2027 GROUP MEDICARE PLAN COMPARISON
PUBLIC EMPLOYEES INSURANCE PROGRAM

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.

2027	Group Platinum Blue℠ (Cost) Plan C paired with Group MedicareBlue℠ Rx (PDP)	Group Medicare Advantage Select Rx 2 MAPD (PPO)
Monthly premium You must also continue to pay your Medicare Part B premium	**Option 1: $444.50** **Option 2: $397.00**	**$314.50**
Eligibility requirements	You must reside in the Minnesota 21-county service area* and be enrolled in Medicare Part B to enroll in this medical plan	You must be enrolled in Medicare Part A and Part B to enroll in this medical plan
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 Amount you pay before coverage begins	None	None
Annual medical out-of-pocket maximum Most you will pay each year for covered healthcare	$3,000	$3,000
Office visits (In-person or telehealth) 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	$150 copay
Skilled nursing facility care	$0	$0
Outpatient care Outpatient hospital surgery Outpatient observation stay Ambulatory surgical center	 $75 copay $75 copay $75 copay	 $150 copay $150 copay $100 copay
Diabetes services and supplies	$0 for Ascensia test strips and meters	$0 for Ascensia test strips and meters
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

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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
Eyewear allowance	Plan provides up to $200 for contacts, lenses and frames		Plan provides up to $200 for contacts, lenses and frames
Hearing aids	$499 copay per aid (Advanced Aid) $799 copay per aid (Premium Aid)		$499 copay per aid (Advanced Aid) $799 copay per aid (Premium Aid)
Over-the-counter benefit	Plan provides $50 per quarter allowance for over-the-counter medications and health-related items		Plan provides $50 per quarter allowance for over-the-counter medications and health-related items
Nurse line	Included		Included
SilverSneakers® Fitness program	Included		Included
Prescription drug coverage	Amount you pay for a 31-day supply		Amount you pay for a 30-day supply
Prescription drug deductible Amount you pay for prescription drugs before plan begins to pay	$0		$0
Initial coverage	**Option 1**	**Option 2**	
Tier 1: Preferred generic drugs	Not applicable	$5 copay	$0
Tier 2: Generic drugs	$10 copay	$10 copay	$10 copay
Tier 3: Preferred brand drugs	$25 copay	20% coinsurance	$25 copay
Tier 4: Non-preferred drugs	$60 copay	45% coinsurance	$60 copay
Tier 5: Specialty drugs	25% coinsurance	33% coinsurance	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 $2,400	$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.

[1]The maximum plan benefit is the maximum amount the plan will pay per year for covered preventive dental services. For dental services performed by a dentist outside of the Medicare dental network you will be responsible for paying the difference between the dentist's fees and the Blue Cross Medicare fee, even for services listed as $0 copayment.

[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 plan has paid or the plan premiums you pay.

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

Ascensia Diabetes Care US, Inc. is an independent company providing diabetic supplies.
SilverSneakers® is a registered trademark of Tivity Health, Inc., an independent company that provides health and fitness programs.

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*.
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