

2023 EDITION

Health Care Choices

FOR MINNESOTANS ON MEDICARE

mn MINNESOTA
SENIOR LINKAGE LINE



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Health Care Choices: Finding the Information You Need

The 2023 edition of Health Care Choices for Minnesotans on Medicare includes information to help you understand and explore your options, so that you can make informed decisions about your health insurance coverage. This annually published guide can help you prepare for Medicare enrollment or to review your plan options during the Medicare Open Enrollment Period.


You can also compare and select health and drug coverage or find Medicare providers by using the updated federal [Medicare.gov](https://www.Medicare.gov)  website. To get a more personalized experience, create a secure account and log in before doing your research.

What is Medicare?

Medicare is a federal health insurance program for people who are 65 and older and certain people with a disability under 65. Medicare has four parts:

PART A	PART B	PART C	PART D
Hospital Insurance	Medical Insurance	Medicare Advantage Plans	Medicare Prescription Drug Plans
page 12	page 14	page 23	page 29

Prepare for Medicare and for Medicare Open Enrollment

- Learn when to enroll and how to avoid penalties..... pages 8, 9, 13, 15, 32 & 34
- Decide the type of coverage that fits your needs pages 11 - 34
- Learn about Medicare Part D Prescription Drug Plans pages 29 - 33
- Find out how to get help paying for Medicare out-of-pocket costspages 31, 32, 35 -37, 43 - 44
- Go to [Medicare.gov](https://www.Medicare.gov) and use the Plan Finder to research your plan options. 



2023 Medicare Updates

Medicare is complex and frequently changing. Below are some recent changes that will affect your Medicare costs and benefits in 2023 and beyond.

Medicare Enrollment Changes

As a result of the Consolidated Appropriations Act of 2021 (CAA), starting January 1, 2023, the Medicare annual and general enrollment periods will align. When people enroll in Medicare, their coverage will begin the next month. Before 2023, depending on when people had enrolled, their Medicare benefits could be delayed for several months.

- When you enroll in Medicare during the last three months of your Initial Enrollment Period, your coverage will start on the first of the following month.
- In addition, when you enroll in Medicare during the General Enrollment Period (January 1 - March 31), your coverage will start on the first of the following month.
- The CAA did not include provisions for changing the Part D or Medicare Advantage Plan effective dates. The Center for Medicare and Medicaid Services (CMS) is working to address this issue.

New Medicare Special Enrollment Periods (SEPs) are also being added in 2023 for people who did not enroll in Medicare when they were first eligible. These include people who:

- Were impacted by an emergency or disaster
- Experienced a health plan or employer error that constitutes material misrepresentation of information related to enrolling in Medicare timely.
- Were formerly incarcerated
- Are no longer eligible for Medical Assistance (MA)
- Have other exceptional conditions where circumstances beyond the individual's control prevented them from using another enrollment period

Medicare Outreach Notices

Many people are not aware of the Medicare enrollment timelines and that there are penalties if you enroll late. As a result, the Centers for Medicare and Medicaid (CMS) and Social Security Administration (SSA) are working together to develop and distribute notices to people who will soon be eligible for Medicare. The notice will include information on:

- Eligibility for Medicare benefits
- Penalties for not enrolling in Medicare when first eligible
- Reasons people can enroll without penalty or receive relief from those penalties
- Coordination of benefits under Part B
- Online resources provided by CMS and SSA and the agencies' toll-free numbers

Medicare Part B

Colorectal Cancer Screening Tests

The amount of cost sharing for colorectal cancer screening tests that remove a polyp or other tissue will gradually be reduced. Medicare will cover 85% of the cost in years 2023 – 2026, 90% of the cost in years 2027 – 2029 and by 2030, Medicare will pay 100% of the cost.

New Appeal Rights for Medicare Observation Hospital Stays

Medicare is developing an appeal process for people whose hospital status was changed from inpatient to outpatient observation. The timeline for the appeal process has not been released. People will be able to appeal if they:

- Were hospitalized on or after January 1, 2009

2023 Medicare Updates

- Had Original Medicare when hospitalized (Part A or Part A and Part B)
- Were hospitalized for three consecutive midnights (not as an inpatient)
- Were admitted as an inpatient and status was changed to observation while in the hospital
- Received a notice from the hospital or a Medicare Summary Notice letting them know hospital observation services are not covered by Medicare Part A.

New Immunosuppressive Drug Benefit (Part B-ID benefit)

Starting January 1, 2023, people who have a kidney transplant while on Medicare will be allowed to continue coverage for immunosuppressive drugs under a new Part B-ID benefit. Prior to 2023, people who had a successful kidney transplant while on Medicare lost their coverage for expensive immunosuppressive drugs after 36 months.

- People must meet the following criteria to be eligible for this new benefit:
 - Received a kidney transplant at a Medicare-approved facility
 - Were eligible for and had applied for Medicare at the time of their transplant
 - Do not have other public or private health insurance with an immunosuppressive benefit
- Cost:
 - There will be a premium for this coverage, but it will be lower than the Medicare Part B premium.
 - The standard Medicare Part B deductible will apply.
 - Cost sharing for Part B medications is typically 20%.
 - When medication is required to be administered by a medical professional, only the cost of the drug will be covered, not the administration fee.
 - People will not be charged a late enrollment penalty for delaying enrollment.
- Coverage is only for these medications and no other Part B benefits are included. People enrolled in the Part B-ID benefit are not eligible to enroll in Medicare Part D unless they are eligible under a different enrollment period.

Medicare Part D

Negotiated Price Discounts

Starting January 1, 2023, Medicare Part D plans will be required to apply all price discounts they receive from network pharmacies to the negotiated price so that people can also share in the savings.

Formulary Tiers Exceptions

Part D plans are allowed to exempt a formulary tier from its tiering exceptions process, if the drug cost exceeds the dollar-per-month identified threshold for that year.

- In 2023, the specialty tier threshold will be \$830 for a 30-day supply.

Pricing Transparency

Beginning January 1, 2023, Part D plans will be required to offer a real-time benefit comparison tool. The tool will allow people to:

- Have access to real-time formulary information
- Get information about lower-cost alternative drugs
- Find out in advance what they will pay at the pharmacy counter.

Marketing Changes

Medicare received thousands of complaints about the marketing of Medicare Advantage and Medicare Part D plans. Many complaints are often due to the advertising practices of third-party marketing organizations (TPMO). As a result, beginning in 2023, TPMOs must include a disclaimer when they market plans, and there will be greater oversight.

2023 Medicare Updates

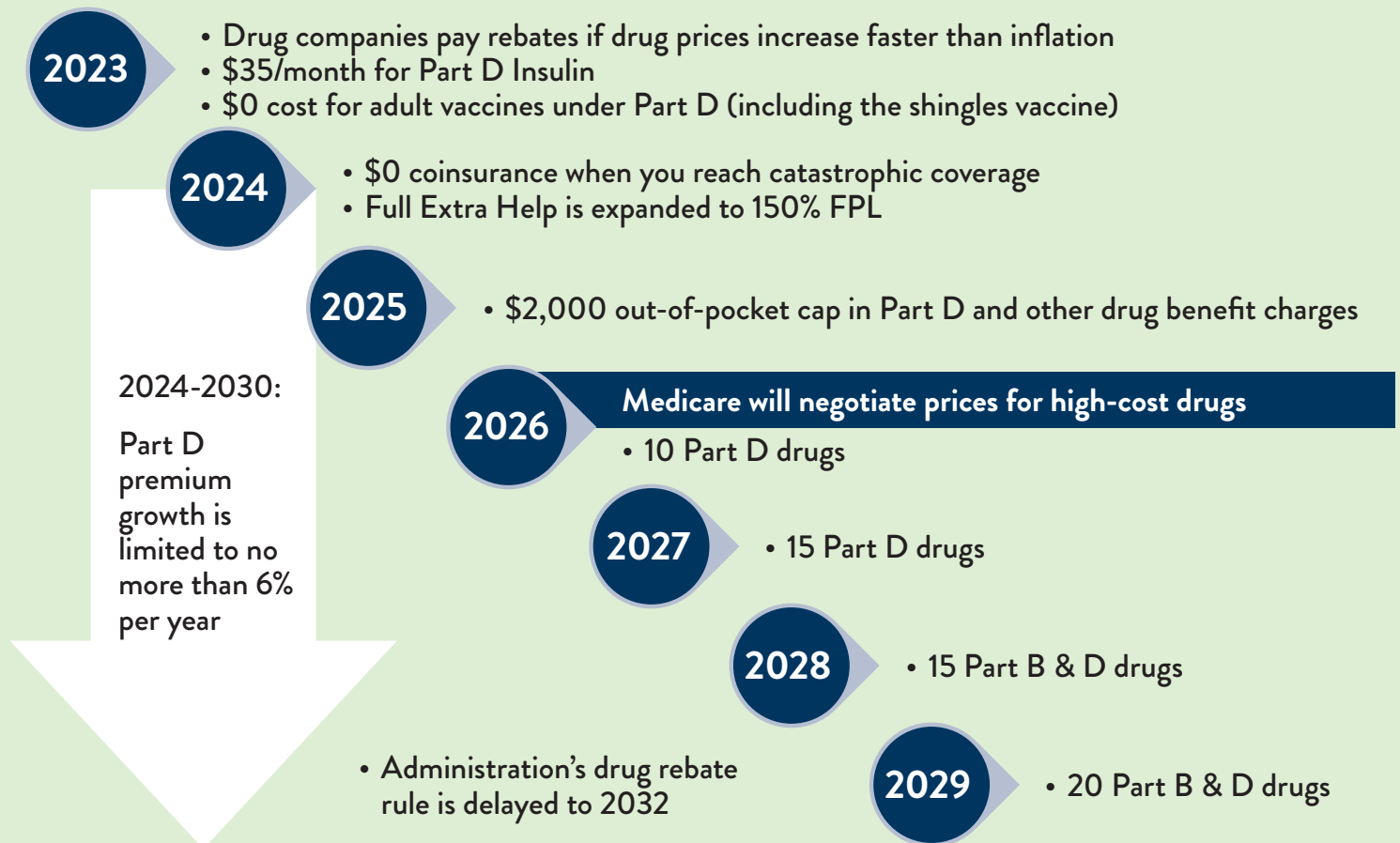
Inflation Reduction Act of 2022

The Inflation Reduction Act of 2022 is intended to lower the price of Medicare Part D drugs. Changes will apply to both Medicare Part D stand-alone plans and Medicare Advantage Plans with drug coverage. Provisions include:

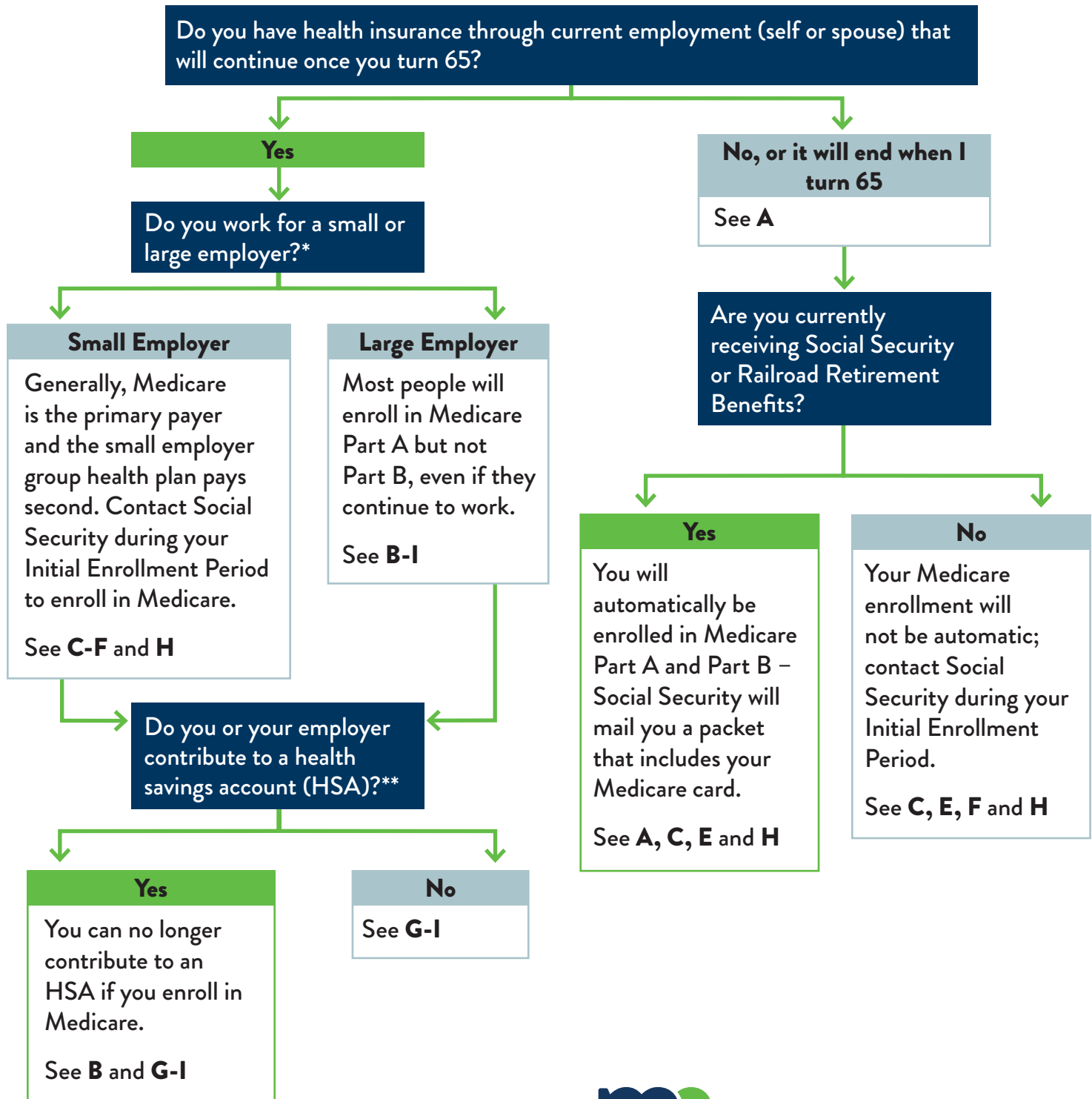
- Capping out-of-pocket costs for Medicare Part D at:
 - \$35 per month for insulin available on the plan formulary (exceptions can be requested) in 2023*
 - \$0 once you reach catastrophic coverage
 - \$2,000 beginning in 2025
- People who enrolled during open enrollment in a plan that does not cover their insulin, have a one-time special enrollment period to add, drop, or change their Part D coverage through December 31, 2023
- Limiting the increase in plan premiums for 2024 – 2030
- Eliminating cost sharing for adult vaccines covered under Part D in 2023
- Expanding income eligibility for full Extra Help to 150% FPL in 2024
- Requiring drug manufacturers to pay the government rebates, if Part B or Part D drug prices increase faster than the rate of inflation (except when price averages below \$100)
- Delaying implementation of the Medicare rebate rule, which would have eliminated rebates negotiated by the drug manufacturers and pharmacy benefit managers or health plan sponsors
- Allowing the federal government to negotiate prices of some Part D and Part B drugs beginning in 2026.

* Starting July 1, 2023, insulin covered under Medicare Part B (insulin pump) will also be capped at \$35 per month.

Inflation Reduction Act Timeline




Turning 65: Should I Enroll in Medicare?



*If you are uncertain of how your group health plan is classified, contact your employer.

**For more information about Health Savings Accounts and Medicare, go to page 46.

- A. In general, if you have coverage through MNsure or Medical Assistance, you must enroll in Medicare when you are first eligible.**
- B. You can delay enrollment in Medicare Part B without penalty when:**
- You have a large employer group health plan *and*
 - The coverage is through current employment (self or spouse) and not retiree coverage.
- C. You can delay enrollment in Medicare Part D without penalty if:**
- You have other creditable prescription drug coverage.
 - Ask your plan for a *Notice of Creditable Coverage*.
 - You have 63 days to enroll in a Part D plan once your employer plan coverage ends.
- D. If you receive Social Security or Railroad Retirement Benefits, you will automatically be enrolled in Medicare Part A and Part B.**
- Social Security will mail you a packet that includes your Medicare card.
 - Contact your employer to see how your Medicare benefits work with your employer-based coverage.
- E. Your Medicare Initial Enrollment Period (IEP) lasts for seven months.**
- Three months before the month you turn 65, the month of your 65th birthday and three months after
- F. You can enroll in Medicare by:**
- Visiting ssa.gov/benefits/medicare 
 - Calling Social Security at 800-772-1213

Online



Social Security
ssa.gov 

Call




Social Security
800-772-1213

Visit



Local Office
ssa.gov/locator 

- G. Enrolling in Medicare Part B after your Initial Enrollment Period:**
- You have an eight-month special enrollment period to enroll in Part B without penalty when active employment or employer group health plan coverage ends (whichever is first).
 - Contact Social Security three months before you want Medicare coverage to start.
- H. You can call the Senior LinkAge Line at 800-333-2433 to review your current health insurance and discuss your options.** If you are turning 65, you can also view Medicare's decision fact sheet at www.cms.gov/Outreach-and-Education/Find-Your-Provider-Type/Employers-and-Unions/FS2-Medicare-for-people-nearing-65.pdf. 
- I. Enroll in Medicare Part A unless you and/or your employer make contributions to an HSA.**
- There are tax penalties for continuing to contribute to an HSA if you enroll in Medicare.

HELPING Older Adults and their Caregivers

The Senior LinkAge Line® is a free service - offered by the Minnesota Board on Aging - helping older adults and their families to find community services or plan for their future.



WE CAN HELP WITH

- Medicare
- Prescription drug expenses
- Housing resources
- Community supports
- Fraud prevention
- Caregiver supports
- Applications and forms
- Employment resources
- Volunteer opportunities

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800-333-2433




Navigating Medicare

The Senior LinkAge Line is the federally designated State Health Insurance Assistance Program (SHIP) for Minnesota and provides free comprehensive and unbiased Medicare assistance.

Original Medicare

Original Medicare Benefits

Original Medicare is traditional fee-for-service health insurance coverage offered through the federal government for people who are 65 and older and certain people with a disability under 65. Medicare has out-of-pocket costs such as premiums, deductibles, copays and coinsurance. If you don't enroll in Medicare at the right time, it may result in premium penalties when you do enroll.

To learn more about how Original Medicare works, visit www.medicare.gov/basics/get-started-with-medicare/medicare-basics. 

MEDICARE PART A

Hospital Insurance

Part A is federal hospital insurance. People can go to any hospital or provider that accepts Medicare.

See pages 12-13.

MEDICARE PART B

Medical Insurance

Part B is federal medical insurance. People can go to any doctor or provider that accepts Medicare.

See pages 14-15.



Filling the Gaps in Original Medicare

You can buy a Medigap policy, also referred to as Medicare Supplement Insurance, to help pay the costs not covered by Original Medicare. You can also purchase a Medicare Part D plan to help pay for prescription medications. Part D plans may have out-of-pocket costs, such as premiums, deductibles, copays and coinsurance. If you don't enroll in Part D at the right time, it may result in premium penalties.

MEDIGAP POLICY

Pays Out-of-Pocket Costs

Medigap is an optional private insurance policy licensed by the state of Minnesota that helps pay Medicare coinsurance, copayments and deductibles.

See pages 16-22.

MEDICARE PART D

Prescription Drug Coverage

Part D is a Medicare-approved private insurance plan that covers outpatient prescription drug costs.

See pages 29-33. To view available plans, see pages 182 -183.

The Basics of Medicare Part A

Medicare Part A is federal hospital insurance that helps pay for inpatient hospital care, home health care, limited skilled nursing facility care, blood transfusions and hospice care.

To find out more about what Medicare Part A covers and your out-of-pocket costs, visit www.medicare.gov/what-medicare-covers/what-part-a-covers. 

Eligibility

- 65 and older and a U.S. citizen
- Permanent resident alien, 65 and older, who lived in the U.S. for five years before applying
- U.S. citizen or legal permanent resident under 65 who:
 - Receives Social Security or Railroad Retirement Board disability benefits for 24 months
 - Has End-Stage Renal Disease (ESRD) and meets certain requirements
 - Has ALS (Lou Gehrig's disease) and receives Social Security disability benefits

Costs

Monthly Premium:

- No, if you are 65 and older and you or your spouse:
 - Receive, or are eligible to receive, Social Security or Railroad Retirement Board benefits; or
 - Worked long enough in a government job through which you paid Medicare taxes
- No, if you are under 65 and have:
 - Received Social Security or Railroad Retirement benefits for 24 months or
 - Been diagnosed with ESRD and meet certain requirements or
 - Been diagnosed with ALS and are receiving Social Security disability benefits
- Yes, if you or your spouse do not have the 40 Social Security work credits; in 2023 you pay:
 - \$506 per month (with 29 or fewer Social Security credits)
 - \$278 per month (with 30 to 39 Social Security credits)

Additional Out-of-Pocket Costs

- People who have Original Medicare pay deductibles, coinsurance and copayments. You can buy a Medigap policy to help cover these costs. See pages 16-22 for more information.

Benefit Period

- You must pay the Part A deductible for each benefit period.
- The benefit period begins on the day you go into a hospital or skilled nursing facility. The benefit period ends when you have not received any skilled inpatient hospital care or skilled care in a skilled nursing facility for 60 consecutive days.
- There are no limits to the number of benefit periods you can have per year.

Enrollment Periods

Initial Enrollment Period: Turning 65	The seven-month period includes the three months before you turn 65, the month of your 65th birthday, and three months after. <ul style="list-style-type: none"> • If you enroll during this period, your coverage will begin the first day of your birthday month. <ul style="list-style-type: none"> ○ People who have a birthday on the first day of the month are eligible for Medicare the first day of the previous month. • People eligible for premium-free Part A can enroll at any time after they are first eligible. Coverage will be retroactive up to six months.
Initial Enrollment Period: Disabled Under 65	The seven-month period starts 21 months after you get Social Security disability benefits and lasts through the 27 th month.
General Enrollment Period	January 1 - March 31, Part A coverage is retroactive up to six months. Late enrollment premium penalty may apply for people who are not eligible for premium-free Part A coverage and do not enroll.
Special Enrollment Period	Up to eight months after employment or employer group health plan coverage ends, whichever is first <ul style="list-style-type: none"> • Part A coverage is retroactive up to six months. • Employer group health plan coverage must be based on your, or your spouse's, current employment (COBRA or retiree coverage does not qualify). • Additional special enrollment periods are available, depending on your circumstances.

MEDICARE OPEN ENROLLMENT: OCTOBER 15 - DECEMBER 7


The Senior LinkAge Line receives calls every year from people who failed to review their plan's changes for the coming year. Since Medicare plan can change significantly, it is a good idea to review your current coverage and plan options for the coming year. You should also read every piece of mail you get from Medicare, Social Security and your current plan. Annual plan changes could include:

Medicare Part D

- Monthly premium
- Medications covered by your plan (formulary)
- Medication restrictions, such as adding prior authorization and quantity limits
- Cost sharing
- Pharmacy network

Medicare Advantage and Cost Plans


- List above also applies to plans that include Part D
- Coverage area
- Monthly premium
- Out-of-pocket maximum cost
- Cost sharing
- Provider network
- Covered-benefits and restrictions

Use the Medicare Plan Finder tool at [Medicare.gov](https://www.medicare.gov)  to compare your current plan with other plans available in 2023.

If you need help with Medicare, contact the Senior LinkAge Line, a free statewide service of the Minnesota Board on Aging in partnership with Minnesota's area agencies on aging. Call 800-333-2433 Monday through Friday from 8:00 a.m. to 4:30 p.m.

The Basics of Medicare Part B

Medicare Part B is federal medical insurance that helps pay for outpatient medical services, physician services, home health care, supplies and more.

To find out more about what Medicare Part B covers and your out-of-pocket costs, visit www.medicare.gov/what-medicare-covers/what-part-b-covers. 

Eligibility

If you are eligible for Part A, you are also eligible for Part B.

- If you are not eligible to enroll in premium-free Part A, you can still enroll in Part B. You must be 65 and older and a U.S. citizen or permanent resident alien for the past five years.

Cost

Monthly Premium in 2023

About 95% of people pay the standard Part B premium. People with higher incomes pay an additional premium amount called an Income-Related Monthly Adjustment Amount (IRMAA). See below.

- The Part B premium for 2023 is \$164.90, a decrease of \$5.20.
- The Social Security Cost of Living Adjustment (COLA) increase for 2023 is 8.7%.
- The Social Security Act contains a hold harmless provision that protects some people from paying a larger increase in the Part B premium than they receive in their COLA.

Single Tax Filing Status 2021 Income	Joint Tax Filing Status 2021 Income	2023 Part B Premium
Under \$97,001	Under \$194,001	\$164.90
\$97,001 - \$123,000	\$194,001 - \$246,000	+ \$65.90
\$123,001 - \$153,000	\$246,001 - \$306,000	+ \$164.80
\$153,001 - \$183,000	\$306,001 - \$366,000	+ \$263.70
\$183,001 - \$499,999	\$366,001 - \$749,999	+ \$362.60
\$500,000 and up	\$750,000 and up	+ \$395.60

Premium Penalty

It is important to enroll in Part B when you are first eligible, or you may have to pay a monthly late enrollment penalty when you enroll later.

- The late enrollment penalty increases your monthly Part B premium by 10% for each full 12-month period you delayed Part B enrollment (unless you have health insurance from your own or your spouse's current active employment).
- In most cases, the penalty is permanent and is added to the monthly Part B premium amount.

Additional Out-of-Pocket Costs

People with Original Medicare must also pay cost sharing under Part B. This includes an annual deductible and coinsurance (usually 20% of the Medicare-approved amount).

- Medigap insurance policies are sold by private insurance companies to supplement Original Medicare and help pay the 20% coinsurance.
- To learn more about programs that can help to pay your Medicare costs, go to pages 35-37.

Medications

Medicare Part B has limited coverage for outpatient prescription drugs. If the medication is covered under Part B, Medicare will pay 80% of the cost after you meet your annual deductible.

- Part B covers prescription drugs that are not self-administered and are given as a part of a doctor's or outpatient hospital service. Coverage is limited and may include:
 - Flu shots and other Part B covered vaccinations
 - Medicare-covered injectable and infused drugs
- Part B coverage for self-administered drugs is very limited and may include:
 - Certain oral cancer medications
 - Drugs administered when using durable medical equipment
 - Immunosuppressive drugs for people who receive an organ transplant covered by Medicare
 - Intravenous and tube feeding

Enrollment Periods

Initial Enrollment Period: Turning 65	The seven-month period includes the three months before you turn 65, the month of your 65 th birthday and the three months after. <ul style="list-style-type: none">• If you enroll during the first three months, your coverage will start the first day of your birthday month.<ul style="list-style-type: none">○ People who have a birthday on the first day of the month are eligible for Medicare the first day of the previous month.• If you enroll during your birthday month or after, your coverage will start the first of the following month.
Initial Enrollment Period: Disabled Under 65	The seven-month period starts 21 months after you get Social Security disability benefits and lasts through the 27 th month.
General Enrollment Period	January 1 - March 31, coverage begins the month after you enroll (new in 2023). Late enrollment premium penalty may apply.
Special Enrollment Period	Up to eight months after employment or employer group health plan coverage ends, whichever is first. Part B coverage will begin the month after you enroll. <ul style="list-style-type: none">• You can choose to delay your effective date up to three months, if you enroll while you still have employer-sponsored coverage or within one month after coverage ends.• Employer group health insurance coverage must be based on your, or your spouse's, current employment (COBRA or retiree coverage does not qualify).• Additional special enrollment periods are available, depending on your circumstances.

ARE YOU A CAREGIVER?

Are you helping a spouse, family member or friend with meals, bills, personal care, medical appointments or mediations? If so, you are not alone. You are one of thousands of Minnesotans who is a caregiver.

Providing help is rewarding; it can also be emotionally and physically exhausting. Get connected with the services and support that can make it easier to help the person you are caring for.

Call the Senior LinkAge Line at 800-333-2433 to learn more about resources that can help to make caregiving a more positive experience.

Medigap Insurance

Medicare Supplement Insurance, more commonly known as Medigap, is health insurance that:

- Is sold by private insurance companies to supplement Original Medicare
- Helps pay coinsurance, copayments and some deductibles for Medicare-covered services
- May cover certain costs not covered by Original Medicare, such as medical care needed while traveling outside of the U.S.
- Covers the coinsurance for Medicare Part B drugs, but does not cover Part D drugs

Policy Basics

- You must have Original Medicare Part A and Part B to buy a Medigap policy.
- You will pay a monthly premium to the insurance company in addition to your Part B premium.
- Policies are sold by insurance companies, brokers and licensed insurance agents.
 - Policies are guaranteed renewable, even if you have health problems in the future and as long as you pay your premiums.
- Policies and insurance agents who sell them are regulated by the Minnesota Department of Commerce.
- If you move out of state, your coverage can continue if you pay your premiums; however, your premiums may increase at a higher rate if you permanently move out of Minnesota.

Enrollment Period

It is best to enroll during your initial six-month Medigap Open Enrollment Period.

- This period begins on the first day of the month you are enrolled in Part B and ends six months later.
- If you enroll during this period, you have guaranteed issue rights, meaning the insurance company is required by law to sell or offer a policy to you and you cannot be health screened.
- If you apply for a policy outside this period, you will likely be asked to complete a health questionnaire by the insurance company and your application may be denied.
- You get another six-month open enrollment period, if you return to work, drop your Part B, and then re-enroll.

Policies for People Under 65 and Disabled

- Minnesota state law requires insurance companies to sell you a policy, even if you are under 65.
- Medigap policies are available with no health screening during the six-month period after enrolling in Part B.
- A second six-month open enrollment period is also available when you turn 65.

Purchasing a Policy

- Contact the licensed insurance company, broker or agent selling the policy you want to purchase.
- The insurance company must provide you with an outline of coverage.
- You can return the policy within 30 days of receipt and receive a full refund.

Minnesota Medigap Insurance Policies

- Basic
- Basic with riders (see next page)
- Extended Basic
- Medicare SELECT
- Medigap policies with limited coverage (see page 18)

} Policy Coverage page 18
Monthly Premium Guide..... pages 20-21

Basic Supplement Riders

Additional coverage that can be added to a Basic policy:

- Part A deductible
 - Pays inpatient hospital deductible for each benefit period



- Part B annual deductible
 - Pays the annual Part B deductible
 - This rider is not available for people who turn 65 or become eligible for Medicare due to age, disability or ESRD on or after January 1, 2020.

- **Part B Excess Charges**
 - Providers who don't agree to accept Medicare's allowable rates, known as Medicare assignment, can charge up to 15% more (excess charge).
 - Excess charges are limited for Minnesota residents when receiving health care in Minnesota.
- **Non-Medicare Preventive Care**
 - Pays up to \$120 annually for certain preventive medical care services not covered by Medicare

Policy Benefits

Policy options are standardized and must offer the same benefits, regardless of the company.

- Policy premiums and level of customer service can vary between companies.
- Minnesota law requires Medigap policies to cover certain mandated benefits, such as cancer screenings, reconstructive surgery, vaccinations and diabetic supplies.
- Policies may cover some services not covered by Original Medicare, such as an annual physical and medical care outside the U.S.

Provider Networks

In general, policy holders can see any medical provider that accepts Medicare payments.

- People who purchase Medicare SELECT plans may need to use specific hospitals and network doctors to get full insurance benefits.

Monthly Premium

- You will pay a monthly premium, in addition to the Part B premium.
- Premium amounts can change and vary by the type of policy, the amount of coverage and the insurance company selling the policy.
- In Minnesota, everyone enrolled in the same policy pays the same premium regardless of age, medical condition or when the policy was purchased. Premiums can vary depending on where you live (urban or rural) and if you use tobacco.

Additional Costs

Out-of-pocket costs vary depending on the policy you buy. These can include:

- Deductibles - a specified amount you must pay before the insurance company will pay on a claim
- Coinsurance - a shared cost between you and the policy on a percentage basis
- Copayment - a set amount you must pay at the time a service is received
- Part B excess - the difference between what Medicare pays and the amount charged

! Services Not Covered

- Outpatient prescription drug coverage
 - You will need to enroll in a separate Part D plan, if you want coverage for outpatient prescription drugs, unless you have other creditable drug coverage.
 - Policies may cover the out-of-pocket costs for medication covered under Part B.
- Routine dental care, unless the dental service is covered by Medicare
- Routine eye exams for glasses or contact lenses
- Hearing aids

Becoming Eligible for Medical Assistance

- People who have a Medigap policy and become eligible for Medical Assistance (MA) are allowed to suspend their Medigap policy for up to 24 months.
 - If the person's eligibility for MA ends during this time-period, they can return to the policy they suspended without underwriting.
 - The person does not have to pay premiums while the Medigap policy is suspended.

2023 Medigap Policy Coverage in Minnesota

	Basic	Extended Basic	\$20 & \$50 Copay for Part B	High Deductible*	50% Part A Deductible	50%	75%
			Similar to plan N	Similar to plan F*	Similar to plan M	Similar to plan K	Similar to plan L
Annual out-of-pocket limit 2023	None	\$1,000	None	\$2,700*	None	\$6,940	\$3,470
Part A deductible	100% if rider purchased	100%	100%	100%*	50%	50%	75%
Part A coinsurance	100%	100%	100%	100%*	100%	100%	100%
Skilled nursing facility coinsurance For days 21 - 100	100%	100%**	100%	100%*	100%	50%	75%
Part B coinsurance	100%	100%	\$20 & \$50 copays	100%*	100%	50%	75%
Part B Excess	100% if rider purchased	100%	-	-	-	-	-
Medicare preventive care	100%	100%	100%	100%*	100%	100%	100%
Preventive services not covered by Medicare	100% up to \$120 if rider purchased	100% up to \$120	-	-	-	-	-
Foreign travel - Emergency	80%	80%	80%	100%*	80%	-	-
Foreign travel - Hospital and medical expenses and supplies	-	80%	-	-	-	-	-

* You must pay for the Medicare-covered costs up to \$2,700 before the policy pays.

** Extended Basic plan provides up to 120 days of skilled nursing facility care.

Additional Medigap Options

Retiree Supplement Coverage

Some Medicare beneficiaries may be eligible for employer retiree coverage that supplements Medicare. How the coverage works varies, depending on the policy. Benefits can change and coverage can be canceled. In most cases, if you do not enroll in retiree coverage when you are first eligible, you will not be able to enroll later. It is also possible you could be subject to a Part D premium penalty if your coverage is not creditable. See page 30 for more information.

Medicare SELECT Plans

You can also choose to buy a Medicare SELECT plan with various coverage options. See the next page for the Medicare SELECT plan available in Minnesota.

Medicare SELECT plans are a type of Medigap insurance product that:

- May require you to use specific clinics, hospitals and doctors for full benefits (except in an emergency)
- Differ from traditional supplemental policies, because they are managed care plans with networks of providers
- Do not include prescription drug coverage (Part D); it must be purchased separately

Medicare SELECT Plan for 2023



Senior Gold (Medicare SELECT)

Enrollment: 877-662-2583 • Service: 800-531-6686 • TTY: 711

bluecrossmn.com/medicare

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

	Basic Plan	Part A Deductible Rider	Part B Excess Rider	Additional Preventive Care Rider	Extended Basic Select
Non-Tobacco	\$240.15	\$36	\$1	\$4	\$296.15
Tobacco	\$288.10	\$36	\$1	\$4	\$355.30
Out-of-Pocket Max	Not applicable, limited to no cost sharing for eligible services and supplies				
Plan Area	All 87 Minnesota counties				
Discounts & Programs	The SilverSneakers exercise and healthy aging program, 24-hour nurse advice line, stop-smoking support, vision and hearing discounts, online member center and online wellness center				

Rates listed are per month.

Enrollment Periods

Initial Enrollment Period: Turning 65	The six-month period starts the month you enroll in Part B.
Initial Enrollment Period: Disabled Under 65	The six-month period starts the month you enroll in Part B. • You have a second IEP when you turn 65.
General Enrollment Period	If you have Part A and Part B, you can apply for a Medigap policy at any time. • You can be denied coverage due to health conditions if you apply outside of your Medigap Open Enrollment Period.
Special Enrollment Period	Additional special enrollment periods are available, depending on your circumstances.

MEDICARE 101 BOOKLET

Medicare 101, is a booklet of helpful information you can use to understand the basics of Medicare.

Request a free copy by calling the Senior LinkAge Line at 800-333-2433. If you are new to Medicare or will soon be eligible, this publication will help you get started.



2023 Minnesota Medigap Annual Premium Guide

Additional plan options may be added and rates may vary due to rounding, discounts or fees, and they may increase or decrease at various times throughout the year (see page 18 for coverage details). Plan information and rates are provided by the Minnesota Department of Commerce and were current at the time of publication. Always contact the insurance company to confirm current policy rates.

Company	Basic Plan	Part A Deductible	100% Part B Excess	Prevention	Extended Basic*	\$20 and \$50 Copay Part B	High Ded.	50% Part A Ded.	50%	75%
						Similar to plan N	Similar to plan F*	Similar to plan M	Similar to plan K	Similar to plan L
ACE Property and Casualty Insurance Company ↷ 800-601-3372										
Rural Tobacco	\$2,146	\$351	\$29	\$70	\$2,993	\$2,029	\$960			
Rural N/T	\$1,866	\$305	\$25	\$61	\$2,603	\$1,764	\$834			
Urban Tobacco	\$2,372	\$387	\$32	\$78	\$3,309	\$2,243	\$1,061			
Urban N/T	\$2,062	\$337	\$27	\$67	\$2,877	\$1,950	\$922			
BlueCross BlueShield of Minnesota ↷ 800-382-2000										
Smoker	\$2,987	\$432	\$12	\$48	\$4,171	\$2,630	\$911		\$1,849	\$2,647
N/S	\$2,566	\$432	\$12	\$48	\$3,437	\$2,192	\$720		\$1,588	\$2,258
Catholic United Financial* ↷ 800-568-6670										
Rural Tobacco	\$2,452	\$392	\$44	\$97	\$4,780	\$2,413				
Rural N/S	\$2,132	\$341	\$39	\$84	\$4,129	\$2,098				
Urban 1 Tobacco	\$2,721	\$435	\$49	\$107	\$5,331	\$2,678				
Urban 1 N/S	\$2,366	\$379	\$43	\$93	\$4,608	\$2,329				
Urban 2 Tobacco	\$2,893	\$463	\$52	\$114	\$5,682	\$2,847				
Urban 2 N/S	\$2,516	\$402	\$45	\$99	\$4,914	\$2,476				
Cigna Health & Life Insurance Company ↷ 855-891-9368										
Rural Tobacco	\$2,695	\$324	\$26	\$65	\$3,314	\$2,062	\$816			
Rural N/S	\$2,450	\$295	\$24	\$59	\$2,996	\$1,875	\$741			
Urban Tobacco	\$2,790	\$335	\$27	\$67	\$3,431	\$2,135	\$844			
Urban N/S	\$2,536	\$305	\$24	\$61	\$3,101	\$1,941	\$768			
Continental Life Insurance Company of Brentwood Tennessee ↷ 800-358-8749										
Smoker	\$2,945	\$702	\$130	\$98	\$2,899	\$2,309	\$1,119			
N/S	\$2,605	\$620	\$118	\$87	\$2,541	\$2,046	\$989			
HealthPartners ↷ 800-247-7015										
Smoker	\$2,940	\$648	\$15	\$57	\$4,456	\$2,873				
N/S	\$2,559	\$567	\$12	\$50	\$3,875	\$2,499				
Humana Insurance Company ↷ 800-457-4708										
Rural 1 Smoker	\$4,791	\$981	\$99	\$108	\$7,013	\$4,601	\$1,522		\$2,103	\$3,632
Rural 1 N/S	\$4,078	\$821	\$82	\$108	\$6,000	\$4,057	\$1,304		\$1,803	\$3,116
Rural 2 Smoker	\$4,449	\$911	\$92	\$108	\$6,511	\$4,272	\$1,414		\$1,954	\$3,373
Rural 2 N/S	\$3,787	\$762	\$76	\$108	\$5,571	\$3,768	\$1,212		\$1,675	\$2,894
Urban Smoker	\$5,082	\$1,041	\$105	\$108	\$7,440	\$4,880	\$1,613		\$2,230	\$3,852
Urban N/S	\$4,325	\$871	\$87	\$108	\$6,365	\$4,304	\$1,382		\$1,911	\$3,305
Loyal American Life Insurance Company ↷ 855-891-9368										
Rural Smoker	\$2,880	\$647	\$77	\$96	\$4,059	\$3,258				
Rural N/S	\$2,303	\$517	\$62	\$77	\$3,206	\$2,606				
Urban Smoker	\$3,200	\$718	\$86	\$106	\$4,510	\$3,620				
Urban N/S	\$2,559	\$575	\$69	\$86	\$3,563	\$2,895				
Lumico Life Insurance Company ↷ 855-774-4491										
Rural Tobacco	\$1,972	\$343	\$28	\$68	\$2,801	\$1,938	\$916			
Rural N/S	\$1,761	\$306	\$25	\$61	\$2,479	\$1,730	\$818			
Urban Tobacco	\$2,180	\$379	\$31	\$75	\$3,096	\$2,142	\$1,013			
Urban N/S	\$1,946	\$338	\$28	\$68	\$2,740	\$1,912	\$905			

2023 Minnesota Medigap Annual Premium Guide

Company	Basic Plan	Part A Deductible	100% Part B Excess	Prevention	Extended Basic*	\$20 and \$50 Copay Part B	High Ded.	50% Part A Ded.	50%	75%
						Similar to plan N	Similar to plan F*	Similar to plan M	Similar to plan K	Similar to plan L
Medica Health Plans ↷ 877-704-7864										
Smoker	\$3,064	\$719	\$17	\$40	\$3,716	\$2,834	\$1,471			
N/S	\$2,632	\$625	\$16	\$36	\$3,203	\$2,466	\$1,279			
National Guardian Life Insurance Company ↷ 877-888-1511										
Rural Tobacco	\$2,340	\$406	\$50	\$66	\$3,182	\$2,229				
Rural N/S	\$2,061	\$353	\$43	\$58	\$2,767	\$1,939				
Urban Tobacco	\$2,653	\$455	\$56	\$74	\$3,562	\$2,496				
Urban N/S	\$2,307	\$395	\$48	\$65	\$3,098	\$2,170				
National Health Insurance Company ↷ 817-640-1900 ext. 3410										
Rural Tobacco	\$2,463	\$426	\$35	\$85	\$3,528	\$2,419	\$1,144			
Rural N/S	\$2,090	\$362	\$30	\$72	\$2,967	\$2,053	\$971			
Urban Tobacco	\$2,712	\$469	\$39	\$94	\$3,884	\$2,664	\$1,259			
Urban N/S	\$2,301	\$398	\$33	\$79	\$3,175	\$2,260	\$1,069			
Omaha Insurance Company ↷ 855-879-4784										
Smoker	\$3,158	\$505	\$0	\$77	\$3,108					
N/S	\$2,747	\$439	\$0	\$67	\$2,704					
State Farm Mutual Automobile Insurance Company ↷ 800-782-8332										
Rural Tobacco	\$3,056	\$825	\$39	\$82	\$8,195	\$2,115				
Rural N/S	\$2,778	\$750	\$35	\$74	\$7,450	\$1,922				
Urban Tobacco	\$3,181	\$856	\$40	\$82	\$8,535	\$2,199				
Urban N/S	\$2,891	\$778	\$36	\$74	\$7,759	\$1,999				
State Mutual Insurance Company ↷ 877-872-5500										
Rural Smoker	\$2,327	\$366	\$19	\$72	\$3,230	\$2,037	\$982			
Rural N/S	\$2,023	\$319	\$17	\$63	\$2,809	\$1,771	\$854			
Urban Smoker	\$2,571	\$405	\$21	\$80	\$3,570	\$2,251	\$1,086			
Urban N/S	\$2,236	\$352	\$19	\$69	\$3,104	\$1,958	\$944			
UCare ↷ 833-276-1188										
Tobacco	\$2,628	\$360	\$24	\$84	\$3,276	\$2,760				
N/S	\$2,280	\$312	\$24	\$72	\$2,844	\$2,400				
United Healthcare AARP®* ↷ 800-272-2146										
Tobacco	\$2,822	\$462	\$83	\$70	\$3,508					
N/S	\$2,565	\$420	\$75	\$63	\$3,189					
Washington National Insurance Company ↷ 800-525-7662										
Tobacco	\$2,245	\$989	\$100	\$72	\$3,406	\$1,918	\$989	\$2,465	\$1,057	\$1,817
N/S	\$1,931	\$851	\$86	\$62	\$2,929	\$1,649	\$851	\$2,120	\$909	\$1,563

*Group Plan policy with requirements.

Medigap Guaranteed Issue Rights in Minnesota

Guaranteed issue rights are rights you have when insurance companies are required by law to sell you specific Medigap policies outside of your initial open enrollment period, even if you have a pre-existing health condition.

Policies that Can Be Purchased with Guaranteed Issue Rights

You can purchase a Basic Medigap policy if you have guaranteed issue rights. People who are new to Medicare after January 1, 2020, can add two optional riders: Medicare Part A deductible and Medicare Part B excess charges. People who were eligible for Medicare before January 1, 2020, can also add the Medicare Part B annual deductible rider. Your guaranteed issue rights do not apply to the Medicare basic preventive rider or other Medigap policies.

When Companies Are Required to Sell You a Policy

- Your Medicare health plan or Medigap policy is no longer offered
- You have Original Medicare and an employer group health plan (including retiree coverage) that pays after Medicare pays and that plan is ending
- You move away from your Medicare health plan or Medicare SELECT plan service area
- You lose coverage because the insurance company goes bankrupt
- You leave a Medicare Advantage or Medicare Cost Plan or drop a Medigap policy, because the company had not followed the rules or has misled you

Trial Right Eligibility Criteria

You are eligible for a trial right period if you:

- Join a Medicare Advantage Plan when you are first eligible for Medicare Part A at age 65
 - During the first 12 months, you can switch to Original Medicare and purchase a Medigap policy.
- Drop a Medigap policy to join a Medicare health plan (Advantage or Cost Plan) or Medicare SELECT plan for the first time
 - During the first 12 months after enrolling in the new plan, you can return to Original Medicare and the Medigap policy you dropped.

Length of Special Enrollment Period

If your plan is ending and you have guaranteed issue rights, you will have a special enrollment period.

- In most cases, you have up to 63 days from your coverage end date to purchase a new Medigap policy.
- If possible, apply before your current coverage ends.

Showing Proof of Eligibility

You must show that you have guaranteed issue rights to the insurance company prior to the purchase of a new policy. Keep the following items as proof:

- Letters, notices and claim denials that show coverage was terminated
- Postmarked envelopes, which show dates mailed
- Anything from the insurance company with your name on it


Medicare Health Plans



Medicare Health Plans

You can choose to get your Medicare Part A and Medicare Part B benefits through a private insurance company approved by Medicare. The services you receive can only be paid for by the plan. Medicare Part D may also be included in your plan.

The plan must cover the same benefits available through Original Medicare. Plans differ from Original Medicare on how you can get your benefits and what you will be charged for the services you receive. These rules and costs can change each year. You will also most likely need to see providers within the plan's network.

To complete personalized research on your plan options, visit www.medicare.gov/plan-compare. 

MEDICARE ADVANTAGE PLANS

These are health plans offered by private companies that contract with Medicare to provide all your Medicare benefits.

- Plans can be sold to people in designated areas identified by the company.
- The plan is the only payer and Original Medicare cannot pay.
- You may be responsible for the cost of services outside the plan's network.
- You are only allowed to disenroll and enroll at specific times.

Learn morepages 24 - 26, 28

Medicare Advantage Plan Premium and Coverage Guide.....pages 66 - 156

MEDICARE COST PLANS

These are health plans offered by private companies that contract with Medicare to provide benefits within the plan's network.

- Medicare Cost Plans are not Medicare Advantage Plans.
- Plans can be sold to people living in certain Minnesota counties.
- Medicare-covered services received outside of the plan's network are paid by Original Medicare.
- You can disenroll and enroll at any time as long as the plan is accepting new members.

Learn morepages 27 - 28


Medicare Cost Plans Premium and Coverage Guide pages 58 - 65



Call the Senior LinkAge Line at 800-333-2433 for free help with Medicare-related issues, including appeals and plan options.

The Basics of Medicare Advantage Plans

Medicare Advantage Plans are a type of health plan offered through private insurance companies. Plans have a one-year contract with Medicare to cover your Part A and Part B benefits. Most plans also include Part D benefits.

To do personalized research on your plan options, visit www.medicare.gov/plan-compare. 

Details

- Plans have different rules on how you can get services.
 - You may need a referral to see a specialist.
 - You may be required to use certain health care providers.
 - Seeing providers without a referral or outside the plan's network will increase your out-of-pocket costs, unless the plan has a point-of-service option.
- Additional benefits not covered by Medicare may be offered, such as vision, hearing, dental coverage or other supplemental benefits for chronically ill people.
- Part D benefits are generally offered through the plan, except for Medicare Advantage Medical Savings Account plans (see page 26).
 - Enrolling in a stand-alone Part D plan could cause you to be disenrolled from your Medicare Advantage plan.
- You will be notified prior to the Medicare Open Enrollment Period if your plan is no longer available.
 - You can choose a new plan or return to Original Medicare and use your guaranteed issue rights to buy certain Medigap policies.
- Medicare Advantage Special Needs Plans are available to provide targeted care to people with certain diseases, Medicaid eligibility or other characteristics (see page 26).

Eligibility

- You must have Part A and Part B to join a Medicare Advantage Plan.
- You must live in the plan's service area.
- People with ESRD are allowed to join a Medicare Advantage Plan.

Enrollment

- You can enroll in a plan when you first become eligible for Medicare
 - During the annual open enrollment (October 15 - December 7), or
 - If you qualify for a special enrollment period
- You can disenroll or change plans:
 - During open enrollment
 - If you qualify for a special enrollment period
 - During the Medicare Advantage Open Enrollment Period (see page 25 for more details)
- To enroll, contact the plan directly, go to [Medicare.gov](https://www.Medicare.gov)  or call 800-Medicare.


Costs

- Most plans charge a monthly premium in addition to your Part B premium.
- Plans have additional cost sharing, such as deductibles, copayments and coinsurance.
- Plans place a limit on out-of-pocket costs for Medicare-covered services each year, not including Part D costs.
 - Out-of-pocket maximums can vary significantly from plan to plan.

Things to Consider

- ✓ **Are your health care providers in the plan's network?**
 - Services outside the network may not be covered or may be more expensive.
- ✓ **What are the travel benefits under the plan?**
- ✓ **Can you afford the out-of-pocket costs?**
 - In general, plans with lower premiums will have higher out-of-pocket costs.
- ✓ **Does the plan include Medicare Part D?**
 - If you enroll in a plan without Part D and don't have creditable drug coverage, you may have a penalty when you enroll later.

Enrollment Periods

Initial Enrollment Period: Turning 65	Begins three months before you are enrolled in both Parts A and B and ends either: <ul style="list-style-type: none"> • Last day of the month before you enrolled in both A and B, or • Last day of your Part B IEP, whichever is later
Initial Enrollment Period: Disabled Under 65	Begins three months before you are enrolled in both Parts A and B and ends either: <ul style="list-style-type: none"> • Last day of the month before you enrolled in both A and B, or • Last day of your Part B IEP, whichever is later
General Enrollment Period	<p>If you enroll in Medicare Part B during the General Enrollment Period (January 1 – March 31) your coverage begins the first of the following month. If you enroll in Medicare during the General Enrollment Period, you can also enroll in a Medicare Advantage Plan (with or without Part D) starting three months before your Medicare Part B coverage begins.</p> <p>You must have both Medicare Part A and Part B to enroll in a Medicare Advantage Plan. People must select a Medicare Advantage Plan by the last day of the month before their Part B effective date. For example: If Medicare Part B starts on April 1, you would need to enroll in a Medicare Advantage Plan by March 31.</p>
Open Enrollment Period	October 15 - December 7, coverage begins January 1
Special Enrollment Period	Additional special enrollment periods are available depending on your circumstances.
Medicare Advantage Open Enrollment Period  People enrolled in a Medicare Medical Advantage Savings Account (MSA) can not make changes during this enrollment period.	<p>New to Medicare If you enroll in a Medicare Advantage Plan during your IEP, you can change to a different Medicare Advantage Plan or return to Original Medicare one-time only during the first three months of enrolling in Part A and B.</p> <p>Annually January 1 - March 31, if you are enrolled in a Medicare Advantage Plan, you have one opportunity to switch to a different Medicare Advantage Plan or return to Original Medicare during this enrollment period.</p> <ul style="list-style-type: none"> • If you return to Original Medicare, you do not have guaranteed issue rights to enroll in a Medigap policy. <p>Medicare Part D Benefits During this time, you can:</p> <ul style="list-style-type: none"> • Switch to another Medicare Advantage Plan (with or without drug coverage) • Disenroll from your Medicare Advantage Plan and return to Original Medicare <ul style="list-style-type: none"> ○ Join a Medicare Part D plan

Types of Medicare Advantage Plans Available in Minnesota


<p>Health Maintenance Organization Plans (HMO) *See below</p>	<ul style="list-style-type: none"> You may need to choose a primary care doctor. You may be required to get a referral for a specialist. You must use the plan's network of providers (except in an emergency). <ul style="list-style-type: none"> You may pay the entire cost if you use out-of-network providers. Plans may include a Point-of-Service (POS) option, which allows some flexibility to go to out-of-network providers.
<p>Preferred Provider Organization Plans (PPO) *See below</p>	<ul style="list-style-type: none"> Plans have provider networks, but you can see any doctor or provider that accepts Medicare (usually at a higher cost). You do not need a referral to see a specialist, but you will pay more if you go outside the plan's network.
<p>Private Fee-for-Service Plans (PFFS)</p>	<ul style="list-style-type: none"> Plans may have provider networks, but you may also be able to see any doctor or provider that agrees to accept a plan's fee and will bill the plan for the services you receive. Providers can decide at each appointment if they will accept the plan's terms. Part D coverage may or may not be provided by the plan. <ul style="list-style-type: none"> You can enroll in a Part D stand-alone prescription drug plan, only if coverage is not provided by the plan.
<p>Medicare Advantage Special Needs Plans (MA-SNP) *See below</p>	<ul style="list-style-type: none"> Plans are specifically designed to provide targeted care to people with Medicaid eligibility, certain diseases or who live in an institution. Types of SNPs available in Minnesota: <ul style="list-style-type: none"> Minnesota Senior Health Options (MSHO): for people 65 and older with Medicare and Medical Assistance (MA) that combines health programs and support systems Special Needs Basic Care (SNBC): for people with disabilities ages 18 through 64 who have MA (some SNBC plans also coordinate with Medicare) Institutional Special Needs Plans (I-SNPs): for people who have had or are expected to need the level of services provided in certain types of long-term care facilities.
<p>Medicare Advantage Medical Savings Account Plans (MSA)</p>	<ul style="list-style-type: none"> Plans offer a high-deductible insurance policy with a MSA. <ul style="list-style-type: none"> The plan will begin to cover your costs once you meet your annual deductible (varies by plan). The plan deposits money into your account, which you can use to pay health care costs before you meet the plan's deductible. Plans do not cover Part D; you may add a stand-alone Part D plan.

