

2022

MEDICARE ADVANTAGE (PPO) PLANS

Enrollment kit

METRO REGION

Medicare Advantage plans

Blue Cross and Blue Shield of Minnesota Medicare Advantage plans offer coverage and cost sharing options that meet your needs. These plans combine medical, prescription, dental, vision and hearing coverage into one plan.

Features statewide access to network care — with 96% of Minnesota providers in network.

Let's take a look at plan options and benefits

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Questions? We're here to help.



Speak with a Blue Cross
Medicare advisor
1-855-601-5830/TTY 711
8 a.m. to 8 p.m. daily, Central Time



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



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

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

Medicare Advantage



This plan is a good choice if you want:

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

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

PLAN AVAILABILITY AREA

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

IN-NETWORK PROVIDERS



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

METRO REGION:

Medicare Advantage/ Medicare High Value Network

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

IS YOUR PROVIDER IN NETWORK?

Visit bluecrossmn.com/highvalue

IN-NETWORK PHARMACIES



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

IS YOUR PHARMACY IN NETWORK? ARE YOUR DRUGS COVERED?

Pharmacy search:

Visit bluecrossmn.com/pharmacy

Prescription drug search:

Visit bluecrossmn.com/drugs

IN-NETWORK DENTISTS



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

IS YOUR DENTIST IN NETWORK?

Visit bluecrossmn.com/medicare dental

*As of July 2021

LET'S COMPARE COSTS AND COVERAGE

Blue Cross Medicare Advantage plans offer three different 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:

CORE

GOOD OPTION

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

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

CHOICE

GOOD OPTION

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

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

COMPLETE

GOOD OPTION

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

- **Higher** monthly premium
- **Lower** costs when you get care
- **\$0 insulin products** from select manufacturers when you use an in-network pharmacy
- **Preventive and comprehensive dental** coverage included



DID YOU KNOW?

A **medical-only** Medicare Advantage plan is available if you already have creditable drug coverage through the VA or similar. Contact us or your agent to discuss options.



LET'S TALK TRAVEL

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

**MEDICARE ADVANTAGE –
METRO REGION
BENEFITS SNAPSHOT**

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

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

BENEFITS	CORE	CHOICE	COMPLETE
Monthly plan premium You must continue to pay your Medicare Part B premium	\$0	\$78.70	\$161.90
Annual deductible Amount you pay before plan begins to pay	\$0	\$0	\$0
Annual out-of-pocket maximum The costs for emergency care outside of the U.S., routine hearing tests and hearing aids are not included in the maximum totals	\$5,500 in-network; \$7,900 combined in- and out-of-network costs	\$3,000 in-network; \$5,150 combined in- and out-of-network costs	\$2,900 in-network; \$5,100 combined in- and out-of-network costs
Preventive services • Annual Medicare-covered wellness visit (one per year) • Physical exam (one per year) • Routine eye exam (two per year) • Routine hearing exam (one per year) • Immunizations (flu, pneumonia and Hepatitis B)	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0
Office visits • Primary care • Specialist • Podiatry • Mental health • Chiropractic and acupuncture	\$0 \$40 copay \$40 copay \$40 copay \$20 copay	\$0 \$30 copay \$30 copay \$30 copay \$20 copay	\$0 \$20 copay \$10 copay \$20 copay \$20 copay
Lab services/outpatient X-rays	\$0/\$10 copay	\$0	\$0
Diagnostic mammograms and colonoscopies	\$0	\$0	\$0
Outpatient advanced imaging	\$95 copay	\$70 copay	\$0
Outpatient diagnostic procedures	\$25 copay	\$20 copay	\$0
Durable medical equipment, prosthetics	20% coinsurance	20% coinsurance	15% coinsurance
Diabetes supplies (Ascensia)	\$0	\$0	\$0
Outpatient services/surgery Ambulatory surgical center visits/ Outpatient hospital visits	\$350 copay for ambulatory surgical center visits; \$350 copay for outpatient surgery; \$20 copay for all other services	\$100 copay for ambulatory surgical center visits; \$150 copay for outpatient surgery; \$10 copay for all other services	\$75 copay for ambulatory surgical center visits; \$100 copay for outpatient surgery; \$0 for all other services
Ambulance (air and ground)	\$265 copay	\$200 copay	\$50 copay
Urgent care	\$45 copay	\$35 copay	\$25 copay
Emergency care United States and worldwide	\$90 copay	\$90 copay	\$90 copay
Inpatient hospital stay	\$300 copay per day for days 1 – 5; \$0 copay for days 6 – 90	\$150 copay per admittance	\$150 copay per admittance
Observation stay	\$225 copay	\$125 copay	\$75 copay
Skilled nursing facility Days 1 – 20 Days 21 – 100	\$0 \$188 copay per day	\$0 \$188 copay per day	\$0 \$188 copay per day
Medicare Part B prescription drugs	20% coinsurance	20% coinsurance	20% coinsurance



INCLUDED EXTRAS

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

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

PRESCRIPTION DRUG COVERAGE OVERVIEW

COVERAGE	CORE	CHOICE	COMPLETE
Deductible Amount you pay for prescription drugs before plan begins to pay	\$0 Tiers 1 and 2; \$350 Tiers 3 – 5	\$0 Tiers 1 – 3; \$250 Tiers 4 and 5	\$0 all Tiers
Initial coverage (31-day supply) • Tier 1: Preferred generic drugs • Tier 2: Generic drugs • Tier 3: Preferred brand drugs • Tier 4: Non-preferred drugs • Tier 5: Specialty drugs	In network \$0 copay \$13 copay 21% coinsurance 45% coinsurance 27% coinsurance	In network \$0 copay \$10 copay \$47 copay 40% coinsurance 28% coinsurance	In network \$0 copay \$9 copay \$47 copay 45% coinsurance 33% coinsurance
Coverage gap Amount you pay after your total yearly drug costs reach \$4,430 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 \$7,050 ²	For all plans, you pay the greater of: • \$3.95 copay for covered generic drugs; • \$9.85 copay for all other covered drugs OR • 5% of the cost		

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

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



MEDICARE ADVANTAGE – MEDICAL-ONLY PLAN METRO REGION BENEFITS SNAPSHOT

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

A few things to keep in mind when comparing plans:

- The premiums shown include medical coverage only
- The amounts shown are what you pay for Medicare-eligible services with in-network providers
- This is not a complete description of benefits. Limitations, copayments and restrictions may apply. Contact the plan for more information.
- If you pay a Medicare Part B premium, you may receive a Part B premium reduction of up to \$30 a month. This reduction is administered through the Social Security Administration and will show as an increase in your Social Security check or a credit on your Part B premium statement.

