

2025

PLATINUM BLUESM WITH RX (COST) PLANS

With the #1 Medicare Cost plan chosen by Minnesotans,¹ you can trust your Blue Cross and Blue Shield of Minnesota plan has what you need including access to quality providers, excellent coverage and benefits that meet your needs.

THE VALUE OF BLUESM



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

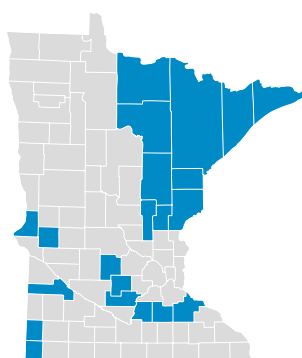


Blue Cross has been **supporting** Medicare since it began⁵



Serving Minnesota as a nonprofit for more than 90 years⁵

PLATINUM BLUE PLANS AT A GLANCE



Platinum Blue offers two plan coverage types: medical-only coverage or combined medical and prescription drug coverage.

Check to see if the plan is available in your area on page 2.

To learn more, speak with a Blue Cross Medicare Advisor or schedule an appointment
1-855-447-8869, TTY **711**, 8 a.m. to 8 p.m. daily, Central Time
bluecrossmn.com/Connect25



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. 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. For 2023, Blue Cross and Blue Shield of Minnesota received the following plan Star Ratings from Medicare: 4.5 Stars. ⁵The Blue Cross and Blue Shield of Minnesota Story, A Sixty-Year History, published 1993, Blue Cross and Blue Shield of Minnesota; bluecrossmn.com/about.



This plan is a good choice if you want:

- Broad provider network
- Medical coverage while traveling
- Vision and hearing coverage and SilverSneakers® membership
- Combined medical and prescription drug coverage

Eligibility requirements: Have Medicare Part A and Part B, or Part B only • Live in the plan availability area

Staying in network means quality care at lower costs for you. You may see a doctor or use a pharmacy that’s not in your plan’s network, but you will pay more.

PLAN AVAILABILITY AREA

You must live in one of the following counties to enroll: Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Pine, Pipestone, Rice, Rock, Sibley, St. Louis, Stevens, Traverse or Yellow Medicine

IN-NETWORK PROVIDERS



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

Platinum Blue Network

Key in-network providers include:
CMH Raiter Family Clinic, Community Memorial Hospital, Essentia, Mankato Clinics, Mayo Clinic®, Olmsted Medical Center, Sanford, St. Luke’s, Grand Itasca, University of Minnesota Physicians and more*

Check to see if your provider is in network
bluecrossmn.com/Platinum

IN-NETWORK PHARMACIES



With optional prescription drug coverage, fill your prescriptions at thousands of pharmacies including Costco, Cub, CVS, Hy-Vee, Thrifty White Drug, Walgreens, Walmart and more,* as well as mail order.

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

Pharmacy search:
bluecrossmn.com/Pharmacy

Rx search:
bluecrossmn.com/Drugs

IN-NETWORK DENTISTS



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

Check to see if your dentist is in network
bluecrossmn.com/MedicareDental

LET’S COMPARE COSTS AND COVERAGE

Blue Cross Platinum Blue with Rx plans offer three levels of coverage and cost sharing. Each plan pays a different amount toward medical coverage and prescription drugs. The right plan depends on how often you visit the doctor or pharmacy and how much you want to pay monthly versus paying when you get care.

Choose from three levels of coverage with optional prescription drug coverage:

| | |
|-----------------|---|
| CORE | <p>Good option if you don’t go to the doctor or pharmacy very often</p> <ul style="list-style-type: none">• Lower premium• Higher costs when you get care |
| CHOICE | <p>Good option if you aren’t sure how often you’ll go to the doctor or pharmacy</p> <ul style="list-style-type: none">• Balance between premium and costs when you get care• Preventive dental coverage included |
| COMPLETE | <p>Good option if you need more coverage and go to the doctor or pharmacy often</p> <ul style="list-style-type: none">• Higher premium• Lower costs when you get care• Preventive dental coverage included |

MEDICAL-ONLY PLAN AVAILABLE

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



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



*As of July 2024. Each provider and pharmacy is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.

