BlueCross BlueShield Minnesota

2024

MEDICARE ADVANTAGE (PPO) PLANS

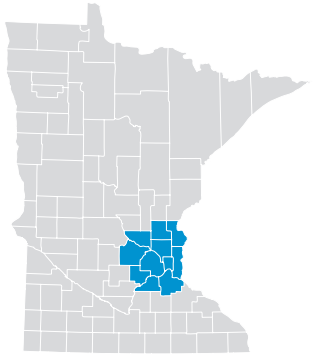
Metro region

With the #1 Medicare plan chosen by Minnesotans,[1] you can trust your Blue Cross and Blue Shield of Minnesota plan has everything you need including access to quality providers, excellent coverage and benefits that meet your needs.

THE VALUE OF BLUE℠

- Access to **98%** of doctors in Minnesota[2]
- **95%** of members keep their Blue Cross Medicare plan[3]
- **Top-rated** by members for Medicare customer service[4]
- Blue Cross has been **supporting** Medicare since it began[5]
- **Serving Minnesota as a nonprofit** for more than 90 years[5]

METRO REGION PLANS AT A GLANCE



Blue Cross Medicare Advantage plans combine medical, prescription drugs, dental, vision and hearing coverage into one plan.

All plans have statewide access to network care.

Plan availability area listed on page 2.

To learn more, speak with a Blue Cross Medicare Advisor or schedule an appointment
1-844-954-4098, TTY **711**, 8 a.m. to 8 p.m. daily, Central Time
bluecrossmn.com/PlanAdvisor

[1]Based on enrollment data from CMS December 2022. [2]CMS-contracted doctors compared to internal Blue Cross and Blue Shield of Minnesota data, June 2023. Some network limitations may apply. [3]Highmark monthly Medicare enrollments on January 31, 2023, compared to December 31, 2022. [4]Based on 2022 CAHPS results. Star rating information is on medicare.gov/plan-compare. Every year, Medicare evaluates plans based on a 5-star rating system. Star rating information is on medicare.gov/plan-compare. [5]The Blue Cross and Blue Shield of Minnesota Story, A Sixty-Year History, published 1993, Blue Cross and Blue Shield of Minnesota; bluecrossmn.com/about.

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This plan is a good choice if you want:

- Combined medical and prescription coverage
- Dental, vision and hearing coverage
- SilverSneakers® membership
- Medical coverage while traveling

Eligibility requirements: Have Medicare Part A and Part B • Live in the plan availability area

PLAN **AVAILABILITY AREA**

You must live in one of the following counties to enroll: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington or Wright

IN-NETWORK **PROVIDERS**

Staying in network means quality care at lower costs for you. You may see a doctor or use a pharmacy that's not in your plan's network, but you will pay more.

Medicare Advantage/
Medicare High Value Network

- Key in-network providers include: Allina, Essentia, HealthEast, HealthPartners, M Health Fairview, Mayo Clinic®, North Memorial, Park Nicollet, Sanford and more*

Check to see if your provider is in network

bluecrossmn.com/HighValue

IN-NETWORK **PHARMACIES**

Fill your prescriptions at approximately 63,000 in-network pharmacies including Costco Pharmacy, Cub, CVS, Hy-Vee, Thrifty White Drug, Walgreens, Walmart and more.*

Check to see if your pharmacy is in network and your drugs (Rx) are covered

Pharmacy and Rx search (Core and Comfort):
bluecrossmn.com/Core-Comfort-Pharm
bluecrossmn.com/Core-Comfort-Rx

Pharmacy and Rx search (Choice and Complete):
bluecrossmn.com/Choice-Complete-Pharm
bluecrossmn.com/Choice-Complete-Rx

IN-NETWORK **DENTISTS**

All plans include preventive dental coverage to help protect your overall health.

Check to see if your provider is in network

bluecrossmn.com/MedicareDental

Each healthcare 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.

*As of July 2023.

LET'S COMPARE **COSTS AND COVERAGE**

Blue Cross Medicare Advantage (PPO) plans offer four levels of coverage and cost sharing. Each plan pays a different amount toward medical coverage and prescription drugs. The right plan depends on how often you visit the doctor or pharmacy and how much you want to pay monthly versus paying when you get care.

Choose from four levels of coverage:

CORE

Good option if you don't go to the doctor or pharmacy very often

- **Lower** monthly premium
- **Higher** costs when you get care
- **Preventive dental** coverage

COMFORT

Good option if you visit the doctor or pharmacy occasionally

- **Midrange** monthly premium and costs when you get care
- **Preventive and comprehensive dental** coverage

CHOICE

Good option if you aren't sure how often you'll go to the doctor or pharmacy

- **Moderate** monthly premium and costs when you get care
- **Preventive and comprehensive dental** coverage

COMPLETE

Good option if you need more coverage and go to the doctor or pharmacy often

- **Higher** monthly premium
- **Lower** costs when you get care
- **Preventive and comprehensive dental** coverage

FOR VETERANS

Complement your current VA benefits or similar with Freedom Blue℠, a medical-only Medicare Advantage plan from Blue Cross. Contact us or your agent to discuss options.

FREEDOM BLUE

Good option if you currently have VA benefits or similar

- **Medical-only** coverage
- **Includes extra benefits** like travel, dental, fitness program, hearing aid savings, eyewear allowance, over-the-counter allowance, acupuncture and routine chiropractic. Plus, you may receive a Part B premium reduction of up to $100 a month.

LET'S TALK **TRAVEL**

- Travel up to 12 consecutive months in the U.S. and get in-network benefits from select providers
- No matter where you are, emergency services are always covered. Some cost sharing may apply.

MEDICARE ADVANTAGE – METRO REGION BENEFITS SNAPSHOT

The following chart is an overview of the medical benefits for the four plans. A few things to keep in mind when comparing plans:

- The premiums shown include medical and prescription drug coverage
- The amounts shown are what you pay for Medicare-eligible services with in-network providers
- This is not a complete description of benefits. Limitations, copayments and restrictions may apply. Contact the plan for more information.

BENEFITS	CORE	COMFORT	CHOICE	COMPLETE
Monthly plan premium You must continue to pay your Medicare Part B premium	$0	$53	$96	$186
Annual deductible Amount you pay before plan begins to pay	$0	$0	$0	$0
Annual out-of-pocket maximum The costs for emergency care outside of the U.S., routine hearing tests and hearing aids are not included in the maximum totals	$4,900 in-network; $7,900 combined in- and out-of-network costs	$3,700 in-network; $5,450 combined in- and out-of-network costs	$3,000 in-network; $5,150 combined in- and out-of-network costs	$2,900 in-network; $5,100 combined in- and out-of-network costs
Preventive services • Annual Medicare-covered wellness visit (one per year) • Physical exam (one per year) • Routine eye exam (two per year) • Routine hearing exam (one per year) • Immunizations (flu, pneumonia and hepatitis B)	 $0 $0 $0 $0 $0	 $0 $0 $0 $0 $0	 $0 $0 $0 $0 $0	 $0 $0 $0 $0 $0
Office visits • Primary care • Specialist • Podiatry • Mental health • Chiropractic and acupuncture	 $0 $40 copay $40 copay $40 copay $20 copay	 $0 $40 copay $40 copay $40 copay $20 copay	 $0 $35 copay $35 copay $35 copay $20 copay	 $0 $20 copay $20 copay $20 copay $20 copay
Lab services/outpatient X-rays	$0/$15 copay	$0/$10 copay	$0/$10 copay	$0/$5 copay
Diagnostic mammograms and colonoscopies	$0	$0	$0	$0
Diagnostic advanced imaging	$110 copay	$100 copay	$100 copay	$50 copay
Diagnostic tests/procedures	$25 copay	$25 copay	$25 copay	$10 copay
Durable medical equipment, prosthetics	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Diabetes supplies (Ascensia)	$0	$0	$0	$0
Outpatient services/surgery Ambulatory surgical center visits/ Outpatient hospital visits	$350 surgery; $350 ambulatory surgical center	$300 surgery; $275 ambulatory surgical center	$175 surgery; $150 ambulatory surgical center	$150 surgery; $125 ambulatory surgical center
Ambulance (air and ground, one way)	$290 copay	$250 copay	$250 copay	$200 copay
Urgent care	$45 copay	$45 copay	$40 copay	$30 copay
Emergency care United States and worldwide	$90 copay	$90 copay	$90 copay	$90 copay
Inpatient hospital stay	$300 copay per day for days 1 – 5; $0 copay for days 6 – 90	$400 copay per stay	$200 copay per stay	$150 copay per stay
Observation stay	$225 copay	$175 copay	$125 copay	$100 copay
Skilled nursing facility Days 1 – 20 Days 21 – 100	 $0 $203 copay per day	 $0 $203 copay per day	 $0 $203 copay per day	 $0 $203 copay per day
Medicare Part B prescription drugs	Up to 20% coinsurance	Up to 20% coinsurance	Up to 20% coinsurance	Up to 20% coinsurance

