

2024

SUMMARY OF BENEFITS

Group Platinum BlueSM (Cost) Plan C

H2461

January 1, 2024 – December 31, 2024

Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, please contact your Group Administrator.

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. Please contact your Group Administrator for information on how to receive 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, 2025.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

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, contact your Group Administrator and ask for the *Evidence of Coverage*.

WHO CAN ENROLL?

You can enroll in Group Platinum Blue if you are enrolled in Medicare Part B (or have both Medicare Part A and Medicare Part B) and live in the plan availability area, which includes the following counties: Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Pine, Pipestone, Rice, Rock, Sibley, St. Louis, Stevens, Traverse and Yellow Medicine. Some exceptions may apply. Counties are subject to change annually. Please contact your Group Administrator for more information.

WHAT IS A GROUP PLATINUM BLUE COST PLAN?

Group Platinum Blue Cost plans are private Medicare health plans. They have a yearly limit on your out-of-pocket costs, and once you reach this limit, you'll pay nothing for covered services.

To see a complete list of the services and benefits, please review the *Evidence of Coverage* (EOC). Please contact your Group Administrator for a copy of the EOC.

HOW DO I FIND AN IN-NETWORK DOCTOR OR HOSPITAL?

The Group Platinum Blue network offers a large list of providers covered under the Group Platinum Blue plan. You may pay less when you use doctors, hospitals and other providers in this network. You can see or order the plan's provider directory at **bluecrossmn.com/medicare-documents**.

Health care terms

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

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.

Balance Billing – When a provider (such as a doctor or hospital) bills a patient more than the plan's allowed cost sharing amount. As a member of Group Platinum Blue, you only have to pay our plan's cost sharing amounts when you get services covered by our plan. We do not allow providers to balance bill or otherwise charge you more than the amount of cost sharing your plan says you must pay.

Copayment or Copay – The set dollar amount you pay each time you receive a service.

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, clinics and pharmacies that are included in your plan. Typically, using in-network providers results in lower member costs.

Maximum out-of-pocket amount – The most you could pay in one plan year for covered medical services and supplies.

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.

Out-of-pocket costs – The amount you must pay for eligible 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, using out-of-network providers results in higher member costs.

Premium – Your monthly payment for a plan.

Prior authorization – Approval in advance to get services.

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

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.

Benefits	Group Platinum Blue Plan C
Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services	
<p>Monthly Plan Premium</p> <p>Annual Medical Deductible</p> <p>Out-of-Network cost sharing (May have benefits under Original Medicare.)</p>	<p>Please contact your previous employer, union or benefits administrator for premium information.</p> <p>In addition, you must keep paying your monthly Medicare Part B premium.</p> <p>\$0</p> <p>Not covered (unless otherwise specified)</p>
<p>Maximum Out-of-Pocket Amount</p> <p>Your yearly out-of-pocket limit in this plan apply to services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you will continue to be covered for hospital and medical services and your plan will pay the full cost for the rest of the year. You will still need to pay your monthly premiums.</p>	<p>\$3,000</p>
Covered Hospital and Medical Benefits	
<p>Inpatient hospital care (Medicare-covered)</p> <p>Skilled nursing facility (SNF) care (Medicare-covered) This plan covers up to 100 days in a SNF</p>	<p>\$200 copay per stay (coverage for unlimited days)</p> <p>\$0 per day for days 1 through 20</p> <p>\$0 per day for days 21 through 100</p>

* Benefits under this category may require prior authorization by the health plan.

