

2027

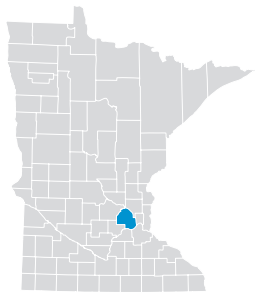
MEDICARE ADVANTAGE (PPO) – LAKE REGION

Essential plan



Access to a broad network of doctors in Minnesota.

Blue Cross and Blue Shield of Minnesota Medicare Advantage plans combine medical, prescription drugs, dental, vision and hearing coverage into one plan. Plus, get nationwide travel coverage.



Available in these counties:

Hennepin

Eligibility requirements:

Have Medicare Part A and Part B (and continue to pay your Part B premium) • Live in the plan availability area

DISCOVER THE VALUE OF BLUESM



Most **trusted** health plan in Minnesota*



Service and **support** you can count on



Serving Minnesota as a **nonprofit** for nearly a century

A DIGITAL FRONT DOOR TO YOUR HEALTH

Once enrolled in a plan, you can connect to everything you need to manage your healthcare with Blue Care AdvisorSM. Get personalized preventive care guidance, find in-network care, and view your benefit details all in one place.



LEARN MORE AND ENROLL

- Check if doctors, dentists and pharmacies are in network at bluecrossmn.com/HighValue.
- See if prescription drugs are covered.

Visit bluecrossmn.com/LakePH or contact your agent or Blue Cross Medicare Advisor to get started.

*2026 Brand Strength Measure Survey, Blue Cross Blue Shield Association. Blue Care AdvisorSM is an offering of Blue Cross[®] and Blue Shield[®] of Minnesota and Blue Plus[®]. Blue Cross Medicare Advantage is a PPO plan with a Medicare contract. Enrollment in Blue Cross Medicare Advantage depends on contract renewal.

MEDICAL BENEFITS	ESSENTIAL
Monthly plan premium	\$0
Annual medical deductible	\$740
Annual out-of-pocket maximum In network/Comb. in and out of network	\$9,850/\$14,800
Office visits (in-person or telehealth) • Primary care • Specialist	\$25 copay \$60 copay
Emergency care U.S. and worldwide	\$115 copay
Urgent care	\$40 copay
Outpatient surgery/observation stay	\$600 copay
Inpatient hospital care	\$450 copay per day for days 1 – 5
Ambulance (air and ground, one way)	\$260 copay
Medicare Part B covered drugs	Up to 20% coinsurance
PRESCRIPTION BENEFITS	
Annual prescription deductible	\$700 all Tiers
Initial coverage (31-day supply) ¹ 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% coinsurance 50% coinsurance 25% coinsurance
Catastrophic coverage	\$0 once your annual out-of-pocket drug costs reach \$2,400 ²
DENTAL BENEFITS ³	
Preventive	\$0 deductible; \$0 for: oral exams (2), cleanings (2), X-rays (1), periodontal cleanings (2)
EXTRAS	
Vision benefit	\$20 copay for one exam
Hearing aids through TruHearing®	\$699/\$999 copay per aid

¹Cost-sharing amounts are based on a 31-day supply at a network retail pharmacy. See the Summary of Benefits for details. ²This amount is based on the Part D drug benefit and does not include plan-paid costs or your premiums. ³Out-of-network dental services may result in additional costs, even for services listed as \$0 copay. Reimbursement rates may vary by provider and service. Amounts shown reflect in-network costs. This is not a complete description of benefits. Limitations, copayments and restrictions may apply. Refer to the Evidence of Coverage or contact the plan for details. Each provider and pharmacy is an independent contractor and is not our agent. Members should confirm provider participation in their network before receiving services.

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

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

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