

2022

MEDICARE DECISION GUIDE

Committed to you today and well into the future

Medicare can be confusing.

Blue Cross and Blue Shield of Minnesota is here to help you every step of the way.

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



Speak with a Blue Cross Medicare advisor
1-888-329-8250/TTY 711
8 a.m. to 8 p.m. daily, Central Time



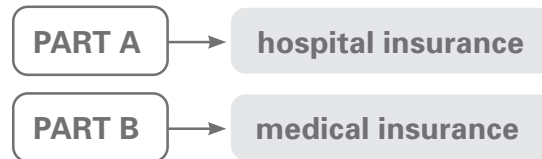
Compare plans, complete enrollment forms and submit your application online
bluecrossmn.com/medicare



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

COVER WHAT ORIGINAL MEDICARE DOESN'T

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



Original Medicare covers some health care costs like hospital stays, doctor visits, lab tests and preventive services. But it doesn't cover everything. Plus, Original Medicare has no limit on how much you could end up paying out of pocket on medical expenses each year. A Blue Cross Medicare plan can help fill in the gaps of Original Medicare and manage your out-of-pocket costs.

BLUE CROSS MEDICARE PLANS OFFER:

- **A wide range of networks** with access to the right provider or pharmacy
- **Options that fit your needs**, including combined medical and prescription drug plans, medical-only plans or stand-alone prescription drug plans
- **Wellness and preventive services** that Medicare doesn't cover, such as annual physicals and routine eye and hearing exams
- **Travel benefits** within the United States and worldwide
- **SilverSneakers® fitness program** with access to thousands of fitness locations nationwide and virtual resources

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

9 Terms you should know before shopping for a plan

Learning common terms and how they're used in your Medicare plan can help you make more informed decisions in choosing a plan that works for you.

1 PREMIUM

Your monthly payment for a plan.

2 ANNUAL DEDUCTIBLE

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

3 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.

4 COPAY

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

5 ANNUAL OUT-OF-POCKET MAXIMUM

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

6 PRESCRIPTION DRUG FORMULARY

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

7 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).

8 COVERAGE GAP

During the coverage gap stage, you may have to pay a different amount after your total yearly retail costs reach \$4,430 for covered prescription drugs. This includes both prescription drugs equal to the amount you have paid plus what the plan has paid for the calendar year, not including premiums.

9 CATASTROPHIC COVERAGE

You reach this stage when your total out-of-pocket costs for prescription drugs reaches \$7,050, not including premiums. You will pay a small copay or coinsurance for the rest of the year.

Explore your plan options

FIND A PLAN THAT FITS YOU

Blue Cross offers a variety of Medicare plans. This guide will help you confidently choose a plan that's right for you in **3 easy steps**:

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

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

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

Let's get started.

Each 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.

This is meant to be advice only. Blue Cross holds no liability for plan selection. Some plans available in select areas. Benefits vary by plan.

MEDICARE ADVANTAGE (PPO)



PLUS

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



David likes **EXTRAS**

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

BROAD medical network **63,000+** in-network pharmacies **\$ – \$\$\$** premium

MEDICARE SUPPLEMENT



PLUS

- SilverSneakers®



Terry likes **CERTAINTY**

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

COMPREHENSIVE medical network Medical plan only **\$\$ – \$\$\$** premium

MEDICAREBLUESM RX (PDP)



Jane likes **FLEXIBILITY**

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

Prescription drug plan only **66,000+** in-network pharmacies **\$ – \$\$** premium

PLATINUM BLUESM WITH RX (COST)



PLUS

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



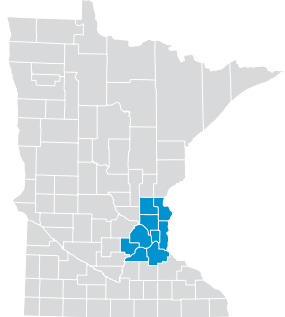
Sophie likes **BALANCE**

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

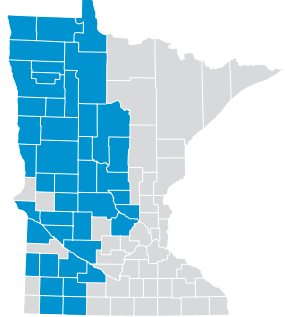
BROAD medical network **63,000+** in-network pharmacies **\$ – \$\$\$** premium

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

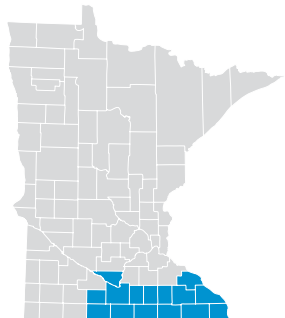
Medicare plans are available based on the county you live in.



METRO REGION
Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Washington



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



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

Plans available:

Medicare Advantage (PPO)

Medicare Supplement

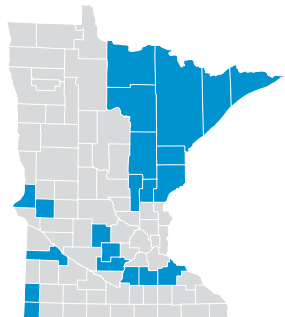
MedicareBlue Rx (PDP)

Plans available:

Platinum Blue with Rx (Cost)

