

# Fall Training 2024 Medicare Over 65



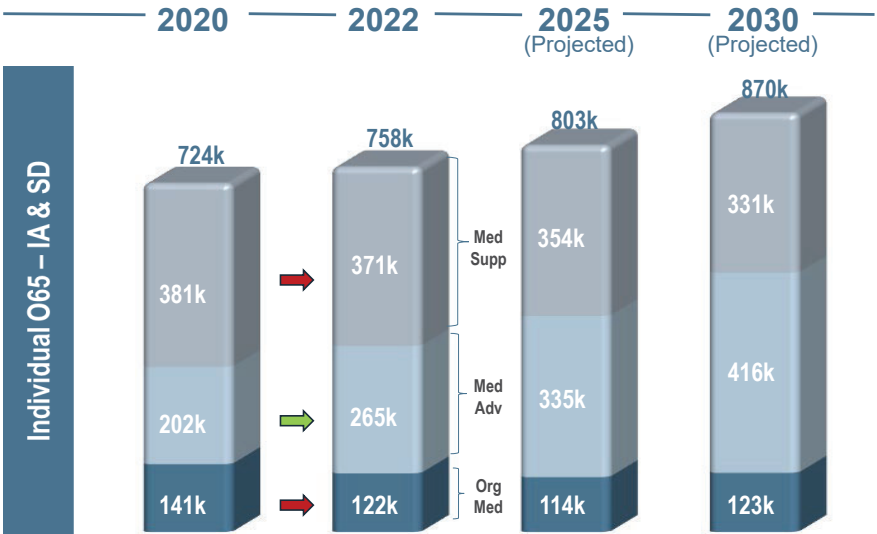
## Agenda



- Medicare Landscape
- Inflation Reduction Act Provisions
- Wellmark's Medicare Advantage Health Plans
- Wellmark's Medicare Supplement Plans
- Prescription Drug Plans

# Medicare landscape

## Market Landscape



**What's Happening?**  
 Medicare Advantage continues on a growth path.

Medicare Supplement remains a popular choice with 4 out of 10 people choosing Medicare Supplement.

Source: Mark Farrah, CMS, and MICI Projections

# Future Competitive Landscape

People will be shopping at unprecedented rates for plan year 2025

## National Carriers

- Shift focus from growth to profitability
- Cut benefits, including dental
- Exiting counties and/or markets
- Closing plans

## Regional Carriers

- Carriers re-evaluating Medicare Advantage strategies
- Shift in the competitive landscape

## PDP Market

- Inflation Reduction Act - increasing premiums
- Inflation Reduction Act - standardizing benefits
- Expected continued IRA adjustments and changes

# Medicare Advantage Cycles

2008-2023 cyclical trends

2008 - 2011



2012 - 2015



2016 - 2022



2023 and beyond

- Increasing funding
- No stars financial impact
- Limited regulations
- MA grew from 58k-85k (38%)

- Lower funding
- Stars impacted funding
- Tighter regulations
- MA grew from 85k-135k (45%)

- Increased funding
- Stars becoming easier
- Favorable policies
- MA grew from 135k-247k (59%)

- Lower funding
- Stars becoming more difficult
- Political uncertainty
- MA grew from 247k-315k (24%)

# Inflation Reduction Act Overview – Part D

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## Provisions of the Inflation Reduction Act

Effective January 1, 2025



- Changes to the Part D coverage
- Elimination of the coverage gap
- Medicare prescription payment plan

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# Inflation Reduction Act (IRA)

## Key IRA Changes

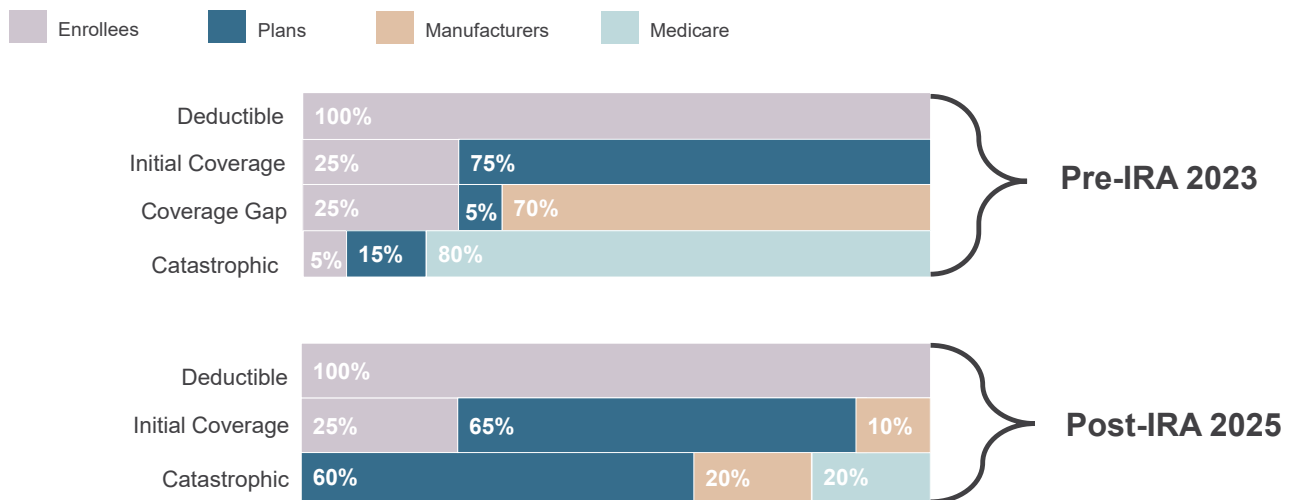
- Limit monthly cost-sharing and improve access for adult **vaccines**
- Limit cost-sharing for **insulin** to \$35
- Eliminate co-insurance requirement above the **catastrophic coverage** threshold
- **Expand eligibility** for Medicare Part D Low-Income Subsidy Program (LIS)
- Eliminate the **coverage gap**
- Reduce **OOP** maximum to \$2,000
- Implementation of **Medicare Prescription Payment Plan**

Source: <https://www.cms.gov/newsroom/fact-sheets/draft-cy-2025-part-d-redesign-program-instructions-fact-sheet>

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# Inflation Reduction Act (IRA)

Share of total Part D drug costs paid by:



Note: Illustration for applicable drugs for non-low-income beneficiary. The manufacturer discount applies to brand-name drug costs only. For generic drug costs, plans pay 75% in the coverage gap phase in 2023 and 2024, and 75% in the initial coverage phase in 2025; plans will pay 60% and Medicare will pay 40% in the catastrophic coverage phase in 2025.  
Source: KFF, based on Medicare Part D benefit design changes in the Inflation Reduction Act.

