



2025

MEDICARE DECISION GUIDE

#1 Medicare Advantage plan chosen by Minnesotans¹



Access to **97%** of doctors in Minnesota²



Nearly **95%** of members keep their Blue Cross Medicare plan³



Top-rated by members for Medicare customer service⁴



Serving Minnesota as a nonprofit for more than 90 years⁵

¹Based on enrollment data from CMS January 2024. ²Medicare-contracted doctors compared to internal Blue Cross and Blue Shield of Minnesota data, April 2024. Some network limitations may apply. Each healthcare provider is an independent contractor and not our agent. ³Highmark monthly Medicare enrollments on January 31, 2024, compared to December 31, 2023. ⁴Based on 2023 CAHPS results. Every year, Medicare evaluates plans based on a 5-star rating system. Star rating information is on [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare). For 2023, Blue Cross and Blue Shield of Minnesota received the following plan Star Ratings from Medicare: 4.5 Stars. ⁵[bluecrossmn.com/about](https://www.bluecrossmn.com/about).

WHAT DOES ORIGINAL MEDICARE COVER?

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



Original Medicare doesn't cover everything and it has no limit on how much you could end up paying out of pocket on medical expenses each year.



COVER WHAT ORIGINAL MEDICARE DOESN'T

A Blue Cross and Blue Shield of Minnesota Medicare plan can help fill in the gaps of Original Medicare and manage your out-of-pocket costs. Choose from a variety of Blue Cross plans to fit your needs, including:

- **Medicare Advantage (PPO)** – Medical and prescription drug plan with access to 97 percent of doctors in Minnesota. Plus, preventive dental, vision and hearing coverage, generous travel benefits up to 12 months, a fitness benefit and more. Or complement your VA benefits with a medical-only Medicare Advantage plan built for Veterans.
- **Medicare Supplement** – Medical-only plan that offers levels of medical coverage, from comprehensive plans with minimal copays to plans with basic coverage.
- **MedicareBlueSM Rx (PDP)** – Stand-alone prescription drug coverage.
- **Platinum BlueSM with Rx (Cost)** – Combined medical and prescription drug coverage or medical-only coverage. Plus, preventive dental coverage for most plans, generous travel benefits up to 9 months, a fitness benefit and more.



#1 Medicare Advantage plan* and #1 Medicare Cost plan* chosen by Minnesotans

WE'RE HERE FOR 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 and enroll you in a Medicare plan.



Speak with a Blue Cross Medicare Advisor or schedule an appointment
1-844-290-5808, TTY 711
8 a.m. to 8 p.m. daily, Central Time
[bluecrossmn.com/PlanAdvisor](https://www.bluecrossmn.com/PlanAdvisor)



Compare plans, locate a Medicare workshop and submit your application online
[bluecrossmn.com/Med25](https://www.bluecrossmn.com/Med25)

*Based on enrollment data from CMS January 2024.

Medicare plans are available based on the county you live in

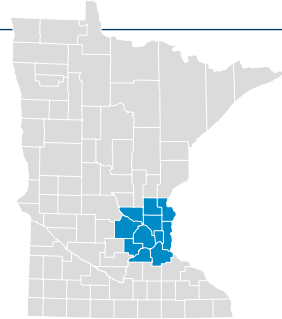
Medicare Supplement and MedicareBlue Rx (PDP) are available in all Minnesota counties.

Medicare Advantage (PPO), including Freedom BlueSM, is available in the following counties:

Metro region

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

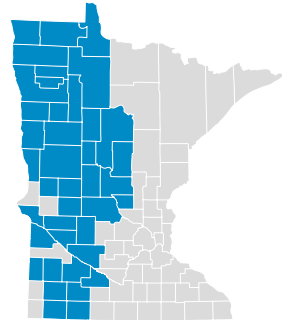
Plans: Core, Comfort, Choice, Complete, Freedom Blue



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, Mahnommen, Marshall, Morrison, Murray, Nobles, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Redwood, Renville, Roseau, Stearns, Swift, Todd, Wadena, Wilkin

