

2025

MEDICARE ADVANTAGE (PPO) PLANS

Metro region

With the #1 Medicare Advantage 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

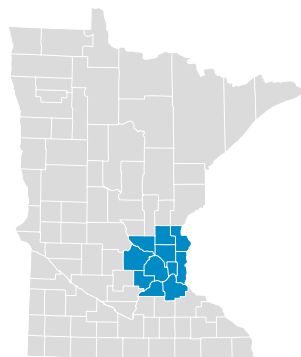


Blue Cross has been **supporting** Medicare since it began⁵



Serving Minnesota as a nonprofit for more than 90 years⁵

METRO REGION PLANS AT A GLANCE



Blue Cross Medicare Advantage plans combine medical, prescription drugs, dental, vision and hearing coverage into one plan.

All plans have statewide access to network care.

Plan availability area listed on page 2.

To learn more, speak with a Blue Cross Medicare Advisor or schedule an appointment
1-844-954-4098, 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. Star rating information is on medicare.gov/plan-compare. 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:

- Combined medical and prescription coverage
- Dental, vision and hearing coverage
- SilverSneakers® membership
- Medical coverage while traveling

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

PLAN AVAILABILITY AREA

You must live in one of the following counties to enroll: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington or Wright

IN-NETWORK PROVIDERS



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.

Medicare Advantage/ Medicare High Value Network

Key in-network providers include: Allina, Essentia, HealthEast, HealthPartners, M Health Fairview, Mayo Clinic®, North Memorial, Park Nicollet, Sanford and more*

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

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



All plans include preventive dental coverage to help protect your overall health.

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

LET'S COMPARE COSTS AND COVERAGE

Blue Cross Medicare Advantage (PPO) plans offer four 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 four levels of 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 monthly premium • Higher costs when you get care • Preventive dental coverage
COMFORT	<p>Good option if you visit the doctor or pharmacy occasionally</p> <ul style="list-style-type: none"> • Midrange monthly premium and costs when you get care • Preventive and comprehensive dental coverage
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"> • Moderate monthly premium and costs when you get care • Preventive and comprehensive dental coverage
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 monthly premium • Lower costs when you get care • Preventive and comprehensive dental coverage
FREEDOM BLUE	<p>Good option if you currently have VA benefits</p> <ul style="list-style-type: none"> • Medical-only coverage • Includes extra benefits: up to \$100 monthly Part B premium giveback, \$100 per quarter flex card, dental, eyewear allowance, hearing aid benefit, travel benefits and more



COVERAGE THAT TRAVELS WITH YOU

- Travel up to 12 consecutive months in the U.S. and get in-network benefits from select providers
- No matter where you are, urgent care and 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.

MEDICARE ADVANTAGE – METRO REGION BENEFITS SNAPSHOT

The following chart is an overview of the medical benefits for the four plans. A few things to keep in mind when comparing plans:

- The premiums shown include medical and prescription drug coverage.
- The amounts shown are what you pay for Medicare-eligible services with in-network providers.
- 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.
- If you pay a Medicare Part B premium, you may receive a Part B premium reduction of up to \$5.80 per month or \$69.60 per year based on 12-months of enrollment. This reduction is administered through the Social Security Administration and will show as an increase in your Social Security check or a credit on your Part B premium statement.