Ascensia Diabetes Care US, Inc. is an independent company providing diabetic supplies.

EXTRA BENEFITS INCLUDED

- Dental coverage
- Eyewear allowance
- Over-the-counter savings
- Hearing aid savings
- SilverSneakers program
- Peer Support

More information on plan extras is included later in this guide.

DRUG COVERAGE	CORE	COMFORT	CHOICE	COMPLETE
Deductible Amount you pay for prescription drugs before plan begins to pay	$0 Tiers 1 and 2; $350 Tiers 3 – 5	$0 Tiers 1 and 2; $300 Tiers 3 – 5	$0 all Tiers	$0 all Tiers
Initial coverage (31-day supply) • Tier 1: Preferred generic drugs • Tier 2: Generic drugs • Tier 3: Preferred brand drugs • Tier 4: Non-preferred drugs • Tier 5: Specialty drugs	**In network** $0 copay $13 copay 21% coins. 45% coins. 27% coins.	**In network** $0 copay $11 copay $47 copay 42% coins. 28% coins.	**In network** $0 copay $10 copay $47 copay 42% coins. 33% coins.	**In network** $0 copay $9 copay $47 copay 45% coins. 33% coins.
Coverage gap Amount you pay after your total yearly drug costs reach $5,030[1]	25% of the plan's costs for covered generic drugs; no more than 25% of the plan's costs for covered brand-name drugs			
Catastrophic coverage Amount you pay after your total yearly out-of-pocket drug costs reach $8,000[2]	$0 for all plans			

[1]Total 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.

[2]Your 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.

FREEDOM BLUE℠ – MEDICAL-ONLY PLAN METRO REGION BENEFITS SNAPSHOT

This chart on the next page is a medical-only plan. If you already have drug coverage through the VA, TRICARE, Tribal or similar you may want to consider this plan.

A few things to keep in mind when comparing plans:

- The premiums shown include medical coverage only
- The amounts shown are what you pay for Medicare-eligible services with in-network providers
- This is not a complete description of benefits. Limitations, copayments and restrictions may apply. Contact the plan for more information.
- If you pay a Medicare Part B premium, you may receive a Part B premium reduction of up to $100 a month. This reduction is administered through the Social Security Administration and will show as an increase in your Social Security check or a credit on your Part B premium statement.

BENEFITS	FREEDOM BLUE (MEDICAL-ONLY PLAN)
Monthly plan premium You must continue to pay your Medicare Part B premium	$0
Medicare Part B premium reduction	Up to $100 monthly
Annual deductible Amount you pay before plan begins to pay	$0
Annual out-of-pocket maximum The costs for emergency care outside of the U.S., routine hearing tests and hearing aids are not included in the maximum totals	$4,200 in-network; $7,500 combined in- and out-of-network costs
Preventive services • Annual Medicare-covered wellness visit (one per year) • Physical exam (one per year) • Routine eye exam (one per year) • Routine hearing exam (one per year) • Immunizations (flu, pneumonia and hepatitis B)	 $0 $0 $0 $0 $0
Office visits • Primary care • Specialist • Podiatry • Mental health • Chiropractic and acupuncture	 $0 $30 copay $30 copay $30 copay $20 copay
Lab services/outpatient X-rays	$0
Diagnostic mammograms and colonoscopies	$0
Diagnostic advanced imaging	$70 copay
Diagnostic tests/procedures	$20 copay
Durable medical equipment, prosthetics	20% coinsurance
Diabetes supplies (Ascensia)	$0
Outpatient services/surgery Ambulatory surgical center visits/ Outpatient hospital visits	$150 surgery; $100 ambulatory surgical center
Ambulance (air and ground, one way)	$200 copay
Urgent care	$35 copay
Emergency care United States and worldwide	$90 copay
Inpatient hospital stay	$200 copay per stay
Observation stay	$125 copay
Skilled nursing facility Days 1 – 20 Days 21 – 100	 $0 $203 copay per day
Medicare Part B prescription drugs	Up to 20% coinsurance

EXTRA BENEFITS INCLUDED

Information on dental benefits and plan extras, such as SilverSneakers membership, eyewear allowance, hearing aid savings and over-the-counter allowance, is included later in this guide.

DENTAL BENEFITS	CORE	COMFORT AND CHOICE	FREEDOM BLUE	COMPLETE
Deductible	$0	$0	$0	$0
Preventive Oral exams (2), cleanings (2), fluoride treatments (2), X-rays (1), periodontal cleanings (2)	$0	$0	$0	$0
Restorative Fillings	No coverage	30% coinsurance	20% coinsurance	30% coinsurance
Comprehensive Extractions, endodontics, periodontics (treatment of periodontitis and gingivitis), special restorative, prosthetics, crowns, oral surgical procedures Note: Cosmetic procedures are not covered.	No coverage	50% coinsurance	20% coinsurance	50% coinsurance
Maximum plan benefit	$2,000	$2,000	$2,500	$2,000

The maximum plan benefit is the maximum amount the plan will pay for all in- and out-of-network covered dental services. For dental services performed by an out-of-network dentist, you will be responsible for paying the difference between the dentist's fees and the Blue Cross Medicare Advantage fee, even for services listed as $0 copayment. See your Evidence of Coverage for more information, including the cost sharing of covered services, exceptions and limitations.

Resources and extras

Blue Cross Medicare Advantage plans include these extras:

CARE OPTIONS	
Nurse line 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®	doctorondemand.com/bluecrossmn
Acupuncture benefit 12 visits per year for any pain diagnosis	Call the customer service number on the back of your member ID card
Post-discharge meal benefit Receive 2 meals per day, up to 14 days, at no additional cost following medically necessary inpatient stay	Call the customer service number on the back of your member ID card

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

SAVINGS	
Eyewear allowance $125 – $275 for glasses or contact lenses (depending on plan)	Call the customer service number on the back of your member ID card
Hearing aids through TruHearing® • Advanced Aid copay: $699 Core; $599 Comfort and Choice; $499 Complete; $599 Freedom Blue (Medical-only plan) • Premium Aid copay: $999 Core; $899 Comfort and Choice; $799 Complete; $899 Freedom Blue (Medical-only plan) Rechargeable battery option available on select styles at no additional cost	1-855-205-5065, TTY 711
Over-the-counter allowance Receive a quarterly allowance to purchase over-the-counter medications and health-related items: $60 Core; $50 Comfort, Choice and Complete; $100 Freedom Blue (Medical-only plan)	bluecrossmn.com/MedicareOTC or call 1-888-628-2770, TTY 711

SUPPORT RESOURCES	
Health management Get help accomplishing your wellness goals or managing a health condition. Discover community resources as well as information that can help you succeed.	Call the customer service number on the back of your member ID card
Care management Get the support you need to achieve your health goals from a Blue Cross medical or behavioral health case manager	Call the customer service number on the back of your member ID card
Chronic and serious illness management Tailored medical care through in-person, phone or video visits provided by Lifespark	If you're eligible for supportive care, you may be contacted by a Blue Cross or Lifespark care team member

TruHearing® is a registered trademark of TruHearing, Inc., an independent company who works with health plans to offer low out-of-pocket costs on hearing aids.

