

2025 BLUE CROSS PRODUCT PORTFOLIO



TRAINING ANNOUNCEMENTS



This training does not have sound



The [Blue Cross Product Portfolio](#) course takes approximately 30 minutes to complete
The [Enrollment and Disenrollment](#) course takes approximately 15 minutes to complete
The [Blue Cross Product Exam](#) takes approximately 15 minutes to complete



Plan benefits are subject to change based upon final CMS or MN Department of Commerce approval



As a reminder, 2025 plan benefits and rates cannot be shared with members or beneficiaries until October 1, 2024.

WHY SELL BLUE CROSS?



THE VALUE OF BLUE

- Access to **97%** of doctors in Minnesota²
- Nearly **95%** of members keep their Blue Cross Medicare plan³
- **Top-rated** by members for Medicare customer service⁴
- **Serving Minnesota as a nonprofit** for more than 90 years⁵

1. Based on enrollment data from CMS January 2024.

2. Medicare-contracted doctors compared to internal Blue Cross and Blue Shield of Minnesota data, April 2024. Some network limitations may apply.

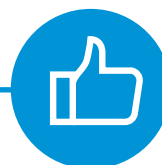
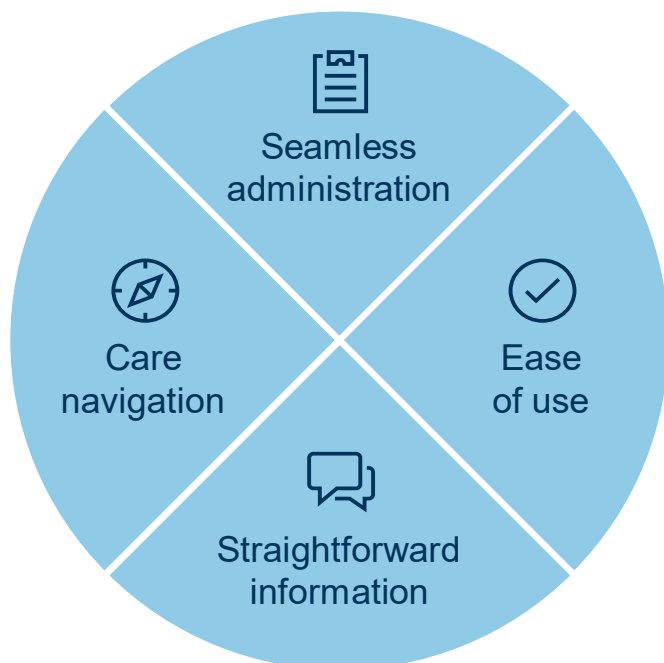
3. Highmark monthly Medicare enrollments on January 31, 2024, compared to December 31, 2023.

4. Based on 2023 CAHPS results. Every year, Medicare evaluates plans based on a 5-star rating system. Star rating information is on [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare). For 2023, Blue Cross and Blue Shield of Minnesota received the following plan Star Ratings from Medicare: 4.5 Stars.

5. [bluecrossmn.com/about](https://www.bluecrossmn.com/about).

BLUE CROSS PEACE OF MIND

LOCALLY GROWN



Rated highest for **peace of mind** compared to national competitors.

NATIONALLY KNOWN



WHAT'S NEW FOR 2025

MEDICARE ADVANTAGE	SECUREBLUE	MEDICAREBLUE RX
<p>New supplemental benefits added to Individual MA/MAPD plans.</p> <ul style="list-style-type: none"> • HINGE HEALTH a Musculoskeletal Condition Management Program • OMADA a virtual diabetes prevention program. <p>Select non-Part D drugs will be covered on the MAPD Core and Comfort plans for 2025 (such as Sildenafil, Folic Acid, Vitamin D, and cyanocobalamin).</p> <p>AllianceRx Walgreens Pharmacy will rebrand to Walgreens Mail Service on 8/1/24.</p> <p>\$0 tier 1 and tier 2 drug coverage through standard retail and preferred mail order for 2025.</p>	<p>Agents may sell SecureBlue for the 2025 plan year.</p> <ul style="list-style-type: none"> • SecureBlue is a Medicare Advantage Special Needs Plan (SNP). • SecureBlue is specifically designed for people aged 65 and older who have both Medicare and Medicaid. • The State of Minnesota refers to this type of plan as Minnesota Senior Health Options (MSHO). <p>SecureBlue enrollment forms will be available on the Medicare Enrollment Portal effective October 1, 2024.</p> <p>Watch for agent communications for more information about this program.</p>	<p>MedicareBlue Rx Select plan will be discontinued in 2025.</p> <ul style="list-style-type: none"> • Members will be cross-walked into the MedicareBlue Rx Standard plan. <p>Watch for agent communications for more information about this plan change.</p>

MEDICARE ADVANTAGE PLANS

WHAT IS AN MAPD PLAN?

Medicare Advantage (MAPD) plans combine medical (Part A and Part B) and prescription drug coverage (Part D). MAPD plan members pay lower cost shares when they use doctors, hospitals, pharmacies and other health care providers that belong to the network. No referrals are needed.



MEDICAL + PRESCRIPTION DRUG PLAN OPTIONS

- MAPD Core
- MAPD Comfort
- MAPD Choice
- MAPD Complete

MEDICAL ONLY PLAN OPTION

- Freedom Blue

ELIGIBILITY REQUIREMENTS

- Must have Medicare Parts A and B and continue to pay the Medicare Part B premium*
- Must be a permanent resident of Minnesota and reside in the plans service area

*MAPD Core Metro and West regions have a Part B buydown amount up to \$5.70 per month. Freedom Blue has a Part B buydown up to \$100 per month.

MAPD IS SUITABLE FOR THE PERSON THAT LIKES EXTRAS



Includes Medicare Part A and Part B coverage with some copays, coinsurance and maximum out-of-pocket



Part D prescription drug coverage included*



All plans include preventive dental coverage to help protect overall health.



