

2022

PLATINUM BLUESM (COST)

Enrollment kit

Platinum BlueSM (Cost)

Blue Cross and Blue Shield of Minnesota Medicare Cost plans offer two plan coverage types: medical-only coverage or combined medical and prescription drug coverage to help pay for expenses Original Medicare doesn't cover.

Features statewide access to network care — with 97% of Minnesota providers in network.

Let's take a look at plan options and benefits

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A Blue Cross and Blue Shield of Minnesota MedicareBlue Rx plan is a stand-alone prescription drug plan that helps pay for prescription drugs that are not covered by Original Medicare. This plan can be paired with a medical-only Platinum Blue plan.	
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Questions? We're here to help.



Speak with a Blue Cross Medicare advisor
1-855-459-0433/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.

Platinum Blue with optional Rx



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.

PLAN AVAILABILITY AREA

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

IN-NETWORK PROVIDERS



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

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/medicatedental

LET'S COMPARE COSTS AND COVERAGE

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

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

CORE

GOOD OPTION

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

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

CHOICE

GOOD OPTION

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

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

COMPLETE

GOOD OPTION

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

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



DID YOU KNOW?

A **medical-only** Platinum Blue plan is available and can be paired with any stand-alone prescription drug plan, such as MedicareBlue Rx. Information on this drug plan is included later in this guide.



LET'S TALK TRAVEL

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

MEDICAL BENEFITS	CORE	CHOICE	COMPLETE
Monthly medical plan premium You must continue to pay your Medicare Part B premium	\$25	\$99	\$169
Annual deductible Amount you pay for medical services before plan begins to pay	\$0	\$0	\$0
Annual out-of-pocket maximum	\$6,000	\$3,500	\$2,700
Preventive services • Annual Medicare-covered wellness visit (one per year) • Physical exam (one per year) • Routine eye exam (two per year) • Routine hearing exam (one per year) • Immunizations (flu, pneumonia and Hepatitis B) • Cancer screenings (Original Medicare limits apply)	\$0 \$0 Not covered \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0
Primary care office visits	\$20 copay	\$0	\$0
Specialist visits	20% coinsurance	\$15 copay	\$0
Chiropractic/acupuncture visits	\$20 copay	\$15 copay	\$0
Podiatry visits	\$50 copay	\$15 copay	\$0
Diagnostic and therapeutic radiology services	20% coinsurance	\$0	\$0
Lab services/outpatient X-rays	\$0/\$60 copay	\$0	\$0
Durable medical equipment, prosthetics	20% coinsurance	20% coinsurance	\$0
Diabetes supplies (Ascensia)	\$0	\$0	\$0
Outpatient hospital visit	20% coinsurance for all services	\$50 surgery; \$0 all other services	\$0 for all services
Urgent care	\$65 copay	\$25 copay	\$0
Emergency care United States and worldwide	\$90 copay	\$90 copay	\$0
Inpatient hospital stay	\$600 copay per stay	\$200 copay per stay	\$100 copay per stay
Skilled nursing facility care Days 1 – 20 Days 21 – 100	\$0 \$188 copay per day	\$0 \$0	\$0 \$0
Medicare Part B covered drugs	20% coinsurance	20% coinsurance	0 – 20% coinsurance

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

OPTIONAL PRESCRIPTION DRUG COVERAGE OVERVIEW

PART D BENEFITS	CORE WITH RX	CHOICE WITH RX	COMPLETE WITH RX
Monthly plan premiums You must continue to pay your Medicare Part B premium	\$43.20 (\$25 medical only + \$18.20 Rx)	\$130.60 (\$99 medical only+ \$31.60 Rx)	\$232.50 (\$169 medical only+ \$63.50 Rx)
Deductible Amount you pay for prescription drugs before plan begins to pay	\$480 all Tiers	\$0 (Tiers 1 and 2) \$480 (Tiers 3 – 5)	\$0 (Tiers 1 and 2) \$480 (Tiers 3 – 5)
Initial coverage Amount you pay for a 31-day supply after paying the annual deductible • 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 \$15 25% 50% 25%	In network \$0 \$10 20% 45% 25%	In network \$0 \$9 20% 42% 25%
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 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.

