

Contact Innovo Benefits Administration at 1-800-826-5601 with questions or to request an enrollment kit.

2017	Group Platinum Blue SM (Cost) Plan A with Group MedicareBlue SM Rx(PDP)	Group Platinum Blue SM (Cost) Plan C with Group MedicareBlue SM Rx(PDP)
	High Option: Total is \$249.50	Low Option: Total is \$190.50
Monthly premium You must continue to pay your Medicare Part B premium Blue Cross bills you directly for the medical and Rx premiums	Group Platinum Blue Plan A Medical \$106.00 Group MedicareBlue Rx Prescription drug \$143.50	Group Platinum Blue Plan C Medical \$74.00 Group MedicareBlue Rx Prescription drug \$116.50
Plan descriptions	A Medicare-approved Cost plan and a stand-alone prescription drug plan with a Medicare contract	A Medicare-approved Cost plan and a stand-alone prescription drug plan with a Medicare contract
Residency requirements	Group Platinum Blue: Must be a permanent resident of Minnesota Group MedicareBlue Rx: Must be a permanent resident of the United States	Group Platinum Blue: Must be a permanent resident of Minnesota Group MedicareBlue Rx: Must be a permanent resident of the United States
Provider networks	Group Platinum Blue: Platinum Blue network in Minnesota; may travel up to 9 months and receive In-Network plan benefits from any Medicare contracted provider Group MedicareBlue Rx: Over 67,000 pharmacies nationwide	Group Platinum Blue: Platinum Blue network in Minnesota; may travel up to 9 months and receive In-Network plan benefits from any Medicare contracted provider Group MedicareBlue Rx: Over 67,000 pharmacies nationwide
Individual lifetime maximum	None	None
Deductible Medical or Prescription Drug	None	None
Out of pocket maximum Medical only	\$3,000 (medical)	\$3,000 (medical)
Medical coverage	Group Platinum Blue Plan A	Group Platinum Blue Plan C
Office visits		
Primary care/specialist visits	100% coverage	\$20 copay
Chiropractic care (manual manipulation of the spine)	100% coverage	\$20 copay
Inpatient care		
Hospital care	100% coverage	\$200 copay for each Medicare-covered stay
Skilled nursing facility	100% coverage	100% coverage

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Medical coverage	Group Platinum Blue Plan A	Group Platinum Blue Plan C
Outpatient care		
Ambulatory surgery center	100% coverage	\$75 copay
Diagnostic tests, X-rays, and lab services	100% coverage	100% coverage
Physical, speech, and occupational therapy	100% coverage	\$20 copay
Home health care	100% coverage	100% coverage
Emergency/Urgent care		
Emergency care	100% coverage	\$50 copay
Urgent care	100% coverage	\$20 copay
Ambulance service	100% coverage	\$75 copay
Other outpatient services		
Certain outpatient prescription drugs covered under Medicare Part B	100% coverage	20% coinsurance
Durable medical equipment	100% coverage	20% coinsurance
Diabetic supplies (includes glucose monitors, test strips, lancets)	100% coverage	20% coinsurance
Preventive care		
Annual routine physical, eye exam, and hearing screening	100% coverage	100% coverage
Additional services and support	24-hour Nurse Line, Silver&Fit® Exercise and Healthy Aging Program, \$125 annual eyewear benefit, \$450 annual hearing aid benefit	24-hour Nurse Line, Silver&Fit® Exercise and Healthy Aging Program, \$125 annual eyewear benefit, \$450 annual hearing aid benefit
Prescription Drug Coverage	Group MedicareBlue Rx (prescription drug) \$5/\$15/\$35/\$60	Group MedicareBlue Rx (prescription drug) \$10/\$25/\$60/25%
No deductible and no coverage gap Amounts shown are for a 30-day supply Two copays for a 90-day supply by mail order or at a preferred extended supply retail pharmacy	Tier 1: Generic drugs \$5 copay Tier 2: Preferred Brand drugs \$15 copay Tier 3: Non-Preferred Brand drugs \$35 copay Tier 4: Specialty Tier drugs \$60 copay Supplemental Drug Coverage: 25% coinsurance for certain sexual dysfunction and cough and cold kits	Tier 1: Generic drugs \$10 copay Tier 2: Preferred Brand drugs \$25 copay Tier 3: Non-Preferred Brand drugs \$60 copay Tier 4: Specialty Tier drugs 25% coinsurance Supplemental Drug Coverage: 25% coinsurance for certain sexual dysfunction and cough and cold kits
Catastrophic coverage (the amount spent on supplemental drugs does not apply toward catastrophic coverage)	If your yearly out-of-pocket costs reach \$4,950, you pay the greater of: \$3.30 copay for generic or multi-source preferred brand drugs, \$8.25 copay for all other drugs, or 5% of the drug cost	If your yearly out-of-pocket costs reach \$4,950, you pay the greater of: \$3.30 copay for generic or multi-source preferred brand drugs, \$8.25 copay for all other drugs, or 5% of the drug cost

Blue Cross offers Cost and 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. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance for Group Platinum Blue and Group MedicareBlue Rx may change on January 1 of each year. The premium for Group Senior Gold may also change on January 1 of each year. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. You may also refer to the *Summary of Benefits* and/or *Summary of Coverage and Disclosure of Information* documents provided in your enrollment kit.