

# WELCOME RETIREES! PUBLIC EMPLOYEES INSURANCE PROGRAM 2022 GROUP MEDICARE PLAN OPTIONS

Lori Hart, Group Medicare Account Executive  
September 2021

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# TODAY'S TOPICS

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- Group Medicare coverage for Public Employees Insurance Program retirees
- 2022 rates
- Enrollment process
- Useful resources



# 2022 GROUP MEDICARE COVERAGE PUBLIC EMPLOYEES INSURANCE PROGRAM



## GROUP MEDICARE PLAN OPTIONS

MEDICARE ADVANTAGE PLANS	MEDICARE COST PLAN	PART D PRESCRIPTION DRUG COVERAGE
<ul style="list-style-type: none"><li>Group Medicare Advantage Standard (MA only) PPO</li></ul>	<ul style="list-style-type: none"><li>Group Platinum Blue Plan C</li></ul>	<ul style="list-style-type: none"><li>Group MedicareBlue Rx</li></ul>

# GROUP PLATINUM BLUE ELIGIBILITY\*



## Retiree

- Have Medicare Part A and/or Part B
- Continue to pay Part B premium
- Be a permanent resident of Minnesota
- Reside in plan's service area



## Employer Group/Union

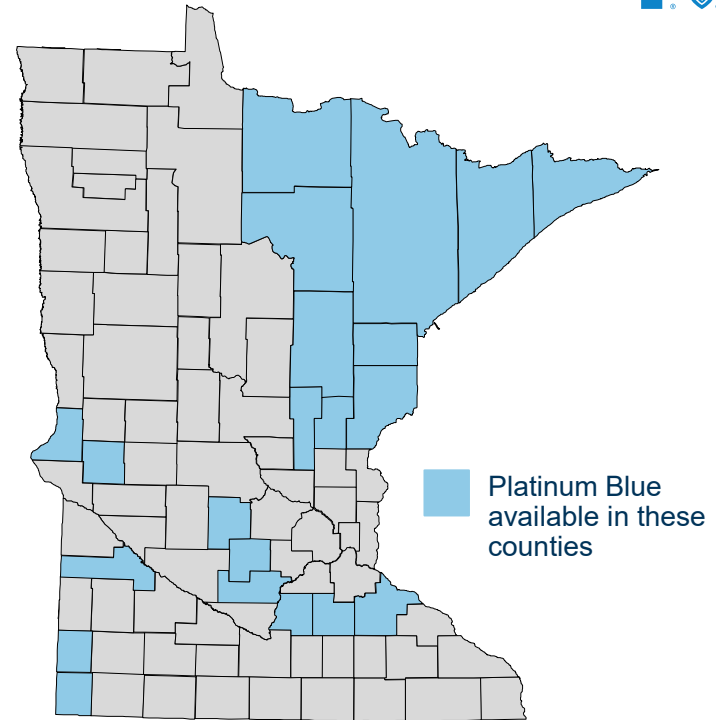
- Must be headquartered in Minnesota

\*Some exceptions apply

Retirees disenrolling from a group plan may not be eligible to reenroll at a later date. Retirees should check with their benefits contacts with any questions prior to disenrolling

# GROUP PLATINUM BLUE (COST) AVAILABILITY AREA

Group Platinum Blue availability	
Aitkin	Pipestone
Carlton	Rice
Cook	Rock
Goodhue	Sibley
Itasca	Stevens
Koochiching	St. Louis
Lake	Traverse
Le Sueur	Yellow Medicine
Pine	Kanabec
Mille Lacs	Meeker
McLeod	



Service areas is subject to change.

# GROUP PLATINUM BLUE



## Features of Group Platinum Blue

- Easy access to providers in Minnesota
- Travel benefits U.S. and worldwide
- Preventive care services included
- Nurse line
- SilverSneakers®
- \$125 annual eyewear benefit for non-Medicare covered eyewear
- \$499-\$799 hearing aid benefit
- Acupuncture - non-Medicare covered acupuncture services
- Over-the-Counter Benefit provides \$50 quarterly allowance through CVS



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

# GROUP PLATINUM BLUE: PLAN C MEDICAL COVERAGE



Benefit	Cost
Deductible	\$0
Office Visits/Urgent Care	\$20 copay
Preventive Services	\$0
Inpatient Hospital Care	\$200 copay per stay
Emergency/Urgent Care	\$50 copay
Durable Medical Equipment	20% coinsurance
Over-the-Counter benefit	\$50 per quarter
Annual Out-of-Pocket Maximum	\$3,000



Costs shown are the amounts members pay for eligible services. For additional coverage details, refer to the Summary of Benefits.