BENEFITS	CHOICE (MEDICAL-ONLY PLAN)
Monthly plan premium You must continue to pay your Medicare Part B premium	\$0
Medicare Part B premium reduction	Up to \$30
Annual deductible Amount you pay before plan begins to pay	\$0
Annual out-of-pocket maximum The costs for emergency care outside of the U.S., routine hearing tests and hearing aids are not included in the maximum totals	\$4,900 in-network; \$7,500 combined in- and out-of-network costs
Preventive services • Annual Medicare-covered wellness visit (one per year) • Physical exam (one per year) • Routine eye exam (two per year) • Routine hearing exam (one per year) • Immunizations (flu, pneumonia and Hepatitis B1)	\$0 \$0 \$0 \$0 \$0
Office visits • Primary care • Specialist • Podiatry • Mental health • Chiropractic and acupuncture	\$0 \$30 copay \$30 copay \$30 copay \$20 copay
Lab services/outpatient X-rays	\$0/\$0
Diagnostic mammograms and colonoscopies	\$0
Outpatient advanced imaging	\$70 copay
Outpatient diagnostic procedures	\$20 copay
Durable medical equipment, prosthetics	20% coinsurance
Diabetes supplies (Ascensia)	\$0
Outpatient services/surgery Ambulatory surgical center visits/ Outpatient hospital visits	\$100 copay for ambulatory surgical center visits; \$150 copay for outpatient surgery; \$10 copay for all other services
Ambulance (air and ground)	\$200 copay
Urgent care	\$35 copay
Emergency care United States and worldwide	\$90 copay
Inpatient hospital stay	\$200 copay per admittance
Observation stay	\$125 copay
Skilled nursing facility Days 1 – 20 Days 21 – 100	\$0 \$188 copay per day
Medicare Part B prescription drugs	20% coinsurance



INCLUDED EXTRAS

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

DENTAL BENEFITS	MEDICARE ADVANTAGE PLANS		
	CORE	CHOICE*	COMPLETE
Deductible	\$0	\$0	\$0
Preventive and periodontal cleaning Oral exams (2), cleanings (2), fluoride treatments (2), X-rays (1), periodontal cleaning (1)	\$0	\$0	\$0
Restorative Fillings	Not applicable	30% coinsurance	30% coinsurance
Comprehensive Extractions, endodontics, periodontics (treatment of periodontitis and gingivitis), special restorative, crowns, prosthetics, oral surgical procedures Note: cosmetic procedures are not covered	Not applicable	50% coinsurance	50% coinsurance

*Applies to Medicare Advantage and Medicare Advantage Medical-only plans.

Maximum plan benefit amount is \$2,000 per year for all in- and out-of-network covered dental services.

For dental services performed by an out-of-network dentist, you may be responsible for paying the difference between Blue Cross' Medicare negotiated fees and the fees your dental provider charges, even for services listed as \$0.

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

Resources and extras

Blue Cross Medicare Advantage plans include these extras:

CARE OPTIONS	
Nurse line Registered nurses are available 24 hours a day, seven days a week to answer your questions.	1-800-622-9524, TTY 711
Online care See a doctor right on your smartphone, tablet or computer from providers that offer telehealth and online care, like Doctor On Demand®	doctorondemand.com/bluecrossmn
Acupuncture benefit 20 visits per year for any pain diagnosis (other than Medicare-covered chronic low back pain)	Call the customer service number on the back of your member ID card
Post-discharge meal benefit Receive 2 meals per day, up to 28 days, at no additional cost following medically necessary inpatient stay	Call the customer service number on the back of your member ID card


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


SAVINGS	
Eyewear allowance Allowance on glasses or contact lenses: \$100 Core; \$150 Choice; \$150 Complete; \$250 Choice (Medical-only plan)	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; \$599 Choice (Medical-only plan) Premium Aid copay: \$999 Core; \$899 Choice; \$799 Complete; \$899 Choice (Medical-only plan) \$0 for rechargeable battery on Premium Aid	1-855-205-5065, TTY 711
Over-the-counter medications allowance Receive a quarterly allowance to purchase over-the-counter medications: \$50 Complete; \$40 Choice and Core; \$100 Choice (Medical-only plan)	Items may be ordered online or over the phone to be shipped to your home. Go to cvs.com/otchs/bcbsmn or call 1-888-628-2770, TTY 711.
SUPPORT RESOURCES	
Health management Get help accomplishing your wellness goals or managing a health condition. Discover community resources as well as information that can help you succeed.	1-800-961-4758, TTY 711
Care management Get the support you need to achieve your health goals from a Blue Cross medical or behavioral health case manager	1-866-489-6947, TTY 711
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 bluecrossmnonline.com

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.

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





Stay active with SilverSneakers®

- Thousands of fitness locations nationwide
- 50+ fitness classes
- On-demand workout videos
- Live-streaming classes and workshops
- No additional cost to you

Visit silversneakers.com for more details

How to enroll

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



Speak with a Blue Cross Medicare advisor
1-855-601-5830/TTY 711
8 a.m. to 8 p.m. daily, Central Time



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



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



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 other Medicare plans available from Blue Cross. Visit **bluecrossmn.com/meeting** to learn more.

Medicare help line

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

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

24 hours a day, 7 days a week

medicare.gov



AFTER YOU ENROLL

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

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

Important plan information

Eligibility and enrollment

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

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

Provider network

Blue Cross has formed a contracted network of doctors, specialists, hospitals and other providers for Medicare Advantage. You can use any provider who is part of this network. The health care 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 health care from network providers, with the exception of emergency and urgently needed services. If you go to a provider outside of the Medicare Advantage network (in the plan's service area), you will pay a higher level of cost sharing. You will receive in-network benefits for eligible services received outside the service area within the United States for up to 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 Medicare Advantage, you must receive your Medicare prescription drug coverage through this plan. Drug coverage benefits are subject to limitations.

Federal contract

Blue Cross Medicare Advantage is a PPO plan with a Medicare contract. Enrollment in Blue Cross Medicare Advantage depends on contract renewal. Enrollment in these plans after December 31, 2022 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.

Star ratings

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 **1-855-601-5830/TTY 711**.

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2022

SUMMARY OF BENEFITS

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

Metro Region

H5959

January 1, 2022 – December 31, 2022

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Introduction

This guide is a summary of the medical and prescription drug benefits covered by Blue Cross Medicare Advantage plans. In this booklet, you will find an overview of our plan and pharmacy network, an easy-to-read chart of plan coverage options, and contact information for customer service representatives who can assist you and answer questions.

What's included

- Pre-enrollment checklist
- Frequently asked questions
- Benefit charts

Pre-enrollment checklist

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

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit **bluecrossmn.com** or call toll free at **1-855-579-7658 (TTY 711)** to view 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.

