

2027 GROUP MEDICARE PLAN COMPARISON

ROSEMOUNT-EAGAN-APPLE VALLEY ISD #196



This chart provides an overview of benefits. For complete information about benefits and additional plan details (including coverage limits that may apply), refer to the Summary of Coverage and Disclosure of Information or Summary of Benefits for the plans.

	Group Medicare Supplement with Copayments (Plan N) paired with Group MedicareBlue SM Rx (PDP)	Group Medicare Advantage Standard MA Only (PPO) paired with Group MedicareBlue Rx
Monthly premium You must also continue to pay your Medicare Part B premium	\$406.00 Medical: \$247.50 Prescription drug: \$158.50	\$291.50 Medical: \$133.00 Prescription drug: \$158.50
Medical provider network	Receive plan benefits from any provider that participates with Medicare.	National Group Medicare Advantage network; you may also use any provider that accepts Medicare assignment.
Medical coverage		
Annual medical deductible Amount you pay before coverage begins	Medicare Part B deductible (\$283 in 2026; subject to change in 2027)	None
Annual medical out-of-pocket maximum Most you will pay each year for covered healthcare	None	\$3,000
Office visits (In-person or telehealth) Primary care Specialists	\$20 copay \$20 copay	\$0 \$20 copay
Diagnostic tests and radiology services Lab services and X-rays	\$0 \$0	\$0 \$0
Preventive services Including "Welcome to Medicare" and Annual Wellness Visits, routine physical, hearing tests, eye exams and immunizations	\$0	\$0
Inpatient hospital care (per stay)	\$0	\$150 copay
Skilled nursing facility care	\$0	\$0
Outpatient care Outpatient hospital surgery Outpatient observation stay Ambulatory surgical center	\$0 \$0 \$0	\$150 copay \$150 copay \$100 copay
Diabetes services and supplies	\$0	\$0 for Ascensia test strips and meters
Emergency care Within the United States Worldwide	\$50 copay 20% coinsurance	\$50 copay \$50 copay
Urgent care Within the United States Worldwide	\$20 copay 100%	\$20 copay \$50 copay
Ambulance	\$0	\$75 copay
Extra Benefits		
Eyewear allowance	Blue365 [®] online wellness marketplace discounts	Plan provides up to \$200 for contacts, lenses and frames
Hearing aids through TruHearing[®]	Blue365 [®] online wellness marketplace discounts	\$499 copay per aid (Advanced Aid) \$799 copay per aid (Premium Aid)

Over-the-counter benefit	Not included	Plan provides \$50 per quarter allowance for over-the-counter medications and health-related items
Nurse line Registered nurses are available 24 hours a day, seven days a week to answer your questions.	Included	Included
SilverSneakers® Fitness program Thousands of fitness locations nationwide, live online and on-demand classes	Included	Included
Prescription drug coverage		
Prescription drug deductible Amount you pay for prescription drugs before plan begins to pay	\$0	\$0
Initial coverage Amount you pay for a 30-day supply Tier 1: Generic drugs Tier 2: Preferred brand drugs Tier 3: Non-preferred drugs Tier 4: Specialty drugs	\$10 copay \$25 copay \$40 copay 25% coinsurance	\$10 copay \$25 copay \$40 copay 25% coinsurance
Insulin (Part D) coverage	Up to \$35 copay per month	Up to \$35 copay per month
Catastrophic coverage² Amount you pay for covered drugs once your annual out-of-pocket drug costs reach \$2,400	\$0	\$0
Supplemental drugs³ Provides coverage for some drugs that are excluded from the Medicare Part D program	25% coinsurance	25% coinsurance

Blue Cross offers PPO, Cost and PDP plans with Medicare contracts. Enrollment in these Blue Cross plans depends on contract renewal. Limitations, copayments, and restrictions may apply.

²Your out-of-pocket costs include the amount you have paid for covered drugs for the calendar year. This does not include the amount the plan has paid or the plan premiums you pay.

³The amount spent on supplemental drugs does not apply toward catastrophic coverage.

Ascensia Diabetes Care US, Inc. is an independent company providing diabetic supplies.

TruHearing® is a registered trademark of TruHearing, Inc., an independent company that works with health plans to offer low out-of-pocket costs on hearing aids.

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

Group MedicareBlueSM Rx (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Group MedicareBlue Rx depends on renewal of the plan sponsor's contract with Medicare. Coverage is available to members of an employer or union group and separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa*; Blue Cross and Blue Shield of Minnesota*; Blue Cross and Blue Shield of Montana*, a division of Health Care Service Corporation, a Mutual Legal Reserve Company; Blue Cross and Blue Shield of Nebraska*; Blue Cross Blue Shield of North Dakota*; Wellmark Blue Cross and Blue Shield of South Dakota*; and Blue Cross Blue Shield of Wyoming*.

* Independent licensees of the Blue Cross and Blue Shield Association

M04723R06 (9/25)