

Ready to get more from **MEDICARE?** A quick guide for Wyoming





Get your
questions answered.



Learn what's
right for you.



Learn about
supplemental benefits.

After a lifetime of hard work, you've earned all the advantages Medicare can bring you. And the confidence to be ready for your next chapter.

That's why Blue Cross Blue Shield of Wyoming created WyoBlue Advantage. Medicare Advantage plans made for Wyoming by folks who actually live here. Medicare Advantage plans often combine both medical and prescription drug coverage. In addition, supplemental benefits like hearing, vision, and dental are also commonly included in these comprehensive plans. With WyoBlue Advantage, you can take full advantage of Medicare — at home and wherever life takes you.

Medicare made easy

You've probably heard finding the right Medicare solution can be confusing, but with WyoBlue Advantage, it doesn't have to be. Now that you're eligible for Medicare, you deserve to find complete and affordable care that's best for you, your situation, and the life you want to lead.

This handy booklet will help guide you step-by-step through your Medicare options so you can make well-informed decisions when choosing the plan that's right for you.

How Medicare works

Medicare is a federal health insurance program for eligible adults 65 and older and those under 65 who qualify for medical disability. Medicare has four parts — Part A, Part B, Part D and Part C. **Part C is unique because it combines the coverage of all the other parts of Medicare — A, B and sometimes D*. It's also known as Medicare Advantage.** There's also Medicare supplement insurance, known as Medigap. It helps cover the gaps in your Medicare coverage as well as your share of the costs for Medicare services.

*Most Medicare Advantage plans include Part D prescription drug coverage ([cms.gov/medicare/enrollment-renewal/health-plans](https://www.cms.gov/medicare/enrollment-renewal/health-plans)).

Original Medicare = Part A and Part B

Original Medicare is coverage managed by the federal government. When you choose Original Medicare, you get the coverage included in Medicare Part A and Part B. Original Medicare will pay a share of the cost and you will pay the remaining balance, which is the out-of-pocket cost.

Medicare Part A acts as hospital insurance. It helps pay for inpatient care in hospitals, hospice care, home health care and care provided in a skilled nursing facility if you meet certain requirements. If you or your spouse paid Medicare taxes when you were working, the federal government will pay your premium for Part A coverage in most cases.

Your out-of-pocket costs: Copays, deductibles, coinsurance



Words to know

Copay

Is a set fee you pay when you visit your doctor or clinic or fill a prescription.

Coinsurance

You and your plan share the cost for some services. Coinsurance is the percentage of the cost you pay for a covered health care service.

Deductible

Is the amount you pay for health care or drug services before your plan begins to pay.

Monthly premium

Is the amount you pay each month for your health plan coverage. Not every plan has a premium, which is something to consider when choosing the right plan for you.

Out-of-pocket limit

Is the most you'll pay for Medicare-covered medical services, including copays and coinsurance, in one calendar year.

Preventive care

Includes specific services that help you avoid potential health problems or diagnose them early when they are most treatable.

Medicare Part B provides medical insurance. It helps cover doctor visits, procedures that don't require an overnight hospital stay, and some preventive care. Most people pay a monthly premium for Part B, based on their income. The monthly premium for Part B is typically automatically taken out of your Social Security check.

Your out-of-pocket costs: Monthly premiums (if applicable), copays, deductibles (medical and/or pharmacy if applicable), coinsurance

Original Medicare covers a lot, but it won't pay for all the health care you may need, and you will not have a maximum amount you will pay for most covered services. **If you only have Part A and Part B coverage, you'll pay the full cost for non-covered services like:**

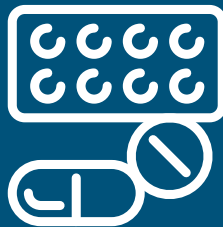
- Prescription drug coverage
- Preventive dental care and most other dental services
- Hearing aid coverage
- Over-the-counter (OTC) medications and supplies
- Most care you receive when traveling outside the U.S.

Prescription Drug Coverage = Part D

Medicare Part D (Yes, we skipped Part C, but you'll see why.) If you signed up for Original Medicare, Part D helps cover your cost for prescriptions, since Original Medicare doesn't cover prescription drugs. Part D plans are managed by private Medicare-approved insurers. You must enroll in a private plan to receive Part D services. Part D generally:

- Covers commonly used brand-name and generic drugs
- Doesn't include over-the-counter medicines
- Varies in benefits from plan to plan

Your out-of-pocket costs: Monthly premiums (if applicable), copays, deductibles (medical and/or pharmacy if applicable), coinsurance. There is a cap on annual out-of-pocket costs for prescription drugs covered under Part D.