PLATINUM BLUE BENEFITS SNAPSHOT

What does the plan cover?

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

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

DENTAL BENEFITS	PLATINUM BLUE PLANS		
	CORE	CHOICE	COMPLETE
Deductible	Not applicable	\$0	\$0
Preventive and periodontal cleaning Oral exams (2), cleanings (2), fluoride treatments (2), X-rays (1), periodontal cleaning (1)	Not applicable	\$0	\$0

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

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



Stay active with SilverSneakers®

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

Visit silversneakers.com for more details

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

Resources and extras

Platinum Blue plans include these extras:

CARE OPTIONS	
Nurse line Registered nurses are available 24 hours a day, seven days a week to answer your questions.	1-800-622-9524; TTY 711
Online care See a doctor right on your smartphone, tablet or computer from providers that offer telehealth and online care, including services like Doctor On Demand®	doctorondemand.com/bluecrossmn
Acupuncture benefit 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
SAVINGS	
Eyewear allowance Allowance on glasses or contact lenses: \$125 Choice; \$150 Complete	Call the customer service number on the back of your member ID card
Hearing aids through TruHearing® Advanced Aid copay: \$699 Core; \$599 Choice; \$499 Complete; Premium Aid copay: \$999 Core; \$899 Choice; \$799 Complete; \$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 Choice and Complete; \$25 Core	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	
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

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

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

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

How to enroll

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



Speak with a Blue Cross Medicare advisor
1-855-459-0433/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 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 forms, we will send you a letter to confirm your enrollment. We will also mail your member ID card to you.



Important plan information

Eligibility and enrollment: You are eligible to enroll in Platinum Blue if you have Medicare Part A and Medicare Part B (or have Medicare Part B only) and reside in a Minnesota county that offers Platinum Blue. These counties are: Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Pine, Pipestone, Rice, Rock, Sibley, St. Louis, Stevens, Traverse or Yellow Medicine. Some exceptions may apply. Counties are subject to change. Please contact your agent or Blue Cross for more information. You can be a member of only one Medicare Cost plan at a time. By enrolling in Platinum Blue, you will automatically be disenrolled from any other Medicare Advantage or Medicare Cost plan of which you are a member. You may not be eligible to enroll if you have permanent end-stage renal disease (kidney disease requiring dialysis or a kidney transplant) unless you are currently enrolled in a Blue Cross and Blue Shield of Minnesota plan.

Provider network: Blue Cross has formed a contracted network of doctors, specialists, hospitals and other providers for Platinum Blue. You can use any provider who is part of this network without a referral. The 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 Platinum Blue network (in the plan's service area) who accepts Medicare patients, your coverage will be the same as Original Medicare. Original Medicare deductibles, copayments and coinsurance apply. You will receive in-network benefits for eligible services received outside the service area within the United States for up to nine (9) months each year. In addition to being covered in the United States, emergency services are covered worldwide.

In some cases, you may need authorization from Blue Cross before you receive care. Visit bluecrossmn.com/authorization to learn more.

Prescription drugs, formulary, pharmacy network, mail order service: If you enroll in Platinum Blue with Rx, you must receive your Medicare prescription drug coverage through this plan. Drug coverage benefits are subject to limitations.

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

Federal contract: Platinum Blue is a Cost plan with a Medicare contract. Enrollment in Platinum Blue depends on contract renewal. Enrollment in the plan 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. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

Plan 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 **1-855-459-0433/TTY 711**.

MedicareBlueSM Rx



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.

PLAN AVAILABILITY AREA

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

IN-NETWORK PHARMACIES



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

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 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.

MEDICAREBLUE RX BENEFITS SNAPSHOT

This chart is an overview of the prescription drug benefits available for the two plans.

