

2024

PLATINUM BLUESM WITH RX (COST) PLANS

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 BLUESM



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



95% of members keep their Blue Cross Medicare plan³



Top-rated by members for Medicare customer service⁴

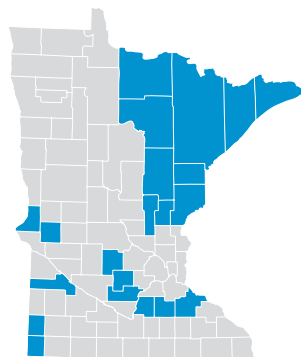


Blue Cross has been **supporting** Medicare since it began⁵



Serving Minnesota as a nonprofit for more than 90 years⁵

PLATINUM BLUE PLANS AT A GLANCE



Platinum Blue offers two plan coverage types: medical-only coverage or combined medical and prescription drug coverage.

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
1-855-447-8869, TTY **711**, 8 a.m. to 8 p.m. daily, Central Time
bluecrossmn.com/PlanAdvisor



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. Every year, Medicare evaluates plans based on a 5-star rating system. Star rating information is on 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.

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.

PLAN AVAILABILITY AREA

You must live in one of the following counties to enroll: Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Pine, Pipestone, Rice, Rock, Sibley, St. Louis, Stevens, Traverse or Yellow Medicine

IN-NETWORK PROVIDERS



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

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 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

MEDICAL-ONLY PLAN AVAILABLE

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



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 BENEFITS	CORE	CHOICE	COMPLETE
Monthly medical plan premium You must continue to pay your Medicare Part B premium	\$34	\$119	\$199
Annual deductible Amount you pay for medical services before plan begins to pay	\$0	\$0	\$0
Annual out-of-pocket maximum	\$6,000	\$3,500	\$2,700
Preventive services			
• Annual Medicare-covered Wellness Visit (one per year)	\$0	\$0	\$0
• Physical exam (one per year)	\$0	\$0	\$0
• Routine eye exam (one per year)	Not covered	\$0	\$0
• Routine hearing exam (one per year)	\$0	\$0	\$0
• Immunizations (flu, pneumonia and hepatitis B)	\$0	\$0	\$0
• Cancer screenings (Original Medicare limits apply)	\$0	\$0	\$0
Primary care office visits	\$20 copay	\$0	\$0
Specialist visits	20% coinsurance	\$15 copay	\$0
Chiropractic/acupuncture visits	\$20 copay	\$15 copay	\$0
Podiatry visits	\$50 copay	\$15 copay	\$0
Diagnostic and therapeutic radiology services	20% coinsurance	\$0	\$0
Lab services/outpatient X-rays	\$0/\$60 copay	\$0	\$0
Durable medical equipment, prosthetics	20% coinsurance	20% coinsurance	\$0
Diabetes supplies (Ascensia)	\$0	\$0	\$0
Outpatient services/surgery	20% coinsurance surgery; 20% coinsurance ambulatory surgical center	\$50 surgery; \$50 ambulatory service center	\$0 surgery; \$0 ambulatory service center
Urgent care	\$60 copay	\$15 copay	\$0
Emergency care United States and worldwide	\$95 copay	\$95 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
Skilled nursing facility care Days 1 – 20 Days 21 – 100	\$0 \$203 copay per day	\$0 \$0	\$0 \$0
Medicare Part B covered drugs	Up to 20% coinsurance	Up to 20% coinsurance	0 – 20% coinsurance

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

OPTIONAL PRESCRIPTION DRUG COVERAGE OVERVIEW

PART D BENEFITS	CORE WITH RX	CHOICE WITH RX	COMPLETE WITH RX
Monthly plan premiums 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)
Deductible Amount you pay for prescription drugs before plan begins to pay	\$545 all Tiers	\$0 (Tiers 1 and 2) \$545 (Tiers 3 – 5)	\$0 (Tiers 1 and 2) \$545 (Tiers 3 – 5)
Initial coverage Amount you pay for a 31-day supply after paying the annual deductible	In network	In network	In network
• Tier 1: Preferred generic drugs • Tier 2: Generic drugs • Tier 3: Preferred brand drugs • Tier 4: Non-preferred drugs • Tier 5: Specialty drugs	\$0 copay \$11 copay 22% coinsurance 44% coinsurance 25% coinsurance	\$0 copay \$15 copay 21% coinsurance 42% coinsurance 25% coinsurance	\$0 copay \$9 copay 20% coinsurance 40% coinsurance 25% coinsurance
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		

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

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

PLATINUM BLUE BENEFITS SNAPSHOT

What does the plan cover?