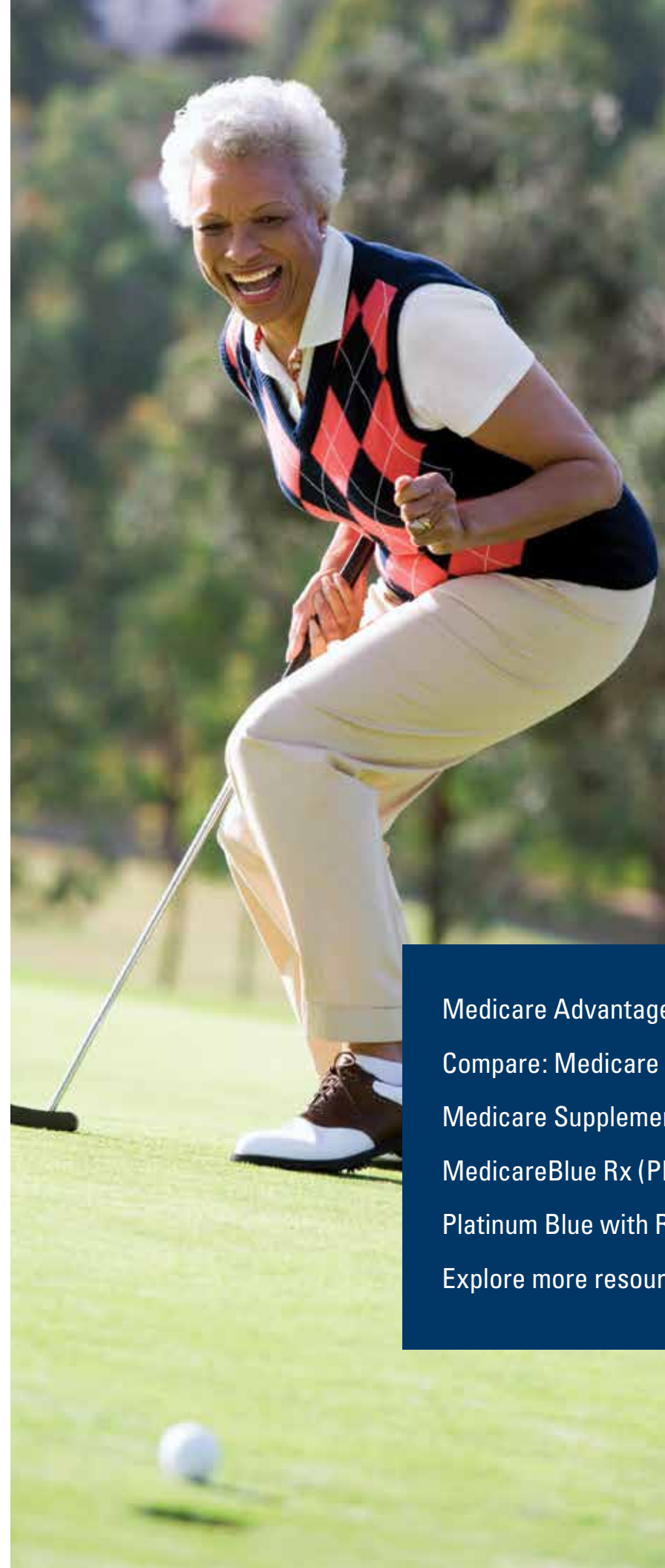
Medicare Supplement

MedicareBlue Rx (PDP)



NORTHEAST PLUS REGION

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



Great!
You found a plan you like, where you live.

What's next?

Let's take a closer look at the details of the plan you like:

- Network providers and pharmacies
- Benefits and costs

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Medicare Advantage (PPO)

I like EXTRAS



This plan is a good choice if you want:

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

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

NETWORK ACCESS

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.

IN-NETWORK PROVIDERS



Physicians, clinics and hospitals vary by region.

METRO AND WEST REGIONS:

Medicare Advantage/ Medicare High Value Network

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

SOUTH REGION:

Medicare Southern MN Network

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

IS YOUR PROVIDER IN NETWORK?

Metro and West regions:

Visit bluecrossmn.com/highvalue

South region:

Visit bluecrossmn.com/southern

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/medicaledental

LET'S COMPARE COSTS AND COVERAGE

Blue Cross Medicare Advantage (PPO) 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?

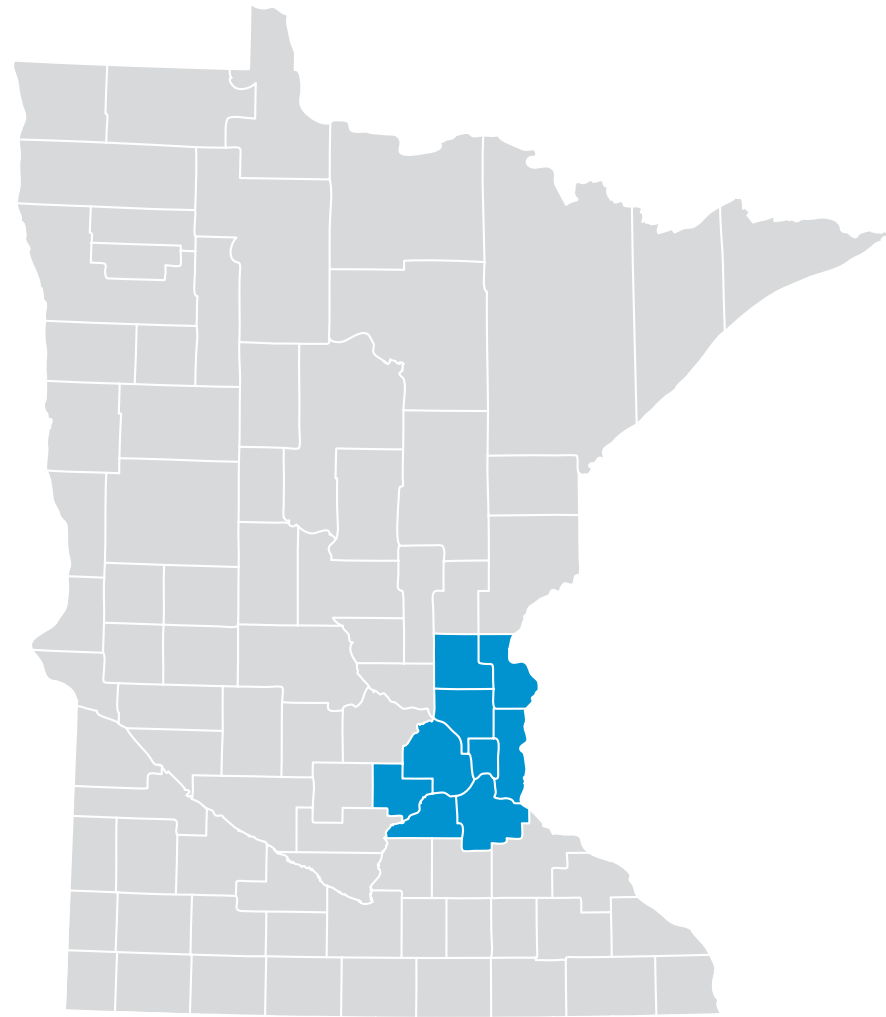
A **medical-only** Medicare Advantage plan is available if you already have creditable drug coverage through the VA or similar. Contact us or your agent to discuss options.



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 (PPO) – Metro Region



This plan features statewide access to network care — with 96% of Minnesota providers in network.

