



2020 MEDICARE SUPPLEMENT PLANS

MEDICARE SUPPLEMENT



This plan is a good choice if you want:

- Medical-only coverage
- Coverage that you can keep if you move to another state
- Guaranteed renewable benefits, as long as you pay your premiums
- Medical coverage while traveling anywhere, anytime within the U.S.

Eligibility requirements: Have Medicare Part A and Part B • Live in Minnesota at the time you enroll

CONSIDER NETWORK ACCESS

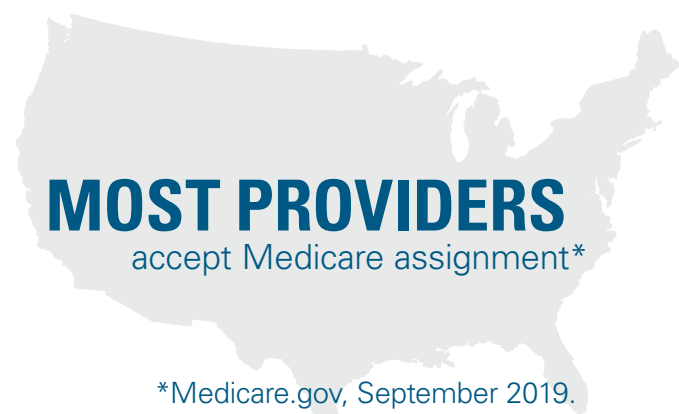
A Medicare Supplement plan gives you the freedom to choose your doctor without any network restrictions. Simply see any provider that accepts Medicare assignment.

IN-NETWORK PROVIDERS



Medicare assignment is accepted nationwide by most providers. You may see any provider who accepts Medicare assignment for in-network benefits with our Basic plan, Medicare Supplement Plan with Copayments (Plan N) and Medicare Supplement Plan with High Deductible Coverage (High Deductible Plan).

Our Senior GoldSM plan uses the Aware[®] Network — the largest Blue Cross network, featuring access to nearly every physician and hospital in Minnesota, and coverage nationwide. See “Find a Doctor” at bluecrossmn.com/medicare to search for an Aware Network provider.



ADDITIONAL THINGS TO CONSIDER

- A Medicare Supplement plan is a medical-only plan and does not include prescription drug coverage. You can pair a Supplement plan with any stand-alone prescription drug plan, such as a Blue Cross MedicareBlueSM Rx plan.
- A Medicare Supplement plan helps pay for costs not covered by Original Medicare, like copays, deductibles and coinsurance.
- If you apply for a Medicare Supplement plan more than six months after the month your Part B coverage begins, you may be required to submit a health history with your application and you may not get the plan you want.
- The federal Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) prohibits coverage of the Medicare Part B deductible for individuals who are eligible for Medicare on or after January 1, 2020. Contact us or your agent to find out how/if this applies to you.

Each health care provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.

LET'S COMPARE COSTS AND COVERAGE

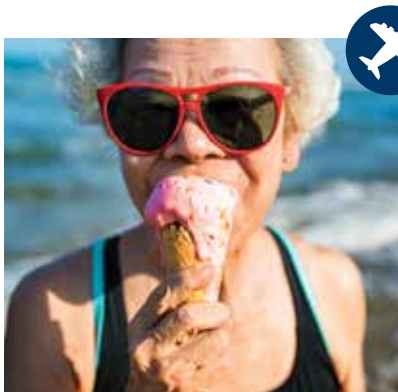
Blue Cross Medicare Supplement plans offer different levels of coverage and cost sharing. Each plan pays a different amount toward your medical coverage. The right plan for you depends on how often you visit the doctor and how much you want to pay monthly versus paying when you get care.