*Medicare Part D Coverage and HMO, PPO or Special Needs Plans

- You cannot have a Medicare Advantage HMO, PPO or most MA-SNP and have a Medicare Part D stand-alone plan at the same time.
 - If you enroll in a stand-alone Part D plan, you will be disenrolled from your Medicare Advantage HMO, PPO and most MA-SNP plans.
- Enrolling in a plan without Part D may work well for someone who has other creditable drug coverage.
- If you have a MSA or PFFS plan without Part D, you can enroll in a Part D stand-alone plan.

The Basics of Medicare Cost Plans

Medicare Cost Plans are a type of Medicare health plan offered through private insurance companies. In 2023, Cost Plans are only available to people living in certain Minnesota counties (see below).

To do personalized research on your plan options visit www.medicare.gov/plan-compare. 

Minnesota counties where Cost Plans are available in 2023:

- Aitkin
- Carlton
- Cook
- Goodhue
- Itasca
- Kanabec
- Koochiching
- Lake
- Le Sueur
- McLeod
- Meeker
- Mille Lacs
- Pine
- Pipestone
- Rice
- Rock
- Sibley
- St. Louis
- Stevens
- Traverse
- Yellow Medicine

Coverage

- You can get Medicare Part D coverage, if offered through the plan or a Part D stand-alone plan.
- Plans may offer additional benefits, such as an annual physical, hearing, vision and dental benefits.
- Original Medicare is billed for Medicare-approved services outside the plan's network.

Eligibility

- You must be enrolled in Medicare Part A and Part B or in Medicare Part B alone.
- People with ESRD are not eligible, with limited exceptions. Contact plans for eligibility rules.

Enrollment

- To enroll, you must live in a county where Medicare Cost Plans are sold.
- You can enroll in a plan when you first become eligible for Medicare.
- You can switch from Original Medicare to a Cost Plan any time, if the plan accepts new members.
- You can also disenroll from the plan and return to Original Medicare at any time.

Out-of-Pocket Costs

- Plans charge a monthly premium in addition to your Part B premium.
- Plans have additional cost sharing, such as deductibles, copayments and coinsurance.
- You will have an annual out-of-pocket limit for Medicare-covered services (does not include Part D drugs).
- You are responsible to pay the cost sharing for Original Medicare services (outside the plan network).

Enrollment Periods

Initial Enrollment Period: Turning 65	This period is available when you are first eligible and live in a county where the plan is sold. You must be enrolled in Medicare Part A and Part B or just Medicare Part B alone.
Initial Enrollment Period: Disabled Under 65	This period is available when you are first eligible and live in a county where the plan is sold. You must be enrolled in Medicare Part A and Part B or just Medicare Part B alone.
General Enrollment Period	You can enroll any time the plan is taking new members and you live in the plan service area. Coverage will start the first day of the following month after you enroll in the plan.
Open Enrollment Period	October 15 - December 7, coverage begins January 1
Special Enrollment Period	You can enroll at any time the plan is taking new members and you live in the plan service area. <ul style="list-style-type: none">• Coverage starts the first day of the following month.• Additional special enrollment periods are available depending on your circumstances.


A Comparison of Medicare Cost Sharing Options

	Medigap Supplemental Insurance	Medicare Cost Plans	Medicare Advantage Plans
Type of Plan	Insurance that supplements Original Medicare Policies are sold based on the state you live in.	Cost Plans contract with Medicare to cover all Part A and Part B services within a provider's network. Plans can only be sold to people living in certain Minnesota counties. Medicare-covered services outside of the network are paid for by Original Medicare. Medicare copays and deductibles may apply.	Advantage Plans contract with Medicare to cover all Part A and Part B services. Plans can only be sold to people living in designated areas of Minnesota identified by the company. The plan is the only payer of services. You may be responsible for the cost of services outside the network unless the plan has a point-of-service option.
Premium	Yes, monthly premium	Yes, monthly premium	Most have a monthly premium
Out-of-Pocket (cost sharing)	Pays some Original Medicare deductibles, copayments and coinsurance	You will pay some out-of-pocket costs, such as deductibles, copayments and coinsurance.	You will pay some out-of-pocket costs, such as deductibles, copayments and coinsurance.
Prescription Drug Coverage	No Part D drug coverage is included.	May include Part D drug coverage or you can buy a stand-alone Part D plan	In most cases, you must get your Part D drug coverage from the plan.
Additional Services	May cover additional benefits such as foreign travel or wellness benefits	May cover additional benefits, such as foreign travel, wellness benefits, vision and annual physical	May cover additional benefits, such as foreign travel, wellness benefits, vision, hearing and other supplemental benefits
Provider Network	You are allowed to go to any Medicare provider. SELECT plans require you to use network providers for the highest level of payment.	Covers all Medicare services within the plan's network Original Medicare will pay outside of the plan's network. You will need to pay the Medicare out-of-pocket costs.	Typically, you must get your care and services from network providers. When you are allowed to use non-network providers, costs will often be higher.
Portability	You can keep the policy if you move to another state. You may need to change plans, if you are in a Medicare SELECT plan.	If you move outside your plan's service area, you must change to a new plan or return to Original Medicare.	If you move outside your plan's service area, you must change to a new plan or return to Original Medicare.
Health Screening	Policies can require health screening, if not purchased within the first six months of Part B enrollment.	Plans can deny coverage to people with end-stage renal disease.	No health screening is permitted.

Medicare Part D Prescription Drugs

Medicare Part D Plan Types

Medicare Part D is an optional benefit. If you do not enroll when you are first eligible, you may have to pay a premium penalty if you enroll later. Coverage is offered by private insurance companies with a Medicare contract. Plans offer coverage for both brand-name and generic medications.

To do personalized research on your plan options, visit www.medicare.gov/plan-compare. 

MEDICARE PART D STAND-ALONE DRUG PLAN

- You can choose this option if you have Original Medicare, a Medicare Cost Plan (without Part D) or a Medigap policy.
- Plans only cover prescription drugs and some vaccines, such as the shingles vaccine.

Medicare Part D Stand-Alone Premium and Coverage Guide.....pages 181 - 183

MEDICARE HEALTH PLAN WITH MEDICARE PART D

- Most Medicare Advantage Plans and some Cost Plans provide Part D coverage.
 - You are not required to get your Part D coverage from a Medicare Cost Plan.
 - Most Medicare Advantage Plans require you to get Part D coverage from the plan.

Medicare Health Plans Premium and Coverage Guide pages 58 - 156

Ways to Lower Your Prescription Drug Costs

The federal government subsidizes prescription drug coverage for all people on Medicare enrolled in a Part D plan. Part D plans have monthly premiums and include additional out-of-pocket costs. If you cannot afford your medications, there are ways to help lower your costs.


Patient Assistance Programs

Many of the major pharmaceutical companies offer programs to help pay for the medications they manufacture. There are also foundations and disease-specific programs that can help with these costs. You can research your options by going to:

- NeedyMeds: needymeds.org 
- RxAssist: rxassist.org 
- Medicine Assistance Tool: medicineassistancetool.org 


Extra Help Program (Low Income Subsidy or LIS) pages 31-32

Extra Help is a government program that helps people with modest incomes and assets pay Part D costs.

To find out if you may be eligible to get help paying for your Medicare Part D costs and/or to apply for Extra Help, visit <https://secure.ssa.gov/i1020/start>. 

The Basics of Medicare Part D

Medicare Part D is outpatient prescription drug coverage for people on Medicare. Coverage is provided by private insurance companies with a Medicare contract. You can get coverage through a stand-alone plan or as a part of a Medicare health plan.

To do personalized research on your plan options, visit www.medicare.gov/plan-compare. 

Eligibility

- You must be enrolled in Part A and/or Part B to enroll.
- To enroll, contact the plan directly, go to [Medicare.gov](https://www.Medicare.gov) or call 800-Medicare.

Enrollment Period

You can enroll in Part D:

- When you first become eligible for Medicare
- During annual open enrollment (October 15 - December 7)
- If you qualify for a special enrollment period

Covered Drugs

- Outpatient FDA-approved generic and brand-name prescription drugs
- Insulin and certain supplies necessary for the injection of insulin (i.e., needles, syringes, alcohol swabs)
- Some vaccines, including the shingles vaccine

Non-Covered Drugs

- Drugs already covered under Part A or Part B
- Medication prescribed for:
 - Fertility and erectile dysfunction
 - Anorexia, weight loss or weight gain (except in certain situations)
 - Over-the-counter drugs
 - Vitamins (except prenatal vitamins and fluoride preparations)
 - Relief of cough and colds
 - Cosmetic purposes or hair growth

Monthly Premium

- Most plans charge a monthly premium, which varies from plan to plan.
- Premiums may be higher if you have a late enrollment penalty because you delayed enrollment.
 - The penalty is 1% of the current national base premium (\$32.74 in 2023) for each full, uncovered month that you were eligible to enroll in a Part D plan, but did not.
- Premiums will also be higher if your income is higher (see chart below).

Additional Costs

You must pay additional out-of-pocket costs, such as deductibles, coinsurance and copayments. The amount you pay for your medications depends on your plan, pharmacy, medication and the coverage phase you're in.

Single Tax Filing Status 2021 Income	Joint Tax Filing Status 2021 Income	2023 Part D Income-Related Monthly Adjustment Amount
Under \$97,001	Under \$194,001	Plan Premium
\$97,001 - \$123,000	\$194,001 - \$246,000	+ \$12.20
\$123,001 - \$153,000	\$246,001 - \$306,000	+ \$31.50
\$153,001 - \$183,000	\$306,001 - \$366,000	+ \$50.70
\$183,001 - \$499,999	\$366,001 - \$749,999	+ \$70.00
\$500,000 and up	\$750,000 and up	+ \$76.40

The Four Part D Coverage Phases in 2023

Annual Deductible

- A plan's deductible cannot exceed \$505.
- You may pay up to 100% of the cost of your medications during this phase.
- If you are enrolled in a plan with enhanced benefits, costs can vary during the deductible phase.
- To find the actual costs of your medication, use the Medicare Plan Finder tool at [Medicare.gov](https://www.medicare.gov).

Initial Coverage Period

- Once you have paid your annual deductible, you are in the initial coverage phase.
- If you are enrolled in a plan with enhanced benefits, costs can vary during the initial coverage phase.
- To find the actual costs of your medication, use the Medicare Plan Finder tool at [Medicare.gov](https://www.medicare.gov).

Coverage Gap

- When the total costs for your drugs exceed \$4,660, you have reached the coverage gap (donut hole).
- During this phase, you will pay no more than 25% for all drugs on your plan's formulary.

Catastrophic Coverage

- Once your drug costs reach the out-of-pocket limit of \$7,400, you are eligible for catastrophic coverage.
- Not all Part D costs count toward this limit. Costs that help you reach this limit include:
 - The first \$6,546.28 you paid during the deductible, and the initial coverage phase
 - Most of the discount you received on brand-name drugs during the coverage gap phase
 - Money paid by others on your behalf (family and charities)
- Once you reach this phase, you will pay either 5% coinsurance or \$4.15 for covered generic drugs and \$10.35 for covered brand-name drugs, whichever is greater.

Creditable Coverage

Creditable coverage is prescription drug coverage that is determined to be as good as, or better than standard Part D coverage.

- Each year before open enrollment, group health plans must notify their members whether their drug coverage is creditable or not.
- If your coverage is not creditable, consider enrolling in a Part D plan to avoid paying a penalty.
 - If you go 63 days in a row without creditable prescription drug coverage, you may have to pay a premium penalty if you enroll in a plan later.
 - Contact your employer group health plan prior to enrolling into a Part D plan to determine how the enrollment might affect your current coverage.
- Examples of creditable coverage include:
 - TRICARE
 - Veterans' (VA) benefits
 - Federal Employee Health Benefits Program
 - Indian Health Services benefits

Extra Help for Out-of-Pocket Costs

Extra Help, also known as Low Income Subsidy (LIS), is a federal program administered by Social Security and available for people with limited income and assets.

- Partial Extra Help lowers the cost of the premium, deductible and copayments for formulary drugs.
- Full Extra Help has no premium, if you enroll in a benchmark plan (see next page). It has no deductible and your copayments will not be more than \$4.15 for generic prescriptions and \$10.35 for brand-name medications covered by your plan.

- Apply for Extra Help if your income and assets are at or below:

Individual	Married Couple
Income is \$1,719* a month or less	Income is \$2,309* a month or less
Assets are \$15,510** or less	Assets are \$30,950** or less

*These amounts usually change in March of every year.

**These amounts usually change in March of every year and include a \$1,500 burial exclusion.

What is a Benchmark Plan?

Benchmark plans are standard Medicare Part D plans with premiums equal to or lower than the regional low-income premium subsidy amount of \$39.87 in 2023.

- Enhanced plans do not qualify as benchmark plans, even if the premium is lower than the benchmark.
- Benchmark plans do not have monthly premiums for people who are:
 - Qualified for the Full Extra Help Program
 - Enrolled in a Medicare Savings Program
 - Enrolled in Medical Assistance (MA)

Benchmark Plans for 2023:

- AARP MedicareRx Saver Plus
- Clear Spring Health Value Rx
- SilverScript Choice
- Cigna Secure Rx
- Humana Basic Rx
- Wellcare Classic

! Losing Eligibility for Extra Help

- Social Security generally determines eligibility for the Extra Help Program annually.
- If you are receiving Extra Help, you may be notified by mail if your eligibility is being reviewed.
- If you are no longer eligible for Extra Help, in the fall Medicare will send you a gray-colored notice.

Extra Help Program Application

People in a Medicare Savings Program or on MA are automatically enrolled in the Extra Help Program. People who are not on these programs can apply for Extra Help online at <https://secure.ssa.gov/i1020/start>.

Enrollment Periods	
Initial Enrollment Period: Turning 65	The seven-month period includes the three months before you turn 65, the month of your 65 th birthday and the three months after.
Initial Enrollment Period: Disabled Under 65	The seven-month period starts 21 months after you get Social Security disability benefits and lasts through the 27 th month.
General Enrollment Period	People enrolling during the General Enrollment Period (January 1 – March 31) who are not eligible for premium-free Medicare Part A have a Special Enrollment Period to enroll in a Part D plan. The Special Enrollment Period is April 1 – June 30, with coverage starting July 1. People who receive premium-free Part A cannot use this Special Enrollment Period.
Open Enrollment Period	October 15 - December 7, coverage begins January 1
Special Enrollment Period	Additional special enrollment periods are available depending on your circumstances.
Medicare Advantage Open Enrollment Period	See details on page 25.

Medicare Part D Cost Sharing for 2023

Medicare Part D has four coverage phases. Which phase you are in will be determined by your plan and your total medication costs. Not all plans have a deductible. Plans that have a deductible may choose to offer certain medications at a lower price during the deductible phase.



Deductible Phase*



Initial Coverage Phase*



Coverage Gap Phase

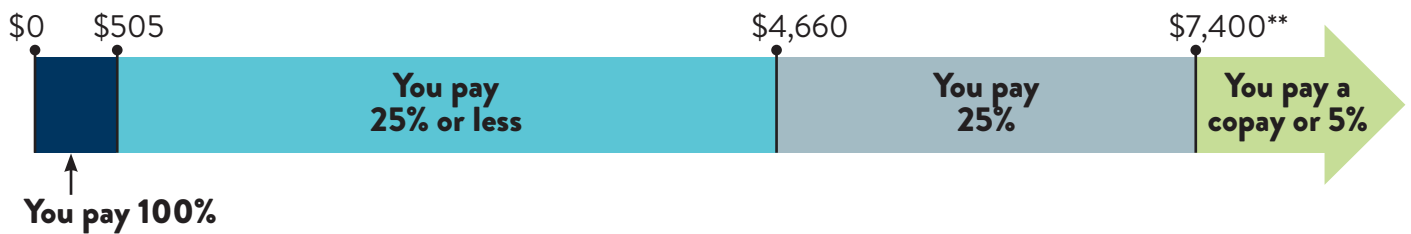


Catastrophic Coverage Phase

The graphs below show the cost sharing amounts as the total costs of your medication grows.

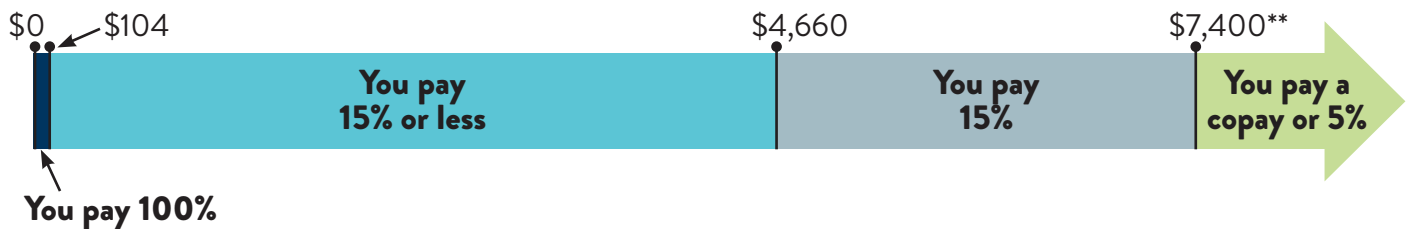
Standard Benefit

- No Extra Help/LIS
- Premiums vary by plan



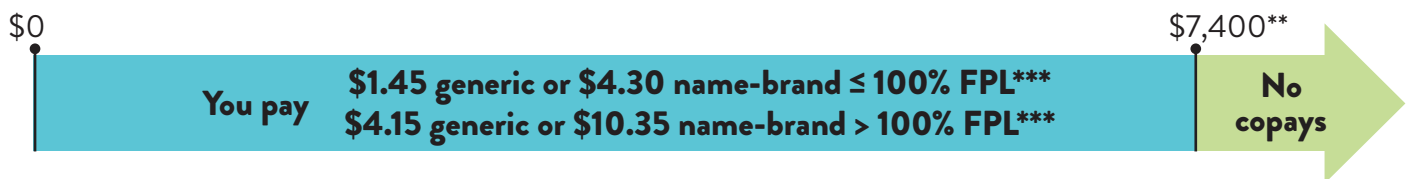
Partial Extra Help/LIS

- Lower premiums
- Lower deductibles
- Lower coinsurance
- Sliding scale premiums



Full Extra Help/LIS

- No premiums if in benchmark plan
- No monthly cap on copays
- No deductible
- No coinsurance




* If you are enrolled in a plan with enhanced benefits, costs can vary during the deductible and initial coverage phase. To determine your actual drug costs, use the Medicare Plan Finder tool at [Medicare.gov](https://www.medicare.gov).

**This is the out-of-pocket limit. See page 31 for details.

***Federal Poverty Level (FPL)

Medicare Decisions

To learn more about Medicare, how to sign up, and your coverage options, visit www.medicare.gov/basics/get-started-with-medicare. 

Step 1:

Enroll in Medicare

- Initial Enrollment Period includes the three months before you turn 65, the month of your 65th birthday and the three months after.
- You are automatically enrolled if you receive Social Security.
 - If you are not already receiving benefits at 65, you must contact Social Security to enroll.
- In most cases, if you or your spouse are still working and getting employer group health insurance, you do not need to enroll in Part B.

Step 2:

Choose Type of Medicare Coverage

- Cost - what can you afford?
- Convenience - can you be flexible?
- Coverage - how much health care do you need?
- Location - what is available where you live?

Step 3: Original Medicare Only

Choose Medigap Insurance

- Optional (Original Medicare only)
- Provided through a private insurance company, employer plan or retiree plan
- Enroll during your Medigap Open Enrollment Period for guaranteed eligibility (six months – starts the month Part B begins).


Step 4:

Choose Prescription Drug Coverage

- Coverage is optional.
- Penalties could apply for delayed enrollment without creditable coverage.
- If you have other creditable coverage, you do not need to enroll in Part D.

Step 5:

Review Medicare Plan(s) Annually

- Use the Medicare Plan Finder tool at Medicare.gov .
- Call 800-Medicare (800-633-4227).
- Call the Senior LinkAge Line at 800-333-2433.

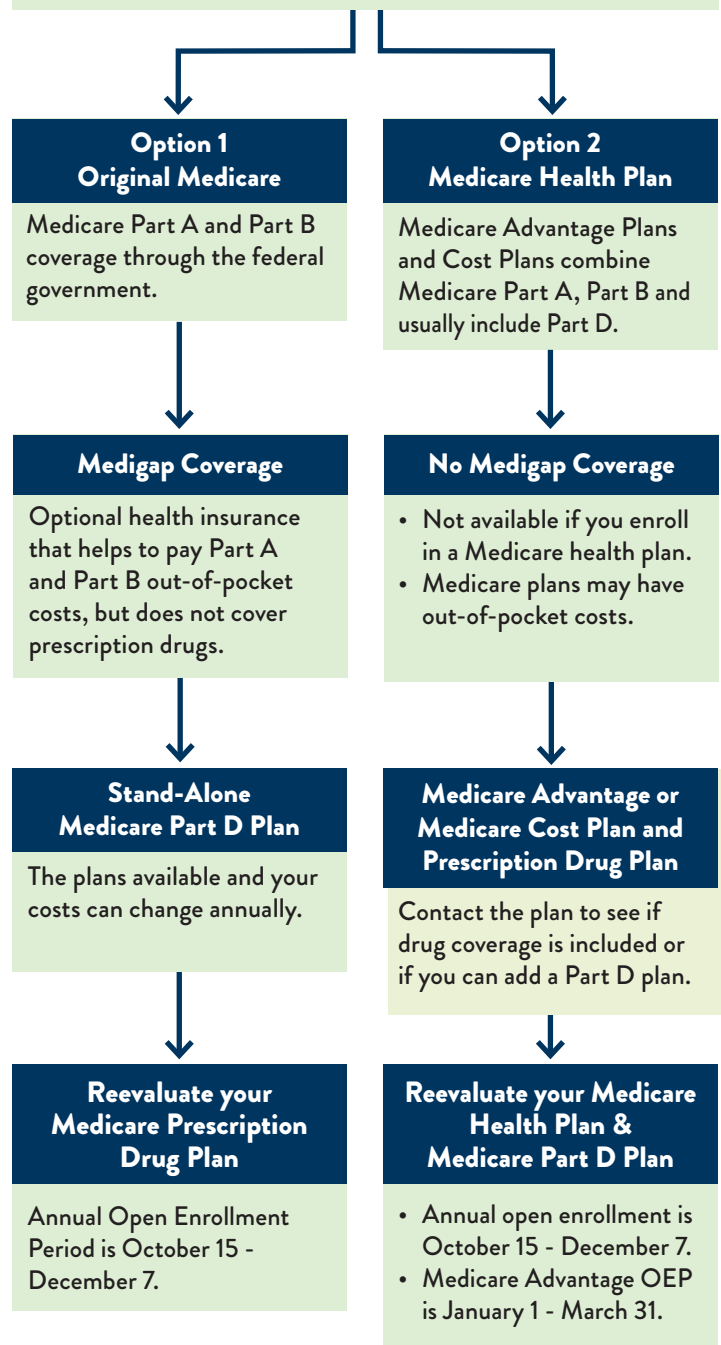
Enroll in Medicare

Medicare Part A Hospital Insurance

- No premium if you or your spouse worked ten years (40 Social Security credits)

Medicare Part B Medical Insurance

- Must pay monthly premiums
- Higher premiums for those with higher incomes



Medicare Savings Programs

Medicare Savings Programs (MSP) are state and federally funded programs available to help pay Medicare expenses, such as premiums, deductibles, coinsurance and copayments. People on an MSP can save up to \$5,500 a year.

Eligibility

MSPs have income and asset eligibility guidelines, see page 37 for details.

- Money you receive for working is counted differently. If you work, you may qualify, even if your income is higher than the stated amounts.


Three Types of Medicare Savings Programs:

- Qualified Medicare Beneficiary (QMB)
- Specified Low-Income Medicare Beneficiary (SLMB)
- Qualified Individual (QI)

Programs Pay:

- Medicare Part B premiums
- Medicare cost sharing amounts (QMB only)
 - Medicare Part A premiums
 - Medicare deductibles, coinsurance and copayments
- Medicare Part D costs are lower, if you qualify for an MSP.
 - Qualifying for an MSP automatically qualifies you for the Medicare Part D Extra Help Program (LIS). See page 32-33.

Applying for a Medicare Savings Program

Complete a *Minnesota Health Care Programs Application for Certain Populations*. Contact your local county social services office and ask for DHS publication #3876 or go to edocs.dhs.state.mn.us/lfserver/Public/DHS-3876-ENG  to download an application.

- Call the Senior LinkAge Line at 800-333-2433 for more information.

CAN'T AFFORD YOUR MEDICATIONS AND NEED HELP?

There are people of all ages who can't afford their medications, so they either go without them or don't take them as prescribed.

The Senior LinkAge Line helps people of all ages find options to help reduce their drug costs.

If you or someone you know can't afford their prescription medications, call the Senior LinkAge Line at 800-333-2433 for help locating and applying for prescription assistance programs.



Medical Assistance for Medicare Beneficiaries

Medical Assistance (MA) is Minnesota's Medicaid program. It is the largest of Minnesota's publicly funded health care programs available for people with low income who cannot afford the cost of health care.

- MA is funded with state and federal funds.
- The Minnesota Department of Human Services (DHS) oversees the program statewide.
- County human service offices administer the program locally.
- Most MA enrollees get their health care through health plans that contract with the state. The rest receive care on a fee-for-service basis, with providers billing the state for services.

MA Eligibility

To be eligible for MA you must:

- Be a Minnesota resident
- Be a U.S. citizen or a qualifying noncitizen
- Meet income and asset limits (see page 37)
- Meet other program rules

Spenddown

A spenddown is like a deductible. If your income is higher than the income limit for MA, but you have high medical costs, you may be eligible for MA with a spenddown.

- You pay a portion of your medical expenses and MA pays the rest.
- If you are eligible, once you have paid your spenddown amount, you won't have to pay any more for health care received in that month. You will also qualify to get help paying for your Part D medications the rest of the calendar year.

Help Paying for Services While You Remain in Your Own Home

Minnesota has programs that help eligible older adults remain in their home, by paying for home and community services. Some examples include:

- The Elderly Waiver provides home and community-based services for people 65 and over who are at risk of nursing home placement and eligible for MA. The Elderly Waiver does not pay for room and board.
- The Alternative Care program is designed to help support home and community services for people 65 and older who are at risk of nursing home placement, who do not meet MA financial eligibility guidelines (does not include any MA health care benefits).

MA for People That Need Care in a Nursing Home


Under certain conditions, MA will pay for both your medical expenses and care in a nursing home.

- You must meet the program rules for MA, including the income and asset limits.
- You must meet the level of care requirements.
- Your home equity cannot be more than the home equity limit (unless an exception applies).
- You cannot be subject to a penalty period because you or your spouse gave away income or assets.

Applying for Benefits

Some Minnesotans can apply for public and private health care coverage through MNsure. MNsure, however, cannot determine eligibility for certain people. Those listed below must complete *A Minnesota Programs Application for Certain Populations*.

- 65 and older
- Asking for help with Medicare costs only
- Children in foster care
- Age 21 years or older with no dependents and have Medicare coverage
- Receiving Supplemental Security Income
- Applying for Medical Assistance for Employed Persons with Disabilities

Contact your local county social services office and ask for DHS publication #3876 or go to edocs.dhs.state.mn.us/lfserver/Public/DHS-3876-ENG  to download an application.

Health Care Programs for People with Low to Modest Income

Program and Benefits	Monthly Income Guidelines	Asset Guidelines
Medical Assistance		
<p>Medical Assistance (MA) covers most medical care, except for Medicare-covered items and services, for Medicare eligible enrollees.</p> <ul style="list-style-type: none"> Contact your county human services department to apply. 	<p>\$1,215 single \$1,644 couple</p> <p>If your income is above 100% of the federal poverty level, your medical expenses may qualify you for MA with a spenddown.</p>	<p>\$3,000 single \$6,000 couple</p>
MA for Employed Persons with Disabilities (MA-EPD)		
<p>MA-EPD covers most medical care, except for Medicare-covered items and services, for Medicare eligible enrollees.</p> <ul style="list-style-type: none"> Monthly premium is based on a sliding scale. Contact your county human services department to apply. 	<p>Must have earned income of more than \$65 per month</p>	<p>\$20,000 per individual</p>
Qualified Medicare Beneficiary (QMB): Medicare Savings Program		
<p>QMB covers all Medicare Part A and Part B deductibles, copays, coinsurance and pays both Part A and Part B premiums.</p> <ul style="list-style-type: none"> Contact your county human services department to apply. 	<p>\$1,235 single \$1,664 couple</p>	<p>\$10,000 single \$18,000 couple</p>
Service Limited Medicare Beneficiary (SLMB): Medicare Savings Program		
<p>SLMB pays for Medicare Part B premium of \$164.90 (2023)</p> <ul style="list-style-type: none"> Contact your county human services department to apply. 	<p>\$1,478 single \$1,992 couple</p>	<p>\$10,000 single \$18,000 couple</p>
Qualified Individual (QI): Medicare Savings Program		
<p>QI pays for the Medicare Part B premium of \$164.90 (2023)</p> <ul style="list-style-type: none"> Contact your county human services department to apply. 	<p>\$1,661 single \$2,240 couple</p>	<p>\$10,000 single \$18,000 couple</p>
Low Income Subsidy for Medicare Part D – Partial Extra Help		
<p>Low Income Subsidy (LIS) reduces premiums and out of pocket costs for Medicare Part D.</p> <ul style="list-style-type: none"> Deductible of \$104 15% drug coinsurance and no coverage gap Contact the Social Security Administration to apply. 	<p>\$1,843 single \$2,485 couple</p>	<p>\$16,660 single \$33,240 couple</p> <p>Asset limits include \$1,500 burial allowance per person</p>
LIS for Medicare Part D – Full Extra Help		
<p>LIS reduces premiums and out-of-pocket costs for Medicare Part D.</p> <ul style="list-style-type: none"> No premium, deductible, coinsurance or coverage gap \$4.15 generic and \$10.35 brand name drug copays Contact the Social Security Administration to apply. 	<p>\$1,660 single \$2,239 couple</p>	<p>\$10,590 single \$16,630 couple</p> <p>Asset limits include \$1,500 burial allowance per person</p>
LIS for Medicare Part D – People Automatically Enrolled for Full Extra Help		
<p>LIS reduces premiums and out of pocket costs for Medicare Part D.</p> <ul style="list-style-type: none"> No premium with benchmark plan enrollment No deductible or coinsurance and no coverage gap Copays for covered drugs <ul style="list-style-type: none"> \$1.45 generic and \$4.30 brand name drug copays, if eligible for SSI, QMB, MA, MA-EPD Pays \$4.15 generic and \$10.35 name brand drug copays, if enrolled in SLMB or QI only Contact your county human services department to apply. 	<p>If you are enrolled in the following programs, you are automatically enrolled in Full Extra Help:</p> <ul style="list-style-type: none"> SSI MA (if spenddown met once/calendar year) MA-EPD QMB, SLMB, QI Elderly Waiver Disability Waiver (CADI, BI, CAC, DD) 	

Please note MA program income guidelines including MSPs, are determined by Minnesota DHS and change annually on July 1. The income guidelines for the LIS that are not deemed eligible, are determined by the Social Security Administration and change annually in January or February.

Medicare Plans Change Annually

If you have a Medicare health plan or Medicare Part D plan, your plan will send you an Annual Notice of Change (ANOC) every fall. The ANOC outlines changes in coverage, costs or service area for the following year.

⚠ Reviewing Plan Changes Carefully

Read the ANOC to understand which changes might affect you. These could include:

Medicare Advantage Plan or Medicare Cost Plan Changes:

- Monthly premium
- Deductibles, copayments and coinsurance
- Covered services
- Annual out-of-pocket maximum costs
- Network of providers
- Travel benefits
- Extra benefits (dental, hearing, vision, health club membership, etc.)

Medicare Part D Plan Changes:

- Monthly premium
- Drug restrictions
- Annual deductible
- Pharmacy network
- Formulary changes
- Copayment and coinsurance amounts

What to do if your plan will be ending:

- ✓ **Read the notice carefully and keep it as proof of coverage.**
 - The ANOC will tell you if your plan is ending and if you were enrolled into a new plan.
 - It also includes information about your rights to choose a new plan for next year.
- ✓ **Review options by going to [Medicare.gov](https://www.medicare.gov) and enroll in a new plan by December 31.**
- ✓ **If your Medicare health plan ends and you are not enrolled in another Medicare health plan, you will automatically be returned to Original Medicare on January 1.**
- ✓ **Call the Senior LinkAge Line at 800-333-2433 to discuss your plan options.**

Things to consider if your plan is ending and it included drug coverage:

- ✓ **If you are not enrolled in a new Medicare health plan, you will return to Original Medicare.**
 - If you want Medicare prescription drug coverage and plan to stay in Original Medicare, you must enroll in a stand-alone Part D plan by December 31.
- ✓ **If you do not have Medicare Part D or other creditable drug coverage, you may have to pay a late enrollment penalty.**
 - See page 30 for more information.

Special Rights When Plans End

- If your plan does not renew its contract, you have a special enrollment period to switch to another plan from December 8 through the last day of February of the following year.
- If you have a Medicare health plan that is ending, and you decide to return to Original Medicare:
 - You have the right to purchase certain Medigap policies and the company cannot deny you coverage (see page 22).

Medicare and Observation Status

Hospital Admission Status Under Medicare

People are admitted to a hospital as either an inpatient or as an outpatient in observation status. Medical providers follow guidelines established by Medicare to determine a patient's status. Patients may have a combination of both observation and inpatient hospital status days during the same hospital stay.

- Medicare Part A covers inpatient hospital stays.
- Medicare Part B covers outpatient hospital stays, includes observation services.

Observation Status

Your doctor may keep you in the hospital for short-term monitoring (observation). This allows the staff time to decide if you can return home or need to be admitted as an inpatient for further treatment.

- You can be admitted to the hospital as an outpatient when the severity of your condition and the medical treatments you need do not meet the guidelines for a Medicare inpatient hospital admission.
- Hospitals must provide written and verbal notice to Medicare patients in observation status.

Medicare Payment for Observation Stays


- Observation status can drastically increase your out-of-pocket costs for hospital services.
- During observation status, you will pay 20% of the Medicare-approved amount for each service received (after the Part B deductible has been met) under Original Medicare.
- There may be also additional out-of-pocket costs, such as prescription drugs.
 - Your Medicare Part D plan may cover prescription drug costs. For more information, you will need to contact your plan after you hospitalization.
- If you are admitted to a skilled nursing facility (SNF) when you leave the hospital, your time spent in observation status does not count toward meeting the three-midnight inpatient hospital stay required before Original Medicare will pay for care in a SNF.
 - Some Medicare Advantage Plans may waive this requirement.

Medication Reimbursement Under Observation Status

Part B will not cover outpatient prescription drugs received in a hospital while you are in observation status.

- Part D plans are required to have a process in place to reimburse people who received prescription drugs while in observation status.
- You must pay for the medications and then submit a claim form to your Part D plan.
- The copayments will be higher if the hospital pharmacy is out-of-network or you were given medications that are not on your plan's formulary.
 - Ask your Part D plan for an exception.

Disagreement with Hospital Admission Status

- If you are in the hospital as an outpatient under observation status and disagree:
 - Talk to your treating physician to see if your status can be changed to inpatient. Be aware, the hospital can overrule any changes.
 - Ask your primary doctor to contact the treating physician and try to get the status changed.
-  Medicare is developing an appeal process for people whose hospital status was changed from inpatient to outpatient observation. See pages 5-6.
- If your hospital status was not changed and you disagree:
 - When you receive the Medicare Summary Notice (MSN) for the hospital stay, follow the instructions to appeal and request the hospital stay be billed as a hospital inpatient stay (covered under Part A).
 - Request your hospital and nursing home records, and ask for letters of support from your physicians.

Medicare Appeal Rights

You have the right to file an appeal with Medicare, your Medicare health plan or Medicare Part D plan when:

- You disagree with a decision about coverage or payment.
- Payment was denied for a health care service, supply or item you received or were denied.
- You are notified the plan will no longer pay for services, supplies, items or prescriptions that you believe are needed.

There are five levels of appeal. It is important to pay attention to the instructions at each level. There are strict deadlines and a minimum dollar amount that must be in dispute to file after the second level of appeal.

Filing an Appeal - Disagree with a Coverage or Payment Decision

Original Medicare	Medicare Health Plan	Medicare Part D Plan
<ul style="list-style-type: none">• Your MSN shows the services and supplies billed to Medicare during a three-month period, what Medicare paid and what you may still owe.• If you disagree with the decision, you have 120 days from the time you received the MSN to appeal.• Follow the instructions on the back of the MSN.	<ul style="list-style-type: none">• Your Explanation of Benefits (EOB) shows the services and supplies billed to the plan. It will show you what the plan paid and what you paid or still owe.• Contact your plan directly to file an appeal.• The plan phone number should be on the back of your insurance card or on the EOB.	<ul style="list-style-type: none">• If your Part D plan won't cover a drug, speak with your health care provider. There may be a similar drug your plan will cover.• To request an exception, have your physician contact your plan. Depending on the situation, you may be able to request a fast decision within 24 hours.• If you disagree with the plan's decision, you can appeal.

Appeal Documentation

If you decide to appeal, it is important to include supporting documentation with your appeal.

- Contact your health care provider or supplier and request they provide you with information you can use to defend your claim. Some examples are:
 - Letters of support showing the service or item was medically necessary
 - Health records
- Keep copies of your appeal and supporting documents.
- Send appeals by certified mail, if possible.

Fast Appeals

You have a right to a Fast Appeal when:

- Your Medicare-covered services from a hospital, home health care agency, comprehensive outpatient rehabilitation facility or hospice are ending too soon
- You need a medication and waiting for a standard decision may endanger your health

Requesting a Fast Appeal

- If you feel Medicare-covered hospital services are ending too soon, follow the instructions provided in the notice called, *An Important Message from Medicare about Your Rights*.
 - You should receive the notice within two days of your admission and before discharge. For more information, see page 42.
- If you feel services other than those in a hospital are ending too soon, you should follow the instructions that you receive in the *Notice of Medicare Non-Coverage*.

- You will receive this notice at least two days before covered services end. For more information, see page 42.
- When appealing a Part D plan decision, you can request a fast decision by calling or writing the plan to make the request.
 - You will get a fast decision (within 24 hours) if your plan determines that waiting 72 hours may endanger your health.

Filing a Complaint

If you have a concern about the quality of care you received from a Medicare provider, you have the right to file a complaint/grievance. This must be done within 60 days of the event.

- If the complaint is with the doctor, hospital or other provider you can contact:
 - The Beneficiary and Family Centered Quality Improvement Organization at 888-524-9900
 - Your Medicare health plan
- If the complaint is with your health or drug plan, you can:
 - Follow the plan instructions provided when you enrolled
 - Contact the plan directly
 - Complete a *Medicare Complaint Form* on the [Medicare.gov](https://www.medicare.gov) website
- If the complaint is with your Medigap company or insurance agent, you can contact the Minnesota Department of Commerce. Mail written complaints to:

Minnesota Department of Commerce
 Attn: Consumer Services Center
 85 7th Place East, Suite 280
 St. Paul, MN 55101

On-line complaints: mn.gov/commerce/consumers/file-a-complaint 

Website: mn.gov/commerce/about/contact 

651-539-1500 (local) or 800-657-3602 (greater MN only)

Need Help?

- Call the Senior LinkAge Line at 800-333-2433 for help with the appeals process.

MINNESOTA OFFICE OF OMBUDSMAN FOR LONG-TERM CARE

The Office of Ombudsman for Long-Term Care is a service of the Minnesota Board on Aging. They work to enhance the quality of life and services for people receiving long-term care services. To contact the Office of Ombudsman for Long-Term Care, call 800-657-3591.

Ombudsmen

- Investigate complaints concerning health, safety, welfare and rights
- Work to identify problems and resolve individual concerns
- Offer information and consultation about long-term care services and consumer rights and regulations
- Resolve disputes between consumers and providers about long-term care services

Ombudsmen Serve:

- Anyone seeking consultation about long-term care services
- Medicare beneficiaries with hospital access or discharge concerns
- People receiving home care services
- Residents of other adult living settings (assisted living, customized living or foster care)
- Residents of nursing homes and boarding care homes, including veterans' homes

Beneficiary & Family Centered Care Quality Improvement Organization

Beneficiary & Family Centered Care Quality Improvement (BFCC-QIO) are under contract with the Center for Medicare and Medicaid Services to improve the quality of care and health outcomes for Medicare beneficiaries.

- Livanta serves as the BFCC-QIO for Minnesota.
 - Livanta manages all consumer complaints and quality of care reviews, while taking into consideration local factors that are important to people and their families.
 - They also review discharge appeals.

Filing a Quality of Care Complaint

- ✔ **Call the Livanta Beneficiary Helpline at 888-524-9900 if you are not satisfied with the quality of care received.**
 - A Livanta physician will review the medical record to determine if appropriate medical care was provided.

Filing a Discharge Appeal

- ✔ **Call the Livanta Beneficiary Helpline at 888-524-9900 if you believe that you are being discharged too soon from a:**
 - Hospital
 - Skilled nursing facility
 - Home health agency
 - Hospice

Financial Liability During Discharge Appeal

You will be able to stay in the hospital while Livanta reviews your case.

- During the discharge appeal, people have financial protections. You only have to pay applicable cost sharing while you are awaiting a decision.


Immediate Advocacy

Immediate advocacy is an informal process used by the BFCC-QIO to resolve a complaint.

- The process begins when the person on Medicare or their representative calls the Livanta Beneficiary Helpline and gives verbal consent to proceed with the complaint.
 - Livanta will contact the provider or practitioner on behalf of the person.
- This is a voluntary process for both parties.

Contacting Livanta

Call Livanta toll-free at 888-524-9900 (TTY: 888-985-8775) to file a quality of care complaint, discharge appeal or to request immediate advocacy.

- Monday - Friday from 9:00 a.m. - 5:00 p.m.
- Saturday - Sunday from 11:00 a.m. - 3:00 p.m. (discharge appeals only)
- Visit livantaqio.com  to learn more about Livanta's free services.

Medicare and People with Disabilities Under 65

People under 65 can get Medicare when they:

- Have a disability and have received SSDI benefits for 24 months.
- Get 24 months of Social Security Disabled Adult Child (also known as Childhood Disability Benefits) or Social Security Disabled Widow(er) Benefits.
- Have End-Stage Renal Disease or ALS, also known as Lou Gehrig's Disease.

Social Security Disability Insurance (SSDI)

SSDI is a federal program that provides monthly cash benefits when you have worked, paid Social Security taxes and have disabilities that limit your ability to work. Certain family members may also get a benefit, if they qualify.

- Social Security will determine the date you first met the definition of disability, called the *date of onset*.
- It can take a few months for Social Security to decide your disability status and need for benefits.
- Once you're approved, there is a five-month waiting period before the SSDI cash benefit begins.

Medicare Eligibility Timing

- After 24 months of receiving SSDI, you become eligible for Medicare benefits.
- If you have ALS, you can get Medicare the first month you are eligible for SSDI payments.
- If you have End-Stage Renal Disease, Medicare usually begins the fourth month of kidney dialysis, or the month of a kidney transplant, whichever is first.

Other Health Care Coverage Options

Before you become eligible for Medicare, you may get help paying for medical costs through:

- Medical Assistance
- Medical Assistance for Employed Persons with Disabilities
- MinnesotaCare - Basic Health Plan
- COBRA coverage
- Employer-sponsored health plan coverage through your current, former or spouse's employer
- MNsure (see page 47 for details)

Medicare Part A and Part B Enrollment

After the 24-month waiting period, you will automatically be enrolled in Part A and Part B.

- If you choose not to take Part B when you're first eligible and you are not eligible for a special enrollment period, you can sign up during the General Enrollment Period from January 1 through March 31 of each year.
 - Coverage won't start until the first day of the following month, and you may have to pay a higher premium (because there is a late enrollment penalty).
- If you have employer group health plan coverage through your own or your spouse's current employment, you can delay enrollment without penalty. See pages 8-9 for more details.
- When you turn 65, you will have another opportunity to enroll in Part B, Part D and a Medigap policy.
- If you are under 65, have a disability and have a premium penalty for Part B because you enrolled late, once you turn 65 you won't have to pay a premium penalty.

Medicare Cost Sharing Options

- You can buy a Medigap policy when you are eligible for Medicare under 65, due to a disability. See page 16 for more details.
- If you live in a Medicare health plan service area, you can choose to enroll in a Medicare health plan to get all your Part A, Part B and often Part D benefits from one plan.

Medicare Part D: Medicare Prescription Drug Benefit Enrollment

You will not automatically be enrolled into a Part D plan unless you are also enrolled in MA or a Medicare

Savings Program through your local county social services agency.

- You can enroll into a Part D plan during your initial enrollment period, which lasts for seven months. It starts three months before the 25th month of getting SSDI, the month Medicare eligibility begins and three months after. For plan options, refer to page 29.

Returning to Work

Social Security designed program rules with work incentives, to make it easier for people to test their ability to return to work. If you are eligible for Medicare due to an SSDI cash benefit, some work incentives let you keep Medicare when you work.

Trial Work Period:

- A nine-month period when you return to work
 - The months do not need to be consecutive.
- You can work, earn any amount of money and keep your full SSDI benefit.
- In 2023, a trial work month is any month within your trial work period, when monthly gross earnings are above \$1,050.
- Your trial work period lasts until you work and earn more than the trial work period amount for nine months within a rolling 60-month period.

Continuation of Medicare Coverage:



- If your SSDI stops because of work, but you still have a disability, you can keep Medicare coverage at least 93 months (seven years, nine months) after your SSDI trial work period ends.

Medicare for People with Disabilities Who Continue to Work:

- If you use up the continuation of Medicare work incentive, but you still have a disability and are still not getting SSDI due to work, you can still get Medicare.
- You must pay the Part A monthly premium.
 - You may be eligible for the Qualified Disabled Working Individuals program that pays the Part A premium.

Need Help?

The Disability Hub MN is a free statewide resource network that helps people with disabilities solve problems, navigate the system and plan for the future.

To chat with options counselors, connect to planning tools, such as db101.org,  and to find other helpful information and resources, visit disabilityhubmn.org  or call 866-333-2466.



Minnesota Veterans with Medicare

- Some veterans have health care benefits through both Medicare and the Veterans Administration (VA).
- Medicare and VA health care benefits do not work together.
 - Generally, you must use a VA facility to access your VA health benefits.
 - Medicare does not pay for services provided at a VA facility.
 - If you use a community hospital or clinic that is not affiliated with the VA, you will not be able to use your VA health care benefits, unless services have been previously authorized.
- If the VA does agree to pay for services at a non-VA facility, Medicare may pay for services not paid by the VA.

VA Health Care Benefits

If you actively served in the military and are separated under any condition other than dishonorable, you may qualify for VA health care benefits.

Enrolling in Medicare

- Enrolling in Original Medicare (Part A and Part B) allows you to receive care outside of the VA health care system, such as at a community hospital or clinic.
 - If you want help paying Medicare's out-of-pocket costs, you may need additional coverage through a Medigap policy or Medicare health plan.
- People eligible for both TRICARE and Part A must enroll in Part B to keep TRICARE.


Medicare Part D and VA Drug Coverage

- You can have VA drug coverage and Part D at the same time, or you can delay enrolling in Part D without penalty (see page 31 regarding creditable coverage).
 - The advantage to having a Part D plan is that you can apply for Extra Help (LIS) and receive cost sharing help with Part D (if you qualify).

Getting Help

Minnesota veterans and their family members can contact their local county veterans service officer (CVSO) or LinkVet at 888-LinkVet to receive up-to-date information on all state and federal veterans' benefits.


CVSO

- Locate by visiting macvso.org 
- Specially trained certified veteran advocates located in all 87 Minnesota counties
- Available to help veterans and their families explore available programs and services

LinkVet

LinkVet is staffed by a team of support specialists trained through the Minnesota Department of Veterans Affairs. They can help submit claims and provide direct advocacy for:

- Veterans and/or military retirees
- Children and dependents of a deceased or disabled veteran
- Widow/widower of a veteran
- Parents who lost a child in military service

Visit linkvet.org  or call 888-546-5838



Health Savings Accounts and Medicare

A Health Savings Account (HSA) is a medical savings account that someone with a high deductible health plan can contribute to on a tax-free basis.

- HSA funds are not taxed, if they are used to pay for qualified medical expenses.
- Your current employer may oversee your HSA, or you may have an individual HSA that is overseen by a bank, credit union or insurance company.
- If you have an HSA and you will soon be eligible for Medicare, it is important to plan ahead and understand how enrolling in Medicare will affect your HSA.

Medicare Enrollment and HSAs

By law, people with Medicare are not allowed to put money into an HSA.

- When you enroll in Medicare, you (or your employer) can no longer contribute to an HSA.
- You can withdraw money from your HSA after you enroll in Medicare to help pay medical costs, such as:
 - deductibles
 - copayments
 - coinsurances
 - premiums (excludes Medigap insurance premiums)

Delaying Enrollment in Medicare - policy holder

If you are currently working for an employer and you have a large group health plan (see glossary):

- Medicare Part A enrollment can only be delayed if you are not accepting Social Security benefits.
- Medicare Part B enrollment can be delayed without penalty.

If you are currently working for an employer and you have a small group health plan (see glossary):

- You must enroll in Part A and Part B and stop contributions to an HSA.
 - This is because Medicare is considered the primary payer.
 - See page 185 in the glossary for the definition of a small employer under a group health plan.

Delaying Enrollment in Medicare - spouse of policy holder

The spouse of the policy holder can either choose to enroll in Medicare (if eligible) or delay enrollment.

- HSA contributions are made in the name of the policy holder, not the name of the spouse.
- An employee's HSA can reimburse qualified medical expenses of the spouse and other tax dependents, even if they are enrolled in Medicare.

Important Information About Delaying Medicare Part A Enrollment

- If you delay enrollment into Part A, you will receive retroactive Part A coverage (up to six months) when you do enroll.
- This means you must stop all contributions to your HSA six months before you plan to enroll.
- If you do not stop contributions, you (policy holder) may have to pay taxes on the withdrawal amount plus a tax penalty.

Do you have questions about Medicare and HSAs?

- Call the Senior LinkAge Line at 800-333-2433.



MNsure is Minnesota's health insurance marketplace where people, families and small businesses can get quality, affordable health coverage that best fits their budget.

! MNsure is not for Medicare beneficiaries.

MNsure does not offer any health insurance plans that supplement Medicare coverage. There are no Medicare-related options or information available through MNsure.

MNsure Basics

- People not eligible for Medicare may qualify for a low-cost or free plan through MNsure.
- MNsure's next open enrollment period will begin in November.
- There are several life events that may qualify an individual for a special open enrollment period, such as marriage or birth of a child.

MNsure Can:

- Be a one-stop location to shop for health insurance, but *does not* include Medicare options
- Offer plan comparisons
- Ensure that plans meet certain baseline benefit standards
- Let you know if you qualify for tax credits or financial assistance
- Let you know if you qualify for a low-cost or free plan
- Allow you to apply and enroll online in health plans
- Show quality ratings for hospitals and clinics in your community

What happens if I have a MNsure plan and become eligible for Medicare?

- Most people should enroll in Medicare when they are first eligible.
- MNsure plans do not automatically end.
 - Once you enroll in Medicare, you must contact your plan and ask for it to end.
- You will no longer qualify for MNsure tax credits or financial assistance, if you are eligible for premium-free Part A.
- MNsure will no longer cover any medications once you become eligible for Medicare.
- People not eligible for premium-free Part A may enroll or remain in a plan through MNsure.
 - People not eligible for premium-free Part A would be eligible for tax credits and other financial help.

What happens if I did not enroll in Medicare, but instead chose to stay with my MNsure plan?

- If you delay enrollment in Medicare, you may have to pay late enrollment penalties later.
- You can request equitable relief (eligibility is complex).
 - This process that allows you to request enrollment into Medicare without penalty.
 - Call the Senior LinkAge Line at 800-333-2433 for help.

Need help with MNsure?

- Call MNsure at 855-3-MNSURE or go to [MNsure.org](https://www.mn.gov/mnensure) 

Need help with Medicare?