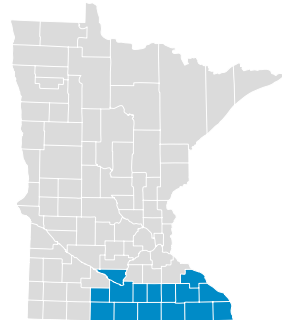
Plans: Core, Comfort, Choice, Complete, Freedom Blue



South region

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

Plans: Core, Choice, Complete, Freedom Blue

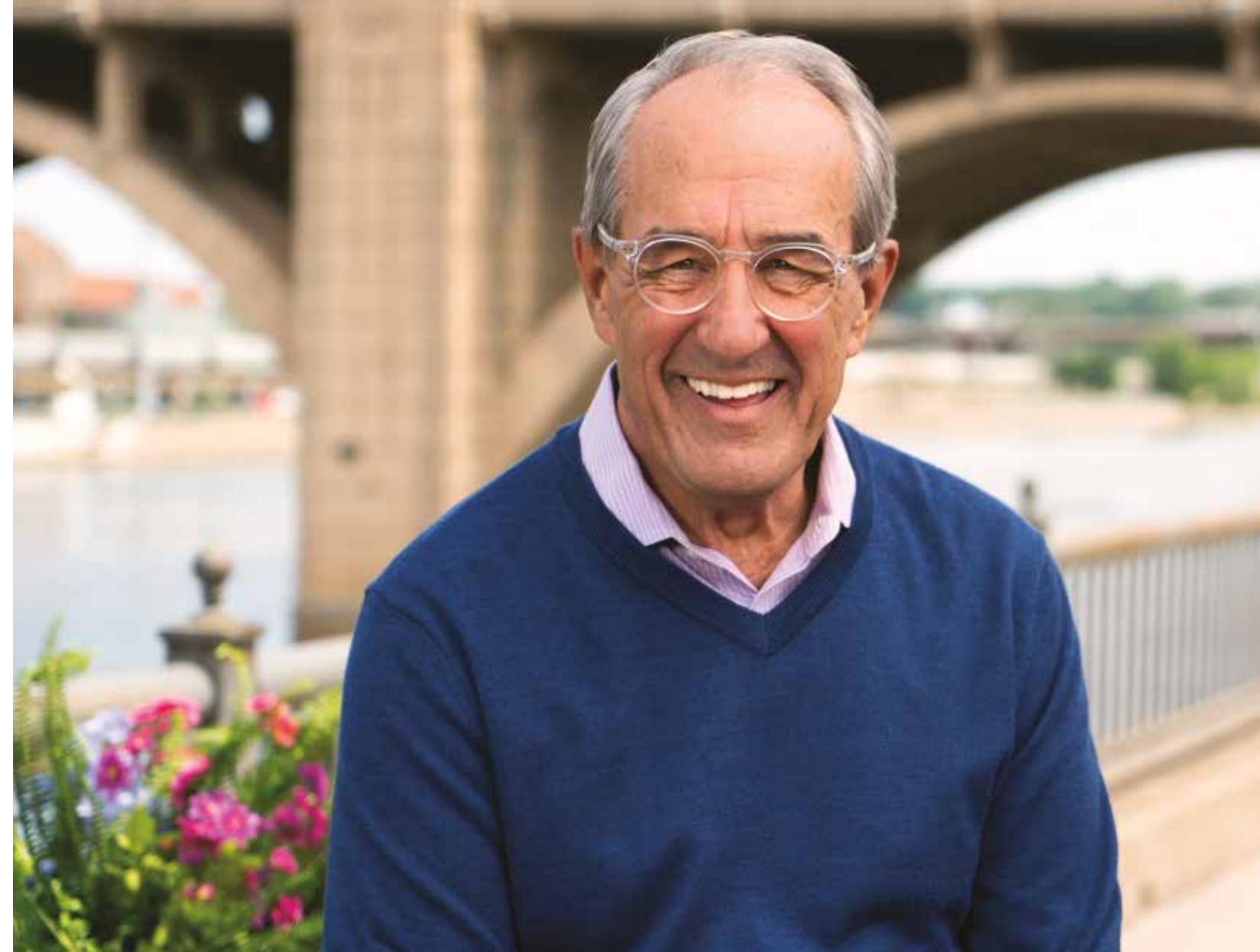
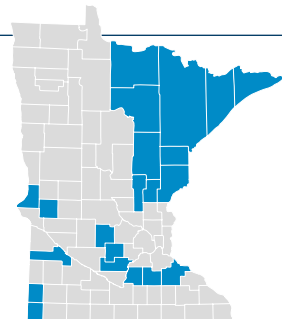


