

2025 GROUP MEDICARE PLAN OVERVIEW

UNIVERSITY OF MN RETIREE PLAN 2



2025	Coordinated Plan with Group MedicareBlue SM RX (PDP)
Monthly premium You must continue to pay your Medicare Part B premium	Pre-MACRA: \$204.80 Post-MACRA: \$184.80
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
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	\$2,800 (for 2024)
Annual Out of pocket maximum	No maximum
Office visits	
Primary care Specialist visits Chiropractic Podiatry services	\$0*
Inpatient care	
Hospital care	\$0*
Skilled nursing facility	\$0*
Coordinated Plan with Group MedicareBlue Rx	
Outpatient care	
Ambulatory surgery center	\$0*
Diagnostic tests, X-rays, radiology Lab Services	\$0*

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Physical, speech, and occupational therapy	\$0*
Home health care	\$0*
Emergency/Urgent care	
Emergency care	\$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	
Annual routine physical, eye exam, and hearing screening 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)
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
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.

*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 (\$240 in 2024), subject to change January 1, 2025. This amount does not count toward the annual deductible amount.

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:

University of MN Plan 2 Customer Service

Customer Service 1-800-531-6686

8 a.m. to 8 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