



#1

MEDICARE PLAN
chosen by Minnesotans'



2024

MEDICARE DECISION GUIDE

#1 Medicare plan chosen by Minnesotans¹



Access to **98%** of doctors in Minnesota²



95% of members keep their Blue Cross Medicare plan³



Top-rated by members for Medicare customer service⁴



Blue Cross has been **supporting** Medicare since it began⁵



Serving Minnesota as a nonprofit for more than 90 years⁵

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

WHAT DOES ORIGINAL MEDICARE COVER?

Original Medicare is a federal health insurance program for people age 65 and older and people with certain disabilities. Original Medicare includes:

PART A → hospital insurance

PART B → medical insurance

While Original Medicare covers some healthcare costs, it doesn't cover everything. Original Medicare doesn't include outpatient prescription drug coverage or extras like dental, vision or hearing services. Plus, Original Medicare has no limit on how much you could end up paying out of pocket on medical expenses each year.



HEALTH TERMS CONFUSING TO YOU?

You're not alone. See page 31 to view common Medicare terms that can help you make more informed decisions in choosing a plan that works for you.

COVER WHAT ORIGINAL MEDICARE DOESN'T

A Blue Cross and Blue Shield of Minnesota Medicare plan can help fill in the gaps of Original Medicare and manage your out-of-pocket costs. Choose from a variety of Blue Cross Medicare plans with options like:

- **A wide range of networks** to get the care you need, when you need it, from doctors you trust
- **Plans that fit your needs**, including combined medical and prescription drug plans, medical-only plans or stand-alone prescription drug plans
- **Wellness and preventive services**, such as annual physicals, routine eye and hearing exams, dental benefits, over-the-counter (OTC) allowance, hearing aid savings and eyewear allowance
- **Generous travel benefits** within the United States and worldwide
- **SilverSneakers® fitness program** with access to thousands of fitness locations nationwide and online classes

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

WE'RE HERE FOR YOU

Learn about our Medicare plans and find one that's right for you. If you ever need help, our knowledgeable advisors are available to answer your questions and enroll you in a Medicare plan.



Speak with a Blue Cross Medicare Advisor or schedule an appointment
1-844-290-5808, TTY **711**
8 a.m. to 8 p.m. daily, Central Time
[bluecrossmn.com/Connect2024](https://www.bluecrossmn.com/Connect2024)



Compare plans, find resources and submit your application online
[bluecrossmn.com/Decision2024](https://www.bluecrossmn.com/Decision2024)

Explore your plan options

With the #1 Medicare plan chosen by Minnesotans, you can feel confident choosing a Blue Cross Medicare plan that fits you.

Blue Cross offers a variety of Medicare plans, with most plans providing coverage that travels with you. Trust your plan has everything you need, including access to quality providers, excellent coverage and benefits that meet your needs. This guide will help you confidently choose a plan that's right for you in **3 easy steps**:

1 Explore what's most important to you and find a plan that fits your lifestyle

2 Make sure the plan you like is available to you based on the county you live in

3 Take a closer look at the details of the plan you like

Let's get started.

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.

These examples are provided for illustrative purposes only. Benefits vary by plan.

MEDICARE ADVANTAGE (PPO)



- PLUS**
- **SilverSneakers**
 - hearing and vision coverage
 - over-the-counter medications and eyewear allowance



David likes **EXTRAS**

David likes a plan that includes medical and prescription drug coverage plus gives him extras, like dental and hearing aid benefits, as well as a fitness membership. He spends his winters in Texas, so it's important he can see doctors there, too. He doesn't mind paying a little more at the doctor's office if it means he can keep his monthly payments low. **A Medicare Advantage (PPO) plan is a good option for David.**

BROAD medical network **~63,000** in-network pharmacies **\$ – \$\$\$** premium
A medical-only veteran plan is also available

MEDICARE SUPPLEMENT



- PLUS**
- **SilverSneakers**



Terry likes **CERTAINTY**

Terry likes a comprehensive medical plan that gives her access to a large network of nationwide providers. She also likes that her benefits are guaranteed renewable — no matter if her health or lifestyle changes — and that most benefits are covered at 100% after deductibles. She plans to move to Florida someday and wants her plan to remain the same when she moves. She's willing to pay higher monthly costs in exchange for lower payments when she visits the doctor. **A Medicare Supplement plan is a good option for Terry.**

No network restrictions Medical plan only **\$\$ – \$\$\$** premium

MEDICAREBLUESM RX (PDP)



Jane likes **FLEXIBILITY**

Jane has a medical-only plan but needs a prescription drug plan to help lower her drug costs. She spends winters in Arizona, so she needs a plan that has in-network pharmacies throughout the United States. **A MedicareBlue Rx plan is a good option for Jane.**

Prescription drug plan only (can be paired with a Medicare Supplement or Platinum Blue (Cost) plan) **~63,000** in-network pharmacies **\$ – \$\$** premium

PLATINUM BLUESM WITH RX (COST)



- PLUS**
- **SilverSneakers**
 - hearing and vision coverage
 - over-the-counter medications and eyewear allowance



Sophie likes **BALANCE**

Sophie lives in an area where Cost plans are still available. She sees several specialists and her yearly medical expenses tend to be high. Having a plan with a cap on out-of-pocket expenses is appealing to her so she can better budget for her healthcare needs. She doesn't mind paying more when she visits the doctor if it means she can keep her monthly payments low. **A Platinum Blue with Rx plan is a good option for Sophie.**

BROAD medical network **~63,000** in-network pharmacies **\$ – \$\$\$** premium
A medical-only plan is also available

Medicare plans are available based on the county you live in

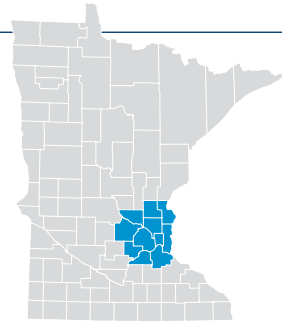
Let's make sure the plan you like is available to you.

Medicare Supplement and MedicareBlue Rx (PDP) are available in all Minnesota counties.

Medicare Advantage (PPO), including Freedom BlueSM, is available in the following counties:

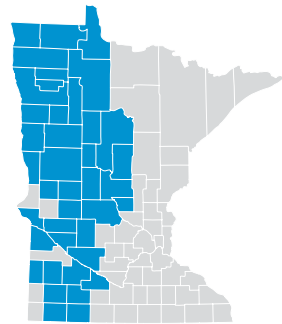
Metro region

Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, Wright



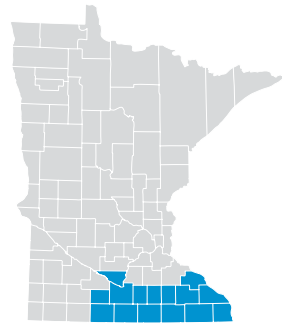
West region

Becker, Beltrami, Benton, Big Stone, Brown, Cass, Chippewa, Clay, Clearwater, Cottonwood, Crow Wing, Douglas, Grant, Hubbard, Jackson, Kandiyohi, Kittson, Lac qui Parle, Lake of the Woods, Lincoln, Lyon, Mahnomon, Marshall, Morrison, Murray, Nobles, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Redwood, Renville, Roseau, Stearns, Swift, Todd, Wadena, Wilkin