| MEDICAL BENEFITS | CORE | CHOICE | COMPLETE |
|---|---|--|--|
| Monthly medical plan premium You must continue to pay your Medicare Part B premium | \$37 | \$129 | \$214 |
| Annual deductible Amount you pay for medical services before plan begins to pay | \$0 | \$0 | \$0 |
| Annual out-of-pocket maximum | \$6,000 | \$3,500 | \$2,700 |
| Preventive services <ul style="list-style-type: none">Physical exam (one per year)Routine eye exam (one per year)Routine hearing exam (one per year)Immunizations/vaccines (flu, COVID-19, pneumonia and hepatitis B) | \$0 Not covered \$0 \$0 | \$0 \$0 \$0 \$0 | \$0 \$0 \$0 \$0 |
| Primary care office visits | \$20 copay | \$0 | \$0 |
| Specialist visits | 20% coinsurance | \$15 copay | \$0 |
| Chiropractic/acupuncture visits | \$20 copay | \$15 copay | \$0 |
| Diagnostic procedures and tests | \$25 copay | \$0 | \$0 |
| Diagnostic, therapeutic radiological services and advanced imaging | 20% coinsurance | \$0 | \$0 |
| Lab services/outpatient X-rays | \$0/\$60 copay | \$0 | \$0 |
| Durable medical equipment and prosthetics | 20% coinsurance | 20% coinsurance | \$0 |
| Diabetes supplies (Ascensia) – monitors, test strips | \$0 | \$0 | \$0 |
| Outpatient surgery/observation stay/ambulatory surgical center | 20% coinsurance | \$50 copay | \$0 |
| Outpatient hospital visits | 20% coinsurance | \$0 | \$0 |
| Ambulance (air/ground, one way) | 20% coinsurance | \$100 copay | \$0 |
| Urgent care | \$55 copay | \$15 copay | \$0 |
| Emergency care United States and worldwide | \$125 copay | \$100 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 |
| Skilled nursing facility care Days 1 – 20 Days 21 – 100 | \$0 \$214 copay per day | \$0 \$0 | \$0 \$0 |
| Medicare Part B covered drugs | Up to 20% coinsurance | Up to 20% coinsurance | 0 – 20% coinsurance |

Ascensia Diabetes Care US, Inc. is an independent company providing diabetic supplies.

OPTIONAL PRESCRIPTION DRUG COVERAGE OVERVIEW

| PART D BENEFITS | CORE WITH RX | CHOICE WITH RX | COMPLETE WITH RX |
|--|--|---|--|
| Monthly plan premiums 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) |
| Deductible Amount you pay for prescription drugs before plan begins to pay | \$590 all Tiers | \$0 (Tiers 1 and 2) \$590 (Tiers 3 – 5) | \$0 (Tiers 1 and 2) \$590 (Tiers 3 – 5) |
| Initial coverage Amount you pay for a 31-day supply after paying the annual deductible <ul style="list-style-type: none">Tier 1: Preferred generic drugsTier 2: Generic drugsTier 3: Preferred brand drugsTier 4: Non-preferred drugsTier 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.* | | |
| 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. | | |

*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.

PLATINUM BLUE BENEFITS SNAPSHOT

What does the plan cover?

These charts are an overview of the medical benefits for the three plans, and for the optional prescription drug coverage. A few things to keep in mind when comparing plans:

- The amounts shown are what you pay for Medicare-eligible services with in-network providers.
- If your drug is not on the formulary, your doctor may be able to prescribe a drug that the plan will cover or request to have your drug covered.
- This is not a complete description of benefits. Limitations, copayments and restrictions may apply. See your Evidence of Coverage or contact the plan for more information.

| DENTAL BENEFITS | PLATINUM BLUE PLANS WITH OR WITHOUT RX | | |
|--|--|---------|----------|
| | CORE | CHOICE | COMPLETE |
| Deductible | No coverage | \$0 | \$0 |
| Preventive Oral exams (2), cleanings (2), fluoride treatments (2), X-rays (1), periodontal cleanings (2) | No coverage | \$0 | \$0 |
| Maximum plan benefit* | No coverage | \$2,000 | \$2,000 |

*The maximum plan benefit is the maximum amount the plan will pay per year for covered preventive dental services. For dental services performed by an out-of-network dentist, 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.





