-to-navigate pharmacy network and tools, your employees will understand what they'll pay without any hidden costs or fees.

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**\$ — DRUG TIER 1** will have the lowest costs. It includes most generics and select branded drugs.

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**\$\$ — DRUG TIER 2** has a higher cost share than Tier 1. It is made up of drugs that are preferred based on effectiveness when compared to similar drugs.

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**\$\$\$ — DRUG TIER 3** has a higher cost share than Tier 2. It consists of nonpreferred drugs that have reasonable, more cost-effective alternatives on Tier 1 or Tier 2.

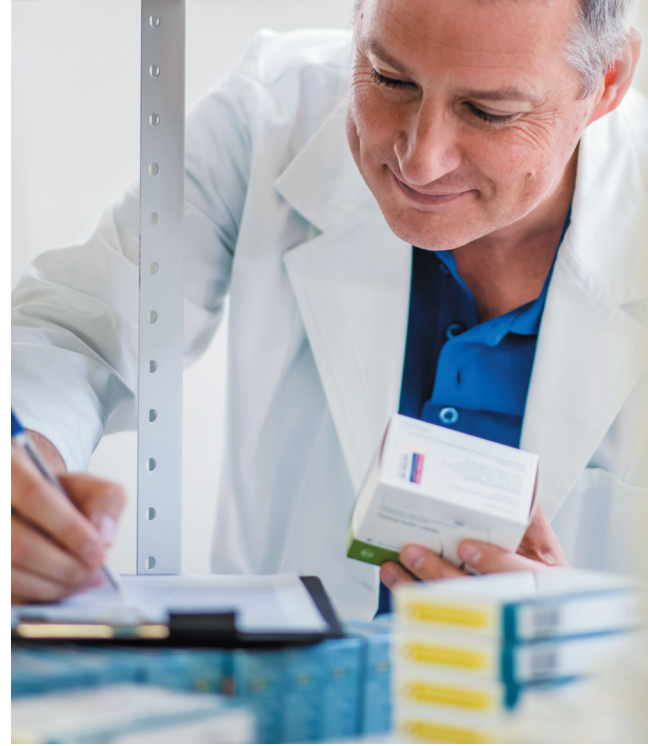
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**\$\$\$\$ — BIOSIMILAR AND GENERIC SPECIALTY DRUGS** are safe, effective and less costly specialty treatment options. According to the Food and Drug Administration (FDA), a biosimilar is highly similar to and has no meaningful differences from an existing FDA-approved product.

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**\$\$\$\$\$ — SPECIALTY DRUGS** are split into two categories — preferred and nonpreferred. Preferred drugs are proven to treat complex or rare conditions. There is insufficient clinical evidence indicating non-preferred drugs are more beneficial than preferred alternatives.

Employees can save money on their specialty prescriptions with manufacturer discount cards available through PrudentRx, a third-party vendor through Wellmark's pharmacy benefits administrator, CVS, to help lower prescription drug costs. PrudentRx will reach out directly to enroll. If they fail to respond or decline to participate in the PrudentRx program, please note that the member will be responsible for their member cost-share of 30 percent coinsurance. The PrudentRx drug list can be found at [Wellmark.com/DrugLists](https://www.wellmark.com/DrugLists).



**\$0**

**In addition to these tiers, we also offer select drugs to your employees with zero cost share. This includes FDA-approved preventive drugs, such as contraceptives, tobacco cessation medications, supplements for pregnant women and more. Find the full ACA preventive health and drug list at [Wellmark.com/ACAPreventive](https://www.wellmark.com/ACAPreventive).**

# Virtual visits with Doctor On Demand®

**Reduce absenteeism and costs, while increasing employee convenience and satisfaction.**

Virtual visits are becoming increasingly popular for patients, physicians and employers alike — and it's easy to see why. They give patients convenient access to quality care without exposing others to illnesses or missing extra time away from work or home.

Included in all our plans is coverage with our preferred virtual visit provider, Doctor On Demand. With Doctor On Demand, your employees can connect face-to-face with a board-certified doctor from virtually anywhere using a smartphone, tablet or computer on their schedule.

Employees get the care they need, when they need it — all without taking time away from work. It's as easy as going to [DoctorOnDemand.com/Wellmark-BHC](https://www.doctorondemand.com/Wellmark-BHC) or downloading the app from the App Store® or on Google Play™.

**Behavioral Health Coaching program** — Most people experience some personal or family distress in their lives. With this benefit, you and your employees can receive behavioral health support 24/7 with a text-based chat program and a live coach. Get help within minutes, any time. Just click on the Behavioral Health Coach icon within the Doctor On Demand mobile app.

## Doctor On Demand has:



Shown a reduction in absenteeism.



Lower costs than an office visit.



An average wait time of 10 minutes.



A 4.9 star rating out of 5.

Doctor On Demand physicians can treat hundreds of the most common medical conditions and prescribe medication if needed.<sup>1</sup>

Your employees and their family members can see a doctor for:

- Mental health concerns<sup>2</sup>
- Cold and flu symptoms
- Bronchitis and sinus infections
- Urinary tract infections
- Sore throats
- Allergies
- Fever
- Headaches
- Pink eye
- Skin conditions



<sup>1</sup> Doctor On Demand physicians do not prescribe Schedule I-IV DEA Controlled Substances and may elect not to treat or prescribe other medications based on what is clinically appropriate.

<sup>2</sup> Includes but is not limited to treatment for mental health, chemical dependency, and certain psychological or emotional conditions. Services performed by psychologists may be covered. Psychiatry services are not covered through virtual visit. Please refer to your coverage manual for more details.

# Market-leading tools and services for employers

Resources to help you manage your business.

## Employer Connection

As an employer, we know you have a lot on your plate. And, when your employees have a question, you want to answer them quickly. Employer Connection on [Wellmark.com/Employer](https://www.wellmark.com/employer) is your secret weapon.

If your employees have questions about eligibility or benefits, go online to provide an answer right away without having to contact your Wellmark representative. You're also able to order new ID cards, update member information and more.

Whether you're on your computer, phone or tablet, Employer Connection makes it easy to find everything you need to efficiently manage benefits, plus you'll find news alerts, free educational materials and electronic billing and payment options.

## COBRA/State Continuation Services

Wellmark has partnered with WageWorks®, a HealthEquity® company<sup>1</sup> to help you with the complex and time-consuming COBRA (20+ employees<sup>2</sup>) or State Continuation (<20 employees<sup>2</sup>) administration process — at no additional cost to you.

Their comprehensive platform delivers start-to-finish solutions, so qualified individuals work directly with HealthEquity, allowing you to stay focused on running and growing your business. Additionally, HealthEquity will also help guide your qualified individuals along the way, so they have complete transparency and you spend less time researching and answering their questions.

## Blue@Work<sup>SM</sup>

Get unique industry insights and other information you need to administer your employee benefits. Blue@Work is our single destination to help move your business forward. It features industry news and pharmacy information, as well as employee benefits, community and health-related articles that can be accessed anytime, anywhere.

You can also find topics specific for groups of 1–50 employees under the small business tag at [Wellmark.com/SmallBusinessArticles](https://www.wellmark.com/smallbusinessarticles)

**Want operational and inspirational content to your email inbox every month?** Subscribe to our monthly e-newsletter for groups. It'll keep you up-to-date on all you need to know to do business with us and keep your employees happy and healthy.

Get the scoop on managing costs and understanding the changing health care landscape, and subscribe to our monthly e-newsletter at [Wellmark.com/Blue-at-Work](https://www.wellmark.com/blue-at-work).

<sup>1</sup> COBRA/State Continuation services are provided by WageWorks®, a HealthEquity® company. HealthEquity® is a provider of Consumer-Directed Benefits (CDBs) in the United States. HealthEquity® does not provide Wellmark Blue Cross and Blue Shield products or services. © 2021 HealthEquity®.

<sup>2</sup> On a typical business day during the previous calendar year.



**Find everything you need to efficiently manage benefits, find news alerts, free educational materials and electronic billing and payment options using Employer Connection.**

**Log into Employer Connection from [Wellmark.com](https://www.wellmark.com).**

# Market-leading tools and services for members

Your employees can take advantage of all our plan's built-in tools, programs and services at no additional cost to you.



## DID YOU KNOW?

Wellmark's health support programs help coordinate services that align with member benefits to improve well-being and health outcomes.

## Health support programs

Wellmark has three different programs — case management, pregnancy support and rare condition management — that can help improve outcomes when there is a significant health need.

## Wellness Center

With the Wellmark Wellness Center powered by WebMD®, our members have the help they need to reach their goals and live a healthier life.

## Blue Distinction® Centers

When your employees need specialized care, like a surgery or a transplant, choosing where to get care can be a big decision. And, where they go can impact their results. Blue Distinction Centers are recognized for their proven history of delivering exceptional care and results. This could mean fewer complications, lower readmissions and higher survival rates. Providers, hospitals and facilities meet pre-determined standards to earn a Blue Distinction Center designation, and all Wellmark members have full access to the Blue Distinction network — no matter their plan.

## BeWell 24/7<sup>SM</sup>

Your employees are busy people. That's why BeWell 24/7 connects them with a real person who can help with a variety of health-related concerns and help maintain a work life balance. **Call 24 hours a day, seven days a week at 844-84-BeWell (844-842-3935).**

## Blue365® Program

This program gives your employees exclusive access to discounts and resources that help them live a healthier lifestyle at [Wellmark.com/Blue365](https://www.wellmark.com/blue365).

