

2025

MEDICARE SUPPLEMENT PLANS

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



98% of members keep their Blue Cross Medicare Supplement plan¹



Exceptional support and service from Medicare experts

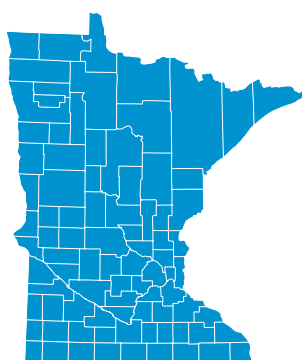


Blue Cross has been **supporting** Medicare since it began²



Serving Minnesota as a nonprofit for more than 90 years²

MEDICARE SUPPLEMENT PLANS AT A GLANCE



Blue Cross Medicare Supplement plans provide medical-only coverage that is guaranteed renewable as long as you pay your premium.

Plus, see any provider who accepts Medicare assignment.

Available in all Minnesota counties.

To learn more, speak with a Blue Cross Medicare Advisor or schedule an appointment
1-855-252-9164, TTY **711**, 8 a.m. to 8 p.m. daily, Central Time
bluecrossmn.com/Connect25



¹Highmark monthly Medicare enrollments on January 31, 2024, compared to December 31, 2023. ²The Blue Cross and Blue Shield of Minnesota Story, A Sixty-Year History, published 1993, Blue Cross and Blue Shield of Minnesota; bluecrossmn.com/about. ³Based on NAIC's October 25, 2023, Medicare Supplement Insurance Experience Reports, <https://content.naic.org/sites/default/files/publication-med-bb-medicare-loss-report.pdf>.



A Medicare Supplement plan is a good choice if you want:

- Medical-only coverage
- Coverage that you can keep if you move to another state
- Guaranteed renewable benefits, as long as you pay your premiums
- Coverage while traveling within the U.S. and emergency foreign travel

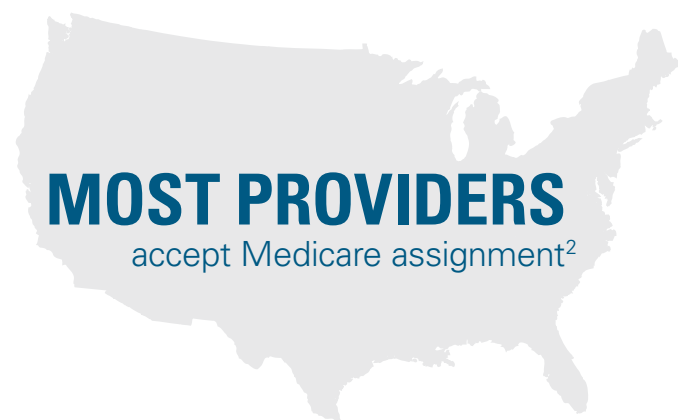
Eligibility requirements: Have Medicare Part A and Part B • Live in Minnesota at the time you enroll

With a Medicare Supplement plan you can choose your doctor without any network restrictions.¹ See any provider that accepts Medicare assignment.

PROVIDERS



Medicare assignment is accepted nationwide by most providers. You may 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). Our Senior GoldSM plan uses the Aware[®] Network.



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. To see Blue Cross MedicareBlue Rx plans, go to page 8.
- A Medicare Supplement plan can help pay for some of the costs Original Medicare doesn't, like copays, deductibles and coinsurance. 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 get the plan you want

¹Our Senior Gold plan uses the Aware Network — the largest Blue Cross network. ²Medicare.gov, July 2024.

Each healthcare provider 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.

LET'S COMPARE COSTS AND COVERAGE

Blue Cross Medicare Supplement plans offer different levels of coverage and cost sharing. Each plan pays a different amount toward your medical coverage. The right plan for you depends on how often you visit the doctor and how much you want to pay monthly versus paying when you get care.

Choose a plan:

HIGH DEDUCTIBLE PLAN F

Good option if you don't go to the doctor very often

- **Lower** monthly premium
- **No copays or coinsurance** after deductible is met

PLAN N

Good option if you aren't sure how often you'll go to the doctor

- **Lower** monthly premium
- **Copays** for Part B services

BASIC

Good option if you need more coverage and go to the doctor often

- **Higher** monthly premium
- **No copays or coinsurance** when all riders are selected

SENIOR GOLDSM

Good option if you need more coverage and go to the doctor often

- **Higher** monthly premium
- **No copays or coinsurance** on most Medicare-covered benefits



LET'S TALK TRAVEL

- 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, including emergency foreign travel, are always covered. Some cost sharing may apply.