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

COVERAGE	STANDARD		PREMIER	
Monthly plan premium	\$82.80		\$116.10	
Annual deductible	\$0 on Tiers 1 – 2 drugs; \$480 on Tiers 3 – 5 drugs		\$0	
Initial coverage Amount you pay for a 30-day supply from a network pharmacy	Preferred pharmacy	Standard pharmacy	Preferred pharmacy	Standard pharmacy
<ul style="list-style-type: none"> • Tier 1: Preferred generic drugs • Tier 2: Generic drugs • Tier 3: Preferred brand drugs • Tier 4: Non-preferred drugs • Tier 5: Specialty drugs 	\$1 copay \$10 copay \$29 copay 35% coinsurance 25% coinsurance	\$7 copay \$20 copay \$46 copay 40% coinsurance 25% coinsurance	\$0 copay \$0 copay 17% coinsurance 40% coinsurance 33% coinsurance	\$15 copay \$20 copay 25% coinsurance 45% coinsurance 33% coinsurance
Coverage gap Begins once your total drug costs for the year reach \$4,430 ¹	Generic drugs: 25% of the plan cost Brand drugs: 25% of the plan cost		Tier 1 and 2 drug costs are the same as those listed above For drugs in all other tiers: <ul style="list-style-type: none"> • Generic drugs: 25% of the plan cost • Brand drugs: 25% of the plan cost 	
Catastrophic coverage Begins once your total out-of-pocket costs for the year 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 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 drugs may be discounted. Call Blue Cross customer service if you have questions.

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



To view the plan formulary visit [YourMedicareSolutions.com/PlanTools](https://www.yourmedicare.com/PlanTools) and click on the appropriate link under "Coverage and pricing tool"



How to enroll

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



Speak with a Blue Cross Medicare advisor
1-877-811-0416/TTY 711
8 a.m. to 8 p.m. daily, Central Time



Visit [YourMedicareSolutions.com](https://www.yourmedicare.com) and use our online enrollment tool to submit your application



Make an appointment with a Blue Cross center in Duluth, Edina, Roseville or St. Cloud
[bluecrossmn.com/centers](https://www.bluecrossmn.com/centers)



Mail your enrollment form to the address listed on 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](https://www.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](https://www.medicare.gov)

AFTER YOU ENROLL

After we process your enrollment form, we will send you a letter to confirm your enrollment. We will also mail your member ID card.

Important plan information

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

You may send your enrollment form directly to MedicareBlue Rx by mail: MedicareBlue Rx (PDP), P.O. Box 3178, Scranton, PA 18505. You may also enroll online through our website or by working with an authorized independent agent. Medicare beneficiaries may also enroll in MedicareBlue Rx through the CMS Medicare Online Enrollment Center, located at [medicare.gov](https://www.medicare.gov).

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

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

Formulary, pharmacy network, mail order

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

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

Other materials available: For a pharmacy directory or information about CVS Caremark Mail Order Pharmacy program, please visit [YourMedicareSolutions.com](https://www.YourMedicareSolutions.com).

You can also obtain this information by writing to MedicareBlue Rx Customer Service, P.O. Box 3178, Scranton, PA 18505.

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

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

For accommodations of persons with special needs at meetings call **1-877-811-0416/TTY 711**.

2022

SUMMARY OF BENEFITS

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

H2461

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 Platinum BlueSM (Cost) and Platinum BlueSM with Rx (Cost) 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 **1-877-662-2583** (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 **1-877-662-2583** (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.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

CONTACT US

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



Members

Call toll-free **1-866-340-8654**

TTY users call **711**

Non-Members

Call **1-877-662-2583**



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 Platinum Blue with Rx if you are enrolled in Medicare Part B (or have both Medicare Part A and Medicare Part B) and live in the plan availability area.