**Stay active
with SilverSneakers®**

- Thousands of fitness locations nationwide
- 50+ fitness classes
- On-demand workout videos
- Live-streaming classes and workshops
- Online classes covering topics that help you sharpen your brain and connect with other people
- No additional cost to you

Visit **silversneakers.com**

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

Resources and extras

Platinum Blue plans include these extras:

| CARE AND SUPPORT RESOURCES | | |
|--|--|--|
| Nurse line Registered nurses are available 24 hours a day, seven days a week to answer your questions | | 1-800-622-9524; TTY 711 |
| Online care See a doctor right on your smartphone, tablet or computer from providers that offer telehealth and online care, including services like Doctor On Demand® | | doctorondemand.com/bluecrossmn |
| Quitting tobacco and vaping support Personalized guidance for developing a quit plan and ongoing support from a wellness coach | | 1-888-662-BLUE (2583), TTY 711 or log in at bluecrossmn.com |
| Diabetes Prevention Program Virtual support focused on healthy lifestyle habits to help prevent Type 2 diabetes and heart disease | | Call the customer service number on the back of your member ID card |
| EXTRAS | | |
| Eyewear allowance Allowance on glasses or contact lenses: \$125 Choice; \$150 Complete | | Call the customer service number on the back of your member ID card |
| Hearing aids through TruHearing® Advanced Aid copay: \$699 Core; \$599 Choice; \$499 Complete Premium Aid copay: \$999 Core; \$899 Choice; \$799 Complete Rechargeable battery option available on select styles at no additional cost | | 1-855-205-5065, TTY 711 |
| Over-the-counter allowance Receive a quarterly allowance* to purchase over-the-counter medications: \$25 Core; \$50 Choice and Complete | | Items may be ordered online or over the phone to be shipped to your home. Visit bluecrossmn.com/MedicareOTC or call 1-888-628-2770, TTY 711. |
| Acupuncture benefit 12 visits per year for any pain diagnosis | | Call the customer service number on the back of your member ID card |

*Quarterly balance does not carry over.

Doctor On Demand® by Included Health is an independent company providing telehealth services.

TruHearing® is a registered trademark of TruHearing, Inc., an independent company who works with health plans to offer low out-of-pocket costs on hearing aids.

CVS Pharmacy, Inc. d/b/a OTC Health Solutions is an independent company providing OTC supplemental benefit administrative services.

How to enroll

It's easy to enroll in a Platinum Blue or Platinum Blue with Rx plan. Choose one of the following ways:



Speak with a Blue Cross Medicare Advisor or schedule an appointment
1-855-447-8869, TTY **711**
8 a.m. to 8 p.m. daily, Central Time
bluecrossmn.com/Connect25



Compare plans, find resources and submit your application online
bluecrossmn.com/Compare25



Mail your enrollment form to the address listed on the bottom of the form

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



AFTER YOU ENROLL

After we process your enrollment form, we will send you an enrollment confirmation letter. You'll receive your member ID card in December if you enroll during Medicare Annual Enrollment Period (AEP). If you enroll outside of AEP, you'll receive your member ID card within 10 days of approved enrollment from Medicare. When you receive your member ID card, register on our member website at bluecrossmn.com, so you can make the most of your plan.

Your Platinum Blue plan will cancel within 90 days if plan premiums are not paid.

Platinum Blue important plan information

Eligibility and enrollment

You are eligible to enroll in Platinum Blue if you have Medicare Part A and Medicare Part B (or have Medicare Part B only) and reside in a Minnesota county that offers Platinum Blue. These counties are: Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Pine, Pipestone, Rice, Rock, Sibley, St. Louis, Stevens, Traverse or Yellow Medicine. Some exceptions may apply. Counties are subject to change annually. Please contact your agent or Blue Cross for more information. You can be a member of only one Medicare Cost plan at a time. By enrolling in Platinum Blue, you will automatically be disenrolled from any other Medicare Advantage or Medicare Cost plan of which you are a member. 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.

Provider network

Blue Cross has formed a contracted network of doctors, specialists, hospitals and other providers for Platinum Blue. You can use any provider who is part of this network without a referral. The healthcare providers in the network may change at any time. You may search for providers on our website, request a provider directory or contact us to see if your providers are in the network. Each provider is an independent contractor and is not our agent.