South region

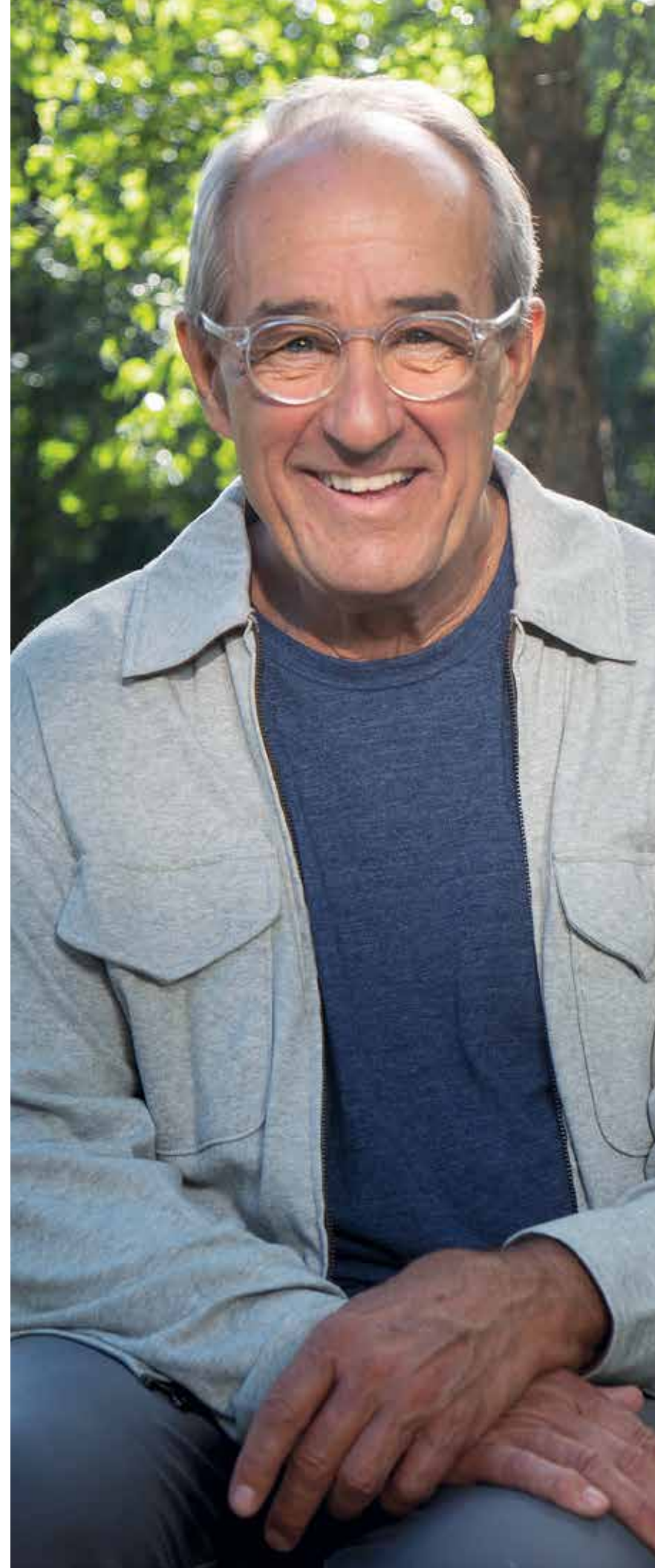
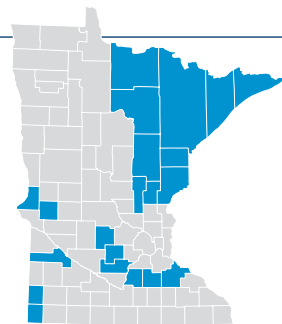
Blue Earth, Dodge, Faribault, Fillmore, Freeborn, Houston, Martin, Mower, Nicollet, Olmsted, Steele, Wabasha, Waseca, Watonwan, Winona



Platinum Blue with Rx (Cost) is available in the following counties:

Northeast Plus region

Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Pine, Pipestone, Rice, Rock, Sibley, St. Louis, Stevens, Traverse, Yellow Medicine



What's next?

You found a plan you like, in the county you live in.

Now, it's time to take a closer look at the details of the plan you like:

- Network providers and pharmacies
- Benefits and costs

Medicare Advantage (PPO).....	6
Compare: Medicare Advantage vs. Medicare Supplement.....	15
Medicare Supplement.....	16
MedicareBlue Rx (PDP).....	20
Platinum Blue with Rx (Cost).....	24
Explore more resources.....	28

Medicare Advantage (PPO)

I like EXTRAS



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

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.

IN-NETWORK PROVIDERS



Physicians, clinics and hospitals vary by region.

Metro and West regions:

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*

South region:

Medicare Southern MN Network

- Key in-network providers include: Allina, Mankato Clinics, Mayo Clinic, Olmsted Medical Center and more*

Check to see if your provider is in network

Metro and West regions:

bluecrossmn.com/HighValue

South region:

bluecrossmn.com/Southern

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

LET'S COMPARE COSTS AND COVERAGE

Blue Cross Medicare Advantage (PPO) plans offer up to 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 up to 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 live in the Metro or West region and visit the doctor or pharmacy occasionally

Not available in the South region

- **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 BlueSM, 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.

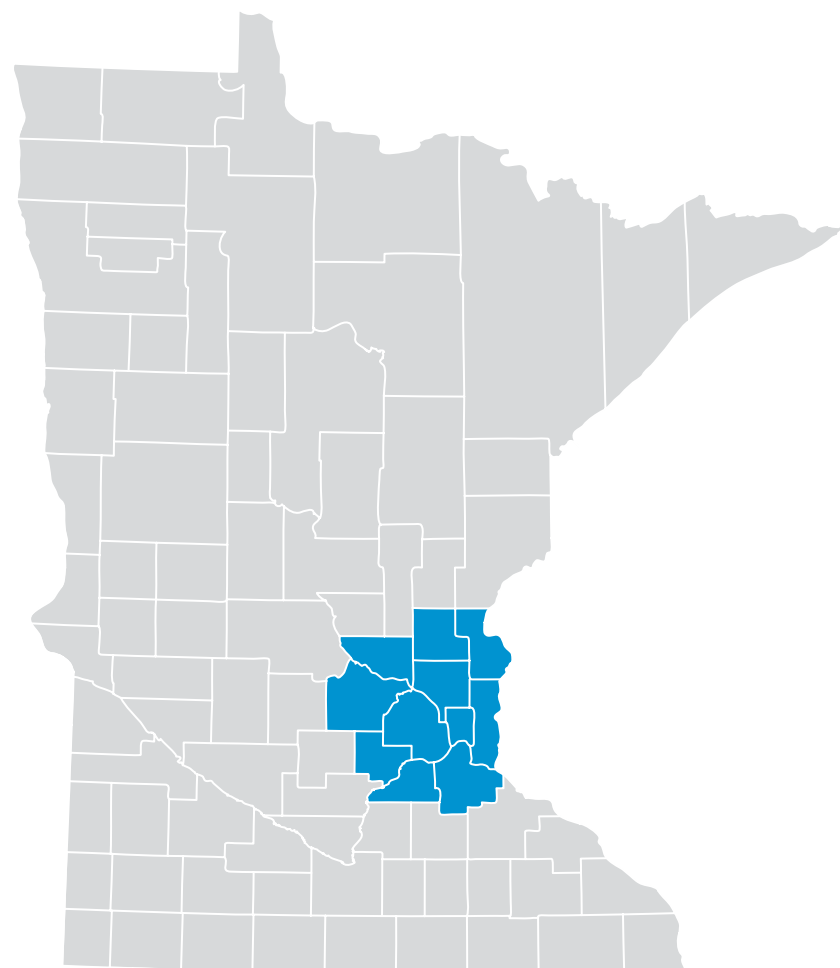


LET'S TALK TRAVEL

- 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 (PPO) – Metro region



This plan features statewide access to network care

Available in these counties:

Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, Wright

MEDICAL BENEFITS	CORE	COMFORT	CHOICE	COMPLETE
Monthly plan premium You must continue to pay your Medicare Part B premium	\$0	\$53	\$96	\$186
Annual deductible	\$0	\$0	\$0	\$0
Annual out-of-pocket maximum	\$4,900 in network; \$7,900 combined in and out of network	\$3,700 in network; \$5,450 combined in and out of network	\$3,000 in network; \$5,150 combined in and out of network	\$2,900 in network; \$5,100 combined in and out of network
Annual physical exam	\$0	\$0	\$0	\$0
Office visits • Primary care • Specialist	\$0 \$40 copay	\$0 \$40 copay	\$0 \$35 copay	\$0 \$20 copay
Emergency care In the United States and worldwide	\$90 copay	\$90 copay	\$90 copay	\$90 copay
Urgent care	\$45 copay	\$45 copay	\$40 copay	\$30 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 tests/procedures	\$25 copay	\$25 copay	\$25 copay	\$10 copay
Diagnostic advanced imaging	\$110 copay	\$100 copay	\$100 copay	\$50 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
Outpatient hospital visit	\$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
Medicare Part B covered drugs	Up to 20% coinsurance	Up to 20% coinsurance	Up to 20% coinsurance	Up to 20% coinsurance
PRESCRIPTION DRUG BENEFITS				
Annual deductible	\$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% coinsurance 45% coinsurance 27% coinsurance	In network \$0 copay \$11 copay \$47 copay 42% coinsurance 28% coinsurance	In network \$0 copay \$10 copay \$47 copay 42% coinsurance 33% coinsurance	In network \$0 copay \$9 copay \$47 copay 45% coinsurance 33% coinsurance
Coverage gap Amount you pay after total yearly costs reach \$5,030	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 total yearly out-of-pocket costs reach \$8,000	\$0 for all plans			
Mail order	Preferred mail order (home delivery) includes these pharmacies: Amazon Pharmacy home delivery, AllianceRx Walgreens Pharmacy and Express Scripts Pharmacy home delivery. Cost sharing noted above.			

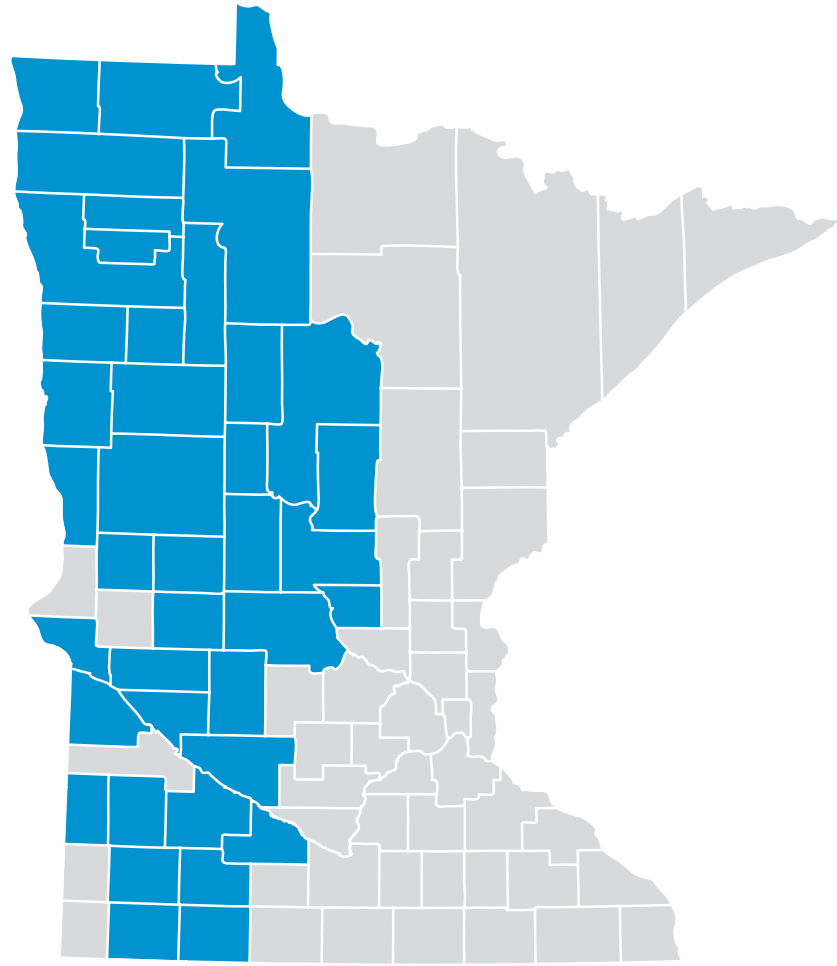


EXTRA BENEFITS INCLUDED

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

See page 14 for more information on plan extras.

Medicare Advantage (PPO) – West region



This plan features statewide access to network care

Available in these counties:

Becker, Beltrami, Benton, Big Stone, Brown, Cass, Chippewa, Clay, Clearwater, Cottonwood, Crow Wing, Douglas, Grant, Hubbard, Jackson, Kandiyohi, Kittson, Lac qui Parle, Lake of the Woods, Lincoln, Lyon, Mahnommen, Marshall, Morrison, Murray, Nobles, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Redwood, Renville, Roseau, Stearns, Swift, Todd, Wadena, Wilkin



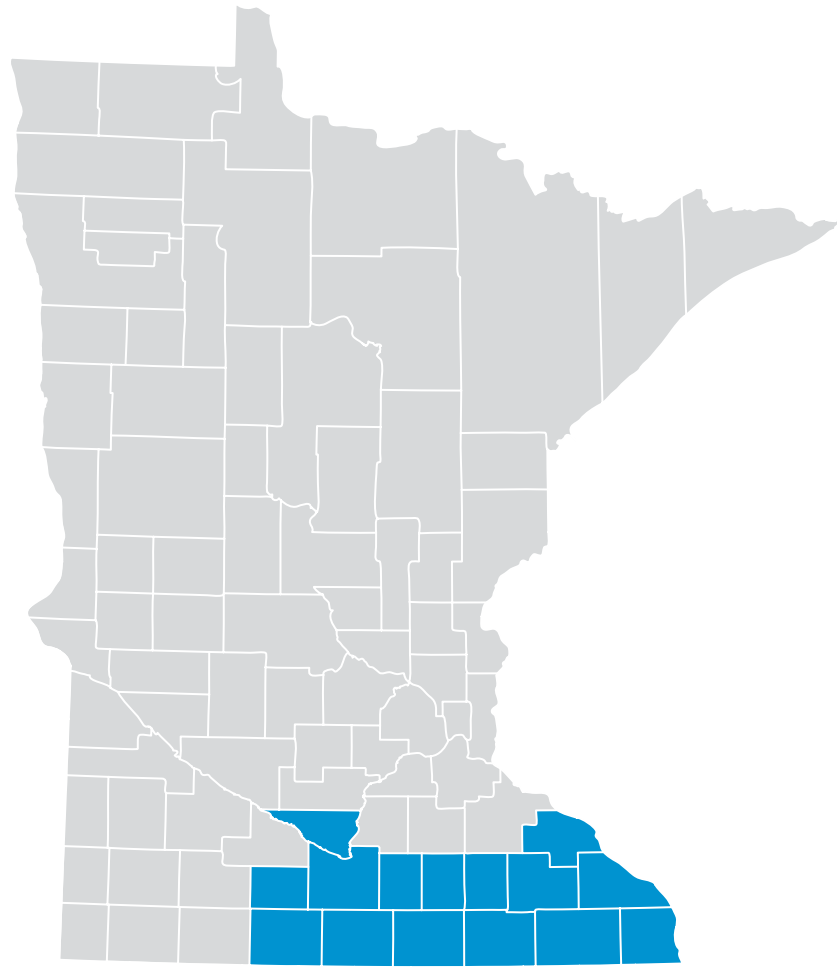
EXTRA BENEFITS INCLUDED

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

See page 14 for more information on plan extras.

