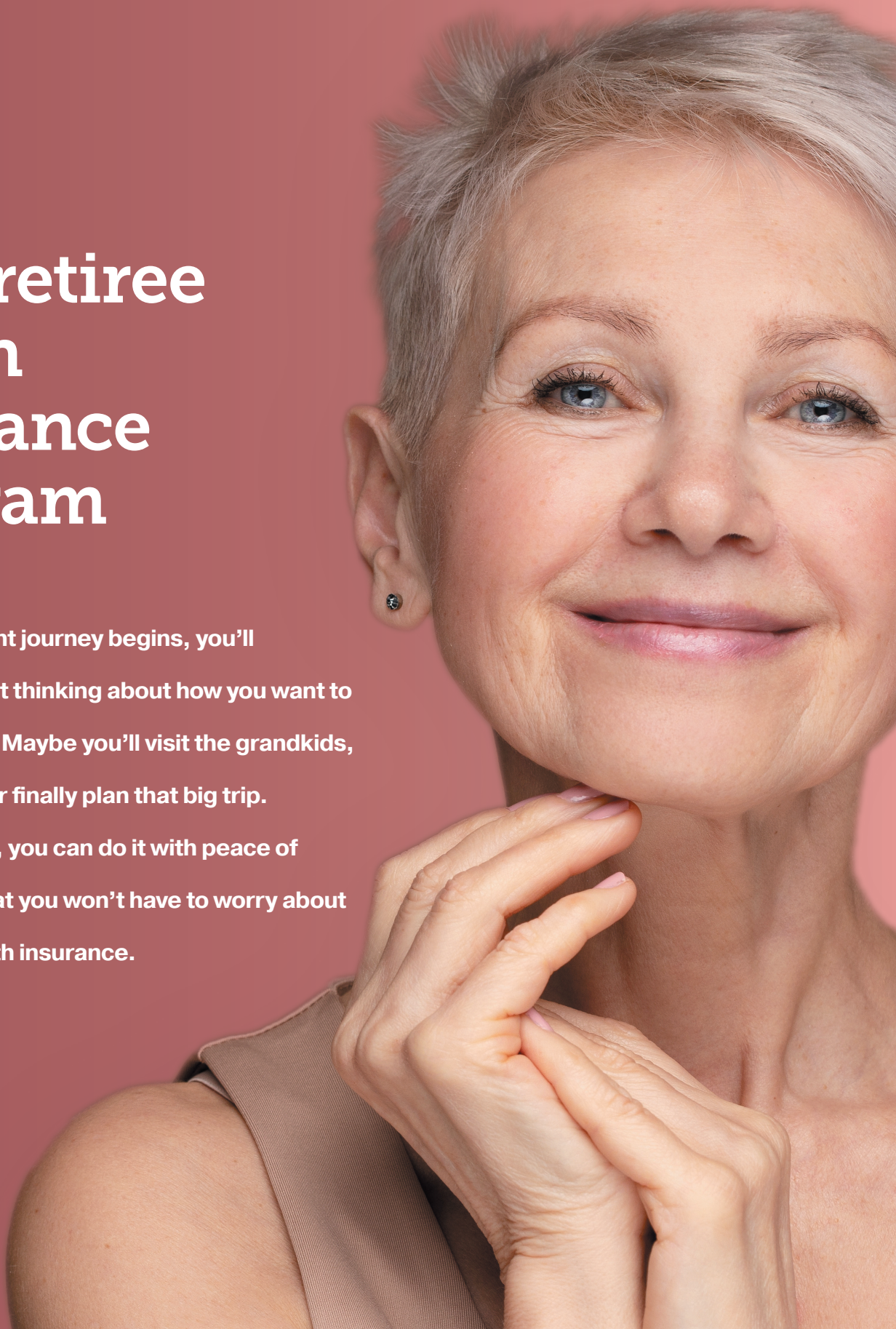
Wellmark

A guide to your retiree health insurance program

Your retiree health insurance program

As your retirement journey begins, you'll undoubtedly start thinking about how you want to spend your time. Maybe you'll visit the grandkids, volunteer more or finally plan that big trip. Whatever you do, you can do it with peace of mind knowing that you won't have to worry about your retiree health insurance.