BENEFITS	CORE	COMFORT	CHOICE	COMPLETE
Monthly plan premium You must continue to pay your Medicare Part B premium	\$0	\$48	\$96	\$187
Medicare Part B premium reduction	Up to \$5.80 monthly	N/A	N/A	N/A
Annual deductible Amount you pay before plan begins to pay	\$0	\$0	\$0	\$0
Annual out-of-pocket maximum The costs for emergency care outside of the U.S., routine hearing tests and hearing aids are not included in the maximum totals	\$4,900 in-network; \$7,900 combined in- and out-of-network costs	\$3,700 in-network; \$5,450 combined in- and out-of-network costs	\$3,000 in-network; \$5,150 combined in- and out-of-network costs	\$2,900 in-network; \$5,100 combined in- and out-of-network costs
Preventive services				
• Annual Medicare-covered wellness visit (one per year)	\$0	\$0	\$0	\$0
• Physical exam (one per year)	\$0	\$0	\$0	\$0
• Routine eye exam (two per year)	\$0	\$0	\$0	\$0
• Routine hearing exam (one per year)	\$0	\$0	\$0	\$0
• Immunizations/vaccines (flu, COVID-19, pneumonia and hepatitis B)	\$0	\$0	\$0	\$0
Office visits				
• Primary care	\$0	\$0	\$0	\$0
• Specialist	\$40 copay	\$40 copay	\$35 copay	\$20 copay
• Podiatry	\$40 copay	\$40 copay	\$35 copay	\$20 copay
• Mental health	\$20 copay	\$20 copay	\$15 copay	\$10 copay
• Chiropractic and acupuncture	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Lab services/outpatient X-rays	\$0/\$15 copay	\$0/\$10 copay	\$0/\$10 copay	\$0/\$5 copay
Diagnostic mammograms and colonoscopies	\$0	\$0	\$0	\$0
Diagnostic radiological services	\$150 copay	\$100 copay	\$100 copay	\$50 copay
Diagnostic tests/procedures	\$25 copay	\$25 copay	\$25 copay	\$10 copay
Preferred continuous glucose monitors	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Durable medical equipment and prosthetics	35% coinsurance	35% coinsurance	30% coinsurance	25% coinsurance
Diabetes supplies (Ascensia) – monitors, test strips	\$0	\$0	\$0	\$0
Urgent care	\$45 copay	\$45 copay	\$40 copay	\$30 copay
Emergency care United States and worldwide	\$125 copay	\$140 copay	\$140 copay	\$140 copay
Ambulance (air and ground, one way)	\$290 copay	\$250 copay	\$250 copay	\$200 copay
Outpatient hospital visits	\$20 copay	\$20 copay	\$10 copay	\$0
Outpatient surgery/observation stay	\$350 copay per stay	\$300 copay per stay	\$175 copay per stay	\$150 copay per stay
Inpatient hospital stay	\$300 copay per day for days 1 – 5; \$0 copay for days 6 – 90	\$400 copay per stay	\$200 copay per stay	\$150 copay per stay
Ambulatory surgical center visits	\$300 copay	\$225 copay	\$150 copay	\$125 copay
Skilled nursing facility				
Days 1 – 20	\$0	\$0	\$0	\$0
Days 21 – 100	\$214 copay per day	\$214 copay per day	\$214 copay per day	\$214 copay per day
Medicare Part B prescription drugs	Up to 20% coinsurance	Up to 20% coinsurance	Up to 20% coinsurance	Up to 20% coinsurance



EXTRA BENEFITS INCLUDED

- Dental coverage
- Eyewear allowance
- Over-the-counter savings
- Hearing aid benefit
- SilverSneakers® fitness program
- Peer Support Specialist

More information on plan extras is included later in this guide.

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

DRUG COVERAGE	CORE	COMFORT	CHOICE	COMPLETE
Deductible Amount you pay for prescription drugs before plan begins to pay	\$0 Tiers 1 and 2; \$350 Tiers 3 – 5	\$0 Tiers 1 and 2; \$300 Tiers 3 – 5	\$0 all Tiers	\$0 all Tiers
Initial coverage (31-day supply) • Tier 1: Preferred generic drugs • Tier 2: Generic drugs • Tier 3: Preferred brand drugs • Tier 4: Non-preferred drugs • Tier 5: Specialty drugs	In network \$0 \$0 25% coins. 45% coins. 28% coins.	In network \$0 \$0 21% coins. 42% coins. 29% coins.	In network \$0 \$0 25% coins. 42% coins. 33% coins.	In network \$0 \$0 \$47 copay 45% coins. 33% coins.
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.

BENEFITS	FREEDOM BLUE (MEDICAL-ONLY PLAN)
Monthly plan premium You must continue to pay your Medicare Part B premium	\$0
Medicare Part B premium reduction	Up to \$100 monthly
Annual deductible Amount you pay before plan begins to pay	\$0
Annual out-of-pocket maximum The costs for emergency care outside of the U.S., routine hearing tests and hearing aids are not included in the maximum totals	\$4,200 in-network; \$7,500 combined in- and out-of-network costs
Preventive services • Annual Medicare-covered wellness visit (one per year) • 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 \$0 \$0 \$0 \$0
Office visits • Primary care • Specialist • Podiatry • Mental health • Chiropractic and acupuncture	\$0 \$30 copay \$30 copay \$0 \$20 copay
Lab services/outpatient X-rays	\$0
Diagnostic mammograms and colonoscopies	\$0
Diagnostic radiological services	\$70 copay
Diagnostic tests/procedures	\$20 copay
Preferred continuous glucose monitors and prosthetics	20% coinsurance
Durable medical equipment	30% coinsurance
Diabetes supplies (Ascensia) – monitors, test strips	\$0
Urgent care	\$35 copay
Emergency care United States and worldwide	\$125 copay
Ambulance (air and ground, one way)	\$200 copay
Outpatient hospital visits	\$10 copay
Outpatient surgery/observation stay	\$150 copay
Inpatient hospital stay	\$200 copay per stay
Ambulatory surgical center visits	\$100 copay
Skilled nursing facility Days 1 – 20 Days 21 – 100	\$0 \$214 copay per day
Medicare Part B prescription drugs	Up to 20% coinsurance



EXTRA BENEFITS INCLUDED

Information on dental benefits and plan extras, such as SilverSneakers membership, eyewear allowance, hearing aid benefit and over-the-counter allowance, is included later in this guide.