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# Medicare Prescription Payment Plan (M3P)

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## Medicare Prescription Payment Plan (M3P)

The M3P program requires all Medicare Part D plans to offer their Part D enrollees the option to pay their out-of-pocket (OOP) Part D drug costs through monthly payments over the plan year, instead of upfront payments at the point of sale (POS).



Part of the Inflation Reduction Act (IRA) – section 11202 – was signed into law in August 2022.



Members can opt into the program anytime throughout the year (except December).



M3P participants won't pay at the pharmacy when filling a prescription for a drug covered by Part D.



Members will be billed by their prescription drug plan's pharmacy benefits manager (PBM).

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# How does it work?

- A member “**likely to benefit**” from the program enrolls in M3P
  - Member process for Opt-in/Opt-out via web portal, customer care and via paper form
- Member fills a covered Part D drug without paying at the pharmacy
  - Note: This payment option might help a member manage their monthly expenses, but it doesn’t save them money or lower their drug costs
- Member billing and payments are set up via PBM portal with **monthly recalculations**
- Failure to make payments will result in disenrollment from the M3P program and subsequent outstanding balance collection
- **Let’s look at some payment examples...**

# How does it work?

A member enrolls January 1, 2025, due to high drug utilization (\$500/mo. in drug costs)

Month	Drug Costs	Member Pays	Notes
January	\$500	\$166.67	First month’s bill is based on the “maximum possible payment” calculation (\$2,000 OOP in expected drug costs / 12 months = \$166.67 owed in January)
February	\$500	\$75.76	Recalculation (remaining balance of drug costs \$1,000 received - \$166.67 paid in January = \$833.33 balance / 11 months remaining = \$75.76)
March	\$500	\$125.76	Recalculation (remaining balance of drug costs \$1,500 received - \$242.43 paid = \$1,257.57 balance / 10 months remaining = \$125.76)
April	\$500	\$181.31	Member reaches OOP (\$2,000 in 2025) so there are no new drug costs for the rest of the year (\$2,000 received - \$368.19 paid = \$1,631.81 / 9 months remaining = \$181.31)
May	\$0	\$181.31	Members will get \$500 in drugs each month but because they have reached the annual OOP maximum, they won’t have any added drug costs for the rest of the year. Members will continue to pay what they already owe for the year.
June	\$0	\$181.31	
July	\$0	\$181.31	
August	\$0	\$181.31	
September	\$0	\$181.31	
October	\$0	\$181.31	
November	\$0	\$181.31	
December	\$0	\$181.31	
<b>Total</b>	<b>\$2,000</b>	<b>\$2,000</b>	<b>Members pay the same total amount for the year, regardless of their enrollment in the M3P program.</b>

# How does it work?

A member enrolls January 1, 2025, with moderate drug costs (\$80/mo. in drug costs)

Month	Drug Costs	Member Pays	Notes
January	\$80	\$80	The first month's bill is based on the "maximum possible payment" calculation. The rest of the months are calculated differently the rest of the year.
February	\$80	\$7.27	After the first month's "maximum possible payment" the rest of the months in the year will be recalculated every month ( $\$80 / 11 = \$7.27$ )
March	\$80	\$15.27	Recalculation occurs every month ( $\$240$ drug costs - $\$87.27$ paid = $\$152.73 / 10 = \$15.27$ )
April	\$80	\$24.16	Recalculation occurs every month ( $\$320$ drug costs - $\$102.54$ paid = $\$217.46 / 9 = \$24.16$ )
May	\$80	\$34.16	Recalculation occurs every month ( $\$400$ drug costs - $\$126.70$ paid = $\$273.30 / 8 = \$34.16$ )
June	\$80	\$45.59	Recalculation occurs every month ( $\$480$ drug costs - $\$160.86$ paid = $\$319.14 / 7 = \$45.59$ )
July	\$80	\$58.93	Recalculation occurs every month ( $\$560$ drug costs - $\$206.45$ paid = $\$353.55 / 6 = \$58.93$ )
August	\$80	\$74.92	Recalculation occurs every month ( $\$640$ drug costs - $\$265.38$ paid = $\$374.62 / 5 = \$74.92$ )
September	\$80	\$94.93	Recalculation occurs every month ( $\$720$ drug costs - $\$340.30$ paid = $\$379.70 / 4 = \$94.93$ )
October	\$80	\$121.59	Recalculation occurs every month ( $\$800$ drug costs - $\$435.23$ paid = $\$364.77 / 3 = \$121.59$ )
November	\$80	\$161.59	Recalculation occurs every month ( $\$880$ drug costs - $\$556.82$ paid = $\$323.18 / 2 = \$161.59$ )
December	\$80	\$241.59	Recalculation occurs every month ( $\$960$ drug costs - $\$718.41$ paid = $\$241.59$ <i>FINAL PAYMENT</i> )
<b>Total</b>	<b>\$960</b>	<b>\$960</b>	<b>Members pay the same total amount for the year, regardless of their enrollment in the M3P program.</b>

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## 2025 Wellmark Advantage Health plans



# Plan Changes

# Product planning strategies

Key insights and opportunities considered within the 2025 portfolio development.