These charts are an overview of the medical benefits for the three plans, and for the optional prescription drug coverage. A few things to keep in mind when comparing plans:

- The amounts shown are what you pay for Medicare-eligible services with in-network providers
- If your drug is not on the formulary, your doctor may be able to prescribe a drug that the plan will cover or request to have your drug covered
- This is not a complete description of benefits. Limitations, copayments and restrictions may apply. Contact the plan for more information.

DENTAL BENEFITS	PLATINUM BLUE PLANS WITH OR WITHOUT RX		
	CORE	CHOICE	COMPLETE
Deductible	No coverage	\$0	\$0
Preventive Oral exams (2), cleanings (2), fluoride treatments (2), X-rays (1), periodontal cleanings (2)	No coverage	\$0	\$0

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.

See your Evidence of Coverage for more information, including the cost sharing of covered services, exceptions and limitations.



Stay active with SilverSneakers®

- 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

Visit silversneakers.com

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

Resources and extras

Platinum Blue 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, including services 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
SAVINGS	
Eyewear allowance Allowance on glasses or contact lenses: \$125 Choice; \$150 Complete	Call the customer service number on the back of your member ID card
Hearing aids through TruHearing® Advanced Aid copay: \$699 Core; \$599 Choice; \$499 Complete Premium Aid copay: \$999 Core; \$899 Choice; \$799 Complete Rechargeable battery option available on select styles at no additional cost	1-855-205-5065, TTY 711
Over-the-counter medications allowance Receive a quarterly allowance to purchase over-the-counter medications: \$25 Core; \$50 Choice and Complete	Items may be ordered online or over the phone to be shipped to your home. Visit bluecrossmn.com/MedicareOTC or call 1-888-628-2770, TTY 711.
SUPPORT RESOURCES	
Quitting tobacco and vaping support Personalized guidance for developing a quit plan and ongoing support from a wellness coach	1-888-662-BLUE (2583), TTY 711 or log in at bluecrossmn.com

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

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

How to enroll

It's easy to enroll in a Platinum Blue or Platinum Blue with Rx plan. Choose one of the following ways:



Speak with a Blue Cross Medicare Advisor or schedule an appointment
1-855-447-8869, 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 a letter to confirm your enrollment. We will also mail your member ID card to you.

Platinum Blue important plan information

Eligibility and enrollment: You are eligible to enroll in Platinum Blue if you have Medicare Part A and Medicare Part B (or have Medicare Part B only) and reside in a Minnesota county that offers Platinum Blue. These counties are: Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Pine, Pipestone, Rice, Rock, Sibley, St. Louis, Stevens, Traverse or Yellow Medicine. Some exceptions may apply. Counties are subject to change. Please contact your agent or Blue Cross for more information. You can be a member of only one Medicare Cost plan at a time. By enrolling in Platinum Blue, you will automatically be disenrolled from any other Medicare Advantage or Medicare Cost plan of which you are a member. 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.

Provider network: Blue Cross has formed a contracted network of doctors, specialists, hospitals and other providers for Platinum Blue. You can use any provider who is part of this network without a referral. 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 Platinum Blue network (in the plan's service area) who accepts Medicare patients, your coverage will be the same as Original Medicare. Original Medicare deductibles, copayments and coinsurance apply. You will receive in-network benefits for eligible services received outside the service area within the United States for up to nine (9) 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 Platinum Blue with Rx, you must receive your Medicare prescription drug coverage through this plan. Drug coverage benefits are subject to limitations.