Plan availability area:

You may enroll in a Platinum Blue plan if you live in one of the following counties: Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Pine, Pipestone, Rice, Rock, Sibley, St. Louis, Stevens, Traverse and Yellow Medicine. Some exceptions may apply. Counties are subject to change. Please contact your agent or Blue Cross for more information.

WHAT DOES THE PLAN COVER?

Platinum Blue members get all the benefits covered in Original Medicare. Platinum Blue plans help pay the deductible, copayments and coinsurance Original Medicare doesn't cover.

Platinum Blue with Rx covers Part D drugs. Both Platinum Blue and Platinum Blue with Rx cover Part B drugs, including chemotherapy and some drugs administered by your provider.

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 Platinum Blue 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 Platinum Blue and Platinum Blue with Rx network offers a large list of providers and pharmacies covered under the Platinum Blue plan. You may pay less when you use doctors, hospitals, pharmacies and other providers in this network. You can see the plan's provider and pharmacy directories at bluecrossmnonline.com by clicking Medicare > Search Medicare Forms > Select Platinum Blue (Cost) > Scroll down to "Doctors and Pharmacies". Or, call us and we will send you a copy of the directories.

When using in-network pharmacies you can typically see lower prices than using out-of-network pharmacies for covered Part D drugs. If you choose to go out of network for services, or outside of your service area, these services will be paid by Original Medicare and your responsibility for cost sharing may be higher.

ARE MY DRUGS COVERED?

If you enroll in Platinum Blue with Rx, you will have Part D prescription drug coverage. You can see the complete *Formulary* (list of Part D prescription drugs) and any restrictions at bluecrossmn.com/drugsplatinum. 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/pharmacyplatinum.

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 Cost plan like Platinum Blue or Platinum Blue with Rx.

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. 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.

Platinum Blue with Rx Benefits	Core Plan with Rx	Choice Plan with Rx	Complete Plan with Rx
<i>Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services</i>			
How much is the monthly premium?	\$43.20 per month. In addition, you must keep paying your monthly Medicare Part B premium.	\$130.60 per month. In addition, you must keep paying your monthly Medicare Part B premium.	\$232.50 per month. In addition, you must keep paying your monthly Medicare Part B premium.
How much is the pharmacy (Part D) deductible?	\$480 all Tiers per year for Part D prescription drugs	\$480 per year for Part D prescription drugs Tiers 3–5. Tiers 1–2 are excluded from the deductible.	\$480 per year for Part D prescription drugs Tiers 3–5. Tiers 1–2 are excluded from the deductible.

Platinum Blue without Rx 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?	\$25 per month. In addition, you must keep paying your monthly Medicare Part B premium.	\$99 per month. In addition, you must keep paying your monthly Medicare Part B premium.	\$169 per month. In addition, you must keep paying your monthly Medicare Part B premium.
How much is the annual medical deductible?	This plan does not have a deductible.	This plan does not have a deductible.	This plan does not have a deductible.

Platinum Blue with and without Rx Benefits	Core Plan with and without Rx	Choice Plan with and without Rx	Complete Plan with and without Rx
Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services			
<p>Is there any limit on how much I will pay for my covered service?</p> <p>Your yearly out-of-pocket limit(s) in this plan are for services you receive from in-network providers</p> <p>If you reach the limit on out-of-pocket costs, you will continue to be covered for hospital and medical services and your plan will pay the full cost for the rest of the year. You will still need to pay your monthly premiums.</p>	\$6,000	\$3,500	\$2,700
<p>Is there a limit on how much the plan will pay?</p>	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.