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, 2022.
- Our plan allows you to see out-of-network providers (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

CONTACT US

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



Members

Call toll-free **1-800-711-9865**

TTY users call **711**

Non-Members

Call **1-855-579-7658**



Visit **bluecrossmnonline.com**

Frequently asked questions

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

WHO CAN ENROLL?

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

WHAT IS MEDICARE ADVANTAGE?

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

What is the difference between a:

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

Medicare will pay for a Medicare annual wellness visit and a Welcome to Medicare visit. Your Blue Cross Medicare Advantage plan will pay for an annual physical exam.

To see a complete list of your services and benefits, please review your *Evidence of Coverage* (EOC). You can find this document at bluecrossmnonline.com by clicking Medicare > Search Medicare Forms. You also may order a copy by calling member services.

WHICH DOCTORS, HOSPITALS AND PHARMACIES CAN I USE?

The Medicare Advantage provider network and the Medicare Advantage pharmacy network offers a selective list of providers and pharmacies covered under the Medicare Advantage plan. You may pay less when you use doctors, hospitals, pharmacies and other providers in these networks. You can see the plan's provider and pharmacy directories at bluecrossmnonline.com by clicking Medicare > Search Medicare Forms > Select Medicare Advantage (PPO)-Metro Region. Or, call us and we will send you a copy of the directories.

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

ARE MY DRUGS COVERED?

Medicare Advantage is a combined medical and prescription drug plan. You can see the complete *Formulary* (list of Part D prescription drugs) and any restrictions at bluecrossmn.com/drugs. Or, call us and we will send you a copy of the *Formulary*.

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

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.

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/pharmacy.

WHAT ARE THE DRUG TIERS?

Our plan places a drug into one of five tiers. Check the 2022 *Formulary* to find out which tier your drug is in.

WHAT ARE THE 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 you and your plan have spent \$4,430 on covered drugs.

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

Stage 4: Catastrophic coverage Once you've spent \$7,050 out-of-pocket on prescription drugs in a plan year, you will pay a small copay or coinsurance for the rest of the year.

ABOUT ORIGINAL MEDICARE AND HOW TO GET BENEFITS

You have choices about how to get your Medicare benefits through Original Medicare, a program run directly by the federal government.

You can also choose to get Medicare benefits by joining a plan like Blue Cross Medicare Advantage.

If you want to compare our plan with other Medicare health plans, ask the other plans for their *Summary of Benefits*. Or, use the Medicare Plan Finder on medicare.gov.

If you want to know more about the coverage and costs of Original Medicare, look in your 2022 *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**.

Health care terms and what they mean

Allowed amount – The contracted rate, or “Blue Cross discount,” set by your plan and providers when you see 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.

Copay – A set fee you pay for some services and prescriptions. Copays vary by type of service and prescription and multiple copays may apply. In most cases, your copay is due at the time you receive the service or prescription.

Coinsurance – An amount you may be required to pay as your share of the cost for services or prescription drugs. The cost is a percentage of the allowed amount that is set by your plan. The amount you pay for coinsurance will vary if the provider is in-network or out-of-network.

Deductible – The amount you must pay for health care or prescriptions before our plan begins to pay.

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

Out-of-pocket costs – The amount you must pay for 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, out-of-network providers result in higher member costs.

Out-of-pocket maximum – The most you could pay for covered care in a plan year. Once you reach this amount, your plan will pay 100 percent for in-network covered care.

Premium – The amount you pay each month to be a member of your plan.

Prior authorization – Approval in advance to get services or certain drugs that may or may not be on our formulary.

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

Medicare Advantage Benefits	Core Plan	Choice Plan	Complete Plan
<i>Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services</i>			
How much is the monthly premium?	\$0 per month. In addition, you must keep paying your monthly Medicare Part B premium.	\$78.70 per month. In addition, you must keep paying your monthly Medicare Part B premium.	\$161.90 per month. In addition, you must keep paying your monthly Medicare Part B premium.
How much is the deductible?	This plan does not have a medical deductible.	This plan does not have a medical deductible.	This plan does not have a medical deductible.
Is there any limit on how much I will pay for my covered service?	Your yearly out-of-pocket limit(s) in this plan are for services you receive from		
In-network providers	\$5,500	\$3,000	\$2,900
Combined in-network and out-of-network providers	\$7,900	\$5,150	\$5,100
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.			
Is there a limit on how much the plan will pay?	Our plan has a yearly limit for certain in-network benefits. Contact us for the services that apply.	Our plan has a yearly limit for certain in-network benefits. Contact us for the services that apply.	Our plan has a yearly limit for certain in-network benefits. Contact us for the services that apply.

Medicare Advantage Benefits	Core Plan	Choice Plan	Complete Plan
Covered Hospital and Medical Benefits – Hospital Care			
Inpatient hospital care*	\$300 copay per day for days 1 through 5 \$0 for days 6 through 90	\$150 copay per admittance	\$150 copay per admittance
Meals following inpatient stay 2 meals per day for 28 days	\$0	\$0	\$0
Outpatient hospital care*			
Outpatient hospital surgery	\$350 copay surgery	\$150 copay surgery	\$100 copay surgery
Ambulatory surgery center services	\$350 copay	\$100 copay	\$75 copay
Observation stay	\$225 copay	\$125 copay	\$75 copay
Blood services	\$0	\$0	\$0
Outpatient hospital all other services	\$20 copay	\$10 copay	\$0
Doctor's office visits*			
Primary Care Physician	\$0	\$0	\$0
Specialist	\$40 copay	\$30 copay	\$20 copay
Non-Medicare-covered acupuncture	\$20 copay (max. 20 visits per year)	\$20 copay (max. 20 visits per year)	\$20 copay (max. 20 visits per year)

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

Medicare Advantage Benefits	Core Plan	Choice Plan	Complete Plan
Covered Hospital and Medical Benefits – Outpatient Care and Services			
Preventive care	\$0 Our plan covers many preventive services, including: <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse screenings and counseling • Annual physical exam • Barium enema • Bone mass measurements (bone density screening) • Cardiovascular disease screenings • Cardiovascular disease (behavioral therapy) • Cervical & vaginal cancer screening • Colorectal cancer screenings • Depression screenings • Diabetes screenings • Diabetes self-management training • Digital rectum exam • EKG (Following a "Welcome Visit") • Glaucoma tests • Hepatitis C screening • HIV screening • Lung cancer screening • Mammograms (breast cancer screening) • Nutrition therapy services • Obesity screenings and counseling • One-time "Welcome to Medicare" preventive visit • Prostate cancer screenings • Routine annual physical exam • Sexually transmitted infections screening & counseling • Shots (vaccines): (If administered in a doctor's office or hospital setting, vaccines will be filed as a Part B claim. If administered at a pharmacy, vaccines will be filed as a Part D claim.) <ul style="list-style-type: none"> • Flu shots • Hepatitis B shots • Pneumococcal shots • Tobacco cessation counseling Any additional preventive services approved by Medicare during the contract year will be covered.		