MEDICAL BENEFITS	CORE	COMFORT	CHOICE	COMPLETE
Monthly plan premium You must continue to pay your Medicare Part B premium	\$0	\$64	\$106	\$222
Annual deductible	\$0	\$0	\$0	\$0
Annual out-of-pocket maximum	\$4,900 in network; \$7,900 combined in and out of network	\$3,800 in network; \$5,750 combined in and out of network	\$3,100 in network; \$5,150 combined in and out of network	\$2,900 in network; \$5,100 combined in and out of network
Annual physical exam	\$0	\$0	\$0	\$0
Office visits • Primary care • Specialist	\$0 \$45 copay	\$0 \$45 copay	\$0 \$40 copay	\$0 \$20 copay
Emergency care In the United States and worldwide	\$90 copay	\$90 copay	\$90 copay	\$90 copay
Urgent care	\$45 copay	\$45 copay	\$40 copay	\$30 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 tests/procedures	\$25 copay	\$30 copay	\$25 copay	\$10 copay
Diagnostic advanced imaging	\$110 copay	\$100 copay	\$100 copay	\$50 copay
Inpatient hospital stay	\$350 copay per day for days 1 – 5; \$0 copay for days 6 – 90	\$400 copay per stay	\$250 copay per stay	\$150 copay per stay
Observation stay	\$225 copay	\$175 copay	\$125 copay	\$100 copay
Outpatient hospital visit	\$400 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
Medicare Part B covered drugs	Up to 20% coinsurance	Up to 20% coinsurance	Up to 20% coinsurance	Up to 20% coinsurance
PRESCRIPTION DRUG BENEFITS				
Annual deductible	\$0 Tiers 1 and 2; \$350 Tiers 3 – 5	\$0 Tiers 1 and 2; \$350 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% coinsurance 45% coinsurance 27% coinsurance	In network \$0 copay \$11 copay \$47 copay 42% coinsurance 27% coinsurance	In network \$0 copay \$10 copay \$47 copay 42% coinsurance 33% coinsurance	In network \$0 copay \$9 copay \$47 copay 45% coinsurance 33% coinsurance
Coverage gap Amount you pay after total yearly costs reach \$5,030	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 total yearly out-of-pocket costs reach \$8,000	\$0 for all plans			
Mail order	Preferred mail order (home delivery) includes these pharmacies: Amazon Pharmacy home delivery, AllianceRx Walgreens Pharmacy and Express Scripts Pharmacy home delivery. Cost sharing noted above.			

Medicare Advantage (PPO) – South region



This plan features regional access to network care

Available in these counties:

Blue Earth, Dodge, Faribault, Fillmore, Freeborn, Houston, Martin, Mower, Nicollet, Olmsted, Steele, Wabasha, Waseca, Watonwan, Winona



EXTRA BENEFITS INCLUDED

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

See page 14 for more information on plan extras.

MEDICAL BENEFITS	CORE	CHOICE	COMPLETE
Monthly plan premium You must continue to pay your Medicare Part B premium	\$40	\$146	\$222
Annual deductible	\$0	\$0	\$0
Annual out-of-pocket maximum	\$6,700 in network; \$10,000 combined in and out of network	\$3,500 in network; \$5,150 combined in and out of network	\$2,900 in network; \$5,100 combined in and out of network
Annual physical exam	\$0	\$0	\$0
Office visits • Primary care • Specialist	\$0 \$40 copay	\$0 \$35 copay	\$0 \$20 copay
Emergency care In the United States and worldwide	\$90 copay	\$90 copay	\$90 copay
Urgent care	\$45 copay	\$40 copay	\$30 copay
Lab services/outpatient X-rays	\$0/\$15 copay	\$0/\$10 copay	\$0/\$5 copay
Diagnostic mammograms and colonoscopies	\$0	\$0	\$0
Diagnostic tests/procedures	\$30 copay	\$25 copay	\$10 copay
Diagnostic advanced imaging	\$125 copay	\$100 copay	\$50 copay
Inpatient hospital stay	\$375 copay per day for days 1 – 5; \$0 copay for days 6 – 90	\$250 copay per stay	\$150 copay per stay
Observation stay	\$275 copay	\$125 copay	\$100 copay
Outpatient hospital visit	\$415 surgery; \$415 ambulatory surgical centers	\$250 surgery; \$225 ambulatory surgical center	\$150 surgery; \$125 ambulatory surgical center
Ambulance (air and ground, one way)	\$315 copay	\$250 copay	\$200 copay
Medicare Part B covered drugs	Up to 20% coinsurance	Up to 20% coinsurance	Up to 20% coinsurance
PRESCRIPTION DRUG BENEFITS			
Annual deductible	\$0 Tiers 1 and 2; \$350 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% coinsurance 45% coinsurance 27% coinsurance	In network \$0 copay \$10 copay \$47 copay 42% coinsurance 33% coinsurance	In network \$0 copay \$9 copay \$47 copay 45% coinsurance 33% coinsurance
Coverage gap Amount you pay after total yearly costs reach \$5,030	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 total yearly out-of-pocket costs reach \$8,000	\$0 for all plans		
Mail order	Preferred mail order (home delivery) includes these pharmacies: Amazon Pharmacy home delivery, AllianceRx Walgreens Pharmacy and Express Scripts Pharmacy home delivery. Cost sharing noted above.		

★ Medicare Advantage plan extras

DENTAL BENEFITS	MEDICARE ADVANTAGE (PPO) PLANS			
	CORE	COMFORT	CHOICE	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	30% 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	50% coinsurance	50% coinsurance
Maximum plan benefit	\$2,000	\$2,000 Metro; \$1,500 West	\$2,000 Metro and South; \$1,500 West	\$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.

Hearing aid savings with TruHearing®	<ul style="list-style-type: none"> \$499 – \$699 copay per Advanced Aid (depending on plan) \$799 – \$999 copay per Premium Aid (depending on plan) Rechargeable battery option is available on select styles at no additional cost
Eyewear allowance	\$125 – \$275 for glasses or contact lenses (depending on plan)
Over-the-counter (OTC) allowance	\$50 – \$60 per quarter for OTC medications and health-related items (depending on plan)
SilverSneakers fitness benefit	Access to thousands of fitness locations nationwide, on-demand workout videos and online classes covering more than 1,800 topics
Acupuncture benefit	12 visits per year for any pain diagnosis
Post-discharge meal benefit	Receive 2 meals per day, up to 14 days, at no additional cost following any medically necessary inpatient stay
Peer Support	Connect with a peer specialist who has firsthand experience with mental health and substance abuse care for mentorship that supports recovery

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.

COMPARE:

Medicare Advantage



Medicare Supplement

Below is a quick comparison of the Blue Cross Medicare Advantage plan and Medicare Supplement plan.

