2025

# **GROUP PLATINUM BLUESM (COST)**

Plan A



A comprehensive plan to manage your health and costs.

Group Platinum Blue plans from Blue Cross and Blue Shield of Minnesota offer coverage and cost sharing options that meet your needs.

#### COVERAGE YOU CAN RELY ON

This plan features:

- Broad network The Platinum Blue Network provides access to 97% of doctors in Minnesota.<sup>1</sup>
- Preventive care Plan includes coverage for various routine services and screenings.
- Travel benefits Travel up to nine months per calendar year outside Minnesota (within the United States) and get in-network benefits from any provider that accepts Medicare assignment.
- **Annual limits** You're protected from high costs with an annual out-of-pocket maximum.

#### **BUILDING HEALTHY HABITS**

Our Group Platinum Blue plans include tools and resources to help you create healthier habits, stay well and keep fit:

- Nurse line A nurse is available 24 hours a day, seven days a week to answer health-related questions.
- Virtual diabetes prevention program The program focuses on sustained weight loss, health lifestyle habits, and reducing the risk of developing Type 2 diabetes, heart disease and stroke.

- Member website Search for a doctor in your network, track the status of claims, view, print or order member ID cards, and more when you log in at bluecrossmn.com/Members.
- **Quitting tobacco** A wellness coach is available to help you develop and maintain a plan to quit.
- Fitness program Stay active with the SilverSneakers® fitness program, which includes thousands of fitness locations, 50+ fitness classes, and on-demand workout videos, workshops and online classes all at no additional cost. Visit Silversneakers.com.

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

## FEEL CONFIDENT CHOOSING BLUE CROSS

Blue Cross has been serving Minnesota as a nonprofit for more than 90 years.<sup>2</sup> We look forward to making a healthy difference in your life for years to come.

<sup>1</sup>Medicare-contracted doctors compared to internal Blue Cross and Blue Shield of Minnesota data, April 2024. Some network limitations may apply.

<sup>2</sup>bluecrossmn.com/about.

# 2025 GROUP PLATINUM BLUE PLAN A

This chart highlights the medical benefits of Group Platinum Blue. For information about benefits and additional details, including coverage limits that may apply, refer to the Summary of Benefits. **Benefits shown are the amount you pay for Medicare-eligible services and supplies.** 

