

2021

MEDICARE SUPPLEMENT PLANS

Enrollment kit

MEDICARE SUPPLEMENT

Blue Cross and Blue Shield of Minnesota Medicare Supplement plans help pay expenses Original Medicare doesn't cover. These plans provide medical-only coverage and benefits are guaranteed renewable as long as you pay your premium.

LET'S TAKE A LOOK AT PLAN OPTIONS AND BENEFITS

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A Blue Cross and Blue Shield of Minnesota MedicareBlue Rx (PDP) plan is a stand-alone prescription drug plan that helps pay for prescription drugs that are not covered by Original Medicare. This plan can be paired with a Medicare Supplement plan.

Questions? We're here to help.



Speak with a Blue Cross Medicare advisor
1-855-747-1852/TTY 711
8 a.m. to 8 p.m. daily, Central Time



Compare plans, complete enrollment forms and submit your application online
bluecrossmn.com/medicare



Make an appointment with a Blue Cross center in Duluth, Edina, Roseville or Virginia
bluecrossmn.com/centers

Each health care provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.

MEDICARE SUPPLEMENT



This plan is a good choice if you want:

- Medical-only coverage
- Coverage that you can keep if you move to another state
- Guaranteed renewable benefits, as long as you pay your premiums
- Medical coverage while traveling anywhere, anytime within the U.S.

Eligibility requirements: Have Medicare Part A and Part B • Live in Minnesota at the time you enroll

NETWORK ACCESS

With a Medicare Supplement plan you can choose your doctor without any network restrictions. See any provider that accepts Medicare assignment.

IN-NETWORK PROVIDERS



Medicare assignment is accepted nationwide by most providers. You may see any provider who accepts Medicare assignment for in-network benefits with our Basic plan, Medicare Supplement Plan with Copayments (Plan N) and Medicare Supplement Plan with High Deductible Coverage (High Deductible Plan).

Our Senior GoldSM plan uses the Aware[®] Network — the largest Blue Cross network, featuring access to nearly every physician and hospital in Minnesota, and coverage nationwide. See “Find a Doctor” at bluecrossmn.com/medicare to search for an Aware Network provider.

ADDITIONAL THINGS TO CONSIDER

- A Medicare Supplement plan is a medical-only plan and does not include prescription drug coverage. You can pair a Medicare Supplement plan with any stand-alone prescription drug plan, such as a Blue Cross MedicareBlueSM Rx plan.
- A Medicare Supplement plan can help pay for costs not covered by Original Medicare, like copays, deductibles and coinsurance.
- If you apply for a Medicare Supplement plan more than six months after the month your Part B coverage begins, you may be required to submit a health history with your application and you may not get the plan you want.

MOST PROVIDERS
accept Medicare assignment*

*Medicare.gov, July 2020.

MedicareBlueSM Rx (PDP) is a prescription drug plan with a Medicare contract. Enrollment in MedicareBlue Rx depends on contract renewal.

LET'S COMPARE COSTS AND COVERAGE

Blue Cross Medicare Supplement plans offer different levels of coverage and cost sharing. Each plan pays a different amount toward your medical coverage. The right plan for you depends on how often you visit the doctor and how much you want to pay monthly versus paying when you get care.

Choose a plan:

HIGH DEDUCTIBLE PLAN

GOOD OPTION

if you don't go to the doctor very often

- **Lower** monthly premium
- **No copays or coinsurance** after deductible is met

PLAN N

GOOD OPTION

if you aren't sure how often you'll go to the doctor

- **Lower** monthly premium
- **Copays** for Part B

BASIC OR SENIOR GOLDSM

GOOD OPTION

if you need a little more coverage and go to the doctor often

- **Higher** monthly premium
- **No copays or coinsurance** when all riders are selected



Add a stand-alone prescription drug plan, like MedicareBlue Rx, for more ways to protect your health and your pocketbook. Information on this drug plan is included later in this guide.



LET'S TALK TRAVEL

- Live or travel anywhere in the U.S. and get in-network benefits when you see a provider that accepts Medicare assignment
- No matter where you are, emergency services are always covered. Some cost sharing may apply.