Prescription drugs, without optional Rx plan: Other than those covered by Medicare Part B, Platinum Blue does not include coverage for prescription drugs. If you enroll in Platinum Blue and want prescription drug coverage, you must enroll in either the Platinum Blue with Rx prescription drug plan or a separate Medicare Part D prescription drug plan for an additional monthly premium. To learn more, contact a Blue Cross Medicare advisor or your local licensed agent.

Federal contract: Platinum Blue is a Cost plan with a Medicare contract. Enrollment in Platinum Blue depends on contract renewal.

Plan 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 kit, visit our website or call us to get a copy.

For accommodations of persons with special needs at meetings call **1-855-447-8869**, TTY **711**.

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.

PLAN AVAILABILITY AREA

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

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.

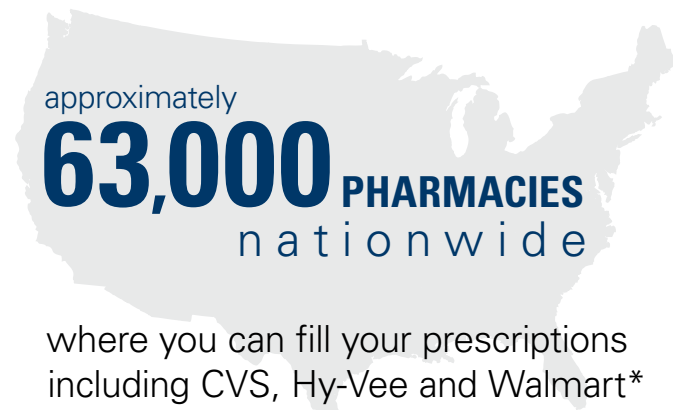
Check to see if your pharmacy is in network and your drugs (Rx) are covered

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



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).



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

*As of July 2023.

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).

MEDICAREBLUE RX BENEFITS SNAPSHOT

This chart is an overview of the prescription drug benefits

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

PART D PLAN OPTIONS	SELECT		STANDARD		PREMIER	
Monthly plan 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 all Tiers	
Initial coverage Amount you pay for a 30-day supply from a network pharmacy	Preferred pharmacy	Standard pharmacy	Preferred pharmacy	Standard pharmacy	Preferred pharmacy	Standard pharmacy
Tier 1: Preferred generic drugs	\$2 copay	\$12 copay	\$7 copay	\$15 copay	\$0 copay	\$15 copay
Tier 2: Generic drugs	\$6 copay	\$15 copay	\$13 copay	\$20 copay	\$0 copay	\$20 copay
Tier 3: Preferred brand drugs	\$42 copay	\$47 copay	\$43 copay	\$47 copay	20% coins.	25% coins.
Tier 4: Non-preferred drugs	46% coins.	50% coins.	45% coins.	50% coins.	40% coins.	45% coins.
Tier 5: Specialty drugs	25% coins.	25% coins.	25% coins.	25% coins.	33% coins.	33% coins.
Coverage gap Begins once your total drug costs for the year 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 Begins once your total out-of-pocket costs for the year 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 drugs may be discounted. Call Blue Cross customer service if you have questions.

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



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

How to enroll

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



Speak with a Blue Cross Medicare Advisor or schedule an appointment
1-844-577-7331, 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

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 a letter to confirm your enrollment. We will also mail your member ID card.

MedicareBlue Rx important plan information

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

You may enroll by mail, online through our website or by working with an authorized independent agent. Medicare beneficiaries may also enroll in MedicareBlue Rx through the CMS Medicare Online Enrollment Center, located at [medicare.gov](https://www.medicare.gov).

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

- **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24 hours a day, 7 days a week;
- The Social Security Office at **1-800-772-1213** between 8 a.m. and 7 p.m., Monday through Friday. TTY users should call **1-800-325-0778**; or
- Your State Medicaid Office

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

Other materials available: For a pharmacy directory or information about AllianceRx Walgreens Pharmacy, Amazon Pharmacy or Express Scripts Pharmacy Mail Order Pharmacy programs, please visit [YourMedicareSolutions.com](https://www.YourMedicareSolutions.com).

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

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

For accommodations of persons with special needs at meetings call **1-844-577-7331**, TTY **711**.