Benefits	Group Platinum Blue Plan C
<p>Outpatient hospital care</p> <p>Medicare-covered outpatient hospital surgery</p> <p>Medicare-covered ambulatory surgical center services</p> <p>Medicare-covered outpatient hospital all other services</p>	<p>\$75 copay</p> <p>\$75 copay</p> <p>\$0</p>
<p>Doctor's office visits</p> <p>Medicare-covered primary care physician</p> <p>Medicare-covered specialist*</p>	<p>\$20 copay</p> <p>\$20 copay</p>
<p>Preventive care (Medicare-covered)</p> <p>See Evidence of Coverage for complete list of covered services.</p>	<p>\$0</p> <p>This plan covers many preventive services, including but not limited to:</p> <ul style="list-style-type: none"> • Annual wellness visit • Colorectal cancer screenings • Mammograms (breast cancer screening) • One-time "Welcome to Medicare" preventive visit • Ovarian cancer screenings • Routine annual physical exam <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<p>Emergency care in the United States and Worldwide (Medicare-covered)</p> <p style="text-align: right;">In- and Out-of-Network</p>	<p>\$50 copay</p>

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Benefits	Group Platinum Blue Plan C
<p>Urgently needed services (Medicare-covered)</p> <ul style="list-style-type: none"> • United States <p style="text-align: right; margin-right: 100px;">In- and Out-of-Network</p> • Worldwide <p style="text-align: right; margin-right: 100px;">In- and Out-of-Network</p> 	<p>\$20 copay</p> <p>Not covered</p>
<p>Outpatient diagnostic tests and therapeutic services</p> <p>Medicare-covered diagnostic mammograms or colonoscopy</p> <p>Medicare-covered laboratory tests (e.g., A1C, Cholesterol tests)</p> <p style="text-align: right; margin-right: 100px;">In-and Out-of-Network</p> <p>Medicare-covered x-rays</p> <p>Medicare-covered diagnostic tests & procedures (excludes x-ray and advanced imaging) (e.g., EKG's, INR tests, pulmonary function tests, psychological/neuro-psychological testing, home or lab-based sleep studies)</p> <p>Medicare-covered diagnostic advanced imaging (e.g., specialized scans, CT, SPECT, PET, MRI, MRA, ultrasounds, angiograms)</p> <p>Medicare-covered radiation (e.g., treatment of cancer)</p>	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$0</p>

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Benefits	Group Platinum Blue Plan C
<p>Hearing services</p> <p>Medicare-covered exams to diagnose and treat hearing and balance issues</p> <p>Non-Medicare-covered routine hearing exam (limit 2)</p> <p>Non-Medicare-covered hearing aid screening (limit 1) Through TruHearing</p> <p>Non-Medicare-covered hearing aid (limit 2 aids per year, 1 per ear)</p> <ul style="list-style-type: none"> • Advanced Hearing Aid • Premium Hearing Aid • Rechargeable battery option is available on select styles at no additional cost 	<p>\$20 copay</p> <p>\$0</p> <p>\$0</p> <p>\$499 per aid</p> <p>\$799 per aid</p> <p>\$0</p>
<p>Dental services*</p> <p>Medicare-covered dental services</p>	<p>\$20 copay</p>
<p>Vision care</p> <p>Medicare-covered: annual glaucoma screening, diabetic retinopathy, and exams to diagnose and treat eye diseases and conditions.</p> <p>Medicare-covered eyewear after cataract surgery</p> <p>Non-Medicare-covered routine eye exam (limit 1 per year)</p> <p>Non-Medicare-covered eyewear allowance for frames, lenses or contacts</p> <p style="text-align: right;">In- and Out-of-Network</p>	<p>\$0</p> <p>\$20 copay</p> <p>\$0</p> <p>\$150 allowance per year</p>

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Benefits	Group Platinum Blue Plan C
<p>Mental health care (including inpatient)</p> <p>Medicare-covered inpatient visit</p> <p>Medicare-covered outpatient individual or group therapy visit</p> <p>Medicare-covered partial hospitalization</p>	<p>Your plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.</p> <p>\$200 copay per stay</p> <p>\$20 copay</p> <p>\$20 copay per day</p>
<p>Mental health office visit</p> <p>Medicare-covered psychiatrist or psychologist</p>	<p>\$20 copay</p>
<p>Physical therapy services</p> <p>Medicare-covered physical, occupational and speech therapy visits</p>	<p>\$20 copay</p>
<p>Ambulance services (ground and air) (Medicare-covered)</p> <p style="text-align: right;">In- and Out-of-Network</p> <ul style="list-style-type: none"> • Worldwide Transportation (Non-Medicare-covered) <p style="text-align: right;">In- and Out-of-Network</p>	<p>\$75 copay</p> <p>\$75 copay</p>
<p>Ambulance services without transportation to a medical facility and other non-Medicare-covered transport services</p>	<p>Not covered</p>