Medicare Advantage Benefits	Core Plan	Choice Plan	Complete Plan
Covered Hospital and Medical Benefits – Outpatient Care and Services			
Emergency care You do not pay this amount if you are admitted to the hospital on an inpatient basis within 24 hours for the same condition. See the “Inpatient Hospital Care” section of this booklet for other costs.	\$90 copay	\$90 copay	\$90 copay
Urgently needed care	\$45 copay	\$35 copay	\$25 copay
Worldwide emergency care	\$90 copay	\$90 copay	\$90 copay
Transportation	20% coinsurance	20% coinsurance	20% coinsurance
Urgent care	\$90 copay	\$90 copay	\$90 copay
Outpatient diagnostic tests and therapeutic services and supplies*			
X-rays	\$10 copay for Medicare-covered x-rays	\$0 for Medicare-covered x-rays	\$0 for Medicare-covered x-rays
Radiation (radium and isotope) therapy including technician materials and supplies	20% coinsurance for Medicare-covered radiation therapy services. Examples include, but are not limited to, treatment of cancer.	15% coinsurance for Medicare-covered radiation therapy services. Examples include, but are not limited to, treatment of cancer.	10% coinsurance for Medicare-covered radiation therapy services. Examples include, but are not limited to, treatment of cancer.
Surgical supplies, such as dressings Splints, casts and other devices used to reduce fractures and dislocations	20% coinsurance for Medicare-covered surgical supplies, splints and casts.	20% coinsurance for Medicare-covered surgical supplies, splints and casts.	15% coinsurance for Medicare-covered surgical supplies, splints and casts.
Laboratory tests	\$0 for Medicare-covered laboratory tests.	\$0 for Medicare-covered laboratory tests.	\$0 for Medicare-covered laboratory tests.
Blood	\$0 for Medicare-covered blood.	\$0 for Medicare-covered blood.	\$0 for Medicare-covered blood.

Medicare Advantage Benefits	Core Plan	Choice Plan	Complete Plan
Covered Hospital and Medical Benefits – Outpatient Care and Services			
Diagnostic advanced imaging	\$95 copay for Medicare-covered diagnostic advanced imaging. Examples include, but are not limited to, specialized scans, CT, SPECT, PET, MRI, MRA, ultrasounds and angiograms.	\$70 copay for Medicare-covered diagnostic advanced imaging. Examples include, but are not limited to, specialized scans, CT, SPECT, PET, MRI, MRA, ultrasounds and angiograms.	\$0 for Medicare-covered diagnostic advanced imaging. Examples include, but are not limited to, specialized scans, CT, SPECT, PET, MRI, MRA, ultrasounds and angiograms.
Diagnostic tests & procedures (excludes x-ray and advanced imaging)	\$25 copay for Medicare-covered diagnostic tests & procedures. Examples include, but are not limited to, EKG's, pulmonary function tests, psychological/ neuropsychological testing, home or lab-based sleep studies.	\$20 copay for Medicare-covered diagnostic tests & procedures. Examples include, but are not limited to, EKG's, pulmonary function tests, psychological/ neuropsychological testing, home or lab-based sleep studies.	\$0 for Medicare-covered diagnostic tests & procedures. Examples include, but are not limited to, EKG's, pulmonary function tests, psychological/ neuropsychological testing, home or lab-based sleep studies.
Diagnostic mammograms or colonoscopy	\$0 for each Medicare-covered diagnostic mammogram or colonoscopy.	\$0 for each Medicare-covered diagnostic mammogram or colonoscopy.	\$0 for each Medicare-covered diagnostic mammogram or colonoscopy.

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

Medicare Advantage Benefits	Core Plan	Choice Plan	Complete Plan
Covered Hospital and Medical Benefits – Outpatient Care and Services			
Hearing services*			
Medicare-covered exams to diagnose and treat hearing and balance issues	\$0	\$0	\$0
Non-Medicare covered hearing exam (1 per year)	\$0	\$0	\$0
Non-Medicare covered hearing aid screening (1 per year) Through TruHearing	\$0	\$0	\$0
Hearing aid (up to 2 aids per year)	\$699 copay per aid for Advanced Aid or \$999 copay per aid for Premium Aid from TruHearing. \$0 per aid for optional hearing aid rechargeability on premium aids.	\$599 copay per aid for Advanced Aid or \$899 copay per aid for Premium Aid from TruHearing. \$0 per aid for optional hearing aid rechargeability on premium aids.	\$499 copay per aid for Advanced Aid or \$799 copay per aid for Premium Aid from TruHearing. \$0 per aid for optional hearing aid rechargeability on premium aids.
Dental services*			
Medicare-covered dental services	\$50 copay	\$30 copay	\$20 copay

Medicare Advantage Benefits	Core Plan	Choice Plan	Complete Plan
Covered Hospital and Medical Benefits – Outpatient Care and Services			
Non-Medicare covered dental services**			
Cleaning (Up to 2 per year)	\$0	\$0	\$0
Dental x-rays (Up to 1 per year)	\$0	\$0	\$0
Oral exam (Up to 2 per year)	\$0	\$0	\$0
Periodontal cleaning (Up to 1 per year)	\$0	\$0	\$0
Fluoride (Up to 2 per year)	\$0	\$0	\$0
Restorations (e.g., fillings)	Not Covered	30% coinsurance	30% coinsurance
Extractions (e.g., pulling teeth)	Not Covered	50% coinsurance	50% coinsurance
Endodontics (e.g., root canal)	Not Covered	50% coinsurance	50% coinsurance
Other periodontal services (Note: no additional periodontal cleaning coverage beyond the one (1) \$0 copay periodontal cleaning per year)	Not Covered	50% coinsurance	50% coinsurance
Prosthetics	Not Covered	50% coinsurance	50% coinsurance
Crowns	Not Covered	50% coinsurance	50% coinsurance
Oral surgery	Not Covered	50% coinsurance	50% coinsurance

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

**Maximum plan benefit amount is \$2,000 per year for in-network and out-of-network covered dental services, \$0 annual deductible.

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.