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.

Better together



2024

SUMMARY OF BENEFITS

Platinum BlueSM (Cost) and
Platinum BlueSM with Rx (Cost)
Core, Choice and Complete Plans

H2461

January 1, 2024 – December 31, 2024

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 **1-877-662-2583 (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 **1-877-662-2583 (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.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- 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 Platinum Blue if you are enrolled in Medicare Part B (or have both Medicare Part A and Medicare Part B) and live in the plan availability area which includes the following counties: Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Pine, Pipestone, Rice, Rock, Sibley, St. Louis, Stevens, Traverse and Yellow Medicine. Some exceptions may apply. Counties are subject to change annually. Please contact your agent or Blue Cross for more information.

WHAT IS A PLATINUM BLUE COST PLAN?

Platinum Blue Cost 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 Platinum Blue Cost plans offer combined 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 Platinum Blue network offers a large list of providers covered under the Platinum Blue 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.

Services received out of network, or outside of your service area, will be paid by Original Medicare and your responsibility for cost sharing may be higher.

HOW CAN I FIND A LIST OF COVERED DRUGS?

If you enroll in Platinum Blue with Rx, you will have Part D prescription drug coverage. You can see the complete *Formulary* (list of Part D prescription drugs)

and any restrictions at bluecrossmn.com/pb-core-rx or bluecrossmn.com/pb-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/pb-core-pharm or bluecrossmn.com/pb-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 hospital, 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 Platinum 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 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.

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 get 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.

Platinum Blue without Rx Benefits	Core Plan	Choice Plan	Complete Plan
Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services			
Monthly Plan Premium	\$34 per month. In addition, you must keep paying your monthly Medicare Part B premium.	\$119 per month. In addition, you must keep paying your monthly Medicare Part B premium.	\$199 per month. In addition, you must keep paying your monthly Medicare Part B premium.
Annual Medical Deductible	\$0	\$0	\$0
Out-of-Network cost sharing (May have benefits under Original Medicare.)	Not covered (unless otherwise specified)	Not covered (unless otherwise specified)	Not covered (unless otherwise specified)

Platinum Blue with Rx Benefits	Core Plan with Rx	Choice Plan with Rx	Complete Plan with Rx
Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services			
Monthly Plan Premium	\$58.50 per month. In addition, you must keep paying your monthly Medicare Part B premium.	\$166 per month. In addition, you must keep paying your monthly Medicare Part B premium.	\$265.90 per month. In addition, you must keep paying your monthly Medicare Part B premium.
Annual Medical Deductible	\$0	\$0	\$0
Out-of-Network cost sharing (May have benefits under Original Medicare.)	Not covered (unless otherwise specified)	Not covered (unless otherwise specified)	Not covered (unless otherwise specified)

Platinum Blue with and without Rx Benefits	Core Plan with and without Rx	Choice Plan with and without Rx	Complete Plan with and without Rx
Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services			
Maximum Out-of-Pocket Amount	\$6,000	\$3,500	\$2,700
<p>Your yearly out-of-pocket limit in this plan is for services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you will continue to be covered for hospital and medical services and your plan will pay the full cost for the rest of the year. You will still need to pay your monthly premiums.</p>			

Platinum Blue with and without Rx Benefits	Core Plan with and without Rx	Choice Plan with and without Rx	Complete Plan with and without Rx
Covered Hospital and Medical Benefits			
Inpatient hospital care (Medicare-covered)	\$600 copay per stay (coverage up to 90 days)	\$200 copay per stay (coverage for unlimited days)	\$100 copay per stay (coverage for unlimited days)
Skilled nursing facility (SNF) care (Medicare-covered) This plan pays 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 \$0 per day for days 21 through 100	\$0 per day for days 1 through 20 \$0 per day for days 21 through 100
Outpatient hospital care Medicare-covered outpatient hospital surgery Medicare-covered ambulatory surgical center services Medicare-covered outpatient hospital all other services	20% coinsurance 20% coinsurance 20% coinsurance	\$50 copay \$50 copay \$0	\$0 \$0 \$0
Doctor's office visits Medicare-covered primary care physician Medicare-covered specialist*	\$20 copay 20% coinsurance	\$0 \$15 copay	\$0 \$0

