

2023

SUMMARY OF BENEFITS

Group Medicare Advantage Standard

(MA-only)

H5959

January 1, 2023 – December 31, 2023

Introduction

This guide is a summary of the medical benefits covered by Group Medicare Advantage (MA-Only) plans. In this booklet, you will find an overview of our plan, an easy-to-read chart of plan coverage options, and contact information for Customer Service representatives who can assist you and answer questions.

What's included

Pre-enrollment checklist	2
Frequently asked questions	3
Benefit charts	6
Get help in your language: Multi-language interpreter services.....	18

CONTACT US

We are available for phone calls 8 a.m. to 8 p.m., Central Time. We are available seven days a week October 1 through March 31, and available Monday through Friday the rest of the year.



Members

Call toll-free **1-800-711-9865**

TTY users call **711**

Non-Members

Contact your group administrator



Visit **bluecrossmn.com**

Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative toll free at **1-800-711-9865** (TTY **711**), 8 a.m. to 8 p.m. daily, Central Time.

Understanding the Benefits

- The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **bluecrossmn.com** or call toll free at **1-800-711-9865** (TTY **711**) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

Frequently asked questions

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage*.

WHO CAN ENROLL?

You can enroll in Group Medicare Advantage if you are entitled to Medicare Part A and enrolled in Medicare Part B (or have both Medicare Part A and Medicare Part B) and live in the plan availability area. The plan area includes the United States and all the U.S. Territories.

WHAT DOES THE PLAN COVER?

Group Medicare Advantage members get all the benefits covered in Original Medicare. Group Medicare Advantage plans also help pay the deductible, copayments and coinsurance Original Medicare doesn't cover.

What is the difference between an annual physical exam, a Welcome to Medicare visit and a Medicare annual wellness visit?

- Annual physical exam — A yearly preventive visit with your primary care doctor that includes a discussion about your health, a review of your medical history, screenings, immunizations, and some lab work.
- Welcome to Medicare visit — A one-time preventive visit within the first 12 months of your new Medicare Part B plan. This visit includes a review of your medical history, screenings, vaccinations and a discussion of preventive services available to you that you may need.
- Medicare annual wellness visit — An annual visit with your doctor after you've been enrolled in Medicare Part B for at least 12 months. This visit includes a review of your medical history, screenings and personalized health advice, and a checklist of appropriate preventive services.

Medicare will pay for a Medicare annual wellness visit and a Welcome to Medicare visit. Your Group Medicare Advantage plan will pay for an annual physical exam.

To see a complete list of your services and benefits, please review your *Evidence of Coverage* (EOC). You can find this document by logging in to your member portal at bluecrossmn.com/login. You also may order a copy by calling Customer Service.

WHICH DOCTORS AND HOSPITALS CAN I USE?

The Group Medicare Advantage network offers a large list of providers covered under the Group Medicare Advantage plan. You may pay less when you use doctors, hospitals and other providers in this network. You can see the plan's provider directory for the state of Minnesota at bluecrossmn.com/medicare-documents. Or, call us and we will send you a copy.

To look up providers outside the state of Minnesota, visit bluecrossmn.com/medicare-documents, scroll down to "2023 Group Medicare plans", then find your plan type under "Doctors and Pharmacies" and click on the "Search online for doctors (providers)" link.

ABOUT ORIGINAL MEDICARE AND HOW TO GET BENEFITS

You have choices about how to get your Medicare benefits through Original Medicare, a program run directly by the federal government.

You can also choose to get Medicare benefits by joining a Part C plan like Group Medicare Advantage.

If you want to compare our plan with other Medicare health plans, ask the other plans for their *Summary of Benefits*.

If you want to know more about the coverage and costs of Original Medicare, look in your 2023 Medicare & You handbook or view it online at medicare.gov. Or, request a copy by calling **1-800-MEDICARE (1-800-633-4227)** 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Group Medicare Advantage is a PPO plan with a Medicare contract. Enrollment in Group Medicare Advantage depends on contract renewal. Either CMS or the plan may choose not to renew the contract, or the plan may choose to change the area it serves. Any such change may result in termination of your enrollment. This information is not a complete description of benefits. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. Limitations, copayments, and restrictions may apply. Contact the plan for more information.

Health care terms and what they mean

Allowed amount — The contracted rate, or “Blue Cross discount,” set by your plan and providers when you see in-network hospitals and clinics. Providers are required to accept the allowed amount as payment in full, and cannot charge above it when you see an in-network provider.