Nationwide travel up to 12 consecutive months and access to in-network providers and prescription support

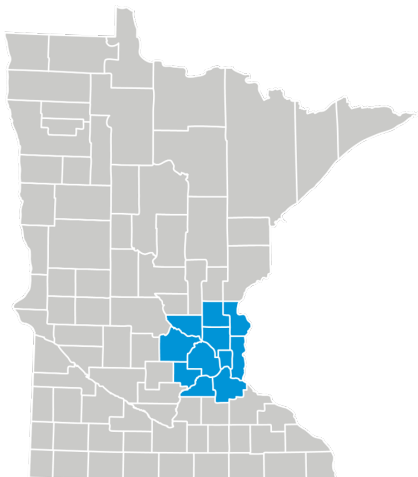


*Freedom Blue (Medicare Advantage) does not include prescription drug coverage.

MAPD REGIONS

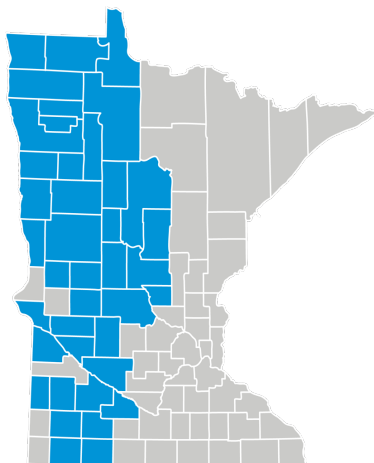
Enrollees must reside in the plan service area to enroll in a Medicare Advantage plan.

METRO (TWIN CITIES METRO)



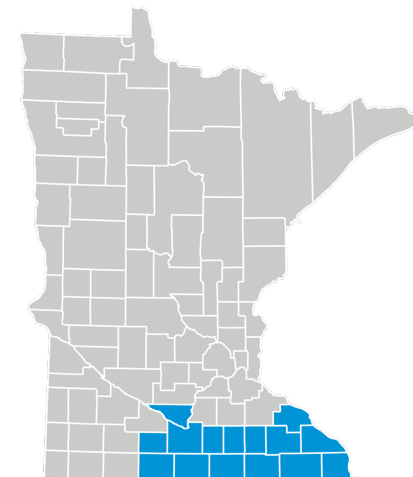
Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, Wright

WEST (WESTERN MINNESOTA)



Becker, Beltrami, Benton, Big Stone, Brown, Cass, Chippewa, Clay, Clearwater, Cottonwood, Crow Wing, Douglas, Grant, Hubbard, Jackson, Kandiyohi, Kittson, Lac qui Parle, Lake of the Woods, Lincoln, Lyon, Mahnommen, Marshall, Morrison, Murray, Nobles, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Redwood, Renville, Roseau, Stearns, Swift, Todd, Wadena, Wilkin

SOUTH (SOUTHERN MINNESOTA)



Blue Earth, Dodge, Faribault, Fillmore, Freeborn, Houston, Martin, Mower, Nicollet, Olmsted, Steele, Wabasha, Waseca, Watonwan, Winona

MAPD PROVIDER NETWORKS

IN-NETWORK PROVIDERS FOR EACH REGION

METRO	WEST	SOUTH
Uses the statewide High Value Network (HVN) bluecrossmn.com/HighValue		Uses the Southern Network bluecrossmn.com/Southern
Allina CentraCare HealthPartners M Health Fairview Mayo Clinic North Memorial Park Nicollet Ridgeview	Alomere Health Altru Avera CentraCare Essentia Mayo Clinic Sanford	Allina Mayo Clinic Northfield Hospital & Clinic Olmsted Medical Center Winona Health Services

This is not a complete list of in-network providers.

MAPD MEDICAL COVERAGE

In-network Medical Benefits	MAPD Core member pays	MAPD Comfort member pays	MAPD Choice member pays	MAPD Complete member pays
Inpatient hospital care	\$300-\$375* per stay for days 1 through 5	\$400 per stay	\$200-\$250* per stay	\$150 per stay
Skilled nursing facility (SNF)	\$0 per stay for days 1 through 20 \$214 per stay for days 21 through 100			
Primary care visit	\$0	\$0	\$0	\$0
Specialty care visit	\$40-\$45*	\$40-\$45*	\$35-\$40*	\$20
Urgent care	\$45	\$45	\$40	\$30
Emergency Care (US & worldwide)	\$125	\$140	\$140	\$140
Ambulance (ground & air)	\$290-\$315*	\$250	\$250	\$200

*Copay amount based on region.

MAPD MEDICAL COVERAGE CONTINUED

In-network Medical Benefits	MAPD Core member pays	MAPD Comfort member pays	MAPD Choice member pays	MAPD Complete member pays
Diagnostics				
• Mammogram & colonoscopy	\$0	\$0	\$0	\$0
• Labs	\$0	\$0	\$0	\$0
• OP X-ray	\$15	\$10	\$10	\$5
• OP diagnostic procedures	\$25-\$30*	\$25-\$30*	\$25	\$10
• Radiologic services	\$150	\$100	\$100	\$50
• Therapeutic radiology	20%	20%	15%	10%
Continuous glucose monitors (CGM)**				
• Preferred	20%	20%	20%	20%
• Non-Preferred	35%	35%	35%	35%
Durable medical equipment	35%	35%	30%	25%
Diabetic supplies***	\$0			

*Copay amount based on region.

** CGMs are limited to Dexcom G6, Dexcom G7 when used with a Dexcom Receiver, and Abbott Freestyle Libre and Freestyle Libre 2 products, and Freestyle Libre 3 when used with a Freestyle Libre receiver.