- To get help with Medicare, call the Senior LinkAge Line at 800-333-2433.

Medicare-Covered Preventive Services

Medicare pays for many preventive services, but it does not pay for an annual physical.

- Preventive services include exams, vaccines, lab tests and screenings.
- Services also include programs for health monitoring, counseling and education.

Preventive Services Covered Under Medicare

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular screening
- Cardiovascular disease risk reduction visit
- Cervical and vaginal cancer screening
- Colorectal cancer screening
- Depression screening
- Diabetes screening
- Diabetes self-management training
- Glaucoma tests
- Hepatitis C screening test
- HIV screening
- Lung cancer screening
- Medical nutrition therapy services
- Obesity screening and counseling
- Prostate cancer screening
- Sexually transmitted infections screening and counseling
- Shots (flu, pneumococcal, hepatitis B, COVID, shingles, etc.)
- Tobacco use cessation counseling
- *Welcome to Medicare preventive visit and Annual Wellness Visit*

Welcome to Medicare preventive visit

You are eligible to receive a one-time *Welcome to Medicare preventive visit* within the first 12 months of enrolling in Part B. Visit includes:


- ✓ A review of your medical history
- ✓ Recommendations for screenings, shots and other care as needed
- ✓ Height, weight, blood pressure and other routine measurements
- ✓ Calculation of your body mass index
- ✓ A simple vision test
- ✓ Reviewing your potential risk for depression and your level of safety
- ✓ An offer to talk with you about creating advance directives
- ✓ A written plan of the screenings, shots and other preventive services you need

Medicare Annual Wellness Visit

You are also eligible to receive an *Annual Wellness Visit* after you've been enrolled in Part B for 12 months (11 full months must have passed between each visit). Visit includes:

- ✓ Reviewing your medical and family history
- ✓ Developing or updating a list of current providers and prescriptions
- ✓ Height, weight, blood pressure and other routine measurements
- ✓ Detection of cognitive impairment
- ✓ Personalized health advice
- ✓ A list of risk factors and treatment options
- ✓ A schedule of preventive services

Medicare Coverage for Dental, Hearing and Vision

 Original Medicare coverage for dental, hearing and vision is very limited and rarely covered except for special circumstances. Some Medicare health plans, however, do include coverage.

Medicare Coverage for Dental

Original Medicare does not cover routine dental care such as, checkups, cleanings, fillings or dentures.

- Some Medicare health plans (Medicare Advantage and Cost Plans) may help pay for dental care.
- Some Medicare Advantage plans offer extra dental coverage for an additional cost.

Medicare Will Only Pay for Dental Services When You:

- Receive an oral exam in:
 - The hospital, because you will be having a kidney transplant
 - A rural, Federally Qualified Health Center before a heart valve replacement
- Have a disease that involves the jaw and need dental services that are necessary for radiation treatment
- Had a facial tumor removed and had reconstruction of the jaw as part of the procedure
- Need surgery to treat fractures of the jaw or face
- Need dental splints and wiring because of jaw surgery

Coverage for Dental Follow-up Care After Treatment

Medicare will not pay for any follow-up dental care after the underlying health condition has been treated.

For example:

- If Medicare paid for a tooth to be removed during surgery to repair an injury from a car accident, it will not pay for any other dental care you may need later because you had the tooth removed.

Dentures

Original Medicare does not cover dentures, but some Medicare health plans may pay some of the cost.

- Call the company to ask if you have coverage under the plan or if you can purchase extra coverage for an additional premium.

Medicare Coverage for Hearing Loss

Original Medicare does not cover routine exams, hearing aids or exams for fitting hearing aids. However, it will cover diagnostic hearing and balance exams, if your doctor orders these tests to see if you need medical treatment.

- Some Medicare health plans offer additional hearing loss benefits.

Medicare Coverage for Vision Care

Original Medicare does not cover eye exams related to prescribing glasses. Medicare will pay for some preventive and diagnostic eye exams.

- Some Medicare health plans offer additional vision care benefits.

Coverage for Eye Exams

Medicare will pay for an eye exam when you are having vision problems that could indicate a serious eye condition.


- The exam will be covered, even if they find nothing wrong with your sight during the exam.
- Medicare will pay for an eye exam every 12 months for the following high-risk groups:
 - People with diabetes
 - People with a family history of glaucoma
 - African-Americans or Hispanic-Americans age 50 or older

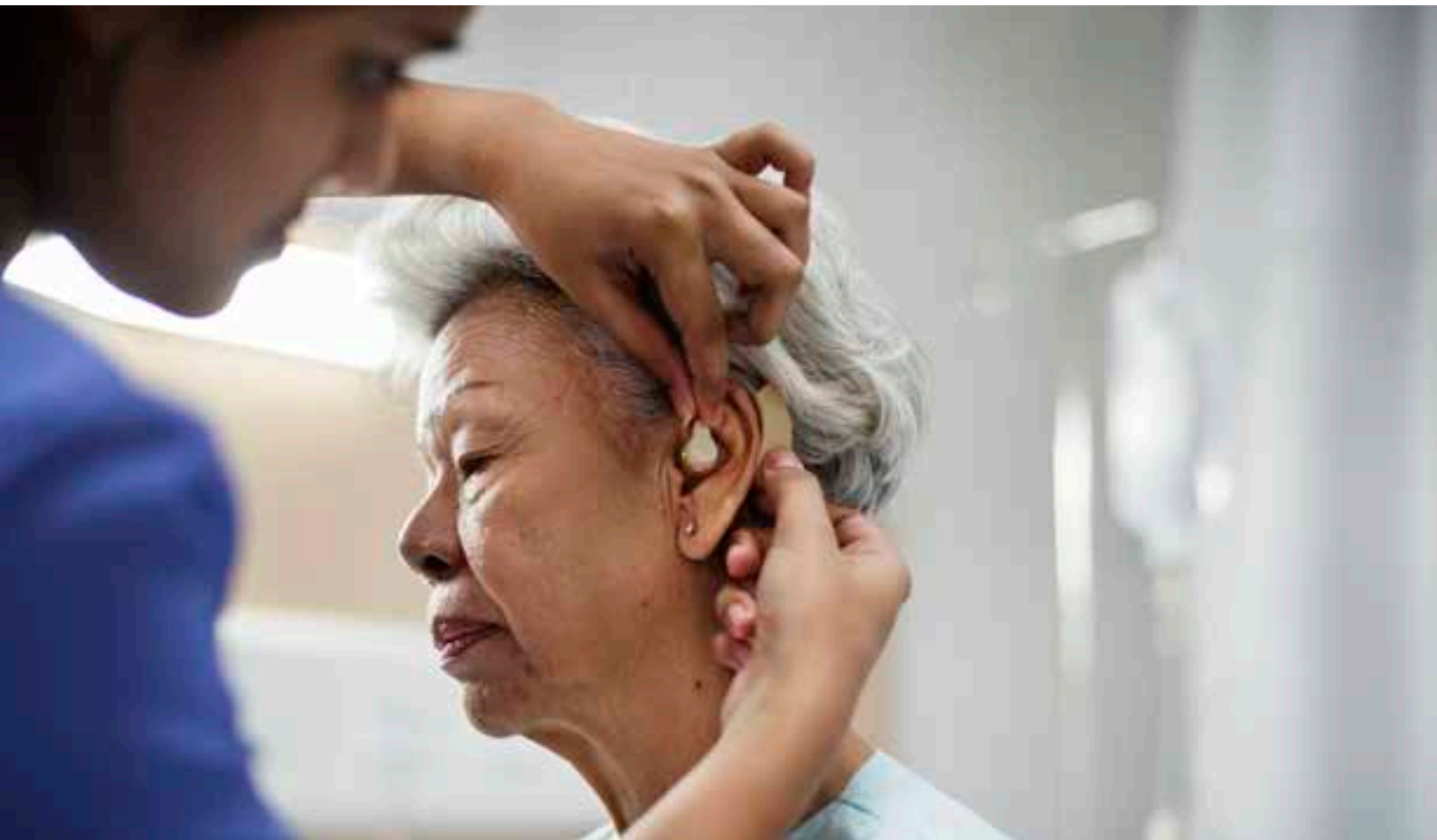
Eye Surgery Coverage

Medicare will pay for surgical procedures to help repair the function of the eye, due to a disease, injury or medical condition (such as cataract surgery).

- Medicare will reimburse the cost of a standard pair of prescription eyeglasses or contacts for someone who had cataract surgery and an intraocular lens was placed into their eye.

Get Help

- To find out more about programs and/or insurance options in your area, contact the Senior LinkAge Line at 800-333-2433 or go to [MinnesotaHelp.info](https://www.MinnesotaHelp.info)  to search for options.
- Veterans and their dependents who are Minnesota residents and meet the income and asset limitations may qualify for certain VA programs.
 - Contact your local CVSO for more information.
- If you, or someone you know with hearing loss, needs resource information, equipment, training or services, you can contact the Senior LinkAge Line at 800-333-2433 to locate the Deaf and Hard of Hearing Services office in your area.
- If there are no programs in your area, talk to your provider about payment options.



Fighting Fraud

Fraud and financial scams happen to millions of people every year, resulting in billions of dollars lost. Medicare fraud results in higher taxes and health care costs for everyone. Scams are a type of fraud that can happen through mail, email, in-person and over the phone. Technology has increased the types of fraud and how often it occurs. It is important to know how to recognize fraud and financial scams and how to protect yourself.

Medicare Fraud and Abuse

Medicare fraud is when someone intentionally schemes to obtain money or property from the Medicare program. Abuse describes practices that may result in unnecessary costs to the Medicare program. Examples include:

- Billing for services and supplies you did not receive or need
- Offering or accepting kickbacks and bribes
- Allowing someone else to use your Medicare number
- Double billing or overcharging for services and supplies
- Misusing billing codes on a claim

How to Fight Medicare Fraud and Abuse

- Protect your Medicare, Medical Assistance and Social Security numbers.
 - Medicare and Social Security won't call to sell you anything.
- Document doctor visits, tests and procedures.
- Review for errors and save Medicare Summary Notices and Explanation of Benefits statements.
- When disposing of documents, shred anything with personal information.
- Be wary of promises that Medicare will pay for certain services or devices.

What to Do if You Suspect Medicare Fraud, Errors or Abuse


- ✓ **If you're confused about a charge, call the provider.**
 - This may help you better understand the charge, or they may realize they made a billing error.
- ✓ **If Medicare is billed for an item you didn't receive, or you don't know the supplier on the claim, call 800-Medicare (800-633-4227).**
- ✓ **Call the Senior LinkAge Line at 800-333-2433 and get help.**

Consumer Scams


Examples include:

- Identity theft
- Fake cashier's check or money order as payment
- Phony emails, texts or corrupt websites
- Impersonations
 - Someone you know is in distress and needs money
 - IRS or other government agency
- Soliciting donations for fake charities
- Fraudulent investment options
- Fake prize winnings and lotteries
- COVID-19 health benefit scams
- New Medicare card with a chip is needed (real Medicare cards do not have chips).

Protect Yourself From Becoming a Victim of a Scam

- Be wary when things sound too good to be true.
- Don't allow someone to rush you into making a decision.
- Research the product, company or person.
 - Do an online search.
 - Check with the Better Business Bureau at bbb.org. 
- Before acting, get the opinion of someone you trust.
- Don't click on links in emails (even from people you know).
 - Check with the person sending the email to make sure it is really from them.
- If you receive a possible scam call, hang up.

What to Do if You Suspect a Scam

- ✓ **File a report with local law enforcement.**
- ✓ **Call the FBI at 763-569-8000.**
- ✓ **Contact the Office of Minnesota Attorney General at 800-657-3787.**
- ✓ **Report Identity Theft**
 - Visit the Federal Trade Commission's (FTC) website: IdentityTheft.gov  or call 877-382-4357.
 - Call one of the three credit reporting agencies: Equifax 877-322-8228, Experian 888-397-3742 or TransUnion 833-395-6938.
 - Record the dates and times you make calls or send letters.
- ✓ **Keep copies of your reports and letters on file.**
- ✓ **Call the Senior LinkAge Line at 800-333-2433 and ask for help.**



VOLUNTEER

with the

Senior LinkAge Line



Help older adults and caregivers in your community by volunteering with the Senior LinkAge Line.

800-333-2433



VOLUNTEER OPPORTUNITIES

- Volunteer locally
- Community outreach
- Office assistance
- Forms and application assistance
- Health insurance counseling
- And so many more ways to help older adults and caregivers

HOW DO I GET INVOLVED?

Call the Senior LinkAge Line at 800-333-2433.

VOLUNTEERING PROVIDES

- Training and learning new skills
- Physical, social and mental activity
- A greater sense of purpose
- Opportunity to meet new people
- Creative ways to use your talents
- Giving back to your community

m MINNESOTA
SENIOR LINKAGE LINE

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DON'T MISS OUT ON THE SAVINGS!

The Senior LinkAge Line helps people of all ages find help to pay for and/or reduce their prescription drug costs. You may be able to save as much as \$5,000 a year in Medicare Part D drug costs.

One Number to Call

If you or someone you know can't afford their prescription medications, call the Senior LinkAge Line at 800-333-2433 for help.

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Icon Key: Look for these icons to help you quickly identify plans with additional benefits.



Additional dental coverage included



Additional vision coverage included



Additional hearing coverage included



Part D drug coverage included



Additional health benefits included

Medicare Cost Plans

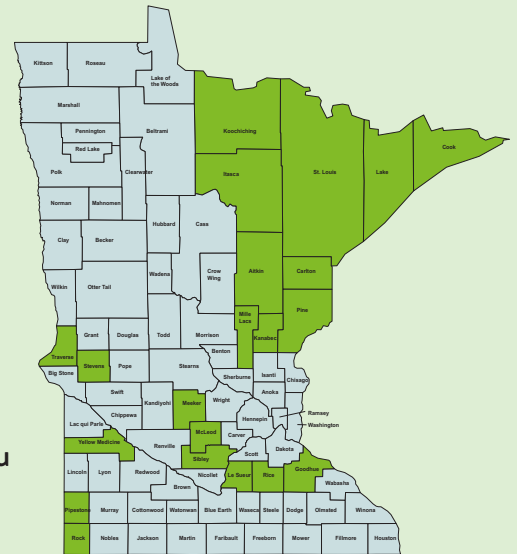


What You Need to Know

Medicare Cost Plans are a type of Medicare health plan. Plans are offered by private companies that contract with Medicare to provide all your Medicare benefits within the plan's network. Medicare-covered services outside the plan's network are covered by Original Medicare. You must be enrolled in Medicare Part B or in both Part A and Part B to enroll in a Cost Plan.

- Minnesota counties where plans can be sold in 2023:

- Aitkin
- Carlton
- Cook
- Goodhue
- Itasca
- Kanabec
- Koochiching
- Lake
- Le Sueur
- McLeod
- Meeker
- Mille Lacs
- Pine
- Pipestone
- Rice
- Rock
- Sibley
- St. Louis
- Stevens
- Traverse
- Yellow Medicine



- You can enroll in a Medicare Cost Plan:

- During your Initial Enrollment Period
- Throughout the year, if the plan is accepting new members, you have Original Medicare and you live in county where the plan can be sold.

- You may be responsible to pay the cost sharing for out-of-network services that are billed under Original Medicare.
- Plans cover additional services not covered under Original Medicare.
- You must pay your Part B premium in addition to other out-of-pocket costs.
- See pages 27-28 for more information on Medicare Cost Plans.

Prescription Drug Coverage

- You can choose to get your Medicare prescription drug coverage through the plan, or through a Medicare Part D stand-alone plan.
- See the information on pages 29-33.



Call the Senior LinkAge Line at 800-333-2433 for free help with Medicare-related issues, including appeals and plan options.



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

Platinum Blue Core (H2461-005)

Cost Plan

Enrollment: 877-662-2583
 Service: 866-340-8654 • TTY: 711
bluecrossmnonline.com



Monthly Premium: \$29

Medicare Part D Coverage	No, but you can enroll in a separate Part D stand-alone plan for Part D coverage.
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Platinum Blue Core with Rx (H2461-008)

Cost Plan

Enrollment: 877-662-2583
 Service: 866-340-8654 • TTY: 711
bluecrossmnonline.com



Monthly Premium: \$52.40

Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap on insulins available on the plan formulary.
Medicare Part D Deductible	\$505

PLAN DETAILS LISTED BELOW ARE THE SAME FOR BOTH PLANS ABOVE.

Plan Area: 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 Counties

Out-of-Pocket Max	\$6,000 annually
Health Plan Deductible	\$0
Hospital Inpatient	\$600 copay/each Medicare-covered hospital stay
Physician/Outpatient	Medicare-covered services - \$20 copay primary care doctor or 20% coinsurance/specialist visit, ambulatory surgical center or outpatient hospital facility visit
Ambulance	20% coinsurance/Medicare-covered ambulance, includes while in a foreign country
Outpatient Surgery	20% coinsurance/Medicare-covered outpatient hospital facility visits
Outpatient Mental Health	\$40 copay/Medicare-covered visits
Emergency/Urgent Care	Emergency: \$90 copay, waived if re-admitted within 24 hours for the same condition Urgent Care: \$65 copay/Medicare-covered visit
Travel Coverage	For providers that accept Medicare - up to 9 months U.S. travel, no referrals needed, same cost sharing as network providers in Minnesota
X-rays, Lab & Diagnostic Tests	\$60 copay/Medicare-covered x-rays, \$0 copay/Medicare-covered lab service, 20% coinsurance/Medicare-covered diagnostic radiology and therapeutic radiology services
Physical/Speech/Occupational Therapy	\$40 copay/Medicare-covered physical/occupational/speech therapy visit
Skilled Nursing Facility Care	Medicare-covered services - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100
Diabetic Supplies & Services	\$0 copay/self-management training, diabetic supplies, 20% coinsurance/Medicare-covered therapeutic shoes or inserts
DMEPOS	20% coinsurance/Medicare-covered durable medical equipment item and related supplies; prior authorization required if purchase fee of \$1,000+ or average rental fee schedule of \$100+
Dental	20% coinsurance/Medicare-covered dental services
Chiropractic/Acupuncture	\$20 copay/Medicare-covered chiropractic visit, \$20 copay/acupuncture visit
Vision	20% coinsurance/1 pair of eyeglasses or contact lenses post cataract surgery, \$0 copay/Medicare-covered exams to diagnose and treat diseases and conditions of the eye
Hearing	\$699 copay for Advanced hearing aids, \$999 copay for Premium hearing aids; must see a TruHearing provider
Medicare Part B Drugs	20% coinsurance
Discounts & Programs	SilverSneakers program and 24-hour nurse advice line, \$25 quarterly/over-the-counter drugs and supplies



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Platinum Blue Choice (H2461-006)

Cost Plan

Enrollment: 877-662-2583
 Service: 866-340-8654 • TTY: 711
bluecrossmnonline.com



Monthly Premium: \$114

Medicare Part D Coverage	No, but you can enroll in a separate Part D stand-alone plan for Part D coverage.
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Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association

Platinum Blue Choice with Rx (H2461-009)

Cost Plan

Enrollment: 877-662-2583
 Service: 877-340-8654 • TTY: 711
bluecrossmnonline.com



Monthly Premium: \$158.20

Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1 & 2, \$505/tiers 3-5

PLAN DETAILS LISTED BELOW ARE THE SAME FOR BOTH PLANS ABOVE.

Plan Area: 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 Counties

Out-of-Pocket Max	\$3,500 annually
Health Plan Deductible	\$0
Hospital Inpatient	\$200 copay/each Medicare-covered hospital stay
Physician/Outpatient	Medicare-covered services - \$0 copay/primary care visit, \$15 copay/specialist visit, \$0 copay/nonsurgical outpatient hospital facility services
Ambulance	\$20 copay/Medicare-covered ambulance, \$25 copay/emergency ambulance outside the U.S.
Outpatient Surgery	\$50 copay/Medicare-covered outpatient hospital facility visit or ambulatory surgical center
Outpatient Mental Health	\$15 copayment/Medicare-covered visit
Emergency/Urgent Care	Emergency: \$90 copay, waived if re-admitted within 24 hours for the same condition Urgent Care: \$25 copay/Medicare-covered visit
Travel Coverage	For providers that accept Medicare - up to 9 months U.S. travel, no referrals needed, same cost sharing as network providers in Minnesota
X-rays, Lab & Diagnostic Tests	\$0 copay/Medicare-covered x-ray, diagnostic radiology, therapeutic radiology and lab services
Physical/Speech/Occupational Therapy	\$15 copay/Medicare-covered physical/occupational/speech therapy visit
Skilled Nursing Facility Care	\$0 copay/day for Medicare-covered service
Diabetic Supplies & Services	\$0 copay/self-management training, diabetic supplies, 20% coinsurance/Medicare-covered therapeutic shoes or inserts
DMEPOS	20% coinsurance/Medicare-covered durable medical equipment item and related supplies, prior authorization required if purchase fee of \$1,000+ or an average rental fee schedule of \$100+
Dental	\$15 copay/Medicare-covered dental service Preventive: \$0 copay/2 cleanings, 2 oral exams, 1 x-ray, 2 periodontal cleaning, 2 fluoride treatments
Chiropractic/Acupuncture	\$20 copay/Medicare-covered chiropractic visit, \$20 copay/acupuncture visit
Vision	20% coinsurance/1 pair of eyeglasses/contact lenses post cataract surgery, \$0 copay/Medicare-covered exams to diagnose and treat eye diseases and conditions, \$0 copay/2 supplemental routine eye exams/year, \$125 plan benefit allowance/non-Medicare-covered eyewear/year
Hearing	\$599 copay for Advanced hearing aids, \$899 copay for Premium hearing aids; must see a TruHearing provider
Medicare Part B Drugs	20% coinsurance
Discounts & Programs	SilverSneakers program and 24-hour nurse advice line, \$50 quarterly/over-the-counter drugs and supplies



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Platinum Blue Complete (H2461-007)

Cost Plan

Enrollment: 877-662-2583
 Service: 866-340-8654 • TTY: 711
bluecrossmnonline.com



Monthly Premium: \$189

Medicare Part D Coverage	No, but you can enroll in a separate Part D stand-alone plan for Part D coverage.
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Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association

Platinum Blue Complete with Rx (H2461-010)

Cost Plan

Enrollment: 877-662-2583
 Service: 866-340-8654 • TTY: 711
bluecrossmnonline.com



Monthly Premium: \$255.10

Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1 & 2, \$505/tiers 3-5

PLAN DETAILS LISTED BELOW ARE THE SAME FOR BOTH PLANS ABOVE.

Plan Area: 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 Counties

Out-of-Pocket Max	\$2,700 annually
Health Plan Deductible	\$0
Hospital Inpatient	\$100 copay/Medicare-covered hospital stay
Physician/Outpatient	\$0 copay/Medicare-covered benefits and outpatient hospital facility visit
Ambulance	\$0 copay/Medicare-covered ambulance transportation, includes while in a foreign country
Outpatient Surgery	\$0 copay/Medicare-covered surgery in an ambulatory surgical center or outpatient hospital facility
Emergency/Urgent Care	Emergency: \$0 copay Urgent Care: \$0 copay/Medicare-covered urgently needed care visit
Outpatient Mental Health	\$0 copayment/Medicare-covered visit
Travel Coverage	For providers that accept Medicare - up to 9 months U.S. travel, no referrals needed, same cost sharing as network providers in Minnesota
X-rays, Lab & Diagnostic Tests	\$0 copay/Medicare-covered x-rays, diagnostic radiology services, therapeutic radiology services and lab services
Physical/Speech/Occupational Therapy	\$0 copay/Medicare-covered physical/occupational/speech therapy visit
Skilled Nursing Facility Care	\$0 copay/day for Medicare-covered service
Diabetic Supplies & Services	\$0/self-management training preventive benefit for eligible members; 0% coinsurance/Medicare-covered diabetic supplies, therapeutic shoes or inserts
DMEPOS	0% coinsurance/Medicare-covered durable medical equipment item and related supplies; prior authorization required if purchase fee of \$1,000+ or average rental fee schedule of \$100+
Dental	\$0 copay/Medicare-covered dental service Preventive: \$0 copay/2 cleanings, 2 oral exams, 1 x-ray, 2 periodontal cleaning, 2 fluoride treatments
Chiropractic/Acupuncture	\$0 copay/Medicare-covered chiropractic visit, \$0 copay/acupuncture visit
Vision	20% coinsurance/1 pair of eyeglasses/contact lenses post cataract surgery, \$0 copay/Medicare-covered exams to diagnose and treat eye diseases and conditions, 2 supplemental routine eye exams/year, \$150 plan benefit allowance/non-Medicare-covered eyewear/year
Hearing	\$499 copay for Advanced hearing aids, \$799 copay for Premium hearing aids; must see a TruHearing provider
Medicare Part B Drugs	Medicare-covered medications - 20% coinsurance/Part B prescription drugs, \$0 copay/Part B Drugs and biologicals injected during an office visit, oxygen and medications for use in a nebulizer and self-administered Erythropoietin (EPO)
Discounts & Programs	SilverSneakers program and 24-hour nurse advice line, \$50 quarterly/over-the-counter drugs and supplies



Medica Prime Solution Standard (H2450-044)

Cost Plan

Enrollment: 800-906-5432
 Service: 800-234-8755 • TTY/TDD: 711
medica.com/medicare



Monthly Premium: \$0

Medicare Part D Coverage	No, but you can enroll in a separate Part D stand-alone plan for Part D coverage.
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Medica Prime Solution Standard w/Rx (H2450-049)

Cost Plan

Enrollment: 800-906-5432
 Service: 800-234-8755 • TTY/TDD: 711
medica.com/medicare



Monthly Premium: \$49.40

Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap on insulins available on the plan formulary.
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Medicare Part D Deductible	\$0/tiers 1-2, \$505/tiers 3-5
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PLAN DETAILS LISTED BELOW ARE THE SAME FOR BOTH PLANS ABOVE.

Plan Area: Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Pine, Pipestone, Rice, Rock, Sibley, St. Louis, Stevens, Traverse, Yellow Medicine Counties

Out-of-Pocket Max	\$5,000 annually
Health Plan Deductible	\$0
Hospital Inpatient	\$325 copay/day for days 1-4 of each benefit period, no limit to the number of days covered
Physician/Outpatient	Medicare-covered benefits - \$10 copay/primary care visit, \$40 copay/specialist visit
Ambulance	\$200 copay/ground ambulance, \$400 copay/air ambulance
Outpatient Surgery	\$150 copay/Medicare-covered visit to an ambulatory surgical center, \$250 copay/Medicare-covered visit to an outpatient hospital facility
Outpatient Mental Health	\$30 copay/visit with other mental health professionals, \$40 copay/visit with psychiatrist, \$40 copay/partial hospitalization program services
Emergency/Urgent Care	Emergency: \$110 copay/Medicare-covered ER visit inside and outside the U.S. Urgent Care: \$10-\$40 copay/Medicare-covered urgent care visit
Travel Coverage	Travel throughout the U.S. and its territories for up to 9 months and receive plan benefits at in-network cost-sharing from any provider who accepts Medicare, emergency care covered worldwide
X-rays, Lab & Diagnostic Tests	Medicare-covered benefits: \$0 copay/lab services, \$10-\$40 copay/diagnostic procedures and tests, \$10-\$40 copay/x-rays, \$40-\$150 copay/diagnostic radiology services, \$40-\$150 copay/therapeutic radiology services
Physical/Speech/Occupational Therapy	\$40 copay/Medicare-covered visit
Skilled Nursing Facility Care	Medicare-covered stays: \$0 copay/day for days 1-20, \$194.50* copay/day for days 21-100, up to 100 days/benefit period.
Diabetic Supplies & Services	\$35 copay/testing supplies, 20% coinsurance/therapeutic shoes or inserts, \$0 copay/self-management training
DMEPOS	20% coinsurance/Medicare-covered items
Dental	\$10-\$40 copay/Medicare-covered dental benefits, up to \$400 reimbursement for all other dental services
Chiropractic/Acupuncture	\$20 copay/Medicare-covered chiropractic service, \$10-\$40 copay/Medicare-covered acupuncture service
Vision	\$0 copay/1 routine eye exam/year, \$0 copay/Medicare-covered glaucoma and diabetic retinopathy screenings, \$150/year prescription eyewear allowance, \$10-\$40 copay/Medicare-covered diagnostic exam, \$45 copay/Medicare-covered eyewear
Hearing	\$10-\$40 copay/1 routine hearing exam/year, \$600/year hearing aid allowance, \$40 copay/Medicare-covered diagnostic exam
Medicare Part B Drugs	20% coinsurance
Discounts & Programs	In-Network: One Pass fitness & memory training program, HealthAdvocate nursesline, \$0 e-visit from Amwell, \$25 quarterly allowance/eligible OTC health and wellness products, no rollover

* This rate is subject to change in 2023.



Medica Prime Solution Thrift (H2450-030)

Cost Plan

Enrollment: 800-906-5432
Service: 800-234-8755 • TTY/TDD: 711
medica.com/medicare



Monthly Premium: \$40

Medicare Part D Coverage	No, but you can enroll in a separate Part D stand-alone plan for Part D coverage.
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Medica Prime Solution Thrift w/Rx (H2450-007)

Cost Plan

Enrollment: 800-906-5432
Service: 800-234-8755 • TTY/TDD: 711
medica.com/medicare



Monthly Premium: \$90.30

Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap on insulins available on the plan formulary.
Medicare Part D Deductible	\$505

PLAN DETAILS LISTED BELOW ARE THE SAME FOR BOTH PLANS ABOVE.

Plan Area: Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Pine, Pipestone, Rice, Rock, Sibley, St. Louis, Stevens, Traverse, Yellow Medicine Counties

Out-of-Pocket Max	\$6,700 annually, limit includes only Part A and B covered services
Health Plan Deductible	\$50 deductible
Hospital Inpatient	\$300 copay/day for days 1-4, \$0 copay/day for days 5-90, \$0 copay/lifetime reserve day
Physician/Outpatient	Medicare-covered benefits - 20% coinsurance/primary care visit and each specialist visit
Ambulance	20% coinsurance/ground or air ambulance
Outpatient Surgery	20% coinsurance/Medicare-covered visit to an ambulatory surgical center or outpatient hospital facility
Outpatient Mental Health	20% coinsurance/Medicare-covered individual or group therapy visit, or partial hospitalization program services
Emergency/Urgent Care	Emergency: \$50 copay/each Medicare-covered ER visit Urgent Care: \$25 copay/Medicare-covered urgent care visits in the U.S.
Travel Coverage	Travel throughout the U.S. and its territories for up to 9 months and receive plan benefits at in-network cost-sharing from any provider who accepts Medicare
X-rays, Lab & Diagnostic Tests	0% coinsurance/Medicare-covered lab services, 20% coinsurance/Medicare-covered diagnostic procedures and tests, x-rays, diagnostic radiology services and therapeutic radiology services
Physical/Speech/Occupational Therapy	20% coinsurance/Medicare-covered visit
Skilled Nursing Facility Care	Medicare-covered stays: \$0 copay/day for days 1-20, \$194.50* copay/day for days 21-100, up to 100 days/benefit period.
Diabetic Supplies & Services	20% coinsurance/testing supplies, therapeutic shoes or inserts; \$0 copay/self-management training
DMEPOS	20% coinsurance/Medicare-covered items
Dental	20% coinsurance/Medicare-covered dental benefits
Chiropractic/Acupuncture	20% coinsurance/Medicare-covered chiropractic service and Medicare-covered acupuncture service
Vision	20% coinsurance/Medicare-covered diagnostic exam and Medicare-covered eyewear
Hearing	20% coinsurance/Medicare-covered diagnostic exam
Medicare Part B Drugs	20% coinsurance
Discounts & Programs	HealthAdvocate Nurseline

* This rate is subject to change in 2023.



Medica Prime Solution Basic (H2450-032)

Cost Plan

Enrollment: 800-906-5432
Service: 800-234-8755 • TTY/TDD: 711
medica.com/medicare



Monthly Premium: \$86

Medicare Part D Coverage	No, but you can enroll in a separate Part D stand-alone plan for Part D coverage.
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Medica Prime Solution Basic with Rx (H2450-016)

Cost Plan

Enrollment: 800-906-5432
Service: 800-234-8755 • TTY/TDD: 711
medica.com/medicare



Monthly Premium: \$131.80

Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap on insulins available on the plan formulary.
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Medicare Part D Deductible	\$0/tiers 1-2, \$505/tiers 3-5
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Medica Prime Solution Basic with Rx 2 (H2450-001)

Cost Plan

Enrollment: 800-906-5432
Service: 800-234-8755 • TTY/TDD: 711
medica.com/medicare



Monthly Premium: \$169.60

Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap on insulins available on the plan formulary.
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Medicare Part D Deductible	\$0
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PLAN DETAILS LISTED BELOW ARE THE SAME FOR ALL PLANS ABOVE.

Plan Area: Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Pine, Pipestone, Rice, Rock, Sibley, St. Louis, Stevens, Traverse, Yellow Medicine Counties	
Out-of-Pocket Max	\$3,400 annually
Health Plan Deductible	\$0
Hospital Inpatient	\$300/stay, no limit to the number of days covered
Physician/Outpatient	Medicare-covered benefits - \$0 copay/primary care visit, \$15 copay/specialist visit
Ambulance	\$25 copay/ground ambulance, \$50 copay/air ambulance
Outpatient Surgery	\$50 copay/Medicare-covered surgery in an ambulatory surgical center, \$100 copay/Medicare-covered visit to an outpatient hospital facility
Outpatient Mental Health	\$0 copay/visit with other mental health professionals, \$15 copay/visit with psychiatrist, \$20 copay/partial hospitalization program services
Emergency/Urgent Care	Emergency: \$50 copay/Medicare-covered ER visit Urgent Care: \$0-\$20 copay/Medicare-covered Urgent Care visits
Travel Coverage	Travel throughout the U.S. and its territories for up to 9 months and receive plan benefits at in-network cost-sharing from any provider that accepts Medicare, emergency care is covered worldwide
X-rays, Lab & Diagnostic Tests	Medicare-covered benefits: \$0 copay/lab services, \$0-\$15 copay/diagnostic procedures and tests, \$10 copay/x-rays, \$25-\$100 copay/diagnostic radiology services, \$25 copay/therapeutic radiology services
Physical/Speech/Occupational Therapy	\$15 copay/Medicare-covered visit
Skilled Nursing Facility Care	Medicare-covered stays: \$0 copay/day for days 1-20, \$50 copay/day for days 21-100, up to 100 days/benefit period
Diabetic Supplies & Services	\$0 copay/testing supplies, 20% coinsurance/therapeutic shoes or inserts; \$0 copay/self-management training
DMEPOS	20% coinsurance/Medicare-covered items
Dental	\$0-\$15 copay/Medicare-covered dental benefits, up to \$300 reimbursement/all other dental services
Chiropractic/Acupuncture	\$15 copay/Medicare-covered chiropractic service, \$0-\$15 copay/Medicare-covered acupuncture service
Vision	\$0 copay/1 routine eye exam/year, \$0 copay/Medicare-covered glaucoma and diabetic retinopathy screenings, prescription eyewear allowance of \$100/year, \$0-\$15 copay/Medicare-covered diagnostic exam, \$30 copay/Medicare-covered eyewear
Hearing	\$0 copay/1 routine hearing exam/year, hearing aid allowance of \$400/year, \$0-\$15 copay/Medicare-covered diagnostic exam
Medicare Part B Drugs	20% coinsurance
Discounts & Programs	In-Network: One Pass fitness & memory training program, HealthAdvocate Nurseline, \$0 e-visit from Amwell, \$50 quarterly allowance/eligible OTC health and wellness products, no rollover



Medica Prime Solution Enhanced (H2450-033)

Cost Plan

Enrollment: 800-906-5432
 Service: 800-234-8755 • TTY/TDD: 711
medica.com/medicare



Monthly Premium: \$166

Medicare Part D Coverage	No, but you can enroll in a separate Part D stand-alone plan for Part D coverage.
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Medica Prime Solution Enhanced w/Rx 2 (H2450-002)

Cost Plan

Enrollment: 800-906-5432
 Service: 800-234-8755 • TTY/TDD: 711
medica.com/medicare



Monthly Premium: \$242.30

Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap on insulins available on the plan formulary.
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Medicare Part D Deductible	\$0
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PLAN DETAILS LISTED BELOW ARE THE SAME FOR ALL PLANS ABOVE.

Plan Area: Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Le Sueur, McLeod, Meeker, Mille Lacs, Pine, Pipestone, Rice, Rock, Sibley, St. Louis, Stevens, Traverse, Yellow Medicine Counties

Out-of-Pocket Max	\$3,000 annually
Health Plan Deductible	\$0
Hospital Inpatient	\$0 copay/Medicare-covered hospital stay, \$0 copay/additional days, no limit to the number of days covered
Physician/Outpatient	Medicare-covered benefits - \$0 copay/primary care visit, \$10 copay/specialist visit
Ambulance	\$0 copay/ground ambulance, \$50 copay/air ambulance
Outpatient Surgery	\$0 copay/Medicare-covered visit to an ambulatory surgical center; \$50 copay/Medicare-covered visit to an outpatient hospital facility
Outpatient Mental Health	\$0 copay/visit with other mental health professionals, \$10 copay/visit with psychiatrist, \$10 copay/partial hospitalization program services
Emergency/Urgent Care	Emergency: \$50 copay/Medicare-covered ER visit Urgent Care: \$0-\$10 copay/Medicare-covered urgent care visits
Travel Coverage	Travel throughout the U.S. and its territories for up to 9 months and receive plan benefits at in-network cost-sharing from any provider that accepts Medicare, emergency care is covered worldwide
X-rays, Lab & Diagnostic Tests	Medicare-covered benefits: \$0 copay/lab services, \$0-\$10 copay/diagnostic procedures and tests, \$0 copay/x-rays, \$10-\$50 copay/diagnostic radiology services, \$10 copay/therapeutic radiology services
Physical/Speech/Occupational Therapy	\$10 copay/Medicare-covered visit
Skilled Nursing Facility Care	Medicare-covered stays: \$0 copay/day for days 1-20, \$25 copay/day for days 21-100, up to 100 days/benefit period
Diabetic Supplies & Services	\$0 copay/testing supplies and therapeutic shoes or inserts; \$0 copay/ self-management training
DMEPOS	0% coinsurance/Medicare-covered items
Dental	\$0-\$10 copay/Medicare-covered dental benefits, up to \$400 reimbursement for all other dental services
Chiropractic/Acupuncture	\$10 copay/Medicare-covered chiropractic service, \$0-\$10 copay/Medicare-covered acupuncture service
Vision	\$0 copay/1 routine eye exam/year, \$0 copay/Medicare-covered glaucoma and diabetic retinopathy screenings, prescription eye wear allowance of \$200/year, \$0-\$10 copay/Medicare-covered diagnostic exam, \$30 copay for Medicare-covered eyewear
Hearing	\$0 copay/1 routine hearing exam/year, hearing aid allowance of \$400/year, \$0-\$10/Medicare-covered diagnostic exam
Medicare Part B Drugs	20% coinsurance
Discounts & Programs	In-Network: One Pass fitness & memory training program, HealthAdvocate Nurseline, \$0 e-visit from Amwell, \$50 quarterly allowance/eligible OTC health and wellness products, no rollover

Medicare Advantage Plans



What You Need to Know

Medicare Advantage Plans are a type of Medicare health plan. Plans are offered by private companies that contract with Medicare to provide all your Medicare benefits. This type of plan is also known as Medicare Part C. You must be enrolled in Medicare Part A and Part B to enroll in an Advantage Plan.

- You can only enroll:
 - During your Initial Enrollment Period.
 - During the Medicare Open Enrollment Period.
 - When you are eligible for a Special Enrollment Period.
- Plans may require you to:
 - Use certain health care providers (provider network).
 - Have some services pre-approved and/or have a referral to see a specialist.
- Plans cover additional services not covered under Original Medicare.
- Services received outside the network may not be covered or costs could be higher.
- You must pay your Part B premium, the plan's premium and you will have additional out-of-pocket costs.
- Some plans are not available in all areas.
- See page 24-26 for more information on Medicare Advantage Plans.

Prescription Drug Coverage

- Part D benefits are provided in most Medicare Advantage Plans.
- If you are enrolled in a Medicare Advantage HMO, HMO-POS, PPO or most MA-SNP Plans, you must get your Medicare Part D coverage through the plan.
- If you are enrolled in a Medicare Advantage Plan with Medicare Part D and you enroll in a Medicare Part D stand-alone plan, you will be **DISENROLLED** from your Medicare Advantage Plan and returned to Original Medicare.
- See the information on pages 29-33.



Call the Senior LinkAge Line at 800-333-2433 for free help with Medicare-related issues, including appeals and plan options.

AARP® Medicare Advantage® Choice (H1278-007)



Advantage PPO Plan

Enrollment: 800-555-5757

Service: 844-723-6473 • TTY: 711

AARPMedicarePlans.com



Monthly Premium: \$0

Plan Area: Lincoln, Murray, Nobles, Pipeston, Rock Counties	
Out-of-Pocket Max	\$3,900 annually/Medicare-covered services. Combined In and Out-of-Network: \$8,900 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	\$370 copay/day for days 1-5, \$0 copay/day for days 6+, unlimited inpatient hospital stay days
Physician/Outpatient	In-Network: \$0 copay/primary, \$30 copay/specialists Out-of-Network: \$15 copay/primary, \$45 copay/specialists
Ambulance	\$250 copay/ground or air ambulance, copays are not waived if admitted
Outpatient Surgery	Outpatient Hospital In-Network: \$0-\$300 copay/ambulatory surgical facility, \$0-\$350 copay/outpatient hospital facility, cost sharing for additional plan covered services will apply Outpatient Hospital Out-of-Network: \$0-\$350 copay
Outpatient Mental Health	\$0 copay/group or individual therapy visit
Emergency/Urgent Care	Emergency Care: \$90 copay/visit (\$0 copay worldwide), copays are waived if admitted within 24 Hours Urgently Needed Services: \$40 copay (\$0 copay worldwide)
Travel Coverage	Not covered
X-rays, Lab & Diagnostic Tests	In-Network: \$0-\$150 copay/diagnostic radiology services, \$30 copay/diagnostic tests and procedures, \$60 copay/therapeutic radiology, \$0 copay/lab services, \$15 copay/outpatient x-rays Out-of-Network: \$0-\$150 copay/diagnostic radiology services, \$30 copay/diagnostic tests and procedures, 40% coinsurance/therapeutic radiology, \$0 copay/lab services, \$15 copay/outpatient x-rays
Physical/Speech/Occupational Therapy	\$20 copay
Skilled Nursing Facility Care	In-Network: \$0 copay/day for days 1-20, \$196 copay/day for days 21-40, \$0 copay/days 41-100 Out-of-Network: \$150 copay/day for days 1-16, \$250 copay/day for days 17-22, \$0 copay/day for days 23-100
Diabetic Supplies & Services	In-Network: \$0 copay/diabetic monitoring supplies and self-management training, 20% coinsurance/therapeutic shoes or inserts Out-of-Network: 50% coinsurance/monitoring supplies, therapeutic shoes or inserts; \$0 copay/self-management training
DMEPOS	In-Network: 20% coinsurance/durable medical equipment and prosthetics Out-of-Network: 50% coinsurance/durable medical equipment and prosthetics
Dental	\$0 copay/preventive and diagnostic; \$0-50% coinsurance/comprehensive dental services; \$1,000 benefit limit on covered preventive and comprehensive dental services
Chiropractic/Acupuncture	In-Network: \$10 copay/Medicare-covered chiropractic services, \$0-\$30 copay/Medicare-covered acupuncture services Out-of-Network: \$45 copay/Medicare-covered chiropractic services, \$15-\$45 copay/Medicare-covered acupuncture services
Vision	\$0 copay/1 routine eye exam every year; \$0 copay/standard lenses and \$150 credit for frames or contact lenses every 2 years
Hearing	\$175-\$1,225 copay/each hearing aid device, limited to 2 devices every year
Medicare Part B Drugs	In-Network: 0-20% coinsurance Out-of-Network: 0-40% coinsurance
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/all tiers
Discounts & Programs	Virtual medical and mental health visits; NurseLine; meal benefit package (up to 28 meals for 14 days, unlimited times per year); Philips Lifeline; Renew Active; \$40/quarter over-the-counter debit card and catalog, amount expires quarterly

AARP® Medicare Advantage® Headwaters (H7404-005)



Advantage PPO Plan

Enrollment: 800-555-5757

Service: 844-723-6473 • TTY: 711

AARPMedicarePlans.com



Monthly Premium: \$0

Plan Area: Aitkin, Becker, Beltrami, Benton, Carlton, Cass, Clay, Clearwater, Cook, Crow Wing, Grant, Hubbard, Itasca, Kanabec, Kittson, Koochiching, Lake, Lake of the Woods, Mahnommen, Marshall, Meeker, Mille Lacs, Morrison, Norman, Otter Tail, Pennington, Pine, Polk, Red Lake, Roseau, St. Louis, Todd, Traverse, Wadena, Wilkin Counties	
Out-of-Pocket Max	\$6,700 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	\$450 copay/day for days 1-4, \$0 copay/day for days 5+, unlimited inpatient hospital stay days
Physician/Outpatient	Physician In and Out-of-Network: \$0 copay/primary, \$45 copay/specialists
Ambulance	\$250 copay/ground or air ambulance, copays are not waived if admitted
Outpatient Surgery	Outpatient Hospital In-Network: \$0-\$350 copay/ambulatory surgical facility, \$0-\$450 copay/outpatient hospital facility, cost sharing for additional plan covered services will apply Outpatient Hospital Out-of-Network: \$0-\$450 copay
Outpatient Mental Health	\$15 copay/group or individual therapy visit
Emergency/Urgent Care	Emergency Care: \$90 copay/visit (\$0 copay worldwide), copays are waived if admitted within 24 Hours Urgently Needed Services: \$40 copay (\$0 copay worldwide)
Travel Coverage	Not covered
X-rays, Lab & Diagnostic Tests	In-Network: \$0-\$140 copay/diagnostic radiology services, \$20 copay/diagnostic tests and procedures, \$60 copay/therapeutic radiology, \$0 copay/lab services, \$15 copay/outpatient x-rays Out-of-Network: \$0-\$140 copay/diagnostic radiology services, \$20 copay/diagnostic tests and procedures, 40% coinsurance/therapeutic radiology, \$0 copay/lab services, \$15 copay/outpatient x-rays
Physical/Speech/Occupational Therapy	\$25 copay
Skilled Nursing Facility Care	In-Network: \$0 copay/day for days 1-20, \$196 copay/day for days 21-55, \$0 copay/days 56-100 Out-of-Network: \$150 copay/day for days 1-16, \$250 copay/day for days 17-34, \$0 copay/day for days 35-100
Diabetic Supplies & Services	In-Network: \$0 copay/diabetic monitoring supplies and self-management training, 20% coinsurance/therapeutic shoes or inserts Out-of-Network: 50% coinsurance/monitoring supplies, therapeutic shoes or inserts; \$0 copay/self-management training
DMEPOS	In-Network: 20% coinsurance/durable medical equipment and prosthetics Out-of-Network: 50% coinsurance/durable medical equipment and prosthetics
Dental	\$0 copay/preventive and diagnostic; \$0 copay/comprehensive dental services; \$500 benefit limit on covered preventive and comprehensive dental services; Dental Platinum Rider available for an additional \$50/month
Chiropractic/Acupuncture	In-Network: \$10 copay/Medicare-covered chiropractic services, \$0-\$45 copay/Medicare-covered acupuncture services Out-of-Network: \$45 copay/Medicare-covered chiropractic services, \$0-\$45 copay/Medicare-covered acupuncture services
Vision	\$0 copay/1 routine eye exam every year; \$0 copay/standard lenses and \$100 credit for frames or contact lenses every 2 years
Hearing	\$175-\$1,225 copay/each hearing aid device, limited to 2 devices every year
Medicare Part B Drugs	In-Network: 0-20% coinsurance Out-of-Network: 0-40% coinsurance
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1-2, \$395/tiers 3-5
Discounts & Programs	Virtual medical and mental health visits; NurseLine; meal benefit package (up to 28 meals for 14 days, unlimited times per year); Philips Lifeline; Renew Active; \$40/quarter over-the-counter debit card and catalog, amount expires quarterly



AARP® Medicare Advantage® Headwaters (H7404-001)



Advantage PPO Plan

Enrollment: 800-555-5757

Service: 844-723-6473 • TTY: 711

AARPMedicarePlans.com



Monthly Premium: \$0

Plan Area: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, Wright Counties	
Out-of-Pocket Max	In-Network: \$5,400 annually/Medicare-covered services Out-of-Network: \$7,900 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$295 copay/day for days 1-5, \$0 copay/day for days 6+, unlimited inpatient hospital stay days Out-of-Network: \$345 copay/day for days 1-5, \$0 copay/day for days 6+, unlimited days
Physician/Outpatient	Physician In-Network or Out-of-Network: \$0 copay/primary, \$40 copay/specialists
Ambulance	\$250 copay/ground or air ambulance, copays are not waived if admitted
Outpatient Surgery	Outpatient Hospital In-Network: \$0-\$275 copay/ambulatory surgical facility, \$0-\$250 copay/outpatient hospital facility, cost sharing for additional plan covered services will apply Outpatient Hospital Out-of-Network: \$0-\$325 copay
Outpatient Mental Health	\$15 copay/group therapy visit or individual therapy visit
Emergency/Urgent Care	Emergency Care: \$90 copay/visit (\$0 copay worldwide); copays are waived if admitted within 24 Hours Urgently Needed Services: \$40 copay (\$0 copay worldwide)
Travel Coverage	Passport benefit covered
X-rays, Lab & Diagnostic Tests	In-Network: \$0-\$140 copay/diagnostic radiology services, \$20 copay/diagnostic tests and procedures, \$60 copay/therapeutic radiology, \$0 copay/lab services, \$15 copay/outpatient x-rays Out-of-Network: \$0-\$140 copay/diagnostic radiology services, \$20 copay/diagnostic tests and procedures, 40% coinsurance/ therapeutic radiology, \$0 copay/lab services, \$15 copay/outpatient x-rays
Physical/Speech/Occupational Therapy	\$25 copay
Skilled Nursing Facility Care	In-Network: \$0 copay/day for days 1-20, \$196 copay/day for days 21-48, \$0 copay/days 49-100 Out-of-Network: \$150 copay/day for days 1-16, \$250 copay/day for days 17-30, \$0 copay/days 31-100
Diabetic Supplies & Services	In-Network: \$0 copay/diabetic monitoring supplies and self-management training, 20% coinsurance/therapeutic shoes or inserts Out-of-Network: 50% coinsurance/monitoring supplies, therapeutic shoes/inserts; \$0 copay/self-management training
DMEPOS	In-Network: 20% coinsurance/durable medical equipment, prosthetics Out-of-Network: 50% coinsurance/durable medical equipment, prosthetics
Dental	\$0 copay/preventive and diagnostic; \$0 copay/comprehensive dental services; \$1,000 benefit limit on covered preventive and comprehensive dental services
Chiropractic/Acupuncture	In-Network: \$10 copay/Medicare-covered chiropractic services, \$0-\$40 copay/Medicare-covered acupuncture services Out-of-Network: \$40 copay/Medicare-covered chiropractic services; \$0-\$40 copay/Medicare-covered acupuncture services
Vision	\$0 copay/1 routine eye exam every year; \$0 copay/eyewear every year, \$150 credit for contact lenses or eyeglasses (lenses/frames) every year
Hearing	UnitedHealthcare Hearing: \$175 - \$1,225 copay for each hearing aid device; limited to 2 devices every year
Medicare Part B Drugs	In-Network: 0-20% coinsurance Out-of-Network: 0-40% coinsurance
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/all tiers
Discounts & Programs	Virtual medical and mental health visits; NurseLine; meal benefit package (up to 28 meals for 14 days, unlimited times per year); Philips Lifeline; Renew Active; \$40/quarter over-the-counter debit card and catalog, amount expires quarterly

AARP® Medicare Advantage® Headwaters (H7404-011)