## Blue<sup>SM</sup>

Each issue of Blue features health and wellness articles, consumer tips, health plan news and healthy recipes. It helps your employees get the most from their plans — and from their lives. Find it online at [Wellmark.com/Blue](https://www.wellmark.com/blue).

## myWellmark®

myWellmark, our secure member website and app, has tools, resources and insights to help your employees manage their health care spending and live a healthier life. myWellmark streamlines their health insurance information and makes it easier to find what they need, when they need it, on any device.

myWellmark helps your employees get the most from their health insurance benefits. With myWellmark, they can:



**Find a trusted health care provider in their plan's network and designate a primary care provider.**



**Find information related to their specific benefits.**



**Estimate their cost of care for procedures and services.**



**View their detailed claims information, including cost breakdown and status tracker.**



**View their year-to-date spend report.**



**Receive electronic documents quickly and securely.**



**Access their digital ID cards.**



**Enhance their well-being with tailored insights.**

Your employees get more from their health plan by registering at [myWellmark.com](https://myWellmark.com).

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This brochure is a brief summary of policies presented, which are subject to exclusions, limitations, reductions in benefits, and terms under which the policies may be renewed or discontinued. For costs and complete details of the coverage, call or write your authorized insurance agent or Wellmark.

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Blue Cross®, Blue Shield®, the Cross® and Shield® symbols, BCBS Global® Core, BlueCard®, Blue Distinction® and Blue365® are registered marks and Blue Rx Essentials<sup>SM</sup>, Wellmark Blue PPO<sup>SM</sup>, Blue@Work<sup>SM</sup> and Blue<sup>SM</sup> are service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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PrudentRx is an independent company providing specialty drug copay benefits to Wellmark Blue Cross and Blue Shield members.

Doctor On Demand physicians do not prescribe Drug Enforcement Administration-controlled substances, and may elect not to treat conditions or prescribe other medications based on what is clinically appropriate. For plans that include benefits for mental health treatment, Doctor On Demand benefits may include treatment for certain psychological conditions, emotional issues and chemical dependency. Services performed by Doctor On Demand psychologists are covered. Doctor On Demand does not provide psychiatry services. For more information, call Wellmark at the number on your ID card or call Wellmark Customer Service.

Doctor On Demand by Included Health is a separate company providing an online telehealth solution for Wellmark members. Doctor On Demand® is a registered mark of Included Health, Inc.

Blue Cross Blue Shield Global® Core is basic health care coverage providing people access to care outside the United States.

Blue Distinction Centers (BDC) met overall quality measures for patient safety and outcomes, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable healthcare. Each provider's cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. National criteria for BDC and BDC+ are displayed on www.bcbs.com. Individual outcomes may vary. For details on a provider's in-network status or your own policy's coverage, contact your Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.

WebMD® is a registered trademark of WebMD Health Services Group, Inc. Web MD is a separate company that provides wellness services on behalf of Wellmark Blue Cross and Blue Shield.



# South Dakota 2024 Midsize (51–100) Plan Changes

## Overview

To remain competitive and meet our members' needs, this document reflects the changes to the overall portfolio and serves as a training supplement to the 2024 Plan Comparison Guide.

## 2024 Midsize (51–100) Plan Changes

Plan Name	Plan Change
All Plans	Added a Specialty Drug Office Cost Share
All Plans	Unlimited Well-Woman exams
All Plans (Excluding HDHPs)	Added PrudentRx Specialty Drug Program

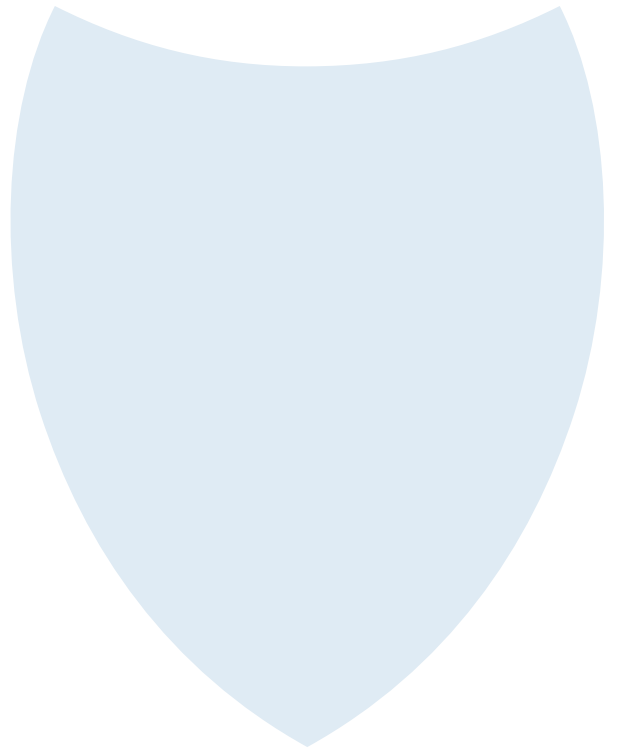
### Terminated 2024 Midsize (51-100) Group Plan

BlueSimplicity <sup>SM</sup> Preferred PPO
BlueSimplicity <sup>SM</sup> Basic PPO

**FOR TRAINING PURPOSES ONLY. NOT FOR DISTRIBUTION OR USE WITH THE GENERAL PUBLIC.**

# South Dakota health plan **2024 plan portfolio**

For businesses with 51–100 employees



## Inside

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High-deductible health plans	4
Modified plans	5
Copayment Plus plans	6
Primary plans	8
Vision benefits	10

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The benefits outlined in this guide are In-network benefits only.  
For full benefit details, please refer to your coverage manual.

# Plan options

## Select the plan that's right for your employees.

From traditional coverage to high-deductible health plans (HDHPs), we offer a range of solutions to help meet your needs.

	Modified	Copayment	Primary	HDHP
<b>Description</b>	Modified plans are similar to copayment plans but eliminate coinsurance entirely.	Copayment plans provide predictable copays for many common health care expenses, like in-network office visits.	Offers a split office copay in a traditional plan structure to incentivize members to seek care through their PCP first.	Encourages members to engage in their health plan by paying the full cost of care until their deductible has been met.
<b>How this plan works</b>	<ul style="list-style-type: none"> <li>• Lower copay for primary care providers (PCP)</li> <li>• Higher copay for non-primary care providers</li> <li>• No coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Office services are covered with varying copays depending on the provider type.</li> <li>• Most other services are subject to deductible and coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Lower copay for PCPs</li> <li>• Higher copay for non-PCPs</li> <li>• Most other services subject to deductible and coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Plans qualify for a health savings account (HSA) to help pay covered health care expenses</li> <li>• Health plan takes care of covered health care expenses exceeding the deductible</li> <li>• Can be paired with a health reimbursement arrangement (HRA)</li> </ul>
<b>Virtual visits</b>	All health plans include access to virtual visits. All copays listed apply to Wellmark's preferred virtual visit partner, Doctor On Demand®.			
<b>Prescription drug coverage</b>	<b>Blue Rx Complete<sup>SM</sup></b> : Uses a tiered copay structure to encourage the use of generic or lower-priced drugs that are as safe and effective, but less costly than other treatment options.			
<b>Wellness</b>	All health plans include health support programs to help keep employees healthy. Please see the health plan resource guide for more information.			

# PPO network

## High-deductible health plans

	2500	3500	4500	5500	6500
<b>Deductible<sup>1</sup></b>					
• Single	\$2,500	\$3,500	\$4,500	\$5,500	\$6,500
• Family	\$5,000	\$7,000	\$9,000	\$11,000	\$13,000
<b>Coinsurance</b>	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
<b>Out-of-pocket max</b>	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
<b>Medical benefits</b>					
<b>Preventive<sup>2</sup></b>	FREE	FREE	FREE	FREE	FREE
<b>Virtual visit with Doctor On Demand<sup>®</sup></b>	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
<b>Office services<sup>3</sup></b>	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
<b>Office-administered specialty medical drug<sup>4</sup></b>	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
<b>Hospital services</b>	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
<b>Emergency room</b>	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
<b>Blue Rx Complete</b>					
• All tiers	Deductible applies	Deductible applies	Deductible applies	Deductible applies	Deductible applies
<b>Medicare Part D Creditable</b>	Yes	Yes	Yes	Yes	No
<b>Plan codes</b>					
<b>Medical</b>	PPO: PM000095	PPO: PM000096	PPO: PM000097	PPO: PM000098	PPO: PM000099

<sup>1</sup> The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period except for the \$2500 single deductible (health code PM000095). The entire family deductible/out-of-pocket maximum must be satisfied before benefits are available for any family member (health code PM000095).

<sup>2</sup> Preventive services must be received from an in-network provider in the Wellmark Blue PPO<sup>SM</sup> network. Please see your coverage document for a full listing of preventive services.

<sup>3</sup> All services, with the exception of preventive and well-child visits for in-network, PPO or participating providers, are subject to deductible.

<sup>4</sup> The office visit copayment applies in addition to this office administered specialty medical drug copayment.

