

2020 GROUP MEDICARE PLAN COMPARISON MINNESOTA ASSOCIATION OF TOWNSHIPS



Plan Coverage	Group Medicare Supplement Plan N with Group MedicareBlue Rx (PDP)
Monthly premium You must continue to pay your Medicare Part B premium	Plan N medical premium: \$183.50 Group MedicareBlue Rx premium: \$155.00 Total monthly premium: \$338.50
Plan descriptions	A Medicare Supplement plan and a Medicare Part D prescription drug plan
Residency requirements	Group Plan N: Must be a permanent resident of the United States Group MedicareBlue Rx: Must be a permanent resident of the United States
Provider networks	Group Plan N: Any Medicare contracted provider nationwide Group MedicareBlue Rx: Over 67,000 pharmacies nationwide
Individual lifetime maximum	None
Deductible Medical	Original Medicare Part A: Group Plan N pays 100% of Part A Original Medicare Part B: Retiree pays 100% of annual Part B deductible (\$185 in 2019)
Out of pocket maximum Medical only	None
Office visits	
Doctor office visits Primary care, specialists, chiropractic and podiatry	\$20 copay after you meet your Original Medicare Part B deductible
Inpatient care	
Hospital care	100% coverage
Skilled nursing facility	100% coverage
Outpatient care	
Ambulatory surgery center	100% coverage, after you meet your Original Medicare part B deductible
Diagnostic tests, X-rays, and lab service	100% coverage after you meet your Original Medicare part B deductible
Physical, speech, and occupational therapy	\$20 copay after you meet your Original Medicare part B deductible
Home health care	100% coverage

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Plan Coverage	Group Medicare Supplement Plan N with Group MedicareBlue Rx (PDP)
Emergency/Urgent care	
Emergency care	\$50 copay after you meet your Original Medicare part B deductible
Urgent care	\$20 copay after you meet your Original Medicare part B deductible
Ambulance service	100% coverage after you meet your Original Medicare part B deductible
Other outpatient services	
Certain outpatient prescription drugs covered under Medicare Part B	100% coverage after you meet your Original Medicare part B deductible
Durable medical equipment	100% coverage after you meet your Original Medicare part B deductible
Diabetic supplies (includes test strips, lancets)	100% coverage after you meet your Original Medicare part B deductible
Preventive care	
Annual routine physical, eye exam, and hearing screening	100% coverage
Additional services and support	24-hour Nurse Line, SilverSneakers® fitness membership, eyewear and hearing aid discounts
Prescription Drug Coverage Medicare Part D Plan	Group MedicareBlue Rx \$5/\$15/\$35/\$60
<p>No deductible and no coverage gap Amounts shown are for up to 30-day supply</p> <p>90-day supply: Two copays or 25% coinsurance by mail order or at a preferred extended supply retail pharmacy</p>	<p>Tier 1: Generic drugs \$5 copay Tier 2: Preferred Brand drugs \$15 copay Tier 3: Non-Preferred Brand drugs \$35 copay Tier 4: Specialty drugs \$60 copay</p> <p>Supplemental Drug Coverage: 25% coinsurance for certain sexual dysfunction and cough and cold products</p>
Coverage Gap Begins after your total drug costs for the year reach \$4,020	Same tier copays/coinsurance you pay above
<p>Catastrophic coverage Amount you pay for a 30-day supply after you have paid \$6,350 in out-of-pocket drug costs</p>	<p>You pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance of the cost, OR • \$3.60 copay for generic drugs (including brand drugs treated as generic) and \$8.95 copay for all other drugs

Blue Cross offers PDP plans with Medicare contracts. Enrollment in these plans depends on renewal of the plan sponsor's Medicare contract. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance for Group MedicareBlue Rx may change on January 1 of each year. The premium for Medicare Supplement Plans may also change on January 1 of each year. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. You may also refer to the *Summary of Benefits* and/or *Summary of Coverage and Disclosure of Information* documents provided in your enrollment kit. SilverSneakers is a registered trademark of Tivity Health, Inc. SilverSneakers On-Demand and SilverSneakers GO are trademarks of Tivity Health, Inc. © 2019 Tivity Health, Inc. All rights reserved.