Beginning with your effective date, to receive the highest level of benefits, you must get all of your healthcare from network providers, with the exception of emergency and urgently needed services, or you may pay more. If you go to a provider outside of the Platinum Blue network who accepts Medicare patients, your coverage will be the same as Original Medicare. Original Medicare deductibles, copayments and coinsurance apply.

You will receive in-network benefits for eligible services received outside the service area within the United States for up to nine (9) months each year. In addition to being covered in the United States, emergency services are covered worldwide.

In some cases, you may need authorization from Blue Cross before you receive care. Visit bluecrossmn.com/authorization to learn more.

Prescription drugs, formulary, pharmacy network, mail order service

If you enroll in Platinum Blue with Rx, you must receive your Medicare prescription drug coverage through this plan. Drug coverage benefits are subject to limitations. For a formulary, pharmacy directory or information about Walgreens Mail Service, Amazon Pharmacy or Express Scripts® Pharmacy mail order pharmacy service, please visit us online at bluecrossmn.com/Medicare. Each pharmacy is an independent provider and not our agent.

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

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

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

Prescription drugs, without optional Rx plan

Other than those covered by Medicare Part B, Platinum Blue does not include coverage for prescription drugs. If you enroll in Platinum Blue and want prescription drug coverage, you must enroll in either the Platinum Blue with Rx prescription drug plan or a separate Medicare Part D prescription drug plan for an additional monthly premium. To learn more, contact a Blue Cross Medicare advisor or your local licensed agent.

Federal contract

Platinum Blue is a Cost plan with a Medicare contract. Enrollment in Platinum Blue depends on contract renewal.

Plan ratings

Every year, Medicare evaluates plans based on a 5-star rating system. Medicare rates how well plans perform in such areas as detecting and preventing illness, and customer service. The ratings are online at medicare.gov, or see the enrollment kit, visit our website or call us to get a copy.

For accommodations of persons with special needs at meetings call **1-855-447-8869**, TTY **711**.



MedicareBlueSM Rx (PDP)



This plan is a good choice if you want:

- Prescription drug coverage only
- Coverage of generic, brand-name and specialty drugs
- Access to thousands of pharmacies nationwide

Eligibility requirements: Have Medicare Part A, Part B or both • Live in the plan availability area

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

PLAN AVAILABILITY AREA

You’re eligible to enroll in MedicareBlue Rx if you live in: Minnesota, Iowa, Montana, Nebraska, North Dakota, South Dakota or Wyoming

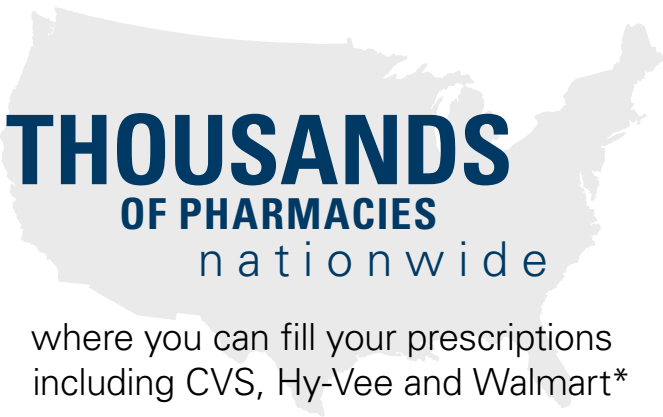
IN-NETWORK PHARMACIES



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



*As of July 2024.



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.

LET’S COMPARE COSTS AND COVERAGE

MedicareBlue Rx plans offer two levels of coverage and cost sharing. Each plan pays a different amount toward prescription drugs. The right plan for you depends on how many drugs you take and the cost of those drugs.

Choose from two levels of coverage:

STANDARD

Good option if you take daily medications to manage conditions

- **Midrange** monthly premium
- **Deductibles:** After you pay your deductible, you pay \$0 copay on Tier 1 prescriptions when you use a preferred pharmacy. You will pay a set copay or coinsurance for covered drugs on Tiers 2 – 5.
- **Preferred pharmacies** include CVS, Hy-Vee and Walmart

PREMIER

Good option if you take multiple generic and/or brand-name drugs

- **Higher** monthly premium
- **Deductibles:** No deductible on all five tiers, so coverage starts right away with copays or coinsurance
- **\$0 copay** on Tier 1 and Tier 2 prescriptions when you use a preferred pharmacy.
- **Preferred pharmacies** include CVS, Hy-Vee and Walmart



TIP TO 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.



