

# 2021 GROUP MEDICARE PLAN COMPARISON

## Public Employees Insurance Program



2021	Group Medicare Advantage Standard (MA-Only) PPO with Group MedicareBlue Rx (PDP)	Group Platinum Blue Plan C (Cost) with Group MedicareBlue Rx (PDP)
<b>Monthly premium</b> You must continue to pay your Medicare Part B premium	<b>Medical with Rx Option 1: \$344.00</b> <b>Medical with Rx Option 2: \$291.50</b>	<b>Medical with Rx Option 1: \$299.00</b> <b>Medical with Rx Option 2: \$246.50</b>
<b>Plan descriptions</b>	A Medicare Advantage plan and a Medicare Part D Prescription Drug Plan	A Medicare Cost plan and a Medicare Part D Prescription Drug Plan
<b>Residency requirements</b>	<b>**Group Medicare Advantage Plan:</b> Must be a permanent resident of the 66 county Service Area in Minnesota <b>Group MedicareBlue Rx:</b> Must be a permanent resident of the United States	<b>*Group Medicare Cost Plan:</b> Must be a permanent resident in 21 counties of Minnesota Service Area.  <b>Group MedicareBlue Rx:</b> Must be a permanent resident of the United States
<b>Provider networks</b>	<b>Group Medicare Advantage Plan:</b> Group Medicare Advantage network in Minnesota; outside the service area, within the United States, you may travel up to 9 months and receive in-network plan benefits from any Medicare contracted provider. <b>Group MedicareBlue Rx:</b> Over 65,000 pharmacies nationwide	<b>Group Platinum Blue Plan:</b> Platinum Blue network in Minnesota; may travel up to 9 months and receive In-Network plan benefits from any Medicare contracted provider  <b>Group MedicareBlue Rx:</b> Over 65,000 pharmacies nationwide
<b>Individual lifetime maximum</b>	None	None
<b>Deductible</b>	None	None
<b>Annual Out of pocket maximum</b>	\$3,000 in-network \$3,000 combined in-and-out of network	\$3,000
<b>Office visits</b>		
Primary care, Specialists, Chiropractic, and Podiatry	\$20 copay	\$20 copay
<b>Inpatient care</b>		
Hospital care	\$200 copay	\$200 copay
Skilled nursing facility	100% coverage	100% coverage
<b>Outpatient care</b>		
Diagnostic tests, X-rays, lab services and radiology	100% coverage	100% coverage
Physical, speech, and occupational therapy	\$20 copay	\$20 copay
Home health care	100% coverage	100% coverage

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M04723R01 (6/20)

<b>Emergency/Urgent care</b>		
Emergency care	\$50 copay	\$50 copay
Urgent care	\$20 copay	\$20 copay
<b>Other outpatient services</b>		
Durable medical equipment	20% coinsurance	20% coinsurance
Diabetic supplies	100% coverage	20% coinsurance
Medicare covered Part B drugs	20% coinsurance	0-20% coinsurance
<b>Preventive care</b>		
Annual routine physical, eye exam, and hearing screening	100% coverage	100% coverage
Additional services and support	24-hour Nurse Line, SilverSneakers®, \$150 annual eyewear benefit and \$499-\$799 hearing aid benefit, \$50 quarterly over the counter benefit, Doctor on Demand	24-hour Nurse Line, SilverSneakers®, \$125 annual eyewear benefit and \$499-\$799 hearing aid benefit, \$25 quarterly over the counter benefit

**Choice of Group MedicareBlue Rx Plan Options**

<b>Prescription Drug Coverage</b>	<b>Option 1: \$10/\$25/\$60/25%</b>	<b>Option 2: \$5/\$10/20%/45%/33%</b>
No deductible and no coverage gap  Amounts shown are for up to a 31-day supply for Group MedicareBlue Rx  2x copay or coinsurance for a 90-day supply by mail order or at a preferred extended supply retail pharmacy	<b>Tier 1: Generic drugs</b> \$10 copay <b>Tier 2: Preferred Brand drugs</b> \$25 copay <b>Tier 3: Non-Preferred Brand drugs</b> \$60 copay <b>Tier 4: Specialty drugs</b> 25% coinsurance <b>Supplemental Drug Coverage:</b> 25% coinsurance for certain sexual dysfunction and cough and cold products	<b>Tier 1: Preferred Generic drugs</b> \$5 copay <b>Tier 2: Generic</b> \$10 copay <b>Tier 3: Preferred Brand</b> 20% coinsurance <b>Tier 4: Non-preferred drug</b> 45% coinsurance <b>Tier 5: Specialty drugs</b> 33% coinsurance
Coverage gap After total yearly drug costs reach \$4,130	You pay no more than your usual cost sharing	You pay usual \$5 copay for tier 1 and \$10 copay for tier 2 drugs. You will generally pay no more than 25% on tier 3, tier 4, and tier 5
Catastrophic coverage After total out-of-pocket costs reach \$6,550	You pay the greater of: \$3.70 copay for generic or multi-source preferred brand drugs, \$9.20 copay for all other drugs, or 5% of the drug cost	You pay the greater of: \$3.70 copay for generic or multi-source preferred brand drugs, \$9.20 copay for all other drugs, or 5% of the drug cost

Blue Cross offers Group Cost, and Medicare Part D PDP plans with Medicare contracts. Enrollment in these plans depends on renewal of the plan sponsor's Medicare contract. Limitations, copayments, and restrictions may apply. You may also refer to the *Summary of Benefits* and/or *Summary of Coverage and Disclosure of Information* documents provided in your enrollment kit. SilverSneakers® is a registered trademark of Tivity Health, Inc., an independent company that provides health and fitness programs.

**\*Group Platinum Blue (Cost) Service Area (21 county):** Aitkin, Carlton, Cook, Goodhue, Itasca, Koochiching, Lake, Le Sueur, Pine, Mille Lacs, Meeker, Pipestone, Rice, Rock Sibley, Stevens, St. Louis, Travers, Yellow Medicine, Kanabec, McLeod.

**\*\*Group Medicare Advantage Service Area (66 county):** Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cottonwood, Crow Wing, Dakota, Dodge, Douglas, Faribault, Fillmore, Freeborn, Grant, Hennepin, Houston, Hubbard, Isanti, Jackson, Kandiyohi, Kittson, Lac Qui Parle, Lake of the Woods, Lincoln, Lyon, Mahnommen, Marshall, Martin, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Roseau, Scott, Sherburne, Stearns, Steele, Swift, Todd, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona, Wright.