## Modified plans

	6000	8150
<b>Deductible<sup>1</sup></b>		
• Single	\$6,000	\$8,150
• Family	\$12,000	\$16,200
<b>Coinsurance</b>	0%	0%
<b>Out-of-pocket max</b>		
• Single	\$6,000	\$8,150
• Family	\$12,000	\$16,200
<b>Medical benefits</b>		
<b>Preventive care<sup>2</sup></b>	FREE	FREE
<b>Virtual visit with Doctor On Demand<sup>®</sup></b>	\$30	\$40
<b>Office services</b>		
• PCP <sup>3</sup>	\$40	\$50
• Non-PCP	\$80	\$100
<b>Office-administered specialty medical drug<sup>4</sup></b>	\$200	\$250
<b>Emergency room</b>	\$400	\$500
<b>Blue Rx Complete</b>		
• Tier 1	\$20	\$30
• Tier 2	\$40	\$60
• Tier 3	\$80	\$120
• Tier 4	\$150	\$200
<b>Specialty<sup>5</sup></b>		
• Biosimilar / generic	\$140	\$185
• Preferred	\$200	\$250
• Non-preferred	\$250	\$300
<b>Medicare Part D Creditable</b>	Yes	Yes
<b>Plan codes</b>		
<b>Medical</b>	PPO: PM000084	PPO: PM000085

<sup>1</sup> The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

<sup>2</sup> Preventive services must be received from an in-network provider in the Wellmark Blue PPO network. Please see your coverage document for a full listing of preventive services.

<sup>3</sup> The primary care office copay applies to certified nurse midwives, family practitioners, general practitioners, geriatricians, obstetricians/gynecologists, pediatricians, physicians assistants, advanced registered nurse practitioners, chiropractors, physical therapists, occupational therapists, speech pathologists, and in some cases, mental health or chemical dependency visits. All other in-network practitioners are subject to the non-primary care office copay. The copay applies per practitioner, per date of service.

<sup>4</sup> The office visit copayment applies in addition to this office administered specialty medical drug copayment.

<sup>5</sup> If you enroll with PrudentRx to get copayment assistance for your eligible specialty medications, you will have \$0 out-of-pocket responsibility for prescriptions listed on the PrudentRx drug list.

## Copayment Plus plans

	750	1000	1500	2000	2500
<b>Deductible<sup>1</sup></b>					
• Single	\$750	\$1,000	\$1,500	\$2,000	\$2,500
• Family	\$1,500	\$2,000	\$3,000	\$4,000	\$5,000
<b>Coinsurance</b>	20%	20%	20%	20%	20%
<b>Out-of-pocket max</b>					
• Single	\$1,500	\$2,000	\$3,000	\$4,000	\$5,000
• Family	\$3,000	\$4,000	\$6,000	\$8,000	\$10,000
<b>Medical benefits</b>					
<b>Preventive<sup>2</sup></b>	FREE	FREE	FREE	FREE	FREE
<b>Virtual visit with Doctor On Demand<sup>®</sup></b>	\$15	\$15	\$15	\$15	\$20
<b>Office services</b>	\$25	\$25	\$25	\$25	\$30
<b>Office-administered specialty medical drug<sup>3</sup></b>	\$175	\$175	\$175	\$200	\$200
<b>Emergency room</b>	\$250	\$250	\$250	\$300	\$300
<b>Blue Rx Complete</b>					
<b>Drug tiers</b>					
• Tier 1	\$15	\$15	\$15	\$20	\$20
• Tier 2	\$30	\$30	\$30	\$40	\$40
• Tier 3	\$60	\$60	\$60	\$80	\$80
<b>Specialty<sup>4</sup></b>					
• Biosimilar / generic	\$115	\$115	\$115	\$140	\$140
• Preferred	\$175	\$175	\$175	\$200	\$200
• Non-preferred	\$225	\$225	\$225	\$250	\$250
<b>Medicare Part D Creditable</b>	Yes	Yes	Yes	Yes	Yes
<b>Plan codes</b>					
<b>Medical</b>	PPO: PM000075	PPO: PM000076	PPO: PM000077	PPO: PM000078	PPO: PM000079

<sup>1</sup> The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

<sup>2</sup> Preventive services must be received from an in-network provider in the Wellmark Blue PPO network. Please see your coverage document for a full listing of preventive services.

<sup>3</sup> The office visit copayment applies in addition to this office administered specialty medical drug copayment.

<sup>4</sup> If you enroll with PrudentRx to get copayment assistance for your eligible specialty medications, you will have \$0 out-of-pocket responsibility for prescriptions listed on the PrudentRx drug list.

Continued from previous page

	3000	3500	4000	5500
<b>Deductible<sup>1</sup></b>				
• Single	\$3,000	\$3,500	\$4,000	\$5,500
• Family	\$6,000	\$7,000	\$8,000	\$11,000
<b>Coinsurance</b>	30%	30%	30%	30%
<b>Out-of-pocket max</b>				
• Single	\$6,000	\$7,000	\$8,000	\$8,550
• Family	\$12,000	\$14,000	\$16,000	\$17,100
<b>Medical benefits</b>				
<b>Preventive care<sup>2</sup></b>	FREE	FREE	FREE	FREE
<b>Virtual visit with Doctor On Demand<sup>®</sup></b>	\$20	\$20	\$25	\$25
<b>Office services</b>	\$30	\$30	\$35	\$35
<b>Office-administered specialty medical drug<sup>3</sup></b>	\$225	\$225	\$225	\$275
<b>Emergency room</b>	\$350	\$350	\$400	\$400
<b>Blue Rx Complete</b>				
<b>Drug tiers</b>				
• Tier 1	\$25	\$25	\$25	\$30
• Tier 2	\$50	\$50	\$50	\$65
• Tier 3	\$100	\$100	\$100	\$100
<b>Specialty<sup>4</sup></b>				
• Biosimilar / generic	\$160	\$160	\$160	\$190
• Preferred	\$225	\$225	\$225	\$275
• Non-preferred	\$275	\$275	\$275	\$325
<b>Medicare Part D Creditable</b>	Yes	Yes	Yes	Yes
<b>Plan codes</b>				
<b>Medical</b>	PPO: PM000080	PPO: PM000081	PPO: PM000082	PPO: PM000083

<sup>1</sup> The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

<sup>2</sup> Preventive services must be received from an in-network provider in the Wellmark Blue PPO network. Please see your coverage document for a full listing of preventive services.

<sup>3</sup> The office visit copayment applies in addition to this office administered specialty medical drug copayment.

<sup>4</sup> If you enroll with PrudentRx to get copayment assistance for your eligible specialty medications, you will have \$0 out-of-pocket responsibility for prescriptions listed on the PrudentRx drug list.



## Primary plans

	1000	1500	2000	2500	3000
<b>Deductible<sup>1</sup></b>					
• Single	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000
• Family	\$3,000	\$4,500	\$6,000	\$7,500	\$9,000
<b>Coinsurance</b>	20%	20%	20%	20%	30%
<b>Out-of-pocket max</b>					
• Single	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000
• Family	\$4,000	\$6,000	\$8,000	\$10,000	\$12,000
<b>Medical benefits</b>					
<b>Preventive<sup>2</sup></b>	FREE	FREE	FREE	FREE	FREE
<b>Virtual visit with Doctor On Demand<sup>®</sup></b>	\$10	\$15	\$20	\$25	\$25
<b>Office services</b>					
• PCP <sup>3</sup>	\$20	\$25	\$30	\$35	\$35
• Non-PCP	\$40	\$50	\$60	\$70	\$70
<b>Office-administered specialty medical drug<sup>4</sup></b>	\$175	\$175	\$200	\$200	\$225
<b>Emergency room</b>	\$300	\$300	\$350	\$350	\$400
<b>Blue Rx Complete</b>					
<b>Drug tiers</b>					
• Tier 1	\$15	\$15	\$20	\$20	\$25
• Tier 2	\$30	\$30	\$40	\$40	\$50
• Tier 3	\$60	\$60	\$80	\$80	\$100
• Tier 4	\$120	\$120	\$160	\$160	\$200
<b>Specialty<sup>5</sup></b>					
• Biosimilar / generic	\$115	\$115	\$140	\$140	\$160
• Preferred	\$175	\$175	\$200	\$200	\$225
• Non-preferred	\$225	\$225	\$250	\$250	\$275
<b>Medicare Part D Creditable</b>	Yes	Yes	Yes	Yes	Yes
<b>Plan codes</b>					
<b>Medical</b>	PPO: PM000086	PPO: PM000087	PPO: PM000088	PPO: PM000089	PPO: PM000090

<sup>1</sup> The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

<sup>2</sup> Preventive services must be received from an in-network provider in the Wellmark Blue PPO network. Please see your coverage document for a full listing of preventive services.

<sup>3</sup> The primary care office copay applies to certified nurse midwives, family practitioners, general practitioners, geriatricians, obstetricians/gynecologists, pediatricians, physicians assistants, advanced registered nurse practitioners, chiropractors, physical therapists, occupational therapists, speech pathologists, and in some cases, mental health or chemical dependency visits. All other in-network practitioners are subject to the non-primary care office copay. The copay applies per practitioner, per date of service.

<sup>4</sup> The office visit copayment applies in addition to this office administered specialty medical drug copayment.

<sup>5</sup> If you enroll with PrudentRx to get copayment assistance for your eligible specialty medications, you will have \$0 out-of-pocket responsibility for prescriptions listed on the PrudentRx drug list.