Advantage PPO Plan

Enrollment: 800-555-5757

Service: 844-723-6473 • TTY: 711

AARPMedicarePlans.com



Monthly Premium: \$0

Plan Area: Blue Earth, Brown, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Le Sueur, McLeod, Martin, Mower, Nicollet, Olmstead, Renville, Rice, Sibley, Steele, Wabasha, Waseca, Watonwan, Winona Counties	
Out-of-Pocket Max	\$5,900 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	\$450 copay/day for days 1-4, \$0 copay/day for days 5+, unlimited inpatient hospital stay days
Physician/Outpatient	Physician In and Out-of-Network: \$0 copay/primary, \$45 copay/specialists
Ambulance	\$250 copay/ground or air ambulance, copays are not waived if admitted
Outpatient Surgery	Outpatient Hospital In-Network: \$0-\$350 copay/ambulatory surgical facility, \$0-\$450 copay/outpatient hospital facility, cost sharing for additional plan covered services will apply Outpatient Hospital Out-of-Network: \$0-\$450 copay, cost sharing for additional plan covered services will apply
Outpatient Mental Health	\$15 copay/group or individual therapy visit
Emergency/Urgent Care	Emergency Care: \$90 copay/visit (\$0 copay worldwide); copays are waived if admitted within 24 hours Urgently Needed Services: \$40 copay (\$0 copay worldwide)
Travel Coverage	Not covered
X-rays, Lab & Diagnostic Tests	In-Network: \$0-\$140 copay/diagnostic radiology services, \$20 copay/diagnostic tests and procedures, \$60 copay/therapeutic radiology, \$0 copay/lab services, \$15 copay/outpatient x-rays Out-of-Network: \$0-\$140 copay/diagnostic radiology services, \$20 copay/diagnostic tests and procedures, 40% coinsurance/therapeutic radiology, \$0 copay/lab services, \$15 copay/outpatient x-rays
Physical/Speech/Occupational Therapy	\$25 copay
Skilled Nursing Facility Care	In-Network: \$0 copay/day for days 1-20, \$196 copay/day for days 21-51, \$0 copay/days 52-100 Out-of-Network: \$150 copay/day for days 1-16, \$250 copay/day for days 17-30, \$0 copay/day for days 31-100
Diabetic Supplies & Services	In-Network: \$0 copay/diabetic brand monitoring supplies and self-management training, 20% coinsurance/therapeutic shoes or inserts Out-of-Network: 50% coinsurance/monitoring supplies, therapeutic shoes or inserts; \$0 copay/self-management training
DMEPOS	In-Network: 20% coinsurance/durable medical equipment and prosthetics Out-of-Network: 50% coinsurance/durable medical equipment and prosthetics
Dental	\$0 copay/preventive & diagnostic services, \$0 copay/comprehensive dental services, for up to \$500/year for covered preventive and comprehensive dental services, Dental Platinum Rider available for an additional \$50/month
Chiropractic/Acupuncture	In-Network: \$10 copay/Medicare-covered chiropractic services; \$0-\$45 copay/ Medicare-covered acupuncture services Out-of-Network: \$45 copay/Medicare-covered chiropractic services; \$0-\$45 copay/Medicare-covered acupuncture services
Vision	\$0 copay/1 routine eye exam every year; \$0 copay/standard lenses and up to \$100 credit for frames or contact lenses every 2 years
Hearing	\$175 - \$1,225 copay/each hearing aid device; limited to 2 devices every year
Medicare Part B Drugs	In-Network: 0-20% coinsurance Out-of-Network: 0-40% coinsurance
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1 & 2, \$295/tiers 3-5
Discounts & Programs	Virtual medical and mental health visits; Nurse HotLine Package; meal benefit package (up to 28 meals for 14 days, unlimited times per year); Philips Lifeline; Renew Active; \$40/quarter over-the-counter debit card and catalog, amount expires quarterly



AARP® Medicare Advantage® Patriot (H7404-015)



Advantage PPO Plan

Enrollment: 800-555-5757

Service: 844-723-6473 • TTY: 711

AARPMedicarePlans.com



Monthly Premium: \$0
\$60 Part B Premium Reduction

Plan Area: Aitkin, Anoka, Becker, Beltrami, Benton, Blue Earth, Brown, Carlton, Carver, Cass, Chisago, Clay, Clearwater, Cook, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Kanabec, Kittson, Koochiching, Lake, Lake of the Woods, Le Sueur, McLeod, Mahnomon, Marshall, Martin, Meeker, Mille Lacs, Morrison, Mower, Nicollet, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Renville, Rice, Roseau, St. Louis, Scott, Sherburne, Sibley, Steele, Todd, Traverse, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona, Wright Counties

Out-of-Pocket Max	In-Network: \$4,900 annually/Medicare-covered services Combined In and Out-of-Network: \$8,500 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	\$295 copay/day for days 1-6, \$0 copay/day for days 7+, unlimited inpatient hospital stay days
Physician/Outpatient	Physician In and Out-of-Network: \$0 copay/primary, \$45 copay/specialists
Ambulance	\$250 copay/ground or air ambulance, copays are not waived if admitted
Outpatient Surgery	Outpatient Hospital In-Network: \$0-\$200 copay/ambulatory surgical facility, \$0-\$250 copay/outpatient hospital facility, cost sharing for additional plan covered services will apply Outpatient Hospital Out-of-Network: \$0-\$250 copay, cost sharing for additional plan covered services will apply
Outpatient Mental Health	\$10 copay/group or individual therapy visit
Emergency/Urgent Care	Emergency Care: \$90 copay/visit (\$0 copay worldwide); copays are waived if admitted within 24 Hours Urgently Needed Services: \$40 copay (\$0 copay worldwide)
Travel Coverage	Not covered
X-rays, Lab & Diagnostic Tests	In-Network: \$0-\$140 copay/diagnostic radiology services, \$20 copay/diagnostic tests and procedures, \$60/copay therapeutic radiology, \$0 copay/lab services, \$15 copay/outpatient x-rays Out-of-Network: \$0-\$140 copay/diagnostic radiology services, \$20 copay/diagnostic tests and procedures, 40% coinsurance/therapeutic radiology, \$0 copay/lab services, \$15 copay/outpatient x-rays
Physical/Speech/Occupational Therapy	\$40 copay
Skilled Nursing Facility Care	In-Network: \$0 copay/day for days 1-20, \$196 copay/day for days 21-45, \$0 copay/days 46-100 Out-of-Network: \$150 copay/day for days 1-16, \$250 copay/day for days 17-26, \$0 copay/day for days 27-100
Diabetic Supplies & Services	In-Network: \$0 copay/diabetic monitoring supplies and self-management training, 20% coinsurance for therapeutic shoes or inserts Out-of-Network: 50% coinsurance/monitoring supplies, therapeutic shoes or inserts; \$0 copay/self-management training
DMEPOS	In-Network: 20% coinsurance/durable medical equipment and prosthetics Out-of-Network: 50% coinsurance/durable medical equipment and prosthetics
Dental	\$0 copay/preventive and diagnostic services, \$0 copay/comprehensive services for up to \$2,500 per year for covered preventive and comprehensive dental services
Chiropractic/Acupuncture	In-Network: \$10 copay/Medicare-covered chiropractic services, \$0-\$45 copay/Medicare-covered acupuncture services Out-of-Network: \$45 copay/Medicare-covered chiropractic services, \$10-\$45 copay/Medicare-covered acupuncture services
Vision	\$0 copay/1 routine eye exam every year; \$0 copay/eyewear every year, \$200 credit for contact lenses or eyeglasses (lenses/frames) every year
Hearing	\$175 - \$1,225 copay/each hearing aid device; limited to 2 devices every year
Medicare Part B Drugs	In-Network: 0-20% coinsurance Out-of-Network: 0-40% coinsurance
Medicare Part D Coverage	No, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan.
Discounts & Programs	Virtual medical and mental health visits; Nursing HotLine Package; meal benefit package (up to 28 meals for 14 days, unlimited times per year); PERS; Renew Active; \$50/quarter over-the-counter debit card and catalog, amount expires quarterly

AARP® Medicare Advantage® Patriot (H1278-019)

Advantage PPO Plan

Enrollment: 800-555-5757

Service: 844-723-6473 • TTY: 711

AARPMedicarePlans.com



Monthly Premium: \$0
\$60 Part B Premium Reduction

Plan Area: Lincoln, Murray, Nobles, Pipeston, Rock Counties	
Out-of-Pocket Max	\$4,900 annually/Medicare-covered services. Combined In and Out-of-Network: \$8,900 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	\$295 copay/day for days 1-6, \$0 copay/day for days 7+, unlimited inpatient hospital stay days
Physician/Outpatient	In-Network: \$0 copay/primary, \$45 copay/specialists Out-of-Network: \$25 copay/primary, \$60 copay/specialists
Ambulance	\$250 copay/ground or air ambulance, copays are not waived if admitted
Outpatient Surgery	Outpatient Hospital In-Network: \$0-\$200 copay/ambulatory surgical facility, \$0-\$295 copay/outpatient hospital facility, cost sharing for additional plan covered services will apply Outpatient Hospital Out-of-Network: \$0-\$295 copay
Outpatient Mental Health	\$10 copay/group or individual therapy visit
Emergency/Urgent Care	Emergency Care: \$90 copay/visit (\$0 copay worldwide), copays are waived if admitted within 24 Hours Urgently Needed Services: \$40 copay (\$0 copay worldwide)
Travel Coverage	Not covered
X-rays, Lab & Diagnostic Tests	In-Network: \$0-\$150 copay/diagnostic radiology services, \$30 copay/diagnostic tests and procedures, \$60 copay/therapeutic radiology, \$0 copay/lab services, \$15 copay/outpatient x-rays Out-of-Network: \$0-\$150 copay/diagnostic radiology services, \$30 copay/diagnostic tests and procedures, 40% coinsurance/therapeutic radiology, \$0 copay/lab services, \$15 copay/outpatient x-rays
Physical/Speech/Occupational Therapy	\$40 copay
Skilled Nursing Facility Care	In-Network: \$0 copay/day for days 1-20, \$196 copay/day for days 21-45, \$0 copay/days 46-100 Out-of-Network: \$150 copay/day for days 1-16, \$250 copay/day for days 17-26, \$0 copay/day for days 27-100
Diabetic Supplies & Services	In-Network: \$0 copay/diabetic monitoring supplies and self-management training, 20% coinsurance/therapeutic shoes or inserts Out-of-Network: 50% coinsurance/monitoring supplies, therapeutic shoes or inserts; \$0 copay/self-management training
DMEPOS	In-Network: 20% coinsurance/durable medical equipment and prosthetics Out-of-Network: 50% coinsurance/durable medical equipment and prosthetics
Dental	\$0 copay/preventive and diagnostic; \$0-50% coinsurance/comprehensive dental services; \$2,000 benefit limit on covered preventive and comprehensive dental services
Chiropractic/Acupuncture	In-Network: \$10 copay/Medicare-covered chiropractic services, \$0-\$45 copay/Medicare-covered acupuncture services Out-of-Network: \$60 copay/Medicare-covered chiropractic services, \$25-\$60 copay/Medicare-covered acupuncture services
Vision	\$0 copay/1 routine eye exam every year; \$0 copay/standard lenses and \$200 credit for frames or contact lenses every 2 years
Hearing	\$175-\$1,225 copay/each hearing aid device, limited to 2 devices every year
Medicare Part B Drugs	In-Network: 0-20% coinsurance Out-of-Network: 0-40% coinsurance
Medicare Part D Coverage	No, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan.
Discounts & Programs	Virtual medical and mental health visits; NurseLine; meal benefit package (up to 28 meals for 14 days, unlimited times per year); Philips Lifeline; Renew Active; \$60/quarter over-the-counter debit card and catalog, amount expires quarterly

AARP® Medicare Advantage® Premier (H7404-004)



Advantage PPO Plan

Enrollment: 800-555-5757

Service: 844-723-6473 • TTY: 711

AARPMedicarePlans.com



Monthly Premium: \$36.10

Plan Area: Aitkin, Anoka, Becker, Beltrami, Benton, Blue Earth, Brown, Carlton, Carver, Cass, Chisago, Clay, Clearwater, Cook, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Kanabec, Kittson, Koochiching, Lake, Lake of the Wood, Le Sueur, McLeod, Mahnomon, Marshall, Martin, Meeker, Mille Lacs, Morrison, Mower, Nicollet, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Renville, Rice, Roseau, St. Louis, Scott, Sherburne, Sibley, Steele, Todd, Traverse, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona, Wright Counties

Out-of-Pocket Max	\$4,900 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	\$350 copay/day for days 1-5, \$0 copay/day for days 6+, unlimited inpatient hospital stay days
Physician/Outpatient	Physician In and Out-of-Network: \$0 copay/primary, \$35 copay/specialists
Ambulance	\$250 copay/ground or air ambulance, copays are not waived if admitted
Outpatient Surgery	Outpatient Hospital In-Network: \$0-\$250 copay/ambulatory surgical facility, \$0-\$300 copay/outpatient hospital facility, cost sharing for additional plan covered services will apply Outpatient Hospital Out-of-Network: \$0-\$300 copay, cost sharing for additional plan covered services will apply
Outpatient Mental Health	\$0 copay/group or individual therapy visit
Emergency/Urgent Care	Emergency Care: \$90 copay/visit (\$0 copay worldwide); copays are waived if admitted within 24 Hours Urgently Needed Services: \$40 copay (\$0 copay worldwide)
Travel Coverage	Not covered
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, \$15 copay/outpatient x-rays, \$0-\$140 copay/diagnostic radiology services, \$20 copay/diagnostic tests and procedures, \$60/copay therapeutic radiology Out-of-Network: \$0 copay/lab services, \$15 copay/outpatient x-rays, \$0-\$140 copay/diagnostic radiology services, \$20 copay/diagnostic tests and procedures, 40% coinsurance/therapeutic radiology
Physical/Speech/Occupational Therapy	\$35 copay
Skilled Nursing Facility Care	In-Network: \$0 copay/day for days 1-20, \$196 copay/day for days 21-45, \$0 copay/days 46-100 Out-of-Network: \$150 copay/day for days 1-16, \$250 copay/day for days 17-26, \$0 copay/day for days 27-100
Diabetic Supplies & Services	In-Network: \$0 copay/diabetic brand monitoring supplies and self-management training, 20% coinsurance for therapeutic shoes or inserts Out-of-Network: 50% coinsurance/monitoring supplies, therapeutic shoes or inserts; \$0 copay/self-management training
DMEPOS	In-Network: 20% coinsurance/durable medical equipment and prosthetics Out-of-Network: 50% coinsurance/durable medical equipment and prosthetics
Dental	\$0 copay/preventive and diagnostic services; \$0 copay/comprehensive services, for up to \$1,500 per year for covered preventive and comprehensive dental services
Chiropractic/Acupuncture	In-Network: \$10 copay/Medicare-covered chiropractic services, up to 18 routine visits; \$0-\$35 copay/Medicare-covered acupuncture services Out-of-Network: \$35 copay/Medicare-covered chiropractic services, up to 18 routine visits; \$0-\$35 copay/Medicare-covered acupuncture services
Vision	\$0 copay/1 routine eye exam every year; \$0 copay/eyewear and \$200 credit for contact lenses or eyeglasses (lenses/frames) every year
Hearing	\$175 - \$1,225 copay for each hearing aid device; limited to 2 devices every year
Medicare Part B Drugs	In-Network: 0-20% coinsurance Out-of-Network: 0-40% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$505/all tiers
Discounts & Programs	Virtual medical and mental health visits; Nursing HotLine Package; meal benefit package (up to 28 meals for 14 days, unlimited times per year); Philips LifeLine; Renew Active; \$90/quarter over-the-counter debit card and catalog, amount expires quarterly

AARP® Medicare Advantage® Lakeshore (H7404-002)



Advantage PPO Plan

Enrollment: 800-555-5757

Service: 844-723-6473 • TTY: 711

AARPMedicarePlans.com



Monthly Premium: \$47

Plan Area: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, Wright Counties	
Out-of-Pocket Max	In-Network: \$3,800 annually for Medicare-covered services Combined In and Out-of-Network: \$7,000 annually for Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$350 copay/admit, unlimited inpatient hospital stay days Out-of-Network: \$400 copay/admit for unlimited days
Physician/Outpatient	Physician In-Network and Out-of-Network: \$0 copay/primary, \$30 copay/specialist
Ambulance	\$250 copay/ground or air ambulance, copays are not waived if admitted
Outpatient Surgery	Outpatient Hospital In-Network: \$0-\$275 copay/ambulatory surgical facility, \$0-\$275 copay/outpatient hospital facility, cost sharing for additional plan covered services Outpatient Hospital Out-of-Network: \$0-\$325 copay, cost sharing/additional plan-covered service
Outpatient Mental Health	\$10 copay/group or individual therapy visit
Emergency/Urgent Care	Emergency Care: \$90 copay/visit (\$0 copay worldwide); copays are waived if admitted within 24 hours Urgently Needed Services: \$40 copay (\$0 copay worldwide)
Travel Coverage	Passport benefit covered
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, \$15 copay/outpatient x-rays, \$0-\$140 copay/diagnostic radiology services, \$20 copay/diagnostic tests and procedures, \$60/copay therapeutic radiology Out-of-Network: \$0 copay/lab services, \$15 copay/outpatient x-rays, \$0-\$140 copay/diagnostic radiology services, \$20 copay/diagnostic tests and procedures, 40% coinsurance/therapeutic radiology
Physical/Speech/Occupational Therapy	\$30 copay
Skilled Nursing Facility Care	In-Network: \$0 copay/day for days 1-20, \$196 copay/day for days 21-40, \$0 copay/day for days 41-100 Out-of-Network: \$150 copay/day for days 1-16, \$250 copay/day for days 17-22, \$0 copay/days 23-100
Diabetic Supplies & Services	In-Network: \$0 copay/diabetic monitoring supplies, self-management training; 20% coinsurance/therapeutic shoes or inserts Out-of-Network: 50% coinsurance/monitoring supplies, therapeutic shoes or inserts; \$0 copay/self-management training
DMEPOS	In-Network: 20% coinsurance/durable medical equipment, prosthetics Out-of-Network: 50% coinsurance/durable medical equipment and prosthetics
Dental	\$0 copay/preventive and diagnostic services, \$0 copay/comprehensive services, for up to \$1,500 per year for covered preventive and comprehensive dental services
Chiropractic/Acupuncture	In-Network: \$10 copay/Medicare-covered chiropractic services, \$0-\$30 copay/Medicare-covered acupuncture services Out-of-Network: \$30 copay/Medicare-covered chiropractic services, \$0-\$30 copay/Medicare-covered acupuncture services
Vision	\$0 copay/1 routine eye exam every year; \$0 copay/eyewear every year, \$200 credit for contact lenses or eyeglasses (lenses/frames) every year
Hearing	\$175 - \$1,225 copay for each hearing aid device; limited to 2 devices every year
Medicare Part B Drugs	In-Network: 0-20% coinsurance Out-of-Network: 0-40% coinsurance
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/all tiers
Discounts & Programs	Virtual medical and mental health visits; Nursing HotLine Package; meal benefit package (up to 28 meals for 14 days, unlimited times per year); Renew Active; Philips LifeLine; \$50/quarter over-the-counter debit card and catalog, amount expires quarterly

AARP® Medicare Advantage® Lakeshore (H7404-012)



Advantage PPO Plan

Enrollment: 800-555-5757

Service: 844-723-6473 • TTY: 711

AARPMedicarePlans.com



Monthly Premium: \$47

Plan Area: Blue Earth, Brown, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Le Sueur, McLeod, Martin, Mower, Nicollet, Olmsted, Renville, Rice, Sibley, Steele, Wabasha, Waseca, Watonwan, Winona Counties	
Out-of-Pocket Max	\$4,900 annually for Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	\$390 copay/day for days 1-5, \$0 copay/day for days 6+, unlimited inpatient hospital stay days
Physician/Outpatient	Physician In and Out-of-Network: \$0 copay/primary, \$40 copay/specialists
Ambulance	\$250 copay/ground or air ambulance, copays are not waived if admitted
Outpatient Surgery	Outpatient Hospital In-Network: \$0-\$290 copay/ambulatory surgical facility, \$0-\$390 copay/outpatient hospital facility, cost sharing for additional plan covered services will apply Outpatient Hospital Out-of-Network: \$0-\$390 copay, cost sharing for additional plan covered services will apply
Outpatient Mental Health	\$5 copay/group or individual therapy visit
Emergency/Urgent Care	Emergency Care: \$90 copay/visit (\$0 copay worldwide); copays are waived if admitted in 24 hours Urgently Needed Services: \$40 copay (\$0 copay worldwide)
Travel Coverage	Not covered
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, \$15 copay/service for outpatient x-rays, \$0-\$140 copay/diagnostic radiology services, \$20 copay/diagnostic tests and procedures, \$60/copay therapeutic radiology Out-of-Network: \$0 copay/lab services, \$15 copay/service for outpatient x-rays, \$0-\$140 copay/diagnostic radiology services, \$20 copay/diagnostic tests and procedures, 40% coinsurance/therapeutic radiology
Physical/Speech/Occupational Therapy	\$40 copay
Skilled Nursing Facility Care	In-Network: \$0 copay/day for days 1-20, \$196 copay/day for days 21-45, \$0 copay/days 46-100 Out-of-Network: \$150 copay/day for days 1-16, \$250 copay/day for days 17-26, \$0 copay/day for days 27-100
Diabetic Supplies & Services	In-Network: \$0 copay/diabetic monitoring supplies and self-management training, 20% coinsurance for therapeutic shoes or inserts Out-of-Network: 50% coinsurance/monitoring supplies, therapeutic shoes or inserts, \$0 copay/self-management training
DMEPOS	In-Network: 20% coinsurance/durable medical equipment and prosthetics Out-of-Network: 50% coinsurance/durable medical equipment and prosthetics
Dental	\$0 copay/preventive and diagnostic services, \$0 copay-50% coinsurance/comprehensive services, for up to \$1,000 per year for covered preventive and comprehensive dental services.
Chiropractic/Acupuncture	In-Network: \$10 copay/Medicare-covered chiropractic services, \$0-\$40 copay/ Medicare-covered acupuncture services Out-of-Network: \$40 copay/Medicare-covered chiropractic services, \$0-\$40 copay/Medicare-covered acupuncture services
Vision	\$0 copay/1 routine eye exam every year; \$0 copay/standard lenses and \$200 credit for frames or contact lenses every 2 years
Hearing	\$175 - \$1,225 copay/each hearing aid device; limited to 2 devices every year
Medicare Part B Drugs	In-Network: 0-20% coinsurance Out-of-Network: 0-40% coinsurance
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1 & 2; \$195/tiers 3-5
Discounts & Programs	Virtual medical and mental health visits; Nursing HotLine Package; meal benefit package (up to 28 meals for 14 days, unlimited times per year); Renew Active; Philips LifeLine; \$50/quarter over-the-counter debit card and catalog, amount expires quarterly

AARP® Medicare Advantage® Lakeshore (H7404-006)



Advantage PPO Plan

Enrollment: 800-555-5757

Service: 844-723-6473 • TTY: 711

AARPMedicarePlans.com



Monthly Premium: \$56

Plan Area: Aitkin, Becker, Beltrami, Benton, Carlton, Cass, Clay, Clearwater, Cook, Crow Wing, Grant, Hubbard, Itasca, Kanabec, Kittson, Koochiching, Lake, Lake of the Woods, Mahnomon, Marshall, Meeker, Mille Lacs, Morrison, Norman, Otter Tail, Pennington, Pine, Polk, Red Lake, Roseau, St. Louis, Todd, Traverse, Wadena, Wilkin Counties

Out-of-Pocket Max	\$4,900 annually for Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	\$350 copay/day for days 1-5, \$0 copay/day for days 6+, unlimited inpatient hospital stay days
Physician/Outpatient	Physician In and Out-of-Network: \$0 copay/primary, \$35 copay/specialist
Ambulance	\$250 copay/ground or air ambulance, copays are not waived if admitted
Outpatient Surgery	Outpatient Hospital In-Network: \$0-\$250 copay/ambulatory surgical facility, \$0-\$350 copay/outpatient hospital facility, cost sharing for additional plan covered services Outpatient Hospital Out-of-Network: \$0-\$350 copay, cost sharing/additional plan-covered service
Outpatient Mental Health	\$10 copay/group or individual therapy visit
Emergency/Urgent Care	Emergency Care: \$90 copay/visit (\$0 copay worldwide), copays are waived if admitted within 24 hours Urgently Needed Services: \$40 copay (\$0 copay worldwide)
Travel Coverage	Not covered
X-rays, Lab & Diagnostic Tests	In-Network: \$0-\$140 copay/diagnostic radiology services, \$20 copay/diagnostic tests and procedures, \$60/copay therapeutic radiology, \$0 copay/lab services, \$15 copay/service for outpatient x-rays Out-of-Network: \$0-\$140 copay/diagnostic radiology services, \$20 copay/diagnostic tests and procedures, 40% coinsurance/therapeutic radiology, \$0 copay/lab services, \$15 copay/service for outpatient x-rays
Physical/Speech/Occupational Therapy	\$35 copay
Skilled Nursing Facility Care	In-Network: \$0 copay/day for days 1-20, \$196 copay/day for days 21-45, \$0 copay/day for days 46-100 Out-of-Network: \$150 copay/day for days 1-16, \$250 copay/day for days 17-26, \$0 copay/days 27-100
Diabetic Supplies & Services	In-Network: \$0 copay/diabetic monitoring supplies, self-management training, 20% coinsurance/therapeutic shoes or inserts Out-of-Network: 50% coinsurance/monitoring supplies, therapeutic shoes or inserts, \$0 copay/self-management training
DMEPOS	In-Network: 20% coinsurance/durable medical equipment, prosthetics Out-of-Network: 50% coinsurance/durable medical equipment and prosthetics
Dental	\$0 copay/preventive and diagnostic services, \$0 copay-50% coinsurance/comprehensive services, for up to \$1,000 per year for covered preventive and comprehensive dental services.
Chiropractic/Acupuncture	In-Network: \$10 copay/Medicare-covered chiropractic services, \$0-\$35 copay/ Medicare-covered acupuncture services Out-of-Network: \$35 copay/Medicare-covered chiropractic services, \$0-\$35 copay/Medicare-covered acupuncture services
Vision	\$0 copay/1 routine eye exam every year; \$0 copay/standard lenses and \$200 credit for frames or contact lenses every 2 years
Hearing	\$175 - \$1,225 copay/each hearing aid device; limited to 2 devices every year
Medicare Part B Drugs	In-Network: 0-20% coinsurance Out-of-Network: 0-40% coinsurance
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1 & 2; \$295/tiers 3- 5
Discounts & Programs	Virtual medical and mental health visits; Nursing HotLine Package; meal benefit package (up to 28 meals for 14 days, unlimited times per year); Renew Active; Philips LifeLine; \$50/quarter over-the-counter debit card and catalog, amount expires quarterly

AARP® Medicare Advantage® Riverbank (H7404-014)



Advantage PPO Plan
 Enrollment: 800-555-5757
 Service: 844-723-6473 • TTY: 711
AARPMedicarePlans.com



Monthly Premium: \$73

Plan Area: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, Wright Counties	
Out-of-Pocket Max	In-Network: \$2,900 annually/Medicare-covered services Combined In and Out-of-Network: \$5,100 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$150 copay/admit, unlimited inpatient hospital stay days Out-of-Network: \$200 copay/admit for unlimited days
Physician/Outpatient	Physician In-Network: \$0 copay/primary, \$20 copay/specialists Physician Out-of-Network: \$0 copay/primary, \$25 copay/specialists
Ambulance	\$250 copay/ground or air ambulance, copays are not waived if admitted
Outpatient Surgery	Outpatient Hospital In-Network: \$0-\$100 copay/ambulatory surgical facility, \$0-\$125 copay/outpatient hospital facility, cost sharing for additional plan covered services Outpatient Hospital Out-of-Network: \$0-\$175 copay, cost sharing/additional plan-covered service
Outpatient Mental Health	\$0 copay/group therapy visit or individual therapy visit
Emergency/Urgent Care	Emergency Care: \$90 copay/visit (\$0 copay worldwide); copays are waived if admitted within 24 hours Urgently Needed Services: \$40 copay (\$0 copay worldwide)
Travel Coverage	Passport benefit covered
X-rays, Lab & Diagnostic Tests	In-Network: \$0-\$140 copay/diagnostic radiology services, \$20 copay/diagnostic tests and procedures, \$60/copay therapeutic radiology, \$0 copay/lab services, \$15 copay/outpatient x-rays Out-of-Network: \$0-\$140 copay/diagnostic radiology services, \$20 copay/diagnostic tests and procedures, 40% coinsurance/therapeutic radiology, \$0 copay/lab services, \$15 copay/outpatient x-rays
Physical/Speech/Occupational Therapy	\$20 copay
Skilled Nursing Facility Care	In-Network: \$0 copay/day for days 1-20, \$196 copay/day for days 21-35, \$0 copay/days 36-100 Out-of-Network: \$150 copay/day for days 1-16, \$250 copay/day for days 17-18, \$0 copay/days 19-100
Diabetic Supplies & Services	In-Network: \$0 copay/diabetic monitoring supplies and self-management training, 20% coinsurance/therapeutic shoes or inserts Out-of-Network: 50% coinsurance/monitoring supplies, therapeutic shoes or inserts, \$0 copay/self-management training
DMEPOS	In-Network: 20% coinsurance/durable medical equipment, prosthetics Out-of-Network: 50% coinsurance/durable medical equipment and prosthetics
Dental	\$0 copay/preventive and diagnostic services, \$0 copay/comprehensive services, for up to \$2,000 per year for covered preventive and comprehensive dental services.
Chiropractic/Acupuncture	In-Network: \$10 copay/Medicare-covered chiropractic services, \$0-\$20 copay/Medicare-covered acupuncture services Out-of-Network: \$20 copay/Medicare-covered chiropractic services, \$0-\$20 copay/Medicare-covered acupuncture services
Vision	\$0 copay/1 routine eye exam every year; \$0 copay/standard lenses and \$300 credit for frames or contact lenses every 2 years
Hearing	\$175 - \$1,225 copay for each hearing aid device; limited to 2 devices every year
Medicare Part B Drugs	In-Network: 0-20% coinsurance Out-of-Network: 0-40% coinsurance
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/all tiers
Discounts & Programs	Virtual medical and mental health visits; Nursing HotLine Package; meal benefit package (up to 28 meals for 14 days, unlimited times per year); Renew Active; Philips LifeLine; \$60/quarter over-the-counter debit card and catalog, amount expires quarterly

AARP® Medicare Advantage® Riverbank (H7404-022)



Advantage PPO Plan

Enrollment: 800-555-5757

Service: 844-723-6473 • TTY: 711

AARPMedicarePlans.com



Monthly Premium: \$97

Plan Area: Aitkin, Becker, Beltrami, Benton, Carlton, Cass, Clay, Clearwater, Cook, Crow Wing, Grant, Hubbard, Itasca, Kanabec, Kittson, Koochiching, Lake, Lake of the Woods, Mahnomon, Marshall, Meeker, Mille Lacs, Morrison, Norman, Otter Tail, Pennington, Pine, Polk, Red Lake, Roseau, St. Louis, Todd, Traverse, Wadena, Wilkin Counties	
Out-of-Pocket Max	\$3,500 annually for Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	\$150 copay/admit, unlimited inpatient hospital stay days
Physician/Outpatient	Physician In and Out-of-Network: \$0 copay/primary, \$25 copay/specialist
Ambulance	\$250 copay/ground or air ambulance, copays are not waived if admitted
Outpatient Surgery	Outpatient Hospital In-Network: \$0-\$100 copay/ambulatory surgical facility, \$0-\$125 copay/outpatient hospital facility, cost sharing for additional plan covered services Outpatient Hospital Out-of-Network: \$0-\$125 copay, cost sharing/additional plan-covered service
Outpatient Mental Health	\$0 copay/group or individual therapy visit
Emergency/Urgent Care	Emergency Care: \$90 copay/visit (\$0 copay worldwide), copays are waived if admitted within 24 hours Urgently Needed Services: \$40 copay (\$0 copay worldwide)
Travel Coverage	Not covered
X-rays, Lab & Diagnostic Tests	In-Network: \$0-\$140 copay/diagnostic radiology services, \$20 copay/diagnostic tests and procedures, \$60/copay therapeutic radiology, \$0 copay/lab services, \$15 copay/service for outpatient x-rays Out-of-Network: \$0-\$140 copay/diagnostic radiology services, \$20 copay/diagnostic tests and procedures, 40% coinsurance/therapeutic radiology, \$0 copay/lab services, \$15 copay/service for outpatient x-rays
Physical/Speech/Occupational Therapy	\$25 copay
Skilled Nursing Facility Care	In-Network: \$0 copay/day for days 1-20, \$196 copay/day for days 21-38, \$0 copay/day for days 39-100 Out-of-Network: \$150 copay/day for days 1-16, \$250 copay/day for days 17-21, \$0 copay/days 22-100
Diabetic Supplies & Services	In-Network: \$0 copay/diabetic monitoring supplies, self-management training, 20% coinsurance/therapeutic shoes or inserts Out-of-Network: 50% coinsurance/monitoring supplies, therapeutic shoes or inserts, \$0 copay/self-management training
DMEPOS	In-Network: 20% coinsurance/durable medical equipment, prosthetics Out-of-Network: 50% coinsurance/durable medical equipment and prosthetics
Dental	\$0 copay/preventive and diagnostic services, \$0 copay-50% coinsurance/comprehensive services, for up to \$1,500 per year for covered preventive and comprehensive dental services.
Chiropractic/Acupuncture	In-Network: \$10 copay/Medicare-covered chiropractic services, \$0-\$25 copay/Medicare-covered acupuncture services Out-of-Network: \$25 copay/Medicare-covered chiropractic services, \$0-\$25 copay/Medicare-covered acupuncture services
Vision	\$0 copay/1 routine eye exam every year; \$0 copay/standard lenses and \$300 credit for frames or contact lenses every 2 years
Hearing	\$175 - \$1,225 copay/each hearing aid device; limited to 2 devices every year
Medicare Part B Drugs	In-Network: 0-20% coinsurance Out-of-Network: 0-40% coinsurance
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/all tiers
Discounts & Programs	Virtual medical and mental health visits; Nursing HotLine Package; meal benefit package (up to 28 meals for 14 days, unlimited times per year); Renew Active; Philips LifeLine; \$60/quarter over-the-counter debit card and catalog, amount expires quarterly

AARP® Medicare Advantage® Riverbank (H7404-023)



Advantage PPO Plan

Enrollment: 800-555-5757

Service: 844-723-6473 • TTY: 711

AARPMedicarePlans.com



Monthly Premium: \$97

Plan Area: Blue Earth, Brown, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Le Sueur, McLeod, Martin, Mower, Nicollet, Olmsted, Renville, Rice, Sibley, Steele, Wabasha, Waseca, Watonwan, Winona Counties	
Out-of-Pocket Max	\$3,900 annually for Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	\$250 copay/admit, unlimited inpatient hospital stay days
Physician/Outpatient	Physician In and Out-of-Network: \$0 copay/primary, \$30 copay/specialist
Ambulance	\$250 copay/ground or air ambulance, copays are not waived if admitted
Outpatient Surgery	Outpatient Hospital In-Network: \$0-\$200 copay/ambulatory surgical facility, \$0-\$225 copay/outpatient hospital facility, cost sharing for additional plan covered services Outpatient Hospital Out-of-Network: \$0-\$225 copay, cost sharing/additional plan-covered service
Outpatient Mental Health	\$0 copay/group or individual therapy visit
Emergency/Urgent Care	Emergency Care: \$90 copay/visit (\$0 copay worldwide), copays are waived if admitted within 24 hours Urgently Needed Services: \$40 copay (\$0 copay worldwide)
Travel Coverage	Not covered
X-rays, Lab & Diagnostic Tests	In-Network: \$0-\$140 copay/diagnostic radiology services, \$20 copay/diagnostic tests and procedures, \$60/copay therapeutic radiology, \$0 copay/lab services, \$15 copay/service for outpatient x-rays Out-of-Network: \$0-\$140 copay/diagnostic radiology services, \$20 copay/diagnostic tests and procedures, 40% coinsurance/therapeutic radiology, \$0 copay/lab services, \$15 copay/service for outpatient x-rays
Physical/Speech/Occupational Therapy	\$30 copay
Skilled Nursing Facility Care	In-Network: \$0 copay/day for days 1-20, \$196 copay/day for days 21-40, \$0 copay/day for days 41-100 Out-of-Network: \$150 copay/day for days 1-16, \$250 copay/day for days 17-22, \$0 copay/days 23-100
Diabetic Supplies & Services	In-Network: \$0 copay/diabetic monitoring supplies, self-management training, 20% coinsurance/therapeutic shoes or inserts Out-of-Network: 50% coinsurance/monitoring supplies, therapeutic shoes or inserts, \$0 copay/self-management training
DMEPOS	In-Network: 20% coinsurance/durable medical equipment, prosthetics Out-of-Network: 50% coinsurance/durable medical equipment and prosthetics
Dental	\$0 copay/preventive and diagnostic services, \$0 copay-50% coinsurance/comprehensive services, for up to \$1,500 per year for covered preventive and comprehensive dental services.
Chiropractic/Acupuncture	In-Network: \$10 copay/Medicare-covered chiropractic services, \$0-\$30 copay/Medicare-covered acupuncture services Out-of-Network: \$30 copay/Medicare-covered chiropractic services, \$0-\$30 copay/Medicare-covered acupuncture services
Vision	\$0 copay/1 routine eye exam every year; \$0 copay/standard lenses and \$300 credit for frames or contact lenses every 2 years
Hearing	\$175 - \$1,225 copay/each hearing aid device; limited to 2 devices every year
Medicare Part B Drugs	In-Network: 0-20% coinsurance Out-of-Network: 0-40% coinsurance
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/all tiers
Discounts & Programs	Virtual medical and mental health visits; Nursing HotLine Package; meal benefit package (up to 28 meals for 14 days, unlimited times per year); Renew Active; Philips LifeLine; \$60/quarter over-the-counter debit card and catalog, amount expires quarterly



Align ChoicePlus (H3186-002)

Advantage PPO Plan

Enrollment: 888-535-4831 • TTY: 711

Service: 888-278-6485 • TTY: 888-279-1549

align.sanfordhealthplan.com



Monthly Premium: \$0

Plan Area: Becker, Beltrami, Big Stone, Clay, Clearwater, Hubbard, Lac qui Parle, Mahnommen, Marshall, Nobles, Norman, Otter Tail, Pennington, Pipestone, Polk, Red Lake, Rock, Traverse, Wilkin Counties	
Out-of-Pocket Max	\$5,500 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$450 copay/stay Out-of-Network: \$1,600 deductible/days 1-90, \$400 copay/day for days 61-90 Note: Prior authorization may be required
Physician/Outpatient	In-Network: \$0 copay/primary visit or specialist visit Out-of-Network: \$10-90 copay or 20% coinsurance per visit/primary visit or specialist visit
Ambulance	\$240 copay/Medicare-covered ground ambulance trip, contact the plan for cost-sharing for air ambulance
Outpatient Surgery	In-Network: \$200 copay/visit Medicare-covered outpatient surgery performed in a hospital facility or ambulatory surgical center Out-of-Network: Call the plan for cost-sharing
Outpatient Mental Health	In-Network: \$15-\$20 copay/Medicare-covered outpatient mental health service Out-of-Network: \$10-90 copay or 20% coinsurance/Medicare-covered outpatient mental health service
Emergency/Urgent Care	Emergency Care: \$90 copay/visit Urgent Care: \$35 copay/visit
Travel Coverage	Call the plan for details.
X-rays, Lab & Diagnostic Tests	In-Network: \$15 copay/outpatient x-ray; \$0 copay/outpatient lab services; \$0-\$325 copay/diagnostic radiology services Out-of-Network: \$10-\$600 copay or 20% coinsurance/oupatient x-ray, outpatient lab services and diagnostic radiology services Note: Prior authorization may be required
Physical/Speech/Occupational Therapy	In-Network: \$40 copay/occupational, physical, speech and language therapy visit Out-of-Network: \$10-90 copay or 20% coinsurance/occupational, physical, speech and language therapy visit
Skilled Nursing Facility Care	\$0 copay/day for days 1-20, \$184 copay/day for days 21-42 for Medicare-covered services Note: Prior authorization is required
Diabetic Supplies & Services	In-Network: \$0 copay/self-management training, diabetic supplies Out-of-Network: 0-20% coinsurance per item
DMEPOS	In-Network: 20% coinsurance/Medicare-covered durable medical equipment item and related supplies Out-of-Network: 0-20% coinsurance per item Note: Prior authorization is required for certain DME and related supplies
Dental	Preventive: \$0 copay/covers cleaning, exam (up to 2 visits/year), x-rays (1/year) Comprehensive: 50% coinsurance/restorative services, endodontics, periodeontics, extractions, prosthodontics, other oral/maxillofacial surgery and other services Note: \$1,000 limit
Chiropractic/Acupuncture	Call the plan for details.
Vision	In-Network: \$0 copay/routine eye exam, \$0 copay for glasses/eyewear/contacts Out-of-Network: 0-50% coinsurance/eye exam, glasses/eyewear/contacts. \$100 yearly for glasses/eyewear
Hearing	In-Network: \$0 copay/hearing exams, \$1,000 annual hearing aid allowance Out-of-Network: 0-50% coinsurance/hearing exams, \$1,000 annual hearing aid allowance
Medicare Part B Drugs	In-Network: \$100 copay or 20% coinsurance/chemotherapy drugs, 20% coinsurance/other Part B drugs Out-of-Network: 0-20% coinsurance/chemotherapy drug or other Part B drugs Note: Prior authorization may be required.
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1-2, \$200/tiers 3-5
Discounts & Programs	\$55 quarterly/over-the-counter benefit; \$0 copay/fitness benefit or discounted gym membership; Meals Program: 168 meals- 2 meals/day for up to 12 weeks for specific chronic conditions; 56 meals- 2 meals/day up to 4 weeks up to 4 times/year for post in-patient or surgery





Align ChoiceElite (H3186-001)

Advantage PPO Plan

Enrollment: 888-535-4831 • TTY: 711

Service: 888-278-6485 • TTY: 888-279-1549

align.sanfordhealthplan.com



Monthly Premium: \$60

Plan Area: Becker, Beltrami, Big Stone, Clay, Clearwater, Hubbard, Lac qui Parle, Mahnommen, Marshall, Nobles, Norman, Otter Tail, Pennington, Pipestone, Polk, Red Lake, Rock, Traverse, Wilkin Counties

Out-of-Pocket Max	\$3,000 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	\$200 copay/stay
Physician/Outpatient	In-Network: \$0 copay/primary visit or specialist visit Out-of-Network: \$10-90 copay or 20% coinsurance per visit/primary visit or specialist visit
Ambulance	\$200 copay/Medicare-covered ground ambulance trip, contact the plan for cost-sharing for air ambulance
Outpatient Surgery	In-Network: \$150 copay/visit Medicare-covered outpatient surgery performed in a hospital facility or ambulatory surgical center Out-of-Network: Call the plan for cost-sharing
Outpatient Mental Health	In-Network: \$15-\$30 copay/Medicare-covered outpatient mental health service Out-of-Network: \$10-90 copay or 20% coinsurance/Medicare-covered outpatient mental health service
Emergency/Urgent Care	Emergency Care: \$90 copay/visit Urgent Care: \$30 copay/visit
Travel Coverage	Call the plan for details.
X-rays, Lab & Diagnostic Tests	In-Network: \$15 copay/outpatient x-ray; \$0 copay/outpatient lab services; \$0-\$140 copay/diagnostic radiology services Out-of-Network: \$10-\$250 copay or 20% coinsurance/oupatient x-ray, outpatient lab services and diagnostic radiology services Note: Prior authorization may be required
Physical/Speech/Occupational Therapy	In-Network: \$30 copay/occupational, physical, speech and language therapy visit Out-of-Network: \$10-90 copay or 20% coinsurance/occupational, physical, speech and language therapy visit
Skilled Nursing Facility Care	\$0 copay/day for days 1-20, \$184 copay/day for days 21-42 for Medicare-covered services Note: Prior authorization is required
Diabetic Supplies & Services	In-Network: \$0 copay/self-management training, diabetic supplies Out-of-Network: 0-20% coinsurance per item
DMEPOS	In-Network: 20% coinsurance/Medicare-covered durable medical equipment item and related supplies Out-of-Network: 0-20% coinsurance per item Note: Prior authorization is required for certain DME and related supplies
Dental	Preventive: \$0 copay/covers cleaning, exam (up to 2 visits/year), x-rays (1/year) Comprehensive: 50% coinsurance/restorative services, endodontics, periodeontics, extractions, prosthodontics, other oral/maxillofacial surgery and other services Note: \$1,300 limit
Chiropractic/Acupuncture	Call the plan for details.
Vision	In-Network: \$0 copay/routine eye exam, \$0 copay for glasses/eyewear/contacts Out-of-Network: 0-50% coinsurance/eye exam, glasses/eyewear/contacts. \$200 yearly for glasses/eyewear
Hearing	In-Network: \$0 copay/hearing exams, \$1,000 annual hearing aid allowance Out-of-Network: 0-50% coinsurance/hearing exams, \$1,000 annual hearing aid allowance
Medicare Part B Drugs	In-Network: \$100 copay or 20% coinsurance/chemotherapy drugs, 20% coinsurance/other Part B drugs Out-of-Network: 0-20% coinsurance/chemotherapy drug or other Part B drugs Note: Prior authorization may be required.
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1-2, \$200/tiers 3-5
Discounts & Programs	\$75 quarterly/over-the-counter benefit; \$0 copay/fitness benefit or discounted gym membership; Meals Program: 168 meals- 2 meals/day for up to 12 weeks for specific chronic conditions; 56 meals- 2 meals/day up to 4 weeks up to 4 times/year for post in-patient or surgery

Plan Area: Anoka, Blue Earth, Brown, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, Le Sueur, McLeod, Meeker, Nicollet, Ramsey, Renville, Scott, Sibley, Steele, Waseca, Washington, Wright Counties	
Out-of-Pocket Max	In-Network: \$4,500 annually Combined In and Out-of-Network: \$7,000 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$250/day for days 1-5; \$0/day for days 6-90/medically-necessary covered inpatient stay; \$0 copay/additional days Out-of-Network: 30% coinsurance/medically-necessary covered inpatient stay
Physician/Outpatient	In-Network: Medicare-covered services - \$0 copay/primary care office visit; \$35 copay/specialist visit Out-of-Network: 30% coinsurance/primary care visit; \$50 copay/specialist visit
Ambulance	\$295 copay/Medicare-covered ground or air ambulance
Outpatient Surgery	In-Network: \$350 copay/Medicare-covered outpatient surgery in an outpatient hospital facility; \$250 copay/ambulatory surgical center service Out-of-Network: \$500 copay/Medicare-covered outpatient surgery in an outpatient hospital facility; \$450/ambulatory surgical center service
Outpatient Mental Health	In-Network: \$35 copay/individual or group mental health service Out-of-Network: \$50 copay/individual or group mental health service
Emergency/Urgent Care	Emergency: \$110 copay/emergency care, copay waived if admitted to the hospital Urgently Needed Care: \$35 copay/Medicare-covered urgent care facility visit
Travel Coverage	\$110 copay/emergency or urgent care outside the U.S., emergency copay waived if admitted to the hospital, members can access in-network providers across the U.S. for routine or non-emergency care when they travel
X-rays, Lab & Diagnostic Tests	In-Network: Medicare-covered benefits - \$0 copay/lab service; \$15 copay/x-ray, diagnostic procedure and test; \$150 copay/diagnostic radiology service; 20% coinsurance/therapeutic radiology service Out-of-Network: \$35 copay/lab service; \$60 copay/x-ray, diagnostic procedure and test; \$250 copay/diagnostic radiology service; 30% coinsurance/therapeutic radiology service
Physical/Speech/Occupational Therapy	In-Network: \$40 copay/Medicare-covered occupational/physical/speech therapy service Out-of-Network: \$50 copay/Medicare-covered occupational/physical/speech therapy service
Skilled Nursing Facility Care	In-Network: \$0/day for days 1-20, \$196/day for days 21-100 for each stay Out-of-Network: 30% coinsurance/stay Note: prior authorization required, which is the provider's responsibility
Diabetic Supplies & Services	In-Network: 0%-20% coinsurance/test strips, lancets, lancing devices, monitors and solutions; \$0 copay/self-management training and diabetic shoes and inserts Out-of-Network: 0%-20% coinsurance/test strips, lancets, lancing devices, monitors and solutions; 30% coinsurance/self-management training; 20% coinsurance/diabetic shoes and inserts Note: 0% cost share for OneTouch/Lifescan supplies. Other brands are not covered unless medical exception is granted. If exception granted 20% coinsurance applies
DMEPOS	20% coinsurance/Medicare-covered item
Dental	In-Network: \$35 copay/Medicare-covered dental service Out-of-Network: \$50 copay/Medicare-covered dental service Note: dental reimbursement of up to \$2,250/preventive and comprehensive dental services/year
Chiropractic/Acupuncture	\$20 copay/Medicare-covered chiropractic or acupuncture service; \$20 copay/non-Medicare covered chiropractic or acupuncture service up to 18 chiropractic and 18 acupuncture visits/year
Vision	In-Network: \$0 copay/glaucoma screening and diabetic eye exam; \$35 copay/other Medicare-covered eye exam; \$0 copay/1 routine eye exam/year Out-of-Network: \$50 copay/Medicare-covered vision service; \$50 copay/1 routine eye exam/year Note: eyewear reimbursement up to \$350/contacts and glasses/year
Hearing	In-Network: \$35 copay/Medicare-covered hearing service; \$0 copay/1 routine hearing exam/year Out-of-Network: \$50 copay/Medicare-covered hearing service; 30% coinsurance/1 routine hearing exam/year; Hearing aids: Up to \$1,000 per ear per year through NationsHearing
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 30% coinsurance Note: prior authorization may be required and is the provider's responsibility
Medicare Part D Coverage	No, if you enroll in a separate Part D stand-alone plan you will be disenrolled from this health plan
Discounts & Programs	Healthy Rewards Program, SilverSneakers, \$120 quarterly/over-the-counter drugs and supplies, meal benefit (14 meals/7 days post discharge) and 24/7 NurseLine; Telehealth: in-network primary care, specialty care, mental health, urgent care, physical therapy, speech therapy, occupational thereapy, substance abuse, opiod treatment services, diabetes self-management training, and kidney disease education services through a virtual visit are the same cost as an in-person visit.



Plan Area: Anoka, Blue Earth, Brown, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, Le Sueur, McLeod, Meeker, Nicollet, Ramsey, Renville, Scott, Sibley, Steele, Waseca, Washington, Wright Counties

Out-of-Pocket Max	In-Network: \$4,100 annually Combined In and Out-of-Network: \$7,000 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$250/day for days 1-5; \$0/day for days 6-90/medically-necessary covered inpatient stay; \$0 copay/additional days Out-of-Network: 30% coinsurance/medically-necessary covered inpatient stay
Physician/Outpatient	In-Network: Medicare-covered services - \$0 copay/primary care office visit; \$35 copay/specialist visit Out-of-Network: 30% coinsurance/primary care visit; \$50 copay/specialist visit.
Ambulance	\$305 copay/Medicare-covered ground or air ambulance
Outpatient Surgery	In-Network: \$400 copay/Medicare-covered outpatient surgery in an outpatient hospital facility; \$300 copay/ambulatory surgical center service Out-of-Network: \$500 copay/Medicare-covered outpatient surgery in an outpatient hospital facility; \$450/ambulatory surgical center service
Outpatient Mental Health	In-Network: \$35 copay/individual or group mental health service Out-of-Network: \$50 copay
Emergency/Urgent Care	Emergency: \$110 copay/emergency care, copay waived if admitted to the hospital Urgently Needed Care: \$35 copay/Medicare-covered urgent care facility visit
Travel Coverage	\$110 copay/emergency or urgent care outside the U.S., emergency copay waived if admitted to the hospital, members can access in-network providers across the U.S. for routine or non-emergency care when they travel
X-rays, Lab & Diagnostic Tests	In-Network: Medicare-covered benefits: \$0 copay/lab service; \$15 copay/x-ray, diagnostic procedure and test; \$150 copay/diagnostic radiology service; 20% coinsurance/therapeutic radiology service Out-of-Network: \$35 copay/lab service; \$60 copay/x-ray, diagnostic procedure and test; \$250 copay/diagnostic radiology service; 30% coinsurance/therapeutic radiology service
Physical/Speech/Occupational Therapy	In-Network: \$40 copay/Medicare-covered occupational/physical/speech therapy service Out-of-Network: \$50 copay
Skilled Nursing Facility Care	In-Network: \$0/day for days 1-20, \$196/day for days 21-100 for each stay Out-of-Network: 30% coinsurance/stay Note: prior authorization required, which is the provider's responsibility
Diabetic Supplies & Services	In-Network: 0%-20% coinsurance/test strips, lancets, lancing devices, monitors and solutions; \$0 copay/self-management training and diabetic shoes and inserts Out-of-Network: 0%-20% coinsurance/test strips, lancets, lancing devices, monitors and solutions; 30% coinsurance/self-management training; 20% coinsurance/diabetic shoes and inserts Note: 0% cost share for OneTouch/Lifescan supplies, other brands are not covered unless medical exception is granted; if exception granted, 20% coinsurance applies
DMEPOS	20% coinsurance/Medicare-covered item
Dental	In-Network: \$35 copay/Medicare-covered dental service Out-of-Network: \$50 copay/Medicare-covered dental service Note: Dental reimbursement of up to \$850/preventive and comprehensive dental service/year
Chiropractic/Acupuncture	\$20 copay/Medicare-covered chiropractic or acupuncture service; \$20 copay/non-Medicare covered chiropractic or acupuncture service up to 18 chiropractic and 18 acupuncture visits/year
Vision	In-Network: \$0 copay/glaucoma screening and diabetic eye exam; \$35 copay/other Medicare-covered eye exam; \$0 copay/1 routine eye exam/year Out-of-Network: \$50 copay/Medicare-covered vision service; \$50 copay/1 routine eye exam/year Note: Eyewear reimbursement up to \$200/contacts and glasses/year
Hearing	In-Network: \$35 copay/Medicare-covered hearing service; \$0 copay/1 routine hearing exam/year Out-of-Network: \$50 copay/Medicare-covered hearing service; 30% coinsurance/1 routine hearing exam/year; Hearing aids: Up to \$500 per ear per year through NationsHearing
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 30% coinsurance Note: Prior authorization may be required and is the provider's responsibility
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1, 2 & 3; \$250/tiers 4-5
Discounts & Programs	Healthy Rewards Program, SilverSneakers, \$75 quarterly/over-the-counter drugs and supplies, meal benefit (14 meals/7 days post discharge) and 24/7 NurseLine; Telehealth: in-network primary care, specialty care, mental health, urgent care, physical therapy, speech therapy, occupational therapy, substance abuse, opioid treatment services, diabetes self-management training, and kidney disease education services through a virtual visit are the same cost as an in-person visit, Allina Health Aetna Medicare Payment Card \$100 added to a debit card quarterly for certain in-network medical copays to use toward medical copays for covered services.

