

# 2025 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 2025 MA certification requirements.

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

| Benefit Category  | 2024  | 2025                                 |
|---|---|--------------------------------------|
|   | In-Network / Out-of-Network                               | In-Network / Out-of-Network          |
| Premium   | \$19  | \$22                                 |
| Inpatient Hospital (Acute & Psychiatric)  | \$365 (1-5)   | \$300 (1-6)                          |
| Skilled Nursing Facility Services   | \$0 (1-20 Days), \$203 (21-55 Days),<br>\$0 (56-100 Days) | \$0 (1-20 Days), \$203 (21-100 Days) |
| Cardiac Rehab   | \$35  | \$40                                 |
| Intensive Cardiac Rehab   | \$65  | \$55                                 |
| Pulmonary Rehab   | \$15  | \$30                                 |
| Emergency (waived if admitted)  | \$120   | \$125                                |
| Urgent Care   | \$45  | \$50                                 |
| Worldwide Emergency Transportation  | \$120   | \$350                                |
| Office Specialists<br><small>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.</small> | \$40  | \$45                                 |
| Diagnostic Procedures / Tests   | \$0 - \$100   | \$45                                 |
| Diagnostic Radiological Services  | \$0 - \$100   | \$100                                |
| Outpatient Hospital   | \$40 - \$350  | \$45 - \$350                         |
| Outpatient Observation Services   | \$0   | \$275                                |
| ASC Services  | \$0 (knee & hip) - \$250                                  | \$250                                |
| Ambulance (ground and air)  | \$325   | \$350                                |
| Durable Medical Equipment   | 20%   | 0% (CGMs) – 20%                      |
| Diabetic Supplies   |   |                                      |
| • Diabetic Shoes & Inserts  | 20%   | 0%                                   |
| • Diabetic Supplies   | 20%   | 0%                                   |
| Vision – Annual Allowance (Glasses or Contacts)   | \$175   | \$100                                |
| Hearing Aids – Annual Allowance (per ear)   | \$1,000   | \$500                                |
| OTC Allowance per quarter   | \$85  | \$50                                 |
| Part D Prescription Drugs   |   |                                      |
| • Tier 1 (preferred / standard)   | \$0 / \$12  | NA / \$0                             |
| • Tier 2 (preferred / standard)   | \$10 / \$18   | NA / \$12                            |
| • Tier 3 (preferred / standard)   | \$47 / \$47   | NA / \$47                            |
| • Tier 4 (preferred / standard)   | \$100 / \$100   | NA / 50%                             |
| • Coverage Gap  | 25%   | N/A                                  |
| • Out-of-Pocket Maximum   | \$8,000   | \$2,000                              |

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

| Benefit Category                                | 2024  | 2025                                 |
|---|---|--------------------------------------|
|   | In-Network / Out-of-Network                               | In-Network / Out-of-Network          |
| Premium   | \$64  | \$63                                 |
| Inpatient Hospital (Acute & Psychiatric)        | \$350 per stay  | \$425 per stay                       |
| Skilled Nursing Facility Services               | \$0 (1-20 Days), \$190 (21-55 Days),<br>\$0 (56-100 Days) | \$0 (1-20 Days), \$200 (21-100 Days) |
| Cardiac Rehab                                   | \$30  | \$40                                 |
| Intensive Cardia Rehab                          | \$30  | \$40                                 |
| Pulmonary Rehab                                 | \$15  | \$25                                 |
| Urgent Care                                     | \$35  | \$45                                 |
| Worldwide Emergency Transportation              | \$120   | \$325                                |
| Physical / Speech / Occupational Therapy        | \$15  | \$20                                 |
| Diagnostic Procedures / Tests                   | \$0 - \$75  | \$30                                 |
| Diagnostic Radiological Services                | \$0 - \$75  | \$125                                |
| Outpatient Observation Services                 | \$0   | \$250                                |
| ASC Services                                    | \$0 (knee & hip) - \$175                                  | \$175                                |
| Ambulance (ground and air)                      | \$250   | \$325                                |
| Durable Medical Equipment                       | 20%   | 0% (CGMs) – 20%                      |
| Diabetic Supplies                               |   |                                      |
| • Diabetic Shoes & Inserts                      | 20%   | 0%                                   |
| • Diabetic Supplies                             | 20%   | 0%                                   |
| Dental – Comprehensive Dental Allowance         | \$2,000   | \$1,500                              |
| Vision – Annual Allowance (Glasses or Contacts) | \$250   | \$100                                |
| Hearing Aids – Annual Allowance (per ear)       | \$1,250   | \$500                                |
| OTC Allowance per quarter                       | \$100   | \$50                                 |
| Part D Prescription Drugs                       |   |                                      |
| • Tier 1 (preferred / standard)                 | \$0 / \$6   | NA / \$0                             |
| • Tier 2 (preferred / standard)                 | \$10 / \$14   | NA / \$12                            |
| • Tier 3 (preferred / standard)                 | \$47 / \$47   | NA / \$47                            |
| • Tier 4 (preferred / standard)                 | \$100 / \$100   | NA / 50%                             |
| • Coverage Gap                                  | 25%   | N/A                                  |
| • Out-of-Pocket Maximum                         | \$8,000   | \$2,000                              |

