

2021

GROUP SENIOR GOLDSM

Without Part B Deductible

For MRMC H&W Retirees eligible for Medicare 1/1/2020 or later

A Medicare Supplement plan that offers coverage and peace of mind.

Group Senior Gold from Blue Cross and Blue Shield of Minnesota provides you with coverage to supplement Original Medicare.

COVERAGE YOU CAN RELY ON

Enjoy these plan features:

- **Medical coverage when and where you need it** – Live or travel anywhere in the United States and receive plan benefits from any provider that accepts Medicare. No referrals needed.
- **Worldwide coverage** – Emergency care received outside of the United States is covered at 80 percent
- **Preventive care** – Includes coverage for various routine services and screenings
- **Immediate protection** – You are covered right away for deductibles, copays and coinsurance for Medicare-eligible services and supplies. You may be responsible for the annual Part B deductible.

BUILDING HEALTHY HABITS

Our Group Medicare Supplement plans include tools and resources to help members create healthier habits, stay well and keep fit.

- **Nurse line** – A nurse is available 24 hours a day, seven days a week to answer health-related questions
- **Quitting tobacco** – A wellness coach is available to help you develop and maintain a plan to quit
- **Online wellness marketplace** – Get easy access to discounts on health and wellbeing products and services and gym memberships with Blue365[®]

- **Online member center** – Search for a doctor in your network, track the status of claims, view, print or order member ID cards and more when you log in at bluecrossmnonline.com
- **Eyewear and hearing aid discounts** – Receive preventive hearing and eye exams at no cost, plus discounts on hearing aids and eyewear at participating providers

- **Fitness membership** – Stay active with the SilverSneakers[®] fitness program, which includes 16,000+ fitness locations, 50+ fitness classes and on-demand workout videos — all at no additional cost



SilverSneakers[®] is a registered trademark of Tivity Health, Inc., an independent company that provides health and fitness programs.

Blue365[®] is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

FEEL CONFIDENT CHOOSING BLUE CROSS

Blue Cross has been involved with Medicare since it first began. We look forward to making a healthy difference in your life for years to come.

2021 GROUP SENIOR GOLD

This chart highlights the medical benefits of Group Senior Gold. For information about Original Medicare benefits and additional details (including coverage limits that may apply), refer to the Summary of Coverage and Disclosure of Information. **Benefits shown are the amount you pay for Medicare-eligible services and supplies.**

BENEFIT CATEGORY	
Deductible Amount you pay before coverage begins	You pay 100% of the annual Original Medicare Part B deductible
Annual out-of-pocket maximum	No maximum; minimal to no cost sharing for eligible services and supplies
Doctor office visits Primary care, specialists, chiropractic and podiatry services	\$0 after you meet your Original Medicare Part B deductible
Diagnostic tests, X-rays, lab services and radiology services	\$0 after you meet your Original Medicare Part B deductible
Preventive services¹ Including "Welcome to Medicare" and annual wellness visits, routine physical, hearing tests and eye exams	\$0 after you meet your Original Medicare Part B deductible
Cancer screenings¹ This plan provides broader coverage of cancer screenings than Original Medicare	\$0
Emergency care Within the United States	\$0 after you meet your Original Medicare Part B deductible
Urgently needed care Within the United States	\$0 after you meet your Original Medicare Part B deductible
Worldwide emergency care	20% coinsurance for eligible emergency care
Inpatient hospital care Per benefit period	\$0
Skilled nursing facility care Up to 100 days each benefit period	\$0
Outpatient care Therapy/outpatient visits, certain lab services, outpatient or ambulatory surgical center visits	\$0 after you meet your Original Medicare Part B deductible
Diabetes programs and supplies	\$0 after you meet your Original Medicare Part B deductible
Durable medical equipment, prosthetics	\$0 after you meet your Original Medicare Part B deductible

¹ Annual service and/or coverage limits apply to some preventive services.

For information about the premium you will pay for this coverage, contact your group benefit plan administrator. You must also continue to pay your Part B premium.



This information is not a complete description of benefits.
Call **1-800-531-6686/TTY 711** for more information.