CVS Pharmacy, Inc. d/b/a OTC Health Solutions is an independent company providing OTC supplemental benefit administrative services.

Lifespark is an independent company that provides primary, urgent and palliative care services.

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

Visit **silversneakers.com**

Stay active with SilverSneakers®

SilverSneakers by Tivity Health®

- Thousands of fitness locations nationwide
- 50+ fitness classes
- On-demand workout videos
- Live-streaming classes and workshops
- Online classes covering more than 1,800 topics that help you sharpen your brain and connect with other people
- No additional cost to you

How to enroll

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

Speak with a Blue Cross Medicare Advisor or schedule an appointment
1-844-954-4098, TTY **711**
8 a.m. to 8 p.m. daily, Central Time
bluecrossmn.com/PlanAdvisor

Compare plans, find resources and submit your application online
bluecrossmn.com/PlanCompare

Mail your enrollment form to the address listed on the bottom of the form

Check the status of your application at
bluecrossmn.com/MedicareAppStatus

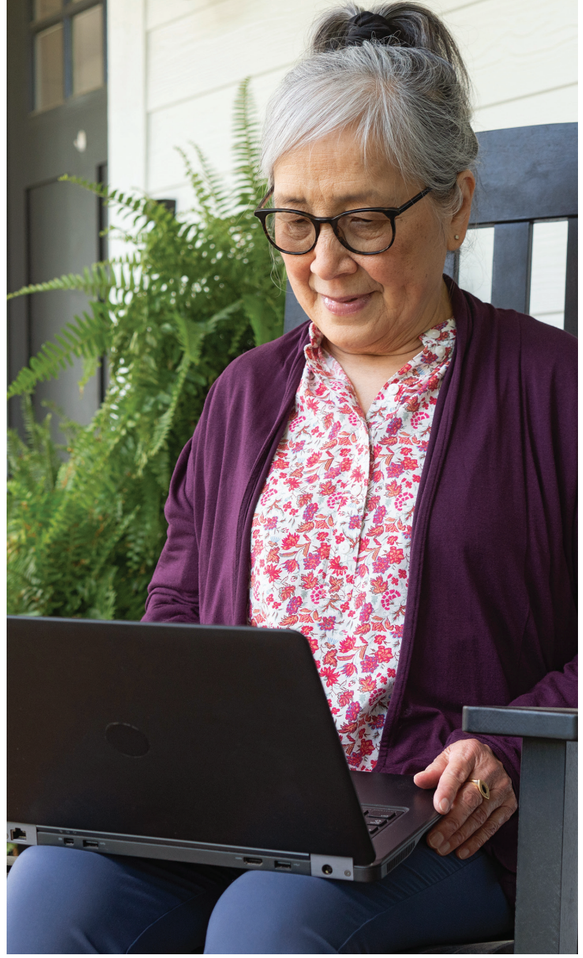
STILL HAVE QUESTIONS?

Attend a Medicare workshop

Join us for a free, no obligation Prepare for Medicare workshop to learn more about Original Medicare and 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, seven days a week
medicare.gov



AFTER YOU ENROLL

After we process your enrollment form, we will send you an enrollment confirmation letter. You'll receive your member ID card in December if you enroll during Medicare Annual Enrollment Period (AEP). If you enroll outside of AEP, you'll receive your member ID card within 10 days of approved enrollment from Medicare. When you receive your member ID card, register on our member website at **bluecrossmn.com**, so you can make the most of your plan.

Your Medicare Advantage plan may cancel within 90 days if plan premiums are not paid.

Important plan information

Eligibility and enrollment
You are eligible to enroll in a Blue Cross Medicare Advantage plan if you have Medicare Part A and Medicare Part B and live in the plan's service area.

You can be a member of only one Medicare Advantage plan at a time. By enrolling in a Medicare Advantage plan, you will automatically be disenrolled from any other Medicare Advantage or Medicare Cost plan of which you are a member.

Provider network
Blue Cross has formed a contracted network of doctors, specialists, hospitals and other providers for Medicare Advantage. You can use any provider who is part of this network. The healthcare providers in the network may change at any time. You may search for providers on our website, request a provider directory or contact us to see if your providers are in the network. Each provider is an independent contractor and is not our agent.

Beginning with your effective date, to receive the highest level of benefits while in the service area, you must get all of your healthcare from network providers, with the exception of emergency and urgently needed services, or you may pay more. If you go to a provider outside of the Medicare Advantage network (in the plan's service area), you will pay a higher level of cost sharing. You will receive in-network benefits for eligible services received outside the service area within the United States for up to twelve (12) months each year. In addition to being covered in the United States, emergency services are covered worldwide.

In some cases, you may need authorization from Blue Cross before you receive care. Visit **bluecrossmn.com/Authorization** to learn more.

Prescription drugs, formulary, pharmacy network, mail order service
If you enroll in Medicare Advantage with Part D coverage, you must receive your Medicare prescription drug coverage through this plan. Drug coverage benefits are subject to limitations.

Federal contract
Blue Cross Medicare Advantage is a PPO plan with a Medicare contract. Enrollment in Blue Cross Medicare Advantage depends on contract renewal.

Star ratings
Every year, Medicare evaluates plans based on a 5-star rating system. Medicare rates how well plans perform in such areas as detecting and preventing illness, and customer service. The ratings are online at **medicare.gov**, or see the enrollment packet, visit our website or call us to get a copy.

For accommodations of persons with special needs at meetings call **1-844-954-4098**, TTY **711**.

bluecrossmn.com/Medicare

Better together

You and Blue℠ MN

M08000R01 (11/23)

BlueCross BlueShield Minnesota

2024

SUMMARY OF BENEFITS

Blue Cross Medicare Advantage (PPO)
Core, Comfort, Choice and Complete Plans

Metro Region

H5959

January 1, 2024 – December 31, 2024

Y0138_090523_N02_M

Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative toll free at **1-855-579-7658** (TTY **711**).

Understanding the Benefits

- [ ] The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **bluecrossmn.com/medicare-documents** to view or call toll free at **1-855-579-7658** (TTY **711**) to request a copy of the EOC.
- [ ] Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- [ ] Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- [ ] Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- [ ] In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- [ ] Benefits, premiums and/or copayments/coinsurance may change on January 1, 2025.
- [ ] Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.
- [ ] Effect on Current Coverage: If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

Frequently asked questions

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage*.

WHO CAN ENROLL?

You can enroll in Medicare Advantage (PPO) if you are enrolled in Medicare Part A and Medicare Part B and live in the plan availability area, which includes the following counties: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington and Wright. Counties are subject to change annually.

WHAT IS MEDICARE ADVANTAGE?

Medicare Advantage plans are private Medicare health plans. They have a yearly limit on your out-of-pocket costs, and once you reach this limit, you'll pay nothing for covered services. Some Medicare Advantage plans combine medical and prescription drug coverage.

To see a complete list of your services and benefits, please review the *Evidence of Coverage* (EOC). You can find this document at **bluecrossmn.com/medicare-documents**. You also may order a copy online or by calling Customer Service.

HOW DO I FIND AN IN-NETWORK DOCTOR OR HOSPITAL?

