



# 2019 MEDICARE DECISION GUIDE

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# CHOOSING YOUR PLAN

Medicare plans designed to meet a variety of needs, budgets and lifestyles.

Blue Cross and Blue Shield of Minnesota Medicare plans offer coverage at a price that is competitive and protects you from potentially unexpected costs that Original Medicare doesn't cover.

- **Original Medicare coverage:** Original Medicare is a health insurance program for people ages 65 and older and people with certain disabilities, including permanent kidney failure. It provides you with some coverage but leaves gaps. You'll need to pay deductibles, copayments and coinsurance for hospital, medical and prescription drug expenses.
- **Filling the gaps:** A Blue Cross Medicare plan provides additional coverage and can help you manage your out-of-pocket medical costs. Original Medicare does not provide coverage for most prescription drugs, so you'll also want to consider your Part D prescription drug coverage options as soon as you are eligible, either with a combined medical and drug plan, or as stand-alone coverage.

## BLUE CROSS MEDICARE PLANS OFFER:

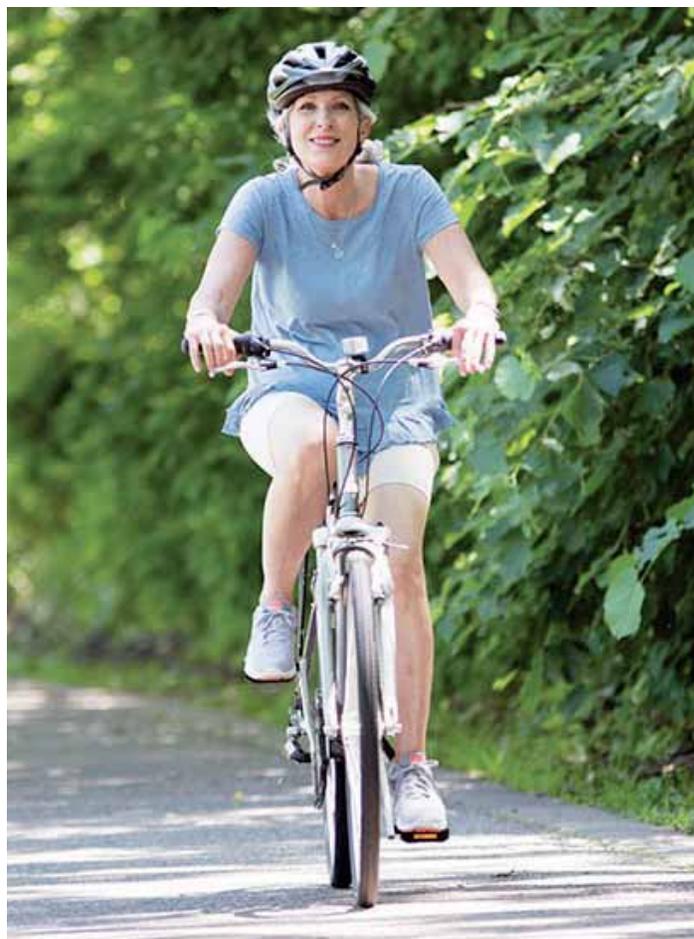
- **A wide range of networks:** so you have easy access to the right provider
- **Travel benefits:** so you can travel anywhere in the United States and worldwide
- **Coverage for various wellness and preventive services:** including flu and pneumonia vaccines, annual wellness visits, cancer screenings and more
- **Options from Blue Cross:** You can choose from combined medical and prescription drug plans, medical-only plans or stand-alone prescription drug coverage. Some plans include dental and vision coverage, or you can choose to add separate dental and vision coverage if your plan doesn't include it.

## PERSONALIZED ONLINE ACCESS

Your online member center makes it easy for you to manage your health — from claims and benefit information to finding a doctor. Get easy access 24 hours a day, seven days a week.

- View claims and Explanations of Health Care Benefits
- Send secure emails to customer service
- View, print, email or order member ID cards

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



# BLUE CROSS MEDICARE PLAN OPTIONS

✓ = Available    ✗ = Not Available

	Medicare Advantage PPO	Strive Medicare Advantage HMO-POS	Medicare Supplement	Platinum Blue <sup>SM</sup> with Rx (Cost)	MedicareBlue <sup>SM</sup> Rx (PDP)
Medical coverage	✓	✓	✓	✓	✗
Prescription drug coverage	✓	✓	✗	✓	✓
Medical network	<b>FOCUSED</b> West and Metro regions: Medicare High Value Network <b>South region:</b> Medicare Southern MN Network	<b>FOCUSED</b> Strive Medicare Advantage Metro	<b>BROAD</b> Basic, Plan N and Plan F use any provider that accepts Medicare. Senior Gold uses Aware <sup>®</sup> network.	<b>BROAD</b> Platinum Blue Network	Not applicable
Prescription drug network size	Over 65,000 in-network pharmacies with more than 23,000 preferred	23,000 in-network pharmacies	Not applicable	Over 65,000 in-network pharmacies with more than 23,000 preferred	Over 67,000 in-network pharmacies with more than 36,000 preferred
Available in MN counties	66	8	All	21	All
Maximum out of pocket	✓	✓	Not applicable	✓	✗
Travel coverage within the US	✓	✗	✓	✓	Not applicable
Emergency coverage worldwide	✓	✓	✓	✓	Not applicable
Silver&Fit <sup>®</sup> fitness program	✓	✓	✓	✓	Not applicable
Vision and hearing coverage Benefits vary by plan	✓	✓	✓	✓	Not applicable

The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH), an independent company providing personal health and wellness programs. Silver&Fit is a trademark of ASH and used with permission herein.

# WHEN COMPARING PLANS, CONSIDER:

## → *Which plans are available in your county?*

Please see the Plan Availability maps next to each benefit chart.

## → *How much are you willing to spend on a monthly premium or a plan deductible?*

See the benefit chart on pages 6 –12 and 14 – 17 for this information.

## → *Are your current providers included in the network?*

Please see Blue Cross Medicare Networks on page 3 for more information.

## → *Are your current pharmacies included in the network?*

Please see Blue Cross Medicare Networks on page 3 for more information.

## → *How often do you visit the doctor?*

Calculate your expected costs for copays or coinsurance throughout the year.

## → *What prescriptions do you currently take?*

- Make a list and check that the drugs are included on the plan's prescription drug formulary
- Check to see which tier your drugs are on, and look up the costs listed for that tier in the Summary of Benefits. You can find the Summary of Benefits for each plan on the [bluecrossmn.com/medicare](https://www.bluecrossmn.com/medicare) website.