MONTHLY PLAN PREMIUMS	HIGH DEDUCTIBLE PLAN		PLAN N		BASIC		SENIOR GOLD	
	Tobacco-free	Standard	Tobacco-free	Standard	Tobacco-free	Standard	Tobacco-free	Standard
Monthly plan premium	\$70.70	\$88.35	\$198.55	\$238.25	\$190.40	\$221.65	\$226.85	\$272.15
Optional plan riders for Basic and Senior Gold								
• Part A: Inpatient hospital deductible	100% covered after high deductible is met		100% covered		Add riders: + \$ 36.00	Add riders: + \$ 36.00	Add riders: + \$ 36.00	Add riders: + \$ 36.00
• Part B: Annual deductible*	No coverage		No coverage		No coverage	No coverage	No coverage	No coverage
• Medical expenses and supplies that exceed Medicare-approved charges and are not covered by Medicare Part B	100% covered after high deductible is met		No coverage		+ \$ 1.00	+ \$ 1.00	+ \$ 1.00	+ \$ 1.00
• Supplemental preventive benefits not covered by Medicare (Vision, hearing, annual physical exams and other routine screenings; up to \$120 maximum per calendar year)	No coverage		No coverage		+ \$ 4.00	+ \$ 4.00	+ \$ 4.00	+ \$ 4.00
Total including all optional plan riders					= \$231.40	= \$262.65	= \$267.85	= \$313.15
ORIGINAL MEDICARE COVERED BENEFITS								
Annual deductible	\$2,340** (in 2020)		You will be responsible for meeting the Medicare Part B deductible		\$0 when all plan riders are selected. You will be responsible for meeting the Medicare Part B deductible.*		\$0 when all plan riders are selected. You will be responsible for meeting the Medicare Part B deductible.*	
Annual out-of-pocket maximum	After meeting the annual deductible, there is minimal to no cost sharing for eligible services and supplies		There is no limit to out-of-pocket expenses		When all plan riders are selected, there are minimal to no out-of-pocket expenses*		When all plan riders are selected, there are minimal to no out-of-pocket expenses*	
Preventive screening and services	\$0		\$0		\$0		\$0	
Immunizations¹ (Flu, pneumonia and Hepatitis B vaccines)	\$0		\$0		\$0		\$0	
Cancer screenings² (Plan provides broader coverage for cancer screenings than Original Medicare)	\$0		\$0		\$0		\$0	
Office visits (Primary care, specialists, chiropractic and podiatry)	\$0		\$20 copay		\$0		\$0	
Diagnostic tests, X-rays, lab and radiology services	\$0		\$0		\$0		\$0	
Durable medical equipment, prosthetics	\$0		\$0		\$0		\$0	
Diabetes programs and supplies	\$0		\$0		\$0		\$0	
Outpatient care (Therapy/outpatient visits, some lab services, outpatient or ambulatory surgical center visits)	\$0		\$0		\$0		\$0	
Urgent care (within U.S.)	\$0		\$20 copay		\$0		\$0	
Emergency care	\$0		\$50 in U.S.; 20% coinsurance worldwide		\$0 in U.S.; 20% coinsurance worldwide		\$0 in U.S.; 20% coinsurance worldwide	
Inpatient hospital stay (No limit on number of days covered each benefit period)	\$0		\$0		\$0 when all plan riders are selected		\$0 when all plan riders are selected	
Skilled nursing facility care (Up to 100 days each benefit period)	\$0		\$0		\$0		\$0	
Prescription drugs (Part B-covered drugs only; Part D drugs not covered)	\$0		\$0		\$0		\$0	

*The federal Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) prohibits coverage of the Medicare Part B deductible for individuals who are eligible for Medicare on or after January 1, 2020. Contact us or your agent to find out how/if this applies to you.

**Subject to change based on state and federal regulations.

¹For those at risk.

²Annual service and/or coverage limits may apply.

EXPLORE MORE RESOURCES

Medicare Supplement plans include these additional benefits:

CARE OPTIONS

Nurse line

Need medical advice? Registered nurses are available 24 hours a day, seven days a week to answer your questions.

- **1-800-622-9524**, TTY **711**

Online care

See a doctor right on your smartphone, tablet or computer from providers that offer telehealth and online care, like Doctor On Demand®.

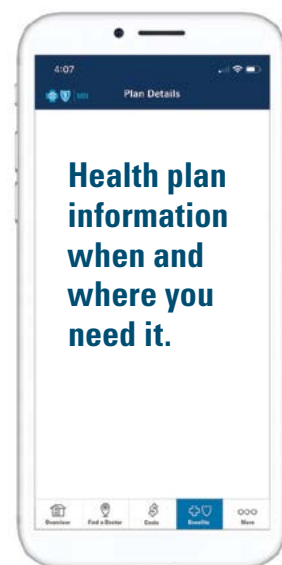
- Call the customer service number on the back of your member ID card to learn more

SUPPORT TOOLS

Quitting tobacco

Personalized guidance for developing a quit plan and ongoing support from a wellness coach. Available Monday through Thursday, 8 a.m. to 8 p.m., and Friday, 8 a.m. to 6 p.m., Central Time.