The Medicare Advantage provider network offers a large list of providers covered under the Medicare Advantage plan. You may pay less when you use doctors, hospitals and other providers in this network. You can see or order the plan's provider directory at **bluecrossmn.com/medicare-documents**. Or call us and we will send you a copy of the directory.

HOW CAN I FIND A LIST OF COVERED DRUGS?

Medicare Advantage is a combined medical and prescription drug plan. You can see the complete *Formulary* (list of Part D prescription drugs) and any restrictions at **bluecrossmn.com/core-comfort-rx** or **bluecrossmn.com/choice-complete-rx.** You can order a copy of the *Formulary* at **bluecrossmn.com/members/shop-plans/medicare-plans/medicare-materials** or call us and we will send you a copy of the *Formulary*.

HOW MUCH WILL I NEED TO PAY FOR PRESCRIPTION DRUGS?

The amount you pay depends on what tier the drug is in and what benefit stage you have reached. Your costs for each drug tier and benefit stage are shown in the benefit chart later in this summary.

When using in-network pharmacies you will typically see lower prices than using out-of-network pharmacies for covered Part D drugs.

You can also save costs when you choose 90-day supplies from certain pharmacies and mail-order pharmacies.

You can find the most updated list of pharmacies in your area at **bluecrossmn.com/core-comfort-pharm** or **bluecrossmn.com/choice-complete-pharm.** You also may order a copy online at **bluecrossmn.com/medicare-documents** or call us and we will send you a copy of the pharmacy directory.

WHAT ARE THE DRUG BENEFIT STAGES?

As you spend up to certain dollar amounts on your covered prescription drugs, you will move into different benefit stages.

Stage 1: Meet your deductible This is the amount you must pay each year for prescriptions before the plan will begin to pay its share of your covered drugs.

Stage 2: Initial coverage Once you've met your deductible, you'll pay a copay or coinsurance until the amount spent by you and your plan on your covered drugs reaches the initial coverage limit set by Medicare for that year.

Stage 3: Coverage gap Sometimes known as a "donut hole," it offers a limit on what your plan will cover for drugs.

Stage 4: Catastrophic coverage Once you enter the catastrophic coverage stage, you will not have any cost share for the rest of the year.

Health care terms

Allowed amount – The contracted rate, or Blue Cross discount, set by your plan and providers when you use in-network hospitals, clinics or pharmacies. Providers are required to accept the allowed amount as payment in full, and cannot charge above it when you see an in-network provider.

Annual physical exam – A yearly preventive visit with your primary care doctor that includes a discussion about your health, a review of your medical history, screenings, immunizations and some lab work.

Balance Billing – When a provider (such as a doctor or hospital) bills a patient more than the plan's allowed cost sharing amount. As a member of Medicare Advantage, you only have to pay our plan's cost sharing amounts when you get services covered by our plan. We do not allow providers to balance bill or otherwise charge you more than the amount of cost sharing your plan says you must pay.

Copayment or Copay – The set dollar amount you pay each time you receive a service or prescription.

Coinsurance – A set percentage you pay toward health care after your deductible has been met.

Deductible – Amount you will pay in one plan year before coverage begins.

In-network – The hospitals, clinics, providers and pharmacies that are included in your plan. Typically, using in-network providers results in lower member costs.

Maximum out-of-pocket amount – The most you could pay in one plan year for covered medical services and supplies.

Medicare annual wellness visit – An annual visit with your doctor after you've been enrolled in Medicare Part B for at least 12 months. This visit includes a review of your medical history, screenings and personalized health advice, and a checklist of appropriate preventive services.

Out-of-pocket costs – The amount you must pay for eligible health care. It includes copays, coinsurance and deductibles, plus any costs for care that is not covered. It does not include your monthly premiums.

Out-of-network – The hospitals, clinics and pharmacies that are not included in your plan. Typically, using out-of-network providers results in higher member costs.

Premium – Your monthly payment for a plan.

Prior authorization – Approval in advance to receive certain services or certain drugs.

Total charge – The amount the provider or pharmacy charges for services before a Blue Cross discount (allowed amount) is applied.

Welcome to Medicare visit – A one-time preventive visit within the first 12 months of your new Medicare Part B plan. This visit includes a review of your medical history, screenings, vaccinations and a discussion of preventive services available to you that you may need.

Medicare Advantage Benefits	Core Plan	Comfort Plan	Choice Plan	Complete Plan
Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services				
Monthly Plan Premium	$0 per month. In addition, you must keep paying your monthly Medicare Part B premium.	$53 per month. In addition, you must keep paying your monthly Medicare Part B premium.	$96 per month. In addition, you must keep paying your monthly Medicare Part B premium.	$186 per month. In addition, you must keep paying your monthly Medicare Part B premium.
Annual Medical Deductible	$0	$0	$0	$0
Out-of-Network cost sharing (unless otherwise specified)	45% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance
Maximum Out-of-Pocket Amount The following out-of-pocket limits apply:				
For services you receive from in-network providers	$4,900	$3,700	$3,000	$2,900
For services you receive from in-network and out-of-network providers	$7,900	$5,450	$5,150	$5,100
Once you reach the maximum out-of-pocket, your plan pays 100% of covered medical services. Your plan premium and all other non-Medicare covered services do not count toward the maximum out-of-pocket.				

Medicare Advantage Benefits	Core Plan	Comfort Plan	Choice Plan	Complete Plan
Covered Hospital and Medical Benefits				
Inpatient hospital care* (Medicare-covered)	$300 copay per day for days 1 through 5, per stay	$400 copay per stay	$200 copay per stay	$150 copay per stay
Skilled nursing facility (SNF) care* (Medicare-covered) Your plan covers up to 100 days in a SNF	$0 per day for days 1 through 20 $203 copay per day for days 21 through 100	$0 per day for days 1 through 20 $203 copay per day for days 21 through 100	$0 per day for days 1 through 20 $203 per day for days 21 through 100	$0 per day for days 1 through 20 $203 per day for days 21 through 100
Meals following inpatient stay (Non-Medicare-covered) After an approved inpatient hospital or skilled nursing facility stay, we cover up to 2 meals per day for 14 days delivered to your home.	$0	$0	$0	$0
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Outpatient hospital care*				
Medicare-covered outpatient hospital surgery	$350 copay	$300 copay	$175 copay	$150 copay
Medicare-covered ambulatory surgical center services	$350 copay	$275 copay	$150 copay	$125 copay
Medicare-covered outpatient hospital all other services	$20 copay	$20 copay	$10 copay	$0
Doctor's office visits				
Medicare-covered primary care physician	$0	$0	$0	$0
Medicare-covered specialist*	$40 copay	$40 copay	$35 copay	$20 copay

* Benefits under this category may require prior authorization by the health plan.

Medicare Advantage Benefits	Core Plan	Comfort Plan	Choice Plan	Complete Plan
Preventive care (Medicare-covered) **See *Evidence of Coverage* for complete list of covered services.**	$0 This plan covers many preventive services, including but not limited to: • Annual wellness visit • Colorectal cancer screenings • Mammograms (breast cancer screening) • One-time "Welcome to Medicare" preventive visit			
Preventive care (non-Medicare-covered)	$0 • Routine annual physical exam Any additional preventive services approved by Medicare during the contract year will be covered.			
Emergency care (Medicare-covered) • United States In- and Out-of-Network	$90 copay	$90 copay	$90 copay	$90 copay
• Worldwide In- and Out-of-Network	$90 copay	$90 copay	$90 copay	$90 copay
Urgently needed services (Medicare-covered) • United States In- and Out-of-Network	$45 copay	$45 copay	$40 copay	$30 copay
• Worldwide In- and Out-of-Network	$90 copay	$90 copay	$90 copay	$90 copay

* Benefits under this category may require prior authorization by the health plan.

