

# 2025 GROUP MEDICARE PLAN COMPARISON

## PUBLIC EMPLOYEES INSURANCE PROGRAM



2025	Group Medicare Advantage Select Rx 2 (MAPD PPO)	Group Platinum Blue <sup>SM</sup> Plan C (Cost) with Group MedicareBlue <sup>SM</sup> Rx (PDP)
<b>Monthly premium</b> You must continue to pay your Medicare Part B premium	<b>\$280.00</b>	<b>Medical with Rx Option 1: \$322.00</b> <b>Medical with Rx Option 2: \$293.50</b>
<b>Plan descriptions</b>	A Medicare Advantage plan with an integrated Medicare Part D prescription drug plan	A Medicare Cost plan paired with Medicare Part D Prescription Drug Plan
<b>Residency requirements</b>	<b>Group Medicare Advantage:</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> May reside anywhere in the United States
<b>Provider networks</b>	<b>Group Medicare Advantage:</b> Group Medicare Advantage Network and any provider who accepts Medicare assignment <b>Pharmacy Network:</b> Thousands of participating network 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> Thousands of participating pharmacies nationwide
<b>Individual lifetime maximum</b>	None	None
<b>Annual Deductible (Medical only)</b>	None	None
<b>Annual Out of pocket maximum</b>	\$3,000	\$3,000
Primary care Specialist visits, chiropractic, podiatry	\$0 \$20 copay	\$20 copay \$20 copay
<b>Inpatient care</b>		
Hospital care	\$150 copay per stay	\$200 copay
Skilled nursing facility	\$0	\$0
<b>Outpatient care</b>		
Outpatient hospital	\$75 copay	\$0
Diagnostic tests, X-rays, radiology, lab Services	\$0	\$0
<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	10% coinsurance	20% coinsurance
Diabetic supplies (includes glucose monitors, test strips, lancets)	\$0	\$0

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Preventive care			
Annual routine physical, eye exam, and hearing screening	\$0	\$0	
Additional services and support	24-hour Nurse Line, SilverSneakers®, \$200 annual eyewear benefit, \$499 advanced-\$799 premium hearing aid benefit, \$50 quarterly over the counter, Meal benefit that provides up to 2 meals a day for up to 14 days following a qualified inpatient stay, Doctor on Demand	24-hour Nurse Line, SilverSneakers®, \$200 annual eyewear benefit, \$499 advanced-\$799 premium hearing aid benefit, \$50 quarterly over the counter benefit, Doctor on Demand	
Preventive Dental (Includes 2 exams, 4 routine cleanings or periodontal cleanings, 1 set of x-rays, and 2 fluoride treatments) Annual plan maximum of \$1,000	\$0	Not covered	
Prescription Drug Coverage	Select Rx 2 (MAPD PPO)	Option 1: \$10/\$25/\$60/25%	Option 2: \$5/\$10/20%/45%/33%
No deductible  Amounts shown are for up to a 31-day supply for Group Medicare Advantage Plan with Part D (MAPD)  Amounts shown are for up to a 30-day supply or 31-day supply from a long-term care facility for Group MedicareBlue Rx (PDP)	<b>Tier 1: Preferred Generic drugs:</b> \$0 copay <b>Tier 2: Generic</b> \$10 copay <b>Tier 3: Preferred brand drugs</b> \$25 copay <b>Tier 4: Non-preferred drugs</b> \$60 copay <b>Tier 5: Specialty</b> 25% coinsurance  <b>Supplemental Drug Coverage:</b> 25% coinsurance for certain sexual dysfunction and cough and cold product	<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 <b>Supplemental Drug Coverage:</b> None
90-day supply from an in-network retail or mail order	2x copay or coinsurance	2x copay or coinsurance	
Catastrophic coverage After total out-of-pocket costs reach \$2,000	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. For excluded drugs covered under the Bonus drug list, you pay 25% coinsurance	During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing. For excluded drugs covered under the Supplemental drug list, you pay 25% coinsurance	

Blue Cross offers Group Medicare Advantage 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* documents provided in your enrollment kit.

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