***Diabetic supplies are limited to Ascensia brand products

MAPD DEDUCTIBLES AND OUT-OF-POCKET COSTS

	MAPD Core	MAPD Comfort	MAPD Choice	MAPD Complete
Medical deductible	\$0	\$0	\$0	\$0
Annual out-of-pocket maximum*	METRO \$4,900 in-network \$7,900 combined in- and out-of-network costs	METRO \$3,700 in-network \$5,450 combined in- and out-of-network costs	METRO \$3,000 in-network \$5,150 combined in- and out-of-network costs	METRO \$2,900 in-network \$5,100 combined in- and out-of-network costs
	WEST \$4,900 in-network \$7,900 combined in- and out-of-network costs	WEST \$3,800 in-network \$5,750 combined in- and out-of-network costs	WEST \$3,100 in-network \$5,150 combined in- and out-of-network costs	WEST \$2,900 in-network \$5,100 combined in- and out-of-network costs
	SOUTH \$6,700 in-network \$10,000 combined in- and out-of-network costs	SOUTH Not available in region	SOUTH \$3,500 in-network \$5,150 combined in- and out-of-network costs	SOUTH \$2,900 in-network \$5,100 combined in- and out-of-network costs

*Annual out-of-pocket maximum is for medical services only

MAPD PHARMACY NETWORK

BENEFITS OF USING A NETWORK PHARMACY

- Preferred home delivery services through Amazon, Walgreens Mail Services and Express Scripts
- Option to purchase up to a 90-day supply of medications for two copays on Tiers 1, 2, 3, and 4
- Extended day supplies (EDS) are available at select retail pharmacies
- Electronic claims processing by the pharmacy



NETWORK PHARMACIES

Costco Pharmacy, Cub, CVS, Hy-Vee, Thrifty White Drug, Walgreens, Walmart, and more.

Amazon Pharmacy is contracted to provide pharmacy home delivery services to Blue Cross and Blue Shield of Minnesota, an independent licensee of the Blue Cross Blue Shield Association. Walgreens Mail Service is an independent company that provides pharmaceutical mail order services Express Scripts Pharmacy is an independent company that provides home delivery pharmacy services.

MAPD PRESCRIPTION DRUG COVERAGE

Part D Benefits	MAPD Core member pays	MAPD Comfort member pays	MAPD Choice member pays	MAPD Complete member pays
Annual deductible	\$0 tiers 1 & 2 \$350 tiers 3, 4, 5	\$0 tiers 1 & 2 \$275-\$350 tiers 3, 4, 5	\$0 all tiers	\$0 all tiers
Formulary	Value	Value	Classic	Classic
Tier 1: Preferred generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$0	\$0	\$0	\$0
Tier 3: Preferred brand	25%	20%	25%	\$47
Tier 4: Non-preferred drug	45%	42%	42%	45%
Tier 5: Specialty tier	28%	28%-29%*	33%	33%
Part D insulin (maximum copay listed)	\$35 max copay	\$35 max copay	\$35 max copay	\$0 copay (Tier 1 & 2) \$35 copay (Tier 3 & 4)
Catastrophic coverage (above \$2,000)	\$0	\$0	\$0	\$0

Copay and coinsurance amounts listed above are for a one-month supply. Part D formulary and estimated drug costs are available at bluecrossmn.com/Medicare-documents

*Coinsurance amount based on region

WHAT IS MEDICARE ADVANTAGE FREEDOM BLUE?

Freedom BlueSM is a medical only plan that combines Medicare Part A and Part B. Members pay lower cost share when they use doctors, hospitals, and other health care providers that belong to the network. No referrals are needed.



Freedom Blue is a great option for beneficiaries wanting to pair VA benefits with a Medicare Advantage plan to access doctors and hospitals outside the VA system.



Freedom Blue includes a monthly Part B premium reduction up to \$100 which provides money back in Social Security or a credit on the Medicare Part B premium statement.



Freedom Blue DOES NOT include prescription drug coverage and CANNOT be paired with a stand-alone prescription drug plan.

FREEDOM BLUE COVERAGE

In-network Benefits	Freedom Blue member pays
Inpatient hospital care	\$200 per admission
Skilled nursing facility (SNF)	\$0 per stay for days 1-20 \$214 per stay for days 21-100
Primary care visit	\$0
Specialty care visit	\$30
Urgent care	\$35
Emergency Care (US & worldwide)	\$125
Ambulance (ground & air)	\$200
Diagnostics:	
• Mammogram, colonoscopy, labs, OP X-ray	\$0
• OP diagnostic procedures	\$20
• Radiologic services	\$70
• Therapeutic radiology	15%
Continuous glucose monitors (CGM)*	
• Preferred	20%
• Non-Preferred	35%
Durable medical equipment	20-30%
Diabetic supplies**	\$0

- Enrollees must reside in the MAPD Metro, West, or South regions.
- Freedom Blue uses the statewide High Value Network (HVN) which can be found at bluecrossmn.com/HighValue

Medical Deductible	\$0
Annual out-of-pocket maximum*	\$4,200 In-network \$7,500 Combined in- and out-of-network costs
Monthly Part B premium reduction up to	\$100

*CGMs are limited to Dexcom G6, Dexcom G7 when used with a Dexcom Receiver, and Abbott Freestyle Libre and Freestyle Libre 2 products, and Freestyle Libre 3 when used with a Freestyle Libre receiver.

**Diabetic supplies are limited to Ascensia brand products

MEDICARE ADVANTAGE DENTAL COVERAGE

Dental Benefits	MAPD Core	MAPD Comfort	MAPD Choice	MAPD Complete	Freedom Blue
\$0 Preventive	(2) oral exams (2) routine cleaning (2) fluoride (1) x-ray	(2) oral exams (2) routine cleaning (2) fluoride (1) x-ray	(2) oral exams (2) routine cleaning (2) fluoride (1) x-ray	(2) oral exams (2) routine cleaning (2) fluoride (1) x-ray	(2) oral exams (2) routine cleaning (2) fluoride (1) x-ray
\$0 Periodontal cleanings	(2) periodontal	(2) periodontal	(2) periodontal	(2) periodontal	(2) periodontal
Comprehensive restorative, extractions, endodontics, periodontics, crowns, prosthetics	no coverage	no deductible 30-50% coinsurance	no deductible 30-50% coinsurance	no deductible 30-50% coinsurance	no deductible 20% coinsurance
Annual max	\$2,000 preventive	\$1,500 - \$2,000* preventive + comprehensive	\$1,500 - \$2,000* preventive + comprehensive	\$2,000 preventive + comprehensive	\$2,500 preventive + comprehensive