Part C, or Medicare Advantage = Medicare Parts A, B and D (included in some plans)

Medicare Part C, or Medicare Advantage, integrates Medicare Part A and Part B coverage. Many Medicare Advantage plans also include Part D drug benefits. Medicare Advantage plans are only available through private health insurers and, depending on your plan, may provide extra coverage including:

- Over-the-counter drugs, including vitamins
- Home medical supplies
- Enhanced dental/vision/hearing services
- Hearing aids and eyewear
- Telehealth and 24/7 nurse coverage
- Personal Emergency Response System
- Coverage when you travel worldwide

When you enroll in a Medicare Advantage plan, you still receive all the entitlements and privileges of Original Medicare. You're simply choosing to work with a private insurer who's contracted by the government to provide your benefits through your Medicare Advantage plan. To be eligible for a Medicare Advantage plan, you must:

- Reside in the U.S.
- Live in the plan service area
- Have Medicare Parts A and B

Your out-of-pocket costs:

Monthly premiums (if applicable), copays, deductibles (medical and/or pharmacy if applicable), coinsurance

With a Medicare Advantage plan, you have a maximum out-of-pocket cost, which helps limit what you pay.



A quick look at what you get with each Medicare option

	Original Medicare	Original Medicare + Part D	Original Medicare + Part D + Medigap	Medicare Advantage + Part D
Inpatient care in hospitals	✓	✓	✓	✓
Hospice care	✓	✓	✓	*
Home health care	✓	✓	✓	✓
Doctor visits	✓	✓	✓	✓
Medical supplies and services	✓	✓	✓	✓
Outpatient procedures	✓	✓	✓	✓
Ambulance services	✓	✓	✓	✓
Annual wellness exams	✓	✓	✓	✓
Preventive care services	Some	Some	Some	Some
Prescription drugs		✓	✓	✓
Care management resources				✓
Cap on out-of-pocket costs per year				✓
Emergency care outside the U.S.				✓
Health assessments				✓
Dental				Often
Vision				Often
Hearing				Often

Some exceptions may apply. This chart represents general benefits available for some or most, but not all Medicare Supplement & Medicare Advantage plans.

*Once your hospice benefit starts, Original Medicare will cover everything related to a terminal illness. You can choose to remain in a Medicare Advantage plan and receive services not related to a terminal illness.

Original Medicare, as you can see, may not cover all the services you need. But there are ways you can extend your coverage, such as adding Medigap and Medicare Part D drug plans.

Medigap (or Medicare Supplement Plan) helps bridge the gap between what Original Medicare covers and the total cost of medical services. They cover all, or a portion of, Medicare deductibles and coinsurances, and plans are accepted nationwide. Medigap plans don't provide prescription drug coverage, which must be purchased separately. You should also know that you may have a "guaranteed issue right" for a Medigap plan, regardless of any pre-existing health conditions. This means insurance companies must sell you a Medigap plan and can't charge you more based on your health history.

- Examples of a guaranteed issue right include:
- Your Medicare Advantage plan leaving your service area
 - Your moving away from the plan service area
 - Your Medigap insurance company ending its coverage

Prescription Drug Plans (PDP) cover your prescription costs and are typically combined with Original Medicare or Medigap plans. Plans are different when it comes to which drugs they cover. So, before you enroll, check the plan formulary to ensure your medications are on the list of covered drugs.

Medicare Advantage includes Medicare Parts A and B, and sometimes Part D, plus additional benefits in most cases. See, this is easy.

Types of Medicare Advantage plans**

- Medicare Advantage Plan, Part D Included** — These MA plans have Part D drug coverage built into the plan design.
- Medicare Advantage Plan Without Part D (MA Only)** — These MA plans do not include Part D drug coverage and are often purchased by members who have already credible drug coverage, such as a Tricare for Life veteran plan. These plans cannot be purchased with a stand-alone part D plan.

Network Types

- Health Maintenance Organization or HMO** — May require you to choose a primary care physician to manage your medical needs and well-being. When you need a specialist or other provider, your doctor coordinates that care and will provide a referral if necessary based on the HMO plan requirements. Care provided or authorized by your doctor within the HMO network is covered.
- Preferred Provider Organization or PPO** — Is a network of doctors, hospitals and other health care providers that allows you to pay less when you stay within the network. A PPO plan also allows you to see any Medicare provider outside of the network, but you will generally pay more. Referrals usually aren't necessary to see specialists.