MEDICARE ADVANTAGE PLAN		MEDICARE SUPPLEMENT PLAN
<ul style="list-style-type: none"> Monthly premiums as low as \$0 Usually has copays/coinsurance Annual out-of-pocket maximums for financial protection 	Costs	<ul style="list-style-type: none"> Higher monthly premium No copays/coinsurance with certain plans
Includes Medicare Part A and Part B coverage with some copays, coinsurance and maximum out-of-pocket	Medical	Includes Medicare Part A and Part B coverage and fills most cost-sharing gaps for original Medicare
See in-network providers for lowest costs — up to 98% of doctors in Minnesota	Network	See any provider who accepts Medicare assignment
Part D prescription drug coverage included	Rx	Part D prescription drug coverage not included ; purchase a stand-alone Part D plan to go with your Medicare Supplement plan for additional cost
Dental benefits included	Dental	Dental benefits not included
Nationwide travel up to 12 consecutive months and access to in-network providers and prescription support	Travel	Unlimited nationwide travel coverage, plus foreign travel emergency coverage. Plan can move with you to another state.
Hearing aid benefits included	Hearing	Hearing aid benefits not included
Vision benefits included	Vision	Vision benefits not included

Medicare Supplement

I like **CERTAINTY**



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
- Coverage while traveling within the U.S. and emergency foreign travel

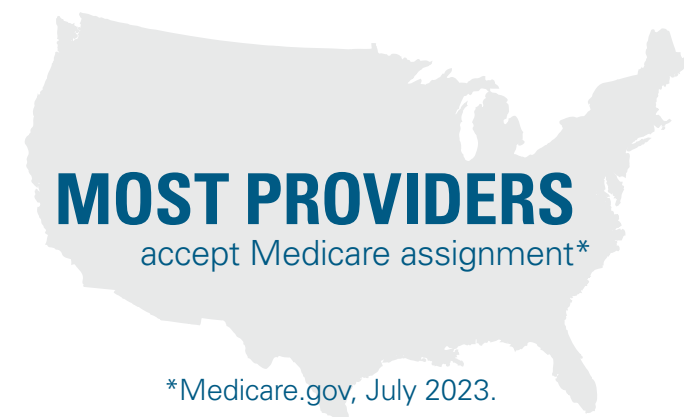
Eligibility requirements: Have Medicare Part A and Part B • Live in Minnesota at the time you enroll

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

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 Medicare Supplement Plan, Medicare Supplement Plan with Copayments (Plan N) and Medicare Supplement Plan with High Deductible Coverage (High Deductible Plan F).



*Medicare.gov, July 2023.

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. To see the Blue Cross MedicareBlue Rx plan, go to page 20.
- A Medicare Supplement plan can help pay for some of the costs Original Medicare doesn't, like copays, deductibles and coinsurance. A Medicare Supplement plan works with your Original Medicare coverage. Original Medicare is your primary coverage and the Medicare Supplement plan is your secondary coverage.
- 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

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 F

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 services

BASIC

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

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

ADDITIONAL SUPPLEMENT PLANS AVAILABLE

Blue Cross offers additional Medicare Supplement plans, including Senior GoldSM. Visit bluecrossmn.com/MedicareSupplementPlan for more information or contact us or your agent to discuss options.



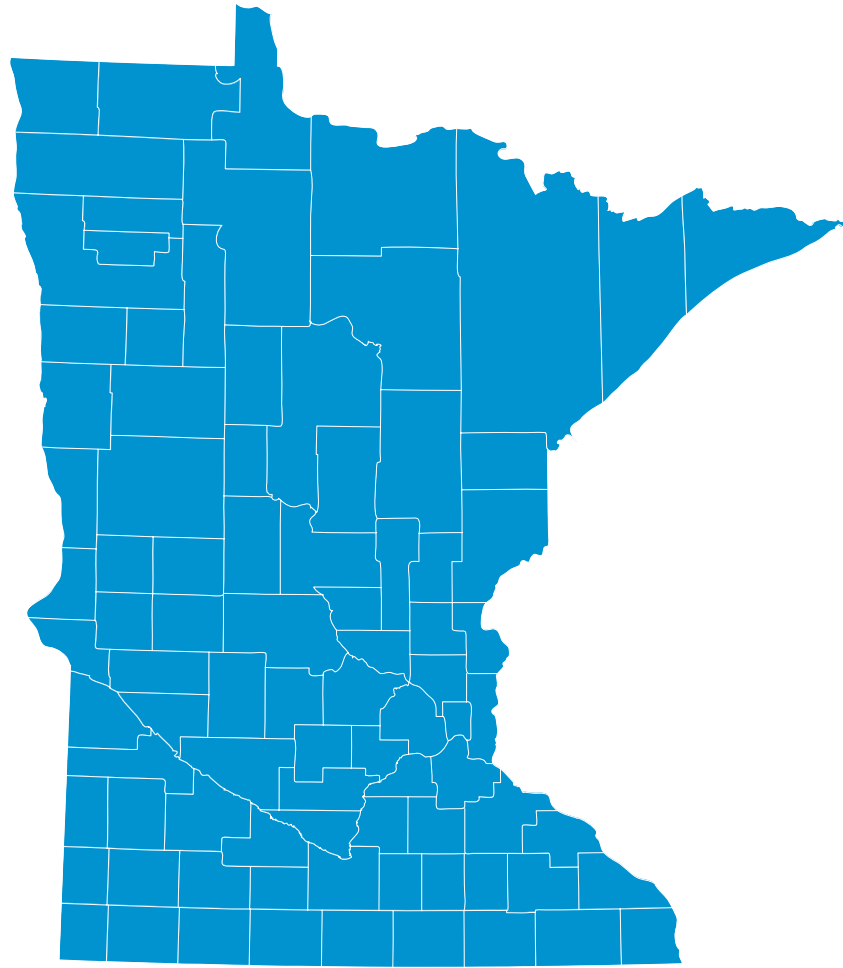
LET'S TALK TRAVEL

- 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, including emergency foreign travel, are always covered. Some cost sharing may apply.



*Our Senior GoldSM plan uses the Aware[®] Network — the largest Blue Cross network.

Medicare Supplement



Available in:
All Minnesota counties

MEDICAL PLAN OPTIONS	HIGH DEDUCTIBLE PLAN F		PLAN N		BASIC	
	Tobacco-free	Standard	Tobacco-free	Standard	Tobacco-free	Standard
Monthly plan premium You must continue to pay your Medicare Part B premium	\$59.35	\$75.25	\$178.05	\$213.65	\$226.85	\$264.10
<ul style="list-style-type: none"> Part A deductible Part B deductible* Medical expenses and supplies that exceed Medicare-approved charges and are not covered by Medicare Part B Supplemental preventive benefits not covered by Medicare (vision, hearing, annual physical exams and other routine screenings; up to \$120 maximum per calendar year) <p><i>Total including all optional riders</i></p>	<p>100% covered after high deductible is met</p> <p>No coverage</p> <p>100% coverage</p> <p>No coverage</p>	<p>100% covered</p> <p>No coverage</p> <p>100% coverage</p> <p>No coverage</p>	<i>OPTIONAL</i>		<p><i>Add plan riders:</i> + \$ 36.00 for 100% coverage</p> <p>No coverage</p> <p>+ \$ 1.00 for 100% coverage</p> <p>+ \$ 4.00</p> <hr/> <p>= \$267.85</p>	<p><i>Add plan riders:</i> + \$ 36.00 for 100% coverage</p> <p>No coverage</p> <p>+ \$ 1.00 for 100% coverage</p> <p>+ \$ 4.00</p> <hr/> <p>= \$305.10</p>
Annual deductible	\$2,700 (in 2023)**		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 deductibles, 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	
Annual physical exam	Not covered		Not covered		\$120 annual maximum	
Office visits • Primary care • Specialist	\$0		\$20 copay		\$0	
Emergency care In the United States and worldwide	\$0		\$50 copay in the U.S.; 20% coinsurance worldwide		\$0 in the U.S.; 20% coinsurance worldwide	
Urgent care (within U.S.)	\$0		\$0		\$0	
X-rays, diagnostic tests, lab and radiology services	\$0		\$0		\$0	
Inpatient hospital stay Per benefit period	\$0; limit of 365 days per benefit period		\$0; limit of 365 days per benefit period		\$0 when all plan riders are selected. No limit on the number of days covered each benefit period.	
Observation stay	\$0		\$0		\$0	
Outpatient hospital visit	\$0		\$0		\$0	
Ambulance (air and ground)	\$0		\$0		\$0	
Medicare Part B covered drugs	\$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 newly 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.