## Market Drivers

- Agent feedback
- Member experience
- Market focus plans
- Anticipated competitor behaviors
- CMS regulatory and financial pressures



## Benefit Focus

- Improve health outcomes
- Changes to less 'shoppable' benefits
- Address CMS benefit standards
- Consider member utilization
- Maintain plan differentiation
- Significant Part D changes



## Network / Provider

- Continue to build upon high performing network
- Understand provider landscape and patterns of care

# 2025 SD Blue Medicare Advantage Plan Benefits

BENEFIT CATEGORIES	BLUE MEDICARE ADVANTAGE <sup>SM</sup> VALOR PPO In-network / 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
Premium	\$0	\$0	\$22	\$63
Maximum Out-of-Pocket (MOOP)	\$5,000 / \$5,000	\$4,500 IN / \$9,000 OON	\$4,200	\$3,800
Office visit: primary care	\$0 / \$25	\$0 / \$15 / \$30	\$0	\$0
Office visit: specialists	\$50 / \$75	\$30 / \$60 / \$90	\$45	\$30
Physical / Speech Therapy	\$40 / \$75	\$15 / \$60 / \$90	\$45	\$20
Occupational Therapy	\$45 / \$75	\$15 / \$45 / \$90	\$45	\$20
Inpatient hospital care	\$325 (days 1-6) / 40%	\$500 / \$1,000 / \$1,500 per stay	\$300 Days 1-6	\$425 per stay
Diagnostic tests and procedures:				
• X-rays	\$20 / \$30	\$10 / \$20 / \$30	\$20	\$10
• Diagnostic Radiological (e.g., MRI)	\$200 / \$300	\$90 / \$180 / \$270	\$100	\$125
• Lab	\$0 / \$0	\$5 / \$15 / \$30	\$5	\$0
• Other Diagnostic Tests	\$50 / \$75	\$30 / \$60 / \$90	\$45	\$30
Outpatient hospital:				
• Knee & Hip	\$0 (ASC) - \$400 / \$500	\$0 / \$300-\$500 / \$450-\$750	\$250 (ASC) - \$350	\$175 (ASC) - \$200
• Non-Surgical	\$50 / \$75	\$30 / \$60 / \$90	\$45	\$30
• Ambulatory	\$0 (knee/hip) - \$300 / \$500	\$150 / \$300 / \$450	\$250	\$175
• Surgical	\$400 / \$500	\$250 / \$500 / \$750	\$350	\$200
Chiropractic services:				
• 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 / \$40	\$20	\$20	\$20
• Routine (14 visit limit)	\$30 / \$40	\$30	\$30	\$25
Diabetic Supplies				
• Test strips & lancets	0% / 20%	0% / 30% / 40%	0%	0%
• Other diabetic supplies	0% / 20%	0% / 30% / 40%	0%	0%
• Diabetic shoes & inserts	0% / 20%	0% / 30% / 40%	0%	0%
Ambulance	\$400	\$350	\$350	\$325
Urgent care	\$55	\$50	\$50	\$45
Emergency Room	\$125	\$125	\$125	\$120
Worldwide Emergency & Urgent Care	\$120	\$120	\$120	\$120
Worldwide Emergency Transportation	\$400	\$350	\$350	\$325

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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\*\*\* Pending CMS Approval \*\*\*

# 2025 South Dakota Pharmacy Benefits

## 30-Day Supply

COST SHARES	DEDUCTIBLE	BLUE MEDICARE ADVANTAGE PPO <sup>SM</sup>   AVERA Standard / Mail	BLUE MEDICARE ADVANTAGE PPO <sup>SM</sup> Standard / Mail	MEDICARE ADVANTAGE ENHANCED PPO <sup>SM</sup> Standard / Mail
Tier 1: Preferred Generic	\$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Tier 2: Generic		\$10 / \$10	\$12 / \$12	\$12 / \$12
Tier 3: Preferred Brand		\$47 / \$47	\$47 / \$47	\$47 / \$47
Tier 4: Non-Preferred Brand		50% / 50%	50% / 50%	50% / 50%
Tier 5: Specialty		33% / 33%	33% / 33%	33% / 33%
Catastrophic Coverage (OOP — \$2,000)		Once your out-of-pocket costs reach \$2,000, you pay \$0		

## 100-Day Supply

COST SHARES	DEDUCTIBLE	BLUE MEDICARE ADVANTAGE PPO <sup>SM</sup>   AVERA Standard / Mail 30-day cost times: 3 / 2.5	BLUE MEDICARE ADVANTAGE PPO <sup>SM</sup> Standard / Mail 30-day cost times: 3 / 2.5	MEDICARE ADVANTAGE ENHANCED PPO <sup>SM</sup> Standard / Mail 30-day cost times: 3 / 2.5
Tier 1: Preferred Generic	\$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Tier 2: Generic		\$30 / \$0	\$36 / \$0	\$36 / \$0
Tier 3: Preferred Brand		\$141 / \$117.50	\$141 / \$117.50	\$141 / \$117.50
Tier 4: Non-Preferred Brand		50% / 50%	50% / 50%	50% / 50%
Tier 5: Specialty		N/A	N/A	N/A
Catastrophic Coverage (OOP — \$2,000)		Once your out-of-pocket costs reach \$2,000, you pay \$0		

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# Wellmark Advantage Health Plan — Pharmacy

## Drug Formulary Tiers

<b>Tier 1: Preferred Generic</b> low-cost and other preferred generics
<b>Tier 2: Generic</b> lower cost generics
<b>Tier 3: Preferred Brand</b> middle-cost generics and low-cost brand
<b>Tier 4: Non-Preferred Drug</b> high-cost generics and middle-cost brand
<b>Tier 5: Specialty Tier (High Cost)</b> higher cost generics and brands

## Pharmacy Network and Formulary

- Broad standard network is designed to provide a wide choice most pharmacies
- Over 3,200 medications in the formulary
- Standard pharmacy network includes all CVS locations and most national pharmacy chains.
- Convenience of mail order services
- Option to have 100-day fill at the same cost as a 90-day fill

Drug formulary focused on clinical performance and low net cost including generics on all tiers.