Medicare Advantage Benefits	Core Plan	Comfort Plan	Choice Plan	Complete Plan
Outpatient diagnostic tests and therapeutic services*				
Medicare-covered diagnostic mammograms or colonoscopy	$0	$0	$0	$0
Medicare-covered laboratory tests (e.g., A1C and Cholesterol tests)				
In- and Out-of-Network	$0	$0	$0	$0
Medicare-covered x-rays	$15 copay	$10 copay	$10 copay	$5 copay
Medicare-covered diagnostic tests & procedures (excludes x-ray and advanced imaging) (e.g., EKG's, INR tests, pulmonary function tests, psychological/neuro-psychological testing, home or lab-based sleep studies)	$25 copay	$25 copay	$25 copay	$10 copay
Medicare-covered diagnostic advanced imaging (e.g., specialized scans, CT, SPECT, PET, MRI, MRA, ultrasounds, angiograms)	$110 copay	$100 copay	$100 copay	$50 copay
Medicare-covered radiation (e.g., treatment of cancer)	20% coinsurance	20% coinsurance	15% coinsurance	10% coinsurance

* Benefits under this category may require prior authorization by the health plan.

Medicare Advantage Benefits	Core Plan	Comfort Plan	Choice Plan	Complete Plan
Hearing services				
Medicare-covered exams to diagnose and treat hearing and balance issues	$0	$0	$0	$0
Non-Medicare-covered routine hearing exam (limit 1)	$0	$0	$0	$0
Non-Medicare-covered hearing aid screening (limit 1) through TruHearing	$0	$0	$0	$0
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Non-Medicare-covered hearing aid (limit 2 aids per year, 1 per ear) through TruHearing				
• Advanced Hearing Aid	$699 per aid	$599 per aid	$599 per aid	$499 per aid
• Premium Hearing Aid	$999 per aid	$899 per aid	$899 per aid	$799 per aid
• Rechargeable battery option is available on select styles at no additional cost	$0	$0	$0	$0
Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered

* Benefits under this category may require prior authorization by the health plan.

Medicare Advantage Benefits	Core Plan	Comfort Plan	Choice Plan	Complete Plan
Dental services*				
Medicare-covered dental services	$50 copay	$30 copay	$30 copay	$20 copay
Routine dental services* (Non-Medicare-covered)				
Cleaning (limit 2 per year) Oral exam (limit 2 per year) Fluoride (limit 2 per year) Periodontal cleaning (limit 2 per year) Dental x-rays (limit 1 per year)				
In- and Out-of-Network	$0	$0	$0	$0
Restorations (e.g., fillings)				
In- and Out-of-Network	Not Covered	30% coinsurance	30% coinsurance	30% coinsurance
Extractions (e.g., pulling teeth), Endodontics (e.g., root canal), Prosthetics, Crowns, Oral surgery				
In- and Out-of-Network	Not Covered	50% coinsurance	50% coinsurance	50% coinsurance
Other periodontal services (Note: no additional periodontal cleaning coverage beyond the two (2) $0 copay periodontal cleanings per year)				
In- and Out-of-Network	Not Covered	50% coinsurance	50% coinsurance	50% coinsurance
Maximum plan benefit amount per year (combined in- and out-of-network)	$2,000	$2,000	$2,000	$2,000

* Benefits under this category may require prior authorization by the health plan.

Medicare Advantage Benefits	Core Plan	Comfort Plan	Choice Plan	Complete Plan
Vision care				
Medicare-covered: annual glaucoma screening, diabetic retinopathy, and exams to diagnose and treat eye diseases and conditions.	$0	$0	$0	$0
Medicare-covered eyewear after cataract surgery	$0	$0	$0	$0
Non-Medicare-covered routine eye exam (limit 2 per year)	$0	$0	$0	$0
Non-Medicare-covered eyewear allowance for frames, lenses or contacts				
In- and Out-of-Network	$275 allowance per year	$125 allowance per year	$200 allowance per year	$225 allowance per year
Mental health care* (including inpatient)	Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.			
Medicare-covered inpatient visit	$300 copay per day for days 1 through 5	$400 copay per stay	$200 copay per stay	$150 copay per stay
Medicare-covered outpatient individual or group therapy visit	$40 copay	$40 copay	$35 copay	$20 copay
Medicare-covered partial hospitalization	$55 copay per day	$55 copay per day	$55 copay per day	$55 copay per day
Mental health office visit*				
Medicare-covered psychiatrist or psychologist	$40 copay	$40 copay	$35 copay	$20 copay
Physical therapy services*				
Medicare-covered physical, occupational and speech therapy visits	$40 copay	$40 copay	$35 copay	$20 copay

* Benefits under this category may require prior authorization by the health plan.

Medicare Advantage Benefits	Core Plan	Comfort Plan	Choice Plan	Complete Plan
Ambulance services* (ground and air) (Medicare-covered)				
In-Network	$290 copay	$250 copay	$250 copay	$200 copay
Out-of-Network	$300 copay	$250 copay	$250 copay	$200 copay
• Worldwide Transportation (Non-Medicare-covered)				
In- and Out-of-Network	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Ambulance services without transportation to a medical facility and other non-Medicare-covered transport services	Not covered	Not covered	Not covered	Not covered
Medicare Part B prescription drugs				
Medicare-covered Part B oral chemotherapy and prescription drugs (cost sharing for certain Part B rebatable drugs authorized by the plan may be subject to a lower coinsurance than shown.)*	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance	0%-20% coinsurance
Medicare-covered Part B Insulin for use in an insulin pump	Up to $35 copay for a one-month supply	Up to $35 copay for a one-month supply	Up to $35 copay for a one-month supply	Up to $35 copay for a one-month supply

* Benefits under this category may require prior authorization by the health plan.

Medicare Advantage Benefits	Core Plan	Comfort Plan	Choice Plan	Complete Plan
Additional benefits and services				
Acupuncture*				
Medicare-covered acupuncture for chronic lower back pain (max. 20 visits every 12 months combined In- and Out-of-Network)				
In- and Out-of-Network	$20 copay	$20 copay	$20 copay	$20 copay
Non-Medicare-covered routine acupuncture for pain diagnosis (max. 12 visits per year combined In- and Out-of-Network)				
In- and Out-of-Network	$20 copay	$20 copay	$20 copay	$20 copay
Chiropractic services*				
Medicare-covered chiropractic services for manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)	$20 copay	$20 copay	$20 copay	$20 copay
Diabetes self-management training, diabetic services and supplies				
Medicare-covered diabetes monitoring supplies (coverage for test strips and monitors is limited to Ascensia brands)	$0	$0	$0	$0
Medicare-covered diabetes self-management training	$0	$0	$0	$0
Medicare-covered therapeutic shoes and inserts	20% coinsurance	20% coinsurance	15% coinsurance	15% coinsurance

* Benefits under this category may require prior authorization by the health plan.

Medicare Advantage Benefits	Core Plan	Comfort Plan	Choice Plan	Complete Plan
Durable medical equipment, prosthetic devices and medical supplies* (Medicare-covered) (wheelchairs, oxygen, continuous glucose monitor, braces, artificial limbs, etc.)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Fitness program Gym membership at a participating SilverSneakers® facility, online fitness classes, or choose a home exercise kit Out-of-Network	$0 Not Covered	$0 Not Covered	$0 Not Covered	$0 Not Covered
Home health agency care* (Medicare-covered)	$0	$0	$0	$0
Outpatient substance abuse services* (Medicare-covered) Individual and group therapy visits	$40 copay	$40 copay	$35 copay	$20 copay
Over-The-Counter (OTC) items Quarterly allowance for the purchase of covered OTC medications and supplies through CVS OTC Health Solutions. This is not a reimbursement. Out-of-Network	$60 Not Covered	$50 Not Covered	$50 Not Covered	$50 Not Covered

* Benefits under this category may require prior authorization by the health plan.