Continued from previous page

	3500	4000	4500	5000
<b>Deductible<sup>1</sup></b>				
• Single	\$3,500	\$4,000	\$4,500	\$5,000
• Family	\$10,500	\$12,000	\$13,500	\$15,000
<b>Coinsurance</b>	30%	30%	30%	30%
<b>Out-of-pocket max</b>				
• Single	\$7,000	\$8,000	\$8,150	\$8,550
• Family	\$14,000	\$16,000	\$16,300	\$17,100
<b>Medical benefits</b>				
<b>Preventive<sup>2</sup></b>	FREE	FREE	FREE	FREE
<b>Virtual visit with Doctor On Demand<sup>®</sup></b>	\$30	\$30	\$35	\$35
<b>Office services</b>				
• PCP <sup>3</sup>	\$40	\$40	\$45	\$45
• Non-PCP	\$80	\$80	\$90	\$90
<b>Office-administered specialty medical drug<sup>4</sup></b>	\$225	\$225	\$275	\$275
<b>Emergency room</b>	\$400	\$450	\$450	\$500
<b>Blue Rx Complete</b>				
<b>Drug tiers</b>				
• Tier 1	\$25	\$25	\$30	\$30
• Tier 2	\$50	\$50	\$65	\$65
• Tier 3	\$100	\$100	\$100	\$100
• Tier 4	\$200	\$200	\$240	\$240
<b>Specialty<sup>5</sup></b>				
• Biosimilar / generic	\$160	\$160	\$190	\$190
• Preferred	\$225	\$225	\$275	\$275
• Non-preferred	\$275	\$275	\$325	\$325
<b>Medicare Part D Creditable</b>	Yes	Yes	Yes	Yes
<b>Plan codes</b>				
<b>Medical</b>	PPO: PM000091	PPO: PM000092	PPO: PM000093	PPO: PM000094

<sup>1</sup> The family deductible and out-of-pocket maximum can be met through any combination of family members. No one member will be required to meet more than the single deductible or out-of-pocket maximum amount to receive benefits for covered services during a benefit period.

<sup>2</sup> Preventive services must be received from an in-network provider in the Wellmark Blue PPO network. Please see your coverage document for a full listing of preventive services.

<sup>3</sup> The primary care office copay applies to certified nurse midwives, family practitioners, general practitioners, geriatricians, obstetricians/gynecologists, pediatricians, physicians assistants, advanced registered nurse practitioners, chiropractors, physical therapists, occupational therapists, speech pathologists, and in some cases, mental health or chemical dependency visits. All other in-network practitioners are subject to the non-primary care office copay. The copay applies per practitioner, per date of service.

<sup>4</sup> The office visit copayment applies in addition to this office administered specialty medical drug copayment.

<sup>5</sup> If you enroll with PrudentRx to get copayment assistance for your eligible specialty medications, you will have \$0 out-of-pocket responsibility for prescriptions listed on the PrudentRx drug list.

# Vision benefits

## Vision plan details<sup>1</sup>

Avēsis	Plan A	Plan B	Plan C
<b>Eye exam — Covered every 12 months</b>	Copay: \$10	Copay: \$10	Copay: \$10
<b>Frames — Covered every 24 months</b>	Materials copay: \$10 Retail allowance: \$150	Materials copay: \$15 Retail allowance: \$150	Materials copay: \$25 Retail allowance: \$130
<b>Lenses</b>			
• Standard spectacle lenses — Covered every 12 months	Covered in full	Covered in full	Covered in full
• Level 1 progressive lenses	Covered in full	Up to \$75	Up to \$75
<b>Frames — Lens fit and follow-up</b>	Standard: \$50 Premium: \$75	Standard: \$50 Premium: \$75	Standard: \$50 Premium: \$75
<b>Contact lenses</b>			
• In lieu of eyeglasses — Covered every 12 months	Retail allowance: \$150	Retail allowance: \$150	Retail allowance: \$150

Avēsis	Plus 10/10	Enhanced 10/25
<b>Eye exam — Covered every 12 months</b>	Copay: \$10	Copay: \$10
<b>Frames — Covered every 24 months</b>	Materials copay: \$10 Retail allowance: \$150	Materials copay: \$25 Retail allowance: \$100
<b>Lenses</b>		
• Standard spectacle lenses — Covered every 12 months	Covered in full	Covered in full
• Progressive lenses	Up to 20% off, plus a \$50 allowance	Up to 20% off, plus a \$50 allowance
<b>Frames — Lens fit and follow-up</b>	Standard: \$50 Premium: \$75	Standard: \$50 Premium: \$75
<b>Contact lenses</b>		
• In lieu of eyeglasses — Covered every 12 months	Retail allowance: \$130	Retail allowance: \$110

<sup>1</sup> Applies to in-network benefits. Out-of-network services are covered and include higher copays.



DRAFT

This document is intended to be used solely for illustrative purposes, and provides simplified information and examples of a general nature. It is not intended as legal or tax advice, nor as an indication that you are eligible to contribute to an HSA, and should not be construed as such. Consult your tax advisor for specific tax advice and for more information about tax savings.

This guide is a brief summary of policies presented, which are subject to exclusions, limitations, reductions in benefits, and terms under which the policies may be renewed or discontinued. For costs and complete details of the coverage, call or write your authorized insurance agent or Wellmark.

Also, please note, this is a general description of coverage. It is not a statement of contract. Actual coverage is subject to the terms and conditions specified in the policy itself and enrollment regulations in force when the policy becomes effective. The benefits outlined in this guide are In-network benefits only. Out-of-network costs apply to the Wellmark Blue PPO<sup>SM</sup> network only. For full benefit details, please refer to your coverage manual.



Wellmark Blue Cross and Blue Shield of South Dakota is an independent licensee of the Blue Cross and Blue Shield Association.

Blue Cross®, Blue Shield®, the Cross and Shield Symbols, are registered marks, and Wellmark Blue PPO<sup>SM</sup>, and Blue Rx Complete<sup>SM</sup>, are service marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans.

Wellmark® is a registered mark of Wellmark, Inc.

Wellmark's virtual health care visit is available through any provider who performs telehealth services per Iowa State Mandate. Wellmark's preferred vendor is an independent company, Doctor on Demand by Included Health, and the telemedicine services are provided by licensed physicians practicing within a group of independently owned professional practices. Doctor on Demand does not itself provide any physician, mental health or other health care provider services. Doctor on Demand operates subject to state laws. Doctor on Demand offers medical care in 50 states. Doctor on Demand does not provide Wellmark Blue Cross and Blue Shield products or services. Virtual visits are not intended to replace an annual, in-person visit with a primary care physician. Doctor on Demand® by Included Health is a registered mark of Included Health, Inc.

Avēsis Vision is an independent vision insurance company that does not provide Wellmark Blue Cross and Blue Shield products and services. Avēsis Vision is underwritten by Fidelity Security Life Insurance.

PrudentRx is an independent company providing specialty drug copay benefits to Wellmark Blue Cross and Blue Shield members.

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# 2024 health plan resource guide

for South Dakota businesses with **51–100 employees**



## What's inside

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## Why Wellmark?

As a business owner, you know the most critical component to your success is your employees. With Wellmark® Blue Cross® and Blue Shield®, you get the largest networks and some of the best benefit options to choose from, so you can select the right coverage to help retain and attract employees — all within a manageable budget to fit your business. We also offer market-leading tools and services that make us one of the easiest carriers to do business with and help your employees manage costs and live healthier lives.

Wellmark has built a reputation over the last 80 years for purposefully innovating and developing comprehensive solutions to give you and your employees meaningful plan choice and real value — all while broadening health care provider access. Wellmark also has a legacy of paying our claims accurately and promptly, saving you and your employees time and money.



**We're making health care better by focusing on what matters most.**





## Coverage that's right for your business

The **Wellmark Blue PPO<sup>SM</sup> Network** provides the broadest access in the market with an extensive statewide network and a national network of providers through the BlueCard<sup>®</sup> PPO program. This gives your employees access to more than 1.7 million unique, in-network providers throughout the U.S. at a premium price.<sup>1</sup>

Our PPO network also offers international coverage through Blue Cross Blue Shield Global<sup>®</sup> Core. Your employees will have access to traditional inpatient, outpatient and professional health care providers around the world. This means they have coverage virtually anywhere they travel.

<sup>1</sup> Provider Data Repository (PDR), January 2021. From national BlueCard PPO portion of the network reporting services (NRS) extract of PDR data. The data is limited to records in Plans' licensed service.



# Health insurance plans to fit your business

Check out your many options. Select the plan that’s right for your employees.

From traditional coverage to high-deductible health plans (HDHPs), we offer a range of solutions to help meet your needs.

	Modified	Copayment	Primary	HDHP
<b>Description</b>	Modified plans are similar to traditional plans but eliminate coinsurance entirely.	Copayment plans provide predictable copays for many common health care expenses, like in-network office visits.	Primary plans offer a split office copay in a traditional plan structure to incentivize members to seek care through their PCP first.	HDHPs encourage members to engage in their health plan by paying the full cost of care until their deductible has been met.
<b>How this plan works</b>	<ul style="list-style-type: none"> <li>• Lower copay for primary care providers (PCP).</li> <li>• Higher copay for non-primary care providers.</li> <li>• No coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Office services are covered with varying copays depending on the provider type.</li> <li>• Most other services are subject to deductible and coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Lower copay for PCPs</li> <li>• Higher copay for non-PCPs</li> <li>• Most other services subject to deductible and coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Plans qualify for a health savings account (HSA) to help pay covered health care expenses</li> <li>• Health plan takes care of covered health care expenses exceeding the deductible</li> <li>• Can be paired with a health reimbursement arrangement (HRA)</li> </ul>
<b>Virtual visits</b>	All health plans include access to virtual visits. All copays listed apply to Wellmark’s preferred virtual visit partner, Doctor On Demand®.			
<b>Prescription drug coverage</b>	<b>Blue Rx Complete<sup>SM</sup></b> : Uses a tiered copay structure to encourage the use of generic or lower-priced drugs that are as safe and effective, but less costly than other treatment options.			
<b>Wellness</b>	All health plans include health support to help keep employees healthy: • BeWell 24/7 <sup>SM</sup> • Wellness Center powered by WebMD® • pharmacy management • rare condition management • advanced care • pregnancy support			

Out-of-pocket costs for in-network services only apply to the in-network out-of-pocket maximum. Only out-of-pocket costs for out-of-network services apply to the out-of-network out-of-pocket maximum. The family out-of-pocket maximum (OPM) can be met through any combination of family members. No one member will be required to meet more than the single OPM amount to receive benefits for covered services during a benefit period, unless noted otherwise.