Find in-network dentists at bluecrossmn.com/MedicareDental

* Annual maximum amount based on region

MEDICARE ADVANTAGE EXTRAS

Hearing aid savings with TruHearing®	<ul style="list-style-type: none"> • \$499 – \$699 copay per Advanced Aid (depending on plan) • \$799 – \$999 copay per Premium Aid (depending on plan) • Rechargeable battery option is available on select styles at no additional cost
Eyewear allowance	\$125 – \$275 for glasses or contact lenses (depending on plan)
Over-the-counter (OTC) allowance	\$50 – \$100 per quarter for eligible OTC medications and health-related items (depending on plan)
SilverSneakers fitness benefit	Access to thousands of fitness locations nationwide, SilverSneakers LIVE online classes offered 7 days a week and SilverSneakers On-Demand classes available 24/7.
Acupuncture benefit	12 visits per year for any pain diagnosis
Post-discharge meal benefit	Receive 2 meals per day, up to 14 days, at no additional cost following any medically necessary inpatient stay
Peer support	Connect with a peer specialist who has firsthand experience with mental health and substance abuse care for mentorship that supports recovery

TruHearing® is a registered trademark of TruHearing, Inc., an independent company who works with health plans to offer low out-of-pocket costs on hearing aids. OTC Vendor: CVS. CVS Pharmacy, Inc. d/b/a OTC Health Solutions is an independent company providing OTC supplemental benefit administrative services. SilverSneakers® is a registered trademark of Tivity Health, Inc., an independent company that provides health and fitness programs.

MEDICARE ADVANTAGE EXTRAS-NEW FOR 2025

Omada	Virtual diabetes prevention program focused on sustained weight loss, healthy lifestyle habits, and reducing the risk of developing type 2 diabetes, heart disease, and stroke.
Hinge Health	The Musculoskeletal Condition Management Program allows members with rheumatoid arthritis, joint and muscle pain, pelvic floor related urinary incontinence, osteoarthritis to access guided exercises, clinical care team, education videos, additional resources.
Supplemental Chiropractic Benefit	Medicare-covered chiropractic only covers manipulation of the spine to help correct a subluxation. MAPD Core, Comfort, Choice (Metro only), and Freedom Blue plans includes a routine chiropractic benefit that doesn't have a diagnosis restriction. These plans cover 12 routine chiropractic visits per year at \$20 per visit. This supplemental benefit does not cover x-rays.
Supplemental Podiatry Benefit	<p>Medicare-covered podiatry has limited coverage and is only available if medically necessary and reasonable. MAPD Core, Comfort, and Choice (Metro only) plans include a podiatry benefit that allows for routine foot care.</p> <ul style="list-style-type: none"> • MAPD Core covers 6 visits per year at \$40-45 per visit* • MAPD Comfort covers 6 visits per year at \$40-45 per visit* • MAPD Choice (Metro only) covers 6 visits per year at \$35-45 per visit*

*Amount based on region.

WHEN TRAVELING IN THE U.S.

The travel benefit provides in-network coverage for Medicare covered services while temporarily outside of Minnesota



TRAVEL TIMEFRAME

Members may use the travel benefit for up to 12 consecutive months without being disenrolled from their Medicare Advantage plan

EMERGENCY SERVICES

No matter where you are, emergency services are always covered at the highest level of coverage

NOTIFY BLUE CROSS

If members plan on being outside of Minnesota for more than 6 consecutive months, they must contact Customer Service

STACKED COPAYS

WHAT IS A STACKED COPAY?

When a professional service takes place in a facility it may result in multiple copays – there would be one copay for the facility and one for each physician and professional service.

THERE ARE TWO TYPES OF CLAIMS RELATED TO STACKED COPAYS

- For use of Facility (hospital or outpatient facility) – resulting in a facility copay
- For Professional Service (clinic) – resulting in a physician copay



PRIOR AUTHORIZATION REQUIREMENTS



PRIOR AUTHORIZATION* IS REQUIRED FOR SOME SERVICES INCLUDING, BUT NOT LIMITED TO

- Inpatient hospital care
- Physician specialty services
- Durable medical equipment
- Part B prescription drugs
- Limited visits for
 - Chiropractic care
 - Physical therapy
 - Occupational therapy
 - Speech therapy
 - Outpatient substance abuse

*When using an in-network provider, the provider will coordinate all necessary prior authorizations and communicate with the member. Members should be encouraged to review their Evidence of Coverage for details on all prior authorization requirements.

MEDICARE SUPPLEMENT PLANS

WHAT IS MEDICARE SUPPLEMENT?

Medicare Supplement (Medigap) plans coordinate with Original Medicare to limit a beneficiary's cost-sharing. These plans are medical only and do not include Part D prescription drug coverage.



PLAN OPTIONS*

- Basic Medicare Blue
- Plan F (high deductible)
- Plan N

ELIGIBILITY

- Must have Medicare Part A and B and continue to pay the Medicare Part B premium (and Part A, if applicable)
- Must be a permanent resident of MN at the time of enrollment

*These are the current Blue Cross marketed plan options. Information about Senior Gold and Extended Basic Blue is available at bluecrossmn.com/MedicareSupplementPlan. To request information for Plan K or Plan L, email Medicare_Sales@bluecrossmn.com.

