

# GROUP MEDICARE ADVANTAGE

Elite with Rx (MAPD PPO) Blue Cross and Blue Shield of Minnesota



A Medicare Advantage plan that offers coverage and peace of mind.

Group Medicare Advantage plans from Blue Cross and Blue Shield of Minnesota offer coverage and cost sharing options that meet your needs.

## COVERAGE YOU CAN RELY ON

Enjoy these plan features:

- **Preventive care** – Includes coverage for various routine services and screenings
- **National coverage** – Live or travel anywhere in the United States and receive plan benefits when using participating providers in our broad network
- **Annual limits** – You're protected from high costs with an annual out-of-pocket maximum

## BUILDING HEALTHY HABITS

Our Group Medicare Advantage plans include tools and resources to help members create healthier habits, stay well and keep fit.

- **Nurse line** – A nurse is available 24 hours a day, seven days a week to answer health-related questions
- **Quitting tobacco** – A wellness coach is available to help you develop and maintain a plan to quit

- **Member website** – Search for a doctor in your network, track the status of claims, view, print or order member ID cards and more when you log in at [bluecrossmn.com/members](https://bluecrossmn.com/members)
- **Fitness membership** – Stay active with the SilverSneakers® fitness program, which includes thousands of fitness locations, 50+ fitness classes and on-demand workout videos, workshops and online classes — all at no additional cost

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

**FEEL CONFIDENT CHOOSING BLUE CROSS**  
Blue Cross has been involved with Medicare since it first began. We look forward to making a healthy difference in your life for years to come.

This chart highlights the medical and prescription drug benefits of Group Medicare Advantage. For information about Original Medicare benefits and additional details (including coverage limits that may apply), refer to the Summary of Benefits. **Benefits shown are the amount you pay for Medicare-eligible services and supplies after you meet your plan deductible where applicable.**

<b>BENEFIT CATEGORY</b>	
<b>Deductible</b> Amount you pay before coverage begins	\$233
<b>Annual out-of-pocket maximum</b> Most you will pay each year for covered health care	\$3,000 in-network \$3,000 combined in and out-of-network
<b>Doctor office visits</b> Primary care Specialists Chiropractic Podiatry services	\$20 copay after you pay your plan deductible \$20 copay after you pay your plan deductible \$0 copay after you pay your plan deductible \$20 copay after you pay your plan deductible
<b>Diagnostic tests and radiology services</b> <b>Lab services and X-rays</b>	\$0 copay after you pay your plan deductible \$0 copay after you pay your plan deductible
<b>Preventive services</b> Including "Welcome to Medicare" and Annual Wellness Visits, routine physical, hearing tests and eye exams	\$0
<b>Over-The-Counter (OTC)</b>	\$50 per quarter allowance for over-the-counter medications and health-related items
<b>Emergency care</b> Within the United States Worldwide	\$50 copay 20% coinsurance
<b>Urgently needed care</b> Within the United States Worldwide	\$0 copay 20% coinsurance
<b>Inpatient hospital care</b> Per stay	\$0
<b>Skilled nursing facility care</b> Up to 100 days each benefit period	\$0
<b>Outpatient care</b> Outpatient hospital surgery Outpatient observation stay Ambulatory surgical center	\$0 copay after you pay your plan deductible \$0 copay after you pay your plan deductible \$0 copay after you pay your plan deductible
<b>Hearing aid</b> (Option for rechargeable batteries available at no additional cost)	\$499 copay per aid (Advanced Aid); \$799 copay per aid (Premium Aid)
<b>Vision</b>	Eyewear up to \$150 allowance for contacts, lenses and frames
<b>Diabetes supplies<sup>3</sup></b>	\$0 for Ascensia test strips and meters
<b>Durable medical equipment, prosthetics</b>	\$0 copay after you pay your plan deductible

For information about the premium you will pay for this coverage, contact your group benefit plan administrator.

Group Medicare Advantage is a PPO plan with a Medicare contract. Enrollment in these Blue Cross plans depends on contract renewal. This information is not a complete description of benefits. Call your group benefit plan administrator for more information.

<sup>3</sup> Ascensia Diabetes Care US, Inc. is an independent company providing diabetic supplies.

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<b>PRESCRIPTION DRUG COVERAGE</b>	
<b>Deductible</b> Amount you pay for prescription drugs before plan begins to pay	\$0
<b>Initial coverage</b> Amount you pay for a 31-day supply after paying the annual deductible Tier 1: Preferred generic drugs Tier 2: Generic Tier 3: Preferred brand drugs Tier 4: Non-preferred drugs Tier 5: Specialty drugs Bonus drugs	\$0 copay \$10 copay \$25 copay \$60 copay 25% coinsurance 25% coinsurance
<b>Insulin coverage</b>	Up to \$35 copy per month
<b>Coverage gap</b> Amount you pay after the total yearly drug costs reach \$5,030 <sup>1</sup>	You pay the same tiered copays or coinsurance as listed above
<b>Catastrophic coverage</b> Amount you pay after the total yearly out-of-pocket drug costs reach \$8,000 <sup>2</sup>	You pay nothing for Part D drugs 25% coinsurance for bonus drugs

<sup>1</sup>Total 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.

<sup>2</sup>Your 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.

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# Better together

You and Blue™   | MN

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