All preventive care costs are waived when using an in-network or participating provider on PPO plans. Preventive care includes gynecological exams, preventive exams, screening mammography, well-child and newborn visits, unless noted otherwise. One preventive exam per member per benefit period with separate gynecological exams. Well-child visits up to age seven (includes normal newborn visits, physical examinations, assessments and immunizations).

Primary care office copays apply to family practitioners, general practitioners, geriatricians, internal medicine practitioners, obstetricians/gynecologists, pediatricians, physician assistants and advanced registered nurse practitioners, except for HDHPs. This lower office copay also applies to in-network chiropractors, physical therapists, occupational therapists, speech pathologists and in some cases, mental health or chemical dependency visits. Any other in-network practitioners are subject to the non-primary care office copay for Primary plans. The copay applies per practitioner, per visit, except for HDHPs.

Benefit and general provisions described are subject to terms of the actual coverage manual.

# Prescription drug plans

No matter which health plans you choose, your employees will understand what they'll pay without any hidden costs and fees with our easy-to-navigate pharmacy network and tools.



With convenient access to a large pharmacy network that includes both national retail chains and independent pharmacies, Blue Rx Complete will help members save on out-of-pocket costs.

## Blue Rx Complete<sup>SM</sup>

Most of our health plans provide prescription coverage through **Blue Rx Complete**, a drug plan where employees pay a fixed copay amount at the time of purchase.

Blue Rx Complete uses a tiered copay structure to encourage members to use generic or lower-priced drugs that are as safe and effective, but less costly than other treatment options.

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**\$ – DRUG TIER 1 will have the lowest costs.** It includes most generics and select branded drugs.

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**\$\$ – DRUG TIER 2 has a higher cost share than Tier 1.** It is made up of drugs that are preferred based on effectiveness when compared to similar drugs.

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**\$\$\$ – DRUG TIER 3 also increases out-of-pocket costs.** It consists of nonpreferred drugs that have reasonable, more cost-effective alternatives on Tier 1 or Tier 2.

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**\$\$\$\$ – BIOSIMILAR AND GENERIC SPECIALTY DRUGS** are safe, effective and less costly specialty treatment options. According to the Food and Drug Administration (FDA), a biosimilar is highly similar to and has no meaningful differences from an existing FDA-approved product.

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**\$\$\$\$\$ – SPECIALTY DRUGS** are split into two categories — preferred and nonpreferred. Preferred drugs are proven to treat complex or rare conditions. There is insufficient clinical evidence indicating non-preferred drugs are more beneficial than preferred alternatives.

Employees can save money on their specialty prescriptions with manufacturer discount cards available through PrudentRx, a third-party vendor through Wellmark's pharmacy benefits administrator, CVS, to help lower prescription drug costs. PrudentRx will reach out directly to enroll. If they fail to respond or decline to participate in the PrudentRx program, please note that the member will be responsible for their member cost-share of 30 percent coinsurance. The PrudentRx drug list can be found at [Wellmark.com/DrugLists](https://www.wellmark.com/DrugLists).

# Avēsis vision plan



## Highlights

- Access to more than 104,000 vision locations nationally<sup>1</sup>
- Network includes independent and leading national retailers
- Discounts on services such as LASIK surgery, as well as additional eyeglasses, sunglasses and lens options
- Voluntary option available

## What's covered?

As a preferred Wellmark vendor, Avēsis<sup>2</sup> offers you some of the most comprehensive vision plans in the industry to choose from.

### Covered services include:

- Eye exams
- Frames
- Standard plastic lenses
- Contact lenses
- Lens options

<sup>1</sup> Avēsis network numbers

<sup>2</sup> Avēsis Vision is an independent vision insurance company that does not provide Blue Cross and Blue Shield products and services. Avēsis Vision is underwritten by Fidelity Life Insurance Company.



# Virtual visits with Doctor On Demand<sup>®</sup>

**Reduce absenteeism and costs, while increasing employee convenience and satisfaction.**



**Doctor On Demand physicians can treat hundreds of the most common medical conditions, and prescribe medication, if needed.<sup>1</sup>**

Virtual visits are becoming increasingly popular for patients, physicians and employers alike — and it's easy to see why. They give patients convenient access to quality care without exposing others to illnesses or missing extra time away from work or home.

Included in all our plans is coverage with our preferred virtual visit provider, Doctor On Demand. With Doctor On Demand, your employees can connect face-to-face with a board-certified doctor from virtually anywhere using a smartphone, tablet or computer on their schedule.

Employees get the care they need, when they need it — all without taking time away from work. It's as easy as going to [DoctorOnDemand.com/Wellmark](https://www.doctorondemand.com/wellmark) or downloading the app from the App Store<sup>®</sup> or on Google Play<sup>™</sup>.

## Doctor On Demand has:



Shown a reduction in absenteeism.



Lower costs than an office visit.



An average wait time of 10 minutes.



A 4.9 star rating out of 5.

## Your employees and their family members can see a doctor for:

- Mental health concerns<sup>2</sup>
- Cold and flu symptoms
- Bronchitis and sinus infections
- Urinary tract infections
- Sore throats
- Allergies
- Fever
- Headaches
- Pink eye
- Skin conditions

Source: Doctor On Demand

<sup>1</sup> Doctor On Demand physicians do not prescribe Schedule I-IV DEA Controlled Substances and may elect not to treat or prescribe other medications based on what is clinically appropriate.

<sup>2</sup> Includes but is not limited to treatment for mental health, chemical dependency, and certain psychological or emotional conditions. Services performed by psychologists may be covered. Psychiatry services are not covered through virtual visit. Please refer to your coverage manual for more details.

# Market-leading tools and services for employers

## Employer Connection

As an employer, we know you have a lot on your plate. And, when your employees have a question, you want to be able to answer them quickly. Log in to Employer Connection from [Wellmark.com](https://www.wellmark.com) to get answers quickly.

If your employees have questions about eligibility or benefits, go online to provide an answer right away without having to contact your Wellmark representative. You're also able to order new ID cards, update member information and more.

## Blue Insights<sup>SM</sup>

Blue Insights is our approach to employer reporting and consultation. It contains dashboards and reports that illustrate the metrics most important to your organization so you can better understand your employee data and make smarter benefits decisions.

## BluesEnroll<sup>SM</sup>

BluesEnroll, available to employers with 75 or more enrolled employees, gives HR administrators a comprehensive suite of tools and reports that streamline new hires and open enrollment. The platform allows for benefit changes in real time and helps with daily tasks and more. You can automate the benefits administration process, replacing cumbersome, manual processing with a single web-based platform.

## Wellmark Wellness Center

Our Core Wellness Center provides essential elements for enhancing the health and well-being of your organization. It includes an online wellness assessment, health, fitness and nutritional information, health trackers, tools and more.

We also have buy-up wellness options that offer a variety of evidence-based programs that address the six domains of well-being. You get access to a Wellmark health and well-being consultant who works with you to find solutions based on your organization's goals, culture and challenges.

## Blue@Work<sup>SM</sup>

Get unique industry insights and other information you need to administer your employee benefits. Blue@Work is our single destination to help move your business forward. It features industry news, pharmacy information, employee benefits, community and health-related articles that can be accessed anytime, anywhere.

Our monthly e-newsletter for groups keeps you up to date with information that is both operational and inspirational. It's designed to make it easy for you to do business with us, as well as give you ideas to keep your employees happy and healthy.

Get the scoop on managing costs, understand the changing health care landscape and subscribe to the monthly e-newsletter all at [Wellmark.com/Blue-at-Work](https://www.wellmark.com/Blue-at-Work).



**TO LEARN MORE** about all of the market-leading tools and services available to you, contact your Wellmark representative.



**Find everything you need to efficiently manage benefits, find news alerts, free educational materials, and electronic billing and payment options.**

**Log into Employer Connection from [Wellmark.com](https://www.wellmark.com)**

# Market-leading tools and services for members

## Health support programs

Wellmark has three different programs — case management, pregnancy support and rare condition management — that can help improve outcomes when there is a significant health need.



Your employees  
can take  
advantage of all  
our plan's built-in  
tools, programs  
and services at  
no additional  
cost to you.

## Wellness Center

With the Wellmark Wellness Center powered by WebMD®, our members have the help they need to reach their goals and live a healthier life.

## BlueCard® program

With the BlueCard program, your employees can take advantage of our national network for all their health care needs. Find participating providers across the country and worldwide at [BCBS.com](https://www.bcbs.com) or by calling 800-810-2583.

## BeWell 24/7<sup>SM</sup>

Your employees are busy people. That's why BeWell 24/7 connects them with a real person who can help with a variety of health-related concerns and help maintain a work/life balance. **Call 24 hours a day, seven days a week at 844-84-BeWell (844-842-3935).**

## Blue365® Program

This program gives your employees exclusive access to discounts and resources that help them live a healthier lifestyle at [Wellmark.com/Blue365](https://www.wellmark.com/blue365).