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

Platinum Blue with and without Rx Benefits	Core Plan with and without Rx	Choice Plan with and without Rx	Complete Plan with and without Rx
<p>Preventive care (Medicare-covered)</p> <p>See Evidence of Coverage for complete list of covered services.</p>	<p>\$0</p> <p>This plan covers many preventive services, including but not limited to:</p> <ul style="list-style-type: none"> • Annual wellness visit • Colorectal cancer screenings • Mammograms (breast cancer screening) • One-time “Welcome to Medicare” preventive visit • Ovarian cancer screenings • Routine annual physical exam <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>		
<p>Emergency care in the United States and Worldwide (Medicare-covered)</p> <p style="text-align: center;">In- and Out-of-Network</p>	\$95 copay	\$95 copay	\$0
<p>Urgently needed services (Medicare-covered)</p> <ul style="list-style-type: none"> • United States <p style="text-align: center;">In- and Out-of-Network</p> <ul style="list-style-type: none"> • Worldwide <p style="text-align: center;">In- and Out-of-Network</p>	\$60 copay	\$15 copay	\$0
	Not covered	Not covered	Not covered

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

Platinum Blue with and without Rx Benefits	Core Plan with and without Rx	Choice Plan with and without Rx	Complete Plan with and without Rx
Outpatient diagnostic tests and therapeutic services			
Medicare-covered diagnostic mammograms or colonoscopy	20% coinsurance	\$0	\$0
Medicare-covered laboratory tests (e.g., A1C, Cholesterol tests) In-and Out-of-Network	\$0	\$0	\$0
Medicare-covered x-rays	\$60 copay	\$0	\$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% coinsurance	\$0	\$0
Medicare-covered diagnostic advanced imaging (e.g., specialized scans, CT, SPECT, PET, MRI, MRA, ultrasounds, angiograms)	20% coinsurance	\$0	\$0
Medicare-covered radiation (e.g., treatment of cancer)	20% coinsurance	\$0	\$0

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

Platinum Blue with and without Rx Benefits	Core Plan with and without Rx	Choice Plan with and without Rx	Complete Plan with and without Rx
Hearing services			
Medicare-covered exams to diagnose and treat hearing and balance issues	\$0	\$0	\$0
Non-Medicare-covered routine hearing exam (limit 2)	\$0	\$0	\$0
Non-Medicare-covered hearing aid screening (limit 1) Through TruHearing	\$0	\$0	\$0
Non-Medicare-covered hearing aid (limit 2 aids per year, 1 per ear) through TruHearing			
<ul style="list-style-type: none"> Advanced Hearing Aid 	\$699 per aid	\$599 per aid	\$499 per aid
<ul style="list-style-type: none"> Premium Hearing Aid 	\$999 per aid	\$899 per aid	\$799 per aid
<ul style="list-style-type: none"> Rechargeable battery option is available on select styles at no additional cost 	\$0	\$0	\$0
Dental services*			
Medicare-covered dental services	20% coinsurance	\$15 copay	\$0
Non-Medicare-covered routine dental services*			
Cleaning (limit 2 per year)	Not covered	\$0	\$0
Oral exam (limit 2 per year)			
Fluoride (limit 2 per year)			
Periodontal cleaning (limit 2 per year)			
Dental x-rays (limit 1 per year)			
Maximum plan benefit amount per year (combined in-and out-of-network)	Not covered	\$2,000	\$2,000

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

Platinum Blue with and without Rx Benefits	Core Plan with and without Rx	Choice Plan with and without Rx	Complete Plan with and without Rx
Vision care			
Medicare-covered: annual glaucoma screening, diabetic retinopathy, and exams to diagnose and treat eye diseases and conditions.	\$0	\$0	\$0
Medicare-covered eyewear after cataract surgery	20% coinsurance	20% coinsurance	20% coinsurance
Non-Medicare-covered routine eye exam (limit 1 per year)	Not covered	\$0	\$0
Non-Medicare-covered eyewear allowance for frames, lenses or contacts			
In- and Out-of-Network	Not covered	\$125 allowance per year	\$150 allowance per year
Mental health care (including inpatient)			
	Our 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	\$600 copay per stay	\$200 copay per stay	\$100 copay per stay
Medicare-covered outpatient individual or group therapy visit	\$40 copay	\$15 copay	\$0
Medicare-covered partial hospitalization	\$60 copay per day	\$15 copay per day	\$0
Mental health office visit			
Medicare-covered psychiatrist or psychologist	\$40 copay	\$15 copay	\$0