Copay — The set dollar amount you pay each time you receive a service or prescription.

Coinsurance — A set percentage you pay toward health care after your deductible has been met.

Deductible — Amount you will pay in one plan year before coverage begins.

In-network — The hospitals and clinics that are included in your plan. Typically, in-network providers result in lower member costs.

Out-of-pocket costs — The amount you must pay for health care. It includes copays, coinsurance and deductibles, plus any costs for care that is not covered.

Out-of-network — The hospitals and clinics that are not included in your plan. Typically, out-of-network providers result in higher member costs.

Out-of-pocket maximum — The most you could pay in one plan year for covered medical services and supplies.

Premium — Your monthly payment for a plan.

Total charge — The amount the provider charges for services before a Blue Cross discount (allowed amount) is applied.

Benefits	Group Medicare Advantage Standard
Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services	
Monthly Plan Premium	<p>Please contact your previous employer, union or benefits administrator for premium information.</p> <p>Your premium for Group Medicare Advantage is in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their plan premium. Some members may be required to pay an extra charge, known as the Part D Income Related Monthly Adjustment Amount, also known as IRMAA, because, 2 years ago, they had a modified adjusted gross income, above a certain amount, on their IRS tax return. Members subject to an IRMAA will have to pay the standard premium amount and this extra charge, which will be added to their premium. For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>
Annual Medical Deductible	\$0
Maximum Out-of-Pocket Amount	\$3,000 in-network; \$3,000 combined out-of-pocket limit
Yearly Plan Limitations	No

Benefits	Group Medicare Advantage Standard
Covered Hospital and Medical Benefits – Hospital and Doctor’s Office Visits	
<p>Inpatient hospital care</p> <p style="text-align: right;">Out-of-Network</p> <p>Meals following inpatient stay After an approved inpatient hospital or skilled nursing facility stay, we cover up to 2 meals per day for 28 days delivered to your home.</p> <p style="text-align: right;">Out-of-Network</p>	<p>\$200 copay per admittance</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>20% coinsurance per admittance</p> <p>\$0</p> <p>Not Covered</p>
<p>Outpatient hospital care</p> <p>Outpatient hospital visit</p> <p style="text-align: right;">Out-of-Network</p> <p>Ambulatory surgical center visit</p> <p style="text-align: right;">Out-of-Network</p>	<p>\$75 copay surgery \$0 all other services</p> <p>20% coinsurance</p> <p>\$75 copay</p> <p>20% coinsurance</p>
<p>Doctor’s office visits</p> <p>Primary care physician</p> <p style="text-align: right;">Out-of-Network</p> <p>Specialist</p> <p style="text-align: right;">Out-of-Network</p>	<p>\$10 copay</p> <p>20% coinsurance</p> <p>\$20 copay</p> <p>20% coinsurance</p>

Benefits	Group Medicare Advantage Standard
Covered Hospital and Medical Benefits – Outpatient Care and Services	
Emergency care in the United States and Worldwide In- and Out-of-Network	Copayment is waived if you are admitted to the hospital within 24 hours for the same condition. See the “Inpatient hospital care” section of this booklet for other costs. \$50 copay
Urgently needed services United States and its territories In- and Out-of-Network Worldwide In- and Out-of-Network	\$20 copay \$50 copay
Outpatient diagnostic tests and therapeutic services and supplies X-rays Out-of-Network Radiation (radium and isotope) therapy including technician materials and supplies Out-of-Network Surgical supplies, such as dressings, splints, casts and other devices used to reduce fractures and dislocations Out-of-Network Laboratory tests In- and Out-of-Network Blood Out-of-Network Diagnostic advanced imaging Out-of-Network	\$0 for Medicare-covered x-rays. 20% coinsurance \$0 for Medicare-covered radiation therapy services. Examples include, but are not limited to, treatment of cancer. 20% coinsurance 10% coinsurance for Medicare-covered surgical supplies, splints and casts. 20% coinsurance \$0 for Medicare-covered laboratory tests. \$0 for Medicare-covered blood. 20% coinsurance \$0 for Medicare-covered diagnostic advanced imaging. Examples include, but are not limited to, specialized scans, CT, SPECT, PET, MRI, MRA, ultrasounds and angiograms. 20% coinsurance