Platinum Blue with Rx (Cost) is available in the following counties:

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

Plans: Core, Choice, Complete



Take a closer look at plan details

Medicare Advantage (PPO).....	4
Freedom Blue (medical only).....	6
Medicare Supplement	8
MedicareBlue Rx (PDP).....	10
Platinum Blue with Rx (Cost).....	12
Explore plan resources and extras	14
Compare: Medicare Advantage vs. Medicare Supplement	15

Medicare Advantage (PPO)

Eligibility requirements: Have Medicare Part A and Part B (and continue to pay your Part B premium) • Live in the plan availability area (see page 2)

Find and choose in-network providers and pharmacies for quality care at a lower cost.

FIND IN-NETWORK PROVIDERS

Physicians, clinics and hospitals vary by region.

- **Metro and West regions:** bluecrossmn.com/HighValue
- **South region:** bluecrossmn.com/Southern

FIND IN-NETWORK PHARMACIES

Fill your prescriptions at thousands of pharmacies including Costco, Cub, CVS, Hy-Vee, Thrifty White Drug, Walgreens, Walmart and more (as of July 2024), as well as mail order.

Pharmacy search: bluecrossmn.com/Pharmacy

Rx search: bluecrossmn.com/Drugs

FIND IN-NETWORK DENTISTS

All plans include preventive dental coverage to help protect your overall health.

bluecrossmn.com/MedicareDental

COVERAGE THAT TRAVELS WITH YOU

Up to 12 months of travel with access to a nationwide network.

No matter where you are, urgent care and emergency services are always covered. Some cost sharing may apply.

This chart is an overview and is not a complete description of benefits. Regions are indicated if amount or coverage differs. For more details on coverage, contact us at 1-844-290-5808, TTY 711.

¹Your 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. ²The maximum plan benefit is the maximum amount the plan will pay for all in- and out-of-network covered dental services. See your Evidence of Coverage for more information, including the cost sharing of covered services, exceptions and limitations.

Regions: M=Metro W=West S=South

Regions are indicated if amount or coverage differs.