## → *How often do you travel each year and for how long?*

- Medicare Advantage (PPO) offers 9 months of travel coverage
- Blue Cross Strive Medicare Advantage (HMO-POS) covers emergency services only while traveling
- Generally, Medicare Supplement plans offer unlimited coverage while traveling
- Platinum Blue offers 9 months of travel coverage



If you'd like some help determining your needs and options, call your licensed agent or a Medicare consultant at **1-877-662-2583 (TTY 711)**.

If you don't yet have an agent, use our agent finder tool at [bluecrossmn.com/AgentFinder](https://www.bluecrossmn.com/AgentFinder).

## → *Do you envision yourself remaining in Minnesota or possibly moving out of state?*

- **Medicare Supplement** – You must be a Minnesota resident when you enroll in the plan, but you can keep your Medicare Supplement plan if you move to a different state at a later time
- **Platinum Blue or Medicare Advantage** – You must be a Minnesota resident when you enroll in the plan and you must remain in the service area to keep your coverage

## 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 your agent for more information, or visit [ssa.gov](https://www.ssa.gov).

# MEDICARE NETWORKS

## BLUE CROSS MEDICARE NETWORKS

Using a doctor, hospital or clinic in your plan's network can help you save money on out-of-pocket costs.

## WHAT IS A NETWORK?

A network is a group of doctors, clinics, hospitals and other health care providers that you can see for a lower cost. If you choose to see a provider that is not in your plan's network, you will likely have to pay more for the visit.

## BLUE CROSS MEDICARE ADVANTAGE (PPO) AND (HMO-POS)

### → Medical:

- **Blue Cross Medicare Advantage (PPO)** uses the Medicare High Value Network in the Metro and West region. The South region uses the Medicare Advantage Southern MN Network.

- **Blue Cross Strive Medicare Advantage (HMO-POS)** uses the Strive Medicare Advantage Network

→ **Part D Drugs:** Use any of the more than 65,000 in-network pharmacies or 23,000 preferred pharmacies

## BLUE CROSS MEDICARE SUPPLEMENT

### → Medical:

- **Basic, Plan N and Plan F (High Deductible)** do not use a specific network. You may see any provider who accepts Medicare for in-network benefits.

- **Senior Gold** uses our most broad medical network, Aware

## PLATINUM BLUE WITH RX (COST)

→ **Medical:** See any provider in the large Platinum Blue Network without a referral

→ **Part D Drugs:** Use any of the 65,000 in-network pharmacies or 23,000 preferred pharmacies nationwide

## MEDICAREBLUE RX (PDP)

Get your prescriptions from any pharmacy in the MedicareBlue Rx Network. This large network has more than 67,000 in-network pharmacies and more than 36,000 preferred pharmacies nationwide.

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

1. Visit **[bluecrossmn.com/findadoctor](http://bluecrossmn.com/findadoctor)**
2. Enter your address and click **Search**
3. On the left-hand side under the **Network** category, click on **View other networks** and select from the list

## HOW DO I FIND AN IN-NETWORK PHARMACY?

### → MedicareBlue Rx:

1. Visit **[YourMedicareSolutions.com](http://YourMedicareSolutions.com)**
2. Choose **Pharmacy search** and fill in the information
3. Click **Search** to find a pharmacy near you

### → Medicare Advantage and Platinum Blue with Rx:

1. Visit **[myprime.com](http://myprime.com)**
2. Choose **Continue without sign in** and select **BCBS Minnesota**
3. Choose **Yes** to the question "Are you a Medicare Part D member?"
4. Select the plan you are interested in
5. Select **Pharmacies** at the top of the page to search for a pharmacy near you

Note: Website navigation instructions are accurate as of July 2018. Changes may occur without notice. If you have difficulty, please contact your agent or Blue Cross for assistance. Prime Therapeutics LLC is an independent company providing pharmacy benefit management services.

# TRAVEL BENEFITS

Most Blue Cross Medicare plans let you travel anywhere within the United States and may offer emergency coverage worldwide. Restrictions may apply depending on which plan you have.

## U.S. TRAVEL COVERAGE



### Blue Cross Medicare Supplement

- Live or travel anywhere in the United States and get in-network benefits
- Covered for emergency services while traveling
- See any provider that accepts Medicare
- No prior notification needed

### Blue Cross Medicare Advantage (PPO)

- Travel up to nine months in the U.S. and get in-network benefits with any provider that accepts Medicare
- Covered for emergency services while traveling
- Must notify plan prior to traveling

### Blue Cross Strive Medicare Advantage (HMO-POS)

- Covered only for emergency services while traveling in the U.S. or worldwide

### Platinum Blue with Rx

- Travel up to nine months in the U.S. and get in-network benefits with any provider that accepts Medicare
- No prior notification needed

## WORLD TRAVEL COVERAGE



### Blue Cross Medicare Supplement

- 20% coinsurance for Basic, Plan N and Senior Gold for emergency services and \$0 for Plan F (High Deductible) after the deductible is met

### Blue Cross Medicare Advantage (PPO)

- Covered only for emergency services while traveling worldwide

### Blue Cross Strive Medicare Advantage (HMO-POS)

- Covered only for emergency services while traveling in the U.S. or worldwide

### Platinum Blue with Rx

- Covered only for emergency services while traveling worldwide

# FIND A PLAN AVAILABLE IN YOUR COUNTY

Medicare plans are available based on the county you live in. Find your county on one of the lists below to view the plan options available to you.

## WEST REGION

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

### → Medicare Advantage PPO

Visit page 6.

## SOUTH REGION

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

### → Medicare Advantage PPO

Visit page 8.

## METRO REGION

Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott\*, Washington

### → Medicare Advantage PPO

### → Strive Medicare Advantage (HMO-POS)

Visit page 10.

\*Strive Medicare Advantage (HMO-POS) is not available to residents of Scott County.

## NORTHEAST PLUS REGION

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

### → Platinum Blue with Rx

Visit page 16.