## Blue<sup>SM</sup> Magazine

Each issue of Blue features health and wellness articles, consumer tips, health plan news and healthy recipes. It helps your employees get the most from their plans — and from their lives. Find it online at [Wellmark.com/Blue](https://www.wellmark.com/blue).

## myWellmark®

myWellmark is our secure member website and app that has tools, resources and insights to help your employees manage their health care spending and live a healthier life. myWellmark streamlines their health insurance information and makes it easier to find what they need, when they need it, on any device.

myWellmark helps your employees get the most from their health insurance benefits. With myWellmark, they can:



**Find a trusted health care provider in their plan's network and designate a primary care provider.**



**Find information related to their specific benefits.**



**Estimate their cost of care for procedures and services.**



**View their detailed claims information, including cost breakdown and status tracker.**



**View their year-to-date spend report.**



**Receive electronic documents quickly and securely.**



**Access their digital ID cards.**



**Enhance your well-being with tailored insights.**

Your employees get more from their health plan by registering at [myWellmark.com](https://myWellmark.com).



This document is intended to be used solely for illustrative purposes, and provides simplified information and examples of a general nature. It is not intended as legal or tax advice, nor as an indication that you are eligible to contribute to an HSA, and should not be construed as such. Consult your tax advisor for specific tax advice and for more information about tax savings.

This guide is a brief summary of policies presented, which are subject to exclusions, limitations, reductions in benefits, and terms under which the policies may be renewed or discontinued. For costs and complete details of the coverage, call or write your authorized insurance agent or Wellmark.

Also, please note, this is a general description of coverage. It is not a statement of contract. Actual coverage is subject to the terms and conditions specified in the policy itself and enrollment regulations in force when the policy becomes effective.



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Blue Cross®, Blue Shield®, the Cross® and Shield® symbols, BCBS Global® Core, BlueCard® and Blue365® are registered marks and Wellmark Blue PPO<sup>SM</sup>, Blue Rx Complete<sup>SM</sup>, Blue Insights<sup>SM</sup>, BluesEnroll, and Blue<sup>SM</sup> Magazine are service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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WebMD® is a registered trademark of WebMD Health Services Group, Inc. WebMD is a separate company that provides wellness services on behalf of Wellmark Blue Cross and Blue Shield.

Avēsis Vision is an independent vision insurance company that does not provide Wellmark Blue Cross and Blue Shield products and services. Avēsis Vision is underwritten by Fidelity Security Life Insurance.

App Store is a service mark of Apple Inc., registered in the U.S. and other countries.

Google Play™ and the Google Play logo are trademarks of Google LLC.

Doctor On Demand physicians do not prescribe Drug Enforcement Administration-controlled substances, and may elect not to treat conditions or prescribe other medications based on what is clinically appropriate. For plans that include benefits for mental health treatment, Doctor On Demand benefits may include treatment for certain psychological conditions, emotional issues and chemical dependency. Services performed by Doctor On Demand psychologists are covered. Doctor On Demand does not provide psychiatry services. For more information, call Wellmark at the number on your ID card or call Wellmark Customer Service.

Doctor On Demand by Included Health is a separate company providing an online telehealth solution for Wellmark members. Doctor On Demand® is a registered mark of Included Health, Inc.

Blue Cross Blue Shield Global® Core is basic health care coverage providing people access to care outside the United States.

PrudentRx is an independent company providing specialty drug copay benefits to Wellmark Blue Cross and Blue Shield members.

# 2024 Blue Medicare Advantage Plan Changes – South Dakota

## Overview

To remain competitive and meet our members' needs, this document reflects the changes to the overall portfolio and serves as a training supplement to the 2024 MA certification requirements.

## Blue Medicare Advantage PPO | Avera (H5900-005)

Benefit Category	2023	2024
	Avera Network / PPO Network / Out-of-Network	Avera Network / PPO Network / Out-of-Network
Maximum Out-of-Pocket (MOOP)	\$3,755 IN / \$7,500 OON	\$3,855 IN / \$7,500 OON
Inpatient Hospital – Acute & Psychiatric	\$375 / \$700 / \$1,500 per stay	\$375 / \$750 / \$1,500 per stay
Skilled Nursing Facility	\$187 days 21-55	\$190 days 21-55
Cardiac Rehab	\$20 / \$40 / \$60	\$20 / \$35 / \$60
Pulmonary Rehab	\$20 / \$20 / \$60	\$15 / \$15 / \$60
Supervised Exercise Therapy (SET)	\$20 / \$30 / \$60	\$20 / \$25 / \$60
Physical / Occupational / Speech Therapy	\$20 / \$40 / \$60	\$10 / \$40 / \$60
Emergency Services (ER – waived if admitted)	\$90	\$100
Urgently Needed Services	\$40	\$50
Worldwide Emergency Coverage	\$100	\$120
Outpatient Diagnostic Procedures/Tests/Radiological Svcs. Minimum applies to services performed by a PCP in a professional office setting. If procedure performed by a specialist, specialist cost share will apply if performed in a professional office setting. The maximum applies to procedures performed in an outpatient setting.	\$0-\$50 / \$15-\$100 / \$30-\$150	\$0-\$75 / \$15-\$150 / \$30-\$200
Ambulance (ground and air)	\$250	\$275
Diabetic Supplies <ul style="list-style-type: none"> <li>Test Strips &amp; Lancets</li> <li>All Other Diabetic Supplies</li> </ul>	0% / 30% / 40% 20% / 30% / 40%	20% / 30% / 40% 20% / 30% / 40%
Supplemental Dental <ul style="list-style-type: none"> <li>Preventive Dental Exams</li> <li>Comprehensive Dental Allowance</li> <li>Minor Restorative Dental Services (fillings)</li> </ul>	\$25 \$500 50%	\$15 \$1,250 25%
Supplemental Vision <ul style="list-style-type: none"> <li>Preventive Eye Exams</li> <li>Eyeglass Lenses (single vision, lined bifocal, lined trifocal, lenticular and upgrades for standard progressives)</li> <li>Annual Allowance (Glasses or Contacts)</li> </ul>	\$0 Covered in Annual Allowance \$150	\$0 Covered in Full \$150

BENEFIT LEVEL	DEDUCTIBLE	30-DAY SUPPLY Preferred / Standard / Mail	60-DAY SUPPLY Preferred / Standard / Mail	100-DAY SUPPLY Preferred / Standard / Mail
Tier 1: Preferred Generic	\$0	\$0 / \$12 / \$2 \$0	\$0 / \$24 / \$0	\$0 / \$34 / \$36 / \$0
Tier 2: Generic		\$7 / \$15 / \$8 \$7	\$14 / \$30 / \$16 \$14	\$21 / \$19 / \$45 / \$0
Tier 3: Preferred Brand		\$47 / \$47 / \$37 \$47	\$94 / \$94 / \$74 \$94	\$109 / \$129 / \$139 / \$141 / \$102 / \$118
Tier 4: Non-Preferred Brand		\$100 / \$100 / \$100	\$194 / \$200 / \$194 / \$200 / \$194 / \$200	\$290 / \$275 / \$290 / \$300 / \$290 / \$250
Tier 5: Specialty		33% / 33% / 33%	N/A	N/A
Initial Coverage Limit (ICL) Amount — \$5,030		Once your prescription drug costs reach the ICL, you pay 25%		
Catastrophic Coverage (TROOP — \$8,000)		Once your out-of-pocket costs reach the TROOP amount, you pay \$0		

## Blue Medicare Advantage PPO<sup>SM</sup> (H5900-003)

Benefit Category	2023	2024
	In- and Out-of-Network	In- and Out-of-Network
Skilled Nursing Facility	\$187 days 21-55	\$203 days 21-55
Cardiac Rehab	\$40	\$35
Intensive Cardiac Rehab	\$40	\$65
Pulmonary Rehab	\$20	\$15
Supervised Exercise Therapy (SET)	\$30	\$25
Emergency Services (ER – waived if admitted)	\$90	\$120
Worldwide Emergency Coverage	\$100	\$120
Partial Hospitalization	\$55	\$85
Outpatient Hospital Services Minimum copay applies to all non-surgical services performed in an outpatient setting. Maximum copay applies to surgical services performed in an outpatient setting.	\$40 - \$325	\$40 - \$350
Ambulance (ground and air)	\$250	\$325
Other Part B Drugs	20% In-Network / 35% Out-of-Network	20% In- and Out-of-Network
Diabetic Supplies		
• Test Strips & Lancets	0%	20%
• All Other Diabetic Supplies	20%	20%
Supplemental Dental		
• Preventive Dental Exams	\$20	\$15
• Comprehensive Dental Allowance	\$500	\$1,000
Supplemental Vision		
• Preventive Eye Exams	\$0	\$0
• Eyeglass Lenses (single vision, lined bifocal, lined trifocal, lenticular and upgrades for standard progressives)	Covered in Annual Allowance	Covered in Full
• Annual Allowance (Glasses or Contacts)	\$150	\$175
OTC Allowance per quarter	\$50	\$85