Available in these counties:

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

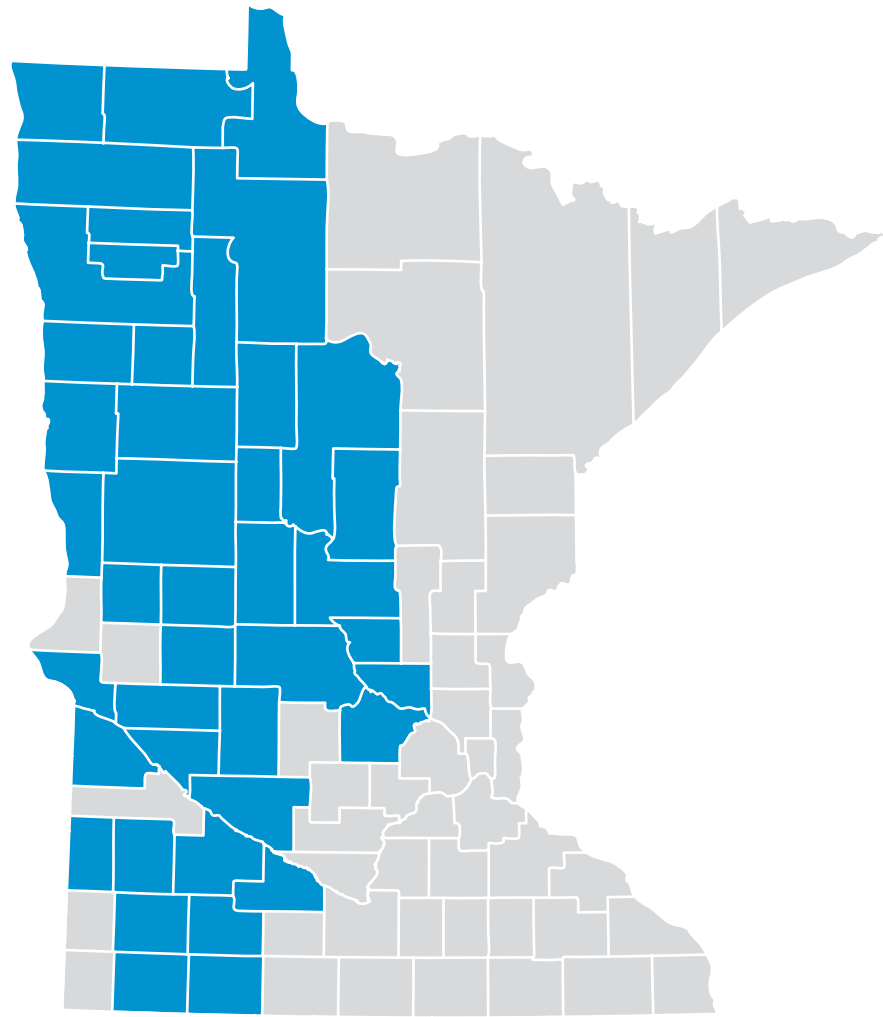


INCLUDED EXTRAS

See page 14 for information on plan extras — including dental benefits, SilverSneakers membership, hearing aid savings and eyewear allowance.

MEDICAL BENEFITS	MEDICARE ADVANTAGE (PPO) CORE	MEDICARE ADVANTAGE (PPO) CHOICE	MEDICARE ADVANTAGE (PPO) COMPLETE
Monthly plan premium You must continue to pay your Medicare Part B premium	\$0	\$78.70	\$161.90
Annual deductible	\$0	\$0	\$0
Annual out-of-pocket maximum	\$5,500 in network; \$7,900 combined in and out of network	\$3,000 in network; \$5,150 combined in and out of network	\$2,900 in network; \$5,100 combined in and out of network
Annual physical exam	\$0	\$0	\$0
Office visits • Primary care • Specialist	\$0 \$40 copay	\$0 \$30 copay	\$0 \$20 copay
Emergency care In the United States and worldwide	\$90 copay	\$90 copay	\$90 copay
Urgent care	\$45 copay	\$35 copay	\$25 copay
Lab services/outpatient X-rays	\$0/\$10 copay	\$0	\$0
Diagnostic mammograms and colonoscopies	\$0	\$0	\$0
Outpatient diagnostic procedures	\$25 copay	\$20 copay	\$0
Outpatient advanced imaging	\$95 copay	\$70 copay	\$0
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
Outpatient hospital visit	\$350 surgery; \$20 all other services	\$150 surgery; \$10 all other services	\$100 surgery; \$0 all other services
Ambulance (air and ground)	\$265 copay	\$200 copay	\$50 copay
Medicare Part B covered drugs	20% coinsurance	20% coinsurance	20% coinsurance
PRESCRIPTION DRUG BENEFITS			
Annual deductible	\$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	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	The greater of \$3.95 copay for covered generic drugs and \$9.85 copay for all other covered drugs OR 5% of the cost of covered drugs		

Medicare Advantage (PPO) – West Region



This plan features statewide access to network care — with 96% of Minnesota providers in network.

Available in these counties:

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

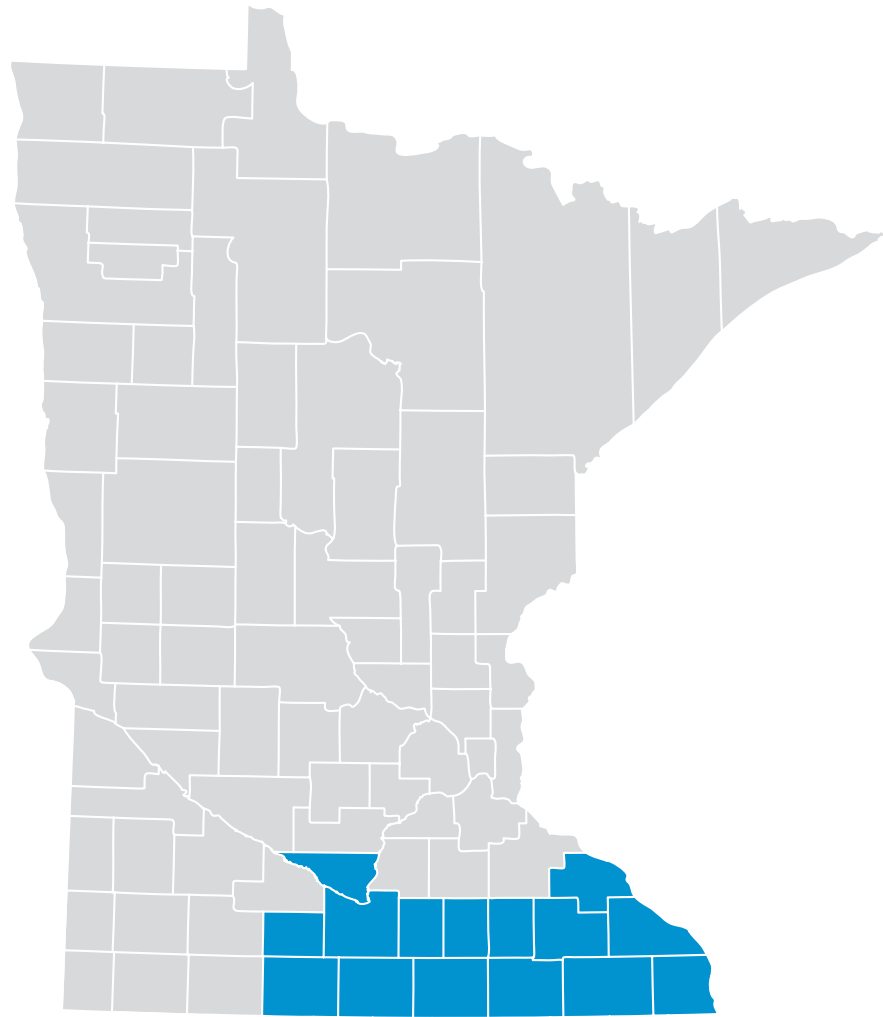


INCLUDED EXTRAS

See page 14 for information on plan extras — including dental benefits, SilverSneakers membership, hearing aid savings and eyewear allowance.