Wellmark's Retiree Health Insurance program helps pay for health care costs and some services not covered by Medicare, such as deductibles, copays and coinsurance.

What to expect

Medicare provides basic protection against the high cost of health care, but it will not pay for all your medical expenses. That's why your employer is offering you the option to enroll in this Wellmark Blue Cross and Blue Shield coverage in addition to Medicare. Your retiree health insurance program is designed to provide additional coverage to help you pay for some hospital, medical and surgical services that are only partially covered by Medicare.

Please see the enclosed plan overview sheet for a more detailed explanation of the benefits.

How Medicare works

To understand how your retiree health insurance plan works, you need to understand how Original Medicare works. Original Medicare has two parts:

1. **Medicare Part A covers hospital care**, including home health and hospice care. It is offered at no cost to nearly everyone eligible for Medicare.
2. **Medicare Part B covers medical care**, which includes doctor visits, outpatient care and supplies. It is available for a monthly premium to most people eligible for Medicare.

To be eligible to enroll in a Wellmark Retiree Health Insurance program, you must:

- Be enrolled in Medicare Part A.
- Be enrolled in Medicare Part B.
- Continue to pay your Part A (when applicable) and B premiums.

Medicare IRMAA — Income-Related Monthly Adjustment Amount

In addition to the regular monthly premium, higher-income individuals may pay an additional premium surcharge for Medicare Parts B and D.

To determine whether IRMAA may apply to you, contact the Social Security Administration.

Original Medicare **enrollment**

There are different times when you can enroll in Original Medicare, and each of those times has certain rules around applying and when your coverage will begin.

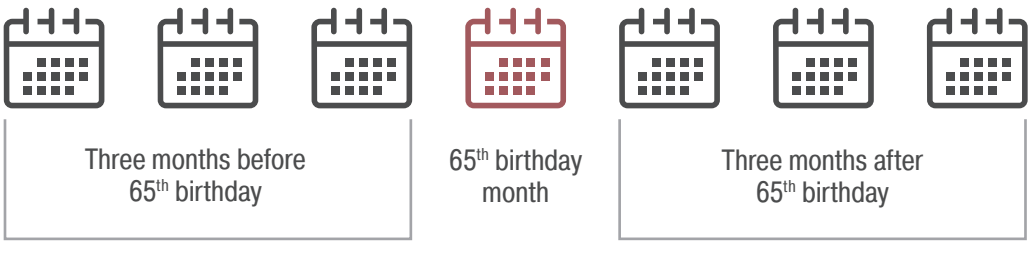
When you are first eligible for Medicare, you have seven months to sign up. This is called the Initial Enrollment Period. The period begins three months before you turn 65 and lasts throughout your birthday month and three months after you turn 65. Coverage can start as early as the month of your 65th birthday (or the month before if your birthday is on the first of the month).