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.

Each pharmacy is an independent provider and not our agent.


MEDICAREBLUE RX BENEFITS SNAPSHOT

This chart is an overview of the prescription drug benefits

- The premiums shown are for drug coverage only
- You can pair MedicareBlue Rx with a Medicare Supplement plan, a Medicare Cost plan or Original Medicare
- If your drug is not on the formulary, talk to your doctor. Your doctor may be able to prescribe a drug that the plan will cover or request to have your drug covered

| PART D PLAN OPTIONS | STANDARD | | PREMIER | |
|--|--|-------------------|--------------------|-------------------|
| Monthly plan premium | \$51 | | \$116.90 | |
| Annual deductible | \$590 all Tiers | | \$0 all Tiers | |
| Initial coverage Amount you pay for a 30-day supply from a network pharmacy | Preferred pharmacy | Standard pharmacy | Preferred pharmacy | Standard pharmacy |
| Tier 1: Preferred generic drugs | \$0 | \$7 copay | \$0 | \$15 copay |
| Tier 2: Generic drugs | \$2 copay | \$11 copay | \$0 | \$20 copay |
| Tier 3: Preferred brand drugs | 23% coinsurance | 25% coinsurance | 20% coinsurance | 25% coinsurance |
| Tier 4: Non-preferred drugs | 48% coinsurance | 50% coinsurance | 40% coinsurance | 45% coinsurance |
| Tier 5: Specialty drugs | 25% coinsurance | 25% coinsurance | 33% 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. | | | |
| 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. | | | |


*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.





To view the plan formulary, visit YourMedicareSolutions.com/PlanTools and click on the appropriate link under “Coverage and pricing tool.”

How to enroll

It’s easy to enroll in a MedicareBlue Rx plan. Choose one of the following ways:

- 

Speak with a Blue Cross Medicare Advisor or schedule an appointment
1-844-577-7331, TTY **711**
8 a.m. to 8 p.m. daily, Central Time
bluecrossmn.com/Connect25
- 

Compare plans, find resources and submit your application online
bluecrossmn.com/Medicare25
- 

Mail your enrollment form to the address listed on the bottom of the form

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

AFTER YOU ENROLL
After we process your enrollment form, we will send you a letter to confirm your enrollment. We will also mail your member ID card.



MedicareBlue Rx important plan information

Enrollment and eligibility

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 must continue to pay your Medicare Part B premium. You may enroll in only one Part D plan at a time. Beneficiaries may enroll in MedicareBlue Rx only during specific times of the year.

You may enroll by mail, online through our website or by working with an authorized independent agent. Medicare beneficiaries may also enroll in MedicareBlue Rx through the CMS Medicare Online Enrollment Center, located at **medicare.gov**.

Extra help

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call:

- **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24 hours a day, 7 days a week;
- The Social Security Office at **1-800-772-1213** between 8 a.m. and 7 p.m., Monday through Friday. TTY users should call **1-800-325-0778**; or
- Your State Medicaid Office

Formulary, pharmacy network, mail order service

Formulary drugs are subject to change within a contract year. You will be notified at least 60 days in advance when drugs are removed from the formulary. Drug coverage benefits are subject to limitations. The plan uses Amazon Pharmacy or Express Scripts® Pharmacy for mail order, which allows you to have your prescriptions mailed to your home. If you use one of these services, you can also enroll in the automatic prescription refill service. For more information about mail order services, please refer to Chapter 3, Section 2.3 “Using the plan’s mail order services” in your Evidence of Coverage.

Other materials available

For a pharmacy directory or information about Amazon Pharmacy or Express Scripts Pharmacy Mail Order Pharmacy programs, 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.

Federal contract

MedicareBlueSM Rx (PDP) is a prescription drug plan with a Medicare contract. Enrollment in MedicareBlue Rx depends on contract renewal.

Special needs

If you have special needs, alternate formats may be available. Please call for more information.

For accommodations of persons with special needs at meetings call **1-844-577-7331**, TTY **711**.

Tried & true. Blue.SM  **| MN**