MEDICARE SUPPLEMENT IS SUITABLE FOR THE PERSON THAT LIKES CERTAINTY



COVERAGE IS PORTABLE

Can move to another state and continue to receive in-network benefits



GUARANTEED RENEWABLE BENEFITS

Benefits may only change due to federal or state legislative changes



NO TIME LIMITS ON TRAVEL

Members receive in-network benefits throughout the United States and coverage for emergency care received outside of the country



MEDICARE SUPPLEMENT BENEFIT HIGHLIGHTS

Plan Benefits	Basic Plan member pays	Plan N member pays	High Deductible Plan F member pays
Medicare Part A deductible	100% covered when all plan riders are selected	100% covered	100% covered after annual deductible is met
Medicare Part B deductible	not covered	not covered	not covered
Annual deductible*	\$0 when all plan riders selected.	\$0	\$2,800**
Out-of-pocket maximum	When all plan riders selected there is minimal to no out-of-pocket expenses	There is no limit to out-of-pocket expenses	After meeting annual deductible there is minimal to no cost sharing for eligible services or supplies
Annual physical exam	\$120 annual maximum when all plan riders are selected	not covered	not covered
Office visits	\$0	\$20 copay***	\$0 after annual deductible is met
Emergency Care (US & worldwide)	\$0 in the US 20% coinsurance worldwide	\$50 copay in the US 20% coinsurance worldwide	\$0 in the US and worldwide after annual deductible is met
Prescription drug coverage	\$0 for Medicare Part B covered drugs only	\$0 for Medicare Part B covered drugs only	\$0 for Medicare Part B covered drugs only (after annual deductible is met)

*Member are responsible for Medicare Part B deductible

**HD Plan F deductible is the CMS standard Medigap deductible for 2024. The deductible amount for 2025 was not available at the time this training was developed.

***Copayment applies for emergency room visits that don't result in an inpatient admission.

PLATINUM BLUE (COST) PLANS

WHAT IS PLATINUM BLUE?

Platinum Blue plans provide additional coverage to help pay for expenses Original Medicare doesn't cover. Platinum Blue offers two plan coverage types: medical-only coverage or combined medical and prescription drug coverage.



MEDICAL ONLY PLAN OPTIONS

- Platinum Blue Core
- Platinum Blue Choice
- Platinum Blue Complete

MEDICAL + PRESCRIPTION DRUG PLAN OPTIONS

- Platinum Blue Core + Rx
- Platinum Blue Choice + Rx
- Platinum Blue Complete + Rx

ELIGIBILITY REQUIREMENTS

- Must have Medicare Parts A and B, or Part B only
- Must reside in the plan availability area
- Must not have end-stage renal disease (ESRD)*

* Beneficiary cannot have ESRD unless the individual had a successful kidney transplant; OR is coming from another health plan with the same organization

PLATINUM BLUE IS SUITABLE FOR THE PERSON THAT LIKES BALANCE



Includes Medicare Part A and Part B coverage with some copays, coinsurance and maximum out-of-pocket



Option to add Part D prescription drug coverage



Choice and Complete plan options include preventive dental coverage to help protect overall health.

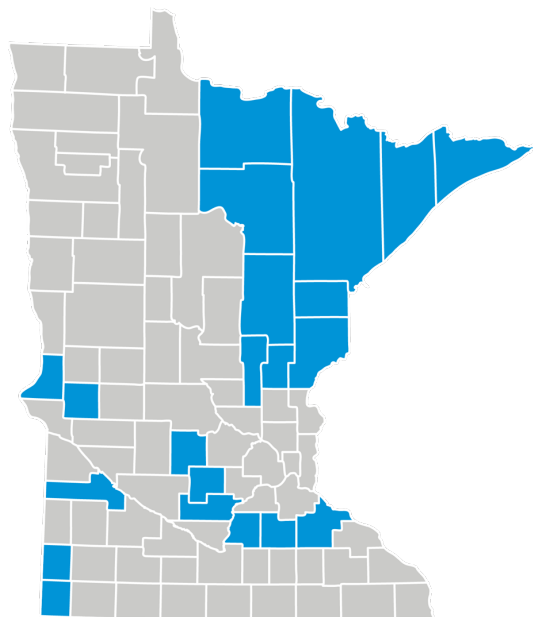


Nationwide travel up to 9 consecutive months and access to in-network providers and prescription support



PLATINUM BLUE REGION

Enrollees must reside in the plan service area to enroll.



COUNTIES

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



PLATINUM BLUE MEDICAL BENEFITS

In-network Medical Benefits	Platinum Blue Core member pays	Platinum Blue Choice member pays	Platinum Blue Complete member pays
Inpatient hospital care	\$600 per stay	\$200 per stay	\$100 per stay
Skilled nursing facility (SNF)*	\$0 per day for days 1 through 20 \$214 per day for days 21 through 100	\$0 per day for days 1 through 100	\$0 per day for days 1 through 100
Primary care visit	\$20	\$0	\$0
Specialty care visit	20%	\$15	\$0
Urgent care	\$55	\$15	\$0
Emergency Care (US & worldwide)	\$125	\$100	\$0
Ambulance (ground & air)	20%	\$100	\$0

*Three-day hospital stay required. Limit of 100 days per benefit period

PLATINUM BLUE MEDICAL BENEFITS CONTINUED

In-network Medical Benefits	Platinum Blue Core member pays	Platinum Blue Choice member pays	Platinum Blue Complete member pays
Diagnostics:			
• Labs	\$0	\$0	\$0
• Mammogram	20%	\$0	\$0
• OP X-ray	\$60	\$0	\$0
• OP diagnostic procedures	\$25	\$0	\$0
• Radiologic services	20%	\$0	\$0
• Therapeutic radiology	20%	\$0	\$0
Continuous glucose monitors (CGM)*			
• Preferred	20%	20%	\$0
• Non-Preferred	40%	40%	20%
Durable medical equipment	20-40%	20-40%	\$0-20%
Diabetic supplies**	\$0	\$0	\$0
Maximum out-of-pocket	\$6000	\$3500	\$2700

*CGMs are limited to Dexcom G6, Dexcom G7 when used with a Dexcom Receiver, and Abbott Freestyle Libre and Freestyle Libre 2 products, and Freestyle Libre 3 when used with a Freestyle Libre receiver.

**Diabetic supplies are limited to Ascensia brand products

PRESCRIPTION DRUG BENEFITS

Beneficiaries may elect to include prescription drug coverage as a part of their Platinum Blue plan for one convenient medical and prescription drug package.