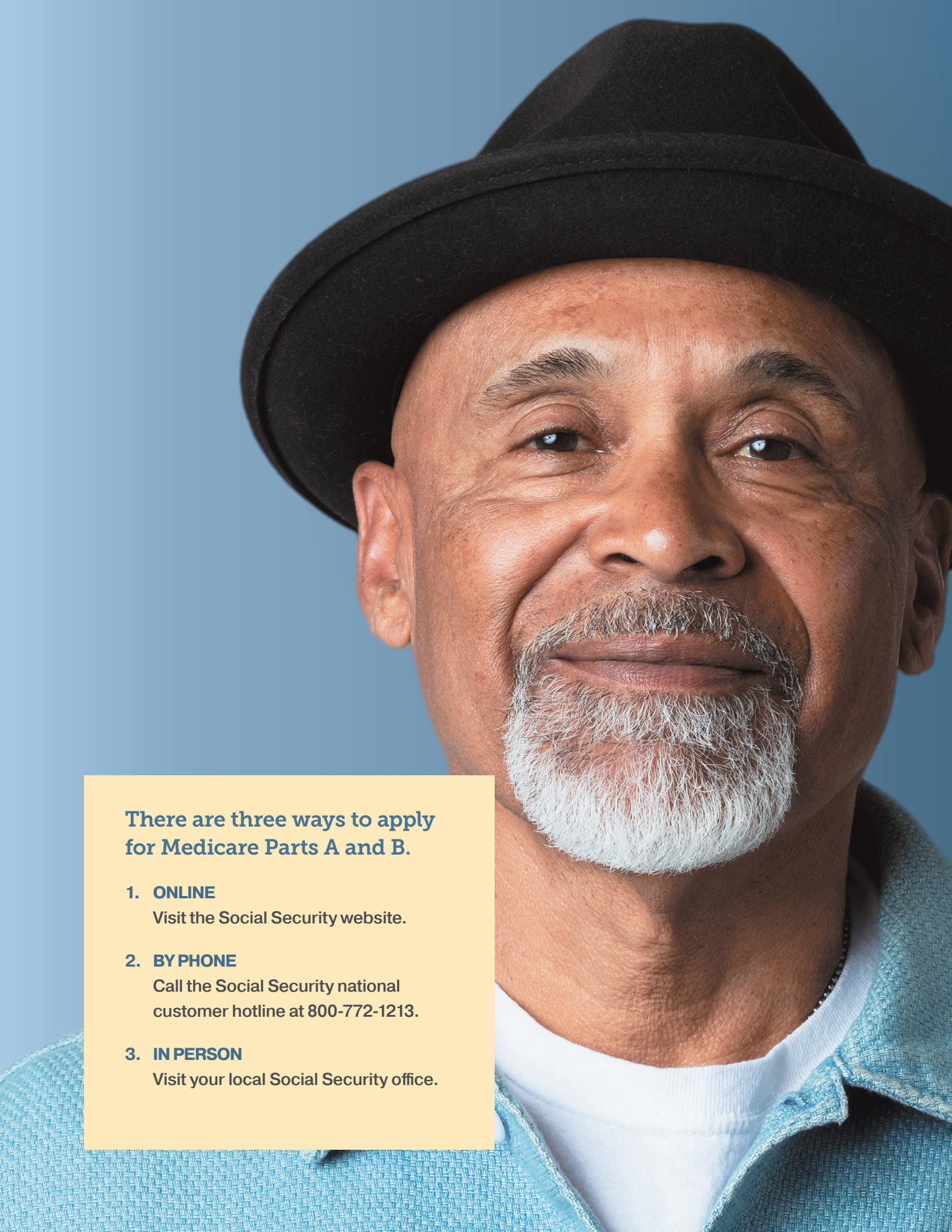
- **Most people are automatically enrolled in hospital coverage (Part A)** on the first day of the month they turn 65. If you don't receive an enrollment notice three months before your 65th birthday, call Social Security.
- **You can sign up for medical coverage (Part B)** during your Initial Enrollment Period. If you already have other health insurance (for example, if you're still working and your employer provides your coverage) you can delay your enrollment without a penalty. But be careful, if you delay your enrollment and do not have other health insurance, the Centers for Medicare & Medicaid Services will charge you a penalty once you do sign up. And you will pay that penalty for as long as you're enrolled.

If you miss this period, you will have a chance to enroll in Medicare again during the General Enrollment Period, which takes place every year between Jan. 1 and March 31, with coverage starting the month after you sign up. But if you wait, you may have to pay more. So, it's in your best interest to understand how your current coverage works with Medicare before making any decisions.

Once you are enrolled, Social Security will send you a "Welcome to Medicare" packet that includes your Medicare card.

Initial Enrollment Period





There are three ways to apply for Medicare Parts A and B.

1. **ONLINE**
   Visit the Social Security website.

2. **BY PHONE**
   Call the Social Security national customer hotline at 800-772-1213.

3. **IN PERSON**
   Visit your local Social Security office.

Retiree health insurance enrollment

Let us put our knowledge and experience to work for you. Once you've reviewed your retiree health plan information, all you have to do is enroll and Wellmark will take care of the rest.

To enroll:

1. Make sure you meet the requirements. You must be enrolled in Medicare Parts A and B before you enroll. Because this plan is offered by your employer, they may have additional guidelines.

2. Complete the application enclosed in this information packet.

3. Mail in your application using the enclosed business reply envelope. The envelope is pre-addressed and the postage has been paid. All you have to do is drop it in a mailbox.

If your employer is offering additional coverage to you, like prescription drug plans, they'll have more enrollment instructions.