MEDICAL BENEFITS	CORE	COMFORT (Note: This plan is not offered in the South region)	CHOICE	COMPLETE
Monthly plan premium	M & W \$0 S \$39	M \$48 W \$59	M \$96 W \$105 S \$144	M \$187 W \$228 S \$228
Medicare Part B premium reduction (giveback)	M & W Up to \$5.80 monthly S N/A	N/A	N/A	N/A
Annual deductible	\$0	\$0	\$0	\$0
Annual out-of-pocket maximum In network/Combined in and out of network	M \$4,900/\$7,900 W \$4,900/\$7,900 S \$6,700/\$10,000	M \$3,700/\$5,450 W \$3,800/\$5,750	M \$3,000/\$5,150 W \$3,100/\$5,150 S \$3,500/\$5,150	\$2,900/\$5,100
Office visits • Primary care, annual physical exam • Specialist	\$0 M & S \$40 copay W \$45 copay	\$0 M \$40 copay W \$45 copay	\$0 M & S \$35 copay W \$40 copay	\$0 \$20 copay
Emergency care United States and worldwide	\$125 copay	\$140 copay	\$140 copay	\$140 copay
Urgent care	\$45 copay	\$45 copay	\$40 copay	\$30 copay
Outpatient surgery/observation stay	M \$350 copay/stay W \$400 copay/stay S \$415 copay/stay	\$300 copay/stay	M & W \$175 copay/stay S \$250 copay/stay	\$150 copay/stay
Inpatient hospital *For days 1 – 5; \$0 for days 6 – 90	M \$300 copay/day* W \$350 copay/day* S \$375 copay/day*	\$400 copay/stay	M \$200 copay/stay W & S \$250 copay/stay	\$150 copay/stay
Diagnostic mammograms and colonoscopies	\$0	\$0	\$0	\$0
Diagnostic tests/procedures	M & W \$25 copay S \$30 copay	M \$25 copay W \$30 copay	\$25 copay	\$10 copay
Ambulance (air/ground, one way)	M & W \$290 copay S \$315 copay	\$250 copay	\$250 copay	\$200 copay
PRESCRIPTION BENEFITS				
Annual deductible	\$0 Tiers 1 and 2; \$350 Tiers 3 – 5	M \$0 Tiers 1 and 2; \$300 Tiers 3 – 5; W \$0 Tiers 1 and 2; \$275 Tiers 3 – 5	\$0 all Tiers	\$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 \$0 copay 25% coinsurance 45% coinsurance 28% coinsurance	In network \$0 copay \$0 copay M 21% coinsurance W 20% coinsurance M 29% coinsurance W 28% coinsurance	In network \$0 copay \$0 copay 25% coinsurance 42% coinsurance 33% coinsurance	In network \$0 copay \$0 copay \$47 copay 45% coinsurance 33% coinsurance
Catastrophic coverage	\$0 for all plans once your annual out-of-pocket drug costs reach \$2,000. ¹			
Medicare Prescription Payment Plan	This optional program allows members to spread out their out-of-pocket cost share for prescription drugs into monthly payments.			
DENTAL BENEFITS				
Deductible	\$0	\$0	\$0	\$0
Preventive	\$0 for oral exams (2), cleanings (2), fluoride treatments (2), X-rays (1), periodontal cleanings (2)			
Restorative	No coverage	30% coinsurance; fillings		
Comprehensive	No coverage	50% coinsurance; extractions, endodontics, periodontics, special restorative, prosthetics, crowns, oral surgical procedures; cosmetic procedures not covered		
Maximum plan benefit²	\$2,000	M \$2,000 W \$1,500	M & S \$2,000 W \$1,500	\$2,000

Medicare Advantage Freedom Blue (PPO) – medical only

Eligibility requirements: Have Medicare Part A and Part B (and continue to pay your Part B premium) • Live in the plan availability area (see page 2)



The chart on the next page is a medical-only plan. If you already have creditable drug coverage through the VA, TRICARE or similar, you may want to consider this plan.

FIND IN-NETWORK PROVIDERS

Find and choose in-network providers for quality care at a lower cost.

bluecrossmn.com/HighValue

FIND IN-NETWORK DENTISTS

This plan includes preventive and comprehensive dental coverage with no waiting period.

bluecrossmn.com/MedicareDental

COVERAGE THAT TRAVELS WITH YOU

Travel up to 12 consecutive months in the U.S. and get in-network benefits from select providers. No matter where you are, urgent care and emergency services are always covered. Some cost sharing may apply.

PLAN AT A GLANCE

- Complement your current VA or TRICARE benefits
- \$0 premium
- Up to \$100 monthly Medicare Part B premium giveback
- \$100 per quarter* flex card for eligible over-the-counter purchases

*Quarterly balance does not carry over.

Medicare Part B premium giveback

If you pay a Medicare Part B premium, you may receive a Part B premium reduction, or giveback, of **up to \$100 a month**.

This reduction is administered through the Social Security Administration and will show as an increase in your Social Security check or a credit on your Part B premium statement.




Proudly supporting

Blue Cross is a **2024 Secretary of Defense Employer Support Freedom Award** recipient. This is the highest U.S. government recognition given to employers for their support of Guard and Reserve employees.¹

Blue Cross is the first health plan in Minnesota to be designated a **Beyond the Yellow Ribbon company** for its support of service members, Veterans and their families.²

¹<https://www.esgr.mil/News-Events/Press-Releases/articleType/ArticleView/articleId/10533/ESGR-Announces-2024-Secretary-of-Defense-Freedom-Award-Recipients>. ²“Blue Cross Blue Shield recognized as Beyond the Yellow Ribbon company,” by Sun Thisweek, Jan. 27, 2016; ngmnpublish.azurewebsites.us/btyr-companies, 2023.