Plan Area: Anoka, Blue Earth, Brown, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, Le Sueur, McLeod, Meeker, Nicollet, Ramsey, Renville, Scott, Sibley, Steele, Waseca, Washington, Wright Counties	
Out-of-Pocket Max	In-Network and Out-of-Network: \$3,650 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$350 copay/stay Out-of-Network: 20% coinsurance/medically-necessary covered inpatient stay
Physician/Outpatient	In-Network: Medicare-covered services - \$0 copay/primary care office visit; \$25 copay/specialist visit Out-of-Network: \$25 copay/primary care; \$25 copay/specialist
Ambulance	\$300 copay/Medicare-covered ground or air ambulance
Outpatient Surgery	In-Network: \$300 copay/Medicare-covered outpatient surgery in an outpatient hospital facility; \$250 copay/ambulatory surgical center service Out-of-Network: \$450 copay/Medicare-covered outpatient surgery in an outpatient hospital facility; \$400/ambulatory surgical center service
Outpatient Mental Health	In-Network: \$25 copay/individual or group mental health service Out-of-Network: \$25 copay/individual or group mental health service
Emergency/Urgent Care	Emergency: \$125 copay/emergency care, copay waived if admitted to the hospital Urgently Needed Care: \$25 copay/Medicare-covered urgent care facility visit
Travel Coverage	\$125 copay/emergency or urgent care outside the U.S., emergency copay waived if admitted to the hospital, members can access in-network providers across the U.S. for routine or non-emergency care when they travel
X-rays, Lab & Diagnostic Tests	Medicare-covered benefits - \$0 copay/lab service; \$10 copay/x-ray, diagnostic procedure and test; \$125 copay/diagnostic radiology service; 20% coinsurance/therapeutic radiology service
Physical/Speech/Occupational Therapy	In-Network: \$25 copay/Medicare-covered occupational/physical/speech therapy service Out-of-Network: \$45 copay/Medicare-covered occupational/physical/speech therapy service
Skilled Nursing Facility Care	In-Network: \$0/day for days 1-20, \$196/day for days 21-100 for each stay Out-of-Network: 20% coinsurance/stay Note: prior authorization required, which is the provider's responsibility
Diabetic Supplies & Services	In-Network: 0%-20% coinsurance/test strips, lancets, lancing devices, monitors and solutions; \$0 copay/self-management training and diabetic shoes and inserts Out-of-Network: 0%-20% coinsurance/test strips, lancets, lancing devices, monitors and solutions; 20% coinsurance/self-management training and diabetic shoes and inserts Note: 0% cost share for OneTouch/Lifescan supplies. Other brands are not covered unless medical exception is granted. If exception granted 20% coinsurance applies
DMEPOS	20% coinsurance/Medicare-covered item
Dental	In-Network: \$25 copay/Medicare-covered dental service Out-of-Network: \$25 copay/Medicare-covered dental service Note: dental reimbursement of up to \$800/preventive and comprehensive dental services/year
Chiropractic/Acupuncture	\$20 copay/Medicare-covered chiropractic or acupuncture service; \$20 copay/non-Medicare covered chiropractic or acupuncture service up to 18 chiropractic and 18 acupuncture services/year
Vision	In-Network: \$0 copay/glaucoma screening and diabetic eye exam; \$25 copay/other eye exam; \$0 copay/1 routine eye exam/year Out-of-Network: \$25 copay/Medicare-covered vision service; \$0 copay/1 routine eye exam/year Note: eyewear reimbursement up to \$250/contacts and glasses/year
Hearing	\$25 copay/Medicare-covered hearing service; \$0 copay/1 routine hearing exam/year Hearing aids: Up to \$750 per ear per year through NationsHearing
Medicare Part B Drugs	20% coinsurance Note: prior authorization may be required and is the provider's responsibility
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1-3; \$150/tiers 4 & 5
Discounts & Programs	Healthy Rewards Program, SilverSneakers, \$90 quarterly/over-the-counter drugs and supplies, meal benefit (14 meals/7 days post discharge), 24/7 NurseLine; Telehealth: in-network primary care, specialty care, mental health, urgent care, physical therapy, speech therapy, occupational therapy, substance abuse, opioid treatment services, diabetes self-management training, and kidney disease education services through a virtual visit are the same cost as an in-person visit.



Plan Area: Anoka, Blue Earth, Brown, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, Le Sueur, McLeod, Meeker, Nicollet, Ramsey, Renville, Scott, Sibley, Steele, Waseca, Washington, Wright Counties

Out-of-Pocket Max	In-Network and Out-of-Network: \$3,000 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$150 copay/each medically-necessary covered inpatient stay Out-of-Network: 20% coinsurance/medically-necessary covered inpatient stay
Physician/Outpatient	In-Network: Medicare-covered services - \$0 copay/primary care office visit; \$20 copay/specialist visit Out-of-Network: \$20 copay/Medicare-covered service; \$20 copay/specialist visit
Ambulance	\$250 copay/Medicare-covered ground or air ambulance
Outpatient Surgery	In-Network: \$200 copay/Medicare-covered outpatient surgery in an outpatient hospital facility; \$100 copay/ambulatory surgical center service Out-of-Network: \$400 copay/Medicare-covered outpatient surgery in an outpatient hospital facility; \$350/ambulatory surgical center service
Outpatient Mental Health	In-Network: \$20 copay/individual or group mental health service Out-of-Network: \$20 copay/individual or group mental health service
Emergency/Urgent Care	Emergency: \$125 copay/emergency care, copay waived if admitted to the hospital Urgently Needed Care: \$20 copay/Medicare-covered urgent care facility visit
Travel Coverage	\$125 copay/emergency or urgent care outside the U.S., emergency copay waived if admitted to the hospital, members can access in-network providers across the U.S. for routine or non-emergency care when they travel
X-rays, Lab & Diagnostic Tests	Medicare-covered benefits - \$0 copay/lab service; \$5 copay/x-ray, diagnostic procedure and test; \$75 copay/diagnostic radiology service; 20% coinsurance/therapeutic radiology service
Physical/Speech/Occupational Therapy	In-Network: \$20 copay/Medicare-covered occupational/physical/speech therapy service Out-of-Network: \$40 copay/Medicare-covered occupational/physical/speech therapy service
Skilled Nursing Facility Care	In-Network: \$0/day for days 1-20, \$196/day for days 21-100 for each stay Out-of-Network: 20% coinsurance/stay Note: prior authorization required, which the provider's responsibility
Diabetic Supplies & Services	In-Network: 0%-20% coinsurance/test strips, lancets, monitors, solutions and lancing devices; \$0 copay/self-management training, diabetic shoes and inserts Out-of-Network: 0%-20% coinsurance/test strips, lancets, monitors, solutions and lancing devices; 20% coinsurance/self-management training, diabetic shoes and inserts Note: 0% cost share for OneTouch/Lifescan supplies. Other brands are not covered unless medical exception is granted. If exception granted 20% coinsurance applies
DMEPOS	20% coinsurance/Medicare-covered item
Dental	\$20 copay/Medicare-covered dental service Note: dental reimbursement of up to \$1,500/preventive and comprehensive dental services/year
Chiropractic/Acupuncture	\$20 copay/Medicare-covered chiropractic or acupuncture service; \$20 copay/non-Medicare covered chiropractic or acupuncture service up to 18 chiropractic and 18 acupuncture services/year
Vision	In-Network: \$0 copay/glaucoma screening and diabetic eye exam; \$20 copay/other eye exam; \$0 copay/1 routine eye exam/year Out-of-Network: \$20 copay/Medicare-covered vision service; \$0 copay/1 routine eye exam/year Note: eyewear reimbursement of up to \$275/contacts and eyeglasses/year
Hearing	In-Network: \$20 copay/Medicare-covered hearing service; \$0 copay/1 routine hearing exam/year Out-of-Network: \$20 copay/Medicare-covered hearing service; \$20 copay/1 routine hearing exam/year Hearing aids: up to \$1,000 per ear per year through NationsHearing
Medicare Part B Drugs	20% coinsurance Note: prior authorization may be required and is the provider's responsibility
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0
Discounts & Programs	Healthy Rewards Program, SilverSneakers, \$105 quarterly/over-the-counter drugs and supplies, meal benefit (14 meals/7 days post discharge), and 24/7 NurseLine; Telehealth: in-network primary care, specialty care, mental health, urgent care, physical therapy, speech therapy, occupational therapy, substance abuse, opioid treatment services, diabetes self-management training, and kidney disease education services through a virtual visit are the same cost as an in-person visit.

Plan Area: Anoka, Blue Earth, Brown, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, Le Sueur, McLeod, Meeker, Nicollet, Ramsey, Renville, Scott, Sibley, Steele, Waseca, Washington, Wright Counties	
Out-of-Pocket Max	In-Network: \$2,800 annually Combined In and Out-of-Network: \$4,000 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$150 copay/each medically-necessary covered inpatient stay Out-of-Network: 20% coinsurance/medically-necessary covered inpatient stay
Physician/Outpatient	In-Network: Medicare-covered services - \$0 copay/primary care office visit; \$15 copay/specialist visit Out-of-Network: \$20 copay/Medicare-covered services; \$35 copay/specialist visit
Ambulance	\$250 copay/Medicare-covered ground or air ambulance
Outpatient Surgery	In-Network: \$100 copay/Medicare-covered outpatient surgery in an outpatient hospital facility; \$50 copay/ambulatory surgical center service Out-of-Network: \$350 copay/Medicare-covered outpatient surgery in an outpatient hospital facility; \$300/ambulatory surgical center service
Outpatient Mental Health	In-Network: \$15 copay/individual or group mental health service Out-of-Network: \$35 copay/individual or group mental health service
Emergency/Urgent Care	Emergency: \$125 copay/emergency care, copay is waived if you are admitted to the hospital Urgently Needed Care: \$15 copay/Medicare-covered urgent care facility visit
Travel Coverage	\$125 copay/emergency or urgent care outside the U.S., emergency copay waived if admitted to the hospital, members can access in-network providers across the U.S. for routine or non-emergency care when they travel
X-rays, Lab & Diagnostic Tests	In-Network: Medicare-covered benefits: \$0 copay/lab service, x-ray, diagnostic procedure and test; \$50 copay/diagnostic radiology service; 20% coinsurance/therapeutic radiology service Out-of-Network: \$15 copay/lab, \$25 copay/x-ray diagnostic procedure and test, \$100 copay/diagnostic radiology, 20% coinsurance/therapeutic radiology
Physical/Speech/Occupational Therapy	In-Network: \$15 copay/Medicare-covered occupational/physical/speech therapy service Out-of-Network: \$35 copay/Medicare-covered occupational/physical/speech therapy service
Skilled Nursing Facility Care	In-Network: \$0/day for days 1-20, \$196/day for days 21-100 for each stay Out-of-Network: 20% coinsurance/stay Note: prior authorization required, which is the provider's responsibility
Diabetic Supplies & Services	In-Network: 0%-20% coinsurance/test strips, lancets, monitors, solutions and lancing devices; \$0 copay/self-management training, Medicare-covered diabetic shoes and inserts Out-of-Network: 0%-20% coinsurance/test strips, lancets, monitors, solutions and lancing devices; 20% coinsurance/self-management training, Medicare-covered diabetic shoes and inserts Note: 0% cost share for OneTouch/Lifescan supplies. Other brands are not covered unless medical exception is granted. If exception granted 20% coinsurance applies
DMEPOS	20% coinsurance/Medicare-covered item
Dental	In-Network: \$15 copay/Medicare-covered dental service Out-of-Network: \$35 copay/Medicare-covered dental service Note: dental reimbursement of up to \$2,250/preventive and comprehensive dental services/year
Chiropractic/Acupuncture	\$20 copay/Medicare-covered chiropractic or acupuncture service; \$20 copay/non-Medicare covered chiropractic or acupuncture service up to 18 chiropractic and 18 acupuncture services/year
Vision	In-Network: \$0 copay/glaucoma screening and diabetic eye exam; \$15 copay/other Medicare-covered eye exam; \$0 copay/1 routine eye exam/year Out-of-Network: \$35 copay/Medicare-covered vision service; \$35 copay/1 routine eye exam/year Note: eyewear reimbursement of up to \$350/contacts and eyeglasses/year
Hearing	In-Network: \$15 copay/Medicare-covered hearing service; \$0 copay/1 routine hearing exam/year Out-of-Network: \$35 copay/Medicare-covered hearing service; 20% coinsurance/1 routine hearing exam/year Hearing aids: up to \$1,500 per ear per year through NationsHearing
Medicare Part B Drugs	20% coinsurance Note: prior authorization may be required and is the provider's responsibility
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0
Discounts & Programs	Healthy Rewards Program, SilverSneakers, \$120 quarterly/over-the-counter drugs and supplies, meal benefit (14 meals/7 days post discharge), and 24/7 NurseLine, Personal Emergency Response System included; Telehealth: in-network primary care, specialty care, mental health, urgent care, physical therapy, speech therapy, occupational therapy, substance abuse, opioid treatment services, diabetes self-management training, and kidney disease education services through a virtual visit are the same cost as an in-person visit.



Blue Cross Medicare Advantage Freedom Blue MA Only (H5959-007-1)

Advantage PPO Plan

Enrollment: 877-662-2583

Service: 800-711-9865 • TTY: 711

bluecrossmnonline.com



Monthly Premium: \$0

Up to \$40 Part B Premium Reduction

Plan Area: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, Wright Counties

Out-of-Pocket Max	In-Network: \$4,900 annually Combined Maximum Out-of-Pocket: \$7,500 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: Medicare-covered services - \$200 copay/admit Out-of-Network: 40% coinsurance/stay for Medicare-covered services Note: prior authorization may be required
Physician/Outpatient	In-Network: Medicare-covered benefits - \$0 copay/primary care physician, \$30 copay/specialist, \$10 copay/non-surgical outpatient hospital facility services Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Ambulance	\$200 copay/Medicare-covered ground and air ambulance
Outpatient Surgery	In-Network: \$150 copay/Medicare-covered surgeries performed and services received in an outpatient hospital facility, \$100 copay/visit for ambulatory surgical center services Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required for certain services provided in the outpatient setting
Outpatient Mental Health	In-Network: \$30 copay/Medicare-covered individual or group therapy visits Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required for some services
Emergency/Urgent Care	Emergency Care: \$90 copay/each ER visit Urgent Care: \$35 copay/Medicare-covered urgently needed care visits Worldwide Emergency Care: \$90 copay, 20% coinsurance/worldwide emergency transportation Worldwide Urgent Care: \$90 copay
Travel Coverage	Coverage when you are outside of the service area (Minnesota) for less than 9 months
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, Medicare-covered x-rays, diagnostic colonoscopies and mammograms, \$20 copay/all other diagnostic procedures, \$70 copay/diagnostic radiology services, 15% coinsurance/therapeutic radiology services Out-of-Network: 40% coinsurance/Medicare-covered services, \$0 copay/labs Note: prior authorization may be required
Physical/Speech/Occupational Therapy	In-Network: \$30 copay/Medicare-covered amount for each physical/speech/occupational therapy visits Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Skilled Nursing Facility Care	In-Network: Medicare-covered services - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100 Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Diabetic Supplies & Services	In-Network: \$0 copay/self-management training, diabetic supplies, 15% coinsurance/Medicare-covered therapeutic shoes or inserts Out-of-Network: 40% coinsurance/self-management training, diabetic supplies, therapeutic shoes or inserts
DMEPOS	In-Network: 20% coinsurance/Medicare-covered durable medical equipment item and related supplies Out-of-Network: 40% coinsurance/Medicare-covered durable medical equipment item and related supplies Note: prior authorization may be required
Dental	In-Network: \$30 copay/Medicare-covered dental services Out-of-Network: 40% coinsurance/Medicare-covered dental Preventive: \$0 copay/2 cleanings, 2 oral exams, 1 x-ray, 2 periodontal cleaning, 2 fluoride treatments Comprehensive: 30% coinsurance/restorative, 50% coinsurance/endodontics, periodontics (not including cleaning), extractions, prosthodontics, other oral/maxillofacial surgery Maximum Dental Plan Benefit: \$2,000
Chiropractic/Acupuncture	In-Network: \$20 copay/each Medicare-covered chiropractic visit, \$20 copay/each acupuncture visit Out-of-Network: 40% coinsurance/Medicare-covered chiropractic services, 40% coinsurance/acupuncture services Note: prior authorization may be required
Vision	In-Network: \$0 copay/2 routine eye exams, 1 annual glaucoma screening for people at risk, diabetic retinopathy exams, eyewear after cataract, \$0 copay/Medicare-covered exams to diagnose and treat diseases and conditions of the eye, \$250 allowance/non-Medicare-covered eyewear Out-of-Network: 40% coinsurance/Medicare-covered services
Hearing	In-Network: \$0 copay/each Medicare-covered diagnostic hearing exam, \$0 copay/1 routine hearing exam per year, \$599 copay/Advanced hearing aids, \$899 copay/Premium hearing aids, you must see a TruHearing provider to use this benefit Out-of-Network: 40% coinsurance/Medicare-covered visit
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 40% coinsurance Note: prior authorization may be required
Medicare Part D Coverage	No, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan
Discounts & Programs	The SilverSneakers exercise and healthy aging program, e-visits online visits, 24-hour nurse advice line, \$100 quarterly/over-the-counter drugs and supplies

Blue Cross Medicare Advantage Freedom Blue MA Only (H5959-007-2)

Advantage PPO Plan

Enrollment: 877-662-2583

Service: 800-711-9865 • TTY: 711

bluecrossmnonline.com 



Monthly Premium: \$0

Up to \$60 Part B Premium Reduction

Plan Area: Becker, Beltrami, Benton, Big Stone, Brown, Cass, Chippewa, Clay, Clearwater, Cottonwood, Crow Wing, Douglas, Grant, Hubbard, Jackson, Kandiyohi, Kittson, Lac qui Parle, Lake of the Woods, Lincoln, Lyon, Mahnomon, Marshall, Morrison, Murray, Nobles, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Redwood, Renville, Roseau, Stearns, Swift, Todd, Wadena, Wilkin Counties	
Out-of-Pocket Max	In-Network: \$4,900 annually Combined Maximum Out-of-Pocket: \$7,500 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: Medicare-covered services - \$200 copay/admit Out-of-Network: 40% coinsurance/stay for Medicare-covered services Note: prior authorization may be required
Physician/Outpatient	In-Network: Medicare-covered benefits - \$0 copay/primary care physician, \$30 copay/specialist, \$10 copay/non-surgical outpatient hospital facility services Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Ambulance	\$200 copay/Medicare-covered ground and air ambulance
Outpatient Surgery	In-Network: \$150 copay/Medicare-covered surgeries performed and services received in an outpatient hospital facility, \$100 copay/visit for ambulatory surgical center services Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required for certain services provided in the outpatient setting
Outpatient Mental Health	In-Network: \$30 copay/Medicare-covered individual or group therapy visits Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required for some services
Emergency/Urgent Care	Emergency Care: \$90 copay/each ER visit Urgent Care: \$35 copay/Medicare-covered urgently needed care visits Worldwide Emergency Care: \$90 copay, 20% coinsurance/worldwide emergency transportation Worldwide Urgent Care: \$90 copay
Travel Coverage	Coverage when you are outside of the service area (Minnesota) for less than 9 months
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, Medicare-covered x-rays, diagnostic colonoscopies and mammograms, \$20 copay/all other diagnostic procedures, \$70 copay/diagnostic radiology services, 15% coinsurance/therapeutic radiology services Out-of-Network: 40% coinsurance/Medicare-covered services, \$0 copay/labs Note: prior authorization may be required
Physical/Speech/Occupational Therapy	In-Network: \$30 copay/Medicare-covered amount for each physical/speech/occupational therapy visits Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Skilled Nursing Facility Care	In-Network: Medicare-covered services - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100 Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Diabetic Supplies & Services	In-Network: \$0 copay/self-management training, diabetic supplies, 15% coinsurance/Medicare-covered therapeutic shoes or inserts Out-of-Network: 40% coinsurance/self-management training, diabetic supplies, therapeutic shoes or inserts
DMEPOS	In-Network: 20% coinsurance/Medicare-covered durable medical equipment item and related supplies Out-of-Network: 40% coinsurance/Medicare-covered durable medical equipment item and related supplies Note: prior authorization may be required
Dental	In-Network: \$30 copay/Medicare-covered dental services Out-of-Network: 40% coinsurance/Medicare-covered dental Preventive: \$0 copay/2 cleanings, 2 oral exams, 1 x-ray, 2 periodontal cleaning, 2 fluoride treatments Comprehensive: 30% coinsurance/restorative, 50% coinsurance/endodontics, periodontics (not including cleaning), extractions, prosthodontics, other oral/maxillofacial surgery Maximum Dental Plan Benefit: \$2,000
Chiropractic/Acupuncture	In-Network: \$20 copay/each Medicare-covered chiropractic visit, \$20 copay/each acupuncture visit Out-of-Network: 40% coinsurance/Medicare-covered chiropractic services, 40% coinsurance/acupuncture services Note: prior authorization may be required
Vision	In-Network: \$0 copay/2 routine eye exams, 1 annual glaucoma screening for people at risk, diabetic retinopathy exams, eyewear after cataract, \$0 copay/Medicare-covered exams to diagnose and treat diseases and conditions of the eye, \$350 allowance/non-Medicare-covered eyewear Out-of-Network: 40% coinsurance/Medicare-covered services
Hearing	In-Network: \$0 copay/each Medicare-covered diagnostic hearing exam, \$0 copay/1 routine hearing exam per year, \$599 copay/Advanced hearing aids, \$899 copay/Premium hearing aids, you must see a TruHearing provider to use this benefit Out-of-Network: 40% coinsurance/Medicare-covered visit
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 40% coinsurance Note: prior authorization may be required
Medicare Part D Coverage	No, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan
Discounts & Programs	The SilverSneakers exercise and healthy aging program, e-visits online visits, 24-hour nurse advice line, \$100 quarterly/over-the-counter drugs and supplies



Blue Cross Medicare Advantage Core (H5959-013-1)

Advantage PPO Plan

Enrollment: 877-662-2583

Service: 800-711-9865 • TTY: 711

bluecrossmnonline.com



Monthly Premium: \$0

Plan Area: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, Wright Counties

Out-of-Pocket Max	In-Network: \$5,500 annually Combined Maximum Out-of-Pocket: \$7,900 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$300 copay/day for days 1-5; \$0 copay/days 6-90 for Medicare-covered services Out-of-Network: 45% coinsurance/stay for Medicare-covered services Note: prior authorization may be required
Physician/Outpatient	In-Network: Medicare-covered benefits - \$0 copay/primary care visit, \$40 copay/specialist visit, \$20 copay/non-surgical outpatient hospital facility services Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required
Ambulance	In-Network or Out-of-Network: \$265 copay/ground and air ambulance
Outpatient Surgery	In-Network: \$350 copay/Medicare-covered services in an outpatient hospital facility, \$350 copay/visit for ambulatory surgical center services Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required for certain services provided in the outpatient setting
Outpatient Mental Health	In-Network: \$40 copay/Medicare-covered individual or group therapy visits Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required for some services
Emergency/Urgent Care	Emergency Care: \$90 copay/each ER visit Urgent Care: \$45 copay/Medicare-covered urgently needed care visits Worldwide Emergency Care: \$90 copay, 20% coinsurance/worldwide emergency transportation Worldwide Urgent Care: \$90 copay
Travel Coverage	Coverage when you are outside of the service area (Minnesota) for less than 9 months
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, diagnostic colonoscopies and mammograms, \$25 copay/all other diagnostic procedures, \$10 copay/Medicare-covered x-rays, \$95 copay/diagnostic radiology services, 20% coinsurance/therapeutic radiology services Out-of-Network: 45% coinsurance/Medicare-covered services, \$0 copay/lab services Note: prior authorization may be required
Physical/Speech/Occupational Therapy	In-Network: \$40 copay/Medicare-covered amount for each physical/speech/occupational therapy visits Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required
Skilled Nursing Facility Care	In-Network: \$0 copay/day for days 1-20, \$196 copay/day for days 21-100 for Medicare-covered services Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required
Diabetic Supplies & Services	In-Network: \$0 copay/self-management training, diabetic supplies, 20% coinsurance/therapeutic shoes or inserts Out-of-Network: 45% coinsurance/self-management training, diabetic supplies, therapeutic shoes or inserts
DMEPOS	In-Network: 20% coinsurance/Medicare-covered durable medical equipment item and related supplies Out-of-Network: 45% coinsurance/Medicare-covered durable medical equipment item and related supplies Note: prior authorization may be required
Dental	In-Network: \$50 copay/Medicare-covered dental services Out-of-Network: 45% coinsurance/Medicare-covered dental Preventive: \$0 copay/2 cleanings, 2 oral exams, 1 x-ray, 2 periodontal cleaning, 2 fluoride treatments Maximum Dental Plan Benefit: \$2,000
Chiropractic/Acupuncture	In-Network: \$20 copay/each Medicare-covered chiropractic visit, \$20 copay/each acupuncture visit Out-of-Network: 45% coinsurance/Medicare-covered services, 45% coinsurance/acupuncture services Note: prior authorization may be required
Vision	In-Network: \$0 copay/2 routine eye exams, 1 annual glaucoma screening for people at risk, diabetic retinopathy exams, eyewear after cataract, \$0 copay/Medicare-covered exams to diagnose and treat diseases and conditions of the eye, \$175 allowance for non-Medicare-covered eyewear Out-of-Network: 45% coinsurance/Medicare-covered services
Hearing	In-Network: \$0 copay/each Medicare-covered diagnostic hearing exam, \$0 copay/1 routine hearing exam per year, \$699 copay/Advanced hearing aids, \$999 copay/Premium hearing aids, you must see TruHearing provider to use this benefit Out-of-Network: 45% coinsurance/Medicare-covered visit
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 45% coinsurance Note: prior authorization may be required
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1-2, \$350/tiers 3-5
Discounts & Programs	SilverSneakers exercise and healthy aging program, E-visits Online Visits, 24-hour nurse advice line, \$50 quarterly/over-the-counter drugs and supplies

Blue Cross Medicare Advantage Core (H5959-013-2)

Advantage PPO Plan

Enrollment: 877-662-2583

Service: 800-711-9865 • TTY: 711

bluecrossmnonline.com 



Monthly Premium: \$0

Plan Area: Becker, Beltrami, Benton, Big Stone, Brown, Cass, Chippewa, Clay, Clearwater, Cottonwood, Crow Wing, Douglas, Grant, Hubbard, Jackson, Kandiyohi, Kittson, Lac qui Parle, Lake of the Woods, Lincoln, Lyon, Mahanomen, Marshall, Morrison, Murray, Nobles, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Redwood, Renville, Roseau, Stearns, Swift, Todd, Wadena, Wilkin Counties	
Out-of-Pocket Max	In-Network: \$5,800 annually Combined Maximum Out-of-Pocket: \$7,900 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$350 copay/day for days 1-5; \$0 copay/days 6-90 for Medicare-covered services Out-of-Network: 45% coinsurance/stay for Medicare-covered services Note: prior authorization may be required
Physician/Outpatient	In-Network: Medicare-covered benefits - \$0 copay/primary care visit, \$45 copay/specialist visit, \$20 copay/non-surgical outpatient hospital facility services Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required
Ambulance	In-Network or Out-of-Network: \$265 copay/ground and air ambulance
Outpatient Surgery	In-Network: \$400 copay/Medicare-covered services in an outpatient hospital facility, \$350 copay/visit for ambulatory surgical center services Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required for certain services provided in the outpatient setting
Outpatient Mental Health	In-Network: \$45 copay/Medicare-covered individual or group therapy visits Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required for some services
Emergency/Urgent Care	Emergency Care: \$90 copay/each ER visit Urgent Care: \$45 copay/Medicare-covered urgently needed care visits Worldwide Emergency Care: \$90 copay, 20% coinsurance/worldwide emergency transportation Worldwide Urgent Care: \$90 copay
Travel Coverage	Coverage when you are outside of the service area (Minnesota) for less than 9 months
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, diagnostic colonoscopies and mammograms, \$25 copay/all other diagnostic procedures, \$10 copay/Medicare-covered x-rays, \$95 copay/diagnostic radiology services, 20% coinsurance/therapeutic radiology services Out-of-Network: 45% coinsurance/Medicare-covered services, \$0 copay/lab services Note: prior authorization may be required
Physical/Speech/Occupational Therapy	In-Network: \$45 copay/Medicare-covered amount for each physical/speech/occupational therapy visits Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required
Skilled Nursing Facility Care	In-Network: \$0 copay/day for days 1-20, \$196 copay/day for days 21-100 for Medicare-covered services Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required
Diabetic Supplies & Services	In-Network: \$0 copay/self-management training, diabetic supplies, 20% coinsurance/therapeutic shoes or inserts Out-of-Network: 45% coinsurance/self-management training, diabetic supplies, therapeutic shoes or inserts
DMEPOS	In-Network: 20% coinsurance/Medicare-covered durable medical equipment item and related supplies Out-of-Network: 45% coinsurance/Medicare-covered durable medical equipment item and related supplies Note: prior authorization may be required
Dental	In-Network: \$50 copay/Medicare-covered dental services Out-of-Network: 45% coinsurance/Medicare-covered dental Preventive: \$0 copay/2 cleanings, 2 oral exams, 1 x-ray, 2 periodontal cleaning, 2 fluoride treatments Maximum Dental Plan Benefit: \$2,000
Chiropractic/Acupuncture	In-Network: \$20 copay/each Medicare-covered chiropractic visit, \$20 copay/each acupuncture visit Out-of-Network: 45% coinsurance/Medicare-covered services, 45% coinsurance/acupuncture services Note: prior authorization may be required
Vision	In-Network: \$0 copay/2 routine eye exams, 1 annual glaucoma screening for people at risk, diabetic retinopathy exams, eyewear after cataract, \$0 copay/Medicare-covered exams to diagnose and treat diseases and conditions of the eye, \$175 allowance for non-Medicare-covered eyewear Out-of-Network: 45% coinsurance/Medicare-covered services
Hearing	In-Network: \$0 copay/each Medicare-covered diagnostic hearing exam, \$0 copay/1 routine hearing exam per year, \$699 copay/Advanced hearing aids, \$999 copay/Premium hearing aids, you must see TruHearing provider to use this benefit Out-of-Network: 45% coinsurance/Medicare-covered visit
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 45% coinsurance Note: prior authorization may be required
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1-2, \$350/tiers 3-5
Discounts & Programs	SilverSneakers exercise and healthy aging program, E-visits Online Visits, 24-hour nurse advice line, \$50 quarterly/over-the-counter drugs and supplies



Blue Cross Medicare Advantage Freedom Blue MA Only (H5959-008)

Advantage PPO Plan

Enrollment: 877-662-2583

Service: 800-711-9865 • TTY: 711

bluecrossmnonline.com



Monthly Premium: \$10

Plan Area: Blue Earth, Dodge, Faribault, Fillmore, Freeborn, Houston, Martin, Mower, Nicollet, Olmsted, Steele, Wabasha, Waseca, Watonwan, Winona Counties

Out-of-Pocket Max	In-Network: \$4,900 annually Combined Maximum Out-of-Pocket: \$7,500 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: Medicare-covered services - \$200 copay/admit Out-of-Network: 45% coinsurance/stay for Medicare-covered services Note: prior authorization may be required
Physician/Outpatient	In-Network: Medicare-covered benefits - \$0 copay/primary care physician, \$30 copay/specialist, \$10 copay/non-surgical outpatient hospital facility services Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required
Ambulance	\$200 copay/Medicare-covered ground and air ambulance
Outpatient Surgery	In-Network: \$150 copay/Medicare-covered surgeries performed and services received in an outpatient hospital facility, \$100 copay/visit for ambulatory surgical center services Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required for certain services provided in the outpatient setting
Outpatient Mental Health	In-Network: \$30 copay/Medicare-covered individual or group therapy visits Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required for some services
Emergency/Urgent Care	Emergency Care: \$90 copay/each ER visit Urgent Care: \$35 copay/Medicare-covered urgently needed care visits Worldwide Emergency Care: \$90 copay, 20% coinsurance/worldwide emergency transportation Worldwide Urgent Care: \$90 copay
Travel Coverage	Coverage when you are outside of the service area (Minnesota) for less than 9 months
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, Medicare-covered x-rays, diagnostic colonoscopies and mammograms, \$20 copay/all other diagnostic procedures, \$70 copay/diagnostic radiology services, 15% coinsurance/therapeutic radiology services Out-of-Network: 45% coinsurance/Medicare-covered services, \$0 copay/labs Note: prior authorization may be required
Physical/Speech/Occupational Therapy	In-Network: \$30 copay/Medicare-covered amount for each physical/speech/occupational therapy visits Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required
Skilled Nursing Facility Care	In-Network: Medicare-covered services - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100 Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required
Diabetic Supplies & Services	In-Network: \$0 copay/self-management training and for diabetic supplies, 15% coinsurance/Medicare-covered therapeutic shoes or inserts Out-of-Network: 45% coinsurance/self-management training, Medicare-covered diabetic supplies and therapeutic shoes or inserts
DMEPOS	In-Network: 20% coinsurance/Medicare-covered durable medical equipment item and related supplies Out-of-Network: 45% coinsurance/Medicare-covered durable medical equipment item and related supplies Note: prior authorization may be required
Dental	In-Network: \$30 copay/Medicare-covered dental services Out-of-Network: 45% coinsurance/Medicare-covered dental Preventive: \$0 copay/2 cleanings, 2 oral exams, 1 x-ray, 2 periodontal cleaning, 2 fluoride treatments Comprehensive: 30% coinsurance/restorative, 50% coinsurance/endodontics, periodontics (not including cleaning), extractions, prosthodontics, other oral/maxillofacial surgery Maximum Dental Plan Benefit: \$2,000
Chiropractic/Acupuncture	In-Network: \$20 copay/each Medicare-covered chiropractic visit, \$20 copay/each acupuncture visit Out-of-Network: 45% coinsurance/Medicare-covered chiropractic services, 45% coinsurance/acupuncture services Note: prior authorization may be required
Vision	In-Network: \$0 copay/2 routine eye exams, 1 annual glaucoma screening for people at risk, diabetic retinopathy exams, eyewear after cataract, \$0 copay/Medicare-covered exams to diagnose and treat diseases and conditions of the eye, \$250 allowance/non-Medicare-covered eyewear Out-of-Network: 45% coinsurance/Medicare-covered services
Hearing	In-Network: \$0 copay/each Medicare-covered diagnostic hearing exam, \$0 copay/1 routine hearing exam per year, \$599 copay/Advanced hearing aids, \$899 copay/Premium hearing aids, you must see a TruHearing provider to use this benefit Out-of-Network: 45% coinsurance/Medicare-covered visit
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 45% coinsurance Note: prior authorization may be required
Medicare Part D Coverage	No, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan
Discounts & Programs	The SilverSneakers exercise and healthy aging program, E-visits Online Visits, 24-hour nurse advice line, \$100 quarterly/over-the-counter drugs and supplies

Blue Cross Medicare Advantage Core (H5959-012)

Advantage PPO Plan

Enrollment: 877-662-2583

Service: 800-711-9865 • TTY: 711

bluecrossmnonline.com 



Monthly Premium: \$43

Plan Area: Blue Earth, Dodge, Faribault, Fillmore, Freeborn, Houston, Martin, Mower, Nicollet, Olmsted, Steele, Wabasha, Waseca, Watonwan, Winona Counties	
Out-of-Pocket Max	In-Network: \$6,700 annually Combined Maximum Out-of-Pocket: \$10,000 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$350 copay/day for days 1-5, \$0 copay/days 6-90 for Medicare-covered services Out-of-Network: 45% coinsurance/stay for Medicare-covered services Note: prior authorization may be required
Physician/Outpatient	In-Network: Medicare-covered benefits - \$0 copay/primary care physician, \$40 copay/specialist, \$20 copay/non-surgical outpatient hospital facility services Out-of-Network: 45% coinsurance/Medicare-covered services Note: Prior authorization may be required
Ambulance	In-Network: \$315 copay/Medicare-covered ground and air ambulance Out-of-Network: \$315 copay/Medicare-covered ground and air ambulance
Outpatient Surgery	In-Network: \$400 copay/Medicare-covered surgeries performed and services received in an outpatient hospital facility, \$415 copay/visit for ambulatory surgical center services Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required for certain services provided in the outpatient setting
Outpatient Mental Health	In-Network: \$40 copay/Medicare-covered individual or group therapy visits Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required for some services
Emergency/Urgent Care	Emergency Care: \$90 copay/each ER visit Urgent Care: \$45 copay/Medicare-covered urgently needed care visits Worldwide Emergency Care: \$90 copay, 20% coinsurance/worldwide emergency transportation Worldwide Urgent Care: \$90 copay
Travel Coverage	Coverage when you are outside of the service area (Minnesota) for less than 9 months
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, diagnostic colonoscopies and mammograms, \$25 copay/all other diagnostic procedures, \$10 copay/Medicare-covered x-rays, \$95 copay/diagnostic radiology services, 20% coinsurance/therapeutic radiology services. Out-of-Network: 45% coinsurance/Medicare-covered services, \$0 copay/labs Note: prior authorization may be required
Physical/Speech/Occupational Therapy	In-Network: \$40 copay/Medicare-covered amount for each physical/speech/occupational therapy visits Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required
Skilled Nursing Facility Care	In-Network: \$0 copay/day for days 1-20, \$196 copay/day for days 21-100 for Medicare-covered services Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required
Diabetic Supplies & Services	In-Network: \$0 copay/self-management training, diabetic supplies, 20% coinsurance/Medicare-covered therapeutic shoes or inserts Out-of-Network: 45% coinsurance/self-management training, Medicare-covered diabetic supplies, Medicare-covered therapeutic shoes or inserts
DMEPOS	In-Network: 20% coinsurance/Medicare-covered durable medical equipment item and related supplies Out-of-Network: 45% coinsurance/Medicare-covered durable medical equipment item and related supplies Note: prior authorization may be required
Dental	In-Network: \$50 copay/Medicare-covered dental services Out-of-Network: 45% coinsurance/Medicare-covered dental Preventive: \$0 copay/2 cleanings, 2 oral exams, 1 x-ray, 2 periodontal cleaning, 2 fluoride treatments Maximum Dental Plan Benefit: \$2,000
Chiropractic/Acupuncture	In-Network: \$20 copay/each Medicare-covered chiropractic visit, \$20 copay/acupuncture visit Out-of-Network: 45% coinsurance/Medicare-covered chiropractic services, 45% coinsurance/acupuncture services Note: prior authorization may be required
Vision	In-Network: \$0 copay/2 routine eye exams, 1 annual glaucoma screening for people at risk, diabetic retinopathy exams, eyewear after cataract, \$0 copay/Medicare-covered exams to diagnose and treat diseases and conditions of the eye, \$100 allowance/non-Medicare-covered eyewear Out-of-Network: 45% coinsurance/Medicare-covered services
Hearing	In-Network: \$0 copay/each Medicare-covered diagnostic hearing exam, \$0 copay/1 routine hearing exam per year, \$699 copay/Advanced hearing aids, \$999 copay/Premium hearing aids, you must see a TruHearing provider to use this benefit Out-of-Network: 45% coinsurance/Medicare-covered visit
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 45% coinsurance Note: prior authorization may be required
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1-2, \$350/tiers 3-5
Discounts & Programs	SilverSneakers exercise and healthy aging program, e-visits online visits, 24-hour nurse advice line, \$50 quarterly/over-the-counter drugs and supplies



Blue Cross Medicare Advantage Comfort (H5959-015)

Advantage PPO Plan

Enrollment: 877-662-2583

Service: 800-711-9865 • TTY: 711

bluecrossmnonline.com



Monthly Premium: \$56

Plan Area: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, Wright Counties

Out-of-Pocket Max	In-Network: \$3,500 annually Combined Maximum Out-of-Pocket: \$5,450 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: Medicare-covered services - \$350 copay/admit Out-of-Network: 40% coinsurance/stay for Medicare-covered services Note: prior authorization may be required
Physician/Outpatient	In-Network: Medicare-covered benefits - \$0 copay/primary care physician, \$35 copay/specialist, \$20 copay/non-surgical outpatient hospital facility services Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Ambulance	\$250 copay/Medicare-covered ground and air ambulance
Outpatient Surgery	In-Network: \$275 copay/Medicare-covered surgeries performed and services received in an outpatient hospital facility, \$235 copay/visit for ambulatory surgical center services Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required for certain services provided in the outpatient setting
Outpatient Mental Health	In-Network: \$35 copay/Medicare-covered individual or group therapy visits Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required for some services
Emergency/Urgent Care	Emergency Care: \$90 copay/each ER visit Urgent Care: \$40 copay/Medicare-covered urgently needed care visits Worldwide Emergency Care: \$90 copay, 20% coinsurance/worldwide emergency transportation Worldwide Urgent Care: \$90 copay
Travel Coverage	Coverage when you are outside of the service area (Minnesota) for less than 9 months
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, Medicare-covered x-rays, diagnostic colonoscopies and mammograms, \$20 copay/all other diagnostic procedures, \$75 copay/diagnostic radiology services, 20% coinsurance/therapeutic radiology services Out-of-Network: 40% coinsurance/Medicare-covered services, \$0 copay/labs Note: Prior authorization may be required
Physical/Speech/Occupational Therapy	In-Network: \$35 copay/Medicare-covered each physical/speech/occupational therapy visits Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Skilled Nursing Facility Care	In-Network: Medicare-covered services - \$0 copay/day for days 1-20, \$196 copay/per day for days 21-100 Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Diabetic Supplies & Services	In-Network: \$0 copay/self-management training, diabetic supplies, 20% coinsurance/Medicare-covered therapeutic shoes or inserts Out-of-Network: 40% coinsurance/self-management training, Medicare-covered diabetic supplies, therapeutic shoes or inserts
DMEPOS	In-Network: 20% coinsurance/Medicare-covered durable medical equipment item and related supplies Out-of-Network: 40% coinsurance/Medicare-covered durable medical equipment item and related supplies Note: prior authorization may be required
Dental	In-Network: \$30 copay/Medicare-covered dental services Out-of-Network: 40% coinsurance/Medicare-covered dental Preventive: \$0 copay/2 cleanings, 2 oral exams, 1 x-ray, 2 periodontal cleaning, 2 fluoride treatments Comprehensive: 30% coinsurance/restorative, 50% coinsurance/endodontics, periodontics (not including cleaning), extractions, prosthodontics, other oral/maxillofacial surgery Maximum Dental Plan Benefit: \$2,000
Chiropractic/Acupuncture	In-Network: \$20 copay/Medicare-covered chiropractic visit, \$20 copay/each acupuncture visit Out-of-Network: 40% coinsurance/Medicare-covered chiropractic services, 40% coinsurance/acupuncture services Note: prior authorization may be required
Vision	In-Network: \$0 copay/2 routine eye exams, 1 annual glaucoma screening for people at risk, diabetic retinopathy exams, eyewear after cataract, \$0 copay/Medicare-covered exams to diagnose and treat diseases and conditions of the eye, \$125 allowance/non-Medicare-covered eyewear Out-of-Network: 40% coinsurance/Medicare-covered services
Hearing	In-Network: \$0 copay/each Medicare-covered diagnostic hearing exam, \$0 copay/1 routine hearing exam per year, \$599 copay/Advanced hearing aids, \$899 copay/Premium hearing aids, you must see a TruHearing provider to use this benefit Out-of-Network: 40% coinsurance/Medicare-covered visit
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 40% coinsurance Note: prior authorization may be required
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1-2, \$300/tiers 3-5
Discounts & Programs	The SilverSneakers exercise and healthy aging program, E-visits Online Visits, 24-hour nurse advice line, \$50 quarterly/over-the-counter drugs and supplies

Blue Cross Medicare Advantage Comfort (H5959-016)

Advantage PPO Plan

Enrollment: 877-662-2583

Service: 800-711-9865 • TTY: 711

bluecrossmnonline.com 



Monthly Premium: \$67

Plan Area: Becker, Beltrami, Benton, Big Stone, Brown, Cass, Chippewa, Clay, Clearwater, Cottonwood, Crow Wing, Douglas, Grant, Hubbard, Jackson, Kandiyohi, Kittson, Lac qui Parle, Lake of the Woods, Lincoln, Lyon, Mahanomen, Marshall, Morrison, Murray, Nobles, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Redwood, Renville, Roseau, Stearns, Swift, Todd, Wadena, Wilkin Counties

Out-of-Pocket Max	In-Network: \$3,700 annually Combined Maximum Out-of-Pocket: \$6,300 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: Medicare-covered services - \$350 copay/admit Out-of-Network: 40% coinsurance/stay for Medicare-covered services Note: prior authorization may be required
Physician/Outpatient	In-Network: Medicare-covered benefits - \$0 copay/primary care physician, \$40 copay/specialist, \$20 copay/non-surgical outpatient hospital facility services Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Ambulance	\$250 copay/Medicare-covered ground and air ambulance
Outpatient Surgery	In-Network: \$275 copay/Medicare-covered surgeries performed and services received in an outpatient hospital facility, \$235 copay/visit for ambulatory surgical center services Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required for certain services provided in the outpatient setting
Outpatient Mental Health	In-Network: \$40 copay/Medicare-covered individual or group therapy visits Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required for some services
Emergency/Urgent Care	Emergency Care: \$90 copay/each ER visit Urgent Care: \$40 copay/Medicare-covered urgently needed care visits Worldwide Emergency Care: \$90 copay, 20% coinsurance/worldwide emergency transportation Worldwide Urgent Care: \$90 copay
Travel Coverage	Coverage when you are outside of the service area (Minnesota) for less than 9 months
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, Medicare-covered x-rays, diagnostic colonoscopies and mammograms, \$20 copay/all other diagnostic procedures, \$75 copay/diagnostic radiology services, 20% coinsurance/therapeutic radiology services Out-of-Network: 40% coinsurance/Medicare-covered services, \$0 copay/labs Note: Prior authorization may be required
Physical/Speech/Occupational Therapy	In-Network: \$40 copay/Medicare-covered each physical/speech/occupational therapy visits Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Skilled Nursing Facility Care	In-Network: Medicare-covered services - \$0 copay/day for days 1-20, \$196 copay/per day for days 21-100 Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Diabetic Supplies & Services	In-Network: \$0 copay/self-management training, diabetic supplies, 20% coinsurance/Medicare-covered therapeutic shoes or inserts Out-of-Network: 40% coinsurance/self-management training, Medicare-covered diabetic supplies, therapeutic shoes or inserts
DMEPOS	In-Network: 20% coinsurance/Medicare-covered durable medical equipment item and related supplies Out-of-Network: 40% coinsurance/Medicare-covered durable medical equipment item and related supplies Note: prior authorization may be required
Dental	In-Network: \$30 copay/Medicare-covered dental services Out-of-Network: 40% coinsurance/Medicare-covered dental Preventive: \$0 copay/2 cleanings, 2 oral exams, 1 x-ray, 2 periodontal cleaning, 2 fluoride treatments Comprehensive: 30% coinsurance/restorative, 50% coinsurance/endodontics, periodontics (not including cleaning), extractions, prosthodontics, other oral/maxillofacial surgery Maximum Dental Plan Benefit: \$1,500
Chiropractic/Acupuncture	In-Network: \$20 copay/Medicare-covered chiropractic visit, \$20 copay/each acupuncture visit Out-of-Network: 40% coinsurance/Medicare-covered chiropractic services, 40% coinsurance/acupuncture services Note: prior authorization may be required
Vision	In-Network: \$0 copay/2 routine eye exams, 1 annual glaucoma screening for people at risk, diabetic retinopathy exams, eyewear after cataract, \$0 copay/Medicare-covered exams to diagnose and treat diseases and conditions of the eye, \$125 allowance/non-Medicare-covered eyewear Out-of-Network: 40% coinsurance/Medicare-covered services
Hearing	In-Network: \$0 copay/each Medicare-covered diagnostic hearing exam, \$0 copay/1 routine hearing exam per year, \$599 copay/Advanced hearing aids, \$899 copay/Premium hearing aids, you must see a TruHearing provider to use this benefit Out-of-Network: 40% coinsurance/Medicare-covered visit
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 40% coinsurance Note: prior authorization may be required
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1-2, \$350/tiers 3-5
Discounts & Programs	The SilverSneakers exercise and healthy aging program, E-visits Online Visits, 24-hour nurse advice line, \$50 quarterly/over-the-counter drugs and supplies



Blue Cross Medicare Advantage Choice (H5959-014-1)

Advantage PPO Plan

Enrollment: 877-662-2583

Service: 800-711-9865 • TTY: 711

bluecrossmnonline.com



Monthly Premium: \$86

Plan Area: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, Wright Counties

Out-of-Pocket Max	In-Network: \$3,000 annually Combined Maximum Out-of-Pocket: \$5,150 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: Medicare-covered services - \$150 copay/admit Out-of-Network: 40% coinsurance/stay for Medicare-covered services Note: prior authorization may be required
Physician/Outpatient	In-Network: Medicare-covered benefits - \$0 copay/primary care physician, \$30 copay/specialist, \$10 copay/non-surgical outpatient hospital facility services Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Ambulance	\$200 copay/Medicare-covered ground and air ambulance
Outpatient Surgery	In-Network: \$150 copay/Medicare-covered surgeries performed and services received in an outpatient hospital facility, \$100 copay/visit for ambulatory surgical center services Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required for certain services provided in the outpatient setting
Outpatient Mental Health	In-Network: \$30 copay/Medicare-covered individual or group therapy visits Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required for some services
Emergency/Urgent Care	Emergency Care: \$90 copay/each ER visit Urgent Care: \$35 copay/Medicare-covered urgently needed care visits Worldwide Emergency Care: \$90 copay, 20% coinsurance/worldwide emergency transportation Worldwide Urgent Care: \$90 copay
Travel Coverage	Coverage when you are outside of the service area (Minnesota) for less than 9 months
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, Medicare-covered x-rays, diagnostic colonoscopies and mammograms, \$20 copay/all other diagnostic procedures, \$70 copay/diagnostic radiology services, 15% coinsurance/therapeutic radiology services Out-of-Network: 40% coinsurance/Medicare-covered services, \$0 copay/labs Note: Prior authorization may be required
Physical/Speech/Occupational Therapy	In-Network: \$30 copay/Medicare-covered each physical/speech/occupational therapy visits Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Skilled Nursing Facility Care	In-Network: Medicare-covered services - \$0 copay/day for days 1-20, \$196 copay/per day for days 21-100 Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Diabetic Supplies & Services	In-Network: \$0 copay/self-management training, diabetic supplies, 15% coinsurance/Medicare-covered therapeutic shoes or inserts Out-of-Network: 40% coinsurance/self-management training, Medicare-covered diabetic supplies, therapeutic shoes or inserts
DMEPOS	In-Network: 20% coinsurance/Medicare-covered durable medical equipment item and related supplies Out-of-Network: 40% coinsurance/Medicare-covered durable medical equipment item and related supplies Note: prior authorization may be required
Dental	In-Network: \$30 copay/Medicare-covered dental services Out-of-Network: 40% coinsurance/Medicare-covered dental Preventive: \$0 copay/2 cleanings, 2 oral exams, 1 x-ray, 2 periodontal cleaning, 2 fluoride treatments Comprehensive: 30% coinsurance/restorative, 50% coinsurance/endodontics, periodontics (not including cleaning), extractions, prosthodontics, other oral/maxillofacial surgery Maximum Dental Plan Benefit: \$2,000
Chiropractic/Acupuncture	In-Network: \$20 copay/Medicare-covered chiropractic visit, \$20 copay/each acupuncture visit Out-of-Network: 40% coinsurance/Medicare-covered chiropractic services, 40% coinsurance/acupuncture services Note: prior authorization may be required
Vision	In-Network: \$0 copay/2 routine eye exams, 1 annual glaucoma screening for people at risk, diabetic retinopathy exams, eyewear after cataract, \$0 copay/Medicare-covered exams to diagnose and treat diseases and conditions of the eye, \$200 allowance/non-Medicare-covered eyewear Out-of-Network: 40% coinsurance/Medicare-covered services
Hearing	In-Network: \$0 copay/each Medicare-covered diagnostic hearing exam, \$0 copay/1 routine hearing exam per year, \$599 copay/Advanced hearing aids, \$899 copay/Premium hearing aids, you must see a TruHearing provider to use this benefit Out-of-Network: 40% coinsurance/Medicare-covered visit
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 40% coinsurance Note: prior authorization may be required
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1-3, \$250/tiers 4-5
Discounts & Programs	The SilverSneakers exercise and healthy aging program, E-visits Online Visits, 24-hour nurse advice line, \$50 quarterly/over-the-counter drugs and supplies

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Blue Cross Medicare Advantage Choice (H5959-014-2)

Advantage PPO Plan

Enrollment: 877-662-2583

Service: 800-711-9865 • TTY: 711

bluecrossmnonline.com



Monthly Premium: \$97

Plan Area: Becker, Beltrami, Benton, Big Stone, Brown, Cass, Chippewa, Clay, Clearwater, Cottonwood, Crow Wing, Douglas, Grant, Hubbard, Jackson, Kandiyohi, Kittson, Lac qui Parle, Lake of the Woods, Lincoln, Lyon, Mahanomen, Marshall, Morrison, Murray, Nobles, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Redwood, Renville, Roseau, Stearns, Swift, Todd, Wadena, Wilkin Counties