BENEFIT LEVEL	DEDUCTIBLE	30-DAY SUPPLY	60-DAY SUPPLY	100-DAY SUPPLY
		Preferred / Standard / Mail	Preferred / Standard / Mail	Preferred / Standard / Mail
Tier 1: Preferred Generic	\$0	\$0 / \$12 / \$2 \$0	\$0 / \$24 / \$4 \$0	\$0 / \$34 / \$36 / \$0
Tier 2: Generic		\$10 / \$18 / \$8 \$10	\$20 / \$36 / \$16 \$20	\$22 \$28 / \$52 \$54 / \$0
Tier 3: Preferred Brand		\$47 / \$47 / \$37 \$47	\$94 / \$94 / \$74 \$94	\$109 \$129 / \$139 \$141 / \$102 \$118
Tier 4: Non-Preferred Brand		\$100 / \$100 / \$100	\$194 \$200 / \$194 \$200 / \$194 \$200	\$290 \$275 / \$290 \$300 / \$275 \$250
Tier 5: Specialty		33% / 33% / 33%	N/A	N/A
Initial Coverage Limit (ICL) Amount — \$5,030		Once your prescription drug costs reach the ICL, you pay 25%		
Catastrophic Coverage (TROOP — \$8,000)		Once your out-of-pocket costs reach the TROOP amount, you pay \$0		

## Blue Medicare Advantage Enhanced PPO<sup>SM</sup> (H5900-004)

Benefit Category	2023	2024
	In- and Out-of-Network	In- and Out-of-Network
Inpatient Hospital – Acute & Psychiatric	\$325 per stay	\$350 per stay
Skilled Nursing Facility	\$187 days 21-48	\$190 days 21-55
Pulmonary Rehab	\$20	\$15
Supervised Exercise Therapy (SET)	\$30	\$25
Physical / Occupational / Speech Therapy	\$30	\$15
Emergency Services (ER – waived if admitted)	\$90	\$120
Worldwide Emergency Coverage	\$100	\$120
Ambulance (ground and air)	\$200	\$250
Other Part B Drugs	20% In-Network / 30% Out-of-Network	20% In- and Out-of-Network
Diabetic Supplies		
• Test Strips & Lancets	0%	20%
• All Other Diabetic Supplies	20%	20%
Supplemental Dental		
• Comprehensive Dental Allowance	\$1,500	\$2,000
• Minor Restorative Dental Services (fillings)	50%	25%
Supplemental Vision		
• Preventive Eye Exams	\$0	\$0
• Eyeglass Lenses (single vision, lined bifocal, lined trifocal, lenticular and upgrades for standard progressives)	Covered in Annual Allowance	Covered in Full
• Annual Allowance (Glasses or Contacts)	\$200	\$250
OTC Allowance per quarter	\$75	\$100

BENEFIT LEVEL	DEDUCTIBLE	30-DAY SUPPLY Preferred / Standard / Mail	60-DAY SUPPLY Preferred / Standard / Mail	100-DAY SUPPLY Preferred / Standard / Mail
Tier 1: Preferred Generic	\$0	\$0 / \$6 / \$2 \$0	\$0 / \$12 / \$4 \$0	\$0 / \$18 / \$0
Tier 2: Generic		\$10 / \$14 / \$8 \$10	\$20 / \$28 / \$16 \$20	\$20 \$28 / \$42 / \$0
Tier 3: Preferred Brand		\$47 / \$47 / \$37 \$47	\$94 / \$94 / \$74 \$94	\$109 \$129 / \$139 / \$102 \$118
Tier 4: Non-Preferred Brand		\$100 / \$100 / \$100	\$194 \$200 / \$194 \$200 / \$194 \$200	\$290 \$275 / \$290 \$300 / \$275 \$250
Tier 5: Specialty		33% / 33% / 33%	N/A	N/A
Initial Coverage Limit (ICL) Amount — \$5,030	Once your prescription drug costs reach the ICL, you pay 25%			
Catastrophic Coverage (TROOP — \$8,000)	Once your out-of-pocket costs reach the TROOP amount, you pay \$0			

## Blue Medicare Advantage<sup>SM</sup> Valor PPO (H5900-007)

Benefit Category	2023	2024
	In- and Out-of-Network	In- and Out-of-Network
Maximum Out-of-Pocket (MOOP)	\$4,500	\$5,000
Inpatient Hospital – Acute & Psychiatric	\$380 days 1-4	\$380 days 1-5
Skilled Nursing Facility	\$187 days 21-55	\$203 days 21-55
Intensive Cardiac Rehab	\$35	\$65
Pulmonary Rehab	\$20	\$15
Supervised Exercise Therapy (SET)	\$30	\$25
Emergency Services (ER – waived if admitted)	\$90	\$120
Urgently Needed Services	\$40	\$60
Worldwide Emergency Coverage	\$100	\$120
Partial Hospitalization	\$55	\$75
Specialist Services Includes physician specialists, mental health sessions, psychiatric services, physical therapy, occupational therapy, speech therapy, and other specialty health care professional services including (but not limited to) specialist telehealth, outpatient substance abuse, Medicare-covered dental, vision, hearing, etc.	\$35	\$40
Outpatient Hospital Services Minimum copay applies to all non-surgical services performed in an outpatient setting. Maximum copay applies to surgical services performed in an outpatient setting.	\$35 - \$325	\$40 - \$325
Ambulance (ground and air)	\$250	\$325
Diabetic Supplies <ul style="list-style-type: none"> <li>• Test strips &amp; lancets</li> <li>• Other diabetic supplies</li> <li>• Diabetic shoes &amp; inserts</li> </ul>	0% 20% 20%	0% 0% 20%
Other Part B Drugs	20% In-Network / 35% Out-of-Network	20% In- and Out-of-Network
Supplemental Vision <ul style="list-style-type: none"> <li>• Preventive Eye Exams</li> <li>• Eyeglass Lenses (single vision, lined bifocal, lined trifocal, lenticular and upgrades for standard progressives)</li> <li>• Annual Allowance (Glasses or Contacts)</li> </ul>	\$0 Covered in Annual Allowance \$150	\$0 Covered in Full \$150

# 2024 SD Blue Medicare Advantage Plan Benefits

BENEFIT CATEGORIES	BLUE MEDICARE ADVANTAGE <sup>SM</sup> VALOR PPO Combined In- and Out-of-network	BLUE MEDICARE ADVANTAGE PPO   AVERA Avera Network / PPO In-network / Out-of-network	BLUE MEDICARE ADVANTAGE PPO <sup>SM</sup> Combined In- and Out-of-network	MEDICARE ADVANTAGE ENHANCED PPO <sup>SM</sup> Combined In- and Out-of-network
<b>Premium</b>	\$0	\$0	\$19	\$64
<b>Maximum Out-of-Pocket (MOOP)</b>	\$5,000	\$3,855 IN / \$7,500 OON	\$4,200	\$3,800
<b>Office visit: primary care</b>	\$0	\$0 / \$15 / \$30	\$0	\$0
<b>Office visit: specialists</b>	\$40	\$20 / \$40 / \$60	\$40	\$30
<b>PT / OT / ST</b>	\$40	\$10 / \$40 / \$60	\$40	\$15
<b>Inpatient acute hospital care</b>	\$380 Days 1-5	\$375 / \$750 / \$1,500 per stay	\$365 Days 1-5	\$350 per stay
<b>Diagnostic tests and procedures:</b>				
• X-rays	\$20	\$10 / \$20 / \$30	\$20	\$10
• Diagnostic Radiological (e.g., MRI)	\$100	\$90 / \$180 / \$270	\$100	\$75
• Lab	\$5	\$0 / \$15 / \$30	\$5	\$0
• Blood	\$0	\$0	\$0	\$0
• Other Diagnostic Tests	\$40 - \$325	\$20-\$75 / \$40-\$150 / \$60-\$200	\$40 - \$100	\$30 - \$75
<b>Outpatient hospital:</b>				
• Knee & Hip	\$0 (ASC only)	\$0 / \$300 / \$450	\$0 (ASC only)	\$0 (ASC only)
• Non-Surgical	\$40	\$15 / \$30 / \$45	\$40	\$30
• Ambulatory	\$200	\$150 / \$300 / \$450	\$200	\$175
• Surgical	\$325	\$200 / \$400 / \$600	\$350	\$200
<b>Chiropractic services:</b>				
• X-rays	\$0 one set of x-rays/yr.	\$0 one set of x-rays/yr.	\$0 one set of x-rays/yr.	\$0 one set of x-rays/yr.
• Medicare-covered visit	\$20	\$20	\$20	\$20
• Routine (14 visit limit)	\$30	\$30	\$30	\$25
<b>Diabetic Supplies</b>				
• Test strips & lancets	0%	20% / 30% / 40%	20%	20%
• Other diabetic supplies	0%	20% / 30% / 40%	20%	20%
• Diabetic shoes & inserts	20%	20% / 30% / 40%	20%	20%
<b>Ambulance</b>	\$325	\$275	\$325	\$250
<b>Urgent care</b>	\$60	\$50	\$45	\$35
<b>Emergency Room</b>	\$120	\$100	\$120	\$120
<b>Worldwide Emergency Care</b>	\$120 copay for Worldwide emergency coverage urgent coverage, and emergency transportation			

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# 2024 South Dakota Supplemental Benefits