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## 2025 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 \$50	\$0 \$0 \$30	\$0 \$0 \$45	\$0 \$0 \$30
<b>Dental</b> • Preventive Exam • Annual Allowance • Restorative Services • Other Services	\$0 \$1,500 50% 50%	\$15 \$1,150 25% 50%	\$15 \$1,000 50% 50%	\$0 \$1,500 25% 50%
<b>Vision</b> • Preventive Exam • Glasses Lens Coverage* • Annual Eyewear/Contact Lens Allowance	\$0 Covered in Full* \$100	\$0 Covered in Full* \$100	\$0 Covered in Full* \$100	\$0 Covered in Full* \$100
<b>Hearing</b> • Preventive Exam • Annual Hearing Aid Allowance	Not Covered	\$0 \$50 per ear per year	\$0 \$50 per ear per year	\$0 \$50 per ear per year
<b>Over-the-counter (OTC) Items</b>	\$50 per quarter	\$50 per quarter	\$50 per quarter	\$50 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.

# Plan change guide



**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 NA certification requirements.

**Blue Medicare Advantage PPO™ (H5900-003)**

Benefit Category	2024		2025	
	In-Network / Out-of-Network	In-Network / Out-of-Network	In-Network / Out-of-Network	In-Network / Out-of-Network
Prescription	\$10	\$0	\$10	\$0
Inpatient Hospital (Sickle & Psychiatric)	\$365 (1-6)	\$300 (1-6)	\$365 (1-6)	\$300 (1-6)
Sickle Blood Facility Services	\$0 (1-20 Days), \$200 (21-65 Days), \$150 (66-90 Days)	\$0 (1-20 Days), \$200 (21-65 Days)	\$0 (1-20 Days), \$200 (21-65 Days)	\$0 (1-20 Days), \$200 (21-65 Days)
Cardiac Rehab	\$35	\$40	\$35	\$40
Intensive Cardiac Rehab	\$95	\$25	\$95	\$25
Pharmacy DDDb	\$15	\$30	\$15	\$30
Emergency (w/and w/ admittal)	\$120	\$175	\$120	\$175
Organ Donor	\$45	\$50	\$45	\$50
Worldwide Emergency Transportation	\$120	\$150	\$120	\$150
OT/PT Services				
- Includes services provided, mental health services, psychiatric services, physical therapy, occupational therapy, and therapy services provided by licensed professionals (including but not limited to) speech therapists, occupational therapists, nutrition counselors, dietitians, hearing, etc.	\$40	\$45	\$40	\$45
Diagnostic Therapeutic Tests	\$0-\$100	\$45	\$0-\$100	\$45
Diagnostic Radiological Services	\$0-\$100	\$100	\$0-\$100	\$100
Outpatient Hospital	\$40-\$550	\$45-\$550	\$40-\$550	\$45-\$550
Outpatient Therapeutic Services	\$0	\$75	\$0	\$75
ASC Services	\$0 (Inn & Hsp) - \$250	\$250	\$0 (Inn & Hsp) - \$250	\$250
Rehabilitation (physical and all)	\$25	\$30	\$25	\$30
Durable Medical Equipment	20%	0% (100%) - 20%	20%	0% (100%) - 20%
Diabetic Supplies				
- Diabetic Shoes & Inserts	20%	0%	20%	0%
- Diabetic Supplies	20%	0%	20%	0%
Travel - Annual Allowance (Elemental Confinement)	\$175	\$200	\$175	\$200
Hearing Aids - Annual Allowance (per ear)	\$1,000	\$500	\$1,000	\$500
OT Allowance per quarter	\$95	\$50	\$95	\$50
Part D Prescription Drug				
- Tier 1 (preferred) (standard)	\$0-\$12	NA-\$0	\$0-\$12	NA-\$0
- Tier 2 (preferred) (standard)	\$10-\$18	NA-\$12	\$10-\$18	NA-\$12
- Tier 3 (preferred) (standard)	\$47-\$47	NA-\$47	\$47-\$47	NA-\$47
- Tier 4 (preferred) (standard)	\$100-\$100	NA-\$100	\$100-\$100	NA-\$100
- Coverage Gap	\$25	NA	\$25	NA
- Out of Pocket Maximum	\$8,000	\$2,000	\$8,000	\$2,000

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Benefit Category	2024		2025	
	In-Network / Out-of-Network	In-Network / Out-of-Network	In-Network / Out-of-Network	In-Network / Out-of-Network
Prescription	\$10	\$0	\$10	\$0
Inpatient Hospital (Sickle & Psychiatric)	\$365 (1-6)	\$300 (1-6)	\$365 (1-6)	\$300 (1-6)
Sickle Blood Facility Services	\$0 (1-20 Days), \$200 (21-65 Days), \$150 (66-90 Days)	\$0 (1-20 Days), \$200 (21-65 Days)	\$0 (1-20 Days), \$200 (21-65 Days)	\$0 (1-20 Days), \$200 (21-65 Days)
Cardiac Rehab	\$35	\$40	\$35	\$40
Intensive Cardiac Rehab	\$95	\$25	\$95	\$25
Pharmacy DDDb	\$15	\$30	\$15	\$30
Emergency (w/and w/ admittal)	\$120	\$175	\$120	\$175
Organ Donor	\$45	\$50	\$45	\$50
Worldwide Emergency Transportation	\$120	\$150	\$120	\$150
OT/PT Services				
- Includes services provided, mental health services, psychiatric services, physical therapy, occupational therapy, and therapy services provided by licensed professionals (including but not limited to) speech therapists, occupational therapists, nutrition counselors, dietitians, hearing, etc.	\$40	\$45	\$40	\$45
Diagnostic Therapeutic Tests	\$0-\$100	\$45	\$0-\$100	\$45
Diagnostic Radiological Services	\$0-\$100	\$100	\$0-\$100	\$100
Outpatient Hospital	\$40-\$550	\$45-\$550	\$40-\$550	\$45-\$550
Outpatient Therapeutic Services	\$0	\$75	\$0	\$75
ASC Services	\$0 (Inn & Hsp) - \$250	\$250	\$0 (Inn & Hsp) - \$250	\$250
Rehabilitation (physical and all)	\$25	\$30	\$25	\$30
Durable Medical Equipment	20%	0% (100%) - 20%	20%	0% (100%) - 20%
Diabetic Supplies				
- Diabetic Shoes & Inserts	20%	0%	20%	0%
- Diabetic Supplies	20%	0%	20%	0%
Travel - Annual Allowance (Elemental Confinement)	\$175	\$200	\$175	\$200
Hearing Aids - Annual Allowance (per ear)	\$1,000	\$500	\$1,000	\$500
OT Allowance per quarter	\$95	\$50	\$95	\$50
Part D Prescription Drug				
- Tier 1 (preferred) (standard)	\$0-\$12	NA-\$0	\$0-\$12	NA-\$0
- Tier 2 (preferred) (standard)	\$10-\$18	NA-\$12	\$10-\$18	NA-\$12
- Tier 3 (preferred) (standard)	\$47-\$47	NA-\$47	\$47-\$47	NA-\$47
- Tier 4 (preferred) (standard)	\$100-\$100	NA-\$100	\$100-\$100	NA-\$100
- Coverage Gap	\$25	NA	\$25	NA
- Out of Pocket Maximum	\$8,000	\$2,000	\$8,000	\$2,000

