A GUIDE TO YOUR RETIREE HEALTH INSURANCE PROGRAM

Wellmark® Iowa

RETIREE HEALTH INSURANCE

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

Through this employer-sponsored retiree health insurance program, you have health coverage from a name you know and trust — Wellmark Blue Cross and Blue Shield of Iowa. With more than 80 years of health insurance expertise, Wellmark Blue Cross and Blue Shield is the industry leader in helping our members manage their health care needs. We continuously work to keep quality health care accessible and affordable so you can feel confident that your health is well protected.

With health coverage from Wellmark, you'll receive:

- **STABILITY AND CONFIDENCE** — Wellmark Blue Cross and Blue Shield of Iowa is known for financial strength and stability. With 80 years of experience, you can trust that we'll be here for you in the future.
- **PERSONAL CUSTOMER SERVICE** — Wellmark is a local company focused on providing its customers with quality products and services. You can count on courteous, local customer service representatives who are professionally trained to understand your Medicare benefits, accurately and efficiently answer your questions, and discuss your concerns.
- **WORLDWIDE ACCEPTANCE** — No matter where you go, you can trust that your Wellmark coverage will be accepted in more than 200 countries and territories around the world.
- **myWELLMARK®** — Your personal health care information is at your fingertips with myWellmark — no matter your location — with tools, resources and insights to help you manage health spending and live a healthier life. Register at myWellmark.com.

You are encouraged to read all of the information you receive regarding your health insurance coverage, including this brochure. It has answers to important questions and helpful definitions specific to Medicare.

WE LOOK FORWARD TO SERVING YOU.

For questions about your retiree health insurance plan:
Call Wellmark Blue Cross and Blue Shield of Iowa at 1-800-622-0043.

WHAT IS MEDICARE?

Medicare is a federal health insurance program for people age 65 and older, people under age 65 with certain disabilities, or people of any age with permanent kidney failure. Medicare is administered by the Centers for Medicare and Medicaid Services (CMS) of the United States Department of Health and Human Services.

There are two parts to Original Medicare:

- **HOSPITAL INSURANCE (PART A)** helps pay for inpatient hospital care, some inpatient care in skilled nursing facilities, home health care and hospice care. It is available to most Medicare-eligible beneficiaries at no cost.
- **MEDICAL INSURANCE (PART B)** helps pay for medically necessary doctors' services, outpatient hospital services and a number of other medical services and supplies that are not covered by Part A (hospital insurance) of Medicare. Part B is available to most Medicare-eligible beneficiaries for a monthly premium.

Original Medicare does not cover all medical costs. The deductibles, copayments, and coinsurance you must pay before Medicare covers health care costs can quickly add up. Fortunately, people can enroll in private health plan options, like the retiree health insurance program, to help cover the costs that Original Medicare does not cover.

Why do I need health insurance in addition to Medicare?

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 with 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.

How does the retiree health insurance program work with Medicare?

Medicare will pay your covered expenses first, and then your retiree insurance program will provide coverage for the remaining eligible expenses. Please see the plan highlight sheet for a more detailed explanation of the benefits.

How are claims handled?

In most cases, your health care provider will file your Medicare claims for you, even if they do not accept Medicare. However, there may be some cases where you have to file claims yourself.

Wellmark Blue Cross and Blue Shield of Iowa will process your claim for your retiree insurance program benefits promptly and accurately when we receive an Explanation of Medicare Benefits (EOMB) from the Medicare office serving the state where the services were provided. How that EOMB gets to us depends on where you received the services.

Iowa providers

Wellmark Blue Cross and Blue Shield of Iowa has a "cross-over" contract with many Medicare carriers and intermediaries, which means you will not have to file your claims because Medicare automatically sends it directly to us. When your doctor, clinic, hospital, or other provider is in the state of Iowa, you do not have to do anything. The Medicare office in Iowa sends your claim directly to Wellmark.

Providers outside Iowa

If you receive health care services when you are in another state, the provider will submit your Medicare claim to the Medicare office in that state. Some out-of-state Medicare offices do not transfer the claim to us. Once a claim is processed by a Medicare office in another state, you will receive a Medicare Summary Notice (MSN). You need to send us your MSN, so we can process your retiree insurance program benefits.

You can send the MSN to:

Wellmark Blue Cross and Blue Shield of Iowa
Station 1E23B
PO Box 9232
Des Moines, Iowa 50306-9232

GET MORE WITH myWELLMARK

YOUR PERSONALIZED WEBSITE — myWellmark is a resource you can access through your employer's retiree health insurance program.

- **VIEW CLAIMS.** Get an overview of your claims activity, complete with a status tracker and cost details.
- **PAY YOUR PREMIUM.** Conveniently make sure your premiums are paid — no postage stamp needed.
- **GET PERSONALIZED BENEFIT INFORMATION.** You only see the items, insights, reminders and announcements that are relevant to you.
- **MEMBER DISCOUNTS.** Access exclusive discounts on health and wellness products through Blue356®.