## AVAILABLE IN ALL MN COUNTIES

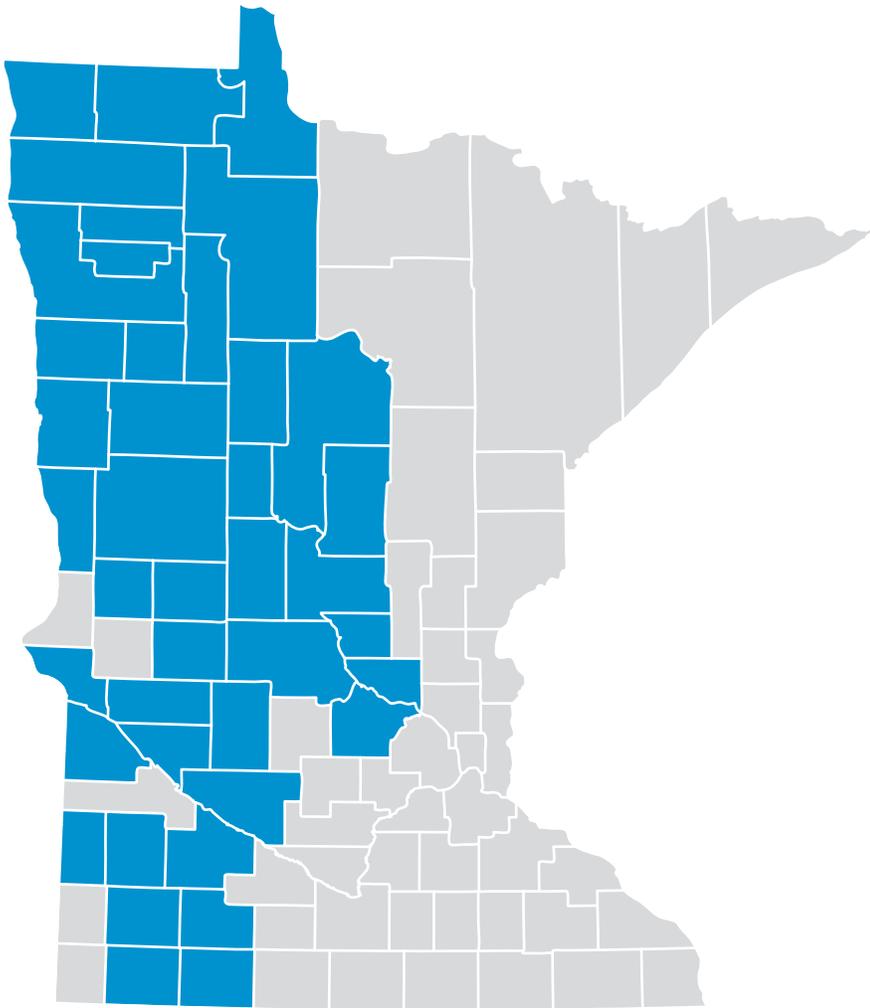
### → Medicare Supplement

Visit page 14.

### → MedicareBlue Rx

Visit page 14.

# Medicare Advantage – West Region



The West Region offers two plan types:

→ **Blue Cross Medicare Advantage (PPO)**

These plans include both medical and prescription drug coverage, with a broad network of providers. Choose from three different plans, Core, Choice and Complete.

→ **Choice (MA only)**

This is a medical-only plan. If you already have creditable drug coverage through the VA or similar, you may wish to discuss this plan with your agent, or you can call Blue Cross for more details.

## MEDICAL BENEFITS

**Monthly plan premium**

You must continue to pay your Medicare Part B premium

**Annual deductible**

**Annual out-of-pocket maximum**

**Annual physical exam**

**Doctor's office visit**

- Primary care
- Specialist

**Emergency care**

In the United States and worldwide

**Urgently needed care**

**Inpatient hospital stay**

Per benefit period

**Medicare Part B prescription drugs**

## PRESCRIPTION DRUG BENEFITS

**Annual deductible**

**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
- Tier 6: Select care drugs

**Coverage gap**

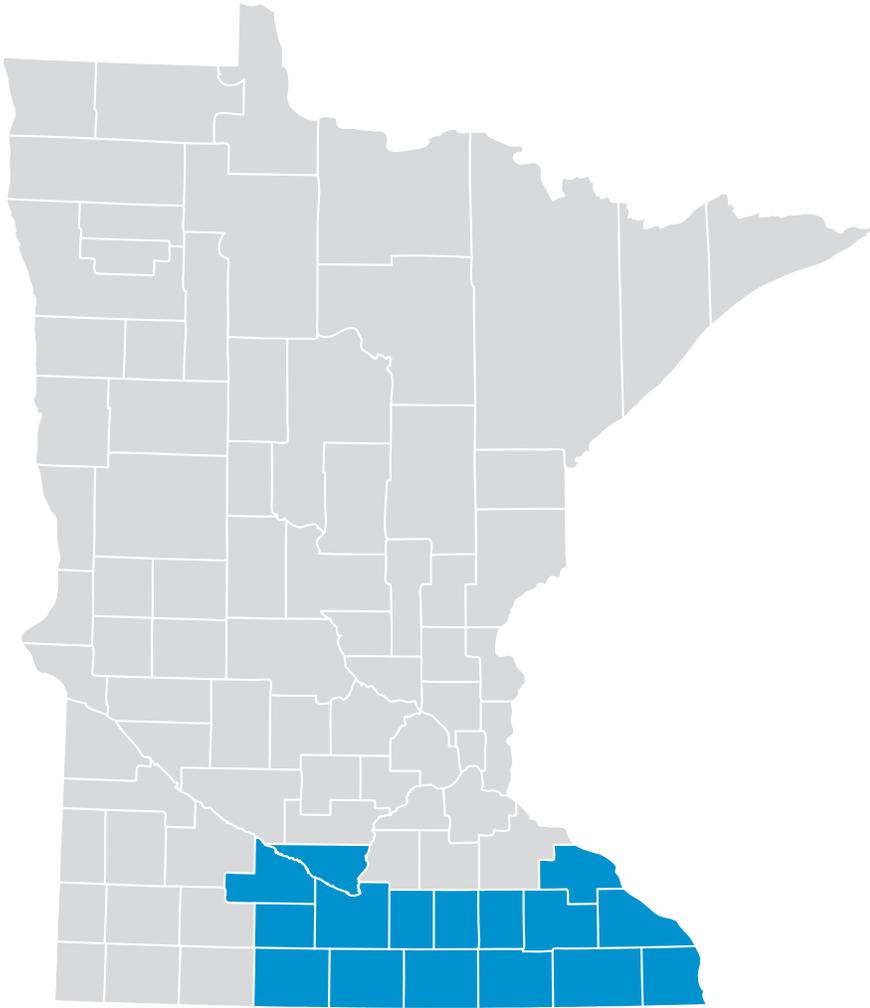
Amount you pay after your total yearly drug costs reach \$3,820