Out-of-Pocket Max	In-Network: \$3,100 annually Combined Maximum Out-of-Pocket: \$5,150 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: Medicare-covered services - \$250 copay/admit Out-of-Network: 40% coinsurance/stay for Medicare-covered services Note: prior authorization may be required
Physician/Outpatient	In-Network: Medicare-covered benefits - \$0 copay/primary care physician, \$35 copay/specialist, \$10 copay/non-surgical outpatient hospital facility services Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Ambulance	\$200 copay/Medicare-covered ground and air ambulance
Outpatient Surgery	In-Network: \$175 copay/Medicare-covered surgeries performed and services received in an outpatient hospital facility, \$150 copay/visit for ambulatory surgical center services Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required for certain services provided in the outpatient setting
Outpatient Mental Health	In-Network: \$35 copay/Medicare-covered individual or group therapy visits Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required for some services
Emergency/Urgent Care	Emergency Care: \$90 copay/each ER visit Urgent Care: \$35 copay/Medicare-covered urgently needed care visits Worldwide Emergency Care: \$90 copay, 20% coinsurance/worldwide emergency transportation Worldwide Urgent Care: \$90 copay
Travel Coverage	Coverage when you are outside of the service area (Minnesota) for less than 9 months
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, Medicare-covered x-rays, diagnostic colonoscopies and mammograms, \$20 copay/all other diagnostic procedures, \$70 copay/diagnostic radiology services, 15% coinsurance/therapeutic radiology services Out-of-Network: 40% coinsurance/Medicare-covered services, \$0 copay/labs Note: Prior authorization may be required
Physical/Speech/Occupational Therapy	In-Network: \$35 copay/Medicare-covered each physical/speech/occupational therapy visits Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Skilled Nursing Facility Care	In-Network: Medicare-covered services - \$0 copay/day for days 1-20, \$196 copay/per day for days 21-100 Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Diabetic Supplies & Services	In-Network: \$0 copay/self-management training, diabetic supplies, 15% coinsurance/Medicare-covered therapeutic shoes or inserts Out-of-Network: 40% coinsurance/self-management training, Medicare-covered diabetic supplies, therapeutic shoes or inserts
DMEPOS	In-Network: 20% coinsurance/Medicare-covered durable medical equipment item and related supplies Out-of-Network: 40% coinsurance/Medicare-covered durable medical equipment item and related supplies Note: prior authorization may be required
Dental	In-Network: \$30 copay/Medicare-covered dental services Out-of-Network: 40% coinsurance/Medicare-covered dental Preventive: \$0 copay/2 cleanings, 2 oral exams, 1 x-ray, 2 periodontal cleaning, 2 fluoride treatments Comprehensive: 30% coinsurance/restorative, 50% coinsurance/endodontics, periodontics (not including cleaning), extractions, prosthodontics, other oral/maxillofacial surgery Maximum Dental Plan Benefit: \$1,500
Chiropractic/Acupuncture	In-Network: \$20 copay/Medicare-covered chiropractic visit, \$20 copay/each acupuncture visit Out-of-Network: 40% coinsurance/Medicare-covered chiropractic services, 40% coinsurance/acupuncture services Note: prior authorization may be required
Vision	In-Network: \$0 copay/2 routine eye exams, 1 annual glaucoma screening for people at risk, diabetic retinopathy exams, eyewear after cataract, \$0 copay/Medicare-covered exams to diagnose and treat diseases and conditions of the eye, \$150 allowance/non-Medicare-covered eyewear Out-of-Network: 40% coinsurance/Medicare-covered services
Hearing	In-Network: \$0 copay/each Medicare-covered diagnostic hearing exam, \$0 copay/1 routine hearing exam per year, \$599 copay/Advanced hearing aids, \$899 copay/Premium hearing aids, you must see a TruHearing provider to use this benefit Out-of-Network: 40% coinsurance/Medicare-covered visit
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 40% coinsurance Note: prior authorization may be required
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1-3, \$250/tiers 4-5
Discounts & Programs	The SilverSneakers exercise and healthy aging program, E-visits Online Visits, 24-hour nurse advice line, \$50 quarterly/over-the-counter drugs and supplies



Blue Cross Medicare Advantage Choice (H5959-009)

Advantage PPO Plan

Enrollment: 877-662-2583

Service: 800-711-9865 • TTY: 711

bluecrossmnonline.com



Monthly Premium: \$139

Plan Area: Blue Earth, Dodge, Faribault, Fillmore, Freeborn, Houston, Martin, Mower, Nicollet, Olmsted, Steele, Wabasha, Waseca, Watonwan, Winona Counties

Out-of-Pocket Max	In-Network: \$3,000 annually Combined Maximum Out-of-Pocket: \$5,150 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: Medicare-covered services - \$250 copay/admit Out-of-Network: 45% coinsurance/stay for Medicare-covered services Note: prior authorization may be required
Physician/Outpatient	In-Network: Medicare-covered benefits - \$0 copay/primary care physician, \$30 copay/specialist, \$10 copay/non-surgical outpatient hospital facility services Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required
Ambulance	\$200 copay/Medicare-covered ground and air ambulance
Outpatient Surgery	In-Network: \$250 copay/Medicare-covered surgeries performed and services received in an outpatient hospital facility, \$150 copay/visit for ambulatory surgical center services Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required for certain services provided in the outpatient setting
Outpatient Mental Health	In-Network: \$30 copay/Medicare-covered individual or group therapy visits Outpatient Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required for some services
Emergency/Urgent Care	Emergency Care: \$90 copay/each ER visit Urgent Care: \$35 copay/Medicare-covered urgently needed care visits Worldwide Emergency Care: \$90 copay, 20% coinsurance/worldwide emergency transportation Worldwide Urgent Care: \$90 copay
Travel Coverage	Coverage when you are outside of the service area (Minnesota) for less than 9 months
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, Medicare-covered x-rays, diagnostic colonoscopies and mammograms, \$20 copay/all other diagnostic procedures, \$70 copay/diagnostic radiology services, 15% coinsurance/therapeutic radiology services Out-of-Network: 45% coinsurance/Medicare-covered services, \$0 copay/labs Note: prior authorization may be required
Physical/Speech/Occupational Therapy	In-Network: \$30 copay/Medicare-covered physical/speech/occupational therapy visit Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required
Skilled Nursing Facility Care	In-Network: Medicare-covered services - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100 Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required
Diabetic Supplies & Services	In-Network: \$0 copay/self-management training, diabetic supplies, 15% coinsurance/Medicare-covered therapeutic shoes or inserts Out-of-Network: 45% coinsurance/self-management training, total cost for Medicare-covered diabetic supplies, therapeutic shoes or inserts
DMEPOS	In-Network: 20% coinsurance/Medicare-covered durable medical equipment item and related supplies Out-of-Network: 45% coinsurance/Medicare-covered durable medical equipment item and related supplies Note: prior authorization may be required
Dental	In-Network: \$30 copay/Medicare-covered dental services Out-of-Network: 45% coinsurance/Medicare-covered dental Preventive: \$0 copay/2 cleanings, 2 oral exams, 1 x-ray, 2 periodontal cleaning, 2 fluoride treatments Comprehensive: 30% coinsurance/restorative, 50% coinsurance/endodontics, periodontics (not including cleaning), extractions, prosthodontics, other oral/maxillofacial surgery Maximum Dental Plan Benefit: \$2,000
Chiropractic/Acupuncture	In-Network: \$20 copay/each Medicare-covered chiropractic visit, \$20 copay/each acupuncture visit Out-of-Network: 45% coinsurance/Medicare-covered chiropractic services, 45% coinsurance/acupuncture services Note: prior authorization may be required
Vision	In-Network: \$0 copay/2 routine eye exams, 1 annual glaucoma screening for people at risk, diabetic retinopathy exams, eyewear after cataract, \$0 copay/Medicare-covered exams to diagnose and treat diseases and conditions of the eye, \$125 allowance/non-Medicare-covered eyewear Out-of-Network: 45% coinsurance/Medicare-covered services
Hearing	In-Network: \$0 copay/each Medicare-covered diagnostic hearing exam, \$0 copay/1 routine hearing exam per year, \$599 copay/Advanced hearing aids, \$899 copay/Premium hearing aids, you must see a TruHearing provider to use this benefit Out-of-Network: 45% coinsurance/Medicare-covered visit
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 45% coinsurance Note: prior authorization may be required
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1-3, \$250/tiers 4-5
Discounts & Programs	The SilverSneakers exercise and healthy aging program, E-visits Online Visits, 24-hour nurse advice line, \$50 quarterly/over-the-counter drugs and supplies

Blue Cross Medicare Advantage Complete (H5959-010-1)

Advantage PPO Plan

Enrollment: 877-662-2583

Service: 800-711-9865 • TTY: 711

bluecrossmnonline.com 



Monthly Premium: \$172

Plan Area: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington, Wright Counties	
Out-of-Pocket Max	In-Network: \$2,900 annually Combined Maximum Out-of-Pocket: \$5,100 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: Medicare-covered services - \$150 copay/admit Out-of-Network: 40% coinsurance/per stay for Medicare-covered services Note: prior authorization may be required
Physician/Outpatient	In-Network: Medicare-covered benefits - \$0 copay/primary care physician, \$20 copay/specialist, \$0 copay/non-surgical outpatient hospital facility services Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Outpatient Mental Health	In-Network: \$20 copay/Medicare-covered individual or group therapy visits Outpatient Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required for some services
Ambulance	In-Network: \$50 copay/Medicare-covered ground and air ambulance
Outpatient Surgery	In-Network: \$100 copay/Medicare-covered surgeries performed and services received in an outpatient hospital facility, \$75 copay/visit for ambulatory surgical center services Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required for certain services provided in the outpatient setting
Emergency/Urgent Care	Emergency Care: \$90 copay/each ER visit Urgent Care: \$25 copay/Medicare-covered urgently needed care visits Worldwide Emergency Care: \$90 copay, 20% coinsurance/worldwide emergency transportation Worldwide Urgent Care: \$90 copay
Travel Coverage	Coverage when you are outside of the service area (Minnesota) for less than 9 months
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, Medicare-covered x-rays, diagnostic radiology services, 10% coinsurance/therapeutic radiology services Out-of-Network: 40% coinsurance/Medicare-covered services, \$0 copay/labs Note: prior authorization may be required
Physical/Speech/Occupational Therapy	In-Network: \$20 copay/Medicare-covered physical/speech/occupational therapy visit Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Skilled Nursing Facility Care	In-Network: Medicare-covered services - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100 Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Diabetic Supplies & Services	In-Network: \$0 copay/self-management training, diabetic supplies, 15% coinsurance/Medicare-covered therapeutic shoes or inserts Out-of-Network: 40% coinsurance/self-management training, diabetic supplies, therapeutic shoes or inserts
DMEPOS	In-Network: 15% coinsurance/Medicare-covered durable medical equipment item and related supplies Out-of-Network: 40% coinsurance/Medicare-covered durable medical equipment item and related supplies Note: prior authorization may be required
Dental	In-Network: \$20 copay/Medicare-covered dental services Out-of-Network: 40% coinsurance/Medicare-covered dental Preventive: \$0 copay/2 cleanings/2 oral exams/1 x-ray, 2 periodontal cleaning, 2 fluoride treatments Comprehensive: 30% coinsurance/restorative, 50% coinsurance/endodontics, periodontics (not including cleaning), extractions, prosthodontics, other oral/maxillofacial surgery Maximum Dental Plan Benefit: \$2,000
Chiropractic/Acupuncture	In-Network: \$20 copay/each Medicare-covered chiropractic visit, \$20 copay/each acupuncture visit Out-of-Network: 40% coinsurance/Medicare-covered chiropractic services, 40% coinsurance/acupuncture services Note: prior authorization may be required
Vision	In-Network: \$0 copay/2 routine eye exams, 1 annual glaucoma screening for people at risk, diabetic retinopathy exams, eyewear after cataract, \$0 copay/Medicare-covered exams to diagnose and treat diseases and conditions of the eye, \$225 allowance/non-Medicare-covered eyewear Out-of-Network: 40% coinsurance/Medicare-covered services
Hearing	In-Network: \$0 copay/each Medicare-covered diagnostic hearing exam, \$0 copay/1 routine hearing exam per year, \$499 copay/Advanced hearing aids, \$799 copay/Premium hearing aids, you must see a TruHearing provider to use this benefit Out-of-Network: 40% coinsurance/Medicare-covered visit
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 40% coinsurance Note: prior authorization may be required
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0 Note: \$0 copay/formulary insulin
Discounts & Programs	The SilverSneakers exercise and healthy aging program, E-visits Online Visits, 24-hour nurse advice line, \$50 quarterly/over-the-counter drugs and supplies

Blue Cross Medicare Advantage Complete (H5959-010-2)

Advantage PPO Plan

Enrollment: 877-662-2583

Service: 800-711-9865 • TTY: 711

bluecrossmnonline.com 



Monthly Premium: \$211

Plan Area: Becker, Beltrami, Benton, Big Stone, Brown, Cass, Chippewa, Clay, Clearwater, Cottonwood, Crow Wing, Douglas, Grant, Hubbard, Jackson, Kandiyohi, Kittson, Lac qui Parle, Lake of the Woods, Lincoln, Lyon, Mahanomen, Marshall, Morrison, Murray, Nobles, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Redwood, Renville, Roseau, Stearns, Swift, Todd, Wadena, Wilkin Counties

Out-of-Pocket Max	In-Network: \$2,900 annually Combined Maximum Out-of-Pocket: \$5,100 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: Medicare-covered services - \$150 copay/admit Out-of-Network: 40% coinsurance/per stay for Medicare-covered services Note: prior authorization may be required
Physician/Outpatient	In-Network: Medicare-covered benefits - \$0 copay/primary care physician, \$20 copay/specialist, \$0 copay/non-surgical outpatient hospital facility services Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Outpatient Mental Health	In-Network: \$20 copay/Medicare-covered individual or group therapy visits Outpatient Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required for some services
Ambulance	In-Network: \$50 copay/Medicare-covered ground and air ambulance
Outpatient Surgery	In-Network: \$100 copay/Medicare-covered surgeries performed and services received in an outpatient hospital facility, \$75 copay/visit for ambulatory surgical center services Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required for certain services provided in the outpatient setting
Emergency/Urgent Care	Emergency Care: \$90 copay/each ER visit Urgent Care: \$25 copay/Medicare-covered urgently needed care visits Worldwide Emergency Care: \$90 copay, 20% coinsurance/worldwide emergency transportation Worldwide Urgent Care: \$90 copay
Travel Coverage	Coverage when you are outside of the service area (Minnesota) for less than 9 months
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, Medicare-covered x-rays, diagnostic radiology services, 10% coinsurance/therapeutic radiology services Out-of-Network: 40% coinsurance/Medicare-covered services, \$0 copay/labs Note: prior authorization may be required
Physical/Speech/Occupational Therapy	In-Network: \$20 copay/Medicare-covered physical/speech/occupational therapy visit Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Skilled Nursing Facility Care	In-Network: Medicare-covered services - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100 Out-of-Network: 40% coinsurance/Medicare-covered services Note: prior authorization may be required
Diabetic Supplies & Services	In-Network: \$0 copay/self-management training, diabetic supplies, 15% coinsurance/Medicare-covered therapeutic shoes or inserts Out-of-Network: 40% coinsurance/self-management training, diabetic supplies, therapeutic shoes or inserts
DMEPOS	In-Network: 15% coinsurance/Medicare-covered durable medical equipment item and related supplies Out-of-Network: 40% coinsurance/Medicare-covered durable medical equipment item and related supplies Note: prior authorization may be required
Dental	In-Network: \$20 copay/Medicare-covered dental services Out-of-Network: 40% coinsurance/Medicare-covered dental Preventive: \$0 copay/2 cleanings/2 oral exams/1 x-ray, 2 periodontal cleaning, 2 fluoride treatments Comprehensive: 30% coinsurance/restorative, 50% coinsurance/endodontics, periodontics (not including cleaning), extractions, prosthodontics, other oral/maxillofacial surgery Maximum Dental Plan Benefit: \$2,000
Chiropractic/Acupuncture	In-Network: \$20 copay/each Medicare-covered chiropractic visit, \$20 copay/each acupuncture visit Out-of-Network: 40% coinsurance/Medicare-covered chiropractic services, 40% coinsurance/acupuncture services Note: prior authorization may be required
Vision	In-Network: \$0 copay/2 routine eye exams, 1 annual glaucoma screening for people at risk, diabetic retinopathy exams, eyewear after cataract, \$0 copay/Medicare-covered exams to diagnose and treat diseases and conditions of the eye, \$225 allowance/non-Medicare-covered eyewear Out-of-Network: 40% coinsurance/Medicare-covered services
Hearing	In-Network: \$0 copay/each Medicare-covered diagnostic hearing exam, \$0 copay/1 routine hearing exam per year, \$499 copay/Advanced hearing aids, \$799 copay/Premium hearing aids, you must see a TruHearing provider to use this benefit Out-of-Network: 40% coinsurance/Medicare-covered visit
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 40% coinsurance Note: prior authorization may be required
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0 Note: \$0 copay/formulary insulin
Discounts & Programs	The SilverSneakers exercise and healthy aging program, E-visits Online Visits, 24-hour nurse advice line, \$50 quarterly/over-the-counter drugs and supplies

Blue Cross Medicare Advantage Complete (H5959-011)

Advantage PPO Plan

Enrollment: 877-662-2583

Service: 800-711-9865 • TTY: 711

bluecrossmnonline.com 



Monthly Premium: \$212

Plan Area: Blue Earth, Dodge, Faribault, Fillmore, Freeborn, Houston, Martin, Mower, Nicollet, Olmsted, Steele, Wabasha, Waseca, Watonwan, Winona Counties	
Out-of-Pocket Max	In-Network: \$2,900 annually Combined Maximum Out-of-Pocket: \$5,100 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: Medicare-covered services - \$150 copay/admit Out-of-Network: 45% coinsurance/stay for Medicare-covered services Note: prior authorization may be required
Physician/Outpatient	In-Network: Medicare-covered benefits - \$0 copay/primary care physician, \$20 copay/specialist, \$0 copay/non-surgical outpatient hospital facility services Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required
Ambulance	\$50 copay/Medicare-covered ground and air ambulance
Outpatient Surgery	In-Network: \$100 copay/Medicare-covered surgeries performed and services received in an outpatient hospital facility, \$75 copay/visit for ambulatory surgical center services Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required for certain services provided in the outpatient setting
Outpatient Mental Health	In-Network: \$20 copay/Medicare-covered individual or group therapy visits Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required for some services
Emergency/Urgent Care	Emergency Care: \$90 copay/each ER visit Urgent Care: \$25 copay/Medicare-covered urgently needed care visits Worldwide Emergency Care: \$90 copay, 20% coinsurance/worldwide emergency transportation Worldwide Urgent Care: \$90 copay
Travel Coverage	Coverage when you are outside of the service area (Minnesota) for less than 9 months
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, Medicare-covered x-rays, diagnostic radiology services, 10% coinsurance/therapeutic radiology services Out-of-Network: 45% coinsurance/Medicare-covered services, \$0 copay/labs Note: prior authorization may be required
Physical/Speech/Occupational Therapy	In-Network: \$20 copay/Medicare-covered amount for each physical/speech/occupational therapy visits Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required
Skilled Nursing Facility Care	In-Network: Medicare-covered services - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100 Out-of-Network: 45% coinsurance/Medicare-covered services Note: prior authorization may be required
Diabetic Supplies & Services	In-Network: \$0 copay/self-management training, diabetic supplies, 15% coinsurance/Medicare-covered therapeutic shoes or inserts Out-of-Network: 45% coinsurance/self-management training, diabetic supplies, therapeutic shoes or inserts
DMEPOS	In-Network: 15% coinsurance/Medicare-covered durable medical equipment item and related supplies Out-of-Network: 45% coinsurance/Medicare-covered durable medical equipment item and related supplies Note: prior authorization may be required
Dental	In-Network: \$20 copay/Medicare-covered dental services Out-of-Network: 45% coinsurance/Medicare-covered dental Preventive: \$0 copay/2 cleanings, 2 oral exams, 1 x-ray, 2 periodontal cleaning, 2 fluoride treatments Comprehensive: 30% coinsurance/restorative, 50% coinsurance/endodontics, periodontics (not including cleaning), extractions, prosthodontics, other oral/maxillofacial surgery Maximum Dental Plan Benefit: \$2,000
Chiropractic/Acupuncture	In-Network: \$20 copay/each Medicare-covered chiropractic visit, \$20 copay/each acupuncture visit Out-of-Network: 45% coinsurance/Medicare-covered chiropractic services, 45% coinsurance/acupuncture services Note: prior authorization may be required
Vision	In-Network: \$0 copay/2 routine eye exams, 1 annual glaucoma screening for people at risk, diabetic retinopathy exams, eyewear after cataract, \$0 copay/Medicare-covered exams to diagnose and treat diseases and conditions of the eye, \$225 allowance/non-Medicare-covered eyewear Out-of-Network: 45% coinsurance/Medicare-covered services
Hearing	In-Network: \$0 copay/each Medicare-covered diagnostic hearing exam, \$0 copay/1 routine hearing exam per year, \$499 copay/Advanced hearing aids, \$799 copay/Premium hearing aids, you must see a TruHearing provider to use this benefit Out-of-Network: 45% coinsurance/Medicare-covered visit
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 45% coinsurance Note: prior authorization may be required
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0 Note: \$0 copay/formulary insulin
Discounts & Programs	The SilverSneakers exercise and healthy aging program, E-visits Online Visits, 24-hour nurse advice line, \$50 quarterly/over-the-counter drugs and supplies



Plan Area: St. Louis County	
Out-of-Pocket Max	In-Network: \$4,400 annually/Medicare-covered services Combined In and Out-of-Network: \$6,500 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$300 copay/day for days 1-5, then 100% covered/admission for Medicare-covered stays Out-of-Network: 40% coinsurance/Medicare-covered stays
Physician/Outpatient	In-Network: In person or telehealth for Medicare-covered services - \$10 copay/primary care visit, \$50 copay/specialist visit Out-of-Network: \$50 copay/primary care visit, \$80 copay/specialist visit, other services 40% coinsurance/Medicare-covered services
Ambulance	\$350 copay/Medicare-covered transports
Outpatient Surgery	In-Network: \$395 copay/Medicare-covered services Out-of-Network: 40% coinsurance/Medicare-covered services
Outpatient Mental Health	In-Network: \$40 copay/Medicare-covered individual or group visits Out-of-Network: 40% coinsurance/Medicare-covered services
Emergency/Urgent Care	Emergency Care: \$100 copay/Medicare-covered ER visits Urgent Care: \$45 copay/Medicare-covered services at urgent care centers in the U.S.
Travel Coverage	Worldwide Emergency Care: \$100 copay/emergency and urgently needed care visits Worldwide Urgently Needed Care: \$100 copay/emergency and urgently needed care visits, \$45 copay/Medicare-covered services at urgent care centers in the U.S. Out-of-Network: 40% coinsurance/most non-emergency Medicare-covered services at a provider who accepts Medicare in the U.S.
X-rays, Lab & Diagnostic Tests	In-Network: 20% coinsurance/diagnostic tests and x-rays, \$0 copay/lab services Out-of-Network: 40% coinsurance/Medicare-covered services, \$0 copay/lab services
Physical/Speech/Occupational Therapy	In-Network: \$40 copay/visit for Medicare-covered services Out-of-Network: 40% coinsurance/Medicare-covered services
Skilled Nursing Facility Care	In-Network: Medicare-covered stays per benefit period - \$0 copay/day for days 1-20, no prior hospitalization stay is required; \$196 copay/day for days 21-100 Out-of-Network: 40% coinsurance/Medicare-covered services
Diabetic Supplies & Services	In-Network: 20% coinsurance/certain glucose monitors, test strips and lancets, covers 1 pair of therapeutic shoes and inserts per calendar year if you meet certain conditions Out-of-Network: 40% coinsurance/Medicare-covered services
DMEPOS	In-Network: 20% coinsurance/Medicare-covered item Out-of-Network: 40% coinsurance/Medicare-covered item
Dental	\$400 flexible benefit allowance to use on one or a combination of eligible dental, hearing aids and prescription eyewear. Network does not apply to eligible dental services.
Chiropractic/Acupuncture	Chiropractic In-Network: \$20 copay/covered visits for Medicare-covered services Acupuncture In-Network: \$10 copay from a qualified primary care physician, \$50 copay from a qualified specialist/Medicare-covered services and rules Chiropractic/Acupuncture Out-of-Network: 40% coinsurance/Medicare-covered services
Vision	In-Network: \$0 copay/annual routine eye exam; \$35 copay/diagnostic eye exams Out-of-Network: 40% coinsurance/annual routine eye exam; diagnostic eye exams. \$400 flexible benefit allowance to use on one or a combination of eligible dental, hearing aids and prescription eyewear. Network does not apply for the purchase of prescription eyewear.
Hearing	In-Network: \$0 copay/routine hearing exam; \$50 copay diagnostic hearing exam Out-of-Network: 40% coinsurance/routine hearing exam and diagnostic hearing exam. \$400 flexible benefit allowance to use on one or a combination of eligible dental, hearing aids and prescription eyewear. Network does not apply for the purchase of hearing aids.
Medicare Part B Drugs	In-Network: 20% coinsurance/Medicare-covered services Out-of-Network: 40% coinsurance/Medicare-covered services
Medicare Part D Coverage	Yes, but if you enroll in a stand-alone Medicare Part D plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$395/tiers 2-5 Note: Select formulary insulins have low copays of \$30 to \$35/month
Discounts & Programs	One Pass fitness program or health club savings program, 24/7 nurse line, 20% discounts on skin care products and services, eyewear, and new hearing aids through Essentia Health; \$75 allowance twice a year/over-the-counter benefit, e-visits through Essentia MyChart

EssentiaCare Secure (H8783-001)

Advantage PPO Plan

Enrollment: 855-432-7027

Service: 855-432-7025 • TTY: 800-688-2534

UCare.org



Monthly Premium: \$33

Plan Area: Aitkin, Becker, Carlton, Cass, Clay, Crow Wing, Hubbard, Itasca, Lake, Pine, St. Louis Counties	
Out-of-Pocket Max	In-Network: \$4,500 annually/Medicare-covered services Combined In and Out-of-Network: \$5,500 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$300 copay/day for days 1-5, then 100% covered/admission for Medicare-covered stays Out-of-Network: 40% coinsurance/Medicare-covered stays
Physician/Outpatient	In-Network: In person or telehealth for Medicare-covered services - \$0 copay/primary care visit, \$45 copay/specialist visit Out-of-Network: \$45 copay/primary care visit; \$75 copay/specialist visit; other services 40% coinsurance/Medicare-covered services
Ambulance	\$375 copay/Medicare-covered transports
Outpatient Surgery	In-Network: \$350 copay/Medicare-covered services Out-of-Network: 40% coinsurance/Medicare-covered services
Outpatient Mental Health	In-Network: \$40 copay/Medicare-covered individual or group visits Out-of-Network: 40% coinsurance/Medicare-covered services
Emergency/Urgent Care	Emergency Care: \$100 copay/Medicare-covered ER visits Urgent Care: \$45 copay/Medicare-covered services at urgent care centers in the U.S.
Travel Coverage	Worldwide Emergency Care: \$100 copay/emergency and urgently needed care visits Worldwide Urgently Needed Care: \$100 copay/emergency and urgently needed care visits, \$45 copay/Medicare-covered services at urgent care centers in the U.S. Out-of-Network: 40% coinsurance/most non-emergency Medicare-covered services at a provider who accepts Medicare in the U.S.
X-rays, Lab & Diagnostic Tests	In-Network: 10% coinsurance/diagnostic tests and x-rays with max of \$150/day, \$0 copay/lab services Out-of-Network: 40% coinsurance/Medicare-covered services; \$0 copay/lab services
Physical/Speech/Occupational Therapy	In-Network: \$40 copay/visit for Medicare-covered visits Out-of-Network: 40% coinsurance/Medicare-covered services
Skilled Nursing Facility Care	In-Network: Medicare-covered stays per benefit period - \$0 copay/day for days 1-20, no prior hospitalization stay is required; \$196 copay/day for days 21-100 Out-of-Network: 40% coinsurance/Medicare-covered services
Diabetic Supplies & Services	In-Network: 20% coinsurance/certain glucose monitors, test strips and lancets, covers 1 pair of therapeutic shoes and inserts per calendar year if you meet certain conditions Out-of-Network: 40% coinsurance/Medicare-covered services
DMEPOS	In-Network: 20% coinsurance/Medicare-covered item Out-of-Network: 40% coinsurance/Medicare-covered item
Dental	In-Network: 1 oral exam, 1 routine teeth cleaning/year; 1 set of bitewing x-rays per year, fluoride treatments, 1 periodontal maintenance cleaning, optional restorative dental for \$25/month, up to \$2,000 annual plan maximum on routine coverage. Additional \$2,000 plan maximum with optional coverage. Out-of-Network: includes covered services from a licensed provider, you must submit for reimbursement and pay the difference
Chiropractic/Acupuncture	Chiropractic In-Network: \$20 copay/covered visits for Medicare-covered services Acupuncture In-Network: \$0 copay from a qualified primary care physician, \$45 copay from a qualified specialist/Medicare-covered services and rules Chiropractic/Acupuncture Out-of-Network: 40% coinsurance/Medicare-covered services
Vision	In-Network: \$0 copay/annual routine eye exam, \$45 copay/diagnostic eye exams, \$100 allowance on eyewear Out-of-Network: 40% coinsurance/annual routine eye exam; diagnostic eye exams
Hearing	In-Network: \$0 copay/routine hearing exam; \$45 copay diagnostic hearing exam Out-of-Network: 40% coinsurance/routine hearing exam and diagnostic hearing exam
Medicare Part B Drugs	In-Network: 20% coinsurance/Medicare-covered services Out-of-Network: 40% coinsurance/Medicare-covered services
Medicare Part D Coverage	Yes, but if you enroll in a stand-alone Medicare Part D plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$345/tiers 3-5 Note: Select formulary insulins have low copays of \$30 - \$35/month
Discounts & Programs	One Pass fitness program or health club savings program; 24/7 nurse line; 20% discount on skin care products and services, eyewear, and new hearing aids through Essentia Health; \$75 allowance twice a year/over-the-counter benefit, e-visits through Essentia MyChart



Plan Area: Aitkin, Becker, Carlton, Cass, Clay, Crow Wing, Hubbard, Itasca, Lake, Pine, St. Louis Counties	
Out-of-Pocket Max	In-Network: \$3,000 annually/Medicare-covered services Combined In and Out-of-network: \$4,500 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$250 copay/stay, then 100% covered/admission for Medicare-covered stays Out-of-Network: 40% coinsurance/Medicare-covered stays
Physician/Outpatient	In-Network: In person or telehealth for Medicare-covered services - \$0 copay/primary care visit, \$30 copay/specialist visit Out-of-Network: \$40 copay/primary care visit, \$75 copay/specialist visit; other services 40% coinsurance/Medicare-covered services
Ambulance	\$300 copay/Medicare-covered transports
Outpatient Surgery	In-Network: \$300 copay/Medicare-covered services Out-of-Network: 40% coinsurance/Medicare-covered services
Outpatient Mental Health	In-Network: \$30 copay/Medicare-covered individual or group visits Out-of-Network: 40% coinsurance/Medicare-covered services
Emergency/Urgent Care	Emergency Care: \$100 copay/Medicare-covered ER visits Urgent Care: \$45 copay/Medicare-covered services at urgent care centers in the U.S.
Travel Coverage	Worldwide Emergency Care: \$100 copay/emergency and urgently needed care visits Worldwide Urgently Needed Care: \$100 copay/emergency and urgently needed care visits, \$45 copay/Medicare-covered services at urgent care centers in the U.S. Out-of-Network: 40% coinsurance/most non-emergency Medicare-covered services at a provider who accepts Medicare in the U.S.
X-rays, Lab & Diagnostic Tests	In-Network: 10% coinsurance/diagnostic tests and x-rays, with a max of \$50/day, \$0 copay/lab services Out-of-Network: 40% coinsurance/Medicare-covered services, \$0 copay/lab services
Physical/Speech/Occupational Therapy	In-Network: \$30 copay/visit for Medicare-covered visits Out-of-Network: 40% coinsurance/Medicare-covered services
Skilled Nursing Facility Care	In-Network: Medicare-covered stays per benefit period - \$0 copay/day for days 1-20, \$125 copay/day for days 21-100 Out-of-Network: 40% coinsurance/Medicare-covered services
Diabetic Supplies & Services	In-Network: Certain glucose monitors, test strips and lancets paid in full, 20% coinsurance/continuous blood glucose monitors, covers 1 pair of therapeutic shoes and inserts per calendar year if you meet certain conditions Out-of-Network: 40% coinsurance/Medicare-covered services
DMEPOS	In-Network: 20% coinsurance/Medicare-covered item Out-of-Network: 40% coinsurance/Medicare-covered item
Dental	In-Network: 1 oral exam, 1 routine teeth cleaning/year, 1 set of bitewing x-rays per year, fluoride treatments, 1 periodontal maintenance cleaning, optional restorative dental for \$25/month, up to \$2,000 annual plan maximum on routine coverage. Additional \$2,000 plan maximum with optional coverage. Out-of-Network: includes covered services from a licensed provider, you must submit for reimbursement and pay the difference
Chiropractic/Acupuncture	Chiropractic In-Network: \$15 copay/each visit for Medicare-covered services Acupuncture In-Network: \$0 copay from a qualified primary care physician, \$30 copay from a qualified specialist/Medicare-covered services and rules Chiropractic/Acupuncture Out-of-Network: 40% coinsurance/Medicare-covered services
Vision	In-Network: \$0 copay/annual routine eye exam, \$35 copay/diagnostic eye exam, \$200 allowance on eyewear Out-of-Network: 40% coinsurance/annual routine eye exam; diagnostic eye exams
Hearing	In-Network: \$0 copay/routine hearing exam; \$35 copay diagnostic hearing exam, \$500 annual hearing aid allowance Out-of-Network: 40% coinsurance/routine hearing exam and diagnostic hearing exam, hearing aid allowance, 50% coinsurance/up to a maximum of \$500
Medicare Part B Drugs	In-Network: 20% coinsurance /Medicare-covered services Out-of-Network: 40% coinsurance/Medicare-covered services
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1-5 Note: Select formulary insulins have low copays of \$30 - \$35/month
Discounts & Programs	One Pass fitness program or health club savings program, 24/7 nurse line; 20% discounts on skin care products and services, eyewear, and new hearing aids through Essentia Health; \$75 allowance twice a year/over-the-counter benefit, e-visits through Essentia MyChart



HealthPartners Journey Pace (H4882-009-001)

Advantage PPO Plan

Enrollment: 844-363-8979

Service: 866-233-8734 • TTY: 711

healthpartners.com/medicare



Monthly Premium: \$0

Plan Area: Anoka, Benton, Carver, Chisago, Dakota, Douglas, Hennepin, Isanti, Kandiyohi, Meeker, Morrison, Pope, Ramsey, Redwood, Scott, Sherburne, Stearns, Swift, Todd, Wadena, Washington, Wright Counties

Out-of-Pocket Max	In-Network: \$5,200 annually Combined In and Out-of-Network: \$8,950 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$300/day for days 1-5; \$0/day for days 6+ (unlimited days) Out-of-Network: 30% coinsurance/stay
Physician/Outpatient	In-Network: Medicare-covered services - \$0 copay/primary care visit, \$40 copay/specialist visit; \$0 copay/web or phone visits Out-of-Network: Medicare-covered services - 30% coinsurance/primary care visit or specialist visit, 30% coinsurance for web/phone-based technologies
Ambulance	\$260 copay/ground transportation in the U.S., 20% coinsurance/air transportation in the U.S.; 20% coinsurance/ground transportation outside the U.S.
Outpatient Surgery	In-Network: \$350 copay/Medicare-covered visits to an ambulatory surgical center or outpatient hospital facility Out-of-Network: 30% coinsurance/Medicare-covered visits to an ambulatory surgical center or outpatient hospital facility
Outpatient Mental Health	In-Network: \$40 copay/Medicare-covered individual therapy visit, \$20 copay/Medicare-covered group therapy visit Out-of-Network: 30% coinsurance/Medicare-covered individual or group therapy visit
Emergency/Urgent Care	Emergency: \$90 copay/Medicare-covered ER visit in the U.S., 20% coinsurance/ER visits outside the U.S. Urgent Care: \$40 copay/Medicare-covered urgently-needed services in the U.S., 20% coinsurance/urgently-needed services outside of the U.S.
Travel Coverage	In-Network: \$0 copay/individual medical health risk and safety counseling specific to travel. Out-of-Network: 30% coinsurance/ individual medical health risk and safety counseling specific to travel. Note: Plan coverage and in-network cost sharing when using Medicare providers while traveling outside Minnesota for at least 1 month (no more than 9 consecutive months). You must use Medicare providers and contact Member Services to activate this benefit.
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, \$15 copay/diagnostic procedures and tests, x-rays, 20% coinsurance/therapeutic radiology services, \$150 copay/diagnostic radiology services Out-of-Network: 30% coinsurance/lab services, diagnostic procedures and tests, x-rays, therapeutic radiology services, diagnostic radiology services
Physical/Speech/Occupational Therapy	In-Network: \$40 copay/Medicare-covered physical/speech/occupational therapy visit Out-of-Network: 30% coinsurance/Medicare-covered physical/speech/occupational therapy visit
Skilled Nursing Facility Care	In-Network: Medicare-covered stay - \$0 copay/day for days 1-20, \$196 copay/day for days 21-80, \$0 copay/day for days 81-100 Out-of-Network: 30% coinsurance/day for days 1-100 for each Medicare-covered stay
Diabetic Supplies & Services	In-Network: 20% coinsurance/monitoring supplies, therapeutic shoes, inserts, \$0 copay/self-management training Out-of-Network: 30% coinsurance/monitoring supplies, therapeutic shoes, inserts, self-management training
DMEPOS	In-Network: 20% coinsurance/Medicare-covered item Out-of-Network: 30% coinsurance/Medicare-covered item
Dental	In-Network: \$0 copay/Medicare-covered benefits, optional comprehensive dental available for an additional monthly premium Out-of-Network: 30% coinsurance/Medicare covered benefits 50% coinsurance/preventive dental services. Combined In and Out-of-Network: \$2,000 allowance/year for preventive dental services
Chiropractic/Acupuncture	Chiropractic: In-Network: \$20 copay/Medicare-covered visit Out-of-network: 30% coinsurance/Medicare-covered visit Acupuncture: In-Network: \$40 copay/Medicare-covered visit or non-Medicare covered visit. Out-of-network: 30% coinsurance/Medicare-covered or non-Medicare covered visit
Vision	In-Network: \$0 copay/routine eye exam per year, \$40 copay/diagnostic eye exam Out-of-Network: 30% coinsurance/routine eye exam per year, diagnostic eye exam Combined In-Network and Out-of-Network: \$575 allowance/year for non-Medicare covered prescription eyewear and other services in a prepaid MasterCard® called HealthPartners Choice Card
Hearing	In-Network: \$0 copay/routine hearing exam, \$40 copay/diagnostic hearing exam, \$499, \$699 or \$999 copay/hearing aid from a TruHearing provider (up to 1 per ear per year) Out-of-network: 30% coinsurance/routine hearing exam per year, diagnostic hearing exam
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 30% coinsurance
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$300/tiers 3-5
Discounts & Programs	SilverSneakers, Medication Therapy Management, Assist America worldwide emergency travel logistics, CareLine Service registered nurse line, Viruwell 24/7 online clinic care, \$75 quarterly allowance/OTC medications and health related items, HealthPartners Choice Card



HealthPartners Journey Pace (H4882-009-002)

Advantage PPO Plan

Enrollment: 844-363-8979

Service: 866-233-8734 • TTY: 711

healthpartners.com/medicare



Monthly Premium: \$0

Plan Area: Aitkin, Becker, Beltrami, Big Stone, Carlton, Cass, Chippewa, Clay, Clearwater, Cook, Crow Wing, Grant, Hubbard, Itasca, Kanabec, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomon, Marshall, McLeod, Mille Lacs, Murray, Nobles, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Red Lake, Renville, Rice, Rock, Roseau, Sibley, Stevens, St. Louis, Traverse, Wilkin, Yellow Medicine Counties	
Out-of-Pocket Max	In-Network: \$6,000 annually Combined In and Out-of-Network: \$8,950 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$300/day for days 1-5; \$0/day for days 6+ (unlimited days) Out-of-Network: 30% coinsurance/stay
Physician/Outpatient	In-Network: Medicare-covered services - \$0 copay/primary care visit, \$40 copay/specialist visit; \$0 copay/web or phone visits Out-of-Network: Medicare-covered services - 30% coinsurance/primary care visit or specialist visit, 30% coinsurance for web/phone-based technologies
Ambulance	\$260 copay/ground transportation in the U.S., 20% coinsurance/air transportation in the U.S.; 20% coinsurance/ground transportation outside the U.S.
Outpatient Surgery	In-Network: \$375 copay/Medicare-covered visits to an ambulatory surgical center or outpatient hospital facility Out-of-Network: 30% coinsurance/Medicare-covered visits to an ambulatory surgical center or outpatient hospital facility
Outpatient Mental Health	In-Network: \$40 copay/Medicare-covered individual therapy visit, \$20 copay/Medicare-covered group therapy visit Out-of-Network: 30% coinsurance/Medicare-covered individual or group therapy visit
Emergency/Urgent Care	Emergency: \$110 copay/Medicare-covered ER visit in the U.S., 20% coinsurance/ER visits outside the U.S. Urgent Care: \$50 copay/Medicare-covered urgently-needed services in the U.S., 20% coinsurance/urgently-needed services outside of the U.S.
Travel Coverage	In-Network: \$0 copay/individual medical health risk and safety counseling specific to travel. Out-of-Network: 30% coinsurance/ individual medical health risk and safety counseling specific to travel. Note: Plan coverage and in-network cost sharing when using Medicare providers while traveling outside Minnesota for at least 1 month (no more than 9 consecutive months). You must use Medicare providers and contact Member Services to activate this benefit.
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, \$25 copay/diagnostic procedures and tests, x-rays, 20% coinsurance/therapeutic radiology services, \$200 copay/diagnostic radiology services Out-of-Network: 30% coinsurance/lab services, diagnostic procedures and tests, x-rays, therapeutic radiology services, diagnostic radiology services
Physical/Speech/Occupational Therapy	In-Network: \$40 copay/Medicare-covered physical/speech/occupational therapy visit Out-of-Network: 30% coinsurance/Medicare-covered physical/speech/occupational therapy visit
Skilled Nursing Facility Care	In-Network: Medicare-covered stay - \$0 copay/day for days 1-20, \$196 copay/day for days 21-80, \$0 copay/day for days 81-100 Out-of-Network: 30% coinsurance/day for days 1-100 for each Medicare-covered stay
Diabetic Supplies & Services	In-Network: 20% coinsurance/monitoring supplies, therapeutic shoes, inserts, \$0 copay/self-management training Out-of-Network: 30% coinsurance/monitoring supplies, therapeutic shoes, inserts, self-management training
DMEPOS	In-Network: 20% coinsurance/Medicare-covered item Out-of-Network: 30% coinsurance/Medicare-covered item
Dental	In-Network: \$0 copay/Medicare-covered benefits, optional comprehensive dental available for an additional monthly premium Out-of-Network: 30% coinsurance/Medicare covered benefits 50% coinsurance/preventive dental services. Combined In and Out-of-Network: \$2,000 allowance/year for preventive dental services
Chiropractic/Acupuncture	Chiropractic: In-Network: \$20 copay/Medicare-covered visit Out-of-network: 30% coinsurance/Medicare-covered visit Acupuncture: In-Network: \$40 copay/Medicare-covered or non-Medicare covered visit. Out-of-network: 30% coinsurance/Medicare-covered or non-Medicare covered visit
Vision	In-Network: \$0 copay/routine eye exam per year, \$40 copay/diagnostic eye exam Out-of-Network: 30% coinsurance/routine eye exam per year, diagnostic eye exam Combined In-Network and Out-of-Network: \$100 allowance/year for non-Medicare covered prescription eyewear
Hearing	In-Network: \$0 copay/routine hearing exam, \$40 copay/diagnostic hearing exam, \$499, \$699 or \$999 copay/hearing aid from a TruHearing provider (up to 1 per ear per year) Out-of-network: 30% coinsurance/routine hearing exam per year, diagnostic hearing exam
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 30% coinsurance
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$300/tiers 3-5
Discounts & Programs	SilverSneakers, Medication Therapy Management, Assist America worldwide emergency travel logistics, CareLine Service registered nurse line, Viruwell 24/7 online clinic care, \$30 quarterly allowance/OTC medications and health related items



HealthPartners Journey Stride (H4882-001)

Advantage PPO Plan

Enrollment: 844-363-8979

Service: 866-233-8734 • TTY: 711

healthpartners.com/medicare



Monthly Premium: \$49

Plan Area: Anoka, Benton, Carver, Chisago, Dakota, Douglas, Hennepin, Isanti, Kandiyohi, Meeker, Morrison, Pope, Ramsey, Redwood, Scott, Sherburne, Stearns, Swift, Todd, Wadena, Washington, Wright Counties

Out-of-Pocket Max	In-Network: \$3,900 annually Combined In and Out-of-Network: \$6,000 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$250/day for days 1-5, \$0/day for days 6+ (unlimited days) Out-of-Network: 20% coinsurance/stay
Physician/Outpatient	In-Network: Medicare-covered services - \$0 copay/primary care provider visit, \$35 copay/specialist visit; \$0 copay/web or phone visits Out-of-Network: Medicare-covered services - \$60 copay/primary care provider visit and specialist visit; 20% coinsurance/web or phone visits
Ambulance	\$250 copay/ground transportation in the U.S., 20% coinsurance/air transportation in the U.S., 20% coinsurance/ground transportation outside of the U.S.
Outpatient Surgery	In-Network: \$300 copay/Medicare-covered visits to an ambulatory surgical center or outpatient hospital facility Out-of-Network: 20% coinsurance/Medicare-covered visits to an ambulatory surgical center or outpatient hospital facility
Outpatient Mental Health	In-Network: \$35 copay/Medicare-covered individual therapy visit, \$17.50 copay/Medicare-covered group therapy visit Out-of-Network: \$60 copay/Medicare-covered individual therapy visit, \$30 copay/Medicare-covered group
Emergency/Urgent Care	Emergency: \$90 copay/Medicare-covered ER visit in the U.S., 20% coinsurance/ER visits outside the U.S. Urgent Care: \$40 copay/Medicare-covered urgently-needed services in the U.S., 20% coinsurance/urgently-needed services outside of the U.S.
Travel Coverage	In-Network: \$0 copay/individual medical health risk and safety counseling specific to travel. Out-of-Network: \$60 copay/ individual medical health risk and safety counseling specific to travel. Note: Plan coverage and in-network cost sharing when using Medicare providers while traveling outside Minnesota for at least 1 month (no more than 9 consecutive months). You must use Medicare providers and contact Member Services to activate this benefit.
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, \$15 copay/x-rays, diagnostic procedures and tests, 10% coinsurance/therapeutic radiology services, \$150 copay/diagnostic radiology services Out-of-Network: 20% coinsurance/lab services, diagnostic procedures and tests, x-rays, therapeutic radiology services, diagnostic radiology services
Physical/Speech/Occupational Therapy	In-Network: \$35 copay/Medicare-covered physical/speech/occupational therapy visit Out-of-Network: \$60 copay/Medicare-covered physical/speech/occupational therapy visit
Skilled Nursing Facility Care	In-Network: \$0 copay/day for days 1-20 for each Medicare-covered stay, \$196 copay/day for days 21-100 for each Medicare-covered stay Out-of-Network: 20% coinsurance/day for days 1-100 for each Medicare-covered stay
Diabetic Supplies & Services	In-Network: 20% coinsurance/monitoring supplies, therapeutic shoes, inserts, \$0 copay/self-management training Out-of-Network: 20% coinsurance/monitoring supplies, therapeutic shoes, inserts, self-management training
DMEPOS	In-Network: 20% coinsurance/Medicare-covered item Out-of-Network: 20% coinsurance/Medicare-covered item
Dental	In-Network: \$0 copay/Medicare covered benefits, preventive dental services, optional comprehensive dental available for an additional monthly premium Out-of-Network: 20% coinsurance/Medicare covered benefits, 50% coinsurance/preventive dental services Combined In and Out-of-Network: \$2,000 allowance/year for preventive dental services
Chiropractic/Acupuncture	Chiropractic: In-Network: \$20 copay/Medicare-covered visit Out-of-network: \$20 copay/Medicare-covered visit Acupuncture: In-Network: \$35 copay/Medicare-covered visit and non-Medicare covered visit Out-of-network: \$60 copay/Medicare-covered and non-Medicare covered visit
Vision	In-Network: \$0 copay/routine eye exam per year, \$35 copay/diagnostic eye exam Out-of-Network: 20% coinsurance/routine eye exam per year, diagnostic eye exam Combined In-Network and Out-of-Network: \$150 allowance/year for non-Medicare covered prescription eyewear
Hearing	In-Network: \$0 copay/routine hearing exam, \$35 copay/diagnostic hearing exam, \$499, \$699 or \$999 copay/hearing aid from a TruHearing provider (up to 1 per ear per year) Out-of-network: 20% coinsurance/routine hearing exam per year, diagnostic hearing exam
Medicare Part B Drugs	20% coinsurance
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$300/tiers 3-5
Discounts & Programs	SilverSneakers, Medication Therapy Management, Assist America worldwide emergency travel logistics, CareLine Service registered nurse line, Viruwel 24/7 online clinic care, \$50 quarterly allowance/OTC medications and health related items



HealthPartners Journey Dash (H4882-010-001)

Advantage PPO Plan

Enrollment: 844-363-8979

Service: 866-233-8734 • TTY: 711

healthpartners.com/medicare



Monthly Premium: \$85

Plan Area: Anoka, Benton, Carver, Chisago, Dakota, Douglas, Hennepin, Isanti, Kandiyohi, Meeker, Morrison, Pope, Ramsey, Redwood, Scott, Sherburne, Stearns, Swift, Todd, Wadena, Washington, Wright Counties	
Out-of-Pocket Max	In-Network: \$3,000 annually Combined In and Out-of-Network: \$5,150 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$200/stay Out-of-Network: 20% coinsurance/stay
Physician/Outpatient	In-Network: Medicare-covered services - \$0 copay/primary care provider visit, \$25 copay/specialist visit; \$0 copay/web or phone visits Out-of-Network: Medicare-covered services - \$50 copay/primary care provider visit and specialist visit; 20% coinsurance/web or phone visits
Ambulance	\$225 copay/ground transportation in the U.S., 20% coinsurance/air transportation in the U.S., 20% coinsurance/ground transportation outside of the U.S.
Outpatient Surgery	In-Network: \$175 copay/Medicare-covered visits to an ambulatory surgical center or outpatient hospital facility Out-of-Network: 20% coinsurance/Medicare-covered visits to an ambulatory surgical center or outpatient hospital facility
Outpatient Mental Health	In-Network: \$25 copay/Medicare-covered individual therapy visit, \$12.50 copay/Medicare-covered group therapy visit Out-of-Network: \$50 copay/Medicare-covered individual therapy visit, \$25 copay/Medicare-covered group therapy visit
Emergency/Urgent Care	Emergency: \$85 copay/Medicare-covered ER visit in the U.S., 20% coinsurance/ER visits outside the U.S. Urgent Care: \$30 copay/Medicare-covered urgently-needed services in the U.S., 20% coinsurance/urgently-needed services outside of the U.S.
Travel Coverage	In-Network: \$0 copay/individual medical health risk and safety counseling specific to travel. Out-of-Network: \$50 copay/ individual medical health risk and safety counseling specific to travel. Note: Plan coverage and in-network cost sharing when using Medicare providers while traveling outside Minnesota for at least 1 month (no more than 9 consecutive months). You must use Medicare providers and contact Member Services to activate this benefit.
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, \$15 copay/diagnostic procedures and tests, x-rays, 10% coinsurance/therapeutic radiology services, \$100 copay/diagnostic radiology services Out-of-Network: 20% coinsurance/lab services, diagnostic procedures and tests, x-rays, therapeutic radiology services, diagnostic radiology services
Physical/Speech/Occupational Therapy	In-Network: \$25 copay/Medicare-covered physical/speech/occupational therapy visit Out-of-Network: \$50 copay/Medicare-covered physical/speech/occupational therapy visit
Skilled Nursing Facility Care	In-Network: Medicare-covered stay - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100 Out-of-Network: 20% coinsurance/day for days 1-100 for each Medicare-covered stay
Diabetic Supplies & Services	In-Network: 20% coinsurance/monitoring supplies, therapeutic shoes, inserts, \$0 copay/self-management training Out-of-Network: 20% coinsurance/monitoring supplies, therapeutic shoes, inserts, self-management training
DMEPOS	20% coinsurance/Medicare-covered item
Dental	In-Network: \$0 copay/Medicare covered benefits Out-of-Network: 20% coinsurance/Medicare covered benefits, 50% coinsurance/preventive dental services Combined In and Out-of-Network: \$2,250 allowance/year for dental services
Chiropractic/Acupuncture	Chiropractic: In-Network: \$20 copay/Medicare-covered visit Out-of-network: \$20 copay/Medicare-covered visit Acupuncture: In-Network: \$25 copay/Medicare-covered and non-Medicare covered visit Out-of-network: \$50 copay/Medicare-covered and non-Medicare covered visit
Vision	In-Network: \$0 copay/routine eye exam per year, \$25 copay/diagnostic eye exam Out-of-Network: 20% coinsurance/routine eye exam per year, diagnostic eye exam Combined In-Network and Out-of-Network: \$500 eyewear allowance/year and other non-medicare covered services in a prepaid MasterCard® called HealthPartners Choice Card
Hearing	In-Network: \$0 copay/routine hearing exam, \$25 copay/diagnostic hearing exam, \$399, \$599 or \$899 copay/hearing aid from a TruHearing provider (up to 1 per ear per year) Out-of-network: 20% coinsurance/routine hearing exam and diagnostic hearing exam
Medicare Part B Drugs	20% coinsurance
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$250/tiers 4-5
Discounts & Programs	SilverSneakers, Medication Therapy Management, Assist America worldwide emergency travel logistics, CareLine Service registered nurse line, Viruwell 24/7 online clinic care, \$50 quarterly allowance/OTC medications and health related items, HealthPartners Choice Card



HealthPartners Journey Dash (H4882-010-002)