Medicare Advantage Benefits	Core Plan	Choice Plan	Complete Plan
Covered Hospital and Medical Benefits – Outpatient Care and Services			
Vision services*			
Medicare-covered annual glaucoma screening	\$0	\$0	\$0
Medicare-covered exams to diagnose and treat eye diseases and conditions	\$0	\$0	\$0
Medicare-covered eyewear after cataract surgery	\$0	\$0	\$0
Non-Medicare covered eye exam (2 per year)	\$0	\$0	\$0
Non-Medicare covered eyewear allowance	\$100 (frames, lenses or contacts)	\$150 (frames, lenses or contacts)	\$150 (frames, lenses or contacts)
Medicare-covered diabetic retinopathy exam	\$0	\$0	\$0
Mental health care* (including inpatient)	Our plan covers up to 190 days in a lifetime for inpatient mental health care in a specialty psychiatric hospital. This limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.		
Inpatient visit	\$300 copay per day for days 1 through 5	\$150 copay per admittance	\$150 copay per admittance
Outpatient group therapy visit	\$40 copay	\$30 copay	\$20 copay
Outpatient individual therapy visit	\$40 copay	\$30 copay	\$20 copay
Partial Hospitalization	\$55 copay per day	\$55 copay per day	\$55 copay per day
Mental health office visit*			
Psychiatrist	\$40 copay	\$30 copay	\$20 copay
Psychologist	\$40 copay	\$30 copay	\$20 copay

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

Medicare Advantage Benefits	Core Plan	Choice Plan	Complete Plan
Covered Hospital and Medical Benefits – Outpatient Care and Services			
Skilled nursing facility (SNF)*			
	\$0 per day for days 1 through 20	\$0 per day for days 1 through 20	\$0 per day for days 1 through 20
Our plan pays up to 100 days in a SNF	\$188 copay per day for days 21 through 100	\$188 copay per day for days 21 through 100	\$188 copay per day for days 21 through 100
Meals following SNF stay 2 meals per day for 28 days	\$0	\$0	\$0
Rehabilitation services*			
Cardiac and intensive cardiac rehab services	\$40 copay	\$30 copay	\$20 copay
Physical, occupational and speech therapy visits	\$40 copay	\$30 copay	\$20 copay
Pulmonary rehab services	\$30 copay	\$30 copay	\$20 copay
Ambulance (ground and air)	\$265 copay	\$200 copay	\$50 copay
Non-Medicare covered transportation	Not covered	Not covered	Not covered
Prescription drug benefits			
How much do I pay?*			
Part B chemotherapy drugs	20% coinsurance	20% coinsurance	20% coinsurance
Other Part B drugs including but not limited to oxygen or Erythropoietin (EPO)	20% coinsurance	20% coinsurance	20% coinsurance

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

Medicare Advantage Benefits	Core Plan	Choice Plan	Complete Plan
Additional benefits and services			
Medicare-covered acupuncture Covered for chronic lower back pain	\$20 copay (max. 20 visits every 12 months)	\$20 copay (max. 20 visits every 12 months)	\$20 copay (max. 20 visits every 12 months)
Non-Medicare covered acupuncture Covered for pain diagnosis, except chronic lower back pain	\$20 copay (max. 20 visits per year)	\$20 copay (max. 20 visits per year)	\$20 copay (max. 20 visits per year)
Chiropractic care* Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)	\$20 copay	\$20 copay	\$20 copay
Non-Medicare-covered acupuncture	\$20 copay (max. 20 visits per year)	\$20 copay (max. 20 visits per year)	\$20 copay (max. 20 visits per year)
Diabetes supplies and services			
Diabetes monitoring supplies through Ascensia	\$0	\$0	\$0
Diabetes self-management training	\$0	\$0	\$0
Therapeutic shoes and inserts	20% coinsurance	15% coinsurance	15% coinsurance
Durable medical equipment* (wheelchairs, oxygen, etc.)	20% coinsurance	20% coinsurance	15% coinsurance
Fitness program			
Gym membership at a participating SilverSneakers® facility, online fitness classes, or choose a home exercise kit	\$0	\$0	\$0
Home health care*	\$0	\$0	\$0
Outpatient substance abuse*			
Individual and group therapy visits	\$40 copay	\$30 copay	\$20 copay

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

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

Doctor On Demand is an independent company providing telehealth services.

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

Medicare Advantage Benefits	Core Plan	Choice Plan	Complete Plan
Additional benefits and services			
Over-The-Counter (OTC) OTC medications and supplies are available to order online or by telephone through CVS OTCHS. Retail purchases are non-reimbursable.	\$40 per quarter for the purchase of covered over-the-counter (OTC) items through CVS Over The Counter Health Solutions (OTCHS).	\$40 per quarter for the purchase of covered over-the-counter (OTC) items through CVS Over The Counter Health Solutions (OTCHS).	\$50 per quarter for the purchase of covered over-the-counter (OTC) items through CVS Over The Counter Health Solutions (OTCHS).
Podiatry Services (Foot care) Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain medical conditions	\$40 copay	\$30 copay	\$10 copay
Prosthetic devices and medical supplies*	20% coinsurance	20% coinsurance	15% coinsurance
Renal dialysis	20% coinsurance	20% coinsurance	20% coinsurance
Kidney Disease Education	\$0	\$0	\$0
Tobacco cessation A wellness coach helps members develop and maintain a plan to quit	\$0	\$0	\$0

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

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

Prescription drug Medicare Part D coverage

Blue Cross Medicare Advantage plans offer combined medical and prescription drug coverage to give you the convenience of one plan, one card and one bill. To view what drugs are covered by Medicare Advantage, visit bluecrossmn.com/drugs and either search by drug name or scroll halfway down to Helpful documents to view the comprehensive formulary.

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.

³If in Long-Term Care facility (LTC), 31 day supply only.