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

Platinum Blue with and without Rx Benefits	Core Plan with and without Rx	Choice Plan with and without Rx	Complete Plan with and without Rx
<p>Physical therapy services</p> <p>Medicare-covered physical, occupational and speech therapy visits</p>	\$40 copay	\$15 copay	\$0
<p>Ambulance services (ground and air) (Medicare-covered)</p> <p style="padding-left: 40px;">In- and Out-of-Network</p> <ul style="list-style-type: none"> • Worldwide Transportation (Non-Medicare-covered) <p style="padding-left: 40px;">In- and Out-of-Network</p>	20% coinsurance	\$20 copay	\$0
<p>Ambulance services without transportation to a medical facility and other non-Medicare-covered transport services</p>	Not covered	Not covered	Not covered
<p>Medicare Part B prescription drugs</p> <p>Medicare-covered Part B oral chemotherapy and prescription drugs*</p> <p>Other Medicare-covered Part B drugs including but not limited to: Medicare-covered Part B drugs and biologicals that are not usually self-administered and are injected during an office visit but are administered by a healthcare professional, Medicare-covered medications packaged for use in a nebulizer, and self-administered Erythropoietin (EPO) when provided to you in accordance with Medicare guidelines. (Cost sharing for certain Part B rebatable drugs authorized by the plan may be subject to a lower coinsurance than shown.)*</p> <p>Medicare-covered Part B Insulin for use in an insulin pump</p>	0%–20% coinsurance	0%–20% coinsurance	0%–20% coinsurance
	0%–20% coinsurance	0%–20% coinsurance	0%–20% coinsurance
	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.

Platinum Blue with and without Rx Benefits	Core Plan with and without Rx	Choice Plan with and without Rx	Complete Plan with and without Rx
Additional benefits and services			
<p>Acupuncture*</p> <p>Medicare-covered acupuncture for chronic lower back pain (max. 20 visits every 12 months)</p> <p>Non-Medicare-covered routine acupuncture for pain diagnosis (max. 12 visits per year)</p>	<p>\$20 copay</p> <p>\$20 copay</p>	<p>\$15 copay</p> <p>\$15 copay</p>	<p>\$0</p> <p>\$0</p>
<p>Chiropractic services*</p> <p>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)</p>	<p>\$20 copay</p>	<p>\$15 copay</p>	<p>\$0</p>
<p>Diabetes self-management training, diabetic services and supplies</p> <p>Medicare-covered diabetes monitoring supplies (coverage for test strips and monitors is limited to Ascensia brands)</p> <p>Medicare-covered diabetes self-management training</p> <p>Medicare-covered therapeutic shoes and inserts</p>	<p>\$0</p> <p>\$0</p> <p>20% coinsurance</p>	<p>\$0</p> <p>\$0</p> <p>20% coinsurance</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p>
<p>Durable medical equipment, prosthetic devices and medical supplies* (Medicare-covered)</p> <p>(wheelchairs, oxygen, continuous glucose monitor, braces, artificial limbs, etc.)</p>	<p>20% coinsurance</p>	<p>20% coinsurance</p>	<p>\$0</p>
<p>Fitness program</p> <p>Gym membership at a participating SilverSneakers® facility, online fitness classes, or choose a home exercise kit</p>	<p>\$0</p>	<p>\$0</p>	<p>\$0</p>