BENEFITS	
Monthly plan premium	\$0
Medicare Part B premium reduction (giveback)	Up to \$100 monthly
Annual deductible	\$0
Annual out-of-pocket maximum In network (IN), Out of network (OON) The costs for emergency care outside of the U.S., routine hearing tests and hearing aids are not included in the maximum totals.	\$4,200 IN; \$7,500 combined IN and OON
Office visits • Primary care, annual physical exam • Specialist	\$0 \$30 copay
Emergency care United States and worldwide	\$125 copay
Urgent care	\$35 copay
Outpatient hospital surgery	\$150 copay surgery; \$100 copay ambulatory surgical center
Inpatient hospital stay	\$200 copay per stay
Diagnostic mammograms and colonoscopies	\$0
Diagnostic tests/procedures	\$20 copay
Ambulance (air/ground, one way)	\$200 copay
DENTAL BENEFITS	
Deductible	\$0
Preventive Oral exams (2), cleanings (2), fluoride treatments (2), X-rays (1), periodontal cleanings (2)	\$0
Comprehensive Fillings, extractions, endodontics, periodontics (treatment of periodontitis and gingivitis), special restorative, prosthetics, crowns, oral surgical procedures Note: Cosmetic procedures are not covered.	20% coinsurance
Maximum plan benefit*	\$2,500

This chart is an overview and is not a complete description of benefits. Listed amounts and/or coverage apply to all regions. For more details on coverage, contact us at 1-844-290-5808, TTY 711.

*The maximum plan benefit is the maximum amount the plan will pay for all in- and out-of-network covered dental services. See your Evidence of Coverage for more information, including the cost sharing of covered services, exceptions and limitations.

Medicare Supplement

Eligibility requirements: Have Medicare Part A and Part B (and continue to pay your Part B premium) • Live in Minnesota at the time you enroll

PROVIDERS

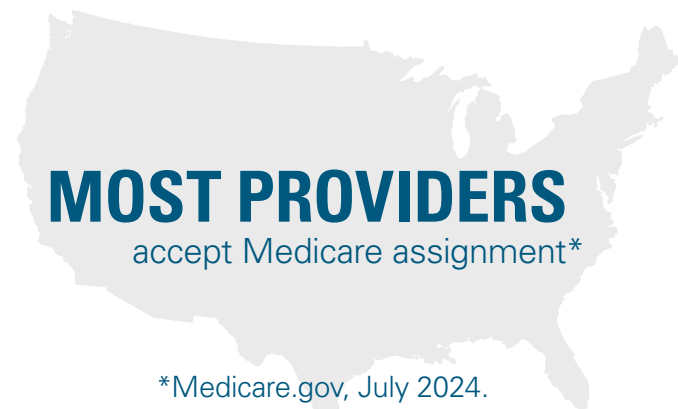
Medicare assignment is accepted nationwide by most providers. See any provider who accepts Medicare assignment for in-network benefits with our Basic Medicare Supplement Plan, Medicare Supplement Plan with Copayments (Plan N) and Medicare Supplement Plan with High Deductible Coverage (High Deductible 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.
- A Medicare Supplement plan works with your Original Medicare coverage. Original Medicare is your primary coverage and the Medicare Supplement plan is your secondary coverage.
- 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 qualify for a Medicare Supplement plan.

COVERAGE THAT TRAVELS WITH YOU

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.