	Medicare Advantage Benefits	Core Plan	Choice Plan	Complete Plan
	Deductible	\$0 Tiers 1-2; \$350 Tiers 3-5	\$0 Tiers 1-3; \$250 Tiers 4-5	\$0 all Tiers
	Initial Coverage	Standard/LTC³ Cost-Sharing	Standard/LTC³ Cost-Sharing	Standard/LTC³ Cost-Sharing
31 Day Supply from a Network Pharmacy	Tier 1: Preferred Generic Drugs	\$0 copay	\$0 copay	\$0 copay
	Tier 2: Generic Drugs	\$13 copay	\$10 copay	\$9 copay
	Tier 3: Preferred Brand Drugs	21% coinsurance	\$47 copay	\$47 copay
	Tier 4: Non-Preferred Drugs	45% coinsurance	40% coinsurance	45% coinsurance
	Tier 5: Specialty Drugs	27% coinsurance	28% coinsurance	33% coinsurance
	Select Insulins	Regular tier cost share	Regular tier cost share	\$0 copay
60-90 Day Supply from a Network Pharmacy	Tier 1: Preferred Generic Drugs	\$0 copay	\$0 copay	\$0 copay
	Tier 2: Generic Drugs	\$26 copay	\$20 copay	\$18 copay
	Tier 3: Preferred Brand Drugs	21% coinsurance	\$94 copay	\$94 copay
	Tier 4: Non-Preferred Drugs	45% coinsurance	40% coinsurance	45% coinsurance
	Tier 5: Specialty Drugs	27% coinsurance	28% coinsurance	33% coinsurance
	Select Insulins	Regular tier cost share	Regular tier cost share	\$0 copay
	Coverage Gap Begins once your total drug costs for the year reach \$4,430 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 	<ul style="list-style-type: none"> Generic Drugs: 25% of the plan cost Brand-name Drugs: 25% of the plan cost Select Insulins: \$0 copay
	Catastrophic Coverage Begins once your total out-of-pocket costs for the year reach \$7,050 ²	You pay the greater of: <ul style="list-style-type: none"> 5% of the cost, or \$3.95 copay for generic drugs (including brand drugs treated as generic) and an \$9.85 copay for all other drugs 	You pay the greater of: <ul style="list-style-type: none"> 5% of the cost, or \$3.95 copay for generic drugs (including brand drugs treated as generic) and an \$9.85 copay for all other drugs 	You pay the greater of: <ul style="list-style-type: none"> 5% of the cost, or \$3.95 copay for generic drugs (including brand drugs treated as generic) and an \$9.85 copay for all other drugs

Mail Order

The below mail order supply chart shows your cost-sharing amounts during your initial coverage stage. When you enter the coverage gap or catastrophic coverage stages, you will pay those cost-sharing amounts regardless of whether you choose to use mail order.

	Medicare Advantage	Core	Choice	Complete
60- or 90-day supply via Mail Order	Tier 1: Preferred Generic Drugs	\$0 copay	\$0 copay	\$0 copay
	Tier 2: Generic Drugs	\$26 copay	\$20 copay	\$18 copay
	Tier 3: Preferred Brand Drugs	21% coinsurance	\$94 copay	\$94 copay
	Tier 4: Non-Preferred Drugs	45% coinsurance	40% coinsurance	45% coinsurance
	Tier 5: Specialty Drugs	27% coinsurance	28% coinsurance	33% coinsurance
	Select Insulins	Regular tier cost share	Regular tier cost share	\$0 copay

CONTACT US

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



Members

Call toll-free **1-800-711-9865**

TTY users call **711**

Non-Members

Call **1-855-579-7658**



Visit **bluecrossmnonline.com**

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

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

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Medicare Advantage (PPO) plan members, except in emergency situations. Please call 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 is a PPO plan with a Medicare contract. Enrollment in Blue Cross Medicare Advantage depends on contract renewal.

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2022

SUMMARY OF BENEFITS

Blue Cross Medicare Advantage Choice MA Only (PPO)

Metro Region

H5959

January 1, 2022 – December 31, 2022

Y0138_082621V04_M

Introduction

This guide is a summary of the medical benefits covered by Blue Cross Medicare Advantage plans. In this booklet, you will find an overview of our plan, an easy-to-read chart of plan coverage options, and contact information for customer service representatives who can assist you and answer questions.

What's included

- Pre-enrollment checklist
- Frequently asked questions
- Benefit charts

Pre-enrollment checklist

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

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit **bluecrossmn.com** or call toll free at **1-855-579-7658** (TTY 711) to view 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 pay more for out-of-network services.

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, 2022.
- Our plan allows you to see out-of-network providers (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

CONTACT US

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



Members

Call toll-free **1-800-711-9865**

TTY users call **711**

Non-Members

Call **1-855-579-7658**



Visit **bluecrossmnonline.com**

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?

Metro Region

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

WHAT IS MEDICARE ADVANTAGE?

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

What is the difference between a:

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

Medicare will pay for a Medicare annual wellness visit and a Welcome to Medicare visit. Your Blue Cross Medicare Advantage plan will pay for an annual physical exam.

To see a complete list of your services and benefits, please review your *Evidence of Coverage* (EOC). You can find this document at bluecrossmnonline.com by clicking Medicare > Search Medicare Forms. You also may order a copy by calling member services.

WHICH DOCTORS AND HOSPITALS CAN I USE?

The Medicare Advantage provider network offers a selective list of providers covered under the Medicare Advantage plan. You may pay less when you use doctors, hospitals and other providers in these networks. You can see the plan's provider directories at bluecrossmnonline.com by clicking Medicare > Search Medicare Forms > Select Medicare Advantage (PPO)-Metro Region. Or, call us and we will send you a copy of the directories.

ABOUT ORIGINAL MEDICARE AND HOW TO GET BENEFITS

You have choices about how to get your Medicare benefits through Original Medicare, a program run directly by the federal government.

You can also choose to get Medicare benefits by joining a plan like Blue Cross Medicare Advantage.

If you want to compare our plan with other Medicare health plans, ask the other plans for their *Summary of Benefits*. Or, use the Medicare Plan Finder on medicare.gov.

If you want to know more about the coverage and costs of Original Medicare, look in your 2022 *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**.

Health care terms and what they mean

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

Copay — A set fee you pay for some services and prescriptions. Copays vary by type of service and prescription and multiple copays may apply. In most cases, your copay is due at the time you receive the service or prescription.

Coinsurance — An amount you may be required to pay as your share of the cost for services or prescription drugs. The cost is a percentage of the allowed amount that is set by your plan. The amount you pay for coinsurance will vary if the provider is in-network or out-of-network.

Deductible — The amount you must pay for health care or prescriptions before our plan begins to pay.

In-network — The hospitals and clinics that are included in your plan. Typically, in-network providers result in lower member costs.

Out-of-pocket costs — The amount you must pay for health care. It includes copays, coinsurance and deductibles, plus any costs for care that is not covered.

Out-of-network — The hospitals and clinics that are not included in your plan. Typically, out-of-network providers result in higher member costs.

Out-of-pocket maximum — The most you could pay for covered care in a plan year. Once you reach this amount, your plan will pay 100 percent for in-network covered care.

Premium — The amount you pay each month to be a member of your plan.

Prior authorization — Approval in advance to get services or certain drugs that may or may not be on our formulary.

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

Medicare Advantage Benefits	Choice Plan
Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services	
How much is the monthly premium?	\$0 per month. In addition, you must keep paying your monthly Medicare Part B premium.
Part B premium reduction	Your plan will reduce your Monthly Part B premium by up to \$30
How much is the deductible?	This plan does not have a deductible
Is there any limit on how much I will pay for my covered service?	
Your yearly out-of-pocket limit(s) in this plan are for services you receive from	
In-network providers	\$4,900
Combined in-network and out-of-network providers	\$7,500
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.	
Is there a limit on how much the plan will pay?	Our plan has a yearly limit for certain in-network benefits. Contact us for the services that apply.