Platinum Blue with and without Rx Benefits	Core Plan with and without Rx	Choice Plan with and without Rx	Complete Plan with and without Rx
Covered Hospital and Medical Benefits – Hospital Care			
<p>Inpatient hospital care</p>	Our plan covers 90 days for an inpatient hospital stay. \$600 copay per admission	Our plan covers an unlimited number of days for an inpatient hospital stay. \$200 copay per admission	Our plan covers an unlimited number of days for an inpatient hospital stay. \$100 copay per admission
<p>Outpatient hospital care</p>			
Outpatient hospital surgery	20% coinsurance	\$50 copay	\$0
Ambulatory surgery center services	20% coinsurance	\$50 copay	\$0
Observation stay	20% coinsurance per stay	\$50 copay per stay	\$0 per stay
Blood services	\$0	\$0	\$0
Outpatient hospital all other services	20% coinsurance	\$0	\$0
<p>Doctor's office visits</p>			
Primary Care Physician	\$20 copay	\$0	\$0
Specialist	20% coinsurance	\$15 copay	\$0
Non-Medicare-covered acupuncture	\$20 copay (max. 20 visits per year)	\$15 copay (max. 20 visits per year)	\$0 (max. 20 visits per year)

Platinum Blue with and without Rx Benefits	Core Plan with and without Rx	Choice Plan with and without Rx	Complete Plan with and without Rx
Covered Hospital and Medical Benefits – Outpatient Care and Services			
Preventive care	\$0		
	<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 rectal 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>		

Platinum Blue with and without Rx Benefits	Core Plan with and without Rx	Choice Plan with and without Rx	Complete Plan with and without Rx
Covered Hospital and Medical Benefits – Outpatient Care and Services			
Emergency care (In the United States and worldwide)			
Copayment is waived if you are admitted to the hospital within 24 hours for the same condition. See the “Inpatient Hospital Care” section of this booklet for other costs.	\$90 copay	\$90 copay	\$0
Worldwide emergency transportation	20% coinsurance	\$25 copay	\$0
Urgently needed care	\$65 copay	\$25 copay	\$0
Outpatient diagnostic tests and therapeutic services and supplies			
X-rays	\$60 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.	\$0 for Medicare-covered radiation therapy services. Examples include, but are not limited to, treatment of cancer.	\$0 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.	\$0 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.

Platinum Blue with and without Rx Benefits	Core Plan with and without Rx	Choice Plan with and without Rx	Complete Plan with and without Rx
Covered Hospital and Medical Benefits – Outpatient Care and Services			
Diagnostic advanced imaging	20% coinsurance 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.	\$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)	20% coinsurance 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.	\$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	20% coinsurance 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.

Platinum Blue with and without Rx Benefits	Core Plan with and without Rx	Choice Plan with and without Rx	Complete Plan with and without Rx
Covered Hospital and Medical Benefits – 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	20% coinsurance	\$15 copay	\$0
Non-Medicare covered dental services*			
Cleaning (Up to 2 per year)	Not covered	\$0	\$0
Dental x-rays (Up to 1 per year)	Not covered	\$0	\$0
Oral exam (Up to 2 per year)	Not covered	\$0	\$0
Periodontal cleaning (Up to 1 per year)	Not covered	\$0	\$0
Fluoride (Up to 2 per year)	Not covered	\$0	\$0

*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.

Platinum Blue with and without Rx Benefits	Core Plan with and without Rx	Choice Plan with and without Rx	Complete Plan with and without Rx
Covered Hospital and Medical Benefits – 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	20% coinsurance	20% coinsurance	20% coinsurance
Non-Medicare covered exam (2 per year)	Not covered	\$0	\$0
Non-Medicare covered eyewear allowance	Not covered	\$125 (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	\$600 copay per admission	\$200 copay per admission	\$100 copay per admission
Outpatient group therapy visit	\$40 copay	\$15 copay	\$0
Outpatient individual therapy visit	\$40 copay	\$15 copay	\$0
Partial hospitalization	\$55 copay per day	\$15 copay per day	\$0
Mental health office visit			
Psychiatrist or psychologist	\$40 copay	\$15 copay	\$0