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Benefit Category	2024		2025	
	In-Network / Out-of-Network	In-Network / Out-of-Network	In-Network / Out-of-Network	In-Network / Out-of-Network
Prescription	\$10	\$0	\$10	\$0
Inpatient Hospital (Sickle & Psychiatric)	\$365 (1-6)	\$300 (1-6)	\$365 (1-6)	\$300 (1-6)
Sickle Blood Facility Services	\$0 (1-20 Days), \$200 (21-65 Days), \$150 (66-90 Days)	\$0 (1-20 Days), \$200 (21-65 Days)	\$0 (1-20 Days), \$200 (21-65 Days)	\$0 (1-20 Days), \$200 (21-65 Days)
Cardiac Rehab	\$35	\$40	\$35	\$40
Intensive Cardiac Rehab	\$95	\$25	\$95	\$25
Pharmacy DDDb	\$15	\$30	\$15	\$30
Emergency (w/and w/ admittal)	\$120	\$175	\$120	\$175
Organ Donor	\$45	\$50	\$45	\$50
Worldwide Emergency Transportation	\$120	\$150	\$120	\$150
OT/PT Services				
- Includes services provided, mental health services, psychiatric services, physical therapy, occupational therapy, and therapy services provided by licensed professionals (including but not limited to) speech therapists, occupational therapists, nutrition counselors, dietitians, hearing, etc.	\$40	\$45	\$40	\$45
Diagnostic Therapeutic Tests	\$0-\$100	\$45	\$0-\$100	\$45
Diagnostic Radiological Services	\$0-\$100	\$100	\$0-\$100	\$100
Outpatient Hospital	\$40-\$550	\$45-\$550	\$40-\$550	\$45-\$550
Outpatient Therapeutic Services	\$0	\$75	\$0	\$75
ASC Services	\$0 (Inn & Hsp) - \$250	\$250	\$0 (Inn & Hsp) - \$250	\$250
Rehabilitation (physical and all)	\$25	\$30	\$25	\$30
Durable Medical Equipment	20%	0% (100%) - 20%	20%	0% (100%) - 20%
Diabetic Supplies				
- Diabetic Shoes & Inserts	20%	0%	20%	0%
- Diabetic Supplies	20%	0%	20%	0%
Travel - Annual Allowance (Elemental Confinement)	\$175	\$200	\$175	\$200
Hearing Aids - Annual Allowance (per ear)	\$1,000	\$500	\$1,000	\$500
OT Allowance per quarter	\$95	\$50	\$95	\$50
Part D Prescription Drug				
- Tier 1 (preferred) (standard)	\$0-\$12	NA-\$0	\$0-\$12	NA-\$0
- Tier 2 (preferred) (standard)	\$10-\$18	NA-\$12	\$10-\$18	NA-\$12
- Tier 3 (preferred) (standard)	\$47-\$47	NA-\$47	\$47-\$47	NA-\$47
- Tier 4 (preferred) (standard)	\$100-\$100	NA-\$100	\$100-\$100	NA-\$100
- Coverage Gap	\$25	NA	\$25	NA
- Out of Pocket Maximum	\$8,000	\$2,000	\$8,000	\$2,000

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# Medicare Advantage

## Supplemental benefits



- VSP® Vision
- Delta Dental®
- Meals Program
- Part D Prescription Drug
- NationsOTC® Items
- Fitness program
- NationsHearing®
- NationsResponse®

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.  
Delta Dental® is an independent company providing dental insurance plans for individuals, employers and government programs. Delta Dental does not provide Wellmark Blue Cross and Blue Shield products or services.  
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 NationsBenefit, LLC, an independent company that provides over-the-counter benefits administration 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.  
NationsResponse® is an independent company providing response alert solutions on behalf of Wellmark Advantage Health Plan, Inc.

# Supplemental — Dental

- Strong partnership with Delta Dental providing cost savings
- Low or no copay for preventive coverage includes two routine exams, two cleanings, and x-rays per year.
  - Blue Medicare Advantage Enhanced PPO also includes two fluoride treatments per year
- Amalgam or resin filling are payable once per tooth, per surface every 24 months.
- Comprehensive coverage includes crowns, bridges, root canals, dentures, and implants.\*

Benefits (in- and out-of-network)	Blue Medicare Advantage PPO   Avera	Blue Medicare Advantage PPO	Blue Medicare Advantage Enhanced PPO	Blue Medicare Advantage Valor PPO
Annual Maximum*	\$1,150	\$1,000	\$1,500	\$1,500
Preventative Services	\$15	\$15	\$0	\$0
Comprehensive: Restorative	25%	50%	25%	50%
Comprehensive: Other	50%	50%	50%	50%

\*Applies to comprehensive services only

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## Dental

Below are out-of-pocket cost estimates for Blue Medicare Advantage Enhanced PPO benefit through Delta Dental of South Dakota (\$1,500 allowance) versus a plan with a \$2,000 dental allowance.