MEDICAL BENEFITS	MEDICARE ADVANTAGE (PPO) CORE	MEDICARE ADVANTAGE (PPO) CHOICE	MEDICARE ADVANTAGE (PPO) COMPLETE
Monthly plan premium You must continue to pay your Medicare Part B premium	\$0	\$87.40	\$189.20
Annual deductible	\$0	\$0	\$0
Annual out-of-pocket maximum	\$5,500 in network; \$7,900 combined in and out of network	\$3,000 in network; \$5,150 combined in and out of network	\$2,900 in network; \$5,100 combined in and out of network
Annual physical exam	\$0	\$0	\$0
Office visits • Primary care • Specialist	\$0 \$40 copay	\$0 \$30 copay	\$0 \$20 copay
Emergency care In the United States and worldwide	\$90 copay	\$90 copay	\$90 copay
Urgent care	\$45 copay	\$35 copay	\$25 copay
Lab services/outpatient X-rays	\$0/\$10 copay	\$0	\$0
Diagnostic mammograms and colonoscopies	\$0	\$0	\$0
Outpatient diagnostic procedures	\$25 copay	\$20 copay	\$0
Outpatient advanced imaging	\$95 copay	\$70 copay	\$0
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
Outpatient hospital visit	\$350 surgery; \$20 all other services	\$150 surgery; \$10 all other services	\$100 surgery; \$0 all other services
Ambulance (air and ground)	\$265 copay	\$200 copay	\$50 copay
Medicare Part B covered drugs	20% coinsurance	20% coinsurance	20% coinsurance
PRESCRIPTION DRUG BENEFITS			
Annual deductible	\$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	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	The greater of \$3.95 copay for covered generic drugs and \$9.85 copay for all other covered drugs OR 5% of the cost of covered drugs		

Medicare Advantage (PPO) – South Region



This plan features regional access to network care — with 95% of regional providers in network.

Available in these counties:

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



INCLUDED EXTRAS

See page 14 for information on plan extras — including dental benefits, SilverSneakers membership, hearing aid savings and eyewear allowance.

MEDICAL BENEFITS	MEDICARE ADVANTAGE (PPO) CORE	MEDICARE ADVANTAGE (PPO) CHOICE	MEDICARE ADVANTAGE (PPO) COMPLETE
Monthly plan premium You must continue to pay your Medicare Part B premium	\$38.30	\$125.90	\$191.80
Annual deductible	\$0	\$0	\$0
Annual out-of-pocket maximum	\$6,700 in network; \$10,000 combined in and out of network	\$3,000 in network; \$5,150 combined in and out of network	\$2,900 in network; \$5,100 combined in and out of network
Annual physical exam	\$0	\$0	\$0
Office visits • Primary care • Specialist	\$0 \$40 copay	\$0 \$30 copay	\$0 \$20 copay
Emergency care In the United States and worldwide	\$90 copay	\$90 copay	\$90 copay
Urgent care	\$45 copay	\$35 copay	\$25 copay
Lab services/outpatient X-rays	\$0/\$10 copay	\$0	\$0
Diagnostic mammograms and colonoscopies	\$0	\$0	\$0
Outpatient diagnostic procedures	\$25 copay	\$20 copay	\$0
Outpatient advanced imaging	\$95 copay	\$70 copay	\$0
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
Outpatient hospital visit	\$400 surgery; \$20 all other services	\$150 surgery; \$10 all other services	\$100 surgery; \$0 all other services
Ambulance (air and ground)	\$315 copay	\$200 copay	\$50 copay
Medicare Part B covered drugs	20% coinsurance	20% coinsurance	20% coinsurance
PRESCRIPTION DRUG BENEFITS			
Annual deductible	\$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 45% 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	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	The greater of \$3.95 copay for covered generic drugs and \$9.85 copay for all other covered drugs OR 5% of the cost of covered drugs		

DENTAL BENEFITS	MEDICARE ADVANTAGE (PPO) 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

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.

★ Medicare Advantage plan extras

Hearing aid savings with TruHearing®	<ul style="list-style-type: none"> • \$499 – \$699 copay per Advanced Aid (depending on plan) • \$799 – \$999 copay per Premium Aid (depending on plan) • \$0 for rechargeable battery on Premium Aid
Eyewear allowance*	\$100 – \$150 allowance for glasses or contact lenses (depending on plan)
Over-the-counter (OTC) allowance*	\$40 – 50 per quarter allowance for over-the-counter medications (depending on plan)
SilverSneakers fitness benefit	Access to thousands of fitness locations nation wide, plus on-demand workout videos and live virtual classes at no additional cost to you
Acupuncture benefit	20 visits per year for any pain diagnosis (other than Medicare-covered chronic low back pain)
Post-discharge meal benefit	Receive 2 meals per day, up to 28 days, at no additional cost following any medically necessary inpatient stay

*These amounts apply to Medicare Advantage plans with prescription drug coverage.

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

COMPARE:

Medicare Advantage



Medicare Supplement

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

MEDICARE ADVANTAGE PLAN		MEDICARE SUPPLEMENT PLAN
Includes Medicare Part A and Part B coverage	Medical	Can fill cost-sharing gaps for Original Medicare Part A and Part B
Part D prescription drug coverage included	Rx	Part D prescription drug coverage not included ; purchase a stand-alone Part D plan to go with your Medicare Supplement plan for additional cost
Nationwide travel up to nine consecutive months (in-network benefits from select providers)	Travel	Unlimited nationwide travel coverage
See in-network providers for lowest costs	Network	See any provider who accepts Medicare assignment
<ul style="list-style-type: none"> • Monthly premiums as low as \$0 • Usually has copays/coinsurance • Annual out-of-pocket maximums for financial protection 	Costs	<ul style="list-style-type: none"> • Higher monthly premium • No copays/coinsurance with certain plans
Dental benefits included	Dental	Dental benefits not included
Hearing benefits included	Hearing	Hearing benefits not included
Vision benefits included	Vision	Vision benefits not included

Medicare Supplement

I like **CERTAINTY**



This plan is a good choice if you want:

- Medical-only coverage
- Coverage that you can keep if you move to another state
- Guaranteed renewable benefits, as long as you pay your premiums
- Medical coverage while traveling anywhere, anytime within the U.S.