Medicare Advantage Benefits	Core Plan	Comfort Plan	Choice Plan	Complete Plan
Peer support Connect with a peer specialist who has firsthand experience with mental health and substance abuse care for mentorship that supports recovery.	$0	$0	$0	$0
Podiatry services* (Medicare-covered foot care) Foot exams and treatment for diabetes-related nerve damage or certain medical conditions.	$40 copay	$40 copay	$35 copay	$20 copay
Services to treat kidney disease Medicare-covered renal dialysis services*	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Medicare-covered equipment and supplies*	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Medicare-covered kidney disease education services	$0	$0	$0	$0
Smoking and Tobacco use cessation (Medicare-covered) Counselling to stop smoking or tobacco use.	$0	$0	$0	$0

* Benefits under this category may require prior authorization by the health plan.

Prescription drug Medicare Part D coverage

Blue Cross Medicare Advantage plans offer combined medical and prescription drug coverage to give you the convenience of one plan, one card and one bill. To view what drugs are covered by Medicare Advantage, visit **bluecrossmn.com/core-comfort-rx** for the Core or Comfort plans or **bluecrossmn.com/choice-complete-rx** for Choice or Complete plans and either search by drug name or scroll halfway down to Helpful documents to view the comprehensive formularies for the Core and Comfort plans or the Choice and Complete plans.

	Medicare Advantage Benefits	Core Plan
	Deductible	$0 Tiers 1-2; $350 Tiers 3-5
	Initial Coverage Begins after you meet your deductible	**Standard/LTC[3] Cost-Sharing**
31 Day Supply from a Network Pharmacy	Tier 1: Preferred Generic Drugs	$0 copay
	Tier 2: Generic Drugs	$13 copay
	Tier 3: Preferred Brand Drugs	21% coinsurance
	Tier 4: Non-Preferred Drugs	45% coinsurance
	Tier 5: Specialty Drugs	27% coinsurance
	Insulin Coverage	Up to a $35 copay, even if you haven't paid your deductible.
60-90 Day Supply from a Network or Preferred Mail Order Pharmacy	Tier 1: Preferred Generic Drugs	$0 copay
	Tier 2: Generic Drugs	$26 copay
	Tier 3: Preferred Brand Drugs	21% coinsurance
	Tier 4: Non-Preferred Drugs	45% coinsurance
	Tier 5: Specialty Drugs	27% coinsurance
	Insulin Coverage	Up to a $70 copay, even if you haven't paid your deductible.
	Coverage Gap Begins once your total drug costs for the year reach $5,030[1]	• Generic Drugs: 25% of the plan cost • Brand-name Drugs: 25% of the plan cost • Insulin Coverage: Up to a $35 copay per month
	Catastrophic Coverage Begins once your total out-of-pocket costs for the year reach $8,000[2]	$0

[1]Total 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.
[2]Your out-of-pocket costs includes 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.
[3]If in Long-Term Care facility (LTC), up to a 31-day supply only.

	Medicare Advantage Benefits	Comfort Plan
	Deductible	$0 Tiers 1-2; $300 Tiers 3-5
	Initial Coverage Begins after you meet your deductible	**Standard/LTC[3] Cost-Sharing**
31 Day Supply from a Network Pharmacy	Tier 1: Preferred Generic Drugs	$0 copay
	Tier 2: Generic Drugs	$11 copay
	Tier 3: Preferred Brand Drugs	$47 copay
	Tier 4: Non-Preferred Drugs	42% coinsurance
	Tier 5: Specialty Drugs	28% coinsurance
	Insulin Coverage	Up to a $35 copay, even if you haven't paid your deductible.
60-90 Day Supply from a Network or Preferred Mail Order Pharmacy	Tier 1: Preferred Generic Drugs	$0 copay
	Tier 2: Generic Drugs	$22 copay
	Tier 3: Preferred Brand Drugs	$94 copay
	Tier 4: Non-Preferred Drugs	42% coinsurance
	Tier 5: Specialty Drugs	28% coinsurance
	Insulin Coverage	Up to a $70 copay, even if you haven't paid your deductible.
	Coverage Gap Begins once your total drug costs for the year reach $5,030[1]	• Generic Drugs: 25% of the plan cost • Brand-name Drugs: 25% of the plan cost • Insulin Coverage: Up to a $35 copay per month
	Catastrophic Coverage Begins once your total out-of-pocket costs for the year reach $8,000[2]	$0

[1]Total 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.

[2]Your out-of-pocket costs includes 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.

[3]If in Long-Term Care facility (LTC), up to a 31-day supply only.

	Medicare Advantage Benefits	Choice Plan
	Deductible	$0 all Tiers
	Initial Coverage Begins after you meet your deductible	**Standard/LTC[3] Cost-Sharing**
31 Day Supply from a Network Pharmacy	Tier 1: Preferred Generic Drugs	$0 copay
	Tier 2: Generic Drugs	$10 copay
	Tier 3: Preferred Brand Drugs	$47 copay
	Tier 4: Non-Preferred Drugs	42% coinsurance
	Tier 5: Specialty Drugs	33% coinsurance
	Insulin Coverage	Up to a $35 copay
60-90 Day Supply from a Network or Preferred Mail Order Pharmacy	Tier 1: Preferred Generic Drugs	$0 copay
	Tier 2: Generic Drugs	$20 copay
	Tier 3: Preferred Brand Drugs	$94 copay
	Tier 4: Non-Preferred Drugs	42% coinsurance
	Tier 5: Specialty Drugs	33% coinsurance
	Insulin Coverage	Up to a $70 copay
	Coverage Gap Begins once your total drug costs for the year reach $5,030[1]	• Generic Drugs: 25% of the plan cost • Brand-name Drugs: 25% of the plan cost • Insulin Coverage: Up to a $35 copay per month
	Catastrophic Coverage Begins once your total out-of-pocket costs for the year reach $8,000[2]	$0

[1]Total 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.

[2]Your out-of-pocket costs includes 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.

[3]If in Long-Term Care facility (LTC), up to a 31-day supply only.

	Medicare Advantage Benefits	Complete Plan
	Deductible	$0 all Tiers
	Initial Coverage Begins after you meet your deductible	**Standard/LTC[3] Cost-Sharing**
31 Day Supply from a Network Pharmacy	Tier 1: Preferred Generic Drugs	$0 copay
	Tier 2: Generic Drugs	$9 copay
	Tier 3: Preferred Brand Drugs	$47 copay
	Tier 4: Non-Preferred Drugs	45% coinsurance
	Tier 5: Specialty Drugs	33% coinsurance
	Insulin Coverage	Up to a $35 copay
60-90 Day Supply from a Network or Preferred Mail Order Pharmacy	Tier 1: Preferred Generic Drugs	$0 copay
	Tier 2: Generic Drugs	$18 copay
	Tier 3: Preferred Brand Drugs	$94 copay
	Tier 4: Non-Preferred Drugs	45% coinsurance
	Tier 5: Specialty Drugs	33% coinsurance
	Insulin Coverage	Up to a $70 copay
	Coverage Gap Begins once your total drug costs for the year reach $5,030[1]	• Generic Drugs: 25% of the plan cost • Brand-name Drugs: 25% of the plan cost • Insulin coverage: Up to a $35 copay per month
	Catastrophic Coverage Begins once your total out-of-pocket costs for the year reach $8,000[2]	$0

[1]Total 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.
[2]Your out-of-pocket costs includes 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.
[3]If in Long-Term Care facility (LTC), up to a 31-day supply only.