# OVER THE COUNTER MEDICATIONS AND SUPPLEMENTS ALLOWANCE

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- Receive a \$50/amount quarterly allowance to purchase over the counter medications and supplements
- Items may be ordered
  - online at [cvs.com/otchs/bcbsmn](https://cvs.com/otchs/bcbsmn)
  - over the phone at 1-888-628-2770 Monday through Friday from 9 a.m to 8 p.m. E.S.T.
- Items may be purchased in store at designated CVS locations
  - Visit [cvs.com/otchs/bcbsmn](https://cvs.com/otchs/bcbsmn) for more information

CVS Caremark Part D Services is an independent company providing pharmacy benefit management services.



# SILVER SNEAKERS



## Fitness memberships

Thousands of popular locations – the ability to enroll and use multiple locations at any time



## Classes (in-person and live streaming)

Classes for all levels and abilities led by instructors who specialize in senior fitness



## Online resources

Fitness location directory, health and nutrition tips, and SilverSneakers On-Demand™ video workouts



## SilverSneakers GO™

Mobile app gives you adjustable workout plans, location finder, and more



## Community events

From community centers to nearby parks, you'll have access to classes like outdoor walking groups and nutrition workshops



To find a local facility, visit  
[silversneakers.com](https://silversneakers.com)

# GROUP PLATINUM BLUE MEMBER RESOURCES



## ONLINE

Visit [bluecrossmn.com](http://bluecrossmn.com) /  
[bluecrossmnonline.com](http://bluecrossmnonline.com) to:

- View claim history
- Find in-network doctors and hospitals
- Find quality ratings for doctors and other providers
- Send secure e-mails to customer service



## CUSTOMER SERVICE

- Call 1-866-340-8654 (TTY 711)  
Monday through Friday, 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.

# GROUP MEDICARE ADVANTAGE ELIGIBILITY



## Retiree

- Be identified as an eligible plan participant by your employer
- Be entitled to Medicare Part A and enrolled in Medicare Part B
- Continue to pay Part B premium
- Must be a permanent resident of the United States



## Employer Group/Union

- Must be headquartered in Minnesota

Retirees disenrolling from a group plan may not be eligible to reenroll at a later date. Retirees should check with their benefit contacts with any questions prior to disenrolling

# GROUP MEDICARE ADVANTAGE PROVIDER NETWORK ACCESS

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- 96 percent of Minnesota providers in network statewide
- Broad provider access available in all US states and territories
- Members may access any Medicare contracted provider that accepts Medicare assignment where network is not available.



Service areas is subject to change.

# MEDICARE ADVANTAGE PLAN FEATURES

## Features of Group Medicare Advantage

- Broad provider network
- Nationwide coverage in the US and its territories
- SilverSneakers®
- Up to \$150 eyewear allowance
- \$499 - \$799 copay per hearing aid
- E-visits with Doctor on Demand
- Acupuncture - non-Medicare covered acupuncture services
- Home delivered meal benefit following an approved inpatient stay
- \$50 per quarter over the counter benefit



SilverSneakers® is a registered trademark of Tivity Health, Inc., an independent company that provides health and fitness programs.  
Doctor On Demand is an independent company providing telehealth services.

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## Community events

From community centers to nearby parks, you'll have access to classes like outdoor walking groups and nutrition workshops



To find a local facility, visit  
[silversneakers.com](https://silversneakers.com)

# GROUP MEDICARE ADVANTAGE STANDARD (MA-ONLY) PPO



	Group Medicare Advantage Standard
<b>Deductible</b>	\$0
<b>Annual out-of-pocket maximum</b>	\$3,000 in-network \$3,000 combined
<b>Office visit (Primary care)</b>	\$10 copay
<b>Specialist visit</b>	\$20 copay
<b>Preventive Services*</b>	\$0 copay
<b>Inpatient hospital</b>	\$200 copay per stay
<b>Emergency</b>	\$50 copay
<b>Urgent care</b>	\$20 copay
<b>Outpatient Hospital Surgery</b>	\$75 copay
<b>Diabetic Supplies</b> (test strips and meters through Ascensia)	\$0 copay

\*Includes Medicare's annual wellness visit, routine physical, hearing and eye tests

Costs shown are the amount you pay for in-network, Medicare-eligible services and supplies. See the Summary of Benefits for additional details.



