

2025 GROUP MEDICARE PLAN OVERVIEW

UNIVERSITY OF MN RETIREE PLAN 1



2025	Coordinated Plan with Group MedicareBlue SM RX (PDP)
Monthly premium You must continue to pay your Medicare Part B premium	\$427.90
Plan descriptions	A medical plan that coordinates with Medicare and is paired with a Medicare Part D prescription drug plan
Residency requirements	Must be a permanent resident of the United States
Provider networks	Medical: Aware, National Blue Card, Blue Card Worldwide Group MedicareBlue Rx: Participating network of pharmacies across the U.S., including independent pharmacies, national chains and more
Individual lifetime maximum	None
Annual Deductible	\$200 annual inpatient deductible 100% of the Medicare Part B deductible
Annual Out of pocket maximum	None
Office visits	
Primary care Specialist visits Chiropractic Podiatry services	\$0 after meeting the Medicare Part B deductible
Inpatient care	
Hospital care	20% of the first \$3,000 of total eligible expenses after your \$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	20% of the first \$3,000 of total eligible expenses after your \$200 annual inpatient deductible. Your out-of-pocket expenses are limited to \$800 per person per calendar year (including \$200 annual inpatient deductible).

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 M04723R03 (7/22)

Coordinated Plan with Group MedicareBlue Rx	
Outpatient care	
Ambulatory surgery center	\$0 after meeting the Medicare Part B deductible
Diagnostic tests, X-rays, radiology Lab Services	\$0 after meeting the Medicare Part B deductible
Physical, speech, and occupational therapy	\$0 after meeting the Medicare Part B deductible
Home health care	\$0 after meeting the Medicare Part B deductible
Emergency/Urgent care	
Emergency care	\$0 after meeting the Medicare Part B deductible
Urgent care	\$0 after meeting the Medicare Part B deductible
Ambulance service	\$0 after meeting the Medicare Part B deductible
Other outpatient services	
Durable medical equipment	\$0 after meeting the Medicare Part B deductible
Diabetic supplies (includes glucose monitors, test strips, lancets)	\$0 after meeting the Medicare Part B deductible
Medicare covered Part B drugs	\$0 after meeting the 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)	
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
90-day supply from an in-network retail or mail order pharmacy	2x copay
Supplemental non-Part D drugs ²	25% coinsurance for certain sexual dysfunction and cough and cold products
Catastrophic coverage After total out-of- pocket costs reach \$2,000	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

Blue Cross offers Group Medicare Advantage and 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 refer to the *Summary of Benefits* documents provided in your enrollment kit.

²The amount spent on supplemental drugs does not apply toward catastrophic coverage.

Group MedicareBlueSM Rx (PDP) is a Medicare-approved Part D sponsor. 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*.

* Independent licensees of the Blue Cross and Blue Shield Association

Important Phone Numbers:

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

Medicare Helpline

Seven 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