Your employer's human resources department will have more information about:

- When your coverage will begin.
- When your application is due.
- When you can expect plan or premium changes.
- Any additional coverage options that may be available to you.
- Who to contact with questions.

Check your mail!

Once you enroll, you'll receive some important documents in the mail. Here's what you can expect two or three weeks after you submit your application:

- A letter confirming your enrollment.
- A new Wellmark ID card — make sure you show your insurance card when using your benefits.
- A coverage manual — keep this document so you can reference it later.

Prescription drug plans that **work for you**

Now that you've learned more about Original Medicare and your coverage options, you know drug costs are not covered. A prescription drug plan is a small price to pay for help in protecting against unexpected drug costs that can quickly add up.

If you enroll in a prescription drug plan, you will pay a monthly premium plus a share of the cost of your prescriptions. Drug plans vary by types of drugs covered, how much you pay and the pharmacy you use.

When to enroll

If your employer does not sponsor a group prescription drug plan, you can enroll in your own individual coverage during your Initial Enrollment Period. If you don't enroll, the Centers for Medicare & Medicaid Services may charge you a penalty — in the form of a higher monthly Part D premium — when you enroll later. The longer you wait to enroll, the higher the penalty.

Switching plans

You can switch your prescription drug coverage during the Annual Enrollment Period, which runs every year from Oct. 15 through Dec. 7.

There are **Special Enrollment Periods** that may allow you to switch outside the Annual Enrollment Period. Some examples include:

- You are eligible for financial help from Social Security.
- You move outside of your plan's service area.
- Your plan's government contract ends, or the plan goes out of business.
- You lose prescription drug coverage from an employer or union, or your drug coverage is no longer as good as the standard Part D benefit.
- The plan you're switching to was given a five-star rating by the Centers for Medicare & Medicaid Services.

Ask your employer's human resources department about prescription drug options available to you.

Avoid costly penalties

Don't delay when considering your options for prescription drug plans. The Centers for Medicare & Medicaid Services will charge you a penalty if you go 63 continuous days without drug coverage after your Initial Enrollment Period.

The easiest way to avoid this penalty is to join a Medicare drug plan when you're first eligible.

Learn more at **Medicare.gov**.

Get more with **Wellmark**

With Wellmark, you get more than standard benefits. You get coverage from a company you trust and extra programs and services at no cost to you.

Freedom of choice

Visit any Medicare-participating doctor or hospital with no referrals. You can relax knowing that Wellmark Blue Cross and Blue Shield coverage will travel with you across the state or country.

Coverage on-the-go

myWellmark® Member Portal is a valuable online resource to help you make the most of your coverage. You can choose from a variety of tools, information and support to make the most of your coverage. Take advantage of these features at **myWellmark.com**.

Local and knowledgeable staff

You can trust the voice on the other end of the phone. We live and work in your community and have a highly trained staff with years of experience.

Exclusive discounts

Get fit and stay fit by using Blue365® to access special discounts on gym memberships, heart rate monitors, healthy eating plans and more. The program is free to members. Explore a variety of valuable discounts online at **Wellmark.com/Blue365**.

Information to live your healthiest life from Blue℠

Visit **Wellmark.com/Blue** to better understand your health plan benefits, and get sensible nutrition information, ideas to help you stay active, member stories and much more. And, while you're there, subscribe to the Blue e-newsletter to get this information straight to your inbox every month.

Definitions

Benefit period — For Original Medicare, the benefit period begins on the first day of a hospital stay and ends when you have been out of the hospital or skilled nursing facility for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

Centers for Medicare & Medicaid Services (CMS) — The federal government agency that runs Medicare and works with each state to run their Medicaid program.

Coinsurance — The percentage of the Medicare-approved amount you pay for a medical service. With some plans, you do not pay coinsurance until you have paid a deductible.

Copayment — A fixed amount you pay for each medical service, such as a doctor's visit. For example, a copayment might be $20 for a doctor's visit and $7 for a prescription drug you receive.

Cost sharing — The way Medicare and your health plan share your health care costs with you. Deductibles, coinsurance and copayments are all types of cost sharing.

Deductible — A set amount of money you must pay before your plan pays. Usually you have a separate deductible for Medicare Part A, Part B and Part D. Some deductibles are covered by retiree health insurance plans.