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

NETWORK ACCESS

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

PROVIDERS



Medicare assignment is accepted nationwide by most providers. You may see any provider who accepts Medicare assignment for in-network benefits with our Basic Medicare Supplement Plan, Medicare Supplement Plan with Copayments (Plan N) and Medicare Supplement Plan with High Deductible Coverage (High Deductible Plan F).

ADDITIONAL THINGS TO CONSIDER

- A Medicare Supplement plan is a medical-only plan and does not include prescription drug coverage. You can pair a Medicare Supplement plan with any stand-alone prescription drug plan. To see the Blue Cross MedicareBlue Rx plan, go to page 20.
- A Medicare Supplement plan can help pay for costs not covered by Original Medicare, like copays, deductibles and coinsurance.
- If you apply for a Medicare Supplement plan more than six months after the month your Part B coverage begins, you may be required to submit a health history with your application and you may not get the plan you want.

MOST PROVIDERS
accept Medicare assignment*

*Medicare.gov, July 2021.

LET'S COMPARE COSTS AND COVERAGE

Blue Cross Medicare Supplement plans offer different levels of coverage and cost sharing. Each plan pays a different amount toward your medical coverage. The right plan for you depends on how often you visit the doctor and how much you want to pay monthly versus paying when you get care.

Choose a plan:

HIGH DEDUCTIBLE PLAN F

- **Lower** monthly premium
- **No copays or coinsurance** after deductible is met

GOOD OPTION

if you don't go to the doctor very often

PLAN N

- **Lower** monthly premium
- **Copays** for Part B services

GOOD OPTION

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

BASIC

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

GOOD OPTION

if you need more coverage and go to the doctor often



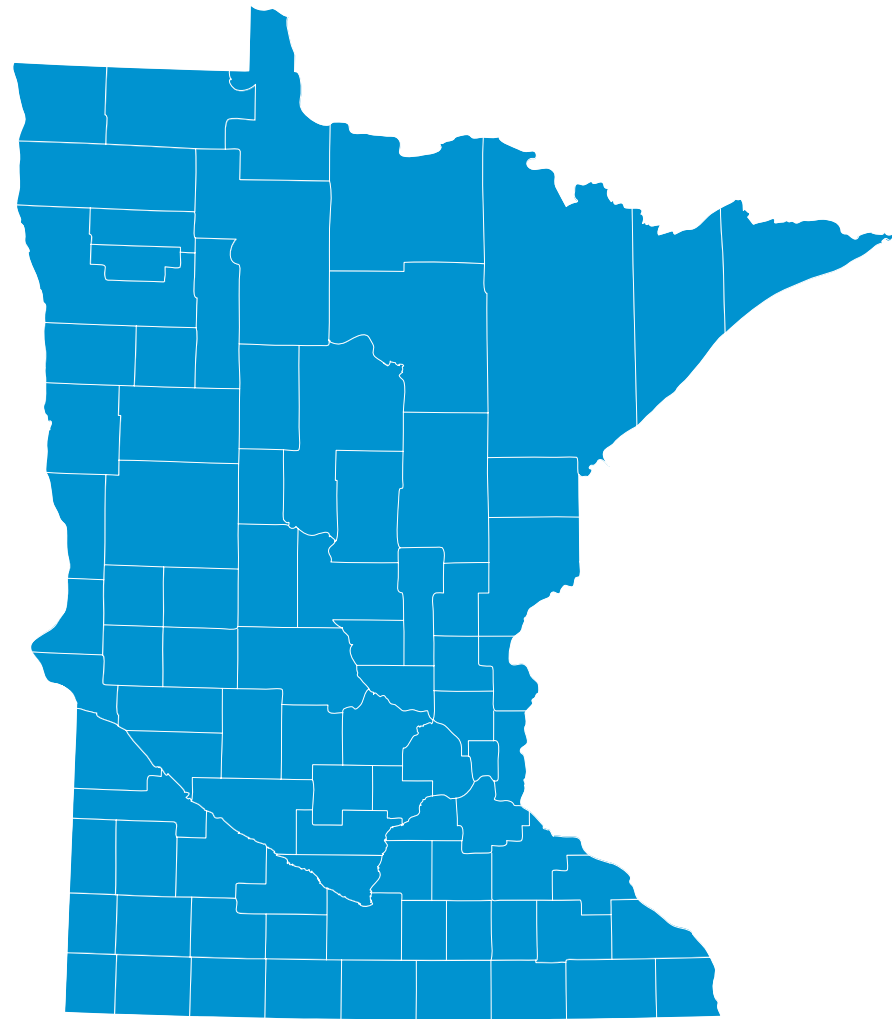
Blue Cross offers additional Medicare Supplement plans. Contact us or your agent to discuss options.



LET'S TALK TRAVEL

- Live or travel anywhere in the U.S. and get in-network benefits when you see a provider that accepts Medicare assignment
- No matter where you are, emergency services are always covered. Some cost sharing may apply.





Available in:
All Minnesota counties

MEDICAL PLAN OPTIONS	HIGH DEDUCTIBLE PLAN F		PLAN N		BASIC	
	Tobacco-free	Standard	Tobacco-free	Standard	Tobacco-free	Standard
Monthly plan premium You must continue to pay your Medicare Part B premium	\$64.65	\$81.10	\$189.60	\$227.55	\$204.40	\$237.95
Optional plan riders for Basic plan <ul style="list-style-type: none"> Part A deductible Part B deductible* Medical expenses and supplies that exceed Medicare-approved charges and are not covered by Medicare Part B Supplemental preventive benefits not covered by Medicare (vision, hearing, annual physical exams and other routine screenings; up to \$120 maximum per calendar year) <i>Total including all optional riders</i>	100% covered after high deductible is met No coverage 80% coverage No coverage	100% covered No coverage 80% coverage No coverage	Add plan riders: + \$ 36.00 for 100% coverage No coverage + \$ 1.00 for 100% coverage + \$ 4.00 = \$245.40	Add plan riders: + \$ 36.00 for 100% coverage No coverage + \$ 1.00 for 100% coverage + \$ 4.00 = \$278.95		
Annual deductible	\$2,370 (in 2021)**		You will be responsible for meeting the Medicare Part B deductible		\$0 when all plan riders are selected. You will be responsible for meeting the Medicare Part B deductible.*	
Annual out-of-pocket maximum	After meeting the annual deductibles, there are minimal to no cost sharing for eligible services and supplies		There is no limit to out-of-pocket expenses		When all plan riders are selected, there are minimal to no out-of-pocket expenses*	
Annual physical exam	Not covered		Not covered		\$120 annual maximum	
Office visits <ul style="list-style-type: none"> Primary care Specialist 	\$0		\$20 copay		\$0	
Emergency care In the United States and worldwide	\$0		\$50 copay in the U.S.; 20% coinsurance worldwide		\$0 in the U.S.; 20% coinsurance worldwide	
Urgent care	\$0		\$20 copay		\$0	
X-rays, diagnostic tests, lab and radiology services	\$0		\$0		\$0	
Inpatient hospital stay Per benefit period	\$0; limit of 365 days per benefit period		\$0; limit of 365 days per benefit period		\$0 when all plan riders are selected. No limit on the number of days covered each benefit period.	
Observation stay	\$0		\$0		\$0	
Outpatient hospital visit	\$0		\$0		\$0	
Ambulance (air and ground)	\$0		\$0		\$0	
Medicare Part B covered drugs	\$0		\$0		\$0	

