

**2024 GROUP MEDICARE PLAN
UNIVERSITY OF MINNESOTA**



2024	University of Minnesota Plan 1 With Group MedicareBlue Rx (PDP)
Monthly premium You must continue to pay your Medicare Part B premium	\$407.80
Plan descriptions	A medical plan that coordinates with Medicare and a Medicare Part D prescription drug plan
Residency requirements	Must be a permanent resident of the United States
Eligibility requirements	
Provider networks	Medical: Aware, National Blue Card, Blue Card Worldwide Group MedicareBlue Rx: More than 62,000 pharmacies nationwide
Individual lifetime maximum	None
Annual deductible	Part A deductible is \$200 Part B deductible is \$226* (*Subject to change effective 1/1/2024)
Annual out-of-pocket maximum	None

Medical coverage	Plan 1 medical coverage
Office visits	
Primary care Specialist visits Chiropractic Podiatry services	\$0 after you meet your Medicare Part B deductible
Inpatient care	
Hospital care	\$200 annual inpatient deductible. Your out-of-pocket expenses are limited to \$800 per person per calendar year (including \$200 annual inpatient deductible).
Skilled nursing facility	\$200 annual inpatient deductible. Your out-of-pocket expenses are limited to \$800 per person per calendar year (including \$200 annual inpatient deductible).
Outpatient care	
Ambulatory surgery center	\$0 after you meet your Medicare Part B deductible

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Medical coverage	Plan 1 medical coverage
Outpatient hospital surgery	\$0 after you meet your Medicare Part B deductible
Diagnostic tests, X-rays, radiology Lab Services	\$0 after you meet your Medicare Part B deductible
Physical, speech, and occupational therapy	\$0 after you meet your Medicare Part B deductible
Home health care	\$0
Emergency/Urgent care	
Emergency care in the United States	\$0 after you meet your Medicare Part B deductible
Emergency care worldwide	\$0 after you meet your Medicare Part B deductible
Urgent care	\$0 after you meet your Medicare Part B deductible
[Ambulance service	\$0 after you meet your Medicare Part B deductible
Other outpatient services	
[Durable medical equipment	\$0 after you meet your Medicare Part B deductible
Diabetic supplies (includes glucose monitors, test strips, lancets)	\$0 after you meet your Medicare Part B deductible
[Medicare covered Part B drugs	\$0 after you meet your Medicare Part B deductible
Preventive care	
Annual routine physical, eye exam, and hearing screening Including "Welcome to Medicare" and annual wellness visits	\$0
Additional services and support	24-hour Nurse Line, SilverSneakers®, vision and hearing aid discounts, Doctor on Demand

Prescription Drug Coverage	Group MedicareBlue Rx (PDP) \$10/\$30/\$50/\$50
No deductible Amounts shown are for up to a 30-day supply or 31-day supply from a long-term care facility for Group MedicareBlue Rx	Tier 1: Generic drugs \$10 copay Tier 2: Preferred Brand drugs \$30 copay Tier 3: Non-Preferred Brand drugs \$50 copay Tier 4: Specialty \$50 copay Supplemental Drug Coverage: 25% coinsurance for certain sexual dysfunction and cough and cold products
90-day supply from an in-network retail or mail order pharmacy	2x copay
Coverage gap After total yearly drug costs reach \$5,030	You pay no more than your usual cost sharing
Catastrophic coverage After total out-of- pocket costs reach \$8,000	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. For excluded drugs covered under our Supplemental drug list, you pay 25% coinsurance.

Important Phone Numbers:

2024 Coordinated Plan Customer Service

Customer Service 1-800-262-0819

7 a.m. to 6 p.m. Monday-Friday, Central Time
TTY 711

Group MedicareBlue Rx Customer Service

1-877-838-3827 toll-free, TTY 711

daily, 8 a.m. to 8 p.m., Central and Mountain
Times

Pre-enrollment Customer Service

1-888-870-6297 toll-free

8 a.m. to 8 p.m., Central Time

Medicare Helpline

7 days a week, 24 hours

1-800-633-4227

TTY 1-877-486-2048

medicare.gov

Social Security

Monday – Friday, 8 a.m. to 7 p.m.

1-800-772-1213

TTY 1-800-325-0778

ssa.gov

Blue Cross offers Group Medicare Part D PDP] plans with Medicare contracts. Enrollment in these plans depends on renewal of the plan sponsor's Medicare contract. Limitations, copayments, and restrictions may apply. You may also request a copy of the *Evidence of Coverage (EOC)* and *Chapter 4: What you pay for your Part D prescription drugs (Schedule of coverage and limitations (SCAL))*. *Summary of Benefit* documents is provided in your enrollment kit.

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

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

Group MedicareBlueSM Rx (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Group MedicareBlue Rx depends on renewal of the plan sponsor's contract with Medicare. Coverage is available to members of an employer or union group and separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa*; Blue Cross and Blue Shield of Minnesota*; Blue Cross and Blue Shield of Montana*, a division of Health Care Service Corporation, a Mutual Legal Reserve Company; Blue Cross and Blue Shield of Nebraska*; Blue Cross Blue Shield of North Dakota*; Wellmark Blue Cross and Blue Shield of South Dakota*; and Blue Cross Blue Shield of Wyoming*.

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