Part D Benefits	Platinum Blue Core with RX	Platinum Blue Choice with RX	Platinum Blue Complete with RX
Annual Deductible	\$590 all tiers	\$0 (tiers 1 - 2) \$590 (tiers 3 - 5)	\$0 (tiers 1 - 2) \$590 (tiers 3 - 5)
Tier 1: Preferred generic	\$0	\$0	\$0
Tier 2: Generic	\$5	\$10	\$2
Tier 3: Preferred brand	25%	24%	25%
Tier 4: Non-preferred drug	44%	42%	40%
Tier 5: Specialty tier*	25%	25%	25%
Part D Insulin (maximum copay listed)	\$35 copay	\$35 copay	\$35 copay
Catastrophic Coverage (above \$2,000)	\$0	\$0	\$0

Copay and coinsurance amounts listed above are for a one-month supply at retail pharmacies. View plan formulary and estimated drug costs at bluecrossmn.com/medicare-documents.

*Specialty tier drugs are limited to a 31-day supply

PHARMACY NETWORK

BENEFITS OF USING A NETWORK PHARMACY

- Preferred home delivery services through Amazon, Walgreens Mail Services and Express Scripts
- Option to purchase up to a 90-day supply of medications for two copays
- Extended day supplies (EDS) are available at select retail pharmacies
- Electronic claims processing by the pharmacy



NETWORK PHARMACIES

Costco Pharmacy, Cub, CVS, Hy-Vee, PillPack, Thrifty White Drug, Walgreens, Walmart, and more.

Amazon Pharmacy is contracted to provide pharmacy home delivery services to Blue Cross and Blue Shield of Minnesota, an independent licensee of the Blue Cross Blue Shield Association. Walgreens Mail Service is an independent company that provides pharmaceutical mail order services Express Scripts Pharmacy is an independent company that provides home delivery pharmacy services.

DENTAL COVERAGE

Dental Benefits	Platinum Blue Core	Platinum Blue Choice*	Platinum Blue Complete*
Preventive services	not covered	(2) oral exams (2) routine cleaning (2) fluoride (1) x-ray	(2) oral exams (2) routine cleaning (2) fluoride (1) x-ray
Periodontal cleaning	not covered	(2) periodontal	(2) periodontal
Annual max	not covered	\$2,000 preventive	\$2,000 preventive
Out-of-network coverage**	not covered	yes	yes

*Non-Medicare covered dental services may require prior authorization. Out-of-network coverage will be subject to balance billing and/or claim submission by the member

PLATINUM BLUE EXTRAS

Hearing aid savings with TruHearing®*	<ul style="list-style-type: none"> • \$499-\$699 copay per Advanced Aid • \$799-\$999 copay per Premium Aid • Rechargeable battery option is available on select styles at no additional cost
Eyewear allowance	<ul style="list-style-type: none"> • Core: eyewear not covered • Choice: \$125 eyewear allowance for glasses or contact lenses • Complete: \$150 eyewear allowance for glasses or contact lenses
Over-the-counter (OTC) allowance**	<ul style="list-style-type: none"> • Core: \$25 per quarter for eligible OTC medications and health-related items • Choice: \$50 per quarter for eligible OTC medications and health-related items • Complete: \$50 per quarter for eligible OTC medications and health-related items
SilverSneakers® fitness benefit	Access to thousands of fitness locations nationwide, SilverSneakers LIVE online classes offered 7 days a week and SilverSneakers On-Demand classes available 24/7.
Acupuncture benefit	12 visits per year for any pain diagnosis
Omada	Virtual diabetes prevention program focused on sustained weight loss, healthy lifestyle habits, and reducing the risk of developing type 2 diabetes, heart disease, and stroke.

TruHearing® is a registered trademark of TruHearing, Inc., an independent company who works with health plans to offer low out-of-pocket costs on hearing aids. OTC Vendor: CVS. CVS Pharmacy, Inc. d/b/a OTC Health Solutions is an independent company providing OTC supplemental benefit administrative services. SilverSneakers® is a registered trademark of Tivity Health, Inc., an independent company that provides health and fitness programs.

MEDICAREBLUE RX (PDP) PLANS

WHAT IS MEDICAREBLUESM RX?

MedicareBlue Rx is a stand-alone prescription drug plan, also known as PDP. It can be sold as a stand-alone option or paired with a Medicare Supplement or Platinum Blue medical only plan.



PRESCRIPTION DRUG ONLY PLAN OPTIONS

- MedicareBlue Rx Standard
- MedicareBlue Rx Premier

ELIGIBILITY

- Must have Medicare Part A and/or Part B and must continue to pay the Medicare Part B premium (and Part A if applicable)
- Must be a permanent resident of Minnesota at time of enrollment
- Must have a valid election period to make a plan selection

MEDICAREBLUE RX IS SUITABLE FOR THE PERSON THAT LIKES FLEXIBILITY



A stand-alone prescription drug plan that can be paired with a Medicare Supplement or Cost plan.



Coverage of generic, brand-name, and specialty drugs



Access to thousands of pharmacies nationwide



Nationwide travel up to 9 consecutive months and access to in-network providers and prescription support



STANDARD VS PREFERRED NETWORK PHARMACY

Benefits	MedicareBlue Rx Standard		MedicareBlue Rx Premier	
	Preferred Pharmacy	Standard Pharmacy	Preferred Pharmacy	Standard Pharmacy
Part D Initial Coverage* (30-day supply)				
Annual Deductible	\$590		\$0	
Tier 1: Preferred generic	\$0	\$7	\$0	\$15
Tier 2: Generic	\$2	\$11	\$0	\$20
Tier 3: Preferred brand	23%	25%	20%	25%
Tier 4: Non-preferred drug	48%	50%	40%	45%
Tier 5: Specialty tier	25%	25%	33%	33%
Part D Insulin (maximum copay listed)	\$35 max copay		\$35 max copay	
Catastrophic Coverage (above \$2,000)	\$0		\$0	

Access the most current pharmacy network for MedicareBlue Rx at [YourMedicareSolutions.com](https://www.YourMedicareSolutions.com)

PHARMACY COST SHARE

Plan options include network pharmacies that offer preferred or standard cost sharing

BENEFITS OF USING A PREFERRED PHARMACY

- Often lower copays and coinsurance amounts
- Large nationwide pharmacy network

ADDITIONAL COST SAVINGS

Members may take advantage of additional cost savings by purchasing a 90-day supply.