# DOCTOR ON DEMAND

- Video chat with a doctor, psychologist or psychiatrist via your smartphone, tablet or computer
- Board-certified doctors are available 24 hours a day, 365 days a year
- Specialist/Primary Care copay applies based on care provided



Doctor On Demand is an independent company providing telehealth services.

# GROUP MEDICARE ADVANTAGE MEMBER RESOURCES



## ONLINE

Visit [bluecrossmn.com](http://bluecrossmn.com) /  
[bluecrossmnonline.com](http://bluecrossmnonline.com) to:

- View claim history
- Find in-network doctors and hospitals
- Find quality ratings for doctors and other providers
- Send secure e-mails to customer service



## CUSTOMER SERVICE

- Call 1-800-711-9865 (TTY 711)  
Monday through Friday, 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.

# GROUP MEDICAREBLUE<sup>SM</sup> RX ELIGIBILITY REQUIREMENTS



## Retiree

- Be identified as an eligible plan participant by your employer
- Be entitled to Medicare benefits under Part A and/or enrolled in Medicare Part B
- Continue to pay your Part B premium
- Live in the plan's service area
- You are a U.S. citizen or lawfully present in the U.S.
- Please note: May only be enrolled in one Part D plan at any time



## Employer Group/Union

- Must be headquartered in Minnesota

# GROUP MEDICAREBLUE<sup>SM</sup> RX PRESCRIPTION DRUG COVERAGE

## FEATURES OF GROUP MEDICAREBLUE RX

- Stand-alone Medicare Part D plan
- Helps pay for generic and brand-name drugs
- Includes some coverage for supplemental drugs
- Offers a 90-day supply for two copays
- More than 65,000 participating pharmacies nationwide
- No deductible



# GROUP MEDICAREBLUE<sup>SM</sup> RX

## \$10/\$25/\$60/25%: OPTION 1



	30-day Supply from a Network Pharmacy or 31-day Supply from a Long-Term Care Facility	90-day Supply from a Network Pharmacy or Mail Order
<b>Tier 1: Generic drugs</b>	\$10 copay	\$20 copay
<b>Tier 2: Preferred brand drugs</b>	\$25 copay	\$50 copay
<b>Tier 3: Non-Preferred brand drugs</b>	\$60 copay	\$120 copay
<b>Tier 4: Specialty drugs</b>	25% coinsurance	25% coinsurance
<b>Coverage gap</b> – after total yearly drug costs reach \$4,430	You pay no more than your usual cost sharing for generic and brand-name drugs	
<b>Catastrophic coverage</b> – Amount you pay after annual out-of-pocket prescription drug costs reach \$7,050	The greater of \$3.95 copay for generic drugs and \$9.85 copay for all other covered drugs, or 5% coinsurance.	
<b>Supplemental drugs*</b>	25% coinsurance	25% coinsurance

Costs shown are the amounts members pay.

\*The amount you spend on supplemental drugs does not apply toward catastrophic coverage.

