

2019 GROUP MEDICARE PLAN COMPARISON PUBLIC EMPLOYEES INSURANCE PROGRAM (PEIP)



Contact Innovo Benefits Administration at 1-800-829-5601 for an enrollment kit.

Plan Coverage	Group Platinum Blue (Cost) Plan C with Group MedicareBlue Rx (PDP)	Group Medicare Advantage Standard (MA only PPO) with Group MedicareBlue Rx (PDP)
Monthly premium You must continue to pay your Medicare Part B premium	\$296.50 Medical \$95.50 Prescription drug \$201.00	\$348.50 Medical \$147.50 Prescription drug \$201.00
Plan descriptions	A Medicare-approved Cost plan and a Medicare Part D Prescription Drug Plan	A Medicare Advantage plan and a Medicare Part D Prescription Drug Plan
Residency requirements	Group Platinum Blue: Must be a permanent resident of the 21 County Service area in Minnesota Group MedicareBlue Rx: Must be a permanent resident of the United States	Group Medicare Advantage Plan: Must be a permanent resident of the 66 county Service Area in Minnesota Group MedicareBlue Rx: Must be a permanent resident of the United States
Provider networks	Group Platinum Blue: Platinum Blue network in Minnesota; outside the service area, within the United States, you 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 Medicare Advantage Plan: Group Medicare Advantage network in Minnesota; outside the service area, within the United States, you 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)	\$3,700 in-network \$5,900 combined
Office visits		
Primary care/specialist visits	\$20 copay	\$20 copay
Chiropractic care (manual manipulation of the spine only)	\$20 copay	\$20 copay
Inpatient care		
Hospital care	\$200 copay	\$200 copay
Skilled nursing facility	100% coverage	100% coverage
Outpatient care		
Ambulatory surgery center	\$75 copay	\$75 copay
Diagnostic tests, X-rays, and lab service	100% coverage	100% coverage
Physical, speech, and occupational therapy	\$20 copay	\$20 copay
Home health care	100% coverage	100% coverage

H2461_081616_AA02 Internal Approved 08/19/2016

S5743_081616_GB16_MN Internal Approval 08/18/2016

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C2768R03 (16)

Emergency/Urgent care		
Emergency care	\$50 copay	\$50 copay
Urgent care	\$20 copay	\$20 copay
Ambulance service	\$75 copay	\$75 copay
Other outpatient services		
Durable medical equipment	20% coinsurance	20% coinsurance
Diabetic supplies (includes test strips, lancets)	20% coinsurance	100% coverage
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 and \$499-\$799 annual hearing aid benefit	24-hour Nurse Line, Silver&Fit® Exercise and Healthy Aging Program, \$150 annual eyewear and \$499-\$799 annual hearing aid benefit, Doctor on Demand
Medicare Part D Plan	Group MedicareBlue Rx (PDP) \$10/\$25/\$60/25%	Group MedicareBlue Rx (PDP) \$10/\$25/\$60/25%
No deductible and no coverage gap Amounts shown are for up to 30-day supply 90-day supply: Two copays or 25% coinsurance by mail order or at a preferred extended supply retail pharmacy	Tier 1: Generic drugs \$10 copay Tier 2: Preferred Brand drugs \$25 copay Tier 3: Non-Preferred Brand drugs \$60 copay Tier 4: Specialty drugs 25% coinsurance 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 drugs 25% coinsurance Supplemental Drug Coverage: 25% coinsurance for certain sexual dysfunction and cough and cold kits
Coverage Gap – After yearly drug costs reach \$3,820	Same tier copays/coinsurance you pay above	Same tier copays/coinsurance you pay above
Catastrophic coverage (the amount spent on supplemental drugs does not apply toward catastrophic coverage)	If your yearly out-of-pocket costs reach \$5,100, you pay the greater of: \$3.40 copay for generic or multi-source preferred brand drugs, \$8.50 copay for all other drugs, or 5% of the drug cost	If your yearly out-of-pocket costs reach \$5,100, you pay the greater of: \$3.40 copay for generic or multi-source preferred brand drugs, \$8.50 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 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.

Group Medicare Advantage Service Area (66 county): Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cottonwood, Crow Wing, Dakota, Dodge, Douglas, Faribault, Fillmore, Freeborn, Grant, Hennepin, Houston, Hubbard, Isanti, Jackson, Kandiyohi, Kittson, Lac Qui Parle, Lake Of Woods, Lincoln, Lyon, Mahnomon, Marshall, Martin, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Roseau, Scott, Sherburne, Stearns, Steele, Swift, Todd, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona, Wright. **Group Platinum Blue (Cost) Service Area (21 county):** Aitkin, Carlton, Cook, Goodhue, Itasca, Koochiching, Lake, Le Sueur, Pine, Mille Lacs, Meeker, Pipestone, Rice, Rock Sibley, Stevens, St. Louis, Travers, Yellow Medicine, Kanabec, McLeod.