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: Blue Cross and Blue Shield of Minnesota and Blue Plus
  Attn: Civil Rights Coordinator P3-2
  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.

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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.

နမ့်ကတိၤကညီကျိာ်ဒီး, တ်ကဟ့ဉ်နၤကျိာ်တ်မၤစၢၤကလိတဖဉ်နူဉ်လိၤ. ကိး 1-866-251-6744 လၢ TTY အဂိၢ်, ကိး 711 တကှ်.

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

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojį éí béésh bee hodíílnih 1-855-902-2583. TTY biniiyégo éí 711 jį’ béésh bee hodíílnih.

CONTACT US

We are available for phone calls 8 a.m. to 8 p.m., Central Time. We are available seven days a week October 1 through March 31, and available Monday through Friday the rest of the year.

Members
Call toll-free **1-800-711-9865**
TTY users call **711**

Non-Members
Call toll-free **1-855-579-7658**
TTY users call **711**

Visit **bluecrossmn.com**

This document may be available in a non-English language. For additional information call us at a number above.

This document is available in other formats such as braille and large print.

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Medicare Advantage (PPO) plan members, except in emergency situations. Please call Customer Service or see the *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

If you want to know more about the coverage and costs of Original Medicare, look in your 2024 *Medicare & You* handbook or view it online at **medicare.gov**. Or, request a copy by calling **1-800-MEDICARE (1-800-633-4227)** 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

The pharmacy benefits information is provided by Prime Therapeutics LLC, an independent company providing pharmacy benefit management services.

TruHearing® is a registered trademark of TruHearing, Inc., an independent company who works with health plans to offer low out-of-pocket costs on hearing aids.

Ascensia Diabetes Care US, Inc. is an independent company providing diabetic supplies.

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

CVS Pharmacy, Inc. d/b/a OTC Health Solutions is an independent company providing OTC supplemental benefit administrative services.

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

F11145R05 (08/23)

BlueCross BlueShield Minnesota

2024

SUMMARY OF BENEFITS

Blue Cross Medicare Advantage Freedom Blue℠ (PPO)

H5959

January 1, 2024 – December 31, 2024

Y0138_090723_N01_M

Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative toll free at **1-855-579-7658** (TTY **711**).

Understanding the Benefits

- [ ] The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **bluecrossmn.com/medicare-documents** to view or call toll free at **1-855-579-7658** (TTY **711**) to request a copy of the EOC.
- [ ] Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

Understanding Important Rules

- [ ] In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- [ ] Benefits, premiums and/or copayments/coinsurance may change on January 1, 2025.
- [ ] Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.
- [ ] Effect on Current Coverage: If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

Frequently asked questions

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage*.

WHO CAN ENROLL?

You can enroll in Medicare Advantage (PPO) if you are enrolled in Medicare Part A and Medicare Part B and live in the plan availability area, which includes the following counties: Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cottonwood, Crow Wing, Dakota, Dodge, Douglas, Faribault, Fillmore, Freeborn, Grant, Hennepin, Houston, Hubbard, Isanti, Jackson, Kandiyohi, Kittson, Lac qui Parle, Lake of the Woods, Lincoln, Lyon, Mahnomen, Marshall, Martin, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Roseau, Scott, Sherburne, Stearns, Steele, Swift, Todd, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona and Wright. Counties are subject to change annually.

WHAT IS MEDICARE ADVANTAGE?

Medicare Advantage plans are private Medicare health plans. They have a yearly limit on your out-of-pocket costs, and once you reach this limit, you'll pay nothing for covered services. Some Medicare Advantage plans combine medical and prescription drug coverage.

To see a complete list of your services and benefits, please review the *Evidence of Coverage* (EOC). You can find this document at **bluecrossmn.com/medicare-documents**. You also may order a copy online or by calling Customer Service.

HOW DO I FIND AN IN-NETWORK DOCTOR OR HOSPITAL?

The Medicare Advantage provider network offers a large list of providers covered under the Medicare Advantage plan. You may pay less when you use doctors, hospitals and other providers in this network. You can see or order the plan's provider directory at **bluecrossmn.com/medicare-documents**. Or call us and we will send you a copy of the directory.

Health care terms

Allowed amount – The contracted rate, or Blue Cross discount, set by your plan and providers when you use in-network hospitals, clinics or pharmacies. Providers are required to accept the allowed amount as payment in full, and cannot charge above it when you see an in-network provider.

Annual physical exam – A yearly preventive visit with your primary care doctor that includes a discussion about your health, a review of your medical history, screenings, immunizations and some lab work.

Balance Billing – When a provider (such as a doctor or hospital) bills a patient more than the plan's allowed cost sharing amount. As a member of Freedom Blue, you only have to pay our plan's cost sharing amounts when you get services covered by our plan. We do not allow providers to balance bill or otherwise charge you more than the amount of cost sharing your plan says you must pay.

Copayment or Copay – The set dollar amount you pay each time you receive a service or prescription.

Coinsurance – A set percentage you pay toward health care after your deductible has been met.

Deductible – Amount you will pay in one plan year before coverage begins.

In-network – The hospitals, clinics, providers and pharmacies that are included in your plan. Typically, using in-network providers results in lower member costs.

Maximum out-of-pocket amount – The most you could pay in one plan year for covered medical services and supplies.

Medicare annual wellness visit – An annual visit with your doctor after you've been enrolled in Medicare Part B for at least 12 months. This visit includes a review of your medical history, screenings and personalized health advice, and a checklist of appropriate preventive services.

Out-of-pocket costs – The amount you must pay for eligible health care. It includes copays, coinsurance and deductibles, plus any costs for care that is not covered. It does not include your monthly premiums.

Out-of-network – The hospitals, clinics and pharmacies that are not included in your plan. Typically, using out-of-network providers results in higher member costs.

Premium – Your monthly payment for a plan.

Prior authorization – Approval in advance to receive certain services or certain drugs.

Total charge – The amount the provider or pharmacy charges for services before a Blue Cross discount (allowed amount) is applied.

Welcome to Medicare visit – A one-time preventive visit within the first 12 months of your new Medicare Part B plan. This visit includes a review of your medical history, screenings, vaccinations and a discussion of preventive services available to you that you may need.

Medicare Advantage Benefits	Freedom Blue Plan
Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services	
Monthly Plan Premium	$0 per month. In addition, you must keep paying your monthly Medicare Part B premium.
Part B Premium Reduction	Up to $100 per month
Annual Medical Deductible	$0
Out-of-Network cost sharing (unless otherwise specified)	40% coinsurance
Maximum Out-of-Pocket Amount The following out-of-pocket limits apply: For services you receive from in-network providers For services you receive from in-network and out-of-network providers Once you reach the maximum out-of-pocket, your plan pays 100% of covered medical services. Your plan premium and all other non-Medicare covered services do not count toward the maximum out-of-pocket.	 $4,200 $7,500
Covered Hospital and Medical Benefits	
Inpatient hospital care* (Medicare-covered)	$200 copay per stay
Skilled nursing facility (SNF) care* (Medicare-covered) Your plan covers up to 100 days in a SNF	$0 per day for days 1 through 20 $203 per day for days 21 through 100
Meals following inpatient stay (Non-Medicare-covered) After an approved inpatient hospital or skilled nursing facility stay, we cover up to 2 meals per day for 14 days delivered to your home.	$0
Out-of-Network	Not Covered

* Benefits under this category may require prior authorization by the health plan.