Deductible Amount you pay before coverage begins Annual out-of-pocket maximum³ Most you will pay each year for covered healthcare  Doctor office visits Primary care, specialists, chiropractic and podiatry services  Diagnostic tests, radiology services, lab services and X-rays Including "Welcome to Medicare" and Annual Wellness Visits, routine physical, hearing tests and eye exams  Over-the-counter (OTC)  Emergency care Within the United States and worldwide  Urgently needed care Within the United States  Inpatient hospital care Per stay  Skilled nursing facility care Up to 100 days each benefit period  Outpatient hospital services  Diabetes services and supplies Including self-management training  Hearing aids (Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  **So **Doctor**  \$0  **O  **Counter medications and health-related items  **So **Doctor**  \$0  **So per quarter allowance for eligible over-the-counter medications and health-related items  **So **Doctor**  **Doctor**  **So **Doctor**  **Doctor**  **Doctor**  **So **Doctor**  **So **Doctor**	BENEFIT CATEGORY	
Amount you pay before coverage begins  Annual out-of-pocket maximum³ Most you will pay each year for covered healthcare  Doctor office visits Primary care, specialists, chiropractic and podiatry services  Diagnostic tests, radiology services, lab services and X-rays  Preventive services Including "Welcome to Medicare" and Annual Wellness Visits, routine physical, hearing tests and eye exams  Over-the-counter (OTC)  Emergency care Within the United States and worldwide  Urgently needed care Within the United States Inpatient hospital care Per stay  Skilled nursing facility care Up to 100 days each benefit period  Outpatient hospital services Diabetes services and supplies Including self-management training  Hearing aids (Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  Wision  So  Outpatient hospital service services and supplies at no additional cost)  Vision  So  So  So  So  So  So  So  So  So		t o
Annual out-of-pocket maximum³ Most you will pay each year for covered healthcare  Doctor office visits Primary care, specialists, chiropractic and podiatry services periores  Diagnostic tests, radiology services, lab services and X-rays  Preventive services Including "Welcome to Medicare" and Annual Wellness Visits, routine physical, hearing tests and eye exams  Over-the-counter (OTC)  S50 per quarter allowance for eligible over-the-counter medications and health-related items  Emergency care Within the United States and worldwide  Urgently needed care Within the United States  Impatient hospital care Per stay  Skilled nursing facility care Up to 100 days each benefit period  Outpatient hospital services  Diabetes services and supplies Including self-management training  Hearing aids (Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  Vision  S0  O  OUTIGITIES (Advanced Aid) S799 copay per aid (Advanced Aid) S799 copay per aid (Premium Aid)		\$0
Most you will pay each year for covered healthcare  Doctor office visits Primary care, specialists, chiropractic and podiatry services Diagnostic tests, radiology services, lab services and X-rays  Preventive services Including "Welcome to Medicare" and Annual Wellness Visits, routine physical, hearing tests and eye exams  Over-the-counter (OTC)  S50 per quarter allowance for eligible over-the-counter medications and health-related items  Emergency care Within the United States and worldwide  Urgently needed care Within the United States Inpatient hospital care Per stay  Skilled nursing facility care Up to 100 days each benefit period  Outpatient hospital services Diabetes services and supplies Including self-management training  Hearing aids (Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  Wision  \$0  Outpatient hospital services and supplies at no additional cost)  Vision  \$0  Outpatient bettery option is available on select and additional cost)  \$0 for 1 routine eye exam; up to \$200 allowance		Ф0.000
Doctor office visits Primary care, specialists, chiropractic and podiatry services  Diagnostic tests, radiology services, lab services and X-rays Preventive services Including "Welcome to Medicare" and Annual Wellness Visits, routine physical, hearing tests and eye exams  Over-the-counter (OTC)  Emergency care Within the United States and worldwide  Urgently needed care Within the United States Inpatient hospital care Per stay  Skilled nursing facility care Up to 100 days each benefit period  Outpatient hospital services Diabetes services and supplies Including self-management training  Hearing aids (Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  \$0   \$0   \$0  \$0  \$0  \$0  \$499 copay per aid (Advanced Aid) \$799 copay per aid (Premium Aid)  \$799 copay per aid (Premium Aid)  \$0 for 1 routine eye exam; up to \$200 allowance		\$3,000
Primary care, specialists, chiropractic and podiatry services  Diagnostic tests, radiology services, lab services and X-rays  Preventive services Including "Welcome to Medicare" and Annual Wellness Visits, routine physical, hearing tests and eye exams  Over-the-counter (OTC)  \$50 per quarter allowance for eligible over-the-counter medications and health-related items  Emergency care Within the United States and worldwide  Urgently needed care Within the United States Inpatient hospital care Per stay  Skilled nursing facility care Up to 100 days each benefit period  Outpatient hospital services  Diabetes services and supplies Including self-management training  Hearing aids (Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  \$0  \$0  **O  **O  **O  **O  **O  **O		