Advantage PPO Plan

Enrollment: 844-363-8979

Service: 866-233-8734 • TTY: 711

healthpartners.com/medicare



Monthly Premium: \$97

Plan Area: Aitkin, Becker, Beltrami, Big Stone, Carlton, Cass, Chippewa, Clay, Clearwater, Cook, Crow Wing, Grant, Hubbard, Itasca, Kanabec, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahanomen, Marshall, McLeod, Mille Lacs, Murray, Nobles, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Red Lake, Renville, Rice, Rock, Roseau, Sibley, St. Louis, Stevens, Traverse, Wilkin, Yellow Medicine Counties	
Out-of-Pocket Max	In-Network: \$3,200 annually Combined In and Out-of-Network: \$5,150 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$200/stay Out-of-Network: 20% coinsurance/stay
Physician/Outpatient	In-Network: Medicare-covered services - \$0 copay/primary care provider visit, \$25 copay/specialist visit; \$0 copay/web or phone visits Out-of-Network: Medicare-covered services - \$50 copay/primary care provider visit and specialist visit; 20% coinsurance/web or phone visits
Ambulance	\$225 copay/ground transportation in the U.S., 20% coinsurance/air transportation in the U.S., 20% coinsurance/ground transportation outside of the U.S.
Outpatient Surgery	In-Network: \$175 copay/Medicare-covered visits to an ambulatory surgical center or outpatient hospital facility Out-of-Network: 20% coinsurance/Medicare-covered visits to an ambulatory surgical center or outpatient hospital facility
Outpatient Mental Health	In-Network: \$25 copay/Medicare-covered individual therapy visit, \$12.50 copay/Medicare-covered group therapy visit Out-of-Network: \$50 copay/Medicare-covered individual therapy visit, \$25 copay/Medicare-covered group therapy visit
Emergency/Urgent Care	Emergency: \$85 copay/Medicare-covered ER visit in the U.S., 20% coinsurance/ER visits outside the U.S. Urgent Care: \$30 copay/Medicare-covered urgently-needed services in the U.S., 20% coinsurance/urgently-needed services outside of the U.S.
Travel Coverage	In-Network: \$0 copay/individual medical health risk and safety counseling specific to travel. Out-of-Network: \$50 copay/ individual medical health risk and safety counseling specific to travel. Note: Plan coverage and in-network cost sharing when using Medicare providers while traveling outside Minnesota for at least 1 month (no more than 9 consecutive months). You must use Medicare providers and contact Member Services to activate this benefit.
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, \$15 copay/diagnostic procedures and tests, x-rays, 10% coinsurance/therapeutic radiology services, \$100 copay/diagnostic radiology services Out-of-Network: 20% coinsurance/lab services, diagnostic procedures and tests, x-rays, therapeutic radiology services, diagnostic radiology services
Physical/Speech/Occupational Therapy	In-Network: \$25 copay/Medicare-covered physical/speech/occupational therapy visit Out-of-Network: \$50 copay/Medicare-covered physical/speech/occupational therapy visit
Skilled Nursing Facility Care	In-Network: Medicare-covered stay - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100 Out-of-Network: 20% coinsurance/day for days 1-100 for each Medicare-covered stay
Diabetic Supplies & Services	In-Network: 20% coinsurance/monitoring supplies, therapeutic shoes, inserts, \$0 copay/self-management training Out-of-Network: 20% coinsurance/monitoring supplies, therapeutic shoes, inserts, self-management training
DMEPOS	20% coinsurance/Medicare-covered item
Dental	In-Network: \$0 copay/Medicare covered benefits, optional comprehensive dental available for an additional monthly premium Out-of-Network: 20% coinsurance/Medicare covered benefits, 50% coinsurance/preventive dental services Combined In and Out-of-Network: \$2,000 allowance/year for dental services
Chiropractic/Acupuncture	Chiropractic: In-Network: \$20 copay/Medicare-covered visit Out-of-network: \$20 copay/Medicare-covered visit Acupuncture: In-Network: \$25 copay/Medicare-covered and non-Medicare covered visit Out-of-network: \$50 copay/Medicare-covered and non-Medicare covered visit
Vision	In-Network: \$0 copay/routine eye exam per year, \$25 copay/diagnostic eye exam Out-of-Network: 20% coinsurance/routine eye exam per year, diagnostic eye exam Combined In-Network and Out-of-Network: \$150 eyewear allowance/year
Hearing	In-Network: \$0 copay/routine hearing exam, \$25 copay/diagnostic hearing exam, \$399, \$599 or \$899 copay/hearing aid from a TruHearing provider (up to 1 per ear per year) Out-of-network: 20% coinsurance/routine hearing exam and diagnostic hearing exam
Medicare Part B Drugs	20% coinsurance
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$250/tiers 4-5
Discounts & Programs	SilverSneakers, Medication Therapy Management, Assist America worldwide emergency travel logistics, CareLine Service registered nurse line, Viruwel 24/7 online clinic care, \$50 quarterly allowance/OTC medications and health related items



HealthPartners Journey Steady (H4882-003)

Advantage PPO Plan

Enrollment: 844-363-8979

Service: 866-233-8734 • TTY: 711

healthpartners.com/medicare



Monthly Premium: \$136

Plan Area: Anoka, Benton, Carver, Chisago, Dakota, Douglas, Hennepin, Isanti, Kandiyohi, Meeker, Morrison, Pope, Ramsey, Redwood, Scott, Sherburne, Stearns, Swift, Todd, Wadena, Washington, Wright Counties	
Out-of-Pocket Max	In-Network: \$2,800 annually Combined In and Out-of-Network: \$5,100 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$175/stay Out-of-Network: 20% coinsurance/stay
Physician/Outpatient	In-Network: Medicare-covered services - \$0 copay/primary care provider visit, \$25 copay/specialist visit; \$0 copay/web or phone visits Out-of-Network: Medicare-covered services - \$40 copay/primary care provider visit and specialist visit; 20% coinsurance/web or phone visits
Ambulance	\$200 copay/ground transportation in the U.S., 20% coinsurance/air transportation in the U.S., 20% coinsurance/ground transportation outside of the U.S.
Outpatient Surgery	In-Network: \$150 copay/Medicare-covered visits to an ambulatory surgical center or outpatient hospital facility Out-of-Network: 20% coinsurance/Medicare-covered visits to an ambulatory surgical center or outpatient hospital facility
Outpatient Mental Health	In-Network: \$25 copay/Medicare-covered individual therapy visit, \$12.50 copay/Medicare-covered group therapy visit Out-of-Network: \$40 copay/Medicare-covered individual therapy visit, \$20 copay/Medicare-covered group therapy visit
Emergency/Urgent Care	Emergency: \$75 copay/Medicare-covered ER visit in the U.S., 20% coinsurance/ER visits outside the U.S. Urgent Care: \$30 copay/Medicare-covered urgently-needed services in the U.S., 20% coinsurance/urgently-needed services outside of the U.S.
Travel Coverage	In-Network: \$0 copay/individual medical health risk and safety counseling specific to travel. Out-of-Network: \$40 copay/ individual medical health risk and safety counseling specific to travel. Note: Plan coverage and in-network cost sharing when using Medicare providers while traveling outside Minnesota for at least 1 month (no more than 9 consecutive months). You must use Medicare providers and contact Member Services to activate this benefit.
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/lab services, \$10 copay/diagnostic procedures and tests, x-rays, 10% coinsurance/therapeutic radiology services, \$75 copay/diagnostic radiology services Out-of-Network: 20% coinsurance/lab services, diagnostic procedures and tests, x-rays, therapeutic radiology services, diagnostic radiology services
Physical/Speech/Occupational Therapy	In-Network: \$25 copay/Medicare-covered physical/speech/occupational therapy visit Out-of-Network: \$40 copay/Medicare-covered physical/speech/occupational therapy visit
Skilled Nursing Facility Care	In-Network: Medicare-covered stay - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100 Out-of-Network: 20% coinsurance/day for days 1-100 for each Medicare-covered stay
Diabetic Supplies & Services	In-Network: 20% coinsurance/monitoring supplies, therapeutic shoes, inserts, \$0 copay/self-management training Out-of-Network: 20% coinsurance/monitoring supplies, therapeutic shoes, inserts, self-management training
DMEPOS	20% coinsurance/Medicare-covered item
Dental	In-Network: \$0 copay/Medicare covered benefits, preventive dental services (1 oral exam and cleaning per year and 1 bitewing x-ray every 2 years); optional comprehensive dental available for an additional monthly premium Out-of-Network: 20% coinsurance/Medicare covered benefits, 40% coinsurance/preventive dental services Combined In and Out-of-Network: \$1,000 allowance/year for preventive dental services
Chiropractic/Acupuncture	Chiropractic: In-Network: \$20 copay/Medicare-covered visit Out-of-network: \$20 copay/Medicare-covered visit Acupuncture: In-Network: \$25 copay/Medicare-covered and non-Medicare covered visit Out-of-network: \$40 copay/Medicare-covered and non-Medicare covered visit
Vision	In-Network: \$0 copay/1 routine eye exam per year, \$25 copay/diagnostic eye exam Out-of-Network: 20% coinsurance/1 routine eye exam per year, diagnostic eye exam Combined In-Network and Out-of-Network: \$350 allowance/year for non-Medicare covered prescription eyewear
Hearing	In-Network: \$0 copay/routine hearing exam, \$25 copay/diagnostic hearing exam, \$399, \$599 or \$899 copay/hearing aid from a TruHearing provider (up to 2 per ear per year) Out-of-Network: 20% coinsurance/routine hearing exam per year, diagnostic hearing exam
Medicare Part B Drugs	20% coinsurance
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$300/tiers 3-5
Discounts & Programs	SilverSneakers, Medication Therapy Management, Assist America worldwide emergency travel logistics, CareLine Service registered nurse line, Viruwell 24/7 online clinic care



Humana Gold Plus (H6622-073)

Advantage HMO-POS Plan

Enrollment: 800-833-2364

Service: 800-457-4708 • TTY: 711

humana-medicare.com



Monthly Premium: \$0

Plan Area: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington Counties	
Out-of-Pocket Max	In-Network: \$4,900 annually/Medicare-covered services Combined In and Out-of-Network: \$8,000 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: Medicare-covered inpatient stays - \$350 copay/day for days 1-5, \$0 copay/day for days 6-90 Out-of-Network: 30% coinsurance
Physician/Outpatient	Physician In-Network: Medicare-covered benefits - \$0 copay/primary care visit, \$45 copay/specialist visit Physician Out-of-Network: 30% coinsurance/Medicare-covered primary care doctor or specialist visit
Ambulance	Medicare-covered benefits - \$290 copay/ground ambulance, 20% coinsurance/air ambulance
Outpatient Surgery	Hospital In-Network: \$350 copay/Medicare-covered surgery services at an outpatient hospital Hospital Out-of-Network: 30% coinsurance/Medicare-covered surgery services at an outpatient hospital
Outpatient Mental Health	In-Network: \$45-\$95 copay/Medicare-covered individual or group visits Out-of-Network: 30% coinsurance/Medicare-covered individual or group visits
Emergency/Urgent Care	Emergency: \$90 copay/Medicare-covered ER visit, copay waived if admitted within 24 hours Urgent Care: \$30 copay/Medicare-covered urgently needed services at an urgent care center
Travel Coverage	\$90 copay/Medicare-covered ER visits, worldwide coverage, copay waived if admitted within 24 hours
X-rays, Lab & Diagnostic Tests	In-Network: Medicare-covered benefits - \$0-\$45 copay/lab services, \$0-\$95 copay/diagnostic procedures and tests, \$0-\$180 copay/x-rays, \$0-\$350 copay/diagnostic radiology services, 20% coinsurance/therapeutic radiology services Out-of-Network: Medicare-covered benefits - 30% coinsurance/lab services, 30% coinsurance/diagnostic procedures and tests, 30% coinsurance/x-rays, 30% coinsurance/diagnostic radiology services, 30% coinsurance/therapeutic radiology services
Physical/Speech/Occupational Therapy	In-Network: \$40 copay/Medicare-covered occupational/physical/speech therapy Out-of-Network: 30% coinsurance Medicare-covered occupational/physical/speech therapy
Skilled Nursing Facility Care	In-Network: Medicare-covered Skilled Nursing Care - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100 Out-of-Network: 30% coinsurance/Medicare-covered Skilled Nursing Care
Diabetic Supplies & Services	In-Network: \$0 copay/Medicare-covered benefits, self-management training, \$0 copay or 10%-20% coinsurance/ monitoring supplies, \$0 copay/diabetic shoes and inserts Out-of-Network: 30% coinsurance/Medicare-covered benefits, self-management training, 30% coinsurance/monitoring supplies, 30% coinsurance/diabetic shoes and inserts
DMEPOS	In-Network: 20% coinsurance/Medicare-covered equipment and supplies Out-of-Network: 30% coinsurance/Medicare-covered equipment and supplies
Dental	In-Network: \$45 copay/Medicare-covered benefits Out-of-Network: 30% coinsurance/Medicare-covered benefits Routine Dental: \$0 copayment/scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years; comprehensive oral evaluation or periodontal exam, occlusal adjustment, scaling for moderate inflammation up to 1 every 3 years; complete dentures, crown recementation, panoramic film or diagnostic x-rays, partial dentures up to 1 every 5 years; crown, root canal, root canal retreatment up to 1 per tooth per lifetime; bitewing x-rays, intraoral x-rays up to 1 set(s) per year; adjustments to dentures, denture rebase, denture reline, denture repair, emergency diagnostic exam, tissue conditioning up to 1 per year; emergency treatment for pain, fluoride treatment, oral surgery, periodic oral exam, prophylaxis (cleaning) up to 2 per year; periodontal maintenance up to 4 per year; \$0 copayment/amalgam and/or composite filling, necessary anesthesia with covered service, simple or surgical extraction up to unlimited per year. \$2,500 combined maximum benefit coverage amount per year for preventive and comprehensive benefits. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
Chiropractic/Acupuncture	Chiropractic In-Network: \$20 copay/Medicare-covered services Out-of-Network: 30% coinsurance/Medicare-covered services Acupuncture In-Network: \$45 copay/Medicare-covered services Out-of-Network: 30% coinsurance/Medicare-covered services

Vision	In-Network: \$45 copay/Medicare-covered vision services, \$0 copay/diabetic eye exam, glaucoma screening, post-cataract eyewear Out-of-Network: 30% coinsurance/Medicare-covered vision services, 30% coinsurance/diabetic eye exam, glaucoma screening, post-cataract eyewear Routine vision: \$75 max benefit coverage/year for routine exam, \$100 max benefit coverage/year for contact lenses or eyeglasses - lenses and frames
Hearing	In-Network: \$45 copay/Medicare-covered hearing services Out-of-Network: 30% coinsurance/Medicare-covered hearing services Routine hearing: \$0 copay/routine hearing exams up to 1 per year, \$499 copay/1 advanced level hearing aid per ear per year, \$799 copay/1 premium hearing aid per ear per year, 80 batteries/aid and 3-year warranty, TruHearing provider must be used for hearing aid benefit. \$0 copay/follow-up provider visits. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 30% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$350/tiers 3-5
Discounts & Programs	Go365 by Humana Rewards, SilverSneakers program, meal benefit, over the counter drugs and supplies (\$50 quarterly)



800-333-2433



HumanaChoice (H5216-303)

Advantage PPO Plan

Enrollment: 800-833-2364
Service: 800-457-4708 • TTY: 711

humana-medicare.com



Monthly Premium: \$0

Plan Area: Aitkin, Becker, Beltrami, Carlton, Cass, Clay, Crow Wing, Hubbard, Itasca, Koochiching, Lake, Lake of the Woods, Mahanomen, Mille Lacs, Norman, Otter Tail, Pennington, Red Lake, Roseau, St. Louis, Todd, Wadena Counties



HumanaChoice (H5216-275)

Advantage PPO Plan

Enrollment: 800-833-2364
Service: 800-457-4708 • TTY: 711

humana-medicare.com



Monthly Premium: \$0

Plan Area: Anoka, Benton, Carver, Dakota, Hennepin, Isanti, McLeod, Meeker, Ramsey, Scott, Washington, Wright Counties

PLAN DETAILS LISTED BELOW ARE THE SAME FOR BOTH PLANS ABOVE.

Out-of-Pocket Max	In-Network: \$4,200 annually/Medicare-covered services Combined In and Out-of-Network: \$6,600 annually/Medicare-covered services Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$680 Note: All services received from in-network primary care physician's office, specialist's office, and lab services do not apply to the combined in-network and out-of-network deductible. Services not covered by Original Medicare, ambulance services, emergency room services, urgently needed services at urgent care centers, immunizations (flu & pneumonia), Medicare-covered preventive services, diabetic monitoring supplies, chemotherapy drugs and administration, and Medicare Part B-covered drugs do not apply to the combined in-network and out-of-network deductible.
Hospital Inpatient	In-Network: For Medicare-covered inpatient stays - \$400 copay/day for days 1-4, \$0 copay/day for days 5-90 Out-of-Network: 50% coinsurance
Physician/Outpatient	Physician In-Network: Medicare-covered benefits - \$0 copay/primary care visit, \$45 copay/specialist visit Physician Out-of-Network: 50% coinsurance/Medicare-covered primary care doctor or specialist visit
Ambulance	Medicare-covered benefits - \$290 copay/ground ambulance, 20% coinsurance/air ambulance
Outpatient Surgery	Hospital In-Network: \$400 copay/Medicare-covered surgery services at an outpatient hospital Hospital Out-of-Network: 50% coinsurance/Medicare-covered surgery services at an outpatient hospital
Outpatient Mental Health	In-Network: \$45-\$95 copay/Medicare-covered individual or group visits Out-of-Network: 50% coinsurance/Medicare-covered individual or group visits
Emergency/Urgent Care	Emergency: \$110 copay/Medicare-covered ER visit, copay waived if admitted within 24 hours Urgent Care: \$25 copay/Medicare-covered urgently needed services at an urgent care center
Travel Coverage	\$110 copay/Medicare-covered ER visits, worldwide coverage, copay waived if admitted within 24 hours
X-rays, Lab & Diagnostic Tests	In-Network: Medicare-covered benefits - \$0-\$45 copay/lab services, \$0-\$95 copay/diagnostic procedures and tests, \$0-\$95 copay/x-rays, \$0-\$400 copay/diagnostic radiology services, 20% coinsurance/therapeutic radiology services Out-of-Network: Medicare-covered benefits - 50% coinsurance/lab services, 50% coinsurance/diagnostic procedures and tests, 50% coinsurance/x-rays, 50% coinsurance/diagnostic radiology services, 50% coinsurance/therapeutic radiology services
Physical/Speech/Occupational Therapy	In-Network: \$40 copay/Medicare-covered occupational/physical/speech therapy Out-of-Network: 50% coinsurance/Medicare-covered occupational/physical/speech therapy
Skilled Nursing Facility Care	In-Network: Medicare-covered Skilled Nursing Care - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100 Out-of-Network: 50% coinsurance/Medicare-covered Skilled Nursing Care
Diabetic Supplies & Services	In-Network: \$0 copay/Medicare-covered benefits, self-management training, \$0 copay or 10%-20% coinsurance/monitoring supplies, \$0 copay/diabetic shoes and inserts Out-of-Network: 50% coinsurance/Medicare-covered benefits, self-management training, 30% coinsurance/monitoring supplies, 50% coinsurance/diabetic shoes and inserts

Dental	In-Network: \$45 copay/Medicare-covered hearing services Out-of-Network: 50% coinsurance/Medicare-covered services Routine Dental: \$0 copayment/scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years; comprehensive oral evaluation or periodontal exam, occlusal adjustment, scaling for moderate inflammation up to 1 every 3 years; complete dentures, crown recementation, panoramic film or diagnostic x-rays, partial dentures up to 1 every 5 years; crown, root canal, root canal retreatment up to 1 per tooth per lifetime; bitewing x-rays, intraoral x-rays up to 1 set(s) per year; adjustments to dentures, denture rebase, denture relines, denture repair, emergency diagnostic exam, tissue conditioning up to 1 per year; emergency treatment for pain, fluoride treatment, oral surgery, periodic oral exam, prophylaxis (cleaning) up to 2 per year; periodontal maintenance up to 4 per year; \$0 copayment/amalgam and/or composite filling, necessary anesthesia with covered service, simple or surgical extraction up to unlimited per year. \$3,000 combined maximum benefit coverage amount per year for preventive and comprehensive benefits. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
DMEPOS	In-Network: 9% coinsurance/Medicare-covered equipment and supplies Out-of-Network: 20% coinsurance/Medicare-covered equipment and supplies
Chiropractic/Acupuncture	In-Network: \$20 copay/Medicare-covered chiropractic services, \$45 copay/Medicare-covered acupuncture services Out-of-Network: 50% copay/Medicare-covered chiropractic services, 50% copay/Medicare-covered acupuncture services, limit 20 acupuncture visits per year
Vision	In-Network: \$45 copay/Medicare-covered vision services, \$0 copay/diabetic eye exam, glaucoma screening, post-cataract eyewear Out-of-Network: 50% coinsurance/Medicare-covered vision services, 50% coinsurance/diabetic eye exam, glaucoma screening, post-cataract eyewear Routine Vision: \$40 max benefit coverage/year for routine exam, \$400 max benefit coverage/year for contact lenses or eyeglasses - lenses and frames
Hearing	In-Network: \$45 copay/Medicare-covered hearing services Out-of-Network: 50% coinsurance/Medicare-covered services Routine Hearing: \$0 copayment/routine hearing exams up to 1 per year, follow-up provider visits up to unlimited per year; \$99 copayment/each Advanced level hearing aid up to 1 per ear per year; \$399 copayment/each Premium level hearing aid up to 1 per ear per year. Note: Includes 80 batteries per aid and 3 year warranty. Unlimited follow-up provider visits during first year following TruHearing hearing aid purchase. TruHearing provider must be used for in and out-of-network hearing aid benefit. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
Medicare Part B Drugs	In-Network: 10% coinsurance/Medicare-covered Part B drugs Out-of-Network: 50% coinsurance/Medicare-covered Part B drugs
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$325/tiers 3-5
Discounts & Programs	Go365 by Humana Rewards, SilverSneakers program, meal benefit, over the counter drugs and supplies (\$75 max quarterly)



800-333-2433



Humana Honor PPO (H5216-278-001)

Advantage PPO Plan

Enrollment: 800-833-2364

Service: 800-457-4708 • TTY: 711

humana-medicare.com



Monthly Premium: \$0

Up to \$55 Part B Premium Reduction

Plan Area: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Carver, Cass, Clay, Clearwater, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Kanabec, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnommen, Marshall, Martin, McLeod, Meecker, Mille Lacs, Morrison, Mower, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Ramsey, Red Lake, Renville, Rice, Rock, Roseau, Scott, Sibley, St. Louis, Steele, Todd, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona, Wright Counties	
Out-of-Pocket Max	In-Network: \$4,500 annually/Medicare-covered services Combined In and Out-of-Network: \$8,950 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: Medicare-covered inpatient stays - \$295 copay/day for days 1-6, \$0 copay/day for days 7-90, \$0 copay/each additional hospital day Out-of-Network: 50% coinsurance/Medicare-covered hospital stay
Physician/Outpatient	Physician In-Network: Medicare-covered benefits - \$5 copay/primary care visit, \$45 copay/specialist visit Physician Out-of-Network: Medicare-covered benefits - 50% coinsurance/primary care doctor or specialist visit
Ambulance	Medicare-covered benefits - \$290 copay/ground ambulance, 20% coinsurance/air ambulance
Outpatient Surgery	In-Network: \$250 copay/Medicare-covered outpatient surgery services at an outpatient hospital Out-of-Network: 50% coinsurance/Medicare-covered surgery services at an outpatient hospital
Outpatient Mental Health	In-Network: \$45-\$55 copay/Medicare-covered individual or group visits Out-of-Network: 50% coinsurance/Medicare-covered individual or group visits
Emergency/Urgent Care	Emergency: \$110 copay/each Medicare-covered ER visit, copay waived if admitted within 24 hours Urgent Care: \$25 copay/Medicare-covered urgently needed services at an urgent care center
Travel Coverage	\$110 copay/Medicare-covered ER visits, worldwide coverage, copay waived if admitted to the hospital within 24 hours for the same condition
X-rays, Lab & Diagnostic Tests	In-Network: Medicare-covered benefits - \$0-\$40 copay/lab services, \$0-\$50 copay/diagnostic procedures and tests, \$5-\$50 copay/x-rays, \$0-\$250 copay/diagnostic radiology services, 20% coinsurance/therapeutic radiology services Out-of-Network: Medicare-covered benefits - 50% coinsurance/lab services, diagnostic procedures and tests, x-rays, diagnostic radiology services, therapeutic radiology services
Physical/Speech/Occupational Therapy	In-Network: \$40 copay/Medicare-covered occupational/physical/speech therapy Out-of-Network: 50% coinsurance/Medicare-covered occupational/physical/speech therapy
Skilled Nursing Facility Care	In-Network: Medicare-covered Skilled Nursing Care - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100 Out-of-Network: 50% coinsurance/Medicare-covered Skilled Nursing Care
Diabetic Supplies & Services	In-Network: \$0 copay or 10%-20% coinsurance/diabetic monitoring supplies, cost share may vary depending on where service is provided Out-of-Network: 50% coinsurance
DMEPOS	In-Network: 3%-20% coinsurance/Medicare-covered equipment and supplies Out-of-Network: 10%-50% coinsurance/Medicare-covered equipment and supplies
Dental	In-Network: \$45 copay/Medicare-covered hearing services Out-of-Network: 50% coinsurance/Medicare-covered services Routine Dental: Plan covers up to \$2,500 allowance every year for non-Medicare covered preventive and comprehensive dental services. You are responsible for any amount above the dental coverage limit. Any amount unused at the end of the year will expire. Your benefit can be used for most dental treatments such as: preventive dental services, such as exams, routine cleanings, etc.; basic dental services, such as fillings, extractions, etc., major dental services, such as periodontal scaling, crowns, dentures, root canals, bridges etc. Note: The allowance cannot be used on cosmetic services and implants. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
Chiropractic/Acupuncture	Chiropractic: In-Network: \$20 copay/Medicare-covered services Out-of-Network: 50% coinsurance/Medicare-covered services Acupuncture: In-Network: \$45 copay/Medicare-covered services Out-of-Network: 50% coinsurance/Medicare-covered services
Vision	In-Network: \$45 copay/Medicare-covered vision benefits, \$0 copay/diabetic eye exam, glaucoma screening, post-cataract eyewear Out-of-Network: 50% coinsurance/Medicare-covered vision benefits, 50% coinsurance/diabetic eye exam, glaucoma screening, post-cataract eyewear Routine Vision: \$0 copay/routine exam up to 1 per year, \$75 combined maximum benefit coverage amount per year for routine exam. \$200 combined maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses lenses and frames. Eyeglass lens options may be available with the maximum benefit coverage amount up to 1 pair per year. Maximum benefit coverage amount is limited to one time use per year.

Hearing	In-Network: \$45 copay/Medicare-covered hearing benefits Out-of-Network: 50% coinsurance/Medicare-covered hearing services Routine Hearing: \$0 copayment/fitting, routine hearing exams up to 1 per year, \$699 copayment/Advanced level hearing aid up to 1 per ear per year, \$999 copayment/Premium level hearing aid up to 1 per ear per year. \$0 copay/follow-up provider visits. Note: includes 80 batteries per aid and 3 year warranty, fitting and adjustments covered for 1 year after TruHearing hearing aid purchase
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 50% coinsurance
Medicare Part D Coverage	No, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan
Discounts & Programs	Go365 by Humana Rewards, SilverSneakers program, over-the-counter drugs and supplies (\$125 quarterly), meal benefit



800-333-2433



Humana Honor PPO (H5216-354)

Advantage PPO Plan

Enrollment: 800-833-2364

Service: 800-457-4708 • TTY: 711

humana-medicare.com



Monthly Premium: \$0

Up to \$100 Part B Premium Reduction

Plan Area: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Carver, Cass, Clay, Clearwater, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Kanabec, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnommen, Marshall, Martin, McLeod, Meecker, Mille Lacs, Morrison, Mower, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Ramsey, Red Lake, Renville, Rice, Rock, Roseau, Scott, Sibley, St. Louis, Steele, Todd, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona, Wright Counties	
Out-of-Pocket Max	In-Network: \$4,500 annually/Medicare-covered services Combined In and Out-of-Network: \$8,950 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: Medicare-covered inpatient stays - \$295 copay/day for days 1-6, \$0 copay/day for days 7-90, \$0 copay/each additional hospital day Out-of-Network: 50% coinsurance/Medicare-covered hospital stay
Physician/Outpatient	Physician In-Network: Medicare-covered benefits - \$5 copay/primary care visit, \$45 copay/specialist visit Physician Out-of-Network: Medicare-covered benefits - 50% coinsurance/primary care doctor or specialist visit
Ambulance	Medicare-covered benefits - \$290 copay/ground ambulance, 20% coinsurance/air ambulance
Outpatient Surgery	In-Network: \$295 copay/Medicare-covered outpatient surgery services at an outpatient hospital Out-of-Network: 50% coinsurance/Medicare-covered surgery services at an outpatient hospital
Outpatient Mental Health	In-Network: \$45-\$55 copay/Medicare-covered individual or group visits Out-of-Network: 50% coinsurance/Medicare-covered individual or group visits
Emergency/Urgent Care	Emergency: \$110 copay/each Medicare-covered ER visit, copay waived if admitted within 24 hours Urgent Care: \$25 copay/Medicare-covered urgently needed services at an urgent care center
Travel Coverage	\$110 copay/Medicare-covered ER visits, worldwide coverage, copay waived if admitted to the hospital within 24 hours for the same condition
X-rays, Lab & Diagnostic Tests	In-Network: Medicare-covered benefits \$0-\$40 copay/lab services, \$0-\$50 copay/diagnostic procedures and tests, \$5-\$50 copay/x-rays, \$0-\$295 copay/diagnostic radiology services, 20% coinsurance/therapeutic radiology services Out-of-Network: Medicare-covered benefits - 50% coinsurance/lab services, diagnostic procedures and tests, x-rays, diagnostic radiology services, therapeutic radiology services
Physical/Speech/Occupational Therapy	In-Network: \$40 copay/Medicare-covered occupational/physical/speech therapy Out-of-Network: 50% coinsurance/Medicare-covered occupational/physical/speech therapy
Skilled Nursing Facility Care	In-Network: Medicare-covered Skilled Nursing Care - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100 Out-of-Network: 50% coinsurance/Medicare-covered Skilled Nursing Care
Diabetic Supplies & Services	In-Network: \$0 copay or 10%-20% coinsurance/diabetic monitoring supplies, cost share may vary depending on where service is provided Out-of-Network: 50% coinsurance
DMEPOS	In-Network: 3%-20% coinsurance/Medicare-covered equipment and supplies Out-of-Network: 10%-30% coinsurance/Medicare-covered equipment and supplies
Dental	Plan covers up to \$1,000 allowance every year for non-Medicare covered preventive and comprehensive dental services. You are responsible for any amount above the dental coverage limit. Any amount unused at the end of the year will expire. Your benefit can be used for most dental treatments such as: preventive dental services, such as exams, routine cleanings, etc.; basic dental services, such as fillings, extractions, etc., major dental services, such as periodontal scaling, crowns, dentures, root canals, bridges etc. Note: The allowance cannot be used on cosmetic services and implants. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
Chiropractic/Acupuncture	Chiropractic In-Network: \$20 copay/Medicare-covered services Out-of-Network: 50% coinsurance/Medicare-covered services Acupuncture In-Network: \$45 copay/Medicare-covered services Out-of-Network: 50% coinsurance/Medicare-covered services
Vision	In-Network: \$45 copay/Medicare-covered vision benefits, \$0 copay/diabetic eye exam, glaucoma screening, post-cataract eyewear Out-of-Network: 50% coinsurance/Medicare-covered vision benefits, 50% coinsurance/diabetic eye exam, glaucoma screening, post-cataract eyewear Routine Vision: \$0 copay/routine exam up to 1 per year, \$75 combined maximum benefit coverage amount per year for routine exam. \$200 combined maximum benefit coverage amount per year for contact lenses or eyeglasses-lenses and frames, fitting for eyeglasses lenses and frames. Eyeglass lens options may be available with the maximum benefit coverage amount up to 1 pair per year. Maximum benefit coverage amount is limited to one time use per year.

Hearing	In-Network: \$45 copay/Medicare-covered hearing benefits Out-of-Network: 50% coinsurance/Medicare-covered hearing services Routine Hearing: \$0 copayment/fitting, routine hearing exams up to 1 per year, \$699 copayment/Advanced level hearing aid up to 1 per ear per year, \$999 copayment/Premium level hearing aid up to 1 per ear per year. \$0 copay/follow-up provider visits. Note: includes 80 batteries per aid and 3 year warranty, fitting and adjustments covered for 1 year after TruHearing hearing aid purchase
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 50% coinsurance
Medicare Part D Coverage	No, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan
Discounts & Programs	Go365 by Humana Rewards, SilverSneakers program, over-the-counter drugs and supplies (\$75 quarterly), meal benefit



800-333-2433



HumanaChoice (H5216-092)

Advantage PPO Plan

Enrollment: 800-833-2364

Service: 800-457-4708 • TTY: 711

humana-medicare.com



Monthly Premium: \$37

Plan Area: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Carver, Cass, Clay, Clearwater, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Kanabec, Kittson, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahanomen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Mower, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Ramsey, Red Lake, Renville, Rice, Rock, Roseau, Scott, Sibley, St. Louis, Steele, Todd, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona, Wright Counties

Out-of-Pocket Max	In-Network: \$6,700 annually/Medicare-covered services Combined In and Out-of-Network: \$12,450 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	Combined In and Out-of-Network: \$226 Note: Services not covered by Original Medicare, Part A services (IP, skilled nursing and home health), Medicare-covered preventive services, ambulance and ER services, urgently needed services at urgent care centers, diabetic monitoring supplies, chemotherapy drugs and administration, and Part B-covered drugs do not apply to the in-network and out-of-network Part B deductible
Hospital Inpatient	Medicare-covered Inpatient stays - \$400 copay/day for days 1-5, \$0 copay/day for days 6-90
Physician/Outpatient	Physician In-Network: Medicare-covered benefits - \$20 copay/primary care visit, \$50 copay/specialist visit Physician Out-of-Network: 20% coinsurance/Medicare-covered primary care doctor or specialist visit
Ambulance	Medicare-covered benefits - \$290 copay/ground ambulance, 20% coinsurance/air ambulance
Outpatient Surgery	20% coinsurance/Medicare-covered surgery services at an outpatient hospital
Outpatient Mental Health	In-Network: 19%-20% coinsurance/Medicare-covered individual or group visits Out-of-Network: 20% coinsurance/Medicare-covered individual or group visits
Emergency/Urgent Care	Emergency: \$95 copay/Medicare-covered ER visit, copay waived if admitted within 24 hours Urgent Care: 20% coinsurance/Medicare-covered urgently needed services at an urgent care center
Travel Coverage	\$95 copay/Medicare-covered ER visits, worldwide coverage, copay waived if admitted to the hospital within 24 hours for the same condition
X-rays, Lab & Diagnostic Tests	In-Network: Medicare-covered benefits - \$0 copay/primary care or specialist office, 20% coinsurance/all other labs, \$0-\$70 copay or 20% coinsurance/diagnostic procedures and tests, \$20-\$50 copay or 20% coinsurance for x-rays, \$20-\$50 copay or 20% coinsurance/diagnostic radiology services, 20% coinsurance/therapeutic radiology services Out-of-Network: 20% coinsurance/Medicare-covered lab services, diagnostic procedures and tests, x-rays, diagnostic radiology services and therapeutic radiology services
Physical/Speech/Occupational Therapy	20% coinsurance/Medicare-covered occupational/physical/speech therapy
Skilled Nursing Facility Care	Medicare-covered Skilled Nursing Care - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100
Diabetic Supplies & Services	In-Network: \$0 copay or 10%-20% coinsurance Out-of-Network: 20% coinsurance Note: cost share may vary depending on where service is provided
DMEPOS	20% coinsurance/Medicare-covered equipment and supplies
Dental	In-Network: \$50 copay/Medicare-covered dental benefits Out-of-Network: 20% coinsurance/Medicare-covered dental services Note: additional dental benefits are available with a separate monthly premium, please contact plan for more information
Chiropractic/Acupuncture	Chiropractic: 20% coinsurance/Medicare-covered services Acupuncture In-Network: \$50 copay/Medicare-covered services Out-of-Network: 20% coinsurance/Medicare-covered services. Limit 20 acupuncture visits per year.
Vision	In-Network: \$50 copay/Medicare-covered vision benefits Out-of-Network: 20% coinsurance/Medicare-covered vision services Note: additional benefits are available with a separate monthly premium, please contact plan for more information
Hearing	In-Network: \$50 copay/Medicare-covered hearing benefits Out-of-Network: 20% coinsurance/Medicare-covered hearing services
Medicare Part B Drugs	20% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$350/tiers 3, 4 & 5
Discounts & Programs	Go365 by Humana Rewards for completing preventive health screenings and activities, SilverSneakers, over-the-counter drugs and supplies (\$25 quarterly), meal benefit



Humana Value Plus (H5216-176)

Advantage PPO Plan

Enrollment: 800-833-2364

Service: 800-457-4708 • TTY: 711

Humana-medicare.com



Monthly Premium: \$39.90

Plan Area: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Brown, Carlton, Carver, Cass, Clay, Clearwater, Crow Wing, Dakota, Grant, Hennepin, Hubbard, Isanti, Itasca, Kanabec, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Lincoln, Lyon, Mahnomon, Marshall, McLeod, Meeker, Mille Lacs, Morrison, Nobles, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Ramsey, Red Lake, Renville, Rock, Roseau, Scott, Sibley, St. Louis, Todd, Wabasha, Wadena, Washington, Watonwan, Wilkin, Wright Counties

Out-of-Pocket Max	In-Network: \$6,700 annually/Medicare-covered services Combined In and Out-of-Network: \$12,450 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	Combined In and Out-of-Network: \$226 Part B deductible Note: Services not covered by Original Medicare, Part A services (IP, skilled nursing and home health), Medicare-covered preventive services, ambulance and ER services, urgently needed services at urgent care centers, diabetic monitoring supplies, chemotherapy drugs and administration, and Part B-covered drugs do not apply to the in-network and out-of-network Part B deductible.
Hospital Inpatient	In-Network: \$410 copy/day for days 1-5, \$0 copay/day for days 6-90 Out-of-Network: 50% coinsurance/Medicare-covered hospital stay
Physician/Outpatient	Physician In-Network: Medicare-covered benefits - \$20 copay/primary care visit, \$50 copay/specialist visit Physician Out-of-Network: 50% coinsurance/covered primary care doctor or specialist visit
Ambulance	20% coinsurance/Medicare-covered ground and air ambulance
Outpatient Surgery	In-Network: 20% coinsurance/covered surgery services at an outpatient hospital Out-of-Network: 50% coinsurance/covered surgery services at an outpatient hospital
Outpatient Mental Health	In-Network: 20% coinsurance/Medicare-covered individual or group visits Out-of-Network: 50% coinsurance/Medicare-covered individual or group visits
Emergency/Urgent Care	Emergency: \$95 copay/Medicare-covered ER visit, copay waived if admitted within 24 hours Urgent Care: 20% coinsurance/Medicare-covered urgently needed services at an urgent care center
Travel Coverage	\$95 copay/covered ER visit worldwide with copay waived if admitted to the hospital within 24 hours
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay or 20% coinsurance/lab services, \$0 copay or 20% coinsurance/diagnostic procedures and tests, \$20-\$50 copay or 20% coinsurance/x-rays, \$50 copay to 20% coinsurance/diagnostic radiology services, 20% coinsurance/therapeutic radiology services Out-of-Network: 50% coinsurance/Medicare-covered lab services, diagnostic procedures and tests, x-rays, diagnostic radiology services and therapeutic radiology services
Physical/Speech/Occupational Therapy	In-Network: 20% coinsurance/Medicare-covered occupational/physical/speech therapy Out-of-Network: 50% coinsurance/Medicare-covered occupational/physical/speech therapy
Skilled Nursing Facility Care	In-Network: Medicare-covered care \$0 copay/day for days 1-20, \$196 copay/day for days 21-100 Out-of-Network: 50% coinsurance/Medicare-covered Skilled Nursing Care
Diabetic Supplies & Services	In-Network: \$0 copay or 20% coinsurance Out-of-Network: \$0 copay or 50% coinsurance
DMEPOS	20% coinsurance/Medicare-covered equipment and supplies
Dental	In-Network: \$50 copay/Medicare-covered benefits Out-of-Network: 50% coinsurance/Medicare-covered benefits Routine Dental: \$0 copayment/scaling and root planing (deep cleaning) up to 1 per quadrant every 3 years; comprehensive oral evaluation or periodontal exam, occlusal adjustment, scaling for moderate inflammation up to 1 every 3 years; complete dentures, crown recementation, panoramic film or diagnostic x-rays, partial dentures up to 1 every 5 years; crown, root canal, root canal retreatment up to 1 per tooth per lifetime; bitewing x-rays, intraoral x-rays up to 1 set(s) per year; adjustments to dentures, denture rebase, denture relines, denture repair, emergency diagnostic exam, tissue conditioning up to 1 per year; emergency treatment for pain, fluoride treatment, oral surgery, periodic oral exam, prophylaxis (cleaning) up to 2 per year; periodontal maintenance up to 4 per year; \$0 copayment/amalgam and/or composite filling, necessary anesthesia with covered service, simple or surgical extraction up to unlimited per year. \$1,000 combined maximum benefit coverage amount per year for preventive and comprehensive benefits. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
Chiropractic/Acupuncture	Chiropractic In-Network: 20% coinsurance/Medicare-covered services Out-of-Network: 50% coinsurance/Medicare-covered services Acupuncture In-Network: \$50 copay/Medicare-covered services Out-of-Network: 50% coinsurance/Medicare-covered services
Vision	In-Network: \$50 copay/covered vision benefits, \$0 copay/diabetic eye exam, glaucoma screening, post-cataract eyewear Out-of-Network: 50% coinsurance/covered vision benefits, diabetic eye exam, glaucoma screening, post-cataract eyewear Routine Vision: \$0 copay/routine exam, up to 1/year, \$75 max benefit coverage amount/year for routine exam, \$100 max benefit amount/year for eyeglasses/contact lenses

Hearing	In-Network: \$45 copay/Medicare-covered hearing benefits Out-of-Network: 50% coinsurance/Medicare-covered hearing services Routine Hearing: \$0 copay for routine hearing exams up to 1 per year, \$0 copay for follow-up provider visits up to unlimited per year, \$0 copayment for each Advanced level hearing aid up to 1 per ear every 3 years, Note: includes 80 batteries per aid and 3 year warranty, unlimited follow-up provider visits during first year after TruHearing hearing aid purchase
Medicare Part B Drugs	In-Network: \$0 or 20% coinsurance Out-of-Network: \$0 or 50% coinsurance
Medicare Part D Coverage	Yes, but if you enroll in a stand-alone Part D plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$435
Discounts & Programs	Go365 by Humana Rewards, SilverSneakers, \$200 quarterly/over-the-counter drugs and supplies with rollover, meal benefit, enhanced nutrition therapy, PERS



800-333-2433



HumanaChoice (H5216-359)

Advantage PPO Plan

Enrollment: 800-833-2364

Service: 800-457-4708 • TTY: 711

humana-medicare.com



Monthly Premium: \$54

Plan Area: Aitkin, Anoka, Becker, Beltrami, Benton, Blue Earth, Carlton, Carver, Cass, Clay, Clearwater, Crow Wing, Dakota, Fillmore, Hennepin, Houston, Hubbard, Isanti, Itasca, Kanabec, Koochiching, Lake, Lake of the Woods, Le Sueur, Mahnommen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Norman, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Rice, Roseau, Scott, St. Louis, Steele, Todd, Wadena, Washington, Wilkin, Winona, Wright Counties

Out-of-Pocket Max	In-Network: \$5,900 annually/Medicare-covered service Combined In and Out-of-Network: \$8,850 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: Medicare-covered Inpatient stays - \$360 copay/day for days 1-5, \$0 copay/day for days 6-90, \$0 copay/each additional hospital day Out-of-Network: 50% coinsurance/Medicare-covered hospital stay
Physician/Outpatient	Physician In-Network: Medicare-covered benefits - \$15 copay/primary care visit, \$45 copay/specialist visit Physician Out-of-Network: Medicare-covered benefits - 50% coinsurance/primary care doctor or specialist visit
Ambulance	Medicare-covered benefits - \$290 copay/ground ambulance, 20% coinsurance/air ambulance
Outpatient Surgery	In-Network: \$250 copay/Medicare-covered surgery services at an outpatient hospital, \$200 copay/Medicare-covered surgery at a surgical center Out-of-Network: 50% coinsurance/Medicare-covered surgery services at an outpatient hospital or surgical center
Outpatient Mental Health	In-Network: \$40-\$95 copay/Medicare-covered individual or group visits Out-of-Network: 50% coinsurance/Medicare-covered individual or group visits
Emergency/Urgent Care	Emergency: \$110 copay/Medicare-covered ER visit, copay waived if admitted within 24 hours Urgent Care: \$25 copay/Medicare-covered urgently needed services at an urgent care center
Travel Coverage	\$110 copay/Medicare-covered ER visits, worldwide coverage, copay waived if admitted to the hospital within 24 hours for the same condition
X-rays, Lab & Diagnostic Tests	In-Network: Medicare-covered benefits - \$0-\$10 copay/lab services, \$0-\$250 copay/diagnostic procedures and tests, \$15-\$95 copay/x-rays, \$180-\$250 copay/diagnostic radiology services Out-of-Network: \$25 copay or 50% coinsurance/Medicare-covered lab services, 50% coinsurance/diagnostic procedures and tests, x-rays and diagnostic radiology services
Physical/Speech/Occupational Therapy	In-Network: \$40 copay/Medicare-covered occupational/physical/speech therapy Out-of-Network: 50% coinsurance/Medicare-covered occupational/physical/speech therapy
Skilled Nursing Facility Care	In-Network: Medicare-covered Skilled Nursing Care - \$0 copay/day for days 1-20, \$184 copay/day for days 21-100 Out-of-Network: 50% coinsurance/Medicare-covered Skilled Nursing Care
Diabetic Supplies & Services	In-Network: \$0 copay or 10%-20% coinsurance/diabetic monitoring supplies, cost share may vary depending on where service is provided Out-of-Network: 50% coinsurance
DMEPOS	In-Network: 17%-20% coinsurance/Medicare-covered equipment and supplies Out-of-Network: 20%-50% coinsurance/Medicare-covered equipment and supplies
Dental	In-Network: \$45 copay/Medicare-covered dental benefits Out-of-Network: 50% coinsurance/Medicare-covered dental services Routine Dental: \$0 copayment for comprehensive oral evaluation or periodontal exam up to 1 every 3 years. \$0 copayment for panoramic film or diagnostic x-rays up to 1 every 5 years. \$0 copayment for bitewing x-rays, intraoral x-rays up to 1 set(s) per year. \$0 copayment for emergency diagnostic exam up to 1 per year. \$0 copayment for fluoride treatment, periodic oral exam, prophylaxis (cleaning) up to 2 per year. \$0 copayment for periodontal maintenance up to 4 per year. \$0 copayment for necessary anesthesia with covered service up to unlimited per year. \$25 copayment per tooth for amalgam and/or composite filling up to 2 per year. \$1000 combined maximum benefit coverage amount per year for preventive and comprehensive benefits. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions
Chiropractic/Acupuncture	Chiropractic: In-Network: \$20 copay/Medicare-covered services Out-of-Network: 50% coinsurance/Medicare-covered services Acupuncture: In-Network: \$45 copay/Medicare-covered services Out-of-Network: 50% coinsurance/Medicare-covered services. Limit 20 acupuncture visits per year.
Vision	In-Network: \$45 copay/Medicare-covered vision benefits, \$0 copay/diabetic eye exam, glaucoma screening, post-cataract eyewear Out-of-Network: 50% coinsurance/Medicare-covered vision benefits, diabetic eye exam, glaucoma screening, post-cataract eyewear Routine Vision: \$75 max benefit coverage amount/year for routine exam, \$100 max benefit coverage amount/year for contact lenses or eyeglasses (lenses and frames)

Hearing	In-Network: \$45 copay/Medicare-covered hearing benefits Out-of-Network: 50% coinsurance/Medicare-covered hearing services Routine Hearing: \$0 copay/routine hearing exams (1/year), \$699 copay for advanced level hearing aid (1 per ear/year), \$999 copay for premium hearing aid purchase (1 per ear/year), 80 batteries/aid and 3-year warranty, TruHearing provider must be used for hearing aid benefit, benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. \$0 copay/follow-up provider visits.
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 50% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$350/tiers 3-5
Discounts & Programs	Go365 by Humana Rewards for completing preventive health screenings and activities, SilverSneakers, \$25 quarterly/over-the-counter drugs and supplies, meal benefit



800-333-2433



HumanaChoice (H5216-167)

Advantage PPO Plan

Enrollment: 800-833-2364

Service: 800-457-4708 • TTY: 711

humana-medicare.com



Monthly Premium: \$72

Plan Area: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Carlton, Carver, Cass, Clay, Clearwater, Crow Wing, Dakota, Fillmore, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Kanabec, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Seuer, Lincoln, Lyon, Mahnomon, Marshall, Martin, McLeod, Meeke, Mille Lacs, Morrison, Nobles, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Ramsey, Red Lake, Renville, Rice, Rock, Roseau, Scott, St. Louis, Steele, Todd, Wadena, Washington, Wilkin, Winona, Wright Counties

Out-of-Pocket Max	In-Network: \$2,900 annually/Medicare-covered services Combined In and Out-of-Network: \$5,450 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: Medicare-covered inpatient stays - \$300 copay/admission Out-of-Network: 20% coinsurance/Medicare-covered hospital stay
Physician/Outpatient	Physician In-Network: Medicare-covered benefits - \$0 copay/primary care visit, \$35 copay/specialist visit Physician Out-of-Network: Medicare-covered benefits - 20% coinsurance/primary care doctor or specialist visit
Ambulance	Medicare-covered benefits - \$290 copay/ground ambulance, 20% coinsurance/air ambulance
Outpatient Surgery	In-Network: \$100 copay/Medicare-covered surgery services at an outpatient hospital, \$75 copay/Medicare-covered surgery services at an ambulatory surgical center Out-of-Network: 20% coinsurance/Medicare-covered surgery services at an outpatient hospital
Outpatient Mental Health	In-Network: \$35-\$85 copay/Medicare-covered individual or group visits Out-of-Network: 20% coinsurance/Medicare-covered individual or group visits
Emergency/Urgent Care	Emergency: \$125 copay/Medicare-covered ER visit, copay waived if admitted within 24 hours Urgent Care: \$25 copay/Medicare-covered urgently needed services at an urgent care center
Travel Coverage	\$125 copay/Medicare-covered ER visits, worldwide coverage; copay waived if admitted to the hospital within 24 hours for the same condition
X-rays, Lab & Diagnostic Tests	In-Network: Medicare-covered benefits - \$0-\$25 copay/lab services, \$0-\$100 copay/diagnostic procedures and tests, x-rays, \$35-\$100 copay/diagnostic radiology services, 20% coinsurance/therapeutic radiology services Out-of-Network: 20% coinsurance/Medicare-covered lab services, diagnostic procedures and tests, x-rays, diagnostic radiology services and therapeutic radiology services
Physical/Speech/Occupational Therapy	In-Network: \$40 copay/Medicare-covered occupational/physical/speech therapy Out-of-Network: 20% coinsurance/Medicare-covered occupational/physical/speech therapy
Skilled Nursing Facility Care	In-Network: Medicare-covered Skilled Nursing Care - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100 Out-of-Network: 20% coinsurance/Medicare-covered Skilled Nursing Care
Diabetic Supplies & Services	In-Network: \$0 copay or 10%-20% coinsurance/diabetic monitoring supplies, cost share may vary depending on where service is provided Out-of-Network: 20% coinsurance
DMEPOS	20% coinsurance/Medicare-covered equipment and supplies
Dental	In-Network: \$35 copay/Medicare-covered dental benefits Out-of-Network: 20% coinsurance/Medicare-covered dental services Routine Dental: \$0 copayment for scaling and root planning (deep cleaning) up to 1 per quadrant every 3 years. \$0 copayment for comprehensive oral evaluation or periodontal exam, scaling for moderate inflammation up to 1 every 3 years. \$0 copayment for panoramic film or diagnostic x-rays up to 1 every 5 years. \$0 copayment for bitewing x-rays, intraoral x-rays up to 1 set(s) per year. \$0 copayment for emergency diagnostic exam up to 1 per year. \$0 copayment for fluoride treatment, periodic oral exam, prophylaxis (cleaning) up to 2 per year. \$0 copayment for periodontal maintenance up to 4 per year. \$0 copayment for amalgam and/or composite filling, necessary anesthesia with covered service up to unlimited per year. \$2000 combined maximum benefit coverage amount per year
Chiropractic/Acupuncture	Chiropractic: In-Network: \$20 copay/Medicare-covered services Out-of-Network: 20% coinsurance/Medicare-covered services Acupuncture: In-Network: \$35 copay/Medicare-covered services Out-of-Network: 20% coinsurance/Medicare-covered services Note: Limit of 20 acupuncture visits per year combined in- and out-of-network
Vision	In-Network: \$35 copay/Medicare-covered vision benefits, \$0 copay/diabetic eye exam, glaucoma screening, post-cataract eyewear Out-of-Network: 20% coinsurance/Medicare-covered vision benefits, diabetic eye exam, glaucoma screening, post-cataract eyewear Routine Vision: \$75 max benefit coverage amount/year for routine exam, \$100 max benefit coverage amount/year for contact lenses or eyeglasses - lenses and frames

Hearing	In-Network: \$35 copay/Medicare-covered hearing benefits Out-of-Network: 20% coinsurance/Medicare-covered hearing services Routine Hearing: \$0 copay/routine hearing exams up to 1/year, \$699 copay/advanced level hearing aid up to 1 per ear per year, \$999 copay/premium hearing aid purchase up to 1 per ear per year, 80 batteries/aid and 3-year warranty, TruHearing provider must be used for hearing aid benefit, benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. \$0 copay/follow-up provider visits.
Medicare Part B Drugs	20% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0
Discounts & Programs	Go365 by Humana Rewards, SilverSneakers program, meal benefit, \$50 maximum benefit coverage amount per quarter (3 months) for select over-the-counter health and wellness products. Unused quarterly funds carry over to the next quarter and expire at the end of the plan year.