MEDICAL PLAN OPTIONS	HIGH DEDUCTIBLE PLAN F		PLAN N		BASIC	
	Tobacco-free	Standard	Tobacco-free	Standard	Tobacco-free	Standard
Monthly plan premium	\$54	\$69.10	\$178.05	\$213.65	\$243.80	\$283.85
<ul style="list-style-type: none"> • Part A deductible • Part B deductible¹ • 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 exam; up to \$120 maximum per calendar year) <p><i>Total including all optional riders</i></p>	<p>100% covered after high deductible is met</p> <p>No coverage</p> <p>100% coverage</p> <p>No coverage</p>	<p>100% covered</p> <p>No coverage</p> <p>100% coverage</p> <p>No coverage</p>	<i>OPTIONAL</i>		<p>Add plan riders: + \$ 36.00 for 100% coverage</p> <p>No coverage</p> <p>+ \$ 1.00 for 100% coverage</p> <p>+ \$ 4.00</p> <hr/> <p>= \$284.80</p>	<p>Add plan riders: + \$ 36.00 for 100% coverage</p> <p>No coverage</p> <p>+ \$ 1.00 for 100% coverage</p> <p>+ \$ 4.00</p> <hr/> <p>= \$324.85</p>
Annual deductible	\$2,800 (in 2024) ²		You will be responsible for meeting the Medicare Part B deductible		\$0 Part A deductible when rider is selected. You will be responsible for meeting the Medicare Part B deductible. ¹	
Annual out-of-pocket maximum	After meeting the annual deductibles, there is minimal to no cost sharing for eligible services and supplies. There is no limit to out-of-pocket expenses.		There is no limit to out-of-pocket expenses		When all plan riders are selected, there are minimal to no out-of-pocket expenses. There is no limit to out-of-pocket expenses.	
Annual physical exam	Not covered		Not covered		\$120 annual maximum with rider selected	
Office visits	\$0		\$20 copay		\$0	
<ul style="list-style-type: none"> • Primary care • Specialist 						
Emergency care In the United States and worldwide	\$0 in the U.S. and worldwide		\$50 copay in the U.S.; 20% coinsurance worldwide		\$0 in the U.S.; 20% coinsurance worldwide	
Urgent care (within U.S.)	\$0		\$0		\$0	
Diagnostic tests/procedures	\$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; no day limit	
Observation stay	\$0		\$0		\$0	
Outpatient hospital visit	\$0		\$0		\$0	
Ambulance (air and ground)	\$0		\$0		\$0	

This chart is an overview and is not a complete description of benefits. For more details on coverage, contact us at 1-844-290-5808, TTY 711.

¹The 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.

²Subject to change based on state and federal regulations.

Blue Cross offers additional Medicare Supplement plans, including Senior GoldSM. Visit bluecrossmn.com/MedicareSupplementPlan to learn more or call 1-888-329-8250, TTY 711, 8 a.m. to 5 p.m. daily, Central Time, to speak with a product specialist.

MedicareBlue Rx (PDP)

Eligibility requirements: Have Medicare Part A, Part B or both (and continue to pay your Part B premium) • Live in the plan availability area (see page 2)

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

FIND 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. Check to see if your pharmacy is in network and your drugs (Rx) are covered.

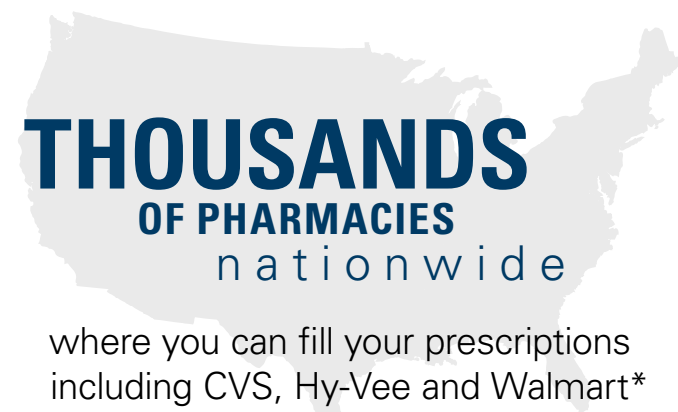
[YourMedicareSolutions.com/PlanTools](https://www.yourmedicare.com/PlanTools)

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.

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.



*As of July 2024.

Each pharmacy is an independent provider and not our agent.

PART D PLAN OPTIONS	STANDARD		PREMIER	
Monthly plan premium	\$51		\$116.90	
Annual deductible	\$590 all Tiers		\$0 all Tiers	
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 \$0 \$2 copay 23% coinsurance 48% coinsurance 25% coinsurance	Standard pharmacy \$7 copay \$11 copay 25% coinsurance 50% coinsurance 25% coinsurance	Preferred pharmacy \$0 \$0 20% coinsurance 40% coinsurance 33% coinsurance	Standard pharmacy \$15 copay \$20 copay 25% coinsurance 45% coinsurance 33% coinsurance
Catastrophic coverage	\$0 for all plans once your annual out-of-pocket drug costs reach \$2,000.*			
Medicare Prescription Payment Plan	This optional program allows members to spread out their out-of-pocket cost share for prescription drugs into monthly payments.			
Preferred pharmacies include	CVS, Hy-Vee and Walmart		CVS, Hy-Vee and Walmart	
Mail order	Preferred mail order (home delivery) includes these pharmacies: Amazon Pharmacy home delivery and Express Scripts Pharmacy home delivery. Refer to your Evidence of Coverage for cost sharing.			