Blue Cross offers additional Medicare Supplement plans, including Senior GoldSM. If you would like to discuss these, please call **1-888-329-8250**, TTY **711**, 8 a.m. to 5 p.m. daily, Central Time, to speak with a product specialist.

MedicareBlueSM Rx (PDP)

I like FLEXIBILITY



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

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

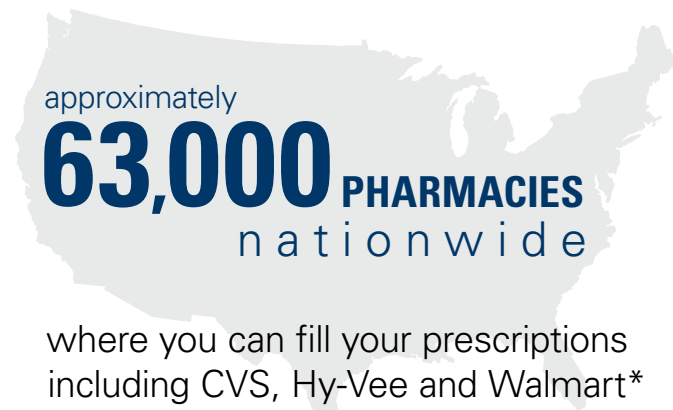
IN-NETWORK PHARMACIES



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

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

[YourMedicareSolutions.com/PlanTools](https://www.yourmedicare.com/PlanTools)



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

*As of July 2023.



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](https://www.ssa.gov).

LET'S COMPARE COSTS AND COVERAGE

MedicareBlue Rx (PDP) plans offer three 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 three levels of coverage:

SELECT

Good option if you don't take daily medications but may need drug coverage occasionally

- **Lower** monthly premium
- **Limited** preferred pharmacies
- **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.
- **Preferred pharmacies** include Hy-Vee, Walgreens and Walmart

STANDARD

Good option if you take daily medications to manage conditions

- **Midrange** 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.
- **Preferred pharmacies** include CVS, Hy-Vee and Walmart

PREMIER

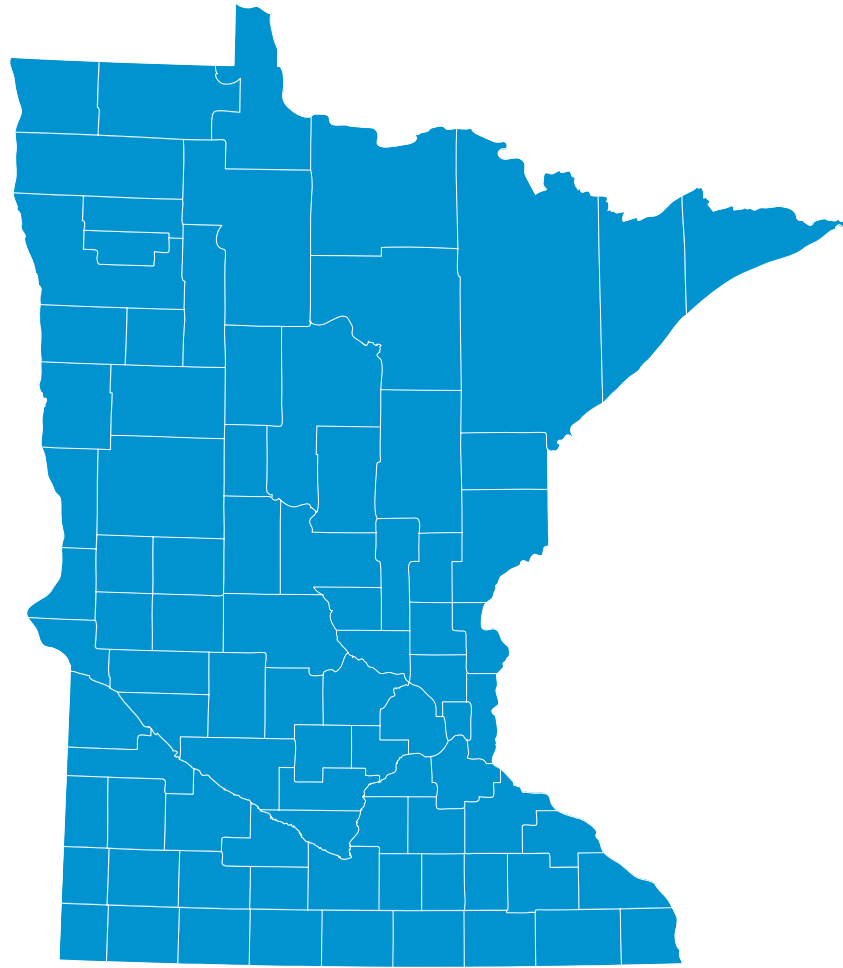
Good option if you take multiple generic and/or brand-name drugs or need extra coverage in the coverage gap stage

- **Higher** monthly premium
- **Deductibles:** No deductible on all five tiers, so 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.
- **Preferred pharmacies** include CVS, Hy-Vee and Walmart



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](https://www.bluecrossmn.com/Penalty).



Available in:
All Minnesota counties

PART D PLAN OPTIONS	SELECT	STANDARD	PREMIER																																				
Monthly plan premium You must continue to pay your Medicare Part B premium	\$20.20	\$76.40	\$123.50																																				
Annual deductible	\$0 on Tiers 1 – 2 drugs; \$545 on Tiers 3 – 5	\$0 on Tiers 1 – 2 drugs; \$545 on Tiers 3 – 5	\$0																																				
Initial coverage (30-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	<table border="1"> <thead> <tr> <th>Preferred pharmacy</th> <th>Standard pharmacy</th> </tr> </thead> <tbody> <tr> <td>\$2 copay</td> <td>\$12 copay</td> </tr> <tr> <td>\$6 copay</td> <td>\$15 copay</td> </tr> <tr> <td>\$42 copay</td> <td>\$47 copay</td> </tr> <tr> <td>46% coinsurance</td> <td>50% coinsurance</td> </tr> <tr> <td>25% coinsurance</td> <td>25% coinsurance</td> </tr> </tbody> </table>	Preferred pharmacy	Standard pharmacy	\$2 copay	\$12 copay	\$6 copay	\$15 copay	\$42 copay	\$47 copay	46% coinsurance	50% coinsurance	25% coinsurance	25% coinsurance	<table border="1"> <thead> <tr> <th>Preferred pharmacy</th> <th>Standard pharmacy</th> </tr> </thead> <tbody> <tr> <td>\$7 copay</td> <td>\$15 copay</td> </tr> <tr> <td>\$13 copay</td> <td>\$20 copay</td> </tr> <tr> <td>\$43 copay</td> <td>\$47 copay</td> </tr> <tr> <td>45% coinsurance</td> <td>50% coinsurance</td> </tr> <tr> <td>25% coinsurance</td> <td>25% coinsurance</td> </tr> </tbody> </table>	Preferred pharmacy	Standard pharmacy	\$7 copay	\$15 copay	\$13 copay	\$20 copay	\$43 copay	\$47 copay	45% coinsurance	50% coinsurance	25% coinsurance	25% coinsurance	<table border="1"> <thead> <tr> <th>Preferred pharmacy</th> <th>Standard pharmacy</th> </tr> </thead> <tbody> <tr> <td>\$0 copay</td> <td>\$15 copay</td> </tr> <tr> <td>\$0 copay</td> <td>\$20 copay</td> </tr> <tr> <td>20% coinsurance</td> <td>25% coinsurance</td> </tr> <tr> <td>40% coinsurance</td> <td>45% coinsurance</td> </tr> <tr> <td>33% coinsurance</td> <td>33% coinsurance</td> </tr> </tbody> </table>	Preferred pharmacy	Standard pharmacy	\$0 copay	\$15 copay	\$0 copay	\$20 copay	20% coinsurance	25% coinsurance	40% coinsurance	45% coinsurance	33% coinsurance	33% coinsurance
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Coverage gap Amount you pay after your total yearly drug costs reach \$5,030 ¹	<ul style="list-style-type: none"> Generic drugs: 25% of the plan cost Brand-name drugs: 25% of the plan cost 	<ul style="list-style-type: none"> Generic drugs: 25% of the plan cost Brand-name drugs: 25% of the plan cost 	Tiers 1 and 2 drug costs are the same as those listed above. For drugs in Tiers 3 – 5: <ul style="list-style-type: none"> Generic drugs: 25% of the plan cost Brand-name drugs: 25% of the plan cost 																																				
Catastrophic coverage Amount you pay after your total yearly out-of-pocket drug costs reach \$8,000 ²	\$0 for all plans																																						

