

2021 GROUP MEDICARE PLAN COMPARISON STATE OF MN- COORDINATED PLAN



2021	STATE OF MN COORDINATED PLAN
Total Monthly Premium	\$355.00
Monthly premium You must continue to pay your Medicare Part B premium	
Plan descriptions	A medical plan combined with a Medicare Part D prescription drug plan
Residency requirements	Medical plan you may reside worldwide Group MedicareBlue Rx: Must reside in the United States
Provider networks	Medical: Aware, National Blue Card, Blue Card Worldwide Group MedicareBlue Rx: Over 65,000 pharmacies nationwide
Individual lifetime maximum	None
Deductible Medical only	\$200 annual inpatient deductible; 100% of the annual Medicare Part B deductible (\$198.00 in 2020 and subject to change for 2021)
Out of pocket maximum (medical only)	None
Medical coverage	State of MN: Coordinated Plan
Office visits	
Primary care/specialist visits	\$0 after annual Medicare Part B deductible
Chiropractic care (manual manipulation of the spine)	\$0 after annual Medicare Part B deductible
Inpatient care	
Hospital care	20% of the first \$3,000 of total eligible expenses after your \$200 annual inpatient deductible. Your out-of-pocket expenses are limited to \$800 per person per calendar year (including the \$200 annual inpatient deductible)
Skilled nursing facility	20% of the first \$3,000 of total eligible expenses after you \$200 annual inpatient deductible. Your out-of-pocket expenses are limited to \$800 per person per calendar year (including the \$100 annual inpatient deductible)
Outpatient care	
Ambulatory surgery center	\$0 after annual Medicare Part B deductible
Diagnostic tests, X-rays, and lab services	\$0 after annual Medicare Part B deductible
Physical, speech, and occupational therapy	\$0 after annual Medicare Part B deductible
Home health care	\$0 after annual Medicare Part B deductible
Emergency/Urgent care	
Emergency care	\$0 after annual Medicare Part B deductible
Urgent care	\$0 after annual Medicare Part B deductible
Ambulance service	\$0 after annual Medicare Part B deductible

Medical coverage	State of MN Coordinated Plan
Other outpatient services	
Certain outpatient prescription drugs covered under Medicare Part B	\$0 after annual Medicare Part B deductible
Durable medical equipment	\$0 after annual Medicare Part B deductible
Medical coverage	State of MN Coordinated Plan
Diabetic supplies (includes glucose monitors, test strips, lancets)	\$0 after annual Medicare Part B deductible
Preventive care	
Annual routine physical, eye exam, and hearing screening	100% coverage
Additional services and support	SilverSneakers® fitness membership to thousands of fitness locations across the country
Prescription Drug Coverage Medicare Part D Plan	Group MedicareBlue Rx (prescription drug) \$10/\$30/\$50/\$50
No deductible and no coverage gap Amounts shown are for up to 30-day supply 90-day supply: Two copays or coinsurance by mail order or any participating retail pharmacy	Tier 1: Generic drugs \$10 copay Tier 2: Preferred Brand drugs \$30 copay Tier 3: Non-Preferred Brand drugs \$50 copay Tier 4: Specialty Tier drugs \$50 copay Supplemental Drug Coverage: 25% coinsurance for certain sexual dysfunction and cough and cold products
Coverage gap After your total yearly drug costs reach \$4,130	You pay the same tier-level copays or coinsurance listed above
Catastrophic coverage Amount you pay for a 30-day supply after you have paid \$6,550 in out-of-pocket drug costs (the amount spent on supplemental drugs does not apply toward catastrophic coverage)	You pay the greater of: <ul style="list-style-type: none"> • 5% coinsurance of the cost, OR • \$3.70 copay for generic drugs (including brand drugs treated as generic) and \$9.20 copay for all other drugs

Blue Cross offers Cost and PDP plans with Medicare contracts. Enrollment in these plans depends on renewal of the plan sponsor's Medicare contract. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance for Group Platinum Blue and Group MedicareBlue Rx may change on January 1 of each year. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. You may also refer to the Summary of Benefits and/or Summary of Coverage and Disclosure of Information documents provided in your enrollment kit.

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<p>Customer Service Phone numbers:</p> <p>State of MN Coordinated Plan (medical) 1-800-262-0819, TTY 711 7 a.m. – 8 p.m. daily, Monday through Friday bluecrossmn.com/segip</p> <p>Group MedicareBlue Rx (prescription drug) 1-877-838-3827, TTY 711 8 a.m. to 8 p.m., daily, Central Time</p>
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<p>Medicare Helpline 7 days a week, 24 hours 1-800-633-4227 TTY 1-877-486-2048 medicare.gov</p> <p>Social Security Monday-Friday, 7 a.m. to 7 p.m. 1-800-772-1213 TTY 1-800-325-0778 ssa.gov</p>