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

| Benefit Category  | 2024  | 2025  |
|---|---|---|
|   | Avera Network / PPO Network* / Out-of-Network                         | Avera Network / PPO Network* / Out-of-Network   |
| Maximum Out-of-Pocket (MOOP)  | \$3,855 / \$3,855 / \$7,500   | \$4,500 / \$4,500 / \$9,000   |
| Inpatient Hospital (Acute & Psychiatric)  | \$375 / \$750 / \$1,500 per stay                                      | \$500 / \$1,000 / \$1,500 per stay  |
| Skilled Nursing Facility Services   | IN and OON: \$0 (1-20 Days), \$190 (21-55 Days),<br>\$0 (56-100 Days) | IN: \$0 (1-20 Days), \$214 (21-100 Days) /<br>OON: \$0 (1-20 Days), \$230 (21-100 Days) |
| Cardiac Rehab   | \$20 / \$35 / \$60  | \$25 / \$40 / \$75  |
| Intensive Cardiac Rehab   | \$20 / \$40 / \$60  | \$30 / \$50 / \$75  |
| Pulmonary Rehab   | \$15 / \$15 / \$60  | \$20 / \$30 / \$75  |
| Supervised Exercise Therapy (SET)   | \$20 / \$25 / \$60  | \$25 / \$25 / \$75  |
| Emergency (waived if admitted)  | \$100   | \$125   |
| Worldwide Emergency Transportation  | \$120   | \$350   |
| Partial Hospitalization   | \$55  | \$60 / \$80 / \$100   |
| Occupational Therapy  | \$10 / \$40 / \$60  | \$15 / \$45 / \$90  |
| Physical / Speech Therapy   | \$10 / \$40 / \$60  | \$15 / \$60 / \$90  |
| Office Specialists<br><small>Includes physician specialists, mental health sessions, psychiatric services, and other specialty health care professional services including (but not limited to) specialist telehealth, outpatient substance abuse, podiatry, Medicare-covered dental, vision, hearing, etc.</small> | \$20 / \$40 / \$60  | \$30 / \$60 / \$90  |
| Diagnostic Procedures / Tests   | \$0 - \$90 / \$15-\$180 / \$30-\$270                                  | \$30 / \$60 / \$90  |
| Outpatient Lab  | \$0 / \$15 / \$30   | \$5 / \$15 / \$30   |
| Diagnostic Radiological Services  | \$0 - \$90 / \$15-\$180 / \$30-\$270                                  | \$90 / \$180 / \$270  |
| Outpatient Hospital   | \$0 (knee & hip); \$15-\$200 / \$30-\$400<br>/ \$45-\$600             | \$0 (knee & hip); \$30-\$250 / \$60-\$500<br>/ \$90-\$750                               |
| Outpatient Observation Services   | \$0   | \$325 / \$650 / \$1,300   |
| Ambulance (ground and air)  | \$275   | \$350   |
| Durable Medical Equipment   | 20% / 30% / 40%   | 0% (CGMs) – 20% / 30% / 40%   |
| Diabetic Supplies   |   |   |
| • Diabetic Shoes & Inserts  | 20% / 30% / 40%   | 0% / 30% / 40%  |
| • Diabetic Supplies   | 20% / 30% / 40%   | 0% / 30% / 40%  |
| Dental – Comprehensive Dental Allowance   | \$1,250   | \$1,150   |
| Vision – Annual Allowance (Glasses or Contacts)   | \$150   | \$100   |
| Hearing Aids – Annual Allowance (per ear)   | \$1,000   | \$500   |
| Part D Prescription Drugs   |   |   |
| • Tier 1 (preferred / standard)   | \$0 / \$12  | NA / \$0  |
| • Tier 2 (preferred / standard)   | \$7 / \$15  | NA / \$10   |
| • Tier 3 (preferred / standard)   | \$47 / \$47   | NA / \$47   |
| • Tier 4 (preferred / standard)   | \$100 / \$100   | NA / 50%  |
| • Coverage Gap  | 25%   | N/A   |
| • Out-of-Pocket Maximum   | \$8,000   | \$2,000   |