This chart is an overview and is not a complete description of benefits. For more details on coverage, contact us at 1-844-290-5808, TTY 711.

*Your 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.



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](https://www.yourmedicare.com/StarRatings).

Platinum Blue with Rx (Cost)

Eligibility requirements: Have Medicare Part A and Part B (and continue to pay your Part B premium) • Live in the plan availability area (see page 2)

Find and choose in-network providers and pharmacies for quality care at a lower cost.

FIND IN-NETWORK PROVIDERS

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

Northeast Plus region: bluecrossmn.com/Platinum

FIND IN-NETWORK PHARMACIES

Fill your prescriptions at thousands of pharmacies including Costco, Cub, CVS, Hy-Vee, Thrifty White Drug, Walgreens, Walmart and more (as of July 2024), as well as mail order.

Pharmacy search: bluecrossmn.com/Pharmacy

Rx search: bluecrossmn.com/Drugs

FIND IN-NETWORK DENTISTS

Choice and Complete plans include preventive dental coverage to help protect your overall health.

bluecrossmn.com/MedicareDental

COVERAGE THAT TRAVELS WITH YOU

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, urgent care and emergency services are always covered. Some cost sharing may apply.

Medical-only plan available

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

MEDICAL BENEFITS	CORE	CHOICE	COMPLETE
Monthly plan premium	\$37	\$129	\$214
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	\$125 copay	\$100 copay	\$0
Urgent care	\$55 copay	\$15 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 surgery/ ambulatory surgical center	20% coinsurance	\$50 copay	\$0
PART D BENEFITS	CORE WITH RX	CHOICE WITH RX	COMPLETE WITH RX
Monthly plan premium You must continue to pay your Medicare Part B premium	\$60.40 (\$37 medical + \$23.40 Rx)	\$176.20 (\$129 medical + \$47.20 Rx)	\$282.20 (\$214 medical + \$68.20 Rx)
Annual deductible	\$590 all Tiers	\$0 Tiers 1 and 2; \$590 Tiers 3 – 5	\$0 Tiers 1 and 2; \$590 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 \$5 copay 25% coinsurance 44% coinsurance 25% coinsurance	In network \$0 \$10 copay 24% coinsurance 42% coinsurance 25% coinsurance	In network \$0 \$2 copay 25% coinsurance 40% coinsurance 25% coinsurance
Catastrophic coverage	\$0 for all plans once your annual out-of-pocket drug costs reach \$2,000. ¹		
Medicare Prescription Payment Plan	This optional program allows members to spread out their out-of-pocket cost share for prescription drugs into monthly payments.		
Mail order	Preferred mail order (home delivery) includes these pharmacies: Amazon Pharmacy home delivery, Walgreens Mail Service and Express Scripts Pharmacy home delivery. Refer to your Evidence of Coverage for cost sharing.		
DENTAL BENEFITS	CORE WITH OR WITHOUT RX	CHOICE WITH OR WITHOUT RX	COMPLETE WITH OR WITHOUT RX
Preventive and periodontal cleaning	No coverage	\$0 copay for oral exams (2), cleanings (2), fluoride treatments (2), dental X-ray (1) and periodontal cleanings (2)	
Maximum plan benefit²	No coverage	\$2,000	\$2,000

This chart is an overview and is not a complete description of benefits. For more details on coverage, contact us at 1-844-290-5808, TTY 711.

¹Your 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. ²The maximum plan benefit is the maximum amount the plan will pay per year for covered preventive dental services. For dental services performed by a dentist outside of the Medicare dental network you will be responsible for paying the difference between the dentist's fees and the Blue Cross Medicare fee, even for services listed as \$0 copayment.

Explore plan resources and extras

Blue Cross Medicare plans include resources to take charge of your health.