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-name 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.

Preferred mail order (home delivery) includes these pharmacies: Amazon Pharmacy home delivery, AllianceRx Walgreens Pharmacy and Express Scripts Pharmacy home delivery. Cost sharing noted above.



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.

Platinum BlueSM with Rx (Cost)

I like **BALANCE**



This plan is a good choice if you want:

- Combined medical and prescription drug coverage
- Broad provider network
- Medical coverage while traveling
- Vision and hearing coverage and SilverSneakers membership

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

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.

IN-NETWORK PROVIDERS



Access to a large network of physicians, clinics and hospitals.

Northeast Plus region: Platinum Blue Network

- Key in-network providers include: CMH Raiter Family Clinic, Community Memorial Hospital, Essentia, Mankato Clinics, Mayo Clinic, Olmsted Medical Center, Sanford, St. Luke's, University of Minnesota Physicians and more*

Check to see if your provider is in network
bluecrossmn.com/Platinum

IN-NETWORK PHARMACIES



With optional prescription drug coverage, 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):
bluecrossmn.com/Pb-Core-Pharm
bluecrossmn.com/Pb-Core-Rx

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

IN-NETWORK DENTISTS



Choice and Complete plans include preventive dental coverage to help protect your overall health.

Check to see if your dentist is in network
bluecrossmn.com/MedicareDental

LET'S COMPARE COSTS AND COVERAGE

Blue Cross Platinum Blue with Rx (Cost) plans offer three 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 three levels of coverage with optional prescription drug coverage:

CORE

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

- **Lower** premium
- **Higher** costs when you get care

CHOICE

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

- **Balance** between premium and costs when you get care
- **Preventive dental** coverage included

COMPLETE

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

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



LET'S TALK TRAVEL

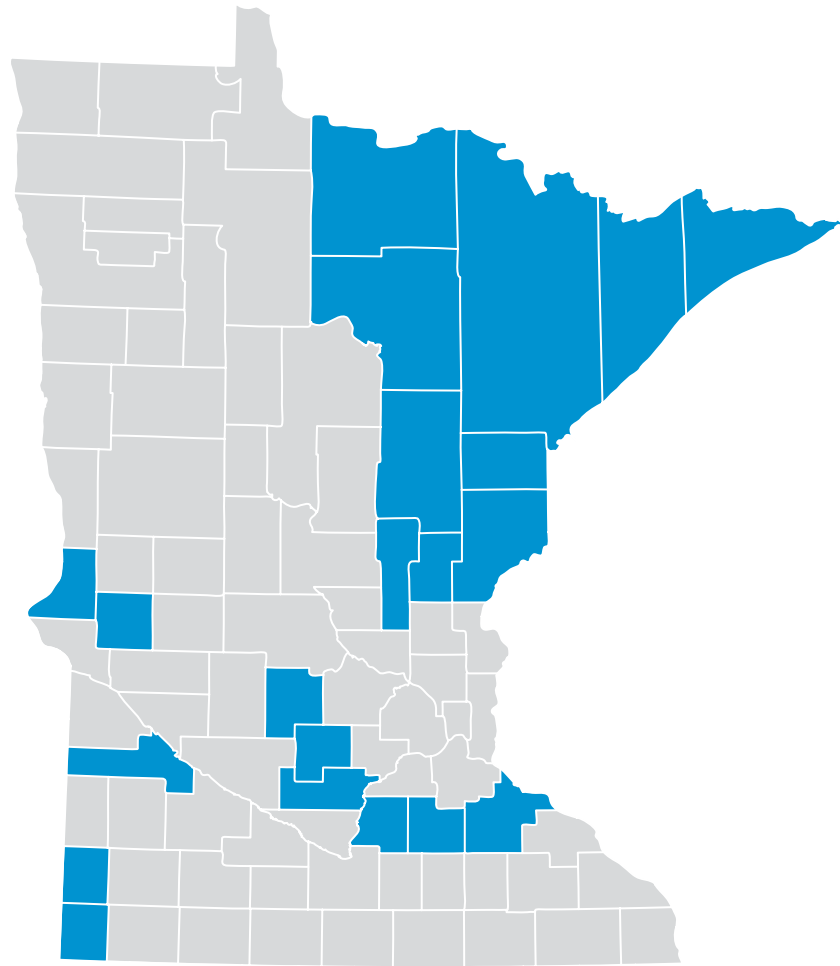
- Travel up to nine months per calendar year in the U.S. and get in-network benefits when you see a provider that accepts Medicare assignment
- No matter where you are, emergency services are always covered. Some cost sharing may apply.



MEDICAL-ONLY PLAN AVAILABLE

A medical-only Platinum Blue plan is available and can be paired with any stand-alone prescription drug plan.

Platinum Blue with Rx (Cost)



This plan features statewide access to network care

Available in these counties:

Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Pine, Pipestone, Rice, Rock, Sibley, St. Louis, Stevens, Traverse, Yellow Medicine



EXTRA BENEFITS INCLUDED

- \$25 – \$50 per quarter allowance for over-the-counter medications (depending on plan)
- 12 acupuncture visits per year for any pain diagnosis
- Hearing aid savings with TruHearing
- SilverSneakers fitness program