*The federal Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) prohibits coverage of the Medicare Part B deductible for individuals who are newly eligible for Medicare on or after January 1, 2020. Contact us or your agent to find out how/if this applies to you.

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

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

MedicareBlueSM Rx (PDP)

I like FLEXIBILITY



This plan is a good choice if you want:

- Prescription drug coverage only
- Coverage of generic, brand-name and specialty drugs
- Access to thousands of pharmacies nationwide

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

NETWORK ACCESS

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

IN-NETWORK PHARMACIES



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

**IS YOUR PHARMACY IN NETWORK?
ARE YOUR DRUGS COVERED?**

Visit YourMedicareSolutions.com/PlanTools and follow the search prompts.



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

*As of July 2021



DID YOU KNOW?

Every year, Medicare evaluates plans based on a 5-star rating system. To see MedicareBlue Rx star ratings and learn more, visit YourMedicareSolutions.com/StarRatings.

LET'S COMPARE COSTS AND COVERAGE

MedicareBlue Rx (PDP) plans offer two levels of coverage and cost sharing. Each plan pays a different amount toward prescription drugs. The right plan for you depends on how many drugs you take and the cost of those drugs.

Choose from two levels of coverage:

STANDARD

GOOD OPTION

if you take mostly generic drugs that are covered on Tier 1 or Tier 2.

- **Lower** monthly premium
- **Deductibles:** No deductible on Tiers 1 and 2 generic drugs so coverage starts right away with a copay. You will have a deductible on Tiers 3 – 5 drugs. After you pay your deductible, you will pay a set copay or coinsurance on covered drugs.

PREMIER

GOOD OPTION

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

- **Higher** monthly premium
- **Deductibles:** No deductible on all five tiers so your coverage starts right away with copays or coinsurance
- **\$0 copay** on Tier 1 and Tier 2 prescriptions when you use a preferred pharmacy. Plus, get extra coverage during the coverage gap stage on Tier 1 and Tier 2 prescriptions.



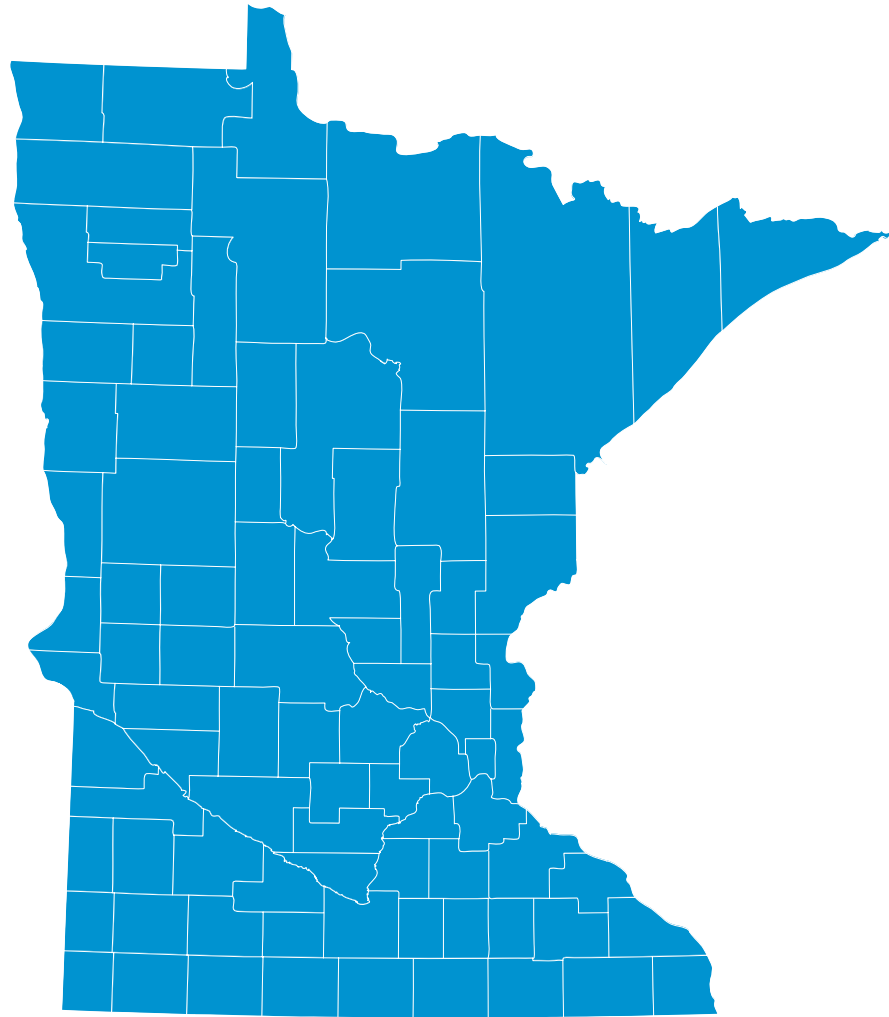
TIP TO AVOID A PENALTY

Enroll in a Part D plan when you're first eligible so you don't have to pay a late enrollment penalty from Medicare. Learn more at bluecrossmn.com/penalty.



MEDICARE PART D EXTRA HELP

If you have limited income and financial resources, you might qualify for the Low-Income Subsidy (LIS) program from Social Security. Ask us for more information or visit ssa.gov.