Your health care — at your fingertips. myWellmark is your one-stop source for personalized health care information. Log in or register at myWellmark.com.

Want to make your health insurance even easier? Confirm you have the security, speed and convenience of digital documents in three easy steps by logging in and:

Selecting the **Profile** tab from the menu at the top.

Clicking **Notifications.**

Choosing your preferences and click **Agree & Save.**

DEFINITIONS

Assignment (Part B) — An agreement by a health care provider to accept Medicare's approved amount as full payment and not to bill the patient for any amounts over the Medicare-approved amount, except for deductibles, coinsurance amounts, or for non-covered services.

Beneficiary — A person enrolled in Medicare.

Benefit period — The same as a calendar year. It begins on the day coverage goes into effect and starts over each January 1.

Coinsurance — The percentage of medical expenses that a beneficiary will pay for covered services.

Copayment — A fixed dollar amount you pay for certain covered services.

Coordination of benefits — The process for determining the respective responsibilities of two or more health plans that have some financial responsibility for a medical claim.

Custodial care — The type of care, wherever furnished, to assist an individual to meet his or her daily living activities. The care does not require the continuing attention and assistance of licensed medical or trained paramedical personnel.

Examples of custodial care include, but are not limited to, the following activities:

a. Services that constitute personal care such as walking, getting in and out of bed, aid in bathing, dressing, feeding and other forms of assistance with normal bodily functions;

b. Preparation of special diets;

c. Supervision of medication that can usually be self-administered.

Custodial care is not a covered benefit of your retiree health insurance coverage.

Deductible — The amount a beneficiary must pay for covered services before Medicare or retiree insurance benefits are available.

Durable medical equipment (DME) — Medical equipment that is ordered by a doctor for use in the home. These items must be reuseable, such as walkers, wheelchairs, or hospital beds. DME is paid for under Medicare Part B, and Part A for home-health services.

Excess charges (Part B) — The difference between a health care provider's actual charge and the Medicare-approved payment amount.

Hospice program — A program that provides care in a comfortable setting (usually the home) for patients who are terminally ill and have a life expectancy of six months or less. Services include home health care plus respite services.

Maximum allowable fee — The amount Wellmark establishes that it will pay, using various methodologies, for covered services.

Medically necessary — A covered procedure, service, or supply that Wellmark Blue Cross and Blue Shield of Iowa considers eligible for benefits under the retiree insurance program. It is all of the following:

- Appropriate and necessary for the diagnosis and treatment of illness or injury.
- Consistent with professionally recognized standards of health care and given at the right time in the right setting.
- Not more costly than alternative services that would be more effective for diagnosis and treatment of the condition.
- Enables the member to make reasonable progress in treatment.

Medicare — The federal government's health insurance program for people age 65 and older, and for individuals of any age entitled to monthly disability benefits under Social Security or Railroad Retirement Program.

Medicare Part A — The part of Medicare that helps pay for inpatient hospital care, some inpatient care in a skilled nursing facility, home health care, and hospice care.

Medicare Part B — The part of Medicare that helps pay for medically necessary physicians' services, outpatient hospital services, and a number of other medical services and supplies that are not covered by Medicare Part A, as well as some home health services.

Medicare's Approved Amount — The amount payable under Medicare, for a Medicare covered service.

Medicare Participating Provider — A physician or supplier who has signed an agreement to accept Medicare's approved amount as payment-in-full for covered services provided to the Medicare beneficiary.

Medicare NonParticipating Provider — A physician or supplier who has chosen not to contract with Medicare to accept Medicare's approved amount as payment-in-full for covered medical services provided to beneficiaries. Such providers can charge up to 15 percent more than the Medicare-approved amount. This is called the limiting charge. Payment for services provided by Medicare nonparticipating providers is made directly to the Medicare beneficiary when the provider does not accept assignment.

Non-assignment (Part A) — Applies to claims for which the provider does not accept Medicare's approved amount as payment-in-full for covered services provided to Medicare beneficiaries. The payment is sent to the beneficiary, who then pays the provider.

Out-of-pocket maximum — A specified amount that a Wellmark Blue Cross and Blue Shield of Iowa insured must pay for covered services out-of (their own) -pocket in a benefit period. This amount equals the Wellmark deductible plus the coinsurance amounts an insured pays during the benefit period.

Skilled nursing facility — A specially qualified facility that provides continuous skilled nursing services as ordered and certified by an attending physician. A registered nurse (RN) must supervise services and supplies on a 24-hour basis.

These are general definitions. This is not a contract. Please see your benefits policy for contractual definitions as they pertain to your policy.

Wellmark Blue Cross and Blue Shield of Iowa is an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross®, Blue Shield®, and the Cross® and Shield® symbols and Blue 365® are registered marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans.

Wellmark® and myWellmark® are registered marks of Wellmark, Inc. | © 2019 Wellmark, Inc.

M-51984 09/19