2026 GROUP MEDICARE PLAN COMPARISON
PUBLIC EMPLOYEES INSURANCE PROGRAM (PEIP)

BlueCross BlueShield Minnesota

This chart provides an overview of benefits. For complete information about benefits and additional plan details (including coverage limits that may apply), refer to the Summary of Coverage and Disclosure of Information and Summary of Benefits for the plans.

2026	Group Platinum Blue℠ (Cost) Plan C paired with choice of two Group MedicareBlue℠ Rx (PDP) options	Group Medicare Advantage Select Rx 2 MAPD (PPO)
Monthly premium You must also continue to pay your Medicare Part B premium	**Option 1: $382.00** **Option 2: $348.50**	**$289.50**
Enrollment requirements	If you reside in the Minnesota 21-county service area* you are required to enroll in this plan.	This plan is only available to those who reside outside the Minnesota 21-county service area*.
Medical provider network	In Minnesota, Platinum Blue network. Outside this area, receive plan benefits from any provider that accepts Medicare assignment.	National Group Medicare Advantage network; you may also use any provider that accepts Medicare assignment.
Medical coverage		
Annual medical deductible	None	None
Annual medical out-of-pocket maximum	$3,000	$3,000
Office visits Primary care Specialists	 $20 copay $20 copay	 $0 $20 copay
Diagnostic tests and radiology services **Lab services and X-rays**	 $0 $0	 $0 $0
Preventive services Including “Welcome to Medicare” and Annual Wellness Visits, routine physical, hearing tests, eye exams and immunizations	$0	$0
Inpatient hospital care (per stay)	$200 copay	$150 copay
Skilled nursing facility care	$0	$0
Outpatient care Outpatient hospital surgery Ambulatory surgical center	 Up to $75 copay $75 copay	 $150 copay $100 copay
Diabetes services and supplies	$0	$0
Emergency care Within the United States Worldwide	 $50 copay $50 copay	 $50 copay $50 copay
Urgent care Within the United States Worldwide	 $20 copay No coverage	 $20 copay $50 copay
Ambulance	$75 copay	$75 copay

Extra Benefits			
Preventive dental[1] Includes 2 exams, 4 routine cleanings or periodontal cleanings, 1 set of X-rays, and 2 fluoride treatments	No coverage		$0 Annual maximum benefit of $1,000
Additional Services and Support	24-hour Nurse Line, SilverSneakers®, $200 annual eyewear benefit, $499 advanced-$799 premium hearing aid benefit, $50 quarterly over the counter benefit, Doctor on Demand		24-hour Nurse Line, SilverSneakers®, $200 annual eyewear benefit, $499 advanced- $799 premium hearing aid benefit, $50 quarterly over the counter, Meal benefit that provides up to 2 meals a day for up to 14 days following a qualified inpatient stay, Doctor on Demand
Prescription drug coverage	**Option 1: $10/$25/$60/25%**	**Option 2: $5/$10/20%/45%/33%**	
	Select from one of two plan options Amount you pay for a 30-day supply		Amount you pay for a 31-day supply
Prescription drug deductible	$0		$0
Initial coverage	**Tier 1: Generic drugs** $10 copay **Tier 2: Preferred brand drugs** $25 copay **Tier 3: Non-preferred drugs** $60 copay **Tier 4: Specialty drugs** 25% coinsurance	**Tier 1: Preferred generic drugs** $5 copay **Tier 2: Generic drugs** $10 copay **Tier 3: Preferred brand drugs** 20% coinsurance **Tier 4: Non-preferred drugs** 45% coinsurance **Tier 5: Specialty drugs** 33% coinsurance	**Tier 1: Preferred generic drugs** $0 **Tier 2: Generic drugs** $10 copay **Tier 3: Preferred brand drugs** $25 copay **Tier 4: Non-preferred drugs** $60 copay **Tier 5: Specialty drugs** 25% coinsurance
Insulin (Part D) coverage	Up to $35 copay per month		Up to $35 copay per month
Catastrophic coverage[2] Amount you pay for covered drugs once your annual out-of-pocket drug costs reach $2,100	$0		$0
Supplemental drugs[3] Provides coverage for some drugs that are excluded from the Medicare Part D program	25% coinsurance		25% coinsurance

Blue Cross offers PPO, Cost and PDP plans with Medicare contracts. Enrollment in these Blue Cross plans depends on contract renewal. Limitations, copayments, and restrictions may apply.

***Group Platinum Blue (Cost) service area (21 counties):** Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Pine, Pipestone, Rice, Rock, Sibley, St. Louis, Stevens, Traverse, and Yellow Medicine.

[2]Your out-of-pocket costs include the amount you have paid for covered drugs for the calendar year. This does not include the amount the plane has paid or the plan premiums you pay.

[3]The amount spent on supplemental drugs does not apply toward catastrophic coverage.

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Group MedicareBlue℠ Rx (PDP) is a prescription drug plan with a Medicare contract. Enrollment in Group MedicareBlue Rx depends on renewal of the plan sponsor's contract with Medicare. Coverage is available to members of an employer or union group and separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa*; Blue Cross and Blue Shield of Minnesota*; Blue Cross and Blue Shield of Montana*, a division of Health Care Service Corporation, a Mutual Legal Reserve Company; Blue Cross and Blue Shield of Nebraska*; Blue Cross Blue Shield of North Dakota*; Wellmark Blue Cross and Blue Shield of South Dakota*; and Blue Cross Blue Shield of Wyoming*.

* Independent licensees of the Blue Cross and Blue Shield Association M04723R06 (9/25)