

2022 GROUP MEDICARE PLAN OVERVIEW

Rosemount-Eagan-Apple Valley School District #196



2022	Group Medicare Advantage Standard (MA-Only PPO) with Group MedicareBlue Rx (PDP)	Group Medicare Supplement with Copayments Plan N with Group MedicareBlue Rx (PDP)
Monthly premium You must continue to pay your Medicare Part B premium	\$263.00	\$310.50
Plan descriptions	A Medicare Advantage plan and a Medicare Part D Prescription Drug Plan	A Medicare Supplement plan and a Medicare Part D prescription drug plan
Residency requirements	Group Medicare Advantage Plan and Group MedicareBlue Rx Must be a permanent resident of the United States	Group Plan N and Group MedicareBlue Rx: Must be a permanent resident of the United States
Provider networks	Group Medicare Advantage Plan: Group Medicare Advantage PPO Network** Group MedicareBlue Rx: Over 65,000 pharmacies nationwide	Group Plan N: Any Medicare contracted provider nationwide Group MedicareBlue Rx: Over 65,000 pharmacies nationwide
Individual lifetime maximum	None	None
Deductible	None	You pay 100% of the annual Medicare Part B deductible \$203 (subject to change 1/1/2022)
Annual Out of pocket maximum	\$3,000 in-network \$3,000 combined in-and-out of network	None
Medical coverage	Group Medicare Advantage Standard (MA-Only PPO)	Group Plan N
Office visits		
Primary care	\$10 copay	\$20 copay after you meet your Original Medicare Part B deductible
Specialist visits	\$20 copay	
Podiatry services	\$20 copay	
Chiropractic Manual manipulation of the spine only	\$20 copay	\$0 copay after you meet your Original Medicare Part B deductible

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Medical coverage	Group Medicare Advantage Standard (MA-Only PPO)	Group Plan N
Inpatient care		
Hospital care	\$200 copay	\$0 copay
Skilled nursing facility	\$0 copay	\$0 copay
Outpatient care		
Ambulatory surgery center	\$75 copay	\$0 copay after you meet your Original Medicare part B deductible
Diagnostic tests, X-rays, lab services and radiology	\$0 copay	\$0 copay after you meet your Original Medicare part B deductible
Physical, speech, and occupational therapy	\$20 copay	\$0 copay after you meet your Original Medicare Part B deductible
Home health care	\$0 copay	\$0 copay
Emergency/Urgent care		
Emergency care	\$50 copay	\$50 copay after you meet your Original Medicare Part B deductible
Urgent care	\$20 copay	\$0 copay after you meet your Original Medicare Part B deductible
Ambulance service	\$75 copay	\$0 copay after you meet your Original Medicare part B deductible
Other outpatient services		
Durable medical equipment	10% coinsurance	\$0 copay after you meet your Original Medicare part B deductible
Diabetic supplies (includes glucose monitors, test strips, lancets)	\$0 copay	\$0 copay after you meet your Original Medicare part B deductible
Medicare covered Part B drugs	20% coinsurance	\$0 copay after you meet your Original Medicare part B deductible
Preventive care		
Annual routine physical, eye exam, and hearing screening Including "Welcome to Medicare" and annual wellness visits	\$0 copay	\$0 copay
Additional services and support	24-hour Nurse Line, SilverSneakers®, \$150 annual eyewear benefit, \$499-\$799 hearing aid benefit \$50 quarterly over the counter benefit, Meal benefit that provides up to 2 meals a day following a qualified inpatient stay for up to 28 days, Doctor on Demand	24-hour Nurse Line, SilverSneakers®, vision and hearing aid discounts, Doctor on Demand

Prescription Drug Coverage	Group MedicareBlue Rx (PDP) \$10/\$25/\$40/25%	Group MedicareBlue Rx (PDP) \$10/\$25/\$40/25%
No deductible and no coverage gap Amounts shown are for up to a 30-day supply for Group MedicareBlue Rx	Tier 1: Generic: \$10 copay Tier 2: Preferred brand: \$25 copay Tier 3: Non-preferred brand: \$40 copay Tier 4: Specialty: 25% coinsurance Supplemental Drug Coverage: 25% coinsurance for certain sexual dysfunction and cough and cold products	Tier 1: Generic: \$10 copay Tier 2: Preferred brand: \$25 copay Tier 3: Non-preferred brand: \$40 copay Tier 4: Specialty: 25% coinsurance Supplemental Drug Coverage: 25% coinsurance for certain sexual dysfunction and cough and cold products
90-day supply	2x copay or coinsurance for a 90-day supply by mail order or at a preferred extended supply retail pharmacy	2x copay or coinsurance for a 90-day supply by mail order or at a preferred extended supply retail pharmacy
Coverage gap After total yearly drug costs reach \$4,430	You pay no more than your usual cost sharing	You pay no more than your usual cost sharing
Catastrophic coverage After total out-of-pocket costs reach \$7,050	You will pay the greater of 5% coinsurance of the total cost, or \$3.95 copay for generic drugs (including brand drugs treated as a generic) and \$9.85 copay for all other drugs	You will pay the greater of 5% coinsurance of the total cost, or \$3.95 copay for generic drugs (including brand drugs treated as a generic) and \$9.85 copay for all other drugs

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* 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.

Doctor On Demand is an independent company providing telehealth services.

**The BlueCard® Medicare Advantage PPO (BlueCard MA PPO) network is available in the states and territories listed below. When receiving services in one of these states, the member must use a provider that is participating in the BlueCard MA PPO network to receive their in-network level benefits. Claims must be submitted to the provider's local Blue Plan.

Alabama	Hawaii	Massachusetts	New Jersey	Pennsylvania	Virginia
Arkansas	Idaho	Michigan	New Mexico	Puerto Rico	Washington
Arizona**	Illinois	Minnesota	New York	Rhode Island	Wisconsin
California	Indiana	Missouri	North Carolina	South Carolina	West Virginia
Colorado	Kansas	Montana	North Dakota	Tennessee	
Connecticut	Kentucky	Nebraska	Ohio	Texas	
Florida	Louisiana	Nevada	Oklahoma	Utah	
Georgia	Maine	New Hampshire	Oregon	Vermont	

**Please note for Arizona, Medicare Advantage PPO network is limited to Pima (Tucson) and Maricopa (Phoenix metro area) counties.

The BlueCard MA PPO network is not available in some states. If a member receives services in one of these states, the member must receive services from a provider who accepts Medicare Assignment to receive the in-network level of coverage.

In states where the BlueCard MA PPO network is available, but the member needs to see a provider in a specialty for which there are no BlueCard MA PPO network providers available, the member will receive the in-network level of coverage when using a Medicare Assigned provider.

Members can locate Medicare Assigned providers via the following site: [Medicare.gov](https://www.medicare.gov) by clicking on the applicable option in the “Find doctors, providers, hospitals, plans & suppliers” section. Members may also call the Customer Service phone number on the back of their ID card.