MEDICAL BENEFITS	CORE	CHOICE	COMPLETE
Monthly plan premium You must continue to pay your Medicare Part B premium	\$34	\$119	\$199
Annual deductible	\$0	\$0	\$0
Annual out-of-pocket maximum	\$6,000	\$3,500	\$2,700
Annual physical exam	\$0	\$0	\$0
Office visits • Primary care • Specialist	\$20 copay 20% coinsurance	\$0 \$15 copay	\$0 \$0
Emergency care In the United States and worldwide	\$95 copay	\$95 copay	\$0
Urgent care	\$60 copay	\$15 copay	\$0
Inpatient hospital stay Per benefit period; no limit on number of days except where noted	\$600 copay per stay; limit 90 days plus 60 lifetime reserve days	\$200 copay per stay; no limit to the number of days	\$100 copay per stay; no limit to the number of days
Observation stay	20% coinsurance per stay	\$50 copay per stay	\$0
Outpatient hospital visit	20% coinsurance for surgery	\$50 surgery; \$50 ambulatory surgical center	\$0 for surgery
Medicare Part B covered drugs	Up to 20% coinsurance	Up to 20% coinsurance	Up to 20% coinsurance
PART D BENEFITS	CORE WITH RX	CHOICE WITH RX	COMPLETE WITH RX
Monthly plan premium You must continue to pay your Medicare Part B premium	\$58.50 (\$34 medical + \$24.50 Rx)	\$166 (\$119 medical + \$47 Rx)	\$265.90 (\$199 medical + \$66.90 Rx)
Annual deductible	\$545 all Tiers	\$0 Tiers 1 and 2; \$545 Tiers 3 – 5	\$0 Tiers 1 and 2; \$545 Tiers 3 – 5
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 \$11 copay 22% coinsurance 44% coinsurance 25% coinsurance	In network \$0 copay \$15 copay 21% coinsurance 42% coinsurance 25% coinsurance	In network \$0 copay \$9 copay 20% coinsurance 40% coinsurance 25% coinsurance
Coverage gap Amount you pay after total yearly costs reach \$5,030	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 total yearly out-of-pocket costs reach \$8,000	\$0 for all plans		
Mail order	Preferred mail order (home delivery) includes these pharmacies: Amazon Pharmacy home delivery, AllianceRx Walgreens Pharmacy and Express Scripts Pharmacy home delivery. Cost sharing noted above.		
DENTAL BENEFITS*	CORE WITH OR WITHOUT RX	CHOICE WITH OR WITHOUT RX	COMPLETE WITH OR WITHOUT RX
Preventive and periodontal cleaning	No coverage	\$0 copay for oral exams (2), cleanings (2), fluoride treatments (2), dental X-ray (1) and periodontal cleanings (2)	

*Maximum plan benefit amount is \$2,000 per year for covered preventive 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 fee, even for services listed as \$0 copayment.

Explore more resources

Blue Cross Medicare plans include resources to take charge of your health.

	MEDICARE ADVANTAGE	MEDICARE SUPPLEMENT	PLATINUM BLUE
CARE OPTIONS			
Nurse line Registered nurses are available 24 hours a day, seven days a week to answer your questions	X	X	X
Online care See a doctor right on your smartphone, tablet or computer from providers that offer telehealth and online care, including services like Doctor On Demand®	X	X	X
Chronic and serious illness management Tailored medical care through in-person, phone or video visits provided by Lifespark	X		
SAVINGS			
Eyewear allowance An allowance for eyeglasses or contact lenses. Benefits vary by plan.	X		X
Hearing screening Some coverage for hearing screenings. Benefits vary by plan.	X		X
Hearing aids through TruHearing Receive high-quality hearing aids at a fraction of the retail price. Rechargeable battery option is available on select styles at no additional cost.	X		X
Over-the-counter allowance Receive a quarterly allowance to purchase over-the-counter medications and health-related items	X		X
SUPPORT RESOURCES			
Health management Get help accomplishing your wellness goals or managing a health condition	X		
Care management Get the support you need to achieve your health goals from a Blue Cross medical or behavioral health case manager	X		

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

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



YOUR HEALTH PLAN AT YOUR FINGERTIPS

Once you receive your member ID card, you can register to view claims and benefits, find in-network doctors and pharmacies, view, print and order member ID cards, and more.

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



Stay active with SilverSneakers®

- Thousands of fitness locations nationwide
- 50+ fitness classes
- On-demand workout videos
- Live-streaming fitness 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

Available with all plans except MedicareBlue Rx.



Visit silversneakers.com for more details

What's next?

Now that you've explored your options and found a plan that works for you, you're ready for the next step: Enroll in your plan.

WE'RE HERE TO HELP.



Speak with a Blue Cross Medicare Advisor or schedule an appointment
1-844-290-5808, TTY **711**
8 a.m. to 8 p.m. daily, Central Time
bluecrossmn.com/Connect2024



Compare plans, find resources and submit your application online
bluecrossmn.com/Decision2024

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



Common terms to know

Premium

Your monthly payment for a plan.

Annual deductible

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

Coinsurance

A set percentage you pay toward healthcare after your deductible has been met. For example, if the coinsurance is 20 percent, Blue Cross pays 80 percent of your covered healthcare costs after the deductible is met and you pay 20 percent of the bill.

Copay

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

Annual out-of-pocket maximum

The most you could pay in one plan year for covered medical services and supplies.

Prescription drug formulary

A list of drugs covered by the plan. Formularies are approved by the federal government and have different tiers of drugs that are covered.

Initial coverage

During the initial coverage stage, the plan pays its share of the cost of your covered prescription drugs and you pay your share (either a copay or coinsurance).

Coverage gap

During the coverage gap stage, you may have to pay a different amount after your total yearly retail costs reach \$5,030 for covered prescription drugs. This includes both prescription drugs equal to the amount you have paid plus what the plan has paid for the calendar year, not including premiums.

Catastrophic coverage

You reach this stage when your total out-of-pocket costs for prescription drugs reaches \$8,000, not including premiums. During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

Important plan information

Eligibility and enrollment

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

You are eligible to enroll in Platinum Blue (Cost) if you have Medicare Part A and Medicare Part B, (or are enrolled in Medicare Part B only) and live in the plan's service area. You may not be eligible to enroll if you have permanent end-stage renal disease (kidney disease requiring dialysis or a kidney transplant) unless you are currently enrolled in a Blue Cross and Blue Shield of Minnesota plan.

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

You can be a member of only one Part D prescription drug plan at a time. By enrolling in a Medicare Advantage plan with prescription drugs, a Medicare Cost with a combined prescription drug plan, or a stand-alone prescription drug plan, you will automatically be disenrolled from any other Medicare health plan with combined prescription drug plan of which you are a member.

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 may enroll in only one Part D plan at a time. You may enroll in MedicareBlue Rx only during specific times of the year.

Medicare beneficiaries may also enroll through the Centers for Medicare & Medicaid Services (CMS) Online Enrollment Center, located at [medicare.gov](https://www.medicare.gov).

You are eligible to enroll in a Blue Cross Medicare Supplement plan, if you have Medicare Part A and Medicare Part B and live in Minnesota. If you enroll more than six months after your Part B effective date, you may need to answer health questions and could be denied coverage.

Pharmacy and provider networks, formulary, mail order service

Each provider is an independent contractor and is not our agent. Medicare Advantage (PPO), Medicare Supplement and Platinum Blue have networks of doctors, specialists, hospitals and other providers. Medicare Advantage, Platinum Blue with Rx and MedicareBlue Rx have networks of pharmacies.

You can use any provider who is part of the network, or you may use providers out of the network. Out-of-network/non-contracted providers are under no obligation to treat Blue Cross and Blue Shield of Minnesota Medicare plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services. Blue Cross Medicare Advantage plans provide reimbursement for all covered benefits regardless of whether they are received in or out of network as long as they are medically necessary. If you use an out-of-network provider, your share of costs for your covered services may be higher.

Drug coverage benefits are subject to limitations. For a formulary, pharmacy or provider directory or information about AllianceRx Walgreens Pharmacy®, Amazon Pharmacy or Express Scripts® Pharmacy mail order pharmacy service, please visit us online at [bluecrossmn.com/Medicare](https://www.bluecrossmn.com/Medicare). Each pharmacy is an independent provider and not our agent.

AllianceRx Walgreens Pharmacy® is an independent company that provides central specialty pharmacy and home delivery pharmacy.

Amazon Pharmacy an independent company offering pharmaceutical home delivery services.

Express Scripts® Pharmacy is an independent company that provides pharmacy services.

Federal contract

Blue Cross offers PPO, Cost and PDP plans with Medicare contracts. Enrollment depends on contract renewal.



BECAUSE OF YOU

#1 Medicare plan chosen by Minnesotans



When you choose Blue Cross, you get a name you can trust, coverage you can count on and peace of mind knowing we're here to help you every step of the way.

That's why **95%** of members keep their Blue Cross Medicare plan.



Better together

You and BlueSM



MN