Medicare Advantage Benefits	Choice Plan
Covered Hospital and Medical Benefits – Hospital Care	
Inpatient hospital care*	\$200 copay per admission
Meals following in-patient stay 2 meals per day for 28 days	\$0
Outpatient hospital care*	
Outpatient hospital surgery	\$150 copay surgery
Ambulatory surgical center services	\$100 copay
Observation stay	\$125 copay
Blood services	\$0
Outpatient hospital all other services	\$10 copay all other services
Doctor's office visits*	
Primary care physician	\$0
Specialist	\$30 copay
Non-Medicare-covered acupuncture	\$20 copay (max. 20 visits per year)

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

Medicare Advantage Benefits	Choice Plan
Covered Hospital and Medical Benefits – Outpatient Care and Services	
Preventive care	<p>\$0</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse screenings and counseling • Annual physical exam • Barium enema • Bone mass measurements (bone density screening) • Cardiovascular disease screenings • Cardiovascular disease (behavioral therapy) • Cervical & vaginal cancer screening • Colorectal cancer screenings • Depression screenings • Diabetes screenings • Diabetes self-management training • Digital rectum exam • EKG (Following a “Welcome Visit”) • Glaucoma tests • Hepatitis C screening • HIV screening • Lung cancer screening • Mammograms (breast cancer screening) • Nutrition therapy services • Obesity screenings and counseling • One-time “Welcome to Medicare” preventive visit • Prostate cancer screenings • Routine annual physical exam • Sexually transmitted infections screening & counseling • Shots (vaccines): (If administered in a doctor’s office or hospital setting, vaccines will be filed as a Part B claim. If administered at a pharmacy, vaccines will be filed as a Part D claim.) <ul style="list-style-type: none"> • Flu shots • Hepatitis B shots • Pneumococcal shots • Tobacco cessation counseling <p>Any additional preventive services approved by Medicare during the contract year will be covered</p>

Medicare Advantage Benefits	Choice Plan
Covered Hospital and Medical Benefits – Outpatient Care and Services	
Emergency care	<p>You do not pay this amount if you are admitted to the hospital on an inpatient basis within 24 hours for the same condition. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> <p>\$90 copay</p>
Urgently needed services	\$35 copay
Worldwide emergency care	\$90 copay
Transportation	20% coinsurance
Urgent care	\$90 copay
Outpatient diagnostic tests and therapeutic services and supplies*	
X-rays	\$0 for Medicare-covered x-rays.
Radiation (radium and isotope) therapy including technician materials and supplies	15% coinsurance for Medicare-covered radiation therapy services. Examples include, but are not limited to, treatment of cancer.
Surgical supplies, such as dressings Splints, casts and other devices used to reduce fractures and dislocations	20% coinsurance for Medicare-covered surgical supplies, splints and casts.
Laboratory tests	\$0 for Medicare-covered laboratory tests.
Blood	\$0 for Medicare-covered blood.
Diagnostic advanced imaging	\$70 copay for Medicare-covered diagnostic advanced imaging. Examples include, but are not limited to, specialized scans, CT, SPECT, PET, MRI, MRA, ultrasounds and angiograms.
Diagnostic tests & procedures (excludes x-ray and advanced imaging)	\$20 copay for Medicare-covered diagnostic tests & procedures. Examples include, but are not limited to, EKG’s, pulmonary function tests, psychological/neuropsychological testing, home or lab-based sleep studies.
Diagnostic mammograms or colonoscopy	\$0 for each Medicare-covered diagnostic mammogram or colonoscopy.

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

Medicare Advantage Benefits	Choice Plan
Covered Hospital and Medical Benefits – Outpatient Care and Services	
Hearing services*	
Medicare-covered exams to diagnose and treat hearing and balance issues	\$0
Non-Medicare covered hearing exam (1 per year)	\$0
Non-Medicare covered hearing aid screening (1 per year) Through TruHearing	\$0
Hearing aid (up to 2 aids per year)	\$599 copay per aid for Advanced Aid or \$899 copay per aid for Premium Aid from TruHearing. \$0 per aid for optional hearing aid rechargeability on premium aids.
Dental services*	
Medicare-covered dental services	\$30 copay

Medicare Advantage Benefits	Choice Plan
Non-Medicare covered dental services**	
Cleaning (Up to 2 per year)	\$0
Dental x-rays (Up to 1 per year)	\$0
Oral exam (Up to 2 per year)	\$0
Periodontal cleaning (Up to 1 per year)	\$0
Fluoride (Up to 2 per year)	\$0
Restorations (e.g., fillings)	30% coinsurance
Extractions (e.g., pulling teeth)	50% coinsurance
Endodontics (e.g., root canal)	50% coinsurance
Other periodontal services (Note: no additional periodontal cleaning coverage beyond the one (1) \$0 copay periodontal cleaning per year)	50% coinsurance
Prosthetics	50% coinsurance
Crowns	50% coinsurance
Oral surgery	50% coinsurance

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

**Maximum plan benefit amount is \$2,000 per year for in-network and out-of-network covered dental services, \$0 annual deductible.

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.

Medicare Advantage Benefits	Choice Plan
Covered Hospital and Medical Benefits – Outpatient Care and Services	
Vision services*	
Medicare-covered annual glaucoma screening	\$0
Medicare-covered exams to diagnose and treat eye diseases and conditions	\$0
Medicare-covered eyewear after cataract surgery	\$0
Non-Medicare covered eye exam (2 per year)	\$0
Non-Medicare covered eyewear allowance	\$250 (frames, lenses or contacts)
Medicare-covered diabetic retinopathy exam	\$0
Mental health care* (including inpatient)	Our plan covers up to 190 days in a lifetime for inpatient mental health care in a specialty psychiatric hospital. This limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.
Inpatient visit	\$200 copay per admission
Outpatient group therapy visit	\$30 copay
Outpatient individual therapy visit	\$30 copay
Partial Hospitalization	\$55 copay per day
Mental health office visit*	
Psychiatrist or psychologist	\$30 copay

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

Medicare Advantage Benefits	Choice Plan
Covered Hospital and Medical Benefits – Outpatient Care and Services	
Skilled nursing facility (SNF)*	\$0 per day for days 1 through 20
Our plan pays up to 100 days in a SNF	\$188 copay per day for days 21 through 100
Meals following SNF stay 2 meals per day for 28 days	\$0
Rehabilitation services*	
Cardiac and intensive cardiac rehab services	\$30 copay
Physical, occupational and speech therapy visits	\$30 copay
Pulmonary rehab services	\$30 copay
Ambulance (ground and air)	\$200 copay
Non-Medicare covered transportation	Not covered
Medicare Part B Prescription Drugs	
How much do I pay?*	
Part B chemotherapy drugs	20% coinsurance
Other Part B drugs including but not limited to oxygen or Erythropeitin (EPO)	20% coinsurance