Available in:
All Minnesota counties

PART D PLAN OPTIONS	MEDICAREBLUE RX (PDP) STANDARD		MEDICAREBLUE RX (PDP) PREMIER	
Monthly plan premium You must continue to pay your Medicare Part B premium	\$82.80		\$116.10	
Annual deductible	\$0 on Tiers 1 – 2 drugs; \$480 on Tiers 3 – 5		\$0	
Initial coverage (30-day supply) Tier 1: Preferred generic drugs Tier 2: Generic drugs Tier 3: Preferred brand drugs Tier 4: Non-preferred drugs Tier 5: Specialty drugs	Preferred pharmacy \$1 copay \$10 copay \$29 copay 35% coinsurance 25% coinsurance	Standard pharmacy \$7 copay \$20 copay \$46 copay 40% coinsurance 25% coinsurance	Preferred pharmacy \$0 copay \$0 copay 17% coinsurance 40% coinsurance 33% coinsurance	Standard pharmacy \$15 copay \$20 copay 25% coinsurance 45% coinsurance 33% coinsurance
Coverage gap Amount you pay after your total yearly drug costs 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 		Tiers 1 and 2 drug costs are the same as those listed above. For drugs in all other tiers: <ul style="list-style-type: none"> • Generic drugs: 25% of the plan cost • Brand-name drugs: 25% of the plan cost 	
Catastrophic coverage Amount you pay after your total yearly out-of-pocket drug costs reach \$7,050 ²	For all plans, you pay the greater of: <ul style="list-style-type: none"> • 5% of the cost OR • \$3.95 copay for generic drugs (including brand-name drugs treated as generic); \$9.85 copay for all other drugs 			

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

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

Platinum BlueSM with Rx (Cost)

I like **BALANCE**



This plan is a good choice if you want:

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

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

NETWORK ACCESS

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

IN-NETWORK PROVIDERS



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

NORTHEAST PLUS REGION: Platinum Blue Network

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

IS YOUR PROVIDER IN NETWORK?

Visit bluecrossmn.com/platinum and follow the search prompts.

IN-NETWORK PHARMACIES



With optional prescription drug coverage, 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/pharmacyplatinum
Prescription drug search:
Visit bluecrossmn.com/drugsplatinum

IN-NETWORK DENTISTS



Dental coverage (Choice and Complete plans) includes preventive exams, cleanings, fluoride treatment, periodontal cleaning and X-rays.

IS YOUR DENTIST IN NETWORK?

Visit bluecrossmn.com/medicaledental

LET'S COMPARE COSTS AND COVERAGE

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

Choose from three levels of coverage with optional prescription drug coverage:

CORE

GOOD OPTION

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

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

CHOICE

GOOD OPTION

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

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

COMPLETE

GOOD OPTION

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

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



DID YOU KNOW?

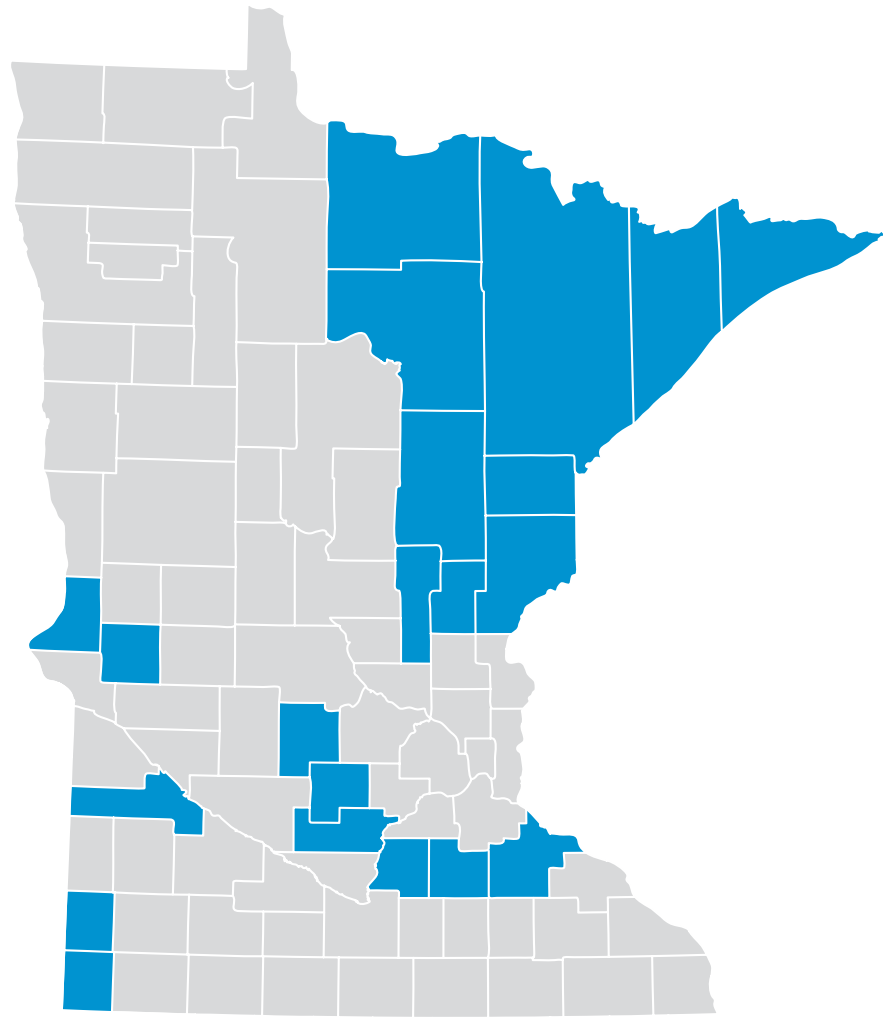
A **medical-only** Platinum Blue plan is available and can be paired with any stand-alone prescription drug plan.



LET'S TALK TRAVEL

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

Platinum Blue with Rx (Cost)



This plan features statewide access to network care — with 97% of Minnesota providers in network.