Platinum Blue with and without Rx Benefits	Core Plan with and without Rx	Choice Plan with and without Rx	Complete Plan with and without Rx
Covered Hospital and Medical Benefits – Outpatient Care and Services			
Skilled nursing facility (SNF)			
\$0 per day for days 1 through 20	\$0	\$0	\$0
Our plan pays up to 100 days in a SNF	\$188 copay per day for days 21 through 100		
Rehabilitation services			
Cardiac rehabilitation services	\$50 copay	\$15 copay	\$0
Physical, occupational and speech therapy visits	\$40 copay	\$15 copay	\$0
Pulmonary rehab services	\$30 copay	\$15 copay	\$0
Ambulance (ground and air)	20% coinsurance	\$20 copay	\$0
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 Medicare-covered Part B drugs including but not limited to oxygen	20% coinsurance	20% coinsurance	20% coinsurance

Platinum Blue with and without Rx Benefits	Core Plan with and without Rx	Choice Plan with and without Rx	Complete Plan with and without Rx
Additional benefits and services			
Medicare-covered acupuncture Covered for chronic lower back pain	\$20 copay (max. 20 visits every 12 months)	\$15 copay (max. 20 visits every 12 months)	\$0 (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)	\$15 copay (max. 20 visits per year)	\$0 (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	\$15 copay	\$0
Non-Medicare-covered acupuncture	\$20 copay (max. 20 visits per year)	\$15 copay (max. 20 visits per year)	\$0 (max. 20 visits per year)
Diabetes supplies and services			
Diabetes monitoring supplies through Ascensia	\$0	\$0	\$0
Diabetes self-management training	20% coinsurance	\$0	\$0
Therapeutic shoes and inserts	20% coinsurance	20% coinsurance	\$0
Durable medical equipment* (wheelchairs, oxygen, etc.)	20% coinsurance	20% coinsurance	\$0
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	20% coinsurance	\$15 copay	\$0

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

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

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

Platinum Blue with and without Rx Benefits	Core Plan with and without Rx	Choice Plan with and without Rx	Complete Plan with and without Rx
Additional benefits and services			
Over-The-Counter (OTC) OTC medications and supplies are available to order online or by telephone through CVS OTCHS. Retail purchases are non-reimbursable.	\$25 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).	\$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	\$50 copay	\$15 copay	\$0
Prosthetic devices and medical supplies	20% coinsurance	20% coinsurance	\$0
Renal dialysis	20% coinsurance	\$15 copay	\$0
Kidney Disease Education	20% coinsurance	\$0	\$0
Tobacco cessation A wellness coach helps members develop and maintain a plan to quit	\$0	\$0	\$0

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

You can add prescription drug coverage to your Platinum Blue plan. Bundling medical and Part D coverage into one plan gives you the convenience of a single member ID card, customer service center and bill for both your medical and prescription costs. The monthly premium and deductible costs below reflect both your medical and prescription drug coverage. To view what drugs are covered by Platinum Blue with Rx, visit bluecrossmn.com/drugsplatinum 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.

	Platinum Blue with Rx Benefits	Core Plan with Rx	Choice Plan with Rx	Complete Plan with Rx
	Monthly Plan Premium	\$43.20	\$130.60	\$232.50
	Deductible	\$480 all Tiers	\$0 Tiers 1-2; \$480 Tiers 3-5	\$0 Tiers 1-2; \$480 Tiers 3-5
	Initial Coverage	Standard Cost-Sharing	Standard Cost-Sharing	Standard Cost-Sharing
31 Day Supply from a Network Pharmacy	Tier 1: Preferred Generic Drugs	\$0 copay	\$0 copay	\$0 copay
	Tier 2: Generic Drugs	\$15 copay	\$10 copay	\$9 copay
	Tier 3: Preferred Brand Drugs	25% coinsurance	20% coinsurance	20% coinsurance
	Tier 4: Non-Preferred Drugs	50% coinsurance	45% coinsurance	42% coinsurance
	Tier 5: Specialty Drugs	25% coinsurance	25% coinsurance	25% coinsurance
60-90 Day Supply from a Network Pharmacy	Tier 1: Preferred Generic Drugs	\$0 copay	\$0 copay	\$0 copay
	Tier 2: Generic Drugs	\$30 copay	\$20 copay	\$18 copay
	Tier 3: Preferred Brand Drugs	25% coinsurance	20% coinsurance	20% coinsurance
	Tier 4: Non-Preferred Drugs	50% coinsurance	45% coinsurance	42% coinsurance
	Tier 5: Specialty Drugs	25% coinsurance	25% coinsurance	25% coinsurance
	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 		
	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		

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.