**Catastrophic coverage**

Amount you pay after your total yearly out-of-pocket drug costs reach \$5,100

MEDICARE ADVANTAGE CORE	MEDICARE ADVANTAGE CHOICE	MEDICARE ADVANTAGE COMPLETE
\$0	\$99.10	\$198.80
\$0	\$0	\$0
\$5,900 in-network; \$10,000 combined in and out of network	\$4,900 in-network; \$7,500 combined in and out of network	\$3,700 in-network; \$5,900 combined in and out of network
\$0	\$0	\$0
\$20 copay \$50 copay	\$10 copay \$30 copay	\$5 copay \$20 copay
\$90 copay	\$90 copay	\$90 copay
\$50 copay	\$45 copay	\$25 copay
\$400 copay for days 1 – 4; \$0 copay for days 5 – 90	\$200 copay for days 1 – 4; \$0 copay for days 5 – 90	\$150 copay for days 1 – 4; \$0 copay for days 5 – 90
20% coinsurance	20% coinsurance	20% coinsurance
\$415 all Tiers	\$0 Tier 1 and 6; \$415 Tiers 2 – 5	\$0 Tier 1 and 6; \$415 Tiers 2 – 5
<b>Standard</b> \$8 copay \$13 copay 22% coinsurance 45% coinsurance 25% coinsurance \$0	<b>Preferred</b> \$5 copay \$10 copay 20% coinsurance 45% coinsurance 25% coinsurance \$0	<b>Standard</b> \$12 copay \$17 copay 25% coinsurance 50% coinsurance 25% coinsurance \$5 copay
<b>Preferred</b> \$3 copay \$9 copay 15% coinsurance 45% coinsurance 25% coinsurance \$0	<b>Standard</b> \$10 copay \$16 copay 20% coinsurance 50% coinsurance 25% coinsurance \$5 copay	
37% of the plan's costs for covered generic drugs; no more than 25% of the plan's costs for covered brand drugs		
The greater of \$3.40 copay for covered generic and \$8.50 copay for all other covered drugs, OR 5% of the cost of covered drugs		

# Medicare Advantage – South Region



The South Region offers two plan types:

→ **Blue Cross Medicare Advantage (PPO)**

These plans include both medical and prescription drug coverage, with a broad network of providers. Choose from three different plans, Core, Choice and Complete.

→ **Choice (MA only)**

This is a medical-only plan. If you already have creditable drug coverage through the VA or similar, you may wish to discuss this plan with your agent, or you can call Blue Cross for more details.

## MEDICAL BENEFITS

**Monthly plan premium**

You must continue to pay your Medicare Part B premium

**Annual deductible**

**Annual out-of-pocket maximum**

**Annual physical exam**

**Doctor's office visit**

- Primary care
- Specialist

**Emergency care**

In the United States and worldwide

**Urgently needed care**

**Inpatient hospital stay**

Per benefit period

**Medicare Part B prescription drugs**

## PRESCRIPTION DRUG BENEFITS

**Annual deductible**

**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
- Tier 6: Select care drugs

**Coverage gap**

Amount you pay after your total yearly drug costs reach \$3,820

**Catastrophic coverage**

Amount you pay after your total yearly out-of-pocket drug costs reach \$5,100

# WORDS TO KNOW

## ANNUAL DEDUCTIBLE

Amount you pay in one plan year before coverage begins.

## ANNUAL OUT-OF-POCKET MAXIMUM

Most you could pay in one plan year for covered in-network medical services and supplies. Out-of-network charges in Minnesota do not apply to the annual out-of-pocket maximum.

## CATASTROPHIC COVERAGE

Once your out-of-pocket costs for covered drugs reach the catastrophic coverage threshold of \$5,100, you pay a reduced coinsurance or copayment, and the plan pays the rest for the remainder of the calendar year. The amount the plan has paid and the plan premiums you pay do not count toward your catastrophic coverage threshold.

## COINSURANCE

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

## COVERAGE GAP (DONUT HOLE)

After you and the plan have paid \$3,820 for covered retail drugs for the year, you pay a discounted price for all covered generic and brand-name drugs until you reach the catastrophic coverage threshold. The plan premiums you pay do not count toward the coverage gap.

## 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).

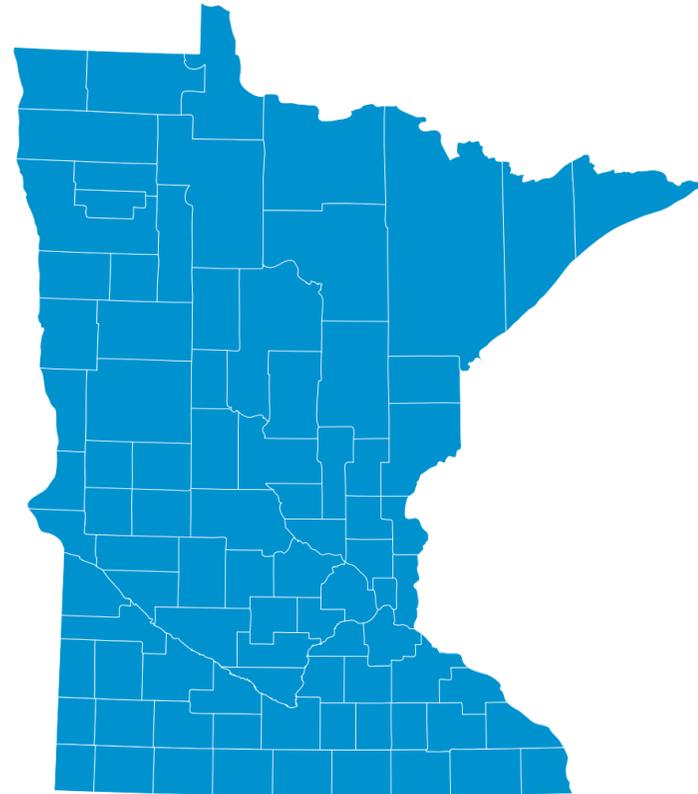
## PRESCRIPTION DRUG FORMULARY

Every Medicare prescription drug plan has a list of covered drugs called a formulary. Formularies are approved by the federal government and have different tiers of drugs that are covered. The amount you pay for a prescription drug depends on the plan you choose and the drug's formulary tier. You can search our Platinum Blue with Rx and Medicare Advantage formularies online at [myprime.com](http://myprime.com) and our MedicareBlue Rx formularies at [YourMedicareSolutions.com](http://YourMedicareSolutions.com).