Service	Billed Charge <sup>1</sup>	Allowed <sup>2</sup> Provider Discount	Delta Dental Pays <sup>2</sup>	WMAHP Member Pays	Competitor Plan Pays (up to \$2,000 allowance)	Member Pays
Exam x 2	\$166	\$108	\$108	\$0	\$166	\$0
Cleaning x 2	\$268	\$190	\$190	\$0	\$268	\$0
Fluoride Treatment x 2	\$112	\$88	\$88	\$0	\$112	\$0
X-ray	\$278	\$167	\$167	\$0	\$278	\$0
Root Canal	\$1,604	\$1,056	\$528	\$528	\$1,176	\$428
Crown	\$1,568	\$1,168	\$584	\$584	\$0	\$1,568
Totals	\$3,996	\$2,777	\$1,665	\$1,112	\$2,000	\$1,996

For illustrative purposes only.

<sup>1</sup> Amounts based on Delta Dental cost estimator tool

<sup>2</sup> In-network providers

Savings: \$884

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## Supplemental — Vision

Routine eye exam included in all plans at \$0 copay. All plans feature the VSP full-service plan that offers lenses covered in full including single vision, lined bifocals, lined trifocals, lenticular lenses, and upgrades for standard progressives.

- **Blue Medicare Advantage PPO**
  - \$100 max benefit allowance every 12 months toward frames or contacts.
- **Blue Medicare Advantage PPO | Avera**
  - \$100 max benefit allowance every 12 months toward frames or contacts.
- **Blue Medicare Advantage Enhanced PPO**
  - \$100 max benefit allowance every 12 months toward frames or contacts.
- **Blue Medicare Advantage Valor PPO**
  - \$100 max benefit allowance every 12 months toward frames or contacts.



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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## Supplemental — Hearing

Benefits beyond Original Medicare available through NationsHearing®

Coverage available for Blue Medicare Advantage PPO; Blue Medicare Advantage Enhanced PPO; Blue Medicare Advantage PPO | Avera includes:

- \$0 Diagnostic hearing exam – once per year
- Routine hearing test – once per year
- Fitting and evaluation for hearing aids – once per year
- \$500 allowance toward one new standard (analog or basic digital) hearing aid for each ear, once per year



**Supplemental hearing benefits will be excluded from Blue Medicare Advantage Valor PPO in 2025**

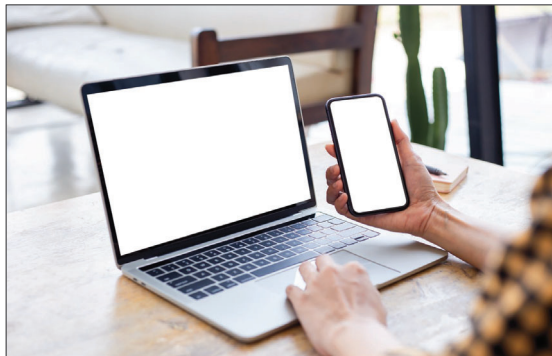
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## Hearing benefits

Log on to **NationsHearing.com/WellmarkMA** and easily navigate to the provider finder tool to locate an in-network audiologist or hearing center to set up a hearing exam, order hearing aids, schedule a fitting and enjoy the sounds around you.



Contact NationsHearing® customer service **1-877-271-1467 Line #1 (TTY: 711)** to speak to a knowledgeable representative to help answer your hearing coverage questions.



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## Make it easy for beneficiaries to get their medications at home.

Beneficiaries can take advantage of CVS Caremark® Home Delivery to refill prescriptions and save time and money.

- Local pharmacies are available to handle mail orders; CVS, Hy-Vee, Lewis Drug, Walmart and many others.



Beneficiaries can create an account or get assistance from Caremark Customer Service to sign up for home delivery.

# Over-the-counter (OTC) benefits

## 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	2025 Allowance
Blue Medicare Advantage PPO   Avera	\$50 per quarter
Blue Medicare Advantage PPO <sup>SM</sup>	\$50 per quarter
Blue Medicare Advantage Enhanced PPO <sup>SM</sup>	\$50 per quarter
Blue Medicare Advantage <sup>SM</sup> Valor PPO	\$50 per quarter



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## OVER-THE-COUNTER

Per quarter in over-the-counter pharmacy allowance for a broad range of member needs



Allowance balance resets quarterly



Visit NationsOTC® website to order



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# SILVERSNEAKERS®

- More than 15,000 fitness locations nationwide
- Online classes and workshops
- On-demand video workouts
- Classes designed for seniors
- Gym memberships
- Fitness app
- No additional cost to Wellmark’s MA members!

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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## Making health care better

Preventative Services \$0



Annual Wellness Visit



Mammograms



Colorectal cancer screening



Medicare diabetes prevention program



Immunizations, including COVID-19, flu, hepatitis B, shingles and pneumonia vaccines