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Benefits	Group Platinum Blue Plan C
<p>Medicare Part B prescription drugs*</p> <p>Medicare-covered Part B oral chemotherapy and prescription drugs</p> <p>Other Medicare-covered Part B drugs including but not limited to: Medicare-covered Part B drugs and biologicals that are not usually self-administered and are injected during an office visit but are administered by a healthcare professional, Medicare-covered medications packaged for use in a nebulizer, and self-administered Erythropoietin (EPO) when provided to you in accordance with Medicare guidelines. (Cost sharing for certain Part B rebatable drugs authorized by the plan may be subject to a lower coinsurance than shown.)</p> <p>Medicare-covered Part B Insulin for use in an insulin pump</p>	<p>0%-20% coinsurance</p> <p>0%-20% coinsurance</p> <p>Up to \$35 copay for a one-month supply</p>
Additional benefits and services	
<p>Acupuncture*</p> <p>Medicare-covered acupuncture for chronic lower back pain (max. 20 visits every 12 months)</p> <p>Non-Medicare-covered routine acupuncture for pain diagnosis (max. 12 visits per year)</p>	<p>\$20 copay</p> <p>\$20 copay</p>
<p>Chiropractic services*</p> <p>Medicare-covered chiropractic services for manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)</p> <p>Non-Medicare-covered routine chiropractic care (X-ray coverage not included, max. 12 visits per year)</p>	<p>\$20 copay</p> <p>\$20 copay</p>

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Benefits	Group Platinum Blue Plan C
<p>Diabetes self-management training, diabetic services and supplies</p> <p>Medicare-covered diabetes monitoring supplies</p> <p>Medicare-covered diabetes self-management training</p> <p>Medicare-covered therapeutic shoes and inserts</p>	<p>\$0</p> <p>\$0</p> <p>20% coinsurance</p>
<p>Durable medical equipment, prosthetic devices and medical supplies* (Medicare-covered)</p> <p>(wheelchairs, oxygen, continuous glucose monitor, braces, artificial limbs, etc.)</p>	<p>20% coinsurance</p>
<p>Fitness program</p> <p>Gym membership at a participating SilverSneakers® facility, online fitness classes, or choose a home exercise kit</p>	<p>\$0</p>
<p>Home health agency care (Medicare-covered)</p>	<p>\$0</p>
<p>Outpatient substance abuse services (Medicare-covered)</p> <p>Individual and group therapy visits</p>	<p>\$20 copay</p>
<p>Over-The-Counter (OTC) items</p> <p>Quarterly allowance for the purchase of covered OTC medications and supplies through CVS OTC Health Solutions. This is not a reimbursement.</p>	<p>\$50</p>

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Benefits	Group Platinum Blue Plan C
<p>Podiatry services (Medicare-covered foot care)</p> <p>Foot exams and treatment for diabetes-related nerve damage or certain medical conditions.</p>	\$20 copay
<p>Services to treat kidney disease</p> <p>Medicare-covered renal dialysis services</p> <p>Medicare-covered equipment and supplies</p> <p>Medicare-covered kidney disease education services</p>	<p>20% coinsurance</p> <p>20% coinsurance</p> <p>\$0</p>
<p>Smoking and Tobacco use cessation (Medicare-covered)</p> <p>Counselling to stop smoking or tobacco use.</p>	\$0

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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: Blue Cross and Blue Shield of Minnesota and Blue Plus
Attn: Civil Rights Coordinator P3-2
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.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមិន 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.

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 **1-866-340-8654**

TTY users call **711**

Non-Members

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 Group Platinum Blue plan members, except in emergency situations. Please call Customer Service or see the *Evidence of Coverage* for more information.

If you want to know more about the coverage and costs of Original Medicare, look in your 2024 *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**.

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.

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

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

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