

2022 GROUP MEDICARE PLAN COMPARISON

Public Employees Insurance Program



2022	Group Medicare Advantage Standard (MA-Only PPO) with Group MedicareBlue Rx (PDP)	Group Platinum Blue Plan C (Cost) with Group MedicareBlue Rx (PDP)
Monthly premium You must continue to pay your Medicare Part B premium	Medical with Rx Option 1: \$371.50 Medical with Rx Option 2: \$301.70	Medical with Rx Option 1: \$339.00 Medical with Rx Option 2: \$269.20
Plan descriptions	A Medicare Advantage plan and a Medicare Part D Prescription Drug Plan	A Medicare Cost plan and a Medicare Part D Prescription Drug Plan
Residency requirements	Group Medicare Advantage Plan: May reside anywhere in the United States Group MedicareBlue Rx: May reside anywhere in the United States	Group Medicare Cost Plan: Must be a permanent resident in 21 counties of Minnesota Service Area* Group MedicareBlue Rx: May reside anywhere in the United States
Provider networks	Group Medicare Advantage Plan: Group Medicare Advantage PPO network in designated states** Group MedicareBlue Rx: Access to over 65,000 pharmacies nationwide	Group Platinum Blue Plan: 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: Access to over 65,000 pharmacies nationwide
Individual lifetime maximum	None	None
Deductible	None	None
Annual Out of pocket maximum	\$3,000 in-network \$3,000 combined in-and-out of network	\$3,000
Office visits		
Primary care, Specialists, Chiropractic, and Podiatry	\$10 copay \$20 copay	\$20 copay
Inpatient care		
Hospital care	\$200 copay	\$200 copay
Skilled nursing facility	\$0 copay	\$0 copay
Outpatient care		
Diagnostic tests, X-rays, lab services and radiology	\$0 copay	\$0 copay
Physical, speech, and occupational therapy	\$20 copay	\$20 copay

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M04723R01 (6/20)

Home health care	\$0 copay	\$0 copay
Emergency/Urgent care		
Emergency care	\$50 copay	\$50 copay
Urgent care	\$20 copay	\$20 copay
Other outpatient services		
Durable medical equipment	10% coinsurance	20% coinsurance
Diabetic supplies	\$0 copay	20% coinsurance
Medicare covered Part B drugs	20% coinsurance	0-20% coinsurance
Preventive care		
Annual routine physical, eye exam, and hearing screening	\$0 copay	\$0 copay
Additional services and support	24-hour Nurse Line, SilverSneakers®, \$150 annual eyewear benefit toward non-Medicare covered eyewear, \$499 advanced-\$799 premium hearing aid benefit, \$50 quarterly over the counter benefit, Doctor on Demand	24-hour Nurse Line, SilverSneakers®, \$125 annual eyewear benefit toward non-Medicare covered eyewear, \$499 advance-\$799 premium hearing aid, \$50 quarterly over the counter benefit, Doctor on Demand
Choice of Group MedicareBlue Rx Plan Options		
Prescription Drug Coverage	Option 1: \$10/\$25/\$60/25%	Option 2: \$5/\$10/20%/45%/33%
No deductible and no coverage gap Amounts shown are for up to a 30-day supply for Group MedicareBlue Rx 2x copay or coinsurance for a 90-day supply 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 products	Tier 1: Preferred Generic drugs \$5 copay Tier 2: Generic \$10 copay Tier 3: Preferred Brand 20% coinsurance Tier 4: Non-preferred drug 45% coinsurance Tier 5: Specialty drugs 33% coinsurance
Coverage gap After total yearly drug costs reach \$4,430	You pay no more than your usual cost sharing	You pay usual \$5 copay for tier 1 and \$10 copay for tier 2 drugs. You will generally pay no more than 25% on tier 3, tier 4, and tier 5
Catastrophic coverage After total out-of-pocket costs reach \$7,050	You pay the greater of: \$3.95 copay for generic or multi-source preferred brand drugs, \$9.85 copay for all other drugs, or 5% of the drug cost	You pay the greater of: \$3.95 copay for generic or multi-source preferred brand drugs, \$9.85 copay for all other drugs, or 5% of the drug cost

Blue Cross offers Group Cost, Medicare Advantage and Medicare Part D 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. You may also refer to the *Summary of Benefits* documents provided in your enrollment kit.

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***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.

****The BlueCard MA PPO network is not available in some states.** If a member receives services in one of these states, the member must receive services from a provider who accepts Medicare Assignment to receive the in-network level of coverage. In states where the BlueCard MA PPO network is available, but the member needs to see a provider in a specialty for which there are no BlueCard MA PPO network providers available, the member will receive the in-network level of coverage when using a Medicare Assigned provider. Members can locate Medicare Assigned providers via the following site: Medicare.gov by clicking on the applicable option in the "Find doctors, providers, hospitals, plans & suppliers" section. Members may also call the Customer Service phone number on the back of their ID card. You can locate participating providers at www.bluecrossmnonline.com/find-a-doctor/ and select the Medicare Advantage PPO Network.