- Preferred mail order pharmacies: Amazon and Express Scripts Pharmacy
- Non-preferred mail order pharmacy: Walgreens Mail Services



Access the most current pharmacy network for
MedicareBlue Rx at [YourMedicareSolutions.com](https://www.YourMedicareSolutions.com)

Amazon Pharmacy is contracted to provide pharmacy home delivery services to Blue Cross and Blue Shield of Minnesota, an independent licensee of the Blue Cross Blue Shield Association. Walgreens Mail Service is an independent company that provides pharmaceutical mail order services Express Scripts Pharmacy is an independent company that provides home delivery pharmacy services.

SECUREBLUE (MSHO) PLAN

WHAT IS SECUREBLUE?

SecureBlue is a Medicare Advantage Special Needs Plan (SNP). SecureBlue is specifically designed for people aged 65 and older who have both Medicare and Medicaid. The State of Minnesota refers to this type of plan as Minnesota Senior Health Options (MSHO).



ABOUT THE PROGRAM

- SecureBlue combines Medicare Parts A & B + Medicaid + Prescription drug coverage into one easy-to-use plan, with one ID card*
- Offers coverage for medical, prescription drug, dental, transportation services and several supplemental benefits

ELIGIBILITY

- Must be at least 65 years of age (or turning 65 the month enrollment is being requested)
- Have Medicare Parts A & B, and be enrolled in Medicaid
- Must be a permanent resident of Minnesota and reside in the plans service area
- Must not have medical spend down**

*Members need to keep their Original Medicare and Medicaid cards but do not need to use them while they are members of SecureBlue.

**People who have income greater than the Federal Poverty Guidelines can “spend down” their excess monthly income to become eligible for Medicaid.

SECUREBLUE BENEFIT HIGHLIGHTS



SecureBlue combines Medicare and Medicaid benefits and offers many additional benefits to members.

- **Monthly premium** – Members have added benefits and coverage for no additional cost
- **Providers** – The Blue Plus network includes 96% of providers statewide
- **BlueRide** – provides free public bus passes, taxi or other accessible transportation to medical appointments, fitness centers, grocery stores, and more (limitations apply).
- **Interpreter services** – language interpreter services available for medical appointments.
- **Routine dental care** – coverage for annual exams, cleanings and x-rays.
- **Over-the-counter (OTC) allowance** – \$150 per quarter for OTC medications and health-related items.

OTC Vendor: CVS. CVS Pharmacy, Inc. d/b/a OTC Health Solutions is an independent company providing OTC supplemental benefit administrative services.

SECUREBLUE PRESCRIPTION DRUGS BENEFITS

Members have access to a comprehensive prescription drug formulary.



- **\$0 copay for all Part D covered drugs**
- Includes certain over-the-counter medications
- Prior authorization, quantity limits and step therapy requirements may apply to some medications
- 90-day supply on all medications including mail order
- Available on myprime.com

SUPPLEMENTAL HEALTH SERVICES (DENTAL, VISION, MEDICAL)

SecureBlue offers additional supplemental dental, vision, and medical benefits beyond what Medicare and Medicaid cover.



DENTAL

- One additional preventive exam per calendar year
- Two dental crowns for any tooth per calendar year
- Electric toothbrush plus three pack of replacement heads (one per year)

EYEGLASS UPGRADES

- Anti-glare lens coating, up to two lenses every year
- Photochromatic lens tinting, up to two lenses every year
- Progressive (no-line) lenses, up to two lenses every year

PODIATRY

- Routine footcare not covered by Medicare, such as nail clipping. (12 visits per year)

HEALTH AND WELLBEING BENEFITS

- **SilverSneakers®** exercise program with fitness club membership at participating locations or online fitness classes.
- **Health & Wellness Classes** (Juniper) on prevention, chronic disease and pain management. Some available online or telephonically.
- **Blood Pressure Monitoring System** is an in-home digital home blood pressure monitor designed to inform the member/caregiver of the member's blood pressure.
- **Friendly Helper** provides up to 48 hours per year of in-person or virtual services by a trained caregiver to increase community connections and monitor member wellbeing and quality of life.



SilverSneakers is a registered trademark of Tivity Health, Inc., an independent company that provides health and fitness programs. Juniper is an independent company providing a statewide network that helps people manage chronic health conditions, prevent falls and foster wellbeing.

POST DISCHARGE BENEFITS

HOME DELIVERED MEALS

- Following an inpatient hospital or nursing home stay, a member may receive up to two home delivered meals per day (for a period not to exceed two weeks)

HEALTHY TRANSITIONS

- Certified Community Health Worker (CHW) supports individuals with transitioning home during the first 30 days after discharge
- Three visits to provide support and resources, develop goals, conduct a home safety assessment, discuss community resources, nutrition and upcoming medical appointments



ADDITIONAL SUPPLEMENTAL BENEFITS

Animatronic companion pets	Choice of one animatronic cat, dog, or bird for members with cognitive impairment diagnosis to provide comfort, companionship and improve mood.
Caregiver Emergency Planning Program	Helps to create an in-depth care plan to be activated if the caregiver can no longer care for their loved one, for either the short-term or the long-term.
Caregiver Empowerment Program	A tablet- or app-based coaching, education and support service to train and support the caregiver of members living with dementia, cognitive impairment, Parkinson's Disease or stroke on best practices for managing the member's condition.
Home delivered meals and nutrition education	Medically tailored meals, meal kits, food and pantry boxes, and nutrition education. Up to 12 weeks for members who have a qualifying condition.
Home safety items allowance	\$750 max/year for home and bathroom safety devices and modifications to prevent injuries in the home for members not residing in an institution.
Household support	Flex card that gives members a \$250 per quarter allowance for utilities and rent.
Medication dispenser & reminders	Medication dispenser + reminder service for community members requiring additional medication management services to monitor multiple medications for chronic conditions.
Music therapy	Music therapy by board-certified music therapist for persons residing in a nursing facility, customized living or adult foster care with dementia, Alzheimer's Disease, high risk of isolation, depression and other mental health related needs. Up to 26 sessions/year.
Personal emergency response system	In-home or mobile personal emergency response device designed to notify appropriate personnel of an emergency that is health related.

