

2019

SUMMARY of BENEFITS

Group Platinum BlueSM (Cost)
Plan C
H2461

January 1, 2019 – December 31, 2019

INTRODUCTION

This guide is a summary of the medical and prescription drug benefits covered by Group Platinum BlueSM (Cost) plans. In this booklet, you will find an overview of our plan, an easy-to-read chart of plan coverage options, and contact information for customer service representatives who can assist you and answer questions.

WHAT'S INCLUDED

Frequently Asked Questions	2
Benefit Charts	6
Get Help in Your Language: Multi-Language Interpreter Services	13

CONTACT US

Call us 7 days a week, 8 a.m. to 8 p.m. Central Time.



Members

Call toll-free **1-866-340-8654**

TTY users call **711**

Non-Members

Call **1-877-662-2583**



Visit **bluecrossmnonline.com**

FREQUENTLY ASKED QUESTIONS

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage*.

WHO CAN ENROLL?

You can enroll in Group Platinum Blue if you are enrolled in Medicare Part B (or have both Medicare Part A and Medicare Part B) and live in the plan availability area.

WHAT DOES THE PLAN COVER?

Group Platinum Blue members get all the benefits covered in Original Medicare. Group Platinum Blue plans also help pay the deductible, copayments and coinsurance Original Medicare doesn't cover.

What is the difference between a:

- Annual physical exam — A yearly preventive visit with your primary care doctor that includes a discussion about your health, a review of your medical history, screenings, immunizations, and some lab work.
- Welcome to Medicare visit — A one-time preventive visit within the first 12 months of your new Medicare Part B plan. This visit includes a review of your medical history, screenings, vaccinations and a discussion of preventive services available to you that you may need.
- Medicare annual wellness visit — An annual visit with your doctor after you've been enrolled in Medicare Part B for at least 12 months. This visit includes a review of your medical history, screenings and personalized health advice, and a checklist of appropriate preventive services.

Medicare will pay for a Medicare annual wellness visit and a Welcome to Medicare visit. Your Group Platinum Blue plan will pay for an annual physical exam.

To see a complete list of your services and benefits, please review your Evidence of Coverage (EOC). You can find this document online in the Medicare > Resources > Library > Plan Documents section of **bluecrossmnonline.com**. You also may order a copy by calling member services.

WHICH DOCTORS AND HOSPITALS CAN I USE?

The Group Platinum Blue network offers a large list of providers covered under the Group Platinum Blue plan. You may pay less when you use doctors, hospitals and other providers in this network. You can see the plan's provider directory at **bluecrossmnonline.com**. Or, call us and we will send you a copy.

ABOUT ORIGINAL MEDICARE AND HOW TO GET BENEFITS

You have choices about how to get your Medicare benefits through Original Medicare, a program run directly by the federal government.

You can also choose to get Medicare benefits by joining a Cost plan like Group Platinum Blue.

If you want to know more about the coverage and costs of Original Medicare, look in your 2019 "Medicare & You" handbook or view it online at **medicare.gov**. Or, request a copy by calling **1-800-MEDICARE (1-800-633-4227)** 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Platinum Blue is a Cost plan with a Medicare contract. Enrollment in Platinum Blue depends on contract renewal. You must continue to pay your Medicare Part B premium. This information is not a complete description of benefits. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year. Limitations, copayments, and restrictions may apply. Contact the plan for more information.

HEALTH CARE TERMS AND WHAT THEY MEAN

Allowed amount — The contracted rate, or “Blue Cross discount,” set by your plan and providers when you see in-network hospital and clinics. Providers are required to accept the allowed amount as payment in full, and cannot charge above it when you see an in-network provider.

Copay — A set fee you pay for some services and prescriptions. Copays vary by type of service and prescription. In most cases, your copay is due at the time you receive the service or prescription.

Coinsurance — The amount you may pay for some services once you reach your deductible. The cost is a percent of the allowed amount and is set by your plan. The amount you pay for coinsurance will vary if the provider is in-network or out-of-network.

Deductible — A set amount of money you must pay before your plan begins to pay. Usually you will have a separate deductible for Medicare Part A , Part B and Part D.

In-network — The hospitals and clinics that are included in your plan. Typically in-network providers results in lower member costs.

Out-of-pocket costs — The amount you must pay for health care. It includes copays, coinsurance and deductibles, plus any costs for care that is not covered.

Out-of-network — The hospitals, clinics and pharmacies that are not included in your plan. Typically out-of-network providers results in higher member costs.

Out-of-pocket maximum — The most you could pay for covered care in a plan year. Once you reach this amount, your plan will pay 100 percent for in-network covered care.

Premium — The amount you pay each month to be a member of your plan.

Total charge — The amount the provider charges for services before a Blue Cross discount (allowed amount) is applied.

This page is intentionally blank.