\$10/\$25/\$60/25%

Prescription drug coverage with Group MedicareBlueSM Rx (PDP)

Prescription drug costs can add up quickly, so managing these costs is important. Group MedicareBlue Rx is a prescription drug plan that provides coverage for the drugs you may take today and protects you from the high cost of drugs you may need in the future.


Convenient coverage with a nationwide pharmacy network

- **Coverage you can rely on:** Get coverage for generic, brand-name and specialty prescription drugs
- **Accessible pharmacy network:** Fill your prescription at approximately 66,000 pharmacies across the U.S.
- **No deductible:** Coverage starts right away with plan copays or coinsurance
- **No coverage gap:** You're covered throughout the year

Benefit level	30-day supply	90-day supply
Tier 1: Generic	\$10 copay	\$20 copay
Tier 2: Preferred brand	\$25 copay	\$50 copay
Tier 3: Non-preferred brand	\$60 copay	\$120 copay
Tier 4: Specialty	25% coinsurance	25% coinsurance
Coverage gap Begins after your total drug costs for the year reach \$4,130	You pay no more than your usual cost sharing for generic and brand-name drugs.	
Catastrophic coverage Amount you pay for a 30-day supply after you have paid \$6,550 in out-of-pocket drug costs	You pay the greater of: <ul style="list-style-type: none"> • 5% coinsurance of the total cost, or • \$3.70 copay for generic drugs (including brand drugs treated as generic) and \$9.20 copay for all other covered drugs. 	
Supplemental drugs¹	25% coinsurance	25% coinsurance

¹ The amount spent on supplemental drugs does not apply toward catastrophic coverage.

Have questions?

 Enrolled members, call Group MedicareBlue Rx customer service
1-877-838-3827 (TTY: **711**), 8 a.m. to 8 p.m., daily, Central and Mountain times

Convenient coverage from Blue Cross® and Blue Shield®

Explore our online resources to get the most out of your benefits. The drug list, also called the formulary, supplemental drug list, and the pharmacy network search tool are available online at [YourMedicareSolutions.com/GroupDocuments](https://www.yourmedicare.com/groupdocuments).

Drug tiers

It can be a challenge to determine your prescription drug costs. Our drug list includes four drug tiers. Generally, drugs on tier one will be the least expensive while drugs on tier four will cost more.

Specialty drug coverage

Medicare classifies specialty drugs as certain unique and high-cost medications that can be complex to dispense and may involve patient education. Our specialty drug coverage gives you access to these types of medications. Specialty drugs include injectable antibiotics, transplant drugs, certain chemotherapy drugs and other self-injectable or administered drugs.

Supplemental drug coverage

Group MedicareBlue Rx has coverage to help you pay for certain drugs that are not on our drug list and that Medicare Part D does not cover. Money spent on supplemental drugs does not count toward the amount you pay before catastrophic coverage starts.

Enrollment and eligibility

You can enroll in Group MedicareBlue Rx if you meet the following eligibility requirements:

- You are entitled to Medicare Part A and/or enrolled in Medicare Part B
- You live in the plan's service area
- You are a U.S. citizen or lawfully present in the U.S.
- You are identified as an eligible plan participant by your employer

You must continue to pay your Medicare Part B premium, and Medicare Part A if applicable, if not otherwise paid for by Medicaid or another third party. You may only enroll in one Part D plan at a time.

90-day supplies

Get a 90-day supply of your prescriptions by mail or at retail pharmacies that offer extended day supplies for two copays or the coinsurance.

Medication Therapy Management program

If you meet certain requirements, you may be eligible for our Medication Therapy Management (MTM) program at no cost. The program helps you and your doctor make sure your medications are the best for your needs. You will be contacted if you are eligible for the program.

If you would prefer that we send you information in a language other than English or in an accessible format, please contact Group MedicareBlue Rx customer service.

If you have special needs, alternative formats are available. Please call customer service for more information.

Group MedicareBlueSM Rx (PDP) is a Medicare-approved Part D sponsor. 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*, 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

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>.

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.

နမ့်ကတိကညိကျိန်ဒီး, တၢ်ကဟ့ၣ်နၢကျိၣ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. 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.

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

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າພຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. 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 béesh bee hodíílnih 1-855-902-2583. TTY biniiyégo éí 711 jí' béesh bee hodíílnih.