

2021

SUMMARY OF BENEFITS

Blue Cross Medicare Advantage Choice MA Only (PPO)

Metro Region

H5959

January 1, 2021 – December 31, 2021

INTRODUCTION

This guide is a summary of the medical benefits covered by Blue Cross Medicare Advantage 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.

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CONTACT US

We are available for phone calls 8 a.m. to 8 p.m., Central Time. We are available seven days a week October 1 through March 31, and available Monday through Friday the rest of the year.



Members

Call toll-free **1-800-711-9865**

TTY users call **711**

Non-Members

Call **1-855-579-7658**



Visit **bluecrossmnonline.com**

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative toll free at **1-855-579-7658 (TTY 711)**.

Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit **bluecrossmn.com** or call toll free at **1-855-579-7658 (TTY 711)** to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to pay more for out-of-network services.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2021.
- Our plan allows you to see out-of-network providers (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

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?

Metro Region

You can enroll in Medicare Advantage (PPO) if you are enrolled in Medicare Part A and Medicare Part B and live in the plan availability area which includes the following counties: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott and Washington.

WHAT IS MEDICARE ADVANTAGE?

Medicare Advantage plans are private Medicare health plans. They have a yearly limit on your out-of-pocket costs, and once you reach this limit, you'll pay nothing for covered services. Some Medicare Advantage plans are combined medical and prescription drug coverage.

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 Blue Cross Medicare Advantage 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 at **bluecrossmnonline.com** by clicking Medicare > Search Medicare Forms. You also may order a copy by calling member services.

WHICH DOCTORS AND HOSPITALS CAN I USE?

The Medicare Advantage provider network offers a selective list of providers covered under the Medicare Advantage plan. You may pay less when you use doctors, hospitals and other providers in these networks. You can see the plan's provider directories at **bluecrossmnonline.com**. Or, call us and we will send you a copy of the directories.

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 plan like Blue Cross Medicare Advantage.

If you want to compare our plan with other Medicare health plans, ask the other plans for their *Summary of Benefits*. Or, use the Medicare Plan Finder on **medicare.gov**.

If you want to know more about the coverage and costs of Original Medicare, look in your 2021 *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**.

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 hospitals 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 and multiple copays may apply. 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 result 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 and clinics that are not included in your plan. Typically, out-of-network providers result 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.

Prior authorization — The purpose of prior authorizations is to determine medical necessity and appropriateness of services. Prior authorizations are submitted by your physician and/or provider.

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

Medicare Advantage Benefits	Choice Plan				
Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services					
How much is the monthly premium?	\$14 per month. In addition, you must keep paying your monthly medicare Part B premium.				
How much is the deductible?	This plan does not have a deductible				
<p data-bbox="94 569 597 674">Is there any limit on how much I will pay for my covered service?</p> <p data-bbox="94 716 597 821">Your yearly out-of-pocket limit(s) in this plan are for services you receive from</p> <table data-bbox="94 842 597 1010"> <tr> <td data-bbox="94 842 597 905">In-network providers</td> <td data-bbox="597 842 1544 905">\$4,900</td> </tr> <tr> <td data-bbox="94 926 597 1010">Combined in-network and out-of-network providers</td> <td data-bbox="597 926 1544 1010">\$7,500</td> </tr> </table> <p data-bbox="94 1031 597 1262">If you reach the limit on out-of-pocket costs, you will continue to be covered for hospital and medical services and your plan will pay the full cost for the rest of the year. You will still need to pay your monthly premiums.</p> <p data-bbox="94 1283 597 1388">Is there a limit on how much the plan will pay?</p>	In-network providers	\$4,900	Combined in-network and out-of-network providers	\$7,500	<p data-bbox="597 1283 1544 1388">Our plan has a yearly limit for certain in-network benefits. Contact us for the services that apply.</p>
In-network providers	\$4,900				
Combined in-network and out-of-network providers	\$7,500				

Medicare Advantage Benefits	Choice Plan
Covered Hospital and Medical Benefits – Hospital Care	
Inpatient hospital care*	\$200 copay per admission
Meals following in-patient stay 2 meals per day for 28 days	\$0
Outpatient hospital care* Outpatient hospital visit Ambulatory surgery center visit Observation stay Blood services	\$150 surgery \$10 all other services \$100 copay \$125 copay \$0
Doctor’s office visits* Primary Care Physician Specialist	\$0 \$30 copay

*Benefits under this category may require prior authorization by the health plan.

Medicare Advantage Benefits	Choice Plan
Covered Hospital and Medical Benefits – Outpatient Care and Services	
Preventive care	<p data-bbox="605 369 643 394">\$0</p> <p data-bbox="605 443 1276 468">Our plan covers many preventive services, including:</p> <ul data-bbox="605 516 1474 1696" style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse screenings and counseling • Annual physical exam • Barium enema • 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 • Digital rectum exam • EKG (Following a “Welcome Visit”) • 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.) <ul data-bbox="667 1556 971 1661" style="list-style-type: none"> • Flu shots • Hepatitis B shots • Pneumococcal shots • Tobacco cessation counseling <p data-bbox="605 1745 1468 1808">Any additional preventive services approved by Medicare during the contract year will be covered</p>

Medicare Advantage Benefits	Choice Plan
Covered Hospital and Medical Benefits – Outpatient Care and Services	
Emergency care You do not pay this amount if you are admitted to the hospital on an inpatient basis within 24 hours for the same condition. See the “Inpatient Hospital Care” section of this booklet for other costs.	\$90 copay
Urgently needed services	\$35 copay
Worldwide emergency care Transportation Urgent care	\$90 copay 20% coinsurance \$90 copay
Diagnostic services, labs and imaging* Diagnostic radiology services (such as MRIs, CT scans) Diagnostic tests and procedures Lab services Outpatient x-rays Therapeutic radiology services (such as treatment for cancer)	15% coinsurance 15% coinsurance \$0 15% coinsurance 15% coinsurance

*Benefits under this category may require prior authorization by the health plan.

