

2025

# GROUP MEDICARE ADVANTAGE

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



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** – Plan includes coverage for routine services and screenings.
- **National coverage** – You can live or travel anywhere in the United States and receive plan benefits when you get care from participating providers in our broad network or from other providers who accept Medicare Assignment.
- **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 you create healthier habits, stay well and keep fit.

- **Nurse line and telehealth** – A nurse is available 24 hours a day, seven days a week to answer health-related questions. And you can see a doctor right on your smartphone, tablet or computer.
- **Virtual diabetes prevention program** – The program focuses on sustained weight loss, healthy lifestyle habits, and reducing the risk of developing Type 2 diabetes, heart disease and stroke.

- **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 program** – 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. Visit [Siversneakers.com](https://Siversneakers.com).
- **Meals** – You'll receive up to 28 meals at no additional cost after an approved inpatient stay.
- **Peer support** – Pay \$0 copay for help with substance use disorders or mental health concerns.
- **Care management** – Services are available for members with chronic illnesses such as diabetes, hypertension, and other complex conditions.

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 serving Minnesota as a nonprofit for more than 90 years.<sup>1</sup> We look forward to making a healthy difference in your life for years to come.

<sup>1</sup>[bluecrossmn.com/about](https://bluecrossmn.com/about).

## 2025 GROUP MEDICARE ADVANTAGE ELITE WITH RX MAPD (PPO)

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.**

BENEFIT CATEGORY	
<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 healthcare	\$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 \$20 copay \$0 \$20 copay
<b>Diagnostic tests and radiology services</b> <b>Lab services and X-rays</b>	\$0 \$0
<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>Ambulance</b>	\$0
<b>Inpatient hospital care (per stay)</b>	\$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 \$0 \$0
<b>Hearing aid</b> 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 \$200 allowance for frames, lenses or contacts
<b>Diabetes services and supplies<sup>2</sup></b>	\$0 for Ascensia test strips and meters

<sup>2</sup>Ascensia Diabetes Care US, Inc. is an independent company providing diabetic supplies.

## PRESCRIPTION DRUG COVERAGE

<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 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 copay per month
<b>Catastrophic coverage</b> Amount you pay after the total yearly out-of-pocket drug costs reach \$2,000 <sup>3</sup>	You pay nothing for Part D drugs 25% coinsurance for bonus drugs
<b>Medicare Prescription Payment Plan</b>	This optional program allows members to spread out their out-of-pocket cost share for prescription drugs into monthly payments. For more information call customer service at 1-833-696-2087.

<sup>3</sup>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.

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

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

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**Tried & true. Blue.**  **MN**

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