Benefit	Group Platinum Blue Plan C (Cost)
Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services	
How much is the monthly premium?	<p>Please contact your previous employer, union or benefits administrator for premium information.</p> <p>Your premium for Group Platinum Blue is in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>
How much is the deductible?	\$0
Is there any limit on how much I will pay for my covered service?	\$3,000 out-of-pocket limit

Benefit	Group Platinum Blue Plan C (Cost)
Covered Medical and Hospital Benefits	
Inpatient hospital coverage	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>\$200 copay</p>
Outpatient hospital coverage	<p>Ambulatory surgical center: \$75 copay</p> <p>Outpatient hospital: \$75 copay</p>
Doctor's office visits	<p>Primary care physician visit: \$20 copay</p> <p>Specialist visit: \$20 copay</p>

Benefit	Group Platinum Blue Plan C (Cost)
Covered Medical and Hospital Benefits	
Preventive care	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse screenings and counseling • Annual physical exam • Bone mass measurements (bone density screening) • Cardiovascular disease screenings • Cardiovascular disease (behavioral therapy) • Cervical & vaginal cancer screening • Colorectal cancer screenings • Depression screenings • Diabetes screenings • Diabetes self-management training • Glaucoma tests • Hepatitis C screening • HIV screening • Lung cancer screening • Mammograms (breast cancer screening) • Nutrition therapy services • Obesity screenings and counseling • One-time “Welcome to Medicare” preventive visit • Prostate cancer screenings • Routine annual physical exam • Sexually transmitted infections screening & counseling • Shots (Vaccines): (If administered in a doctor’s office or hospital setting, vaccines will be filed as a Part B claim. If administered at a pharmacy, vaccines will be filed as a Part D claim.) • Flu shots • Hepatitis B shots • Pneumococcal shots • Tobacco cessation counseling <p>Any additional preventive services approved by Medicare during the contract year will be covered</p>

Benefit	Group Platinum Blue Plan C (Cost)
Covered Medical and Hospital Benefits	
Emergency care	<p>\$50 copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.</p>
Urgently needed services	\$20 copay
Diagnostic tests, lab and radiology services, and X-rays	<p>Diagnostic radiology services (such as MRIs, CT scans): You pay nothing</p> <p>Diagnostic tests and procedures: You pay nothing</p> <p>Lab services: You pay nothing</p> <p>Outpatient X-rays: You pay nothing</p> <p>Medicare-approved surgical supplies, splints and casts: 20% coinsurance</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): You pay nothing</p>
Hearing aid	<p>Exam to diagnose and treat hearing and balance issues: \$20 copay</p> <p>Routine hearing exam (for up to 1 every year): You pay nothing</p> <p>Hearing aid fitting/evaluation (for up to 1 every year): You pay nothing</p> <p>\$499 (advanced) or \$799 (premium) hearing aid from TruHearing. Specific models only.</p>
Dental services	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth).</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>\$20 copay for Medicare-covered oral surgery</p>

Benefit	Group Platinum Blue Plan C (Cost)
Covered Medical and Hospital Benefits	
Vision services	Exam to diagnose and treat diseases and conditions of the eye: \$20 copay Yearly glaucoma screening: You pay nothing Routine eye exam (for up to 1 every year): You pay nothing Eyeglasses (frames and lenses) and contact lenses: Up to \$125 allowance each year Eyeglasses or contact lenses after cataract surgery: \$20 copay
Mental health care	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit applies to inpatient mental services provided in a general hospital. \$200 copay Outpatient group therapy visit: \$20 copay Outpatient individual therapy visit: \$20 copay
Skilled nursing facility (SNF)	Our plan covers up to 100 days in a SNF. You pay nothing
Outpatient rehabilitation	Cardiac (heart) rehab services: \$20 copay Occupational therapy visit: \$20 copay Physical therapy and speech and language therapy visit: \$20 copay
Ambulance	\$75 copay
Transportation	Not covered

Prescription Drugs	
Part B prescription drugs	Medicare covered Part B and Chemotherapy prescription drugs: 20% coinsurance

Benefit	Group Platinum Blue Plan C (Cost)
Additional Covered Services	
Acupuncture	Not covered
Chiropractic care	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position). \$20 copay
Diabetes supplies and services	Diabetes monitoring supplies: 20% coinsurance Diabetes self-management training: \$0 copay Therapeutic shoes or inserts: 20% coinsurance
Durable medical equipment (wheelchairs, oxygen, etc.)	20% coinsurance
Foot care (podiatry services)	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$20 copay
Home health agency care	You pay nothing
Hospice care	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.
Outpatient substance abuse	Group therapy visit: \$20 copay Individual therapy visit: \$20 copay
Over-the-counter items	Not covered
Prosthetic devices (braces, artificial limbs, etc.)	Prosthetic devices: 20% coinsurance Related medical supplies: 20% coinsurance
Fitness program	You pay nothing

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>.



Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

M01010R01 (9/18)

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.

နမ့်ကတိကညီကိတ်ဒီး, တၢ်ကဟ့ၣ်နၢကိတ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. 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.

አማርኛ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ አገልግሎት እርዳ አለሎት። በ 1-855-315-4030 ይደውሉ ለ TTY በ 711።

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

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ລ້າລັບ. 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 béésh bee hodíílnih 1-855-902-2583. TTY biniiyego éí 711 jí' béésh bee hodíílnih.

Image_0002R02_General_Portrait (01/17)