**Plan availability varies by location.

Medicare coverage explained: Q & A

As you prepare to enroll in a Medicare plan, it's important to understand how it works. Here are answers to some frequently asked questions:

Q. When can I enroll for Medicare?

A. Good question. Generally, your Initial Enrollment Period begins 3 months before you turn 65 and ends 3 months after the month you turn 65. In most cases, you should enroll in Medicare when you're first eligible, even if you have other health coverage, to avoid penalties and coverage gaps.

Q. What if I can't afford Medicare?

A. If you have limited income and resources, you may qualify for Extra Help, a financial assistance program to help you pay for Medicare prescription drug costs.

Q. What if I have a change in events? Can I change my plan coverage?

A. Yes. You may qualify for a Special Enrollment Period (SEP) and have the opportunity to sign up for a Medicare Advantage plan during a specified time before or following events like retiring, moving away, or if your insurer leaves the market.

Q. Do Medicare Advantage plans offer coverage when I travel?

A. Yes, many do. They offer emergency and urgent care coverage worldwide. You may pay higher deductibles, copays and out-of-pocket maximums if services are out of network. If you will likely travel outside of your plan's local provider network, choose a plan with a large national network of doctors and hospitals to keep your out-of-pocket costs down.

Q. What about Medicare Part B? Do I need to continue paying the monthly premium to enroll in a Medicare Advantage plan?

A. Yes. In most cases, you must continue to pay your Part B premium.

Q. Can I enroll in both a Medicare Advantage plan and a stand-alone prescription drug plan for drug coverage?

A. No. If your Medicare Advantage plan offers drug coverage, you'll have to use that plan's coverage. If your plan offers drug coverage and you enroll in a stand-alone Prescription Drug Plan, you'll be automatically disenrolled from the Medicare Advantage plan and returned to Original Medicare.

Key dates to remember

Annual Election Period (AEP) October 15 – December 7	During this time, you can: Join, drop or switch Medicare Advantage plans, or you can choose to enroll in a Medigap Plan and purchase a Part D plan, or Original Medicare with or without Part D.
Open Enrollment Period (OEP) January 1 – March 31	During this time, if you are enrolled in a Medicare Advantage Plan, you can: <ul style="list-style-type: none">• Leave your plan and return to Original Medicare and buy a Part D prescription drug plan to supplement your Original Medicare.• Switch to a different Medicare Advantage plan.
Special Enrollment Period (SEP)	If you have a life event like losing health coverage, moving or losing your Extra Help status, you may qualify for a Special Enrollment Period (SEP) and sign up for a Medicare Advantage plan. You will likely have 60 days before and 60 days following the event to enroll in a plan. Note: <i>If you miss your SEP, you may have to wait until the next Annual Election Period to apply.</i>

Get the most from your Medicare benefits

- Stay in network for services if you have a Medicare Advantage HMO or PPO plan.
- Get covered immunizations and preventive health screenings. Get flu shots, mammograms or colorectal cancer screenings and other covered screenings to find problems early.
- Know and use your extra benefits (i.e., vision, dental, hearing, fitness, etc.).
- Choose a plan that offers telehealth visits. Get live access to a doctor or mental health provider 24/7.

Get the most from your drug coverage

- Pay less with a preferred vs. standard pharmacy. A preferred pharmacy offers lower copays for covered drugs.
- Substitute generic for preferred brands. Ask your doctor if there's a less-expensive generic option from the preferred list that works just as well.
- Shop around. Pharmacy prices differ, and don't forget to explore mail-order pharmacies. Plus, your plan may offer a lower copay for a three-month mail-order supply of medications.

GET MORE FROM MEDICARE

Original Medicare doesn't cover everything.

For instance, it doesn't offer you prescription drug coverage, doesn't limit your out-of-pocket costs, and doesn't cover most dental, vision, or hearing care.

Take full advantage: The WyoBlue Advantage.

To learn more, call +1 (888) 468-0179 (TTY users call 711) 8 AM – 8 PM. Or visit WyoBlueAdvantage.com



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WyoBlue Advantage is a PPO plan with a Medicare contract.
Enrollment in WyoBlue Advantage depends on contract renewal.

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