Eligible care — Medical care and services that qualify to be covered by your health plan.

Lifetime reserve days — These are extra days that Original Medicare will pay for when you are in a hospital for more than 90 days. You have 60 lifetime reserve days to use during your lifetime, with a per-day copayment when you use them.

Medigap (Medicare supplement) plan — Health insurance policies that typically have standardized benefits and are sold by private insurance companies. Medigap policies work together with your Medicare Part A and Part B coverage. They generally allow you to go to any doctor or hospital that accepts Medicare.

Part D (prescription drug plan) — A Medicare Part D prescription drug plan may be a stand-alone plan that you can enroll in if you have Original Medicare and/or a Medicare supplement plan.

Premium — A fixed amount you pay, usually paid each month, to be in a Medicare health plan or prescription drug plan.

Preventive care — Care that is provided to keep you healthy or find an illness or disease early, when it can be better treated. Examples of preventive care are flu shots, mammograms and screening for diabetes.

Wellmark Language Assistance

Discrimination is against the law

Wellmark Blue Cross and Blue Shield complies with applicable state and federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Wellmark provides:

- Free aids and services to people with disabilities so they may communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

You have the right to get this information and help in your language for free. If you need these services, call 800-524-9242.

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

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

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

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

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

تنبيه: إذا كنت تتحدث اللغة العربية, فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم 800-524-9242 أو (خدمة الهاتف النصي: 888-781-4262).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາ ໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ທີ. (TTY: 888-781-4262.)

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

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

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

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

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

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

တtill်ဒုးသွင်ညါ–နမ့်ကတိၤကညီကျိာ်,ကျိာ်တါ်မၤစၢၤတါ်ဖံးတါ်မၤတဖဉ်,လၢတဘဉ်လာ်ဘူးလဲ,အိဉ်လၢနမိာ်လီၤ,ဆဲးကျိုးဆူ ၈၀၀–၅၂၄–၉၂၄၄တမ့်(TTY:၈၈၈–၇၈၁–၄၂၆၂)တက့်.

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

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

ማሳሰቢያ: አማርኛ የሚናገሩ ከሆነ፡ የቋንቋ እገዛ አገልግሎቶች፡ ከክፍያ ነፃ፡ ያገኛሉ። በ 800-524-9242 መደም (በTTY: 888-781-4262) ጷውለው ያነጋግሩን።

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

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

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

Ge': Diné k'ehjí yáníłti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojį' hólne' 800-524-9242 doodaii' (TTY: 888-781-4262)

Wellmark is not providing any legal advice with regard to compliance with the requirements of the Affordable Care Act (ACA) or the Mental Health Parity Addiction Equity Act (MHPAEA). Regulations and guidance on specific provisions of the ACA and MHPAEA have been and will continue to be provided by the U.S. Department of Health and Human Services (HHS) and/or other agencies. The information provided reflects Wellmark's understanding of the most current information and is subject to change without further notice. Please note that plan benefits, rates, renewal rate adjustments, and rating impact calculations are subject to change and may be revised during a plan's rating period based on guidance and regulations issued by HHS or other agencies. Wellmark makes no representation as to the impact of plan changes on a plan's grandfathered status or interpretation or implementation of any other provisions of ACA. Any questions about Wellmark's approach to the ACA or MHPAEA may be referred to your Wellmark account representative. Wellmark will not determine whether coverage is discriminatory or otherwise in violation of Internal Revenue Code Section 105(h). Wellmark also will not provide any testing for compliance with Internal Revenue Code Section 105(h). Wellmark will not be held liable for any penalties or other losses resulting from any employer offering coverage in violation of section 105(h). Wellmark will not determine whether any change in an Employer Administered Funding Arrangement affects a health plan's grandfathered health plan status under ACA or otherwise complies with ACA. Wellmark will not be held liable for any penalties or other losses resulting from any Employer Administered Funding Arrangement. For purposes of this paragraph, an "Employer Administered Funding Arrangement" is an arrangement administered by an employer in which the employer contributes toward the member's share of benefit costs (such as the member's deductible, coinsurance, or copayments) in the absence of which the member would be financially responsible. An Employer Administered Funding Arrangement does not include the employer's contribution to health insurance premiums or rates.

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