## Medicare Supplement – All MN counties

## MedicareBlue Rx – All MN counties



### Medical-only coverage

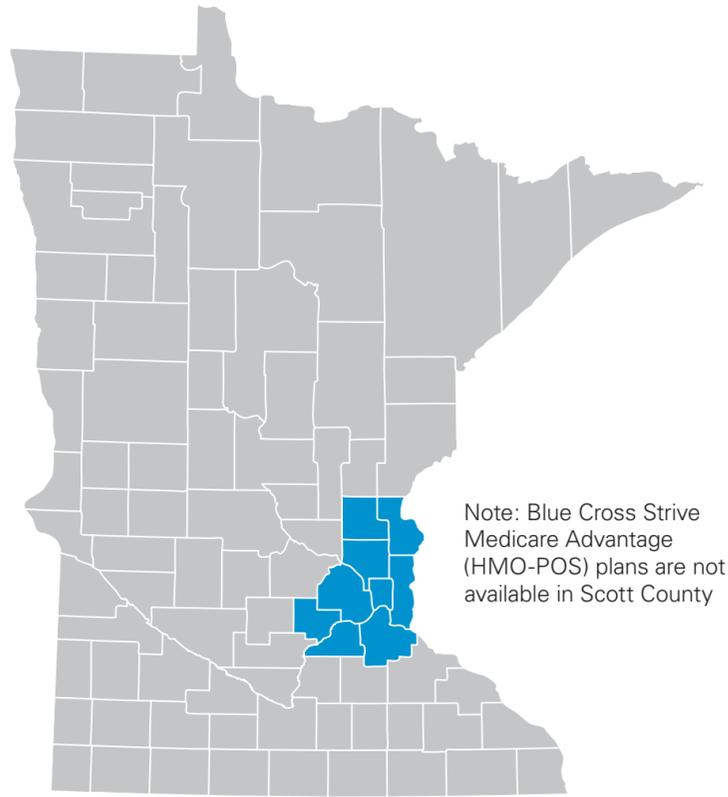
A Medicare Supplement plan is a medical-only plan. You can pair a Medicare Supplement plan with any stand-alone prescription drug plan, even outside of Blue Cross.

### Part D prescription drug coverage

You can pair MedicareBlue Rx plans with any medical-only plan of your choice.

MEDICAL PLAN OPTIONS	MEDICARE ADVANTAGE CORE	MEDICARE ADVANTAGE CHOICE	MEDICARE ADVANTAGE COMPLETE		
<b>Monthly plan premium</b> You must continue to pay your Medicare Part B premium	\$0	\$89.20	\$179.30		
<b>Annual deductible</b>	\$0	\$0	\$0		
<b>Annual out-of-pocket maximum</b>	\$6,700 in-network; \$10,000 combined in and out of network	\$5,500 in-network; \$10,000 combined in and out of network	\$4,200 in-network; \$10,000 combined in and out of network		
<b>Annual physical exam</b>	\$0	\$0	\$0		
<b>Doctor's office visit</b> • Primary care • Specialist	\$25 copay \$50 copay	\$10 copay \$30 copay	\$5 copay \$20 copay		
<b>Emergency care</b> In the United States and worldwide	\$90 copay	\$90 copay	\$90 copay		
<b>Urgently needed care</b>	\$50 copay	\$45 copay	\$25 copay		
<b>Inpatient hospital stay</b> Per benefit period; no limit on number of days except where noted	\$400 copay for days 1 – 4; \$0 copay for days 5 – 90	\$200 copay for days 1 – 4; \$0 copay for days 5 – 90	\$150 copay for days 1 – 4; \$0 copay for days 5 – 90		
<b>Prescription drugs</b> Part B covered drugs	20% coinsurance	20% coinsurance	20% coinsurance		
<b>PART D PLAN OPTIONS</b>	\$415 all Tiers	\$0 Tier 1 and 6; \$415 Tiers 2 – 5	\$0 Tier 1 and 6; \$415 Tiers 2 – 5		
<b>Monthly plan premium</b> You must continue to pay your Medicare Part B premium	<b>Standard</b> \$8 copay \$13 copay 22% coinsurance 45% coinsurance 25% coinsurance \$0	<b>Preferred</b> \$5 copay \$10 copay 20% coinsurance 45% coinsurance 25% coinsurance \$0	<b>Standard</b> \$12 copay \$17 copay 25% coinsurance 50% coinsurance 25% coinsurance \$5 copay	<b>Preferred</b> \$3 copay \$9 copay 15% coinsurance 45% coinsurance 25% coinsurance \$0	<b>Standard</b> \$10 copay \$16 copay 20% coinsurance 50% coinsurance 25% coinsurance \$5 copay
<b>Initial coverage (30-day supply)</b> Tier 1: Preferred generic drugs Tier 2: Generic drugs Tier 3: Preferred brand drugs Tier 4: Non-preferred drugs Tier 5: Specialty drugs	37% of the plan's costs for covered generic drugs; no more than 25% of the plan's costs for covered brand drugs				
<b>Coverage gap</b> Amount you pay after your total yearly drug costs reach \$3,820	The greater of \$3.40 copay for covered generic and \$8.50 copay for all other covered drugs, OR 5% of the cost of covered drugs				
<b>Catastrophic coverage</b> Amount you pay after your total yearly out-of-pocket drug costs reach \$5,100					

## Medicare Advantage – Metro Region



The Metro Region offers three plan types:

→ **Blue Cross Medicare Advantage (PPO)**

These plans include both medical and prescription drug coverage, with a broader network of providers. Choose from three different plans, Core, Choice and Complete.

→ **Blue Cross Strive Medicare Advantage (HMO-POS)**

These plans include both medical and prescription drug coverage, and a more focused network of providers with lower cost-sharing. Choose from two different plans, Strive Choice and Strive Complete.

→ **Choice (MA only)**

This is a medical-only plan. If you already have creditable drug coverage through the VA or similar, you may wish to discuss this plan with your agent, or you can call Blue Cross for more details.