Available in these counties:

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



INCLUDED EXTRAS

- \$25 – \$50 per quarter allowance for over-the-counter medications (depending on plan)
- 20 acupuncture visits per year for any pain diagnosis (other than Medicare-covered chronic low back pain)
- Hearing aid savings with TruHearing
- SilverSneakers fitness benefit

MEDICAL BENEFITS	PLATINUM BLUE CORE	PLATINUM BLUE CHOICE	PLATINUM BLUE COMPLETE
Monthly plan premium You must continue to pay your Medicare Part B premium	\$25	\$99	\$169
Annual deductible	\$0	\$0	\$0
Annual out-of-pocket maximum	\$6,000	\$3,500	\$2,700
Annual physical exam	\$0	\$0	\$0
Office visits • Primary care • Specialist	\$20 copay 20% coinsurance	\$0 \$15 copay	\$0 \$0
Emergency care In the United States and worldwide	\$90 copay	\$90 copay	\$0
Urgent care	\$65 copay	\$25 copay	\$0
Inpatient hospital stay Per benefit period; no limit on number of days except where noted	\$600 copay per stay; limit 90 days plus 60 lifetime reserve days	\$200 copay per stay; no limit to the number of days	\$100 copay per stay; no limit to the number of days
Observation stay	20% coinsurance per stay	\$50 copay per stay	\$0
Outpatient hospital visit	20% coinsurance for all services	\$50 surgery; \$0 all other services	\$0 for all services
Medicare Part B covered drugs	20% coinsurance	20% coinsurance	0 – 20% coinsurance
PART D BENEFITS	PLATINUM BLUE CORE WITH RX	PLATINUM BLUE CHOICE WITH RX	PLATINUM BLUE COMPLETE WITH RX
Monthly plan premium You must continue to pay your Medicare Part B premium	\$43.20 (\$25 medical + \$18.20 Rx)	\$130.60 (\$99 medical + \$31.60 Rx)	\$232.50 (\$169 medical + \$63.50 Rx)
Annual deductible	\$480 all Tiers	\$0 Tiers 1 and 2; \$480 Tiers 3 – 5	\$0 Tiers 1 and 2; \$480 Tiers 3 – 5
Initial coverage (31-day supply) Tier 1: Preferred generic drugs Tier 2: Generic drugs Tier 3: Preferred brand drugs Tier 4: Non-preferred drugs Tier 5: Specialty drugs	In network \$0 copay \$15 copay 25% coinsurance 50% coinsurance 25% coinsurance	In network \$0 copay \$10 copay 20% coinsurance 45% coinsurance 25% coinsurance	In network \$0 copay \$9 copay 20% coinsurance 42% coinsurance 25% coinsurance
Coverage gap Amount you pay after your total yearly drug costs reach \$4,430	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	The greater of \$3.95 copay for covered generic drugs and \$9.85 copay for all other covered drugs OR 5% of the cost of covered drugs		
DENTAL BENEFITS*	PLATINUM BLUE CORE WITH OR WITHOUT RX	PLATINUM BLUE CHOICE WITH OR WITHOUT RX	PLATINUM BLUE COMPLETE WITH OR WITHOUT RX
Preventive and periodontal cleaning	Not applicable	\$0 copay for oral exams (2), cleanings (2), fluoride treatments (2), dental X-ray (1) and periodontal cleaning (1)	

*Maximum plan benefit amount is \$2,000 per year for covered preventive dental services.

For dental services performed by an out-of-network dentist, you 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.

Explore more resources

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

	MEDICARE ADVANTAGE	MEDICARE SUPPLEMENT	PLATINUM BLUE
CARE OPTIONS			
Nurse line Registered nurses are available 24 hours a day, seven days a week to answer your questions.	X	X	X
Online care See a doctor right on your smartphone, tablet or computer from providers that offer telehealth and online care, including services like Doctor On Demand®.	X	X	X
SAVINGS			
Eyewear allowance An allowance for eyeglasses or contact lenses. Benefits vary by plan.	X		X
Hearing screening Some coverage for hearing screenings. Benefits vary by plan.	X		X
Hearing aids through TruHearing Receive high-quality hearing aids at a fraction of the retail price. On Premium Aid, receive rechargeable battery for \$0.	X		X
Over-the-counter medications allowance Receive a quarterly allowance to purchase over-the-counter medications.	X		X
SUPPORT RESOURCES			
Health management Get help accomplishing your wellness goals or managing a health condition.	X		
Care management Get the support you need to achieve your health goals from a Blue Cross medical or behavioral health case manager.	X		
Quitting tobacco and vaping support Personalized guidance for developing a quit plan and ongoing support from a wellness coach.	X	X	X

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



Health plan information when and where you need it.

YOUR HEALTH PLAN AT YOUR FINGERTIPS

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

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



Stay active with SilverSneakers®

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

Available with all plans except MedicareBlue Rx.



Visit silversneakers.com for more details

What's next?

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

WE'RE HERE TO HELP.



Speak with a Blue Cross Medicare advisor
1-888-329-8250/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

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



Important plan information

Eligibility and enrollment

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

You are eligible to enroll in Platinum Blue(Cost) if you have Medicare Part A and Medicare Part B, (or are enrolled in Medicare Part B only) and live in the plan's service area. You may not be eligible to enroll if you have permanent end-stage renal disease (kidney disease requiring dialysis or a kidney transplant) unless you are currently enrolled in 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 can be a member of only one Part D prescription drug plan at a time. By enrolling in a Medicare Advantage plan with prescription drugs, a Medicare Cost with a combined prescription drug plan, or a stand-alone prescription drug plan, you will automatically be disenrolled from any other Medicare health plan with combined prescription drug plan of which you are a member.

You are eligible to enroll in MedicareBlue Rx if you have Medicare Part A and/or Medicare Part B and live in the plan's service area. You may enroll in only one Part D plan at a time. You may enroll in MedicareBlue Rx only during specific times of the year. Medicare beneficiaries may also enroll in MedicareBlue Rx through the Centers for Medicare & Medicaid Services (CMS) Online Enrollment Center, located at medicare.gov.

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

Pharmacy and provider networks, formulary, mail order service

Each provider is an independent contractor and is not our agent. Medicare Advantage (PPO), Medicare Supplement and Platinum Blue have

networks of doctors, specialists, hospitals and other providers. Medicare Advantage, Platinum Blue with Rx and MedicareBlue Rx have networks of pharmacies.

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

Drug coverage benefits are subject to limitations. For a formulary, pharmacy or provider directory or information about AllianceRx Walgreens Prime or Express Scripts® Pharmacy (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. Each pharmacy is an independent provider and not our agent.

AllianceRx Walgreens Prime is a mail-service pharmacy owned and operated by Prime Therapeutics, LLC, an independent company providing pharmacy benefit management services.

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

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

Federal contract

Blue Cross offers PPO, Cost and PDP plans with Medicare contracts. Enrollment 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.



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>.

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.

နမ့်ကတိကညိကိဉ်း, တံကဟုန်နကိဉ်တံမၤတၢ်ကလိတဖၣ်န့ၣ်လီၤ. 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.

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

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ អ្នកអាចទទួលបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éi t'áájíik'e bee níká'a'doowołgo éi ná'ahoot'i'. Kojí éi béesh bee hodíłnih 1-855-902-2583. TTY biniy'égo éi 711 jü' béesh bee hodíłnih.

bluecrossmn.com/medicare

Better together



Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

M00321R05 (9/21)