Medicare Advantage Benefits	Choice Plan
<i>Covered Hospital and Medical Benefits – Outpatient Care and Services</i>	
Hearing services* Medicare-covered exams to diagnose and treat hearing and balance issues Non-Medicare covered hearing exam (1 per year) Non-Medicare covered hearing aid screening (1 per year) Hearing aid (up to 2 aids per year)	\$30 copay \$0 \$0 \$599 copay per aid for Advanced Aid or \$899 copay per aid for Premium Aid from TruHearing.
Dental services* Medicare-covered dental services	\$30 copay
Non-Medicare covered dental services** Cleaning (Up to 2 per year) Dental x-rays (Up to 1 per year) Oral exam (Up to 2 per year) Periodontal cleaning (Up to 1 per year)	\$0 \$0 \$0 \$0

*Benefits under this category may require prior authorization by the health plan.

**Maximum plan benefit amount is \$2,250 per year.

TruHearing® is a registered trademark of TruHearing, Inc., an independent company who works with health plans to offer low out-of-pocket costs on hearing aids.

Medicare Advantage Benefits	Choice Plan
Covered Hospital and Medical Benefits – Outpatient Care and Services	
Vision services*	
Annual glaucoma screening	\$0
Medicare-covered exams to diagnose and treat eye diseases and conditions	\$30 copay
Medicare-covered eyewear after cataract surgery	\$0
Non-Medicare covered eye exam (2 per year)	\$0
Non-Medicare covered eyewear allowance	\$250 (frames, lenses or contacts)
Diabetic retinopathy exam	\$0
Mental health care* (including inpatient)	Our plan covers up to 190 days in a lifetime for inpatient mental health care in a specialty psychiatric hospital. This limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.
Inpatient visit	\$200 copay per admission
Outpatient group therapy visit	\$30 copay
Outpatient individual therapy visit	\$30 copay
Partial Hospitalization	\$55 copay
Mental health office visit*	
Psychiatrist or psychologist	\$30 copay

*Benefits under this category may require prior authorization by the health plan.

Medicare Advantage Benefits	Choice Plan
Covered Hospital and Medical Benefits – Outpatient Care and Services	
Skilled nursing facility (SNF)* Our plan pays up to 100 days in a SNF Meals following SNF stay 2 meals per day for 28 days	\$0 per day for days 1 through 20 \$184 copay per day for days 21 through 100 \$0
Rehabilitation services* Cardiac and intensive cardiac rehab services Physical, occupational and speech therapy visits Pulmonary rehab services	\$30 copay \$30 copay \$30 copay
Ambulance (ground and air)	\$200 copay
Non-Medicare covered transportation	Not covered
Medicare Part B Prescription Drugs	
How much do I pay?* Part B chemotherapy drugs Other Part B drugs including but not limited to oxygen or Erythropoietin (EPO)	20% coinsurance 20% coinsurance

*Benefits under this category may require prior authorization by the health plan.

Medicare Advantage Benefits	Choice Plan
<i>Additional benefits and services</i>	
Medicare-covered acupuncture Covered for chronic lower back pain	\$20 copay (max. 20 visits every 12 months)
Non-Medicare covered acupuncture Covered for pain diagnosis, except chronic lower back pain	\$20 copay (max. 20 visits per year)
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 through Ascensia Diabetes self-management training Therapeutic shoes and inserts	\$0 \$0 15% coinsurance
Durable medical equipment* (wheelchairs, oxygen, etc.)	20% coinsurance
Primary care e-visit through Doctor on Demand	\$0
Fitness program Sign up at a participating SilverSneakers® facility or choose a home exercise kit	\$0
Home health care*	\$0
Hospice	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* Individual and group therapy visits	\$30 copay

*Benefits under this category may require prior authorization by the health plan.

Ascensia Diabetes Care US, Inc. is an independent company providing diabetic supplies.

Doctor On Demand is an independent company providing telehealth services.

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

Medicare Advantage Benefits	Choice Plan
<i>Additional benefits and services</i>	
Over-The-Counter (OTC)	\$100 per quarter for the purchase of covered over-the-counter (OTC) items through CVS Over The Counter Health Solutions (OTCHS).
Podiatry Services (Foot care) Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain medical conditions	\$30 copay
Prosthetic devices* (braces, artificial limbs, etc.) Prosthetic devices Related medical supplies	20% coinsurance 20% coinsurance
Renal dialysis Kidney Disease Education	20% coinsurance \$0
Tobacco cessation A wellness coach helps members develop and maintain a plan to quit	\$0

CVS Health Corporation is an independent company providing pharmacy benefit management services.

*Benefits under this category may require prior authorization by the health plan.

CONTACT US

We are available for phone calls 8 a.m. to 8 p.m., Central Time. We are available seven days a week October 1 through March 31, and available Monday through Friday the rest of the year.



Members

Call toll-free **1-800-711-9865**

TTY users call **711**

Non-Members

Call **1-855-579-7658**



Visit **bluecrossmnonline.com**

This document may be available in a non-English language. For additional information call us at a number above.

This document is available in other formats such as braille and large print.

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Medicare Advantage (PPO) plan members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services. Blue Cross Medicare Advantage is a PPO plan with a Medicare contract. Enrollment in Blue Cross Medicare Advantage depends on contract renewal.

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, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃ້ເຈົ້າຟຣີ. 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.

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