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Preventive services Including "Welcome to Medicare" and Annual Wellness Visits, routine physical, hearing tests and eye exams  Over-the-counter (OTC)  Emergency care Within the United States and worldwide  Urgently needed care Within the United States Inpatient hospital care Per stay  Skilled nursing facility care Up to 100 days each benefit period  Outpatient hospital services Diabetes services and supplies Including self-management training  Hearing aids (Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  \$0  Story quarter allowance for eligible over-the-counter medications and health-related items  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$		,
Preventive services Including "Welcome to Medicare" and Annual Wellness Visits, routine physical, hearing tests and eye exams  Over-the-counter (OTC)  \$50 per quarter allowance for eligible over-the-counter medications and health-related items  Emergency care Within the United States and worldwide  Urgently needed care Within the United States  Inpatient hospital care Per stay  Skilled nursing facility care Up to 100 days each benefit period  Outpatient hospital services  Diabetes services and supplies Including self-management training  Hearing aids (Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  \$0  Vision  Vision  Vision  Vision  Vision  Vision  So per quarter allowance for eligible over-the-counter medications and health-related items  So  Vision  Vision  Vision  Vision  So per quarter allowance for eligible over-the-counter medications and health-related items  Vision  Vision  Vision  Vision  So per quarter allowance for eligible over-the-counter medications and health-related items  Vision  Vision  Vision  So per quarter allowance for eligible over-the-counter medications and health-related items  Vision  Vision  Vision  So per quarter allowance for eligible over-the-counter medications and health-related items  Vision  Vision  Vision  So per quarter allowance for eligible over-the-counter medications and health-related items  Vision  Vision  So per quarter allowance for eligible over-the-counter medications and health-related items  Vision  Vision	Diagnostic tests, radiology services, lab services	\$0
Including "Welcome to Medicare" and Annual Wellness Visits, routine physical, hearing tests and eye exams  Over-the-counter (OTC)  \$50 per quarter allowance for eligible over-the-counter medications and health-related items  Emergency care Within the United States and worldwide  Urgently needed care Within the United States  Inpatient hospital care Per stay  Skilled nursing facility care Up to 100 days each benefit period  Outpatient hospital services  Diabetes services and supplies Including self-management training  Hearing aids (Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  \$50 per quarter allowance for eligible over-the-counter medications and health-related items  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$	and X-rays	
Visits, routine physical, hearing tests and eye exams  Over-the-counter (OTC)  \$50 per quarter allowance for eligible over-the-counter medications and health-related items  Emergency care Within the United States and worldwide  Urgently needed care Within the United States  Inpatient hospital care Per stay  Skilled nursing facility care Up to 100 days each benefit period  Outpatient hospital services Diabetes services and supplies Including self-management training  Hearing aids (Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  \$50 per quarter allowance for eligible over-the-counter medications and health-related items  \$0  \$0  \$0  \$0  \$40  \$0  \$0  \$0  \$1  \$49  \$20  \$49  \$30  \$49  \$49  \$49  \$49  \$49  \$49  \$49  \$4	The state of the s	\$0
Cover-the-counter (OTC)  \$50 per quarter allowance for eligible over-the-counter medications and health-related items  Emergency care Within the United States and worldwide  Urgently needed care Within the United States  Inpatient hospital care Per stay  Skilled nursing facility care Up to 100 days each benefit period  Outpatient hospital services Diabetes services and supplies Including self-management training  Hearing aids (Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  \$50 per quarter allowance for eligible over-the-counter medications and health-related items  \$0  \$0  \$0  \$40  \$50 per quarter allowance for eligible over-the-counter medications and health-related items  \$0  \$0  \$0  \$50  \$50 per quarter allowance for eligible over-the-counter medications and health-related items  \$0  \$0  \$50  \$50  \$50 per quarter allowance for eligible over-the-counter medications and health-related items		
counter medications and health-related items  Emergency care Within the United States and worldwide  Urgently needed care Within the United States  Inpatient hospital care Per stay  Skilled nursing facility care Up to 100 days each benefit period  Outpatient hospital services Diabetes services and supplies Including self-management training  Hearing aids (Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  \$0  Vision  Within the United States and worldwide  \$0  \$0  \$0  \$0  \$40  \$499 copay per aid (Advanced Aid) \$799 copay per aid (Premium Aid)  \$799 copay per aid (Premium Aid)  \$799 copay per aid (Premium Aid)	Visits, routine physical, hearing tests and eye exams	