- Call **1-888-662-BLUE (2583)**, TTY **711** or log in at bluecrossmnonline.com



YOUR HEALTH PLAN AT YOUR FINGERTIPS

Your plan information is available when and where you need it. Once you receive your member ID card, you can register to view claims and benefits, view, print and order member ID cards, send secure messages to customer service and more.

- Register online at bluecrossmn.com or search for "BlueCrossMN Mobile" in your app store



Stay active with SilverSneakers®

- 16,000+ fitness locations
- 50+ fitness classes
- On-demand workout videos
- Live-streaming classes and workshops
- No additional cost to you



Visit silversneakers.com for more details

Doctor On Demand® is an independent company providing telehealth services.

SilverSneakers® is a registered trademark of Tivity Health, Inc., an independent company that provides health and fitness programs.

HOW TO ENROLL

It's easy to enroll in a Medicare Supplement plan. Choose one of the following ways:



Speak with a Blue Cross Medicare advisor
1-855-747-1852 / TTY 711
8 a.m. to 8 p.m. daily, Central Time



Compare plans, complete enrollment forms and submit your application online
bluecrossmn.com/medicare



Make an appointment with a Blue Cross center in Duluth, Edina, Roseville or Virginia
bluecrossmn.com/centers



Mail your enrollment and suitability forms to the address listed on your enrollment form

STILL HAVE QUESTIONS?

Attend a Medicare workshop

Join us for a free, no obligation Prepare for Medicare workshop to learn more about Original Medicare and other Medicare plans available from Blue Cross. Visit bluecrossmn.com/meeting to learn more.

Medicare help line

1-800-MEDICARE (1-800-633-4227)

TTY **1-877-486-2048**

24 hours a day, 7 days a week

medicare.gov



AFTER YOU ENROLL

After we process your enrollment forms, we will mail your member ID card to you. When you receive your member ID card, register on our member center at bluecrossmnonline.com so you can make the most of your plan.

Your Medicare Supplement plan cancels within 31 days if the plan premiums are not paid. Rules only allow you to reactivate twice during the lifetime of your policy without filing an appeal.

MEDICAREBLUESM RX (PDP)



This plan is a good choice if you want:

- Prescription drug coverage only
- Coverage of generic, brand-name and specialty drugs
- Access to thousands of pharmacies nationwide

Eligibility requirements: Have Medicare Part A, Part B or both • Live in the plan availability area

NETWORK ACCESS

Save money at thousands of network pharmacies nationwide. Plus get extra savings at preferred pharmacies within your network.

PLAN AVAILABILITY AREA

You're eligible to enroll in MedicareBlue Rx if you live in: Minnesota, Iowa, South Dakota, North Dakota, Nebraska, Montana or Wyoming

IN-NETWORK PHARMACIES



When you use a preferred pharmacy, you may save even more since these pharmacies have lower copays and coinsurance on prescription drugs.

IS YOUR PHARMACY IN NETWORK? ARE YOUR DRUGS COVERED?

Visit YourMedicareSolutions.com/PlanTools and follow the search prompts.



where you can fill your prescriptions including CVS, Hy-Vee, Thrifty White Drug and Walmart*

*As of July 2020



DID YOU KNOW?

Every year, Medicare evaluates plans based on a 5-star rating system. To see MedicareBlue Rx star ratings and learn more, visit YourMedicareSolutions.com/StarRatings.

LET'S COMPARE COSTS AND COVERAGE

MedicareBlue Rx (PDP) plans offer two levels of coverage and cost sharing. Each plan pays a different amount toward prescription drugs. The right plan for you depends on how many drugs you take and the cost of those drugs.

Choose from two levels of coverage:

STANDARD

GOOD OPTION

if you take mostly generic drugs that are covered on Tier 1 or Tier 2.

- **Lower** monthly premium
- **Deductibles:** No deductible on Tiers 1 and 2 generic drugs so coverage starts right away with a copay. You will have a deductible on Tiers 3 – 5 drugs. After you pay your deductible, you will pay a set copay or coinsurance on covered drugs.

PREMIER

GOOD OPTION

if you take multiple generic and/or brand-name drugs or need extra coverage in the coverage gap stage.

- **Higher** monthly premium
- **Deductibles:** No deductible on all five tiers so your coverage starts right away with copays or coinsurance. \$0 copay on Tier 1 and Tier 2 prescriptions when you use a preferred pharmacy. Plus, get extra coverage during the coverage gap stage on Tier 1 and Tier 2 prescriptions.