# GROUP MEDICAREBLUE<sup>SM</sup> RX

## \$5/\$10/20%/45%/33%: OPTION 2



	30-day Supply from a Network Pharmacy or 31-day Supply from a Long-Term Care Facility	90-day Supply from a Network Pharmacy or Mail Order
<b>Tier 1: Preferred Generic drugs</b>	\$5 copay	\$10 copay
<b>Tier 2: Generic drugs</b>	\$10 copay	\$20 copay
<b>Tier 3: Preferred brand drugs</b>	20% coinsurance	20% coinsurance
<b>Tier 4: Non-Preferred drugs</b>	45% coinsurance	45% coinsurance
<b>Tier 5: Specialty drugs</b>	33% coinsurance	33% coinsurance
<b>Coverage gap</b> – after total yearly drug costs reach \$4,430	You pay the usual \$5 copay for tier 1 drugs and \$10 copay for tier 2 drugs. You will generally pay 25% coinsurance of the plan's costs for all other generic and brand drugs on tier 3, tier 4, and tier 5.	
<b>Catastrophic coverage</b> – Amount you pay after annual out-of-pocket prescription drug costs reach \$7,050	The greater of \$3.95 copay for generic drugs and \$9.85 copay for all other covered drugs, or 5% coinsurance.	
<b>Supplemental drugs</b>	Not covered	Not covered

Costs shown are the amounts members pay.

\*The amount you spend on supplemental drugs does not apply toward catastrophic coverage.

# IF YOUR DRUG IS NOT ON THE FORMULARY



## TALK TO YOUR DOCTOR

- He or she can review the formulary and prescribe a similar drug for your condition



## REQUEST A FORMULARY EXCEPTION

- If other drugs won't be as effective, your doctor can ask the plan to cover the drug



## REQUEST A TRANSITION SUPPLY

- You can request a 30-day transition supply during your first 90 days of membership

# GROUP MEDICAREBLUE<sup>SM</sup> RX DIABETIC SUPPLY COVERAGE



## Part B Medical insurance

- Strips
- Machines
- Calibration solutions
- Lancets



## PART D Prescription drug benefit

- Syringes
- Insulin
- Needles
- Alcohol swabs



# VACCINATION COVERAGE WITH GROUP MEDICARE BLUE RX



## Using your Part D coverage for vaccinations

AT THE PHARMACY	AT THE DOCTOR'S OFFICE	PHARMACY AND DOCTOR'S OFFICE
<p>You buy the Part D vaccine at the pharmacy and the pharmacist administers the vaccine.</p> <ul style="list-style-type: none"><li>• You pay the pharmacy your copay and cost for administering the vaccine</li><li>• The plan pays the remainder of the costs</li></ul>	<p>You get the Part D vaccination at your doctor's office.</p> <ul style="list-style-type: none"><li>• You pay the entire cost upfront</li><li>• Submit a claim to your plan</li><li>• Plan reimburses you a portion of the amount you paid</li></ul>	<p>You buy the Part D vaccine at your pharmacy and take it to your doctor's office where the doctor administers the vaccine.</p> <ul style="list-style-type: none"><li>• You pay the pharmacy your copay for the vaccine solution</li><li>• You pay your doctor the entire cost of administering it</li><li>• Submit a claim to your plan</li><li>• Plan reimburses you a portion of the amount you paid</li></ul>

Please note: Some states do not allow the pharmacy to administer the vaccination. View Chapter 5 of your Evidence of Coverage (EOC) "Asking us to pay our share of the costs for covered drugs" for more information.

# GROUP MEDICAREBLUE<sup>SM</sup> RX MEMBER RESOURCES



## ONLINE

Visit [YourMedicareSolutions.com](https://YourMedicareSolutions.com) to see:

- Forms
- Formulary
- Pharmacy locator



## CUSTOMER SERVICE

- Call 1-877-838-3827 (TTY 711) from 8 a.m. to 8 p.m., Central Time, Daily

# 2022 GROUP MEDICARE RATES

## GROUP MEDICARE ADVANTAGE PLAN WITH GROUP MEDICAREBLUE RX



	2022
Group Medicare Advantage Standard (MA-only) PPO with Group MedicareBlue Rx (PDP) <b>\$10/\$25/\$60/25%</b>	<b>\$371.50</b>
Group Medicare Advantage Standard (MA-only) PPO with Group MedicareBlue Rx (PDP) <b>\$5/\$10/20%/45%/33%</b>	<b>\$301.70</b>

### Rate Assumptions

- Final rates for 1/1/2022 through 12/31/2022

# 2022 GROUP MEDICARE RATES

## GROUP PLATINUM BLUE PLAN WITH GROUP MEDICAREBLUE RX



	2021
Group Platinum Blue Plan C with Group MedicareBlue Rx (PDP) <b>\$10/\$25/\$60/25%</b>	<b>\$339.00</b>
Group Platinum Blue Plan C with Group MedicareBlue Rx (PDP) <b>\$5/\$10/20%/45%/33%</b>	<b>\$269.20</b>