Choose a plan:

HIGH DEDUCTIBLE PLAN	<ul style="list-style-type: none">→ Lower monthly premium→ No copays or coinsurance after deductible is met
GOOD OPTION if you don't go to the doctor very often	
PLAN N	<ul style="list-style-type: none">→ Lower monthly premium→ Copays for Part B
GOOD OPTION if you aren't sure how often you'll go to the doctor	
BASIC OR SENIOR GOLDSM	<ul style="list-style-type: none">→ Higher monthly premium→ No copays or coinsurance when all riders are selected
GOOD OPTION if you need a little more coverage and go to the doctor often	



Add a stand-alone prescription drug plan for more ways to protect your health and your pocketbook.



LET'S TALK TRAVEL

- Live or travel anywhere in the U.S. and get in-network benefits when you see a provider that accepts Medicare assignment
- No matter where you are, emergency services are always covered. Some cost sharing may apply.

BENEFITS OVERVIEW Amounts shown are what you pay for in-network Medicare-eligible services and supplies.

MONTHLY PLAN PREMIUMS	HIGH DEDUCTIBLE PLAN		PLAN N	
	Tobacco-free	Standard	Tobacco-free	Standard
Monthly plan premium	\$78.50	\$97.50	\$198.55	\$238.25
Optional plan riders for Basic and Senior Gold <ul style="list-style-type: none"> Part A: Inpatient hospital deductible Part B: Annual deductible** Medical expenses and supplies that exceed Medicare-approved charges and are not covered by Medicare Part B Supplemental preventive benefits not covered by Medicare (Vision, hearing, annual physical exams and other routine screenings; up to \$120 maximum per calendar year) Total including all optional plan riders	100% covered after high deductible is met No coverage 100% covered after high deductible is met No coverage	100% covered No coverage No coverage No coverage		
ORIGINAL MEDICARE COVERED BENEFITS				
Annual deductible	\$2,300*** (in 2019)		You will be responsible for meeting the Medicare Part B deductible	
Annual out-of-pocket maximum	After meeting the annual deductible, there is minimal to no cost sharing for eligible services and supplies		There is no limit to out-of-pocket expenses	
Preventive screening and services	\$0*		\$0*	
Immunizations¹ (Flu, pneumonia and Hepatitis B vaccines)	\$0*		\$0*	
Cancer screenings² (Plan provides broader coverage for cancer screenings than Original Medicare)	\$0*		\$0*	
Office visits (Primary care, specialists, chiropractic and podiatry)	\$0*		\$20* copay	
Diagnostic tests, X-rays, lab and radiology services	\$0*		\$0*	
Durable medical equipment, prosthetics	\$0*		\$0*	
Diabetes programs and supplies	\$0*		\$0*	
Outpatient care (Therapy/outpatient visits, some lab services, outpatient or ambulatory surgical center visits)	\$0*		\$0*	
Urgent care (within U.S.)	\$0*		\$20* copay	
Emergency care	\$0*		\$50* in U.S.; 20%* coinsurance worldwide	
Inpatient hospital stay (No limit on number of days covered each benefit period)	\$0*		\$0	
Skilled nursing facility care (Up to 100 days each benefit period)	\$0*		\$0	
Prescription drugs (Part B-covered drugs only; Part D drugs not covered)	\$0*		\$0*	

You must continue to pay your Medicare Part B premium.

BASIC		SENIOR GOLD	
Tobacco-free	Standard	Tobacco-free	Standard
\$175.50	\$204.30	\$214.00	\$256.75
Add riders: \$ 36.00	Add riders: \$ 36.00	Add riders: \$ 36.00	Add riders: \$ 36.00
No coverage \$ 1.00	No coverage \$ 1.00	No coverage \$ 1.00	No coverage \$ 1.00
\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.00
<hr/>	<hr/>	<hr/>	<hr/>
\$216.50	\$245.30	\$255.00	\$297.75
\$0 when all plan riders are selected. You will be responsible for meeting the Medicare Part B deductible.**		\$0 when all plan riders are selected. You will be responsible for meeting the Medicare Part B deductible.**	
When all plan riders are selected, there are minimal to no out-of-pocket expenses**		When all plan riders are selected, there are minimal to no out-of-pocket expenses**	
\$0*		\$0*	
\$0*		\$0*	
\$0*		\$0*	
\$0*		\$0*	
\$0*		\$0*	
\$0*		\$0*	
\$0*		\$0*	
\$0*		\$0*	
\$0* in U.S.; 20%* coinsurance worldwide		\$0* in U.S.; 20%* coinsurance worldwide	
\$0		\$0	
\$0		\$0	
\$0*		\$0*	

*Cost sharing applies after you have met your deductible for the year.