MEDICAL BENEFITS	MEDICARE ADVANTAGE (PPO) CORE	MEDICARE ADVANTAGE (PPO) CHOICE	MEDICARE ADVANTAGE (PPO) COMPLETE	STRIVE MEDICARE ADVANTAGE (HMO-POS) CHOICE	STRIVE MEDICARE ADVANTAGE (HMO-POS) COMPLETE	
<b>Monthly plan premium</b> You must continue to pay your Medicare Part B premium	\$0	\$85.70	\$167.50	\$68.70	\$142.00	
<b>Annual deductible</b>	\$0	\$0	\$0	\$1,000 applies to out-of-network services	\$1,000 applies to out-of-network services	
<b>Annual out-of-pocket maximum</b>	\$5,900 in-network; \$10,000 combined in and out of network	\$4,900 in-network; \$7,500 combined in and out of network	\$3,700 in-network; \$5,900 combined in and out of network	\$4,900 in-network; \$7,500 out of network	\$3,700 in-network; \$5,900 out of network	
<b>Annual physical exam</b>	\$0	\$0	\$0	\$0	\$0	
<b>Doctor's office visit</b> • Primary care • Specialist	\$20 copay \$50 copay	\$10 copay \$30 copay	\$5 copay \$20 copay	\$10 copay \$30 copay	\$5 copay \$20 copay	
<b>Emergency care</b> In the United States and worldwide	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay	
<b>Urgently needed care</b>	\$50 copay	\$45 copay	\$25 copay	\$45 copay	\$25 copay	
<b>Inpatient hospital stay</b> Per benefit period	\$400 copay per day for days 1 – 4; \$0 copay for days 5 – 90	\$200 copay per day for days 1 – 4; \$0 copay for days 5 – 90	\$150 copay for days 1 – 4; \$0 copay for days 5 – 90	\$200 copay per day for days 1 – 4; \$0 copay for days 5 – 90	\$150 per day for days 1 – 4; \$0 copay for days 5 – 90	
<b>Medicare Part B prescription drugs</b>	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	
PRESCRIPTION DRUG BENEFITS						
<b>Annual deductible</b>	\$415 all Tiers	\$0 Tier 1 and 6; \$415 Tiers 2 – 5	\$0 Tier 1 and 6; \$415 Tiers 2 – 5	\$390 Tiers 1 – 5, \$0 Tier 6	\$0 Tier 1 and 6; \$390 Tiers 2 – 5	
<b>Initial coverage (31-day supply)</b> Tier 1: Preferred generic drugs Tier 2: Generic drugs Tier 3: Preferred brand drugs Tier 4: Non-preferred drugs Tier 5: Specialty drugs Tier 6: Select care drugs	<b>Standard</b> \$8 copay \$13 copay 22% coinsurance 45% coinsurance 25% coinsurance \$0 copay	<b>Preferred</b> \$5 copay \$10 copay 20% coinsurance 45% coinsurance 25% coinsurance \$0	<b>Standard</b> \$12 copay \$17 copay 25% coinsurance 50% coinsurance 25% coinsurance \$5 copay	<b>Preferred</b> \$3 copay \$9 copay 15% coinsurance 45% coinsurance 25% coinsurance \$0	<b>Standard</b> \$10 copay \$16 copay 20% coinsurance 50% coinsurance 25% coinsurance \$5 copay	<b>Standard</b> \$5 copay \$10 copay 20% coinsurance 50% coinsurance 25% coinsurance \$0 copay
<b>Coverage gap</b> Amount you pay after your total yearly drug costs reach \$3,820	37% of the plan's costs for covered generic drugs; no more than 25% of the plan's costs for covered brand drugs			37% of the plan's costs for covered generic drugs; no more than 25% of the plan's costs for covered brand drugs		
<b>Catastrophic coverage</b> Amount you pay after your total yearly out-of-pocket drug costs reach \$5,100	The greater of \$3.40 copay for covered generic and \$8.50 copay for all other covered drugs, OR 5% of the cost of covered drugs			The greater of \$3.40 copay for covered generic and \$8.50 copay for all other covered drugs, OR 5% of the cost of covered drugs		

MEDICARE SUPPLEMENT BASIC*	MEDICARE SUPPLEMENT PLAN N	MEDICARE SUPPLEMENT PLAN F (HIGH DEDUCTIBLE)**
Tobacco-free: \$219.00 Standard: \$245.70	Tobacco-free: \$190.00 Standard: \$228.00	Tobacco-free: \$97.00 Standard: \$116.40
\$0	\$0	\$2,240 (in 2018)***
If you choose all coverage options, you will generally not have out-of-pocket costs	You will be responsible for meeting the Medicare Part B deductible	After meeting the annual deductible, there is minimal to no cost sharing for eligible services and supplies
\$120 annual maximum	Not covered	Not covered
\$0	\$20 copay	\$0
\$0 in the U.S.; 20% coinsurance worldwide	\$50 copay in the U.S.; 20% coinsurance worldwide	\$0
\$0	\$20 copay	\$0
\$0 No limit on the number of days covered each benefit period	\$0 No limit on the number of days covered each benefit period	\$0 No limit on the number of days covered each benefit period
\$0	\$0	\$0

MEDICAREBLUE RX STANDARD		MEDICAREBLUE RX PREMIER	
\$39.70/premium		\$89.70/premium	
\$0 on Tiers 1 – 2 drugs, \$415 on Tiers 3 – 5		\$0	
<b>Preferred</b> \$3 copay \$7 copay 16% coinsurance 35% coinsurance 25% coinsurance	<b>Standard</b> \$15 copay \$20 copay 25% coinsurance 48% coinsurance 25% coinsurance	<b>Preferred</b> \$0 \$0 17% coinsurance 45% coinsurance 33% coinsurance	<b>Standard</b> \$15 copay \$20 copay 25% coinsurance 50% coinsurance 33% coinsurance
<ul style="list-style-type: none"> <li>• Generic drugs: 37% of the plan cost</li> <li>• Brand drugs: 25% of the plan cost</li> </ul>		Tier 1 and 2 drug costs are the same as those listed above. For drugs in all other tiers: <ul style="list-style-type: none"> <li>• Generic: 37% of the plan cost</li> <li>• Brand: 25% of the plan cost</li> </ul>	
For all plans, you pay the greater of: <ul style="list-style-type: none"> <li>• 5% of the cost, OR</li> <li>• A \$3.40 copay for generic drugs (including brand drugs treated as generic) and an \$8.50 copay for all other drugs</li> </ul>			