### Rate Assumptions

- Final rates for 1/1/2022 through 12/31/2022

# GROUP ENROLLMENT PROCESS

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1. Open Enrollment begins October 15, 2021 through December 31, 2021
2. **Please refer to your PEIP Open Enrollment letter for plan and rate information**
3. Keeping your current coverage? You do not need to take any action.
4. Interested in enrolling in Blue Cross and Blue Shield of Minnesota?
  - Contact Innovo Benefits Administration for an enrollment kit  
1-800-829-5601

# OTHER USEFUL RESOURCES

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- **Blue Cross and Blue Shield of Minnesota**  
1-877-311-0404, TTY 711, 8 a.m. to 8 p.m. CT, daily]
- **bluecrossmnonline.com**
- **YourMedicareSolutions.com**
- **bluecrossmn.com/centers**
- **Senior LinkAge Line®**  
1-800-333-2433, TTY 711
- **Medicare Helpline**  
1-800-633-4227, TTY 1-877-486-2048, 7 days a week, 24 hours a day
- **medicare.gov**
- **Social Security**  
1-800-772-1213, TTY 1-800-325-0778, 7 a.m. to 7 p.m., Monday–Friday
- **ssa.gov**

# BLUE CROSS RETAIL CENTERS



## EDINA

Phone: (952) 967-2750 TTY 711

Address: 6807 York Avenue South Edina, MN 55435

Hours: Monday through Friday 8 a.m. to 7 p.m. and Saturday 9 a.m. to 3 p.m.

## ROSEVILLE

Phone: (651) 726-1100 TTY 711

Address: 1647B County Rd B2 West, Roseville, MN 55113

Hours: Monday through Friday 8 a.m. to 7 p.m. and Saturday 9 a.m. to 3 p.m.

## DULUTH

Phone: (218) 631-8000 TTY 711

Address: 425 W Superior St #1060 Duluth, MN 55802

Hours: Monday through Friday 8 a.m. to 7 p.m. and Saturday 9 a.m. to 3 p.m.

## ST. CLOUD

TBD – Coming October 2021



Visit [bluecrossmn.com/centers](https://bluecrossmn.com/centers) to learn more and schedule an appointment.

# WHY BLUE CROSS AND BLUE SHIELD OF MINNESOTA?



 **85+ YEARS**  
of experience

 **HIGHLY RATED**  
Medicare plans

 serving  
**4 GENERATIONS**  
of members

 **\$14.8 MILLION**  
Given to charitable  
organizations in 2020

 **320,000+**  
Medicare members  
in Minnesota<sup>1</sup>



<sup>1</sup> Medicare members Blue Cross Minnesota, as of June 2021



# PROUD TO BE A LOCAL, NONPROFIT COMPANY

## EMPLOYMENT

Blue Cross and Blue Shield of Minnesota employs  
**3,500 people** throughout Minnesota

## COMMUNITY SERVICE

**17,500+** hours employees served at charitable organizations

## HEALTH CARE

**90¢ of every \$1** we collect is used for members' health care



# IMPORTANT INFORMATION

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Blue Cross offers Group Cost, PPO and PDP plans with Medicare contracts. Enrollment in these Blue Cross plans depends on renewal of the plan sponsor's contract with Medicare. This information is not a complete description of benefits. Call 1-866-340-8654/ TTY 711 for more information.

This information is not a complete description of benefits. Contact the plan for more information. Out-of-network/non-contracted providers are under no obligation to treat Blue Cross members, except in emergency situations.

For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

Blue Cross® and Blue Shield® of Minnesota are nonprofit independent licensees of the Blue Cross and Blue Shield Association. Blue Cross, Blue Shield, and the cross and shield symbols are registered marks of the Blue Cross and Blue Shield Association.

Group Platinum Blue and Group MedicareBlue<sup>SM</sup> Rx are service marks of the Blue Cross and Blue Shield Association.

Group Senior Gold is a service mark of Blue Cross and Blue Shield of Minnesota. Aware is a registered mark of Blue Cross and Blue Shield of Minnesota.



**THANK YOU.**