	MEDICARE ADVANTAGE	MEDICARE SUPPLEMENT	PLATINUM BLUE
CARE AND SUPPORT RESOURCES			
24/7 Nurse line and online care	X	X	X
Chronic and serious illness management	X		
Care management to support your health goals	X		
Peer Support Specialist for mental health and/or substance use	X		
Mail order pharmacy	X		X
Diabetes prevention program	X		X
EXTRAS			
Eyewear allowance \$125 – \$275 for glasses or contact lenses. Benefits vary by plan.	X		X Core plan not covered
Hearing screening and hearing aid \$499 – \$999 copay per aid (depending on aid type); rechargeable battery option is available on select styles at no additional cost. Benefits vary by plan.	X		X
Over-the-counter allowance \$25 – \$100 per quarter* for eligible OTC medications and health-related items. Benefits vary by plan.	X		X
SilverSneakers® fitness program	X	X	X
Post-discharge meal benefit	X		
Chiropractic, non-Medicare covered 12 visits per year for any diagnosis (X-ray excluded) on select plans	X		
Acupuncture, non-Medicare covered 12 visits per year for any pain diagnosis	X		X

*Quarterly balance does not carry over.

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

COMPARE:

Medicare Advantage



Medicare Supplement

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

MEDICARE ADVANTAGE PLAN		MEDICARE SUPPLEMENT PLAN
<ul style="list-style-type: none"> • Monthly premiums as low as \$0 • Usually has copays/coinsurance • Annual out-of-pocket maximums for financial protection 	<p>Costs</p>	<ul style="list-style-type: none"> • Higher monthly premium • No copays/coinsurance with certain plans
Includes Medicare Part A and Part B coverage with some copays, coinsurance and maximum out-of-pocket	<p>Medical</p>	Includes Medicare Part A and Part B coverage and fills most cost-sharing gaps for original Medicare
See in-network providers for lowest costs — with access to 97% of doctors in Minnesota	<p>Network</p>	See any provider who accepts Medicare assignment for select plans
Part D prescription drug coverage included *	<p>Rx</p>	Part D prescription drug coverage not included ; purchase a stand-alone Part D plan to go with your Medicare Supplement plan for additional cost
Dental benefits included	<p>Dental</p>	Dental benefits not included
Nationwide travel up to 12 consecutive months and access to in-network providers and prescription support	<p>Travel</p>	Unlimited nationwide travel coverage, plus foreign travel emergency coverage. Plan can move with you to another state.
Hearing aid benefits included	<p>Hearing</p>	Hearing aid benefits not included
Vision benefits included	<p>Vision</p>	Vision benefits not included

*A Medicare Advantage plan without prescription drug coverage is available if you already have creditable drug coverage.

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 or schedule an appointment
1-844-290-5808, TTY **711**
8 a.m. to 8 p.m. daily, Central Time
bluecrossmn.com/PlanAdvisor



Compare plans, find resources and submit your application online
bluecrossmn.com/Med25

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 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, seven 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 a 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 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.

Dental

For dental services performed by a dentist outside of the Medicare dental network you will be responsible for paying the difference between the dentist's fees and the Blue Cross Medicare fee, even for services listed as \$0 copayment. See your Evidence of Coverage for more information, including the cost sharing of covered services, exceptions and limitations.

Pharmacy and provider networks, formulary, mail order service

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. The healthcare providers and pharmacies in the network may change at any time. Each provider and pharmacy is an independent contractor and is not our agent.

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 mail order pharmacy service, please visit us online at bluecrossmn.com/Medicare.

- Medicare Advantage, Platinum Blue with Rx mail order: Walgreens Mail Service, Amazon Pharmacy or Express Scripts® Pharmacy
- MedicareBlue Rx mail order: For a pharmacy directory or information about Amazon Pharmacy or Express Scripts® Pharmacy, please visit YourMedicareSolutions.com.

Amazon Pharmacy is an independent company offering pharmaceutical home delivery services.

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

Walgreens Mail Service is an independent company that provides pharmaceutical mail order services.

Federal contract

Blue Cross offers PPO, Cost and PDP plans with Medicare contracts. Enrollment in these Blue Cross plans depends on contract renewal.



Tried & true. Blue.  **MN**