BLUE CROSS PLAN RESOURCES

MEDICARE ENROLLMENT PORTAL

TECHNOLOGY THAT PROVIDES A BETTER USER EXPERIENCE

- Quotes and enrollments can be submitted via email or text
- Ability to track an application from time of submission through completion
- Complete the Scope of Appointment (SOA) electronically
- Medication and pharmacy search within the portal saves time
- Easier to submit paper-to-online enrollments
- Health history applications can be completed on the portal with the ability to upload supporting documents

ENROLLMENTS CAN BE COMPLETED FOR THE FOLLOWING PRODUCTS

- Medicare Advantage
- Medicare Supplement
- Platinum Blue
- MedicareBlue Rx
- SecureBlue *new as of October 2024*



Agents can access the Medicare Enrollment Portal through the Connect platform at <https://connect.bluecrossmn.com>



MULTIPLE TEMPLATES TO CHOOSE FROM

- Letters
- Postcards
- Flyers
- Emails
- Social Media

MARKETING TOOLKIT FOUND IN BLUE CROSS CONNECT

- Customize CMS approved marketing materials and download a PDF or order copies through a print vendor.

SALES EVENTS

Sales events are activities sponsored by an agent with the purpose of selling Medicare products to potential beneficiaries



THERE ARE TWO MAIN TYPES OF SALES EVENTS

- **Formal events** are typically structured in an audience/presenter style, such as a community meeting
- **Informal events** are less structured, such as staffing an expo booth to distribute health plan information and answer questions from attendees

AGENTS MUST NOTIFY BLUE CROSS

- All formal, informal, and educational sales events must be reported to a Medicare Sales Lead prior to advertising
- Formal events require the use of a CMS-approved Blue Cross presentation
- Virtual events, such as a Zoom community meetings, must follow the same CMS guidelines

SALES AND MARKETING GUIDELINES

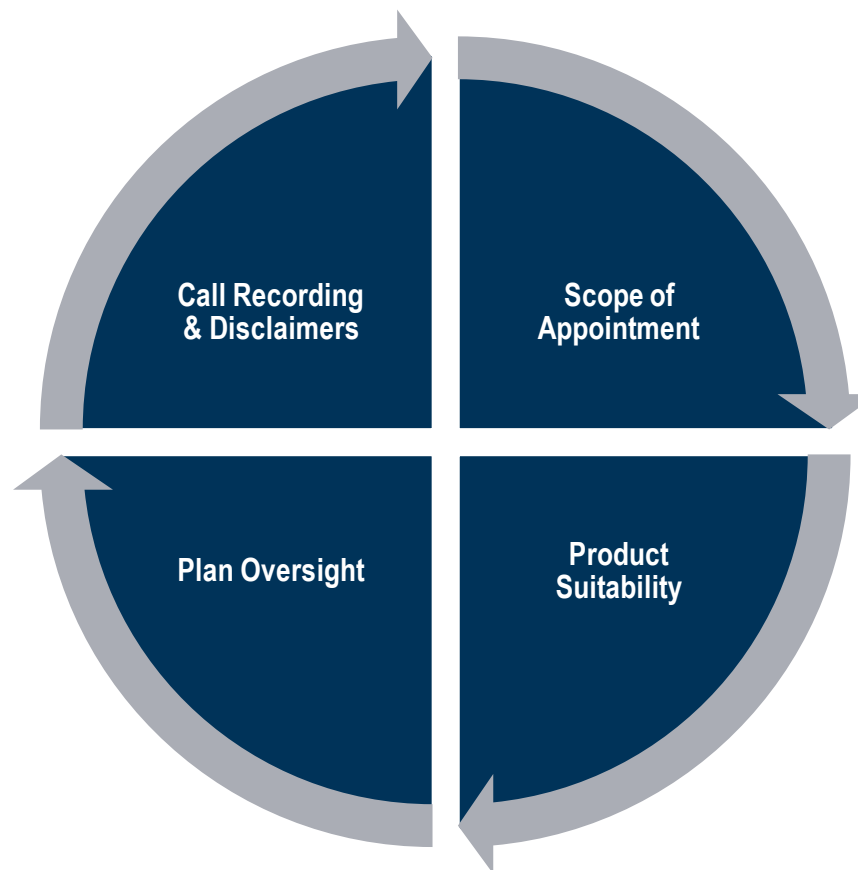
As a reminder, CMS has implemented guidelines that impact how an agent compliantly sells Medicare products.

CALL RECORDING AND DISCLAIMERS

- Agents must record all marketing, sales, and enrollment calls in their entirety, including calls via web-based technology.
- If an agent does not sell for all MA organizations in the service area the following disclaimer must be stated within the first 60 seconds of the call
“We do not offer every plan available in your area. Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.”

PLAN OVERSIGHT

- Blue Cross is required to have an oversight plan that monitors agent activities and reports agent non-compliance to CMS.
- You may be asked to provide a copy of the scope of appointment, application, and call recording(s) as part of these oversight efforts (or as requested by CMS).



SCOPE OF APPOINTMENT (SOA)

- An SOA must be completed at least 48 hours prior to a scheduled meeting with limited exceptions for beneficiary-initiated walk-ins and appointments scheduled during the last four days of a valid enrollment period.
- The SOA is valid for twelve (12) months.
- Agents cannot conduct door-to-door contact without a prior appointment. This still applies after the collection of an SOA or business reply card.

PRODUCT SUITABILITY

- Agents are expected to review CMS required questions and topics regarding beneficiary needs in a health plan choice prior to enrollment.
- Topics include information regarding primary care providers and specialists, prescription drug coverage and costs, costs of health care services, premiums, benefits, and specific health care needs.

MEDICARE SALES LEADS

For help with Medicare questions, reach out to our team of experts



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