FREEDOM BLUESM – MEDICAL-ONLY PLAN METRO REGION BENEFITS SNAPSHOT

This chart on the next page is a medical-only plan. If you already have creditable drug coverage through the VA, TRICARE, or similar, you may want to consider this plan.

A few things to keep in mind when comparing plans:

- The premiums shown include medical coverage only.
- The amounts shown are what you pay for Medicare-eligible services with in-network providers.
- 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.
- If you pay a Medicare Part B premium, you may receive a Part B premium reduction of up to \$100 a month. This reduction is administered through the Social Security Administration and will show as an increase in your Social Security check or a credit on your Part B premium statement.



DENTAL BENEFITS	CORE	COMFORT AND CHOICE	COMPLETE	FREEDOM BLUE
Deductible	\$0	\$0	\$0	\$0
Preventive Oral exams (2), cleanings (2), fluoride treatments (2), X-rays (1), periodontal cleanings (2)	\$0	\$0	\$0	\$0
Restorative Fillings	No coverage	30% coinsurance	30% coinsurance	20% coinsurance
Comprehensive Extractions, endodontics, periodontics (treatment of periodontitis and gingivitis), special restorative, prosthetics, crowns, oral surgical procedures Note: Cosmetic procedures are not covered.	No coverage	50% coinsurance	50% coinsurance	20% coinsurance
Maximum plan benefit*	\$2,000	\$2,000	\$2,000	\$2,500

*The maximum plan benefit is the maximum amount the plan will pay for all in- and out-of-network covered 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 Advantage 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.

Resources and extras

Blue Cross Medicare Advantage 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, like Doctor On Demand®	doctorondemand.com/bluecrossmn
Care management Get the support you need to achieve your health goals from a Blue Cross medical or behavioral health case manager.	Call the customer service number on the back of your member ID card
Peer Support Specialist Specialized support for mental health challenges, psychological trauma or substance use from someone with real life experience.	Call the customer service number on the back of your member ID card

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

CARE AND SUPPORT RESOURCES (CONT.)	
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
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
EXTRAS	
Eyewear allowance \$125 – \$275 for glasses or contact lenses (depending on plan)	Call the customer service number on the back of your member ID card
Hearing aids through TruHearing® • Advanced Aid copay: \$699 Core; \$599 Comfort and Choice; \$499 Complete; \$599 Freedom Blue (Medical-only plan) • Premium Aid copay: \$999 Core; \$899 Comfort and Choice; \$799 Complete; \$899 Freedom Blue (Medical-only plan) 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 and health-related items: \$60 Core and Comfort; \$50 Choice and Complete; \$100 Freedom Blue (Medical-only plan)	bluecrossmn.com/MedicareOTC
Post-discharge meal benefit Receive 2 meals per day, up to 14 days, at no additional cost following medically necessary inpatient stay.	Call the customer service number on the back of your member ID card
Chiropractic, non-Medicare covered 12 visits per year for any diagnosis (X-ray excluded). Complete plan not covered.	Call the customer service number on the back of your member ID card

*Quarterly balance does not carry over.

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.

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



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

How to enroll

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



Speak with a Blue Cross Medicare Advisor or schedule an appointment
1-844-954-4098, 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 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 Medicare Advantage plan will cancel within 90 days if plan premiums are not paid.

Important plan information

Eligibility and enrollment

You are eligible to enroll in a Blue Cross Medicare Advantage plan if you have Medicare Part A and Medicare Part B and live in the plan's service area.

You can be a member of only one Medicare Advantage plan at a time. By enrolling in a Medicare Advantage plan, you will automatically be disenrolled from any other Medicare Advantage or Medicare Cost plan of which you are a member.

Provider network

Blue Cross has formed a contracted network of doctors, specialists, hospitals and other providers for Medicare Advantage. You can use any provider who is part of this network. 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 Medicare Advantage network, you will pay a higher level of cost sharing.

You will receive in-network benefits for eligible services received outside the service area within the United States for up to twelve (12) 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 Medicare Advantage with Part D coverage, 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.

Federal contract

Blue Cross Medicare Advantage is a PPO plan with a Medicare contract. Enrollment in Blue Cross Medicare Advantage depends on contract renewal.

Star 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 packet, visit our website or call us to get a copy.

For accommodations of persons with special needs at meetings call **1-844-954-4098, TTY 711**.

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