



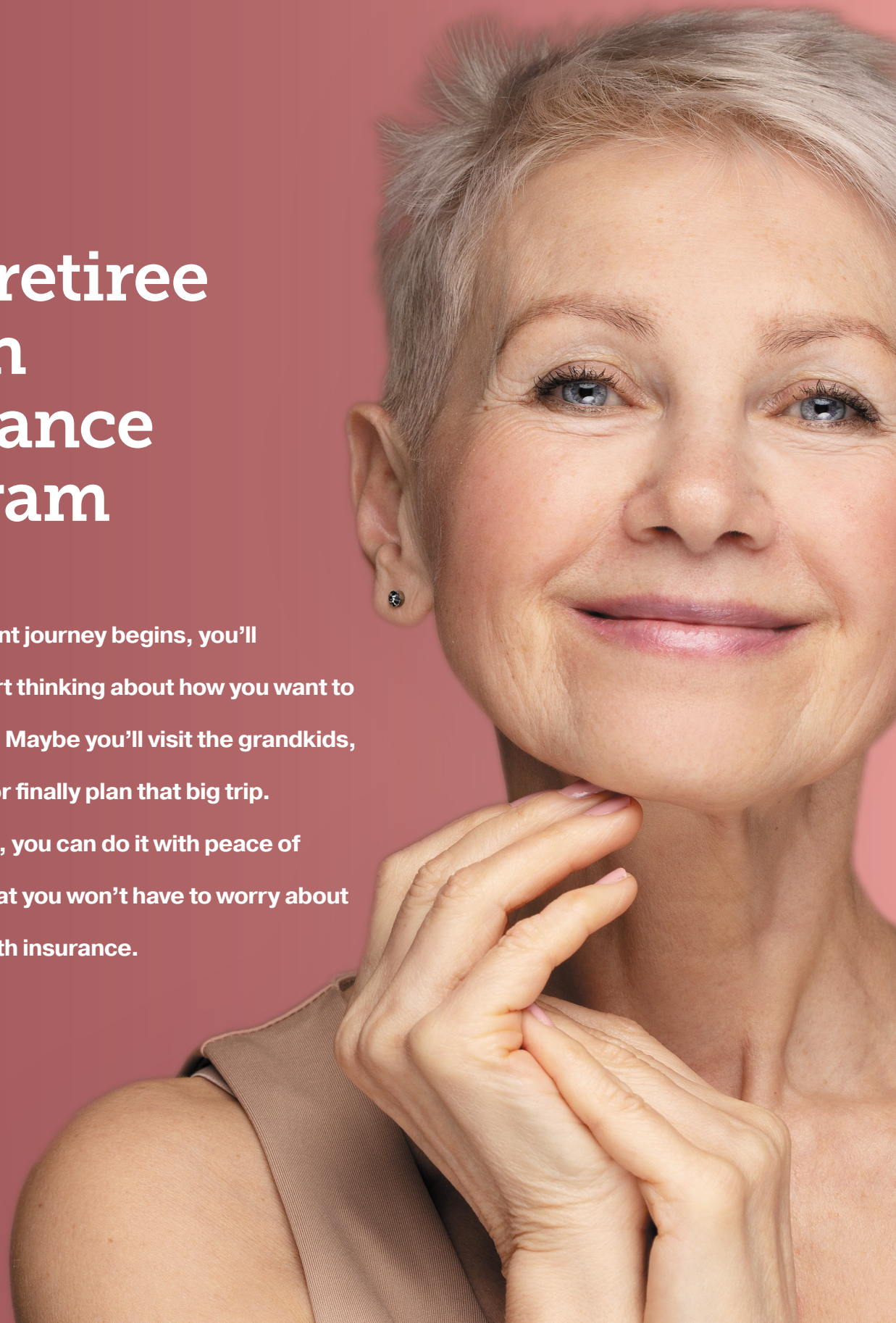
Your guide to your  
**retiree health insurance program**



# 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. The retiree health insurance program is designed 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 your Initial Enrollment Period (IEP). The period begins three months before you turn 65, goes throughout your birthday month and three months after you turn 65. Coverage can start as early as the month of your 65<sup>th</sup> birthday (or the month before if your birthday is on the first of the month).

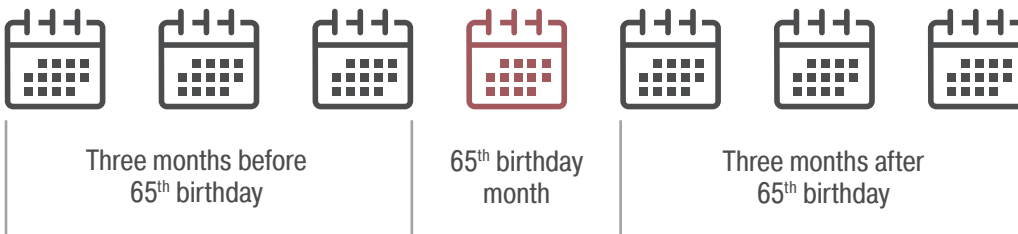
- **Most people are automatically enrolled in hospital coverage (Part A)** on the first day of the month they turn 65. If you don't receive an enrollment notice three months before your 65<sup>th</sup> birthday, call Social Security.
- **You can sign up for medical coverage (Part B)** during your IEP. 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.

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 to 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 IEP. 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 (AEP), which runs every year from Oct. 15 through Dec. 7.

There are **Special Enrollment Periods** that may allow you to switch outside the AEP. 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 IEP.

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

Learn more at [Medicare.gov](https://www.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.

## Coverage on-the-go

myWellmark® 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 access to special discounts on gym memberships, heart rate monitors, health eating plans and more with Blue365®. 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<sup>SM</sup>

Visit **Wellmark.com/Blue** to better understand your health plan benefits, and get 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 sent 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 complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Wellmark does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

## Wellmark

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 800-524-9242.

If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 3E417, Des Moines, IA 50309-2901, 515-376-6500, TTY 888-781-4262, Fax 515-376-9055, Email [CRC@Wellmark.com](mailto:CRC@Wellmark.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

## U.S. Department of Health and Human Services

200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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 ٨٠٠-٥٢٤-٩٢٤٢ أو (خدمة الهاتف النصي: ٨٨٨-٧٨١-٤٢٦٢).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຜິດຕໍ່ຫົວ. (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 Deutsch 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 serbisyon tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တောင်းဆိုပါ—နမူနာတစ်ခုကို, ကိုတိတိမဟုတ်ဘဲတစ်ခုတည်း, လာဘ်ဘက်လက်ဘက်လဲ, ဆိုလျက်ရှိလိမ့်မည်။ ၈၀၀-၅၂၄-၉၂၄ ဖုန်းနံပါတ် (TTY: ၈၈၈-၇၈၁-၄၂၆) တွေ့ပါ။

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।

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

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

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 yáníłtí'go níká bizaad bee áká' adoowoł, t'áá jiiik'é, náhóló. Kojí' hóline' 800-524-9242 doodaii' (TTY: 888-781-4262)



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