Benefits	Group Medicare Advantage Standard
Covered Hospital and Medical Benefits – Outpatient Care and Services	
Diagnostic tests & procedures (excludes x-ray and advanced imaging)	\$0 for Medicare-covered diagnostic tests & procedures. Examples include, but are not limited to, EKG's, pulmonary function tests, psychological/neuropsychological testing, home or lab-based sleep studies.
Out-of-Network	20% coinsurance
Diagnostic mammograms or colonoscopy	\$0 for each Medicare-covered diagnostic mammogram or colonoscopy.
Out-of-Network	20% coinsurance

Benefits	Group Medicare Advantage Standard
Covered Hospital and Medical Benefits – Hearing and Dental Services	
<p>Hearing services</p> <p>Medicare-covered exam to diagnose and treat hearing and balance issues</p> <p style="text-align: right;">Out-of-Network</p> <p>Non-Medicare covered hearing exam (1 per year)</p> <p style="text-align: right;">Out-of-Network</p> <p>Non-Medicare covered hearing aid exam (1 per year) through TruHearing</p> <p style="text-align: right;">Out-of-Network</p> <p>Hearing aid (up to 2 aids per year, one per ear)</p> <p style="text-align: right;">Out-of-Network</p>	<p>\$0</p> <p>20% coinsurance</p> <p>\$0</p> <p>20% coinsurance</p> <p>\$0</p> <p>Not Covered</p> <p>\$499 for the Advanced Aid or \$799 for the Premium Aid from TruHearing. Specific models only. \$0 per aid for optional hearing aid rechargeability on Advanced and Premium aids.</p> <p>Not Covered</p>
<p>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.</p>	
<p>Dental services</p> <p>Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth.) In general, preventive dental benefits (such as cleaning) are not covered.</p> <p style="text-align: right;">Out-of-Network</p> <p>Medicare-covered comprehensive dental</p> <p style="text-align: right;">Out-of-Network</p>	<p>\$20 copay</p> <p>20% coinsurance</p> <p>\$20 copay</p> <p>20% coinsurance</p>

Benefits	Group Medicare Advantage Standard
Covered Hospital and Medical Benefits – Vision and Mental Health Services	
Vision services	
Medicare-covered annual glaucoma screening	\$0
Out-of-Network	20% coinsurance
Medicare-covered diabetic retinopathy exam	\$0
Out-of-Network	20% coinsurance
Medicare-covered exams to diagnose and treat eye diseases and conditions	\$0
Out-of-Network	20% coinsurance
Medicare-covered eyewear after cataract surgery	\$0
Out-of-Network	20% coinsurance
Non-Medicare covered routine eye exam (2 per year combined In- and Out-of-Network)	\$0
Out-of-Network	20% coinsurance
Non-Medicare covered eyewear allowance (frames, lenses, or contacts)	
In- and-Out-of-Network	\$150 allowance per year
Mental health care inpatient visit*	
Out-of-Network	\$200 copay per admittance 20% coinsurance
Outpatient group and individual therapy visit	\$20 copay
Out-of-Network	20% coinsurance
Partial hospitalization	\$55 copay
Out-of-Network	20% coinsurance
*Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit applies to inpatient mental services provided in a general hospital.	

Benefits	Group Medicare Advantage Standard
Covered Hospital and Medical Benefits – Outpatient Care and Services	
<p>Skilled nursing facility (SNF) Our plan covers up to 100 days in a SNF</p> <p style="text-align: right;">Out-of-Network</p> <p>Meals following SNF stay After an approved inpatient hospital or skilled nursing facility stay, we cover up to 2 meals per day for 28 days delivered to your home</p> <p style="text-align: right;">Out-of-Network</p>	<p>\$0</p> <p>20% coinsurance</p> <p>\$0</p> <p>Not Covered</p>
<p>Cardiac (heart) rehab services</p> <p style="text-align: right;">Out-of-Network</p> <p>Occupational therapy, physical therapy and speech and language therapy visit</p> <p style="text-align: right;">Out-of-Network</p>	<p>\$20 copay</p> <p>20% coinsurance</p> <p>\$20 copay</p> <p>20% coinsurance</p>
<p>Ambulance (ground and air)</p> <p style="text-align: right;">In- and Out-of-Network</p>	<p>\$75 copay</p>
<p>Ambulance services without transportation and other non-Medicare covered transport services</p>	<p>Not Covered</p>
Medicare Part B Prescription Drugs	
<p>Part B prescription drugs</p> <p style="text-align: right;">In- and Out-of-Network</p>	<p>20% coinsurance</p>