Medicare Advantage Benefits	Freedom Blue Plan
Outpatient hospital care*	
Medicare-covered outpatient hospital surgery	$150 copay
Medicare-covered ambulatory surgical center services	$100 copay
Medicare-covered outpatient hospital all other services	$10 copay
Doctor's office visits	
Medicare-covered primary care physician	$0
Medicare-covered specialist*	$30 copay
Preventive care (Medicare-covered) **See *Evidence of Coverage* for complete list of covered services.**	$0 This plan covers many preventive services, including but not limited to: • Annual wellness visit • Colorectal cancer screenings • Mammograms (breast cancer screening) • One-time "Welcome to Medicare" preventive visit
Preventive care (non-Medicare-covered)	$0 • Routine annual physical exam Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency care in the United States and Worldwide (Medicare-covered)	
• United States	
In- and Out-of-Network	$90 copay
• Worldwide	
In- and Out-of-Network	$90 copay

* Benefits under this category may require prior authorization by the health plan.

Medicare Advantage Benefits	Freedom Blue Plan
Urgently needed services (Medicare-covered)	
• United States	
In- and Out-of-Network	$35 copay
• Worldwide	
In- and Out-of-Network	$90 copay
Outpatient diagnostic tests and therapeutic services*	
Medicare-covered diagnostic mammograms or colonoscopy	$0
Medicare-covered laboratory tests (e.g., A1C and Cholesterol test)	
In- and Out-of-Network	$0
Medicare-covered x-rays	$0
Medicare-covered diagnostic tests & procedures (excludes x-ray and advanced imaging) (e.g., EKG's, INR tests, pulmonary function tests, psychological/ neuro-psychological testing, home or lab-based sleep studies)	$20 copay
Medicare-covered diagnostic advanced imaging (e.g., specialized scans, CT, SPECT, PET, MRI, MRA, ultrasounds, angiograms)	$70 copay
Medicare-covered radiation (e.g., treatment of cancer)	15% coinsurance

* Benefits under this category may require prior authorization by the health plan.

Medicare Advantage Benefits	Freedom Blue Plan
Hearing services	
Non-Medicare-covered exams to diagnose and treat hearing and balance issues	$0
Non-Medicare-covered routine hearing exam (limit 1)	$0
Non-Medicare-covered hearing aid screening (limit 1) through TruHearing	$0
Out-of-Network	Not Covered
Non-Medicare-covered hearing aid (limit 2 aids per year, 1 per ear) through TruHearing	
• Advanced Hearing Aid	$599 per aid
• Premium Hearing Aid	$899 per aid
• Rechargeable battery option is available on select styles at no additional cost	$0
Out-of-Network	Not Covered
Dental services*	
Medicare-covered dental services	$30 copay

* Benefits under this category may require prior authorization by the health plan.

Medicare Advantage Benefits	Freedom Blue Plan
Routine dental services* (Non-Medicare-covered)	
Cleaning (limit 2 per year) Oral exam (limit 2 per year) Fluoride (limit 2 per year) Periodontal cleaning (limit 2 per year) Dental x-rays (limit 1 per year)	
In- and Out-of-Network	$0
Restorations (e.g., fillings)	
In- and Out-of-Network	20% coinsurance
Extractions (e.g., pulling teeth), Endodontics (e.g., root canal), Prosthetics, Crowns, Oral surgery	
In- and Out-of-Network	20% coinsurance
Other periodontal services (Note: no additional periodontal cleaning coverage beyond the two (2) $0 copay periodontal cleanings per year)	
In- and Out-of-Network	20% coinsurance
Maximum plan benefit amount per year (combined in- and out-of-network)	$2,500
Vision care	
Medicare-covered: annual glaucoma screening, diabetic retinopathy, and exams to diagnose and treat eye diseases and conditions.	$0
Medicare-covered eyewear after cataract surgery	$0
Non-Medicare-covered routine eye exam (limit 1 per year)	$0
Non-Medicare-covered eyewear allowance for frames, lenses or contacts	
In- and Out-of-Network	$250 allowance per year

* Benefits under this category may require prior authorization by the health plan.

Medicare Advantage Benefits	Freedom Blue Plan
Mental health care* (including inpatient)	Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.
Medicare-covered inpatient visit	$200 copay per stay
Medicare-covered outpatient individual or group therapy visit	$30 copay
Medicare-covered partial hospitalization	$55 copay per day
Mental health office visit*	
Medicare-covered psychiatrist or psychologist	$30 copay
Physical therapy services*	
Medicare-covered physical, occupational and speech therapy visits	$30 copay
Ambulance services (ground and air) (Medicare-covered)	
In- and Out-of-Network	$200 copay
• Worldwide Transportation (Non-Medicare-covered)	
In- and Out-of-Network	20% coinsurance
Ambulance services without transportation to a medical facility and other non-Medicare-covered transport services	Not covered

* Benefits under this category may require prior authorization by the health plan.

Medicare Advantage Benefits	Freedom Blue Plan
Medicare Part B prescription drugs	
Medicare-covered Part B oral chemotherapy and prescription drugs (cost sharing for certain Part B rebatable drugs authorized by the plan may be subject to a lower coinsurance than shown.)*	0%-20% coinsurance
Medicare-covered Part B Insulin for use in an insulin pump	Up to $35 copay for a one-month supply
Additional benefits and services	
Acupuncture*	
Medicare-covered acupuncture for chronic lower back pain (max. 20 visits every 12 months combined In- and Out-of-Network)	
In- and Out-of-Network	$20 copay
Non-Medicare-covered routine acupuncture for pain diagnosis (max. 12 visits per year combined In- and Out-of-Network)	
In- and Out-of-Network	$20 copay
Chiropractic services*	
Medicare-covered chiropractic services for manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)	$20 copay
Non-Medicare-covered routine chiropractic care (max. 12 visits per year combined In- and Out-of-Network, x-ray coverage not included)	$20 copay

* Benefits under this category may require prior authorization by the health plan.

Medicare Advantage Benefits	Freedom Blue Plan
Diabetes self-management training, diabetic services and supplies Medicare-covered diabetes monitoring supplies (coverage for test strips and monitors is limited to Ascensia brands) Medicare-covered diabetes self-management training Medicare-covered therapeutic shoes and inserts	 $0 $0 15% coinsurance
Durable medical equipment, prosthetic devices and medical supplies* (Medicare-covered) (wheelchairs, oxygen, continuous glucose monitor, braces, artificial limbs, etc.)	20% coinsurance
Fitness program Gym membership at a participating SilverSneakers® facility, online fitness classes, or choose a home exercise kit Out-of-Network	$0 Not Covered
Home health agency care* (Medicare-covered)	$0
Outpatient substance abuse services* (Medicare-covered) Individual and group therapy visits	$30 copay
Over-The-Counter (OTC) items Quarterly allowance loaded to flex card for the purchase of covered OTC products. Shop in-store at participating retail stores or get home delivery by ordering online or by phone through your OTC catalog. Out-of-Network	$100 Not Covered

* Benefits under this category may require prior authorization by the health plan.

Medicare Advantage Benefits	Freedom Blue Plan
Peer support Connect with a peer specialist who has firsthand experience with mental health and substance abuse care for mentorship that supports recovery.	$0
Podiatry services* (Medicare-covered foot care) Foot exams and treatment for diabetes-related nerve damage or certain medical conditions.	$30 copay
Services to treat kidney disease Medicare-covered renal dialysis services* Medicare-covered equipment and supplies* Medicare-covered kidney disease education services	 20% coinsurance 20% coinsurance $0
Smoking and Tobacco use cessation (Medicare-covered) Counselling to stop smoking or tobacco use.	$0

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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:

  Blue Cross and Blue Shield of Minnesota and Blue Plus
  Attn: Civil Rights Coordinator P3-2
  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.

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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.

နမ့်ကတိၤကညီကျိာ်ဒီး, တ်ကဟ့ဉ်နၤကျိာ်တ်မၤစၢၤကလိတဖဉ်နူဉ်လိၤ. ကိး 1-866-251-6744 လၢ TTY အဂိၢ်, ကိး 711 တကှ်.

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

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CONTACT US

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