\* Sanford providers are out-of-network on the Blue Medicare Advantage PPO | Avera plan

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

| Benefit Category  | 2024  | 2025   |
|---|---|--|
|   | In- and Out-of-Network                                    | In-Network / Out-of-Network                            |
| Inpatient Hospital (Acute & Psychiatric)  | \$380 (1-5)   | \$325 (1-6) / 40% per stay                             |
| Skilled Nursing Facility Services   | \$0 (1-20 Days), \$203 (21-55 Days),<br>\$0 (56-100 Days) | \$0 (1-20 Days), \$204 (21-100 Days) /<br>40% per stay |
| Cardiac Rehab   | \$35  | \$35 / \$40  |
| Intensive Cardiac Rehab   | \$65  | \$55   |
| Pulmonary Rehab   | \$15  | \$20 / \$25  |
| Emergency (waived if admitted)  | \$120   | \$125  |
| Urgent Care   | \$60  | \$55   |
| Worldwide Emergency Transportation  | \$120   | \$400  |
| Partial Hospitalization   | \$75  | \$105 / \$150  |
| Home Health Services  | \$0   | \$0 / \$40   |
| Office Primary Care Providers   | \$0   | \$0 / \$25   |
| Chiropractic (Medicare-covered)   | \$20  | \$20 / \$40  |
| Chiropractic (Routine)  | \$30  | \$30 / \$40  |
| Occupational Therapy  | \$40  | \$45 / \$75  |
| Physical / Speech Therapy   | \$40  | \$40 / \$75  |
| Office Specialists<br><small>Includes physician specialists, mental health sessions, psychiatric services, and other specialty health care professional services including (but not limited to) specialist telehealth, outpatient substance abuse, podiatry, Medicare-covered dental, vision, hearing, etc.</small> | \$40  | \$50 / \$75  |
| Outpatient Lab  | \$5   | \$0  |
| Diagnostic Procedures / Tests   | \$0 - \$100   | \$50 / \$75  |
| Diagnostic Radiological Services  | \$0 - \$100   | \$200 / \$300  |
| Outpatient Therapeutic Radiological   | 20%   | 20% / 30%  |
| Outpatient X-ray  | \$20  | \$20 / \$30  |
| Outpatient Hospital   | \$40 - \$325  | \$50 - \$400 / \$75 - \$500                            |
| Outpatient Observation Services   | \$0   | \$300 / \$400  |
| ASC Services  | \$100 (knee & hip) - \$200                                | \$0 (knee & hip) - \$300 / \$500                       |
| Ambulance (ground and air)  | \$325   | \$400  |
| Durable Medical Equipment   | 20%   | 0% (CGMs) – 20% / 30%                                  |
| Diabetic Supplies   |   |  |
| • Diabetic Shoes & Inserts  | 20%   | 0% / 20%   |
| • Diabetic Supplies   | 0%  | 0% / 20%   |
| Medicare Part B Rx  | 20%   | 0% (non-insulin diabetic supplies) –<br>20% / 35%      |
| Dental  |   |  |
| • Preventive Exams  | \$25  | \$0  |
| • Comprehensive Dental Allowance  | \$500   | \$1,500  |
| Vision – Annual Allowance (Glasses or Contacts)   | \$150   | \$100  |
| Routine Hearing Exams and Hearing Aids  | \$0 Exams / \$1,000 Aids                                  | Not Covered  |