MONTHLY PLAN PREMIUMS	HIGH DEDUCTIBLE PLAN F		PLAN N	
	Tobacco-free	Standard	Tobacco-free	Standard
Monthly plan premium	\$54	\$69.10	\$178.05	\$213.65
<ul style="list-style-type: none">• Part A: Inpatient hospital deductible• Part B: Annual 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) Total including all optional plan riders	100% covered after high deductible is met No coverage 100% coverage No coverage		100% covered No coverage 100% coverage No coverage	
ORIGINAL MEDICARE-COVERED BENEFITS				
Annual deductible	\$2,800 ² (in 2024)		You will be responsible for meeting the Medicare Part B deductible	
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	
Medicare-covered preventive services	\$0		\$0	
Immunizations (Flu, pneumonia and hepatitis B)	\$0		\$0	
Cancer screenings ³ (Plan provides broader coverage for cancer screenings than Original Medicare)	\$0		\$0	
Office visits (Primary care, specialists, chiropractic and podiatry)	\$0		\$20 copay	
Diagnostic tests, X-rays, lab and radiology services	\$0		\$0	
Durable medical equipment, prosthetics	\$0		\$0	
Diabetes programs and supplies (meters, test strips)	\$0		\$0	
Outpatient care (Therapy/outpatient visits, some lab services, outpatient or ambulatory surgical center visits)	\$0		\$0	
Urgent care (within U.S.)	\$0		\$0	
Emergency care	\$0 in U.S. and worldwide		\$50 copay in U.S.; 20% coins. worldwide	
Inpatient hospital stay Per benefit period	\$0; limit of 365 days per benefit period		\$0; limit of 365 days per benefit period	
Skilled nursing facility care (Up to 100 days each benefit period)	\$0		\$0	
Prescription drugs (Part B-covered drugs only; Part D drugs not covered)	\$0		\$0	

continue to pay your Medicare Part B premium.

BASIC		SENIOR GOLD	
Tobacco-free	Standard	Tobacco-free	Standard
\$243.80	\$283.85	\$269.30	\$323.10
OPTIONAL		OPTIONAL	
Add plan riders: + \$ 36.00 for 100% coverage No coverage + \$ 1.00 for 100% coverage + \$ 4.00 <hr/> = \$284.80	Add plan riders: + \$ 36.00 for 100% coverage No coverage + \$ 1.00 for 100% coverage + \$ 4.00 <hr/> = \$324.85	Add plan riders: + \$ 36.00 for 100% coverage No coverage + \$ 1.00 for 100% coverage + \$ 4.00 <hr/> = \$310.30	Add plan riders: + \$ 36.00 for 100% coverage No coverage + \$ 1.00 for 100% coverage + \$ 4.00 <hr/> = \$364.10
\$0 Part A deductible when rider is selected. You will be responsible for meeting the Medicare Part B deductible. ¹		\$0 Part A deductible when rider is selected. You will be responsible for meeting the Medicare Part B deductible. ¹	
When all plan riders are selected, there are minimal to no out-of-pocket expenses		When all plan riders are selected, there are minimal to no out-of-pocket expenses	
\$0		\$0	
\$0		\$0	
\$0		\$0	
\$0		\$0	
\$0		\$0	
\$0		\$0	
\$0		\$0	
\$0		\$0	
\$0		\$0	
\$0 in U.S.; 20% coins. worldwide		\$0 in U.S.; 20% coins. worldwide	
\$0; no day limit		\$0; no day limit	
\$0		\$0	
\$0		\$0	

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 annually based on state and federal regulations.

³Annual service and/or coverage limits may apply.

Resources and extras

Blue Cross Medicare Supplement 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

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



Visit silversneakers.com



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

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



How to enroll

It's easy to enroll in a Medicare Supplement plan. Choose one of the following ways:



Speak with a Blue Cross Medicare Advisor or schedule an appointment

1-855-252-9164, 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

Check the status of your application at

bluecrossmn.com/MedicareAppStatus

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 mail your member ID card to you. 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 Medicare Supplement plan cancels within 31 days if the plan premiums are not paid. Rules only allow you to reactivate twice during the lifetime of your policy without filing an appeal.

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

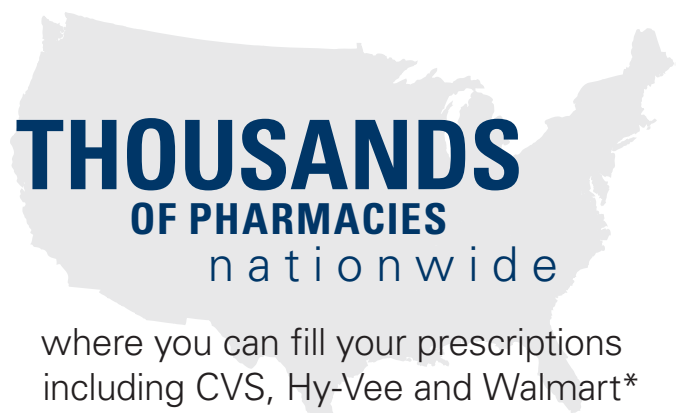
IN-NETWORK PHARMACIES



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.

Each pharmacy is an independent provider and not our agent.

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.

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		\$116.60	
Annual deductible	\$590 all Tiers		\$0 all Tiers	
Initial coverage Amount you pay for a 30-day supply from a network pharmacy 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.			
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.

Important MedicareBlue Rx 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**.