Benefits	Group Medicare Advantage Standard
Additional Benefits and Services	
<p>Medicare-covered acupuncture for chronic lower back pain (max. 20 visits every 12 months combined In- and Out-of-Network)</p> <p style="text-align: right;">Out-of-Network</p> <p>Routine (non-Medicare covered) acupuncture for any pain diagnosis (max 12 visits per year combined In- and Out-of-Network)</p> <p style="text-align: right;">In- and Out-of-Network</p>	<p>\$20 copay</p> <p>20% coinsurance</p> <p>\$20 copay</p>
<p>Medicare-covered chiropractic care</p> <p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)</p> <p style="text-align: right;">Out-of-Network</p> <p>Routine (non-Medicare covered) chiropractic care (max. 12 visits per year combined In- and Out-of-Network)</p> <p>X-ray coverage not included</p> <p style="text-align: right;">Out-of-Network</p>	<p>\$20 copay</p> <p>20% coinsurance</p> <p>\$20 copay</p> <p>20% coinsurance</p>
<p>Foot care (podiatry services)</p> <p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions</p> <p style="text-align: right;">Out-of-Network</p>	<p>\$20 copay</p> <p>20% coinsurance</p>

Benefits	Group Medicare Advantage Standard
Additional Benefits and Services	
<p>Diabetes supplies and services</p> <p>Diabetes monitoring supplies (coverage for test strips and monitors is limited to Ascensia brands)</p> <p style="text-align: right;">Out-of-Network</p> <p>Diabetes self-management training</p> <p style="text-align: right;">Out-of-Network</p> <p>Therapeutic shoes and inserts</p> <p style="text-align: right;">Out-of-Network</p>	<p>\$0</p> <p>20% coinsurance</p> <p>\$0</p> <p>20% coinsurance</p> <p>\$0</p> <p>20% coinsurance</p>
Ascensia Diabetes Care US, Inc. is an independent company providing diabetic supplies.	
<p>Durable medical equipment (wheelchairs, oxygen, etc.)</p> <p style="text-align: right;">Out-of-Network</p>	<p>10% coinsurance</p> <p>20% coinsurance</p>
<p>Home health care</p> <p style="text-align: right;">Out-of-Network</p>	<p>\$0</p> <p>20% coinsurance</p>
<p>Outpatient substance abuse</p> <p>Individual and group therapy visits</p> <p style="text-align: right;">Out-of-Network</p>	<p>\$20 copay</p> <p>20% coinsurance</p>
<p>Over-the-counter items</p> <p>OTC medications and supplies are available to order online or by telephone through CVS OTCHS. Retail purchases are non-reimbursable.</p> <p style="text-align: right;">Out-of-Network</p>	<p>\$50 per quarter for the purchase of covered over-the-counter (OTC) items through CVS Over The Counter Health Solutions (OTCHS).</p> <p>Not Covered</p>
CVS Pharmacy, Inc. d/b/a OTC Health Solutions is an independent company providing OTC supplemental benefit administrative services.	
<p>Prosthetic devices and medical supplies</p> <p style="text-align: right;">Out-of-Network</p>	<p>10% coinsurance</p> <p>20% coinsurance</p>

Benefits	Group Medicare Advantage Standard
Additional Benefits and Services	
Gym membership at participating SilverSneakers® facility, online fitness classes, or choose a home exercise kit Out-of-Network	\$0 Not Covered
SilverSneakers® is a registered trademark of Tivity Health, Inc., an independent company that provides health and fitness programs.	
Renal dialysis Out-of-Network	\$0 20% coinsurance
Kidney Disease Education Out-of-Network	\$0 20% coinsurance

CONTACT US

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TTY users call **711**

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Contact your group administrator



Visit **bluecrossmn.com**

This document may be available in a non-English language. For additional information call us at a number above.

This document is available in other formats such as braille and large print.

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Medicare Advantage (PPO) plan members, except in emergency situations. Please call our Customer Service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

NOTICE OF NONDISCRIMINATION PRACTICES
Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိကညိကျိန်ဒီး, တၢ်ကဟ့ၣ်နၢကျိၣ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY
အဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າພຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមែន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béesh bee hodíílnih 1-855-902-2583. TTY biniiyégo éí 711 jí' béesh bee hodíílnih.



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

F11151R02 (8/22)