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

Platinum Blue with and without Rx Benefits	Core Plan with and without Rx	Choice Plan with and without Rx	Complete Plan with and without Rx
Home health agency care (Medicare-covered)	\$0	\$0	\$0
Outpatient substance abuse services (Medicare-covered) Individual and group therapy visits	20% coinsurance	\$15 copay	\$0
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.	\$25	\$50	\$50
Podiatry services (Medicare-covered foot care) Foot exams and treatment for diabetes-related nerve damage or certain medical conditions.	\$50 copay	\$15 copay	\$0
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 20% coinsurance	\$15 copay 20% coinsurance \$0	\$0 \$0 \$0
Smoking and Tobacco use cessation (Medicare-covered) Counselling to stop smoking or tobacco use.	\$0	\$0	\$0

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

Prescription drug Medicare Part D coverage

You can add prescription drug coverage to your Platinum Blue plan. Bundling medical and Part D coverage into one plan gives you the convenience of a single member ID card, Customer Service center and bill for both your medical and prescription costs. To view what drugs are covered by Platinum Blue with Rx, visit bluecrossmn.com/core-rx or bluecrossmn.com/choice-complete-rx and search by drug name. Or, go to bluecrossmn.com/medicare-documents to view a comprehensive formulary drug list.

	Platinum Blue with Rx Benefits	Core Plan with Rx
	Deductible	\$545 all Tiers
	Initial Coverage Begins after you meet your deductible	Standard 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	22% coinsurance
	Tier 4: Non-Preferred Drugs	44% coinsurance
	Tier 5: Specialty Drugs	25% 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	22% coinsurance
	Tier 4: Non-Preferred Drugs	44% coinsurance
	Tier 5: Specialty Drugs	25% 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	<ul style="list-style-type: none"> • 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

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

²Your out-of-pocket costs 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.

	Platinum Blue with Rx Benefits	Choice Plan with Rx
	Deductible	\$0 Tiers 1-2; \$545 Tiers 3-5
	Initial Coverage Begins after you meet your deductible	Standard Cost-Sharing
31 Day Supply from a Network Pharmacy	Tier 1: Preferred Generic Drugs	\$0 copay
	Tier 2: Generic Drugs	\$15 copay
	Tier 3: Preferred Brand Drugs	21% coinsurance
	Tier 4: Non-Preferred Drugs	42% coinsurance
	Tier 5: Specialty Drugs	25% 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	\$30 copay
	Tier 3: Preferred Brand Drugs	21% coinsurance
	Tier 4: Non-Preferred Drugs	42% coinsurance
	Tier 5: Specialty Drugs	25% 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	<ul style="list-style-type: none"> • 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

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

²Your out-of-pocket costs 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.

	Platinum Blue with Rx Benefits	Complete Plan with Rx
	Deductible	\$0 Tiers 1-2; \$545 Tiers 3-5
	Initial Coverage Begins after you meet your deductible	Standard 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	20% coinsurance
	Tier 4: Non-Preferred Drugs	40% coinsurance
	Tier 5: Specialty Drugs	25% 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	\$18 copay
	Tier 3: Preferred Brand Drugs	20% coinsurance
	Tier 4: Non-Preferred Drugs	40% coinsurance
	Tier 5: Specialty Drugs	25% 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	<ul style="list-style-type: none"> • 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

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

²Your out-of-pocket costs 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.

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>.

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.

နမ့်ကတိကညိကျိန်ဒီး, တၢ်ကဟ့ၣ်နၢကျိန်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY
အဂီၢ်, ကိး 711 တက့ၢ်.

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.

አማርኛ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ አገልግሎት እርዳ አለሎት። በ 1-855-315-4030 ይደውሉ ለ TTY በ 711።

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

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃ້ເຈົ້າຟຣີ. 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.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមិន 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'. Kojí éí béesh bee hodíílnih 1-855-902-2583. TTY biniiyégo éí 711 jí' béesh 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 **1-866-340-8654**

TTY users call **711**

Non-Members

Call toll-free **1-877-662-2583**

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 Platinum Blue (Cost) or Platinum Blue with Rx (Cost) plan members, except in emergency situations. Please call Customer Service or see the *Evidence of Coverage* for more information.

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.

Platinum Blue is a Cost plan with a Medicare contract. Enrollment in Platinum Blue depends on contract renewal.