

**2024 GROUP MEDICARE PLAN
UNIVERSITY OF MINNESOTA: PLAN 2**



2024	Group Medicare Supplement with High Deductible With Group MedicareBlue Rx (PDP)
Monthly premium You must continue to pay your Medicare Part B premium	Pre-MACRA: \$174.60 Post-MACRA: \$154.60
Plan descriptions	A Medicare Supplement with a high deductible with 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	\$2,700* (Subject to change effective 1/1/2024)
Annual out-of-pocket maximum	No maximum

Medical coverage	Medicare Supplement with High Deductible
Office visits	
Primary care Specialist visits Chiropractic Podiatry services	\$0*
Inpatient care	
Hospital care	\$0*
Skilled nursing facility	\$0*
Outpatient care	
Ambulatory surgery center	\$0*
Outpatient hospital surgery	\$0*
Diagnostic tests, X-rays, radiology Lab Services	\$0*
Physical, speech, and occupational therapy	\$0*

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Medical coverage	Medicare Supplement with High Deductible
Home health care	\$0*
Emergency/Urgent care	
Emergency care in the United States	\$0*
Emergency care worldwide	\$0*
Urgent care	\$0*
[Ambulance service	\$0*
Other outpatient services	
[Durable medical equipment	\$0*
Diabetic supplies (includes glucose monitors, test strips, lancets)	\$0*
[Medicare covered Part B drugs	\$0*
Preventive care	
Including "Welcome to Medicare" and annual wellness visits	Original Medicare coverage only
Additional services and support	24-hour Nurse Line, SilverSneakers®, vision and hearing aid discounts, Doctor on Demand

Prescription Drug Coverage	Group MedicareBlue Rx (PDP) \$5/\$10/20%/40%/33%
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: Preferred Generic drugs \$5 copay Tier 2: Generic drugs \$10 copay Tier 3: Preferred Brand drugs 20% coinsurance Tier 4: Non-Preferred drugs 40% coinsurance Tier 5: Specialty drugs 33% coinsurance 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 or coinsurance
Coverage gap After total yearly drug costs reach \$5,030	You pay the usual \$5 copay tier 1 drugs and \$10 copay for tier 2 drugs. You will generally pay no more than 25% of the plan's costs for other generic and brand-name drugs on tier 3, tier 4, and tier 5.
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))*. The *Summary of Benefit* document is provided in your enrollment kit.

*This is a high-deductible plan. You must first pay for Medicare-covered services and supplies until you reach your plan deductible and then the plan pays 100 percent for covered services and supplies. If you are newly Medicare-eligible with Medicare Part A effective on or after January 1, 2020, you pay the annual Medicare Part B deductible (\$226 in 2023), subject to change January 1, 2023. This amount does not count toward the annual deductible amount.

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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