IN-NETWORK BENEFITS	BLUE MEDICARE ADVANTAGE <sup>SM</sup> VALOR PPO	BLUE MEDICARE ADVANTAGE PPO   AVERA	BLUE MEDICARE ADVANTAGE PPO <sup>SM</sup>	MEDICARE ADVANTAGE ENHANCED PPO <sup>SM</sup>
<b>Fitness</b>	✓	✓	✓	✓
<b>Member Rewards Program</b>	✓	✓	✓	✓
<b>Virtual Visits</b> • Doctor on Demand • PCP Telehealth • Specialist Telehealth	\$0 \$0 \$40	\$0 \$0 \$20	\$0 \$0 \$0	\$0 \$0 \$30
<b>Dental</b> • Preventive Exam • Annual Allowance • Restorative Services • Other Services	\$25 \$500 50% 50%	\$15 \$1,250 25% 50%	\$15 \$1,000 50% 50%	\$0 \$2,000 25% 50%
<b>Vision</b> • Preventive Exam • Glasses Lens Coverage* • Annual Eyewear/Contact Lens Allowance	\$0 Covered in Full* \$150	\$0 Covered in Full* \$150	\$0 Covered in Full* \$175	\$0 Covered in Full* \$250
<b>Hearing</b> • Preventive Exam • Annual Hearing Aid Allowance	\$0 \$1,000 per ear per year	\$0 \$1,000 per ear per year	\$0 \$1,000 per ear per year	\$0 \$1,250 per ear per year
<b>Over-the-counter (OTC) Items</b>	\$50 per quarter	\$50 per quarter	\$85 per quarter	\$100 per quarter
<b>Meals</b> (following an inpatient or SNF discharge)	2 per day for 14 days	2 per day for 14 days	2 per day for 14 days	2 per day for 14 days
<b>Personal Emergency Response Service</b>	✓	✓	x	✓

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\* Lenses covered in full: single vision, lined bifocals, lined trifocals, lenticular lenses, and upgrades for standard progressives.

# 2024 South Dakota Pharmacy Benefits

30-Day Supply

COST SHARES	DEDUCTIBLE	BLUE MEDICARE ADVANTAGE PPO <sup>SM</sup>   AVERA Preferred / Standard / Mail	BLUE MEDICARE ADVANTAGE PPO <sup>SM</sup> Preferred / Standard / Mail	MEDICARE ADVANTAGE ENHANCED PPO <sup>SM</sup> Preferred / Standard / Mail
Tier 1: Preferred Generic	\$0	\$0 / \$12 / \$0	\$0 / \$12 / \$0	\$0 / \$6 / \$0
Tier 2: Generic		\$7 / \$15 / \$7	\$10 / \$18 / \$10	\$10 / \$14 / \$10
Tier 3: Preferred Brand		\$47 / \$47 / \$47	\$47 / \$47 / \$47	\$47 / \$47 / \$47
Tier 4: Non-Preferred Brand		\$100 / \$100 / \$100	\$100 / \$100 / \$100	\$100 / \$100 / \$100
Tier 5: Specialty		33% / 33% / 33%	33% / 33% / 33%	33% / 33% / 33%
Initial Coverage Limit (ICL) Amount — \$5,030		Once your prescription drug costs reach the ICL, you pay 25%		
Catastrophic Coverage (TrOOP — \$8,000)		Once your out-of-pocket costs reach the TrOOP amount, you pay \$0		

100-Day Supply

COST SHARES	DEDUCTIBLE	BLUE MEDICARE ADVANTAGE PPO <sup>SM</sup>   AVERA Preferred / Standard / Mail 30-day cost times: 2.75 / 3 / 2.5	BLUE MEDICARE ADVANTAGE PPO <sup>SM</sup> Preferred / Standard / Mail 30-day cost times: 2.75 / 3 / 2.5	MEDICARE ADVANTAGE ENHANCED PPO <sup>SM</sup> Preferred / Standard / Mail 30-day cost times: 2.75 / 3 / 2.5
Tier 1: Preferred Generic	\$0	\$0 / \$36 / \$0	\$0 / \$36 / \$0	\$0 / \$18 / \$0
Tier 2: Generic		\$19 / \$45 / \$0	\$28 / \$54 / \$0	\$28 / \$42 / \$0
Tier 3: Preferred Brand		\$129 / \$141 / \$118	\$129 / \$141 / \$118	\$129 / \$141 / \$118
Tier 4: Non-Preferred Brand		\$275 / \$300 / \$250	\$275 / \$300 / \$250	\$275 / \$300 / \$250
Tier 5: Specialty		N/A	N/A	N/A
Initial Coverage Limit (ICL) Amount — \$5,030		Once your prescription drug costs reach the ICL, you pay 25%		
Catastrophic Coverage (TrOOP — \$8,000)		Once your out-of-pocket costs reach the TrOOP amount, you pay \$0		

----- PENDING CMS APPROVAL -----



# Contacts



HANG ME ON THE FRIDGE OR ANOTHER CONVENIENT LOCATION.

## Important phone numbers to clip and save

See the chart below for ways to access care or learn more about the benefits in your Wellmark Advantage Health Plan. More information about these services is available via your member portal at [WellmarkAdvantageHealthPlan.com/login](https://secure.healthx.com/wellmark.member).

<b>Customer Service</b> 8 a.m. to 8 p.m., Monday through Friday, with weekend hours Oct. 1 through March 31.	<b>1-855-716-2544 (TTY: 711)</b> <b>Secure member portal:</b> <a href="https://secure.healthx.com/wellmark.member">https://secure.healthx.com/wellmark.member</a>
<b>Pharmacy Services through Caremark</b>	<b>1-888-832-6168 (TTY: 711)</b> <a href="https://www.caremark.com">Caremark.com</a>
<b>Telehealth – Wellmark Advantage Health Plan Virtual Visits (online doctor visit)</b>	<b>1-800-997-6196 (TTY: 711)</b> <a href="https://www.doctorondemand.com/WellmarkMA">DoctorOnDemand.com/WellmarkMA</a>
<b>Emotional and Mental Wellness – Wellmark Advantage Health Plan Virtual Visits</b>	<b>1-800-997-6196 (TTY: 711)</b> <a href="https://www.doctorondemand.com/WellmarkMA">DoctorOnDemand.com/WellmarkMA</a>
<b>Live Healthy Blue</b>	<b>1-816-759-8469 (TTY: 711)</b> <a href="https://www.wellmarkadvantagehealthplan.com/live-healthy">WellmarkAdvantageHealthPlan.com/Live-Healthy</a>
<b>24-hour Nurse Advice Line</b>	<b>1-833-968-1747 (TTY: 711)</b>
<b>Dental Benefit – Delta Dental of South Dakota</b>	<b>1-800-881-9928 (TTY: 711)</b> <a href="https://www.deltadentalSD.com/Dentist">DeltaDentalSD.com/Dentist</a>
<b>Vision Benefit – VSP</b>	<b>1-855-492-9028 (TTY: 1-800-428-4833)</b> <a href="https://www.vsp.com">VSP.com</a>
<b>Hearing Benefit – NationsHearing</b>	<b>1-877-271-1467 Line #1 (TTY: 711)</b> <a href="https://www.nationshearing.com/WellmarkMA">NationsHearing.com/WellmarkMA</a>
<b>Over-the-Counter Benefits – NationsOTC</b>	<b>1-877-271-1467 Line #2 (TTY: 711)</b> <a href="https://www.nationsotc.com/WellmarkMA">NationsOTC.com/WellmarkMA</a>
<b>Personal Emergency Response System* – NationsResponse</b>	<b>1-877-271-1467 Line #3 (TTY: 711)</b> <a href="https://www.nationsresponse.com/WellmarkMA">NationsResponse.com/WellmarkMA</a>
<b>Fitness – SilverSneakers® by Tivity Health</b>	<b>1-888-338-0345 (TTY: 711)</b> <a href="https://www.silversneakers.com">SilverSneakers.com</a>
<b>Find a doctor or pharmacy</b>	<a href="https://www.wellmark.com/Finder-Medicare">Wellmark.com/Finder-Medicare</a>

\*Only available with Enhanced PPO, Avera PPO and Valor PPO plans.



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# Resolving Issues or Making Inquiries

If you need to resolve an issue or ask a question please use the steps below.

Step	Action
1	<p>Reference <b>Wellmark Advantage Frequently Asked Questions (FAQs)</b> as follows:</p> <p>Navigate:</p> <ul style="list-style-type: none"><li>&gt; <b>Producer Connection</b><ul style="list-style-type: none"><li>&gt; Medicare Advantage<ul style="list-style-type: none"><li>&gt; Tools and Resources<ul style="list-style-type: none"><li>&gt; Agent Training<ul style="list-style-type: none"><li>&gt; <b>Frequently Asked Questions (FAQs)</b></li></ul></li></ul></li></ul></li></ul></li></ul>
2	<p>If you need answers to Medicare Advantage questions not answered by the FAQs, please contact your General Agency (GA).</p>
3	<p>If you need general Medicare Advantage information and there is no GA available or additional assistance is needed, contact the <b>Agent Services Line: 1-855-716-2557</b>.</p> <p><b>NOTE:</b> Always request a call reference number if one is not offered.</p> <p>Agent Services is valuable during the pre-sale if your client has a benefit question not answered by the <b>Evidence of Coverage (EOC)</b>.</p> <p><b>Example:</b></p> <p>The EOC indicates eyeglasses following cataract surgery is a covered benefit. Is it allowed to obtain another pair of eyeglasses later in the same year once the beneficiaries' eyes have healed and the prescription changes?</p>
4	<p>If you require client-specific Medicare Advantage information, contact <b>Client Services</b>, as follows:</p> <ul style="list-style-type: none"><li>• HMO plans: <b>1-855-716-2555</b></li><li>• PPO plans: <b>1-855-716-2544</b>.</li></ul>
5	<p>If after completing the steps above your issue is still unresolved, contact a Wellmark Sales Representative.</p>



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