TIP TO AVOID A PENALTY

Enroll in a Part D plan when you're first eligible so you don't have to pay a late enrollment penalty from Medicare. Learn more at bluecrossmn.com/penalty.



MEDICARE PART D EXTRA HELP

If you have limited income and financial resources, you might qualify for the Low-Income Subsidy (LIS) program from Social Security. Ask us for more information or visit ssa.gov.

MEDICAREBLUE RX BENEFITS SNAPSHOT

This chart is an overview of the prescription drug benefits available for the two plans.

- The premiums shown are for drug coverage only
- You can pair MedicareBlue Rx with a Medicare Supplement plan or a Medicare Cost plan
- If your drug is not on the formulary, your doctor may be able to prescribe a drug that the plan will cover or request to have your drug covered

COVERAGE	STANDARD		PREMIER	
Monthly plan premium	\$66.40		\$104.70	
Deductible	\$0 on Tiers 1 – 2 drugs; \$445 on Tiers 3 – 5 drugs		\$0	
Initial coverage Amount you pay for a 30-day supply from a network pharmacy	Preferred pharmacy	Standard pharmacy	Preferred pharmacy	Standard pharmacy
<ul style="list-style-type: none"> • Tier 1: Preferred generic drugs • Tier 2: Generic drugs • Tier 3: Preferred brand drugs • Tier 4: Non-preferred drugs • Tier 5: Specialty drugs 	<ul style="list-style-type: none"> \$1 copay \$7 copay \$29 copay 31% coinsurance 25% coinsurance 	<ul style="list-style-type: none"> \$10 copay \$15 copay \$46 copay 36% coinsurance 25% coinsurance 	<ul style="list-style-type: none"> \$0 copay \$0 copay 17% coinsurance 40% coinsurance 33% coinsurance 	<ul style="list-style-type: none"> \$15 copay \$20 copay 25% coinsurance 45% coinsurance 33% coinsurance
Coverage gap Begins once your total drug costs for the year reach \$4,130 ¹	Generic drugs: 25% of the plan cost Brand drugs: 25% of the plan cost		Tier 1 and 2 drug costs are the same as those listed above For drugs in all other tiers: <ul style="list-style-type: none"> • Generic drugs: 25% of the plan cost • Brand drugs: 25% of the plan cost 	
Catastrophic coverage Begins once your total out-of-pocket costs for the year reach \$6,550 ²	For all plans, you pay the greater of: <ul style="list-style-type: none"> • \$3.70 copay for generic drugs (including brand drugs treated as generic); \$9.20 copay for all other drugs OR • 5% of the cost 			

¹Total yearly drug costs include the amount you have paid for covered drugs plus what the plan has paid for the calendar year. This does not include plan premiums you pay. The brand-name drug coverage in the coverage gap is subject to agreements between the Centers for Medicare & Medicaid Services (CMS) and drug manufacturers. Not all brand drugs may be discounted. Call Blue Cross customer service if you have questions.

²Your out-of-pocket costs include the amount you have paid for covered drugs for the calendar year. This does not include the amount the plan has paid or the plan premiums you pay.

To view the plan formulary visit YourMedicareSolutions.com/PlanTools and click on the appropriate link under "Coverage and pricing tool"



HOW TO ENROLL

It's easy to enroll in a MedicareBlue Rx plan. Choose one of the following ways:



Speak with a Blue Cross Medicare advisor
1-877-811-0416/TTY 711
8 a.m. to 8 p.m. daily, Central Time



Visit YourMedicareSolutions.com and use our online enrollment tool to submit your application



Make an appointment with a Blue Cross center in Duluth, Edina, Roseville or Virginia
bluecrossmn.com/centers



Mail your enrollment form to the address listed on the form

STILL HAVE QUESTIONS?

Attend a Medicare workshop

Join us for a free, no obligation Prepare for Medicare workshop to learn more about Original Medicare and other Medicare plans available from Blue Cross. Visit bluecrossmn.com/meeting to learn more.

Medicare help line

1-800-MEDICARE (1-800-633-4227)

TTY **1-877-486-2048**

24 hours a day, 7 days a week

medicare.gov

AFTER YOU ENROLL

After we process your enrollment form, we will send you a letter to confirm your enrollment. We will also mail your member ID card.

IMPORTANT PLAN INFORMATION

Enrollment and eligibility: You are eligible to enroll in MedicareBlue Rx if you have Medicare Part A and/or Medicare Part B and live in the plan's service area. You must continue to pay your Medicare Part B premium. You may enroll in only one Part D plan at a time. Beneficiaries may enroll in MedicareBlue Rx only during specific times of the year.