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

Medicare Advantage Benefits	Choice Plan
Additional benefits and services	
Medicare-covered acupuncture Covered for chronic lower back pain	\$20 copay (max. 20 visits every 12 months)
Non-Medicare covered acupuncture Covered for pain diagnosis, except chronic lower back pain	\$20 copay (max. 20 visits per year)
Chiropractic care* Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)	\$20 copay
Non-Medicare-covered acupuncture	\$20 copay (max. 20 visits per year)
Diabetes supplies and services	
Diabetes monitoring supplies through Ascensia	\$0
Diabetes self-management training	\$0
Therapeutic shoes and inserts	15% coinsurance
Durable medical equipment* (wheelchairs, oxygen, etc.)	20% coinsurance
Fitness program	
Gym membership at a participating SilverSneakers® facility, online fitness classes, or choose a home exercise kit	\$0
Home health care*	\$0
Outpatient substance abuse*	
Individual and group therapy visits	\$30 copay

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

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

Doctor On Demand is an independent company providing telehealth services.

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

Medicare Advantage Benefits	Choice Plan
Additional benefits and services	
Over-The-Counter (OTC) OTC medications and supplies are available to order online or by telephone through CVS OTCHS. Retail purchases are non-reimbursable.	\$100 per quarter for the purchase of covered over-the-counter (OTC) items through CVS Over The Counter Health Solutions (OTCHS).
Podiatry Services (Foot care) Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain medical conditions	\$30 copay
Prosthetic devices and medical supplies*	20% coinsurance
Renal dialysis Kidney Disease Education	20% coinsurance \$0
Tobacco cessation A wellness coach helps members develop and maintain a plan to quit	\$0

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

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

CONTACT US

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



Members

Call toll-free **1-800-711-9865**

TTY users call **711**

Non-Members

Call **1-855-579-7658**



Visit **bluecrossmnonline.com**

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

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

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Medicare Advantage (PPO) plan members, except in emergency situations. Please call 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 is a PPO plan with a Medicare contract. Enrollment in Blue Cross Medicare Advantage depends on contract renewal.

FIND YOUR MEDICARE PLAN DOCUMENTS:

- Evidence of Coverage (EOC)
- Provider Directory
- Part B Pharmacy Directory



Evidence of Coverage (EOC)

Your **Evidence of Coverage** describes the health care benefits covered by your Blue Cross and Blue Shield of Minnesota Medicare plan and how the plan works, including how much you pay.

Your EOC is available online beginning **October 15, 2021**.

- 1) Go to **bluecrossmn.com/medicare-documents**
- 2) Scroll down to your **plan name**
- 3) Under **plan coverage**, you can:
 - Click on your plan's "**EOC (PDF)**" link to download and print; or
 - Click on the "**Order a hard copy EOC to be mailed to you**" link



Provider Directory

The **Provider Directory** is your guide to doctors, clinics and other health care resources in your plan's network. If you choose a provider that is not in your plan network, you may pay more for the services you receive. Here are easy ways to find a provider in your network.

The Provider Directory is available online beginning **October 15, 2021**.

- 1) Go to **bluecrossmn.com/medicare-documents**
- 2) Scroll down to your **plan name**
- 3) Under **Doctors and pharmacies**, you can:
 - Click on the "**Search online for doctors (providers)**" link; or
 - Click on your "**Provider Directory (PDF)**" link to download and print; or
 - Click on the "**Order a directory**" link



Part B Pharmacy Directory

The **Part B Pharmacy Directory** is your guide to pharmacies for Part B coverage. If you choose a pharmacy that is not in your plan network, you may pay more for the medications you receive.

The Part B Pharmacy Directory is available online beginning **October 15, 2021**.

- 1) Go to **bluecrossmn.com/medicare-documents**
- 2) Scroll down to your **plan name**
- 3) Under **Doctors and pharmacies**, you can:
 - Click on the "**Search online for pharmacies**" link; or
 - Click on your "**Part B Pharmacy Directory (PDF)**" link to download and print; or
 - Click on the "**Order a directory**" link

If you need help finding a network provider or ordering a hard copy of your EOC or directory, please call Customer Service:

For **Platinum BlueSM (Cost)**: Call toll free at **1-866-340-8654**; TTY **711**

For **Medicare Advantage (PPO and MA only)**: Call toll free at **1-800-711-9865**; TTY **711**

Our hours of operation are **8 a.m. to 8 p.m. Central Time**. We are available seven days a week October 1 through March 31 and Monday through Friday the rest of the year.

FIND YOUR MEDICARE PLAN DOCUMENTS:

- Pharmacy Directory
- Formulary (drug list)



If you've selected a Medical-Only plan the formulary information below does not apply to you.

Pharmacy Directory and Formulary



The **Pharmacy Directory** is your guide to pharmacies for Part B and Part D coverage. If you choose a pharmacy that is not in your plan network, you may pay more for the medications you receive.

The **Formulary** is a list of drugs that are covered under your plan. If you have a question about covered drugs, please call the number on the back of your Blue Cross member ID card.

Your Pharmacy Directory and Formulary are available online beginning **October 15, 2021**.

- 1) Go to **bluecrossmn.com/medicare-documents**
- 2) Scroll down to your **plan name**
- 3) For your **Pharmacy Directory**, under **Doctors and pharmacies**, you can:
 - Click on the **"Search online for pharmacies"** link (via myprime.com); or
 - Click on your plan's **"Pharmacy Directory (PDF)"** link to download and print; or
 - Click on **"Order a directory"** link
- 4) For your **Formulary**, under **Plan Coverage**, you can:
 - Click on your plan's **"Formulary (PDF)"** link to download and print; or
 - Click on the **"Order a hard copy formulary to be mailed to you"** link

If you need help finding a network pharmacy, understanding the drugs on your Formulary, or ordering a hard copy, please call customer service:

For **Platinum BlueSM (Cost)**: Call toll free at **1-866-340-8654**; TTY **711**
For **Medicare Advantage (PPO)**: Call toll free at **1-800-711-9865**; TTY **711**

Our hours of operation are **8 a.m. to 8 p.m. Central Time**. We are available seven days a week October 1 through March 31 and Monday through Friday the rest of the year.

NOTICE OF NONDISCRIMINATION PRACTICES

Effective July 18, 2016

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

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

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

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

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

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

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

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

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

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

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

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