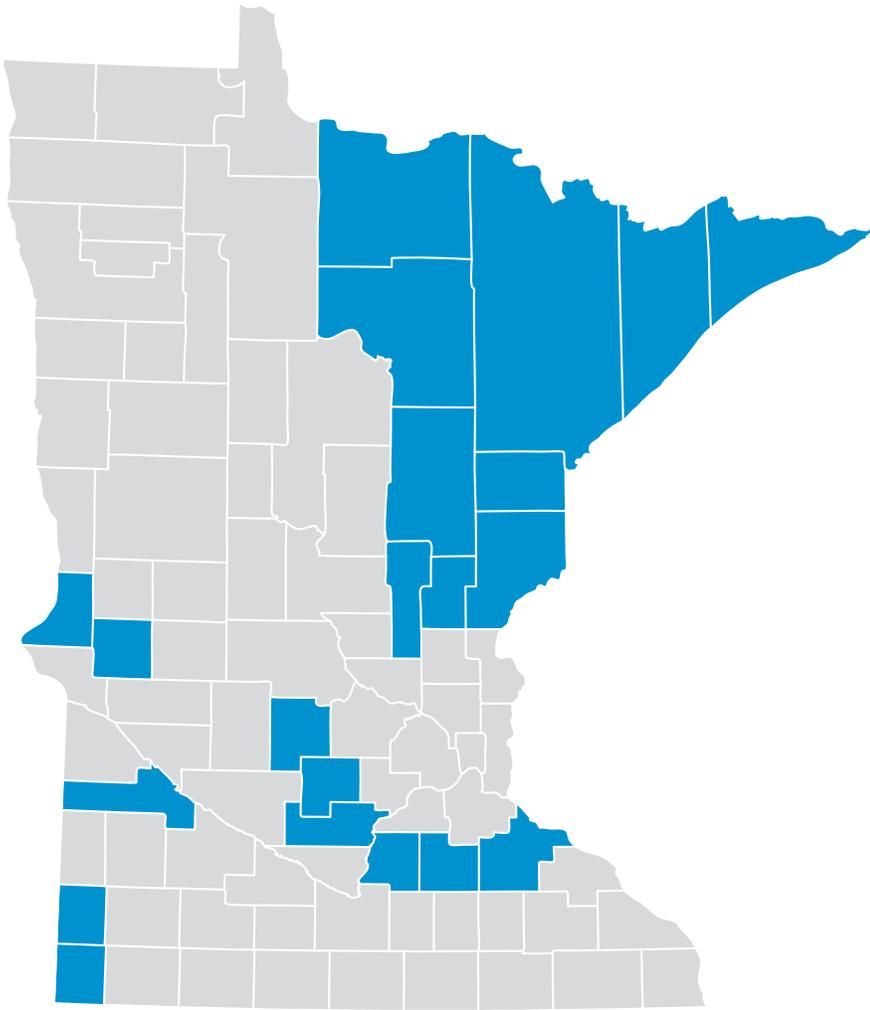
\*Prices shown are when all riders are purchased. Prices and benefits may vary based on riders purchased.

\*\*Cost sharing on Medicare Supplement Plan F (High Deductible) applies after you have met your deductible for the year.

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

Blue Cross offers additional Medicare Supplement plans, including Senior Gold<sup>SM</sup>. If you would like to discuss these, please call **1-877-662-2583**, TTY **711**, 8 a.m. to 5 p.m. Central Time, daily to speak with a product specialist.

# Platinum Blue<sup>SM</sup> with Rx



## Choice of coverage

You can choose to combine Platinum Blue medical and drug coverage for one plan, one card, and one customer service. Or choose just the medical coverage and pair with any other stand-alone prescription drug plan such as one of the MedicareBlue Rx options or an option from another company.

## MEDICAL BENEFITS

### Monthly plan premium

You must continue to pay your Medicare Part B premium

### Annual deductible

### Annual out-of-pocket maximum

### Annual physical exam

### Doctor's office visit

- Primary care
- Specialist

### Emergency care

In the United States and worldwide

### Urgently needed care

### Inpatient hospital stay

Per benefit period; no limit on number of days except where noted

### Prescription drugs

Part B covered drugs

## PART D BENEFITS

### Monthly plan premium

You must continue to pay your Medicare Part B premium

### Annual deductible

### 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
- Tier 6: Select care drugs

### Coverage gap

Amount you pay after your total yearly drug costs reach \$3,820

### Catastrophic coverage

Amount you pay after your total yearly out-of-pocket drug costs reach \$5,100

PLATINUM BLUE CORE		PLATINUM BLUE CHOICE		PLATINUM BLUE COMPLETE	
\$29.00		\$89.00		\$159.00	
\$0		\$0		\$0	
\$6,000		\$4,000		\$4,000	
\$0		\$0		\$0	
20% coinsurance \$90 copay		\$5 copay \$15 copay		\$0 \$0	
\$90 copay		\$90 copay		\$0	
\$25 copay		\$25 copay		\$0	
\$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	
20% coinsurance		20% coinsurance		0% coinsurance for Medicare-covered drugs administered during an office visit; 20% coinsurance for Medicare-covered Part B and chemotherapy drugs	
PLATINUM BLUE CORE WITH RX		PLATINUM BLUE CHOICE WITH RX		PLATINUM BLUE COMPLETE WITH RX	
\$53.30 (\$29.00 medical + \$24.30 Rx)		\$118.70 (\$89.00 medical + \$29.70 Rx)		\$205.30 (\$159.00 medical + \$46.30 Rx)	
\$415 all Tiers		\$415 Tiers 2 – 5		\$415 Tiers 2 – 5	
<b>Preferred</b> \$6 copay \$12 copay 17% coinsurance 45% coinsurance 25% coinsurance \$0	<b>Standard</b> \$13 copay \$19 copay 22% coinsurance 50% coinsurance 25% coinsurance \$5 copay	<b>Preferred</b> \$5 copay \$10 copay 20% coinsurance 45% coinsurance 25% coinsurance \$0	<b>Standard</b> \$12 copay \$17 copay 25% coinsurance 50% coinsurance 25% coinsurance \$5 copay	<b>Preferred</b> \$3 copay \$9 copay 15% coinsurance 45% coinsurance 25% coinsurance \$0	<b>Standard</b> \$10 copay \$16 copay 20% coinsurance 50% coinsurance 25% coinsurance \$5 copay
37% of the plan's costs for covered generic drugs; no more than 25% of the plan's costs for covered brand drugs					
The greater of \$3.40 copay for covered generic and \$8.50 copay for all other covered drugs, OR 5% of the cost of covered drugs					

# HEALTH AND WELLBEING RESOURCES

Medicare plans from Blue Cross include tools and resources that help you take charge of your health.