	Platinum Blue	Core with Rx	Choice with Rx	Complete with Rx
60- or 90-day supply via Mail Order	Tier 1: Preferred Generic Drugs	\$0 copay	\$0 copay	\$0 copay
	Tier 2: Generic Drugs	\$30 copay	\$20 copay	\$18 copay
	Tier 3: Preferred Brand Drugs	25% coinsurance	20% coinsurance	20% coinsurance
	Tier 4: Non-Preferred Drugs	50% coinsurance	45% coinsurance	42% coinsurance
	Tier 5: Specialty Drugs	25% coinsurance	25% coinsurance	25% coinsurance

CONTACT US

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



Members

Call toll-free **1-866-340-8654**
TTY users call **711**

Non-Members

Call **1-877-662-2583**



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 Platinum Blue (Cost) or Platinum Blue with Rx (Cost) 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.

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

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

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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.

နမူကတိကသိကျိး, တကယ့်နကိတိတမၤတၢ်တဖၣ်န့ၣ်လီၤ. 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. اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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

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

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 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 yánílt'i'go saad bee yát'i' éi t'áájíik'e bee níká'a'doowołgo éi ná'ahoot'i'. Kojí éi béesh bee hodílnih 1-855-902-2583. TTY biniyégo éi 711 jü' béesh bee hodílnih.



NOTICE OF RIGHTS NONDISCRIMINATION AND ACCESSIBILITY

MedicareBlueSM Rx (PDP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MedicareBlue Rx does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

MedicareBlue Rx:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services call our pre-enrollment call center at 1-866-434-2037, daily, 8:00 a.m. to 8:00 p.m. Central and Mountain times (TTY: 711).

If you believe that MedicareBlue Rx has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in writing to:

MedicareBlue Rx Compliance Officer
3400 Yankee Drive, R400
Eagan, MN 55121

You can file a grievance by mail. If you need help filing a grievance, the MedicareBlue Rx Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, through one of the following methods:

Electronically through the Office of Civil Rights Complaint Portal	https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
By Mail	U.S. Department of Health and Human Services 200 Independence Avenue SW Room 509F, HHH Building Washington, DC 20201
By Phone	1-800-368-1019 800-537-7697 (TDD)

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-434-2037 (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-434-2037 (TTY: 711).

Cushite: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-866-434-2037 (TTY: 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-434-2037 (TTY: 711).

Chinese: 注意: 如果您使用普通话, 您可以免费获得语言援助服务。请致电 1-866-434-2037 (TTY: 711)。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по телефону 1-866-434-2037 (телетайп: 711).

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-434-2037 (TTY: 711).

Amharic: ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚክተሎ ቁጥር ይደውሉ 1-866-434-2037 (መስማት ለተሳናቸው: 711)።

Karen: ဟံသာဝတီ- နမူကတိ/ကညီ / ကျိာဆယိ, /နမနု/ ကျိာဆတိ/မၤစၢၤလၢ/တလၢဂ်ဘျုးလၢဂ်စ့ၤ/နီတံၤဘျုးသ့န့ၣ် လီၤ/ ကိ: 1-866-434-2037 (TTY: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-434-2037 (TTY: 711).

Mon-Khmer, Cambodian: របស់តន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-866-434-2037 (TTY: 711)។

Arabic: ملحوظة: إذا كنت تتحدث العربية فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-434-2037 (رقم هاتف الصم والبكم: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-434-2037 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-434-2037 (TTY: 711)번으로 전화해 주십시오.

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-866-434-2037 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

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