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Urgently needed care Within the United States  Inpatient hospital care Per stay  Skilled nursing facility care Up to 100 days each benefit period  Outpatient hospital services Diabetes services and supplies Including self-management training  Hearing aids (Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  \$0  \$0  \$0  \$0  \$1  \$499 copay per aid (Advanced Aid) \$799 copay per aid (Premium Aid)  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$0  \$	Emergency care	\$0
Within the United States  Inpatient hospital care Per stay  Skilled nursing facility care Up to 100 days each benefit period  Outpatient hospital services  Diabetes services and supplies Including self-management training  Hearing aids (Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  \$0  \$0  \$0  \$499 copay per aid (Advanced Aid) \$799 copay per aid (Premium Aid)  \$0  \$0  \$0  \$10  \$10  \$10  \$10  \$10	Within the United States and worldwide	
Inpatient hospital care Per stay  Skilled nursing facility care Up to 100 days each benefit period  Outpatient hospital services  Diabetes services and supplies Including self-management training  Hearing aids (Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  \$0  \$0  \$0  \$0  \$499 copay per aid (Advanced Aid) \$799 copay per aid (Premium Aid) \$799 copay per aid (Premium Aid) \$0  \$0  \$0  \$10  \$10  \$10  \$10  \$10  \$	Urgently needed care	\$0
Skilled nursing facility care Up to 100 days each benefit period  Outpatient hospital services Diabetes services and supplies Including self-management training  Hearing aids (Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  \$0  \$0  \$499 copay per aid (Advanced Aid) \$799 copay per aid (Premium Aid) \$799 copay per aid (Premium Aid) \$799 copay per aid (Premium Aid)	Within the United States	
Skilled nursing facility care Up to 100 days each benefit period  Outpatient hospital services  Diabetes services and supplies Including self-management training  Hearing aids (Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  \$0  \$0  \$499 copay per aid (Advanced Aid) \$799 copay per aid (Premium Aid)  \$799 copay per aid (Premium Aid)  \$799 copay per aid (Premium Aid)	Inpatient hospital care	\$0
Up to 100 days each benefit period  Outpatient hospital services  Diabetes services and supplies Including self-management training  Hearing aids (Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  \$0  \$499 copay per aid (Advanced Aid) \$799 copay per aid (Premium Aid)  \$799 copay per aid (Premium Aid)  \$0  \$799 copay per aid (Premium Aid)	Per stay	
Outpatient hospital services  Diabetes services and supplies Including self-management training  Hearing aids (Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  \$0  \$499 copay per aid (Advanced Aid) \$799 copay per aid (Premium Aid)  \$799 copay per aid (Premium Aid)  \$0  \$799 copay per aid (Premium Aid)	Skilled nursing facility care	\$0
Diabetes services and supplies Including self-management training  Hearing aids (Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  \$0  \$499 copay per aid (Advanced Aid) \$799 copay per aid (Premium Aid) \$799 copay per aid (Premium Aid) \$0  \$799 copay per aid (Premium Aid) \$0  \$799 copay per aid (Premium Aid) \$0  \$100 copay per aid (Premium Aid)	Up to 100 days each benefit period	
Including self-management training  Hearing aids (Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  \$499 copay per aid (Advanced Aid) \$799 copay per aid (Premium Aid)  \$799 copay per aid (Premium Aid)  \$799 copay per aid (Premium Aid)  \$799 copay per aid (Premium Aid)	Outpatient hospital services	\$0
Hearing aids (Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  \$499 copay per aid (Advanced Aid) \$799 copay per aid (Premium Aid)  \$799 copay per aid (Premium Aid)  \$799 copay per aid (Advanced Aid)  \$799 copay per aid (Premium Aid)  \$799 copay per aid (Premium Aid)  \$799 copay per aid (Advanced Aid)	Diabetes services and supplies	\$0
(Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  \$799 copay per aid (Premium Aid)  \$0 for 1 routine eye exam; up to \$200 allowance	Including self-management training	
(Rechargeable battery option is available on select Advanced and Premium styles at no additional cost)  Vision  \$799 copay per aid (Premium Aid)  \$0 for 1 routine eye exam; up to \$200 allowance	Hearing aids	\$499 copay per aid (Advanced Aid)
Advanced and Premium styles at no additional cost)  Vision \$0 for 1 routine eye exam; up to \$200 allowance	(Rechargeable battery option is available on select	
φο for 1 routine eye exam, up to ψ200 anowance	Advanced and Premium styles at no additional cost)	,
	Vision	\$0 for 1 routine eye exam; up to \$200 allowance

<sup>&</sup>lt;sup>3</sup>Once the out-of-pocket maximum is met, you will not incur any costs on eligible services because your group health plan covers your costs at 100%. Costs for non-eligible services will not apply to your out-of-pocket maximum.

For information about the premium you will pay for this coverage, contact your group benefit plan administrator.

This information is not a complete description of benefits. Call your group benefit plan administrator for more information.

Group Platinum Blue is a Cost plan with a Medicare contract. Enrollment in Group Platinum Blue depends on renewal of the plan sponsor's Medicare contract.

### M01005R07 (10/24)

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