Depression screenings



Smoking and tobacco use cessation



Cardiovascular disease testing



Screening for lung cancer



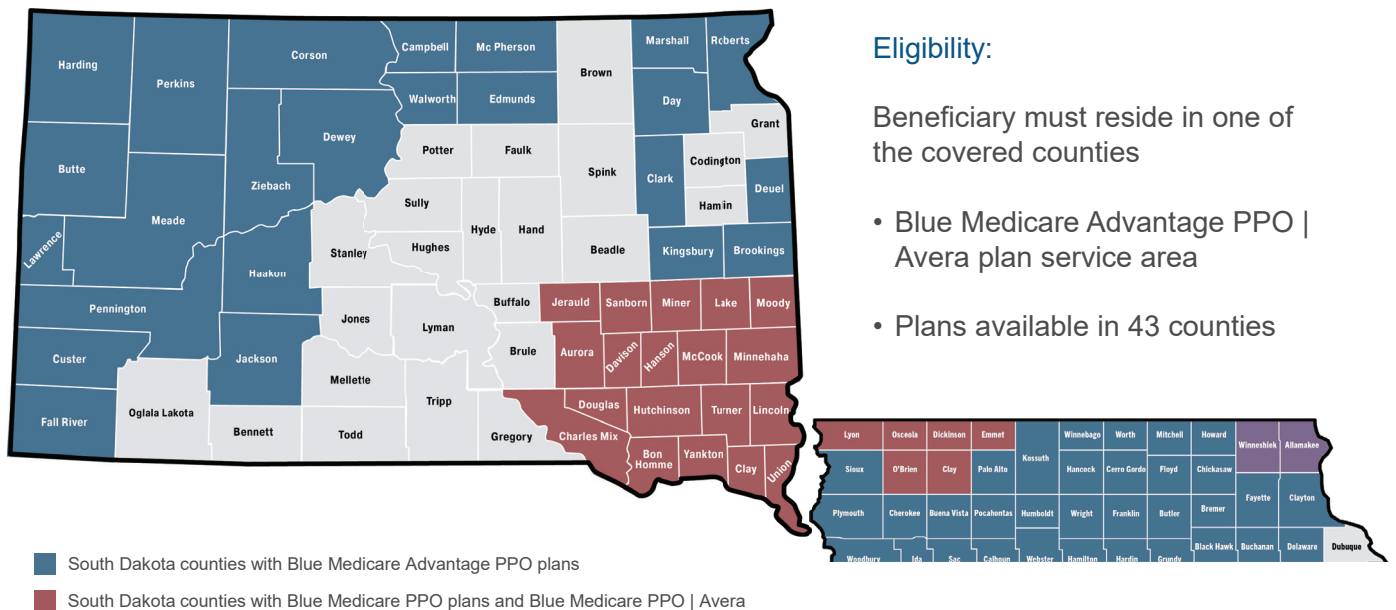
Alcohol misuse screening and counseling



In-home health evaluation visits

# Service Area

## Medicare Advantage plans service area



# Broad network access

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## Extensive network so you can see the doctors you want

Doctors and hospitals you know and trust

Provider network includes:

- Avera
- Sanford\*
- Monument Health Systems
- Rapid City Medical Center
- Yankton Medical Clinic
- Others



\* Not in-network for Blue Medicare Advantage PPO | Avera Plan

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## **Expanded providers to seek care in 2025**

Behavioral Health provider types expanded to offer Outpatient Behavior Health, Marriage and Family Therapy (MFTs) and Mental Health Counselors (MHCs).

## **Additional Tools**



## Additional support tools

### Wellmark.com

- Provider directory/pharmacy directory
- EOC
- Summary of Benefits
- Access contact information for supplemental benefits

### Producer Connection

- View mailings before they go to members

### Marketing toolkit

- Medicare Advantage vs. Medicare supplement flyer - IA/SD M-2021514 11/23
- Do the math – N-2319173 09/22 A
- Scope of Appointment Y-7322135 9/22 A

## Medicare Advantage support

Step	Support Type	Support Source
1 – Online	Wellmark Medicare Advantage FAQs	Access: <a href="#">Producer Connection &gt; Medicare Advantage &gt; Tools and Resources &gt; Agent Training</a>
2 – Phone	Pre-Phone Call Preparation 1. Be prepared to verify the following (if applicable): <ul style="list-style-type: none"> <li>o Member Name <ul style="list-style-type: none"> <li>• LSE/HMO</li> <li>• LSE IA PPO (PPO, Enhanced, Valor)</li> <li>• L5I Avera</li> <li>• L5I SD PPO (PPO, Enhanced, Valor)</li> </ul> </li> <li>o Group Number <ul style="list-style-type: none"> <li>• PPO: 15901 IA / 29503 SD</li> <li>• Enhanced: 15902 IA / 29504 SD</li> <li>• Valor: 15906 IA / 29507 SD</li> <li>• HMO: 15991</li> <li>• Avera: 29505</li> </ul> </li> </ul> 2. Always accept/request a call reference number to document the inquiry.	
2A	General MA information	<b>Contact:</b> Agent Services Line -- 855-716-2557 <ul style="list-style-type: none"> <li>• All licensed agents can use this line</li> <li>• Representatives on this line can provide general, <i>non-client specific</i>, MA support for inquiries and information, such as: <ul style="list-style-type: none"> <li>o Pre-enrollment</li> <li>o Eligibility</li> <li>o Benefit questions (i.e. specific benefit provisions, cost shares, frequency of benefits, etc.)</li> </ul> </li> </ul>
2B	Client-specific MA information	<b>Contact:</b> Client Services <ul style="list-style-type: none"> <li>• HMO plans: 855-716-2555</li> <li>• PPO plans: 855-716-2544</li> </ul>
3	Unresolved Issues after trying all other Support Resources	<b>Contact:</b> <ul style="list-style-type: none"> <li>• General Agency (GA), if applicable</li> <li>• Wellmark sales representative(s) via email, phone, etc.</li> </ul> Always include call reference number and clearly state what is needed (i.e. member information, dates of service, question, call to action, etc.)

Use this new reference guide provided by your sales team to assist you in knowing who to contact for Medicare Advantage questions and assistance.

# What do you need to know?

## What are some of the key compliance guidelines to follow?

Complete CMS training timely (Pinpoint/AHIP)

- Resource - Medicare Training Center User Guide

Get appointed for Medicare Advantage

Complete scope of appointment prior to appointments

Remind member to continue to pay Part B premiums

## Compliance reminders for an appointment:

- Complete Scope of Appointment prior to appointment (Form Y-7322135)
- Pre-enrollment checklist at appointment (from pre-enrollment packet Y-3021584 11/23)
- List of required elements checklist (Producer Connection)
- Keep a copy of the paper application if you do not enroll electronically

## You play an important role in helping improve member health!

### What can you do?

- Encourage members to access care
  - **Annual wellness visits**
  - **In-home assessments**
- Help members sign up for **Live Healthy Blue (Rewards Program)**
- Encourage members to complete surveys

### Why should you do it?

- More engaged members are happier members
- Happier members stay on their plans longer which increases retention.
- **Higher star ratings = richer plan benefits**