You may send your enrollment form directly to MedicareBlue Rx by mail: MedicareBlue Rx (PDP), P.O. Box 3178, Scranton, PA 18505-9984. You may also enroll online through our website or by working with an authorized independent agent. Medicare beneficiaries may also enroll in MedicareBlue Rx through the CMS Medicare Online Enrollment Center, located at [medicare.gov](https://www.medicare.gov). For more information, contact a Medicare consultant at the number listed below.

Extra help: You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call:

- **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24 hours a day, 7 days a week;
- The Social Security Office at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call **1-800-325-0778**; or
- Your State Medicaid Office.

Formulary, pharmacy network, mail order

service: Formulary drugs are subject to change within a contract year. You will be notified at least 60 days in advance when drugs are removed from the formulary. Drug coverage benefits are subject to limitations. The plan uses CVS Caremark Mail Order Pharmacy for mail order, which allows you to have your prescriptions mailed to your home. If you use this service, you can also enroll in the automatic prescription refill service. For more information about mail order services, please refer to Chapter 3, Section 2.3 "Using the plan's mail order services" in your Evidence of Coverage.

CVS Caremark Part D Services is an independent company providing pharmacy benefit management services.

Other materials available: For a pharmacy directory or information about CVS Caremark Mail Order Pharmacy program, please call us at the number listed below or visit [YourMedicareSolutions.com](https://www.YourMedicareSolutions.com). You can also obtain this information by writing to MedicareBlue Rx Customer Service, P.O. Box 3178, Scranton, PA 18505.

Federal contract: MedicareBlue Rx is a prescription drug plan with a Medicare contract. Enrollment in MedicareBlue Rx depends on contract renewal.

Special needs: If you have special needs, alternate formats may be available. Please call for more information.

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NOTICE OF NONDISCRIMINATION PRACTICES
Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

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>
- by phone at: 1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at: U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

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

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမူကတိကသိကျိး, တကယ့်နမူကတိကသိကလိတဖန်နဲ့လိ. ကိ: 1-866-251-6744 လာ TTY အဂီ, ကိ: 711 တက့.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ អ្នកអាចទទួលបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníít'i'go saad bee yát'i' éi t'áájíík'e bee níká'a'doowołgo éi ná'ahoot'i'. Kojí éi béesh bee hodíílnih 1-855-902-2583. TTY biniy'égo éi 711 jü' béesh bee hodíílnih.



NOTICE OF RIGHTS NONDISCRIMINATION AND ACCESSIBILITY

MedicareBlueSM Rx (PDP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MedicareBlue Rx does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

MedicareBlue Rx:

- Provides free aids and services to people with disabilities 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 services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services call our pre-enrollment call center at 1-866-434-2037, daily, 8:00 a.m. to 8:00 p.m. Central and Mountain times (TTY: 711).

If you believe that MedicareBlue Rx 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 in writing to:

MedicareBlue Rx Compliance Officer
3400 Yankee Drive, R400
Eagan, MN 55121

You can file a grievance by mail. If you need help filing a grievance, the MedicareBlue Rx Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, through one of the following methods:

Electronically through the Office of Civil Rights Complaint Portal	https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
By Mail	U.S. Department of Health and Human Services 200 Independence Avenue SW Room 509F, HHH Building Washington, DC 20201
By Phone	1-800-368-1019 800-537-7697 (TDD)

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-434-2037 (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-434-2037 (TTY: 711).

Cushite: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-866-434-2037 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-434-2037 (TTY: 711).

Chinese: 注意: 如果您使用普通话, 您可以免费获得语言援助服务。请致电 1-866-434-2037 (TTY: 711)。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по телефону 1-866-434-2037 (телетайп: 711).

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-434-2037 (TTY: 711).

Amharic: ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-866-434-2037 (መስማት ለተሳናቸው: 711)።

Karen: ဟံသုန်ဟံသု- နမုန်ကတိ/ကညိ / ကျိန်ဆယိ, / နမုနုန်/ ကျိန်ဆတိ/မၤစၢၤလၢ/ တလၢဂ်သုန်လၢဂ်စ့ၤ/ နိတမံၤဘၣ်သုနုန် လိၤ/ ကိ: 1-866-434-2037 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-434-2037 (TTY: 711).

Mon-Khmer, Cambodian: របស់តន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បម្រើអ្នក។ ចូរ ទូរស័ព្ទ 1-866-434-2037 (TTY: 711)។

Arabic: ملحوظة: إذا كنت تتحدث العربية فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-434-2037 (رقم هاتف الصم والبكم: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-434-2037 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-434-2037 (TTY: 711)번으로 전화해 주십시오.

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-866-434-2037 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

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M00435R03 (8/20)