**Medicare Part B coverage depends on Medicare Part A eligibility date. Contact us or your agent to find out how/if this applies to you.

***Subject to change based on state and federal regulations.

¹ For those at risk.

² Annual service and/or coverage limits may apply.

EXPLORE MORE RESOURCES

All Medicare Supplement plans include these additional benefits:

CARE OPTIONS

Nurse line

Need medical advice? Registered nurses are available 24 hours a day, seven days a week to answer your questions.

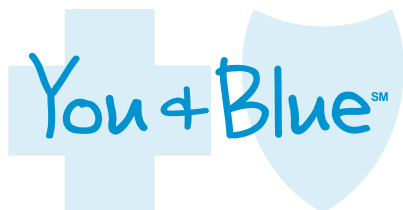
→ Call **1-800-622-9524**, TTY **711**

SUPPORT TOOLS

Quitting tobacco

Personalized guidance for developing a quit plan and ongoing support from a wellness coach. Available Monday through Thursday, 8 a.m. to 8 p.m., and Friday, 8 a.m. to 6 p.m., Central Time.

→ Call **1-888-662-BLUE (2583)**, TTY **711** or log in at **bluecrossmnonline.com** and choose "Wellness"



Stay active with SilverSneakers®

- 16,000+ fitness locations
- 50+ fitness classes
- On-demand workout videos
- No additional cost to you



Visit **silversneakers.com** for more details

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



HOW TO ENROLL

It's easy to enroll in a Medicare Supplement plan. Choose one of the following ways:



Contact your local licensed agent or visit bluecrossmn.com/AgentFinder



Speak with a Blue Cross Medicare advisor **1-877-662-2583/TTY 711**, 8 a.m. to 8 p.m. Central Time, daily



Compare plans, complete enrollment forms and submit your application online bluecrossmn.com/medicare



Visit a Blue Cross retail center in Edina, Roseville or Duluth. Stop in or make an appointment. bluecrossmn.com/centers



Mail your enrollment and suitability forms to the address listed on your enrollment form



AFTER YOU ENROLL

After we process your enrollment forms, we will mail your member ID card to you. When you receive your member ID card, register on our member center at bluecrossmnonline.com so you can make the most of your plan.

Your Medicare Supplement plan cancels within 31 days if not paid. Rules only allow you to reactivate twice during the lifetime of your policy without filing an appeal.



YOUR HEALTH PLAN AT YOUR FINGERTIPS

Your plan information is available when and where you need it.

Once you receive your member ID card, you can register on our online member portal and mobile app to view claims and benefits, view, print and order member ID cards, send secure messages to customer service and more.

→ Register online at bluecrossmnonline.com or search for "BlueCrossMN Mobile" in your app store

NOTICE OF NONDISCRIMINATION PRACTICES
Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိကညိကျိန်ဒီး, တၢ်ကဟ့ၣ်နၢကျိၣ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY
အဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមិន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béesh bee hodíílnih 1-855-902-2583. TTY biniiyégo éí 711 jí' béesh bee hodíílnih.

STILL HAVE QUESTIONS?

Attend a Medicare workshop

Join us for a free, no obligation Prepare for Medicare workshop to learn more about Original Medicare and other Medicare plans available from Blue Cross. Visit bluecrossmn.com/meeting to learn more.

Medicare help line

1-800-MEDICARE (1-800-633-4227)

TTY **1-877-486-2048**

24 hours a day, 7 days a week

[medicare.gov](https://www.medicare.gov)