# Medicare Supplement

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## Medicare Supplement

- Value of Med Supp
- Committed to this market
- Long-term strategy
- High member satisfaction



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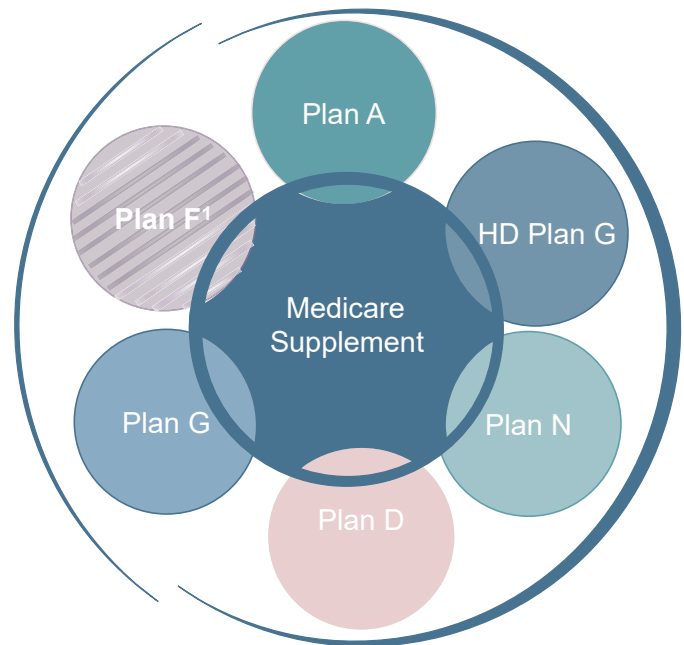
# 2025 Medicare supplement renewal

Base rate adjustment:

- Pre-Standardized = **12.9%** (Medigap / Medigap+)
- Standardized = **12.9%** (Senior Blue)
- Modernized = **18.5%** (MedicareBlue Supplement)

Note: Doesn't take into account household discount nor age factors

**Wellmark is committed to offer consumers choice to supplement Medicare!**



MedicareBlue<sup>SM</sup> Supplement

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.

# 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, 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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## Other Reminders

Loss of coverage?

Guaranteed issue right

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# Medicare plan termination

## D. Review the following loss of coverage situations to determine if your acceptance is guaranteed.

If your previous coverage terminated or ceased to provide some benefits more than 63 days prior to the date of this application, you are outside of your guaranteed issue rights period. You must complete the entire application including answering the health questions. Please go to Section E to determine the plan(s) for which you are eligible.

Applies to me **D6**. I have a Medicare supplement, a Medicare Advantage plan or a Medicare cost plan and I am losing my coverage because the insurance company went bankrupt, or my coverage is ending through no fault of my own.

If applicable, please provide the date coverage will end  /  /

- Application stipulates members have certain guaranteed issue (GI) rights
- Section D6 of the application pertains to loss of 'a Medicare Advantage plan or a Medicare cost plan' through no fault of the member
- This GI right allows a Med Supp enrollee to select any plan available for which they are eligible (Section E of the application)
- Preferred rating apply to GI rights

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## Reminder

- Wellmark will no longer offer pre-printed versions of the Medicare Supplement Applications after June 24, 2024. Agents can continue to download the applications and print off desktop.
- For paper to online enrollment, the Medicare Supplement application is required in its entirety. Do not just upload the signature page.
  - Input within 24 hours of signature
  - Retain a copy of the paper application for 11 years

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# MedicareBlue Rx

## MedicareBlue<sup>SM</sup> Rx 2025

Discontinue MedicareBlue<sup>SM</sup> Rx Select Plan and Crosswalk members to MedicareBlue Rx Standard Plan

	2024 Select	→	2025 Standard
Premium	\$20.20		\$51
Deductible	Tier 1 and 2 drugs: \$0 Tier 3, 4 and 5 drugs: \$545		\$590
Pharmacy	Preferred / Standard Cost Shares		
Tier 1	\$2 / \$12		\$0 / \$7
Tier 2	\$6 / \$15		\$2 / \$11
Tier 3	\$42 / \$47		23% / 25%
Tier 4	46% / 50%		48% / 50%
Tier 5	25%		25%
Catastrophic	\$0		\$0

➤ 4-Star rating in 2024

➤ Benefit considerations:

- Focus is on low or generic utilizers – lowered tier 2 preferred cost shares
- Focus on preferred network

**Denotes changes for 2025.**

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

PENDING CMS APPROVAL	2024		2025	
Premium	\$76.40		\$51	
Deductible	Tier 1 and 2 drugs: \$0 Tier 3, 4 and 5 drugs: \$545		\$590	
Pharmacy Network	Preferred	Standard	Preferred	Standard
Tier 1: Pref. Generic	\$7	\$15	\$0	\$7
Tier 2: Non-Pref. Generic	\$13	\$20	\$2	\$11
Tier 3: Pref. Brand	\$43	\$47	23%	25%
Tier 4: Non-Pref. Drug	45%	50%	48%	50%
Tier 5: Specialty	25%		25%	
Initial Coverage Limit	\$5,030		N/A	
Coverage Gap (drug costs reach ICL)	25%		N/A	
Out-of-Pocket Costs	\$8,000		\$2,000	
Catastrophic Coverage	Once the member's costs reach the out-of-pocket amount, they pay \$0			

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

Red indicates change from 2024 to 2025

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

PENDING CMS APPROVAL	2024		2025	
Premium	\$123.50		\$116.90	
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	\$5,030		N/A	
Coverage Gap (drug costs reach ICL)	25%		N/A	
Out-of-Pocket Costs	\$8,000		\$2,000	
Catastrophic Coverage	Once the member's costs reach the out-of-pocket amount, they pay \$0			

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

Red indicates change from 2024 to 2025

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# Medicare conversion



Individual and group members aging into Medicare

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

# 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)

# 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)



# 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.

## 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





# Questions?

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## Wrap up



CEC sign-in sheet



Survey

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# Thank You!



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