## DECISION RESOURCES

<b>Care cost estimator</b>	Research and compare costs for common procedures and non-emergency services.	Log in at <a href="https://bluecrossmnonline.com">bluecrossmnonline.com</a> and see "Care cost estimator"
<b>Find a Doctor tool</b>	Search and compare doctors and hospitals online based on quality and cost.	Log in at <a href="https://bluecrossmnonline.com">bluecrossmnonline.com</a> and see "Find a Doctor"
<b>Find a pharmacy</b>	Search for a pharmacy in your network.	Visit <a href="https://myprime.com">myprime.com</a> and see "Pharmacy"

## CARE OPTION

<b>Nurse line</b>	Need medical advice? Registered nurses are available 24 hours a day, seven days a week to answer your questions.	Call <b>1-800-622-9524</b> for all plans; call <b>(612) 336-2652</b> for Strive Medicare Advantage (HMO-POS) plans; TTY <b>711</b>
<b>Eyewear benefits</b>	Some allowance for eyeglasses and frames.	Call the customer service number on the back of your ID card to discuss your benefits
<b>Hearing screening</b>	Some coverage for hearing screenings. Benefits vary by plan.	Call the customer service number on the back of your ID card to discuss your benefits
<b>TruHearing® Select</b> <i>(Available to Medicare Advantage and Platinum Blue members)</i>	Receive high-quality hearing aids and local professional care at a fraction of the retail price.	Call <b>1-855-205-5065</b> , TTY <b>711</b> , Monday through Friday, 8 a.m. to 8 p.m., Central Time

## SUPPORT TOOLS

<p><b>do.® app</b></p>	<p>Remember to chill out, fuel up and groove your body with the <b>do.</b> app. Small, easy steps get you started on the road to better health.</p>	<p>Search “<b>do.</b> Blue Cross” at the App Store or Google Play</p>
<p><b>Health coaching</b></p>	<p>Get help accomplishing your wellness goals or managing a health condition. Discover community resources as well as information that can help you succeed.</p>	<p>Call <b>1-800-961-4758</b> Monday through Thursday, 8 a.m. to 8 p.m. and Friday, 8 a.m. to 6 p.m., Central Time</p>
<p><b>Online tools and education</b></p>	<p>Know the first step toward better health? Setting a goal. Your member website helps you set goals and track activity online. You can also access a large library of articles and information to help you improve your health.</p>	<p>Log in at <a href="http://bluecrossmnonline.com">bluecrossmnonline.com</a> and see “Wellness”</p>
<p><b>Quitting tobacco support</b></p>	<p>Personalized guidance for developing a quit plan and ongoing support from a wellness coach. Available Monday through Thursday, 8 a.m. to 8 p.m., Friday, 8 a.m. to 6 p.m., Central Time.</p>	<p>Call <b>1-888-662-BLUE (2583)</b>, TTY <b>711</b> Or, log in at <a href="http://bluecrossmnonline.com">bluecrossmnonline.com</a> and see “Wellness”</p>
<p><b>The Silver&amp;Fit® Exercise &amp; Healthy Aging Program</b> <i>(Available to Medicare Advantage, Medicare Supplement and Platinum Blue members)</i></p>	<p>Select either a membership with a participating fitness facility OR choose up to two home fitness kits per benefit year at no cost to you.</p>	<p>Visit <a href="http://SilverandFit.com">SilverandFit.com</a></p>
<p><b>Wellness profile</b></p>	<p>Complete an online questionnaire to get your personal wellness profile and action plan.</p>	<p>Log in at <a href="http://bluecrossmnonline.com">bluecrossmnonline.com</a> and see “Wellness”</p>

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

**do.**® is a registered trademark of Blue Cross® and Blue Shield® of Minnesota.

Each health care provider is an independent contractor and is not our agent.

## SPEAK TO AN AGENT

We have knowledgeable licensed agents throughout Minnesota who are certified to answer your questions and help you enroll in a Medicare plan. You can also call or visit:

### **Blue Cross**

**1-877-662-2583/TTY 711**

8 a.m. to 8 p.m. Central Time, daily  
[bluecrossmn.com/medicare](https://bluecrossmn.com/medicare)

Stop in at a Blue Cross retail center in Edina, Roseville or Duluth, or make an appointment at [bluecrossmn.com/centers](https://bluecrossmn.com/centers)

Agent Finder

[bluecrossmn.com/AgentFinder](https://bluecrossmn.com/AgentFinder)

### **Medicare**

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

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

24 hours a day, 7 days a week  
[medicare.gov](https://medicare.gov)

## YOU CAN ALSO OBTAIN THE INFORMATION INFORMATION IN THIS BROCHURE BY WRITING:

### **Medicare Advantage**

P.O. Box 64024  
St. Paul, MN 55164-0024

### **Medicare Supplement**

P.O. Box 64560  
St. Paul, MN 55164-0560

### **Platinum Blue**

P.O. Box 64024  
St. Paul, MN 55164-0024

### **MedicareBlue Rx**

P.O. Box 155845  
Fort Worth, TX 76155-0845



# IMPORTANT PLAN INFORMATION

## Eligibility and enrollment

You are eligible to enroll in a Blue Cross Medicare Advantage plan (PPO) and Blue Cross Strive Medicare Advantage (HMO-POS) 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 if you have Medicare Part A and Medicare Part B, (or are enrolled in Medicare Part B only). Your eligibility is based on your Minnesota county of residence.

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 another 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 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 in MedicareBlue Rx 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

Medicare Advantage (PPO) and (HMO-POS), 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 Blue Shield 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. Each provider is an independent contractor and is not our agent.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. You will be notified at least 30 days in advance when drugs are removed from the formulary. Drug coverage benefits are subject to limitations. For a formulary, pharmacy or provider directory or information about PrimeMail (Blue Cross Medicare Advantage and Platinum Blue with Rx) or CVS Caremark® (MedicareBlue Rx) mail order pharmacy service, please visit us online at [bluecrossmn.com/medicare](https://bluecrossmn.com/medicare).

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

## Federal contract

Blue Cross offers PPO, HMO-POS, PDP and Cost plans with Medicare contracts. Enrollment depends on contract renewal. Enrollment in these plans after December 31, 2019 cannot be guaranteed. Either CMS or the plan may choose not to renew the contract, or the plan may choose to change the area it serves. Any such change may result in termination of your enrollment. This information is not a complete description of benefits. Call **1-877-662-2583**/TTY **711** for more information.

Premiums subject to regulatory review as of August 25, 2018

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

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by phone at:  
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F  
HHH Building  
Washington, DC 20201

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

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

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

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

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

နမ့်ကတိကညီကိတ်ဒီး, တၢ်ကဟ့ၣ်နၢကိတ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. 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, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ລ່າລັບ. 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 béésh bee hodíílnih 1-855-902-2583. TTY biniiyégo éí 711 jí' béésh bee hodíílnih.

[bluecrossmn.com/medicare](http://bluecrossmn.com/medicare)



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M00321R01 (9/18)