800-333-2433



Humana Gold Choice (H8145-089)

Advantage PFFS Plan

Enrollment: 800-833-2364

Service: 800-457-4708 • TTY: 711

Humana-medicare.com



Monthly Premium: \$95

Plan Area: Blue Earth, Brown, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Martin, Mower, Nicollet, Olmsted, Rice, Sibley, Steele, Wabasha, Waseca, Winona Counties	
Out-of-Pocket Max	Combined In and Out-of-Network: \$6,700 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: For Medicare Covered Inpatient stays - \$454 copay/day for days 1-4, \$0 copay/day for days 5+ Out-of-Network: 30% coinsurance/Medicare-covered hospital stay
Physician/Outpatient	Physician In-Network: Medicare-covered benefits - \$20 copay/primary care visit, \$50 copay/specialist visit Physician Out-of-Network: 30% coinsurance/Medicare-covered primary care doctor or specialist visit
Ambulance	In Network: Ground- \$290 copay/date of service. Air- \$1,250 copay/date of service. Out-of-Network: Ground- \$290 copay/date of service. Air- 20% coinsurance
Outpatient Surgery	Hospital In-Network: \$250 copay/Medicare-covered surgery services at an outpatient hospital Hospital Out-of-Network: 30% coinsurance/Medicare-covered surgery services at an outpatient hospital
Outpatient Mental Health	In-Network: \$0-\$100 copay/Medicare-covered individual or group visits Out-of-Network: 30% coinsurance/Medicare-covered individual or group visits
Emergency/Urgent Care	Emergency: \$95 copay/Medicare-covered ER visit Urgent Care: \$25 copay/Medicare-covered urgently needed services at an urgent care center
Travel Coverage	\$95 copay/Medicare-covered ER visits, worldwide coverage
X-rays, Lab & Diagnostic Tests	In-Network: Medicare-covered benefits - \$0-\$40 copay/lab services, \$0-\$250 copay/diagnostic procedures and tests, \$20-\$100 copay/x-rays, \$40-\$250 copay/diagnostic radiology services, 20% coinsurance/therapeutic radiology services Out-of-Network: 30% coinsurance/Medicare-covered lab services, diagnostic procedures and tests, x-rays, diagnostic radiology services, therapeutic radiology services
Physical/Speech/Occupational Therapy	In-Network: \$40 copay/Medicare-covered occupational/physical/speech therapy Out-of-Network: 30% coinsurance/Medicare-covered occupational/physical/speech therapy
Skilled Nursing Facility Care	In Network: \$0 copay/day for days (1-20), \$196 copay/day for days (21-55), \$0 copay/day for days (56-100) Out-of-Network: 30% coinsurance/days (1-100)
Diabetic Supplies & Services	In-Network: \$0 copay/Medicare-covered benefits, self-management training, \$0 copay or 10%-20% coinsurance/monitoring supplies-preferred, \$0 copay/diabetic shoes and inserts Out-of-Network: 30% coinsurance/Medicare-covered monitoring supplies-preferred, self-management training, 20% coinsurance/diabetic shoes and inserts
DMEPOS	In-Network: 20% coinsurance/Medicare-covered equipment and supplies Out-of-Network: 20%-30% coinsurance/Medicare-covered equipment and supplies
Dental	In-Network: \$25 copay/Medicare-covered dental benefits Out-of-Network: 20% coinsurance/Medicare-covered dental services Routine Dental: \$0 copayment for scaling and root planning (deep cleaning) up to 1 per quadrant every 3 years. \$0 copayment for comprehensive oral evaluation or periodontal exam, scaling for moderate inflammation up to 1 every 3 years. \$0 copayment for panoramic film or diagnostic x-rays up to 1 every 5 years. \$0 copayment for bitewing x-rays, intraoral x-rays up to 1 set(s) per year. \$0 copayment for emergency diagnostic exam up to 1 per year. \$0 copayment for fluoride treatment, periodic oral exam, prophylaxis (cleaning) up to 2 per year. \$0 copayment for periodontal maintenance up to 4 per year. \$0 copayment for amalgam and/or composite filling, necessary anesthesia with covered service up to unlimited per year. \$2,000 combined maximum benefit coverage amount per year for preventive and comprehensive benefits. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
Chiropractic/Acupuncture	Chiropractic In-Network: \$20 copay/Medicare-covered services Out-of-Network: 30% coinsurance/Medicare-covered services Acupuncture In-Network: \$50 copay/Medicare-covered services Out-of-Network: 30% coinsurance/Medicare-covered services Note: Limit of 20 acupuncture visits per year combined in- and out-of-network
Vision	In-Network: \$50 copay/Medicare-covered vision services, \$0 copay/diabetic eye exam, glaucoma screening, post-cataract eyewear Out-of-Network: 30% coinsurance/Medicare-covered vision services, diabetic eye exam, glaucoma screening, post-cataract eyewear Note: additional vision benefits are available for a separate monthly premium, contact plan for more information
Hearing	In-Network: \$50 copay/Medicare-covered hearing services Out-of-Network: 30% coinsurance/Medicare-covered hearing services
Medicare Part B Drugs	In-Network: 12% coinsurance Out-of-Network: 30% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$465/tiers 1-5
Discounts & Programs	Go365 by Humana Rewards, SilverSneakers program, meal benefit, \$225 quarterly/over-the-counter drugs and supplies



HumanaChoice (H5216-063)

Advantage PPO Plan

Enrollment: 800-833-2364

Service: 800-457-4708 • TTY: 711

humana-medicare.com



Monthly Premium: \$97

Plan Area: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Carlton, Carver, Cass, Clay, Clearwater, Crow Wing, Dakota, Fillmore, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Kanabec, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Seuer, Lincoln, Lyon, Mahnomen, Marshall, Martin, McLeod, Meecker, Mille Lacs, Morrison, Nobles, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Ramsey, Red Lake, Renville, Rice, Rock, Roseau, Scott, St. Louis, Steele, Todd, Wadena, Washington, Wilkin, Winona, Wright Counties

Out-of-Pocket Max	In-Network: \$2,900 annually/Medicare-covered services Combined In and Out-of-Network: \$4,500 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$150 copay/admission for Medicare-covered stays Out-of-Network: 20% coinsurance/Medicare-covered stays
Physician/Outpatient	Physician In-Network: Medicare-covered benefits - \$0 copay/primary care visit, \$25 copay/specialist visit Physician Out-of-Network: 20% coinsurance/Medicare-covered primary care doctor or specialist visit
Ambulance	Medicare-covered benefits - \$290 copay/ground ambulance, 20% coinsurance/air ambulance
Outpatient Surgery	Outpatient In-Network: \$150 copay/Medicare-covered surgery services at an outpatient hospital, \$75 copay/Medicare-covered surgery services at an ambulatory surgical center Outpatient Out-of-Network: 20% coinsurance/Medicare-covered surgery services at an outpatient hospital
Outpatient Mental Health	In-Network: \$25-\$85 copay/Medicare-covered individual or group visits Out-of-Network: 20% coinsurance/Medicare-covered individual or group visits
Emergency/Urgent Care	Emergency: \$125 copay/Medicare-covered ER visit, copay waived if admitted within 24 hours Urgent Care: \$25 copay/Medicare-covered urgently needed services at an urgent care center
Travel Coverage	\$125 copay/Medicare-covered ER visits, worldwide coverage, copay waived if admitted to the hospital within 24 hours for the same condition
X-rays, Lab & Diagnostic Tests	In-Network: Medicare-covered benefits - \$0-\$10 copay/lab services, \$0-\$100 copay/diagnostic procedures and tests, \$0-\$85 copay/x-rays, \$25-\$100 copay/diagnostic radiology services, 20% coinsurance/therapeutic radiology services Out-of-Network: 20% coinsurance/Medicare-covered lab services, diagnostic procedures and tests, x-rays, diagnostic radiology services and therapeutic radiology services
Physical/Speech/Occupational Therapy	In-Network: \$40 copay for Medicare-covered occupational, physical and speech therapy Out-of-Network: 20% coinsurance for Medicare-covered occupational, physical and speech therapy
Skilled Nursing Facility Care	In-Network: Medicare-covered Skilled Nursing Care - \$20 copay/day for days 1-20, \$196 copay/day for days 21-100 Out-of-Network: 20% coinsurance/Medicare-covered Skilled Nursing Care
Diabetic Supplies & Services	In-Network: \$0 copay or 10%-20% coinsurance/diabetic monitoring supplies, cost share may vary depending on where service is provided Out-of-Network: 20% coinsurance
DMEPOS	20% coinsurance/Medicare-covered equipment and supplies
Dental	In-Network: \$25 copay/Medicare-covered dental benefits Out-of-Network: 20% coinsurance/Medicare-covered dental services Routine Dental: \$0 copayment for scaling and root planning (deep cleaning) up to 1 per quadrant every 3 years. \$0 copayment for comprehensive oral evaluation or periodontal exam, scaling for moderate inflammation up to 1 every 3 years. \$0 copayment for panoramic film or diagnostic x-rays up to 1 every 5 years. \$0 copayment for bitewing x-rays, intraoral x-rays up to 1 set(s) per year. \$0 copayment for emergency diagnostic exam up to 1 per year. \$0 copayment for fluoride treatment, periodic oral exam, prophylaxis (cleaning) up to 2 per year. \$0 copayment for periodontal maintenance up to 4 per year. \$0 copayment for amalgam and/or composite filling, necessary anesthesia with covered service up to unlimited per year. \$2000 combined maximum benefit coverage amount per year for preventive and comprehensive benefits. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
Chiropractic/Acupuncture	Chiropractic In-Network: \$20 copay/Medicare-covered services Out-of-Network: 20% coinsurance/Medicare-covered services Acupuncture In-Network: \$25 copay/Medicare-covered services Out-of-Network: 20% coinsurance/Medicare-covered services Note: Limit of 20 acupuncture visits per year combined in- and out-of-network
Vision	In-Network: \$25 copay/Medicare-covered vision benefits, \$0 copay/diabetic eye exam, glaucoma screening, post-cataract eyewear Out-of-Network: 20% coinsurance/Medicare-covered vision benefits, 20% coinsurance/diabetic eye exam, glaucoma screening, post-cataract eyewear Routine vision: \$75 max benefit coverage/year for routine exam, \$100 max benefit coverage/year for contact lenses or eyeglasses - lenses and frames

Hearing	In-Network: \$25 copay/Medicare-covered hearing benefits Out-of-Network: 20% coinsurance/Medicare-covered hearing services Routine Hearing: \$0 copay/routine hearing exams up to 1 per year, \$699 copay/1 advanced level hearing aid per ear per year, \$999 copay/1 premium hearing aid per ear per year, 80 batteries/aid and 3-year warranty, TruHearing provider must be used for hearing aid benefit. \$0 copay/follow-up provider visits.
Medicare Part B Drugs	20% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0
Discounts & Programs	Go365 by Humana Rewards, SilverSneakers program, \$50 quarterly/over-the-counter drugs and supplies, unused funds roll over to the next quarter and expire at the end of the year; meal benefit



800-333-2433



Humana Gold Plus (H6622-062)

Advantage HMO-POS Plan

Enrollment: 800-833-2364

Service: 800-457-4708 • TTY: 711

Humana-medicare.com 



Monthly Premium: \$127

Plan Area: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington Counties	
Out-of-Pocket Max	In-Network: \$3,000 annually/Medicare-covered services Combined In and Out-of-Network: \$5,000 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: For Medicare-covered inpatient stays - \$100 copay/admission Out-of-Network: \$200 copay/admission
Physician/Outpatient	\$0 copay/primary care visit, \$20 copay/specialist visit
Ambulance	Medicare-covered benefits - \$290 copay/ground ambulance, 20% coinsurance/air ambulance
Outpatient Surgery	In-Network: \$100 copay/Medicare-covered surgery services at an outpatient hospital, \$50 copay/Medicare-covered surgery services at a surgical center Hospital Out-of-Network: 20% coinsurance/Medicare-covered surgery services at an outpatient hospital or surgical center
Outpatient Mental Health	\$20-\$70 copay/Medicare-covered individual or group visits
Emergency/Urgent Care	Emergency: \$125 copay/Medicare-covered ER visit, copay waived if admitted within 24 hours Urgent Care: \$20 copay/Medicare-covered urgently needed services at an urgent care center
Travel Coverage	\$125 copay/Medicare-covered ER visits, worldwide coverage, copay waived if admitted within 24 hours
X-rays, Lab & Diagnostic Tests	In-Network: Medicare-covered benefits - \$0-\$10 copay/lab services; \$0-\$100 copay/diagnostic procedures and tests, x-rays; \$20-\$100 copay/diagnostic radiology services; 20% coinsurance/therapeutic radiology services Out-of-Network: Medicare-covered benefits - \$0-\$20 copay/lab services; \$0-\$100 copay/diagnostic procedures and tests, x-rays; \$0-\$200 copay/diagnostic radiology services; 20% coinsurance/therapeutic radiology services
Physical/Speech/Occupational Therapy	\$40 copay/Medicare-covered occupational/physical/speech therapy
Skilled Nursing Facility Care	In-Network: Medicare-covered Skilled Nursing Care - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100 Out-of-Network: 20% coinsurance/Medicare-covered Skilled Nursing Care
Diabetic Supplies & Services	In-Network: \$0 copay/Medicare-covered benefits, self-management training, diabetic shoes and inserts, \$0 copay or 10%-20% coinsurance/monitoring supplies Out-of-Network: \$0 copay/Medicare-covered benefits, self-management training, diabetic shoes and inserts, 10%-20% coinsurance/monitoring supplies
DMEPOS	20% coinsurance/Medicare-covered equipment and supplies
Dental	In-Network: \$20 copay/Medicare-covered dental benefits, 0% coinsurance/preventive dental services, 50%-70% coinsurance/comprehensive dental services, limits may apply Out-of-Network: \$20 copay/Medicare-covered dental services, 50% coinsurance/preventive dental services, 55%-75% coinsurance/comprehensive dental services, limits may apply Combined In and Out-of-Network: \$2,000 max plan benefit/year
Chiropractic/Acupuncture	Chiropractic: \$20 copay/Medicare-covered services Acupuncture: \$20 copay/Medicare-covered services Note: Limit of 20 acupuncture visits per year combined in- and out-of-network
Vision	\$20 copay/Medicare-covered vision services, \$0 copay/diabetic eye exam, glaucoma screening, post-cataract eyewear; Routine vision: \$75 max benefit coverage/year for routine exam, \$200 max benefit coverage/year for contact lenses or eyeglasses - lenses and frames
Hearing	\$20 copay/Medicare-covered hearing services Routine hearing: \$0 copay/routine hearing exams up to 1 per year, \$0 copay/fitting (up to 1 per year) and evaluation, \$0 copay/up to 2 adjustments per year, \$399 copay/1 advanced level hearing aid per ear per year, \$699 copay/1 premium hearing aid per ear per year, 80 batteries/aid through TruHearing provider and 3-year warranty. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions. \$0 copay/follow-up provider visits.
Medicare Part B Drugs	20% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$100/tiers 4 & 5
Discounts & Programs	Go365 by Humana Rewards, SilverSneakers program, meal benefit, \$100 quarterly/over-the-counter drugs and supplies



Lasso Healthcare Growth MSA (H1924-001)

Medicare Advantage Medical Savings Account

Enrollment: 800-918-2795

Service: 866-766-2583 • TTY: 711

lassohealthcare.com

Monthly Premium: \$0

Out-of-Pocket Max	\$3,000 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$5,000 annually, Lasso Healthcare deposits \$2,000 into your Medical Savings Account to use toward medical costs while in the deductible



Lasso Healthcare Growth Plus MSA (H1924-004)

Medicare Advantage Medical Savings Account

Enrollment: 800-918-2795

Service: 866-766-2583 • TTY: 711

lassohealthcare.com

Monthly Premium: \$0

Out-of-Pocket Max	\$5,000 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$8,000 annually, Lasso Healthcare deposits \$3,000 into your Medical Savings Account to use toward medical costs while in the deductible

PLAN DETAILS LISTED BELOW ARE THE SAME FOR BOTH PLANS ABOVE.

Plan Area: All 87 Minnesota Counties	
Hospital Inpatient	<p>\$0 cost for Medicare-covered benefits after the annual deductible has been met, when using any Medicare participating provider</p>
Physician/Outpatient	
Ambulance	
Outpatient Surgery	
Outpatient Mental Health	
Emergency/Urgent Care	
Travel Coverage	
X-rays, Lab & Diagnostic Tests	
Physical/Speech/Occupational Therapy	
Skilled Nursing Facility Care	
Diabetic Supplies & Services	
DMEPOS	
Dental	
Chiropractic/Acupuncture	
Vision	
Hearing	
Medicare Part B Drugs	
Medicare Part D Coverage	No, you may enroll in a Medicare Part D stand-alone Part D plan.
Discounts & Programs	For all other information about this plan, call Lasso at 866-766-2583 for current information



800-333-2433



Medica Advantage Solution (H6154-001)

Advantage HMO-POS Plan

Enrollment: 800-918-2416

Service: 866-269-6804 • TTY: 711

medica.com/medicare



Monthly Premium: \$0

Plan Area: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington Counties	
Out-of-Pocket Max	In Network: \$5,500 annually/Medicare-covered services Out-of-Network: \$7,500 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	\$350 copay/day for days 1-5, \$0 copay/day for days 6-90, \$0 copay/additional hospital days
Physician/Outpatient	Medicare-covered benefits - \$0 copay/primary care visit, \$45 copay/specialist visit
Ambulance	\$265 copay/ground ambulance, 20% coinsurance/air ambulance
Outpatient Surgery	\$395 copay/outpatient surgery at outpatient hospital facility, \$350 copay/day for observation services, \$320 copay/procedure at an ambulatory surgical center
Outpatient Mental Health	\$40 copay/each Medicare-covered individual or group therapy visit, \$55 copay/day for partial hospitalization program services
Emergency/Urgent Care	\$90 copay/Medicare-covered emergency care services inside the U.S., copay waived if admitted within 1 day, \$0-40 copay/Medicare-covered urgent care visits in the U.S.
Travel Coverage	Receive all plan covered services at in-network cost-sharing while traveling outside the state for no more than 6 consecutive months. Members call to activate benefit. Emergency Care Worldwide: 20% coinsurance/emergency care services and emergency ground transportation Out-of-Network Services: 40%/most Medicare-covered services through the POS benefit in the U.S. and its territories at any provider who accepts Medicare
X-rays, Lab & Diagnostic Tests	0% coinsurance/Medicare-covered lab services, 20% coinsurance/Medicare-covered diagnostic procedures and tests, x-rays, diagnostic radiology services and therapeutic radiology services, \$150/day max per service
Physical/Speech/Occupational Therapy	\$40 copay/Medicare-covered visit
Skilled Nursing Facility Care	Medicare-covered stays - \$0 copay/day for days 1-20, \$196 copay/day for days 21-49, \$0 copay/days 50-100
Diabetic Supplies & Services	\$0 copay/diabetic testing supplies from LifeScan™ and Roche, 20% coinsurance/therapeutic shoes or inserts, \$0 copay/diabetes self-management training
DMEPOS	20% coinsurance/Medicare-covered items
Dental	20% coinsurance/Medicare-covered dental benefits, up to a \$400 reimbursement for non-Medicare-covered dental services each year
Chiropractic/Acupuncture	\$20 copay/Medicare-covered chiropractic visit; \$0-\$45 copay/Medicare-covered acupuncture visit
Vision	\$0 copay/1 routine eye exam per year, Medicare-covered eyewear, diabetic retinopathy exam and glaucoma screening; up to a \$100 reimbursement for non-Medicare-covered eyewear each year, \$45 copay/Medicare covered diagnostic exam
Hearing	\$0 copay/1 routine hearing test per year; \$0 copay/fitting-evaluations for hearing aids; \$549 or \$799 copay/hearing aid when using the EPIC Hearing network, \$25 copay/Medicare-covered diagnostic hearing and balance evaluations from any network provider
Medicare Part B Drugs	20% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tier 1-2, \$375/tiers 3-5
Discounts & Programs	One Pass™ Fitness program, \$50 quarterly/over-the-counter drugs and supplies, 24/7 HealthAdvocate nurseline, \$0 copay/e-visit from Virtuwel



800-333-2433



Medica Advantage Solution (H6154-002)

Advantage HMO-POS Plan

Enrollment: 800-918-2416

Service: 866-269-6804 • TTY: 711

medica.com/medicare



Monthly Premium: \$0

Plan Area: Becker, Cass, Chippewa, Chisago, Crow Wing, Douglas, Hubbard, Isanti, Kandiyohi, Otter Tail, Pope, Renville, Sherburne, Stearns, Swift, Todd, Wadena, Wright Counties

Out-of-Pocket Max	In Network: \$5,500 annually/Medicare-covered services Out-of-Network: \$7,500 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	\$450 copay/day for days 1-4, \$0 copay/day days 5-90, covers 90 days each benefit period, \$0 copay/lifetime reserve day
Physician/Outpatient	Medicare-covered benefits - \$0 copay/primary care visit, \$50 copay/specialist visit
Ambulance	\$290 copay/ground ambulance, 20% coinsurance/air ambulance
Outpatient Surgery	\$395 copay/surgery at outpatient hospital facility, \$320 copay/procedure at an ambulatory surgical center, \$450 copay/day for observation services
Outpatient Mental Health	\$40 copay/each Medicare-covered individual or group therapy visit, \$55 copay/day for partial hospitalization program services
Emergency/Urgent Care	\$90 copay/Medicare-covered emergency care services inside the U.S., copay waived if admitted within 1 day, \$0-40 copay/Medicare-covered urgent care visits in the U.S.
Travel Coverage	Receive all plan covered services at in-network cost-sharing while traveling outside the state for no more than 6 consecutive months. Members call to activate benefit. Emergency Care Worldwide: 20% coinsurance/emergency care services and emergency ground transportation Out-of-Network Services: 40%/most Medicare-covered services through the POS benefit in the U.S. and its territories at any provider who accepts Medicare
X-rays, Lab & Diagnostic Tests	0% coinsurance/Medicare-covered lab services, 20% coinsurance/Medicare-covered diagnostic procedures and tests, x-rays, diagnostic radiology services and therapeutic radiology services, \$150/day max per service
Physical/Speech/Occupational Therapy	\$40 copay/Medicare-covered visit
Skilled Nursing Facility Care	Medicare-covered stays - \$0 copay/day for days 1-20, \$196 copay/day for days 21-49, \$0 copay/days 50-100
Diabetic Supplies & Services	\$0 copay/diabetic testing supplies from LifeScan™ and Roche, 20% coinsurance/therapeutic shoes or inserts, \$0 copay/diabetes self-management training
DMEPOS	20% coinsurance/Medicare-covered items
Dental	\$50 copay/Medicare-covered dental benefits, up to a \$350 reimbursement for non-Medicare-covered dental services each year
Chiropractic/Acupuncture	\$20 copay/Medicare-covered chiropractic visit; \$0-\$50 copay/Medicare-covered acupuncture visit
Vision	\$0 copay/1 routine eye exam per year, Medicare-covered eyewear, Medicare-covered diabetic retinopathy exam and glaucoma screening; up to a \$100 reimbursement for non-Medicare-covered eyewear each year, \$50 copay/Medicare-covered diagnostic exam
Hearing	\$0 copay/1 routine hearing test per year; \$0 copay/fitting-evaluations for hearing aids, \$549 or \$799 copay/hearing aid when using the EPIC Hearing network, \$25 copay/Medicare-covered diagnostic hearing and balance evaluations from any network provider
Medicare Part B Drugs	20% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tier 1-2, \$395/tiers 3-5
Discounts & Programs	One Pass™ Fitness program, \$40 quarterly/over-the-counter drugs and supplies, 24/7 HealthAdvocate nursesline, \$0 copay/e-visit from Virtuwell



800-333-2433



Medica Advantage Solution (H8889-009)

Advantage PPO Plan

Enrollment: 800-918-2416

Service: 866-269-6804 • TTY: 711

medica.com/medicare



Monthly Premium: \$0
\$30 Part B Premium Reduction

Plan Area: Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cottonwood, Crow Wing, Dakota, Dodge, Douglas, Faribault, Fillmore, Freeborn, Grant, Hennepin, Houston, Hubbard, Isanti, Jackson, Kandiyohi, Kittson, Lac qui Parle, Lake of the Woods, Lincoln, Lyon, Mahnommen, Marshall, Martin, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Roseau, Scott, Sherburne, Stearns, Steele, Swift, Todd, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona, Wright Counties

Out-of-Pocket Max	In-Network: \$4,900 annually/Medicare-covered services Combined In and Out-of-Network: \$7,500 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	\$195 copay/day for days 1-6, \$0 copay/day for days 7-90, \$0 copay/additional hospital days
Physician/Outpatient	In-Network: Medicare-covered benefits - \$0 copay/primary care visit, \$30 copay/specialist visit Out-of-Network: 30% coinsurance
Ambulance	\$265 copay/ground ambulance, 20% coinsurance/air ambulance
Outpatient Surgery	In-Network: \$250 copay/surgery at outpatient hospital, \$175 copay/procedure at an ambulatory surgical center, \$195 copay/day for observation services Out-of-Network: 30% coinsurance
Outpatient Mental Health	In-Network: \$30 copay/each Medicare-covered individual or group therapy visit, \$40/day for partial hospitalization program services Out-of-Network: 30% coinsurance
Emergency/Urgent Care	\$90 copay/Medicare-covered emergency care services inside the U.S., copay waived if admitted within 1 day, \$0-\$45 copay/Medicare-covered urgent care visits in the U.S.
Travel Coverage	Receive all plan covered services at in-network cost-sharing while traveling outside the state for no more than 6 consecutive months. Members call to activate benefit. Emergency Care Worldwide: 20% coinsurance/emergency care services and emergency ground transportation
X-rays, Lab & Diagnostic Tests	In-Network: Medicare-covered services - 0% coinsurance/lab services, 20% coinsurance/diagnostic procedures and tests, x-rays, diagnostic radiology services and therapeutic radiology services; \$150/day service-specific max per service Out-of-Network: 30% coinsurance
Physical/Speech/Occupational Therapy	In-Network: \$30 copay/Medicare-covered visit Out-of-Network: 30% coinsurance
Skilled Nursing Facility Care	In-Network: Medicare-covered stays - \$0 copay/day for days 1-20, \$196 copay/day for days 21-45, \$0 copay/ days 46-100
Diabetic Supplies & Services	In-Network: \$0 copay/diabetic testing supplies from LifeScan™ and Roche, 20% coinsurance/therapeutic shoes or inserts, \$0 copay/diabetes self-management training Out-of-Network: \$0 copay/diabetic testing supplies from LifeScan™ and Roche, 30% coinsurance diabetes self-management training and therapeutic shoes
DMEPOS	In-Network: 20% coinsurance/Medicare-covered items Out-of-Network: 30% coinsurance
Dental	In-Network: \$0-\$30 copay/Medicare-covered dental benefits, up to a \$1,000 reimbursement for non-Medicare-covered dental services each year from any licensed dentist Out-of-Network: 30% coinsurance/Medicare-covered dental benefits
Chiropractic/Acupuncture	In-Network: \$20 copay/Medicare-covered chiropractic visit; \$0-\$30 copay/Medicare-covered acupuncture visit Out-of-Network: 30% coinsurance
Vision	In-Network: \$0 copay/1 routine eye exam per year, Medicare-covered diabetic retinopathy exam and glaucoma screening, and Medicare-covered eyewear; up to a \$200 reimbursement for non-Medicare-covered eyewear/ year, \$30 copay/Medicare-covered diagnostic exam Out-of-Network: 30% coinsurance/Medicare-covered exams, screenings, and eyewear
Hearing	In-Network: \$0 copay/1 routine hearing test per year; \$0 copay/fitting-evaluations for hearing aids; \$549 or \$799 copay/hearing aid when using EPIC Hearing network, \$0-\$30 copay/Medicare-covered diagnostic hearing and balance evaluations from any provider Out-of-Network: 30% coinsurance/Medicare-covered diagnostic hearing and balance evaluations
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 30% coinsurance
Medicare Part D Coverage	No, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan
Discounts & Programs	One Pass™ Fitness program, \$75 quarterly/over-the-counter drugs and supplies, 24/7 HealthAdvocate Nurseline, \$0 copay/e-visit from Virtuwell, members who complete certain health services will receive reward gift cards.



Medica Advantage Solution (H8889-008)

Advantage PPO Plan

Enrollment: 800-918-2416

Service: 866-269-6804 • TTY: 711

medica.com/medicare



Monthly Premium: \$19

Plan Area: Big Stone, Blue Earth, Brown, Cottonwood, Dodge, Faribault, Fillmore, Freeborn, Houston, Jackson, Lac qui Parle, Lincoln, Lyon, Martin, Mower, Murray, Nicollet, Nobles, Olmsted, Redwood, Steele, Wabasha, Waseca, Watonwan, Winona Counties	
Out-of-Pocket Max	In-Network: \$5,500 annually/Medicare-covered services Combined In and Out-of-Network: \$7,900 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$350 copay/day for days 1-5, \$0 copay/day for days 6-90, covers 90 days each benefit period, \$0 copay/lifetime reserve day Out-of-Network: 30% coinsurance
Physician/Outpatient	In-Network: Medicare-covered benefits - \$0 copay/primary care visit, \$45 copay/specialist visit Out-of-Network: 30% coinsurance
Ambulance	\$265 copay/ground ambulance, 20% coinsurance/air ambulance
Outpatient Surgery	In-Network: \$395 copay/surgery at outpatient hospital, \$320 copay/procedure at an ambulatory surgical center, \$350 copay/day for observation services Out-of-Network: 30% coinsurance
Outpatient Mental Health	In-Network: \$40 copay/each Medicare-covered individual or group therapy visit, \$55/day for partial hospitalization program services Out-of-Network: 30% coinsurance
Emergency/Urgent Care	\$90 copay/Medicare-covered emergency care services inside the U.S., copay waived if admitted within 1 day, \$30-\$40 copay/Medicare-covered urgent care visits in the U.S.
Travel Coverage	Receive all plan covered services at in-network cost-sharing while traveling outside the state for no more than 6 consecutive months. Members call to activate benefit. Emergency Care Worldwide: 20% coinsurance/emergency care services and emergency ground transportation
X-rays, Lab & Diagnostic Tests	In-Network: Medicare-covered services - 0% coinsurance/lab services, 20% coinsurance/diagnostic procedures and tests, x-rays, diagnostic radiology services and therapeutic radiology services; \$150/day service-specific max per service Out-of-Network: 30% coinsurance
Physical/Speech/Occupational Therapy	In-Network: \$40 copay/Medicare-covered visit Out-of-Network: 30% coinsurance
Skilled Nursing Facility Care	In-Network: Medicare-covered stays - \$0 copay/day for days 1-20, \$196 copay/day for days 21-49, \$0 copay/day 50-100 Out-of-Network: Medicare-covered stays - 30% coinsurance
Diabetic Supplies & Services	In-Network: \$0 copay/diabetic testing supplies from LifeScan™ and Roche, 20% coinsurance/therapeutic shoes or inserts, \$0 copay/diabetes self-management training Out-of-Network: \$0 copay/diabetic testing supplies from LifeScan™ and Roche, 30% coinsurance diabetes self-management training and therapeutic shoes
DMEPOS	In-Network: 20% coinsurance/Medicare-covered items Out-of-Network: 30% coinsurance
Dental	In-Network: \$0-\$45 copay/Medicare-covered dental benefits, up to a \$400 reimbursement for non-Medicare-covered dental services each year from any licensed dentist Out-of-Network: 30% coinsurance/Medicare-covered dental benefits
Chiropractic/Acupuncture	In-Network: \$20 copay/Medicare-covered chiropractic visit; \$0-\$45 copay/Medicare-covered acupuncture visit Out-of-Network: 30% coinsurance
Vision	In-Network: \$0 copay/1 routine eye exam per year, Medicare-covered diabetic retinopathy exam and glaucoma screening, and Medicare-covered eyewear; up to a \$100 reimbursement for non-Medicare-covered eyewear/year, \$45 copay/Medicare-covered diagnostic exam Out-of-Network: 30% coinsurance/Medicare-covered exams, screenings, and eyewear
Hearing	In-Network: \$0 copay/1 routine hearing test per year; \$0 copay/fitting-evaluations for hearing aids; \$549 or \$799 copay/hearing aid when using EPIC Hearing network, \$0-\$25 copay/Medicare-covered diagnostic hearing and balance evaluations from any provider Out-of-Network: 30% coinsurance/Medicare-covered diagnostic hearing and balance evaluations
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 30% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1-2, \$395/tiers 3-5
Discounts & Programs	One Pass™ Fitness program, \$50 quarterly/over-the-counter drugs and supplies, 24/7 HealthAdvocate Nurseline, \$0 copay/e-visit from Virtuwel, members who complete certain health services will receive reward gift cards



Medica Advantage Solution (H8889-005)

Advantage PPO Plan

Enrollment: 800-918-2416

Service: 866-269-6804 • TTY: 711

medica.com/medicare



Monthly Premium: \$0

Plan Area: Anoka, Becker, Beltrami, Benton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Crow Wing, Dakota, Douglas, Grant, Hennepin, Hubbard, Isanti, Kandiyohi, Kittson, Lake of the Woods, Mahnommen, Marshall, Morrison, Norman, Otter Tail, Pennington, Polk, Pope, Ramsey, Red Lake, Renville, Roseau, Scott, Sherburne, Stearns, Swift, Todd, Wadena, Washington, Wilkin, and Wright Counties

Out-of-Pocket Max	In Network: \$3,800 annually/Medicare-covered services Combined In and Out-of-Network: \$6,600 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$350 copay/day, days 1-5; \$0 copay/day for days 6-90; \$0 copay/additional hospital days Out-of-Network: 30% coinsurance
Physician/Outpatient	In-Network: Medicare-covered benefits - \$0 copay/primary care visit, \$35 copay/specialist visit Out-of-Network: 30% coinsurance
Ambulance	\$265 copay/ground ambulance, 20% coinsurance/air ambulance
Outpatient Surgery	In-Network: \$395 copay/surgery at outpatient hospital facility, \$350 copay/day for observation services, \$320 copay/procedure at an ambulatory surgical center Out-of-Network: 30% coinsurance
Outpatient Mental Health	In-Network: \$35 copay/each Medicare-covered individual or group therapy visit, \$35 copay/day for partial hospitalization program services Out-of-Network: 30% coinsurance
Emergency/Urgent Care	\$90 copay/Medicare-covered emergency care services inside the U.S., copay waived if admitted within 1 day, \$0-40 copay/Medicare-covered urgent care visits in the U.S.
Travel Coverage	Receive all plan covered services at in-network cost-sharing while traveling outside the state for no more than 6 consecutive months. Members call to activate benefit. Emergency Care Worldwide: 20% coinsurance/emergency care services and emergency ground transportation
X-rays, Lab & Diagnostic Tests	In-Network: Medicare-covered services - 0% coinsurance/lab services, 20% coinsurance/diagnostic procedures and tests, x-rays, diagnostic radiology services and therapeutic radiology services; \$150/day service-specific max per service Out-of-Network: 30% coinsurance
Physical/Speech/Occupational Therapy	In-Network: \$35 copay/Medicare-covered visit Out-of-Network: 30% coinsurance
Skilled Nursing Facility Care	In-Network: Medicare-covered stays - \$0 copay/day for days 1-20, \$196 copay/day for days 21-43, \$0 copay/days 44-100 Out-of-Network: Medicare-covered stays - 30% coinsurance
Diabetic Supplies & Services	In-Network: \$0 copay/diabetic testing supplies from LifeScan™ and Roche, 20% coinsurance/therapeutic shoes or inserts, \$0 copay/diabetes self-management training Out-of-Network: \$0 copay/diabetic testing supplies from LifeScan™ and Roche, 30% coinsurance diabetes self-management training and therapeutic shoes
DMEPOS	In-Network: 20% coinsurance/Medicare-covered items Out-of-Network: 30% coinsurance
Dental	In-Network: \$0-\$35 copay/Medicare-covered dental benefits, up to a \$750 reimbursement for non-Medicare-covered dental services each year from any licensed dentist Out-of-Network: 30% coinsurance/Medicare-covered dental benefits
Chiropractic/Acupuncture	In-Network: \$20 copay/Medicare-covered chiropractic visit; \$0-\$35 copay/Medicare-covered acupuncture visit Out-of-Network: 30% coinsurance
Vision	In-Network: \$0 copay/1 routine eye exam per year, Medicare-covered eyewear, Medicare-covered diabetic retinopathy exam and glaucoma screening; up to a \$200 reimbursement for non-Medicare-covered eyewear each year; \$35 copay/Medicare-covered diagnostic exam Out-of-Network: 30% coinsurance/Medicare-covered exams, screenings, and eyewear
Hearing	In-Network: \$0 copay/1 routine hearing test per year; \$0 copay/fitting-evaluations for hearing aids; \$549 or \$799 copay/hearing aid when using the EPIC Hearing network. \$0-35 copay/ Medicare-covered diagnostic hearing and balance evaluations from any network provider Out-of-Network: 30% coinsurance/Medicare-covered diagnostic hearing and balance evaluations
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 30% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1-2, \$350 3-5
Discounts & Programs	One Pass™ Fitness program, \$75 quarterly/over-the-counter drugs and supplies, 24/7 HealthAdvocate Nurseline, \$0 copay/e-visit from Virtuwel, members who complete certain health services will receive reward gift cards.



Medica Advantage Solution (H8889-001)

Advantage PPO Plan

Enrollment: 800-918-2416

Service: 866-269-6804 • TTY: 711

medica.com/medicare



Monthly Premium: \$85

Plan Area: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington Counties	
Out-of-Pocket Max	In-Network: \$2,800 annually/Medicare-covered services Combined In and Out-of-Network: \$5,100 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$150 copay/stay Out-of-Network: 30% coinsurance
Physician/Outpatient	In-Network: Medicare-covered benefits - \$0 copay/primary care visit, \$25 copay/specialist visit Out-of-Network: 30% coinsurance
Ambulance	\$265 copay/ground ambulance, 20% coinsurance/air ambulance
Outpatient Surgery	In-Network: \$175 copay/surgery at outpatient hospital, \$100 copay/procedure at an ambulatory surgical center, \$150 copay/stay for observation services Out-of-Network: 30% coinsurance
Outpatient Mental Health	In-Network: \$25 copay/each Medicare-covered individual or group therapy visit, \$25 copay/day for partial hospitalization program services Out-of-Network: 30% coinsurance
Emergency/Urgent Care	\$90 copay/Medicare-covered emergency care services inside the U.S., copay waived if admitted within 1 day, \$0-\$25 copay/Medicare-covered urgent care visits in the U.S.
Travel Coverage	Receive all plan covered services at in-network cost-sharing while traveling outside the state for no more than 6 consecutive months. Members call to activate benefit. Emergency Care Worldwide: 20% coinsurance/emergency care services and emergency ground transportation
X-rays, Lab & Diagnostic Tests	In-Network: Medicare-covered services - 0% coinsurance/lab services, 10% coinsurance/diagnostic procedures and tests, x-rays, diagnostic radiology services and therapeutic radiology services; \$75/day service-specific max per service Out-of-Network: 30% coinsurance
Physical/Speech/Occupational Therapy	In-Network: \$25 copay/Medicare-covered visit Out-of-Network: 30% coinsurance
Skilled Nursing Facility Care	In-Network: Medicare-covered stays - \$0 copay/day for days 1-20, \$196 copay/day for days 21-36, \$0 copay/days 37-100 Out-of-Network: Medicare-covered stays - 30% coinsurance
Diabetic Supplies & Services	In-Network: \$0 copay/diabetic testing supplies from LifeScan™ and Roche, 20% coinsurance/therapeutic shoes or inserts, \$0 copay/diabetes self-management training Out-of-Network: \$0 copay/diabetic testing supplies from LifeScan™ and Roche, 30% coinsurance diabetes self-management training and therapeutic shoes
DMEPOS	In-Network: 20% coinsurance/Medicare-covered items Out-of-Network: 30% coinsurance
Dental	In-Network: \$0-\$25 copay/Medicare-covered dental benefits, up to a \$1,000 reimbursement for non-Medicare-covered dental services each year from any licensed dentist Out-of-Network: 30% coinsurance/Medicare-covered dental benefits
Chiropractic/Acupuncture	In-Network: \$20 copay/Medicare-covered chiropractic visit; \$0-\$25 copay/Medicare-covered acupuncture visit Out-of-Network: 30% coinsurance
Vision	In-Network: \$0 copay/1 routine eye exam per year, Medicare-covered diabetic retinopathy exam and glaucoma screening, and Medicare-covered eyewear; up to a \$300 reimbursement for non-Medicare-covered eyewear each year, \$25 copay/Medicare-covered diagnostic exam Out-of-Network: 30% coinsurance/Medicare-covered exams, screenings, and eyewear
Hearing	In-Network: \$0 copay/1 routine hearing test per year, \$0 copay/fitting-evaluations for hearing aids; \$549 or \$799 copay/hearing aid when using EPIC Hearing network, \$0-\$25 copay/Medicare-covered diagnostic hearing and balance evaluations from any provider Out-of-Network: 30% coinsurance/Medicare-covered diagnostic hearing and balance evaluations
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 30% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1-3, \$245/tiers 4-5
Discounts & Programs	One Pass™ Fitness program, \$75 quarterly/over-the-counter drugs and supplies, 24/7 HealthAdvocate Nurseline, \$0 copay/e-visit from Virtuwell



Medica Advantage Solution (H8889-002)

Advantage PPO Plan

Enrollment: 800-918-2416

Service: 866-269-6804 • TTY: 711

medica.com/medicare



Monthly Premium: \$95

Plan Area: Becker, Beltrami, Benton, Cass, Chippewa, Chisago, Clay, Clearwater, Crow Wing, Douglas, Grant, Hubbard, Isanti, Kandiyohi, Kittson, Lake of the Woods, Mahnomon, Marshall, Morrison, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Renville, Roseau, Sherburne, Stearns, Swift, Todd, Wadena, Wilkin, Wright Counties

Out-of-Pocket Max	In-Network: \$2,800 annually/Medicare-covered services Combined In and Out-of-Network: \$5,100 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$200 copay/stay Out-of-Network: 30% coinsurance
Physician/Outpatient	In-Network: Medicare-covered benefits - \$0 copay/primary care visit, \$25 copay/specialist visit Out-of-Network: 30% coinsurance
Ambulance	\$290 copay/ground and air ambulance
Outpatient Surgery	In-Network: \$200 copay/surgery at outpatient hospital. \$125 copay/procedure at an ambulatory surgical center, \$200 copay/stay for observation services Out-of-Network: 30% coinsurance
Outpatient Mental Health	In-Network: \$25 copay/each Medicare-covered individual or group therapy visit and per day for partial hospitalization program services Out-of-Network: 30% coinsurance
Emergency/Urgent Care	\$90 copay/Medicare-covered emergency care services inside the U.S., copay waived if admitted within 1 day, \$0-\$25 copay/Medicare-covered urgent care visits in the U.S.
Travel Coverage	Please update to: Receive all plan covered services at in-network cost-sharing while traveling outside the state for no more than 6 consecutive months. Members call to activate benefit. Emergency Care Worldwide: 20% coinsurance/emergency care services and emergency ground transportation
X-rays, Lab & Diagnostic Tests	In-Network: Medicare-covered services - 0% coinsurance/lab services, 15% coinsurance/diagnostic procedures and tests, x-rays, diagnostic radiology services and therapeutic radiology services, \$75/day service-specific max per service Out-of-Network: 30% coinsurance
Physical/Speech/Occupational Therapy	In-Network: \$25 copay/Medicare-covered visit Out-of-Network: 30% coinsurance
Skilled Nursing Facility Care	In-Network: Medicare-covered stays - \$0 copay/day for days 1-20, \$196 copay/day for days 21-36, \$0 copay/days 37-100 Out-of-Network: Medicare-covered stays - 30% coinsurance
Diabetic Supplies & Services	In-Network: \$0 copay/diabetic testing supplies from LifeScan™ and Roche, 20% coinsurance/therapeutic shoes or inserts, \$0 copay/diabetes self-management training Out-of-Network: \$0 copay/diabetic testing supplies from LifeScan™ and Roche, 30% coinsurance diabetes self-management training and therapeutic shoes
DMEPOS	In-Network: 20% coinsurance/Medicare-covered items Out-of-Network: 30% coinsurance
Dental	In-Network: \$0-\$25 copay/Medicare-covered dental benefits, up to a \$1,000 reimbursement for non-Medicare-covered dental services each year from any licensed dentist Out-of-Network: 30% coinsurance/Medicare-covered dental benefits
Chiropractic/Acupuncture	In-Network: \$20 copay/Medicare-covered chiropractic visit; \$0-\$25 copay/Medicare-covered acupuncture visit Out-of-Network: 30% coinsurance
Vision	In-Network: \$0 copay/1 routine eye exam per year, Medicare-covered eyewear, up to a \$300 reimbursement for non-Medicare-covered eyewear each year, \$25 copay/Medicare-covered diagnostic exam Out-of-Network: 30% coinsurance/Medicare-covered exams, screenings, and eyewear
Hearing	In-Network: \$0 copay/1 routine hearing test per year; \$0/fitting-evaluations for hearing aids; \$549 or \$799 copay/hearing aid when using the EPIC Hearing network, \$0-\$25 copay/Medicare-covered diagnostic hearing and balance evaluations Out-of-Network: 30% coinsurance/Medicare-covered diagnostic hearing and balance evaluations
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 30% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1-3, \$245/tiers 4-5
Discounts & Programs	One Pass™ Fitness program, \$75 quarterly/over-the-counter drugs and supplies, 24/7 HealthAdvocate Nurseline, \$0 copay/e-visit from Virtuwell



Medica Advantage Solution (H8889-004)

Advantage PPO Plan

Enrollment: 800-918-2416

Service: 866-269-6804 • TTY: 711

medica.com/medicare



Monthly Premium: \$134

Plan Area: Big Stone, Blue Earth, Brown, Cottonwood, Dodge, Faribault, Fillmore, Freeborn, Houston, Jackson, Lac qui Parle, Lincoln, Lyon, Martin, Mower, Murray, Nicollet, Nobles, Olmsted, Redwood, Steele, Wabasha, Waseca, Watonwan, Winona Counties	
Out-of-Pocket Max	In-Network: \$4,900 annually/Medicare-covered services Combined In and Out-of-Network: \$7,500 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$225 copay/stay Out-of-Network: 30% coinsurance
Physician/Outpatient	In-Network: Medicare-covered benefits - \$0 copay/primary care visit, \$30 copay/specialist visit Out-of-Network: 30% coinsurance
Ambulance	\$265 copay/ground ambulance, 20% coinsurance/air ambulance
Outpatient Surgery	In-Network: \$250 copay/surgery at outpatient hospital, \$175 copay/procedure at an ambulatory surgical center, \$225 copay/stay for observation services Out-of-Network: 30% coinsurance
Outpatient Mental Health	In-Network: \$30 copay/each Medicare-covered individual or group therapy visit, \$30/day for partial hospitalization program services Out-of-Network: 30% coinsurance
Emergency/Urgent Care	\$90 copay/Medicare-covered emergency care services inside the U.S., copay waived if admitted within 1 day, \$0-\$30 copay/Medicare-covered urgent care visits in the U.S.
Travel Coverage	Receive all plan covered services at in-network cost-sharing while traveling outside the state for no more than 6 consecutive months. Members call to activate benefit. Emergency Care Worldwide: 20% coinsurance/emergency care services and emergency ground transportation
X-rays, Lab & Diagnostic Tests	In-Network: Medicare-covered services - 0% coinsurance/lab services, 15% coinsurance/diagnostic procedures and tests, x-rays, diagnostic radiology services and therapeutic radiology services; \$75/day service-specific max per service Out-of-Network: 30% coinsurance
Physical/Speech/Occupational Therapy	In-Network: \$30 copay/Medicare-covered visit Out-of-Network: 30% coinsurance
Skilled Nursing Facility Care	In-Network: Medicare-covered stays - \$0 copay/day for days 1-20, \$196 copay/day for days 21-45, \$0 copay/days 46-100 Out-of-Network: Medicare-covered stays - 30% coinsurance
Diabetic Supplies & Services	In-Network: \$0 copay/diabetic testing supplies from LifeScan™ and Roche, 20% coinsurance/therapeutic shoes or inserts, \$0 copay/diabetes self-management training Out-of-Network: \$0 copay/diabetic testing supplies from LifeScan™ and Roche, 30% coinsurance diabetes self-management training and therapeutic shoes
DMEPOS	In-Network: 20% coinsurance/Medicare-covered items Out-of-Network: 30% coinsurance
Dental	In-Network: \$0-\$30 copay/Medicare-covered dental benefits, up to a \$500 reimbursement for non-Medicare-covered dental services each year from any licensed dentist Out-of-Network: 30% coinsurance/Medicare-covered dental benefits
Chiropractic/Acupuncture	In-Network: \$20 copay/Medicare-covered chiropractic visit; \$0-\$30 copay/Medicare-covered acupuncture visit Out-of-Network: 30% coinsurance
Vision	In-Network: \$0 copay/1 routine eye exam per year, Medicare-covered diabetic retinopathy exam and glaucoma screening, and Medicare-covered eyewear; up to a \$100 reimbursement for non-Medicare-covered eyewear/year, \$30 copay/Medicare-covered diagnostic exam Out-of-Network: 30% coinsurance/Medicare-covered exams, screenings, and eyewear
Hearing	In-Network: \$0 copay/1 routine hearing test per year, \$0 copay/fitting-evaluations for hearing aids, \$549 or \$799 copay/hearing aid when using the EPIC Hearing network, \$0-\$25 copay/Medicare-covered diagnostic hearing and balance evaluations from any network provider Out-of-Network: 30% coinsurance/Medicare-covered diagnostic hearing and balance evaluations
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 30% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tier 1-2, \$295/tiers 3-5
Discounts & Programs	One Pass™ Fitness program, \$50 quarterly/over-the-counter drugs and supplies, 24/7 HealthAdvocate Nurseline, \$0 copay/e-visit from Virtuwell



Medica Advantage Solution (H8889-003)

Advantage PPO Plan

Enrollment: 800-918-2416

Service: 866-269-6804 • TTY: 711

medica.com/medicare



Monthly Premium: \$196

Plan Area: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington Counties	
Out-of-Pocket Max	In-Network: \$2,800 annually/Medicare-covered services Combined In and Out-of-Network: \$5,100 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$125 copay/stay Out-of-Network: 20% coinsurance
Physician/Outpatient	In-Network: Medicare-covered benefits - \$0 copay/primary care visit, \$10 copay/specialist visit Out-of-Network: 20% coinsurance
Ambulance	\$100 copay/ground ambulance, 20% coinsurance/air ambulance
Outpatient Surgery	In-Network: \$100 copay/surgery at outpatient hospital. \$50 copay/procedure at an ambulatory surgical center, \$125 copay/stay for observation services Out-of-Network: 20% coinsurance
Outpatient Mental Health	In-Network: \$10 copay/each Medicare-covered individual or group therapy visit, \$10/day for partial hospitalization program services Out-of-Network: 20% coinsurance
Emergency/Urgent Care	\$90 copay/Medicare-covered emergency care services inside the U.S., copay waived if admitted within 1 day, \$0-\$10 copay/Medicare-covered urgent care visits in the U.S.
Travel Coverage	Receive all plan covered services at in-network cost-sharing while traveling outside the state for no more than 6 consecutive months. Members call to activate benefit. Emergency Care Worldwide: 20% coinsurance/emergency care services and emergency ground transportation
X-rays, Lab & Diagnostic Tests	In-Network: Medicare-covered services - 0% coinsurance/lab services, 10% coinsurance/diagnostic procedures and tests, x-rays, diagnostic radiology services and therapeutic radiology services, \$75/day service-specific max per service Out-of-Network: 20% coinsurance
Physical/Speech/Occupational Therapy	In-Network: \$10 copay/Medicare-covered visit Out-of-Network: 20% coinsurance
Skilled Nursing Facility Care	In-Network: Medicare-covered stays - \$0 copay/day for days 1-20, \$150 copay/for days 21-40, \$0 copay/days 41-100 Out-of-Network: Medicare-covered stays - 20% coinsurance
Diabetic Supplies & Services	In-Network: \$0 copay/diabetic testing supplies from LifeScan™ and Roche, 20% coinsurance/therapeutic shoes or inserts, \$0 copay/diabetes self-management training Out-of-Network: \$0 copay/diabetic testing supplies from LifeScan™ and Roche, 20% coinsurance/diabetes self-management training and therapeutic shoes
DMEPOS	In-Network: 20% coinsurance/Medicare-covered items Out-of-Network: 20% coinsurance
Dental	In-Network: \$0-\$10 copay/Medicare-covered dental benefits, up to a \$1,000 reimbursement for non-Medicare-covered dental services each year from any licensed dentist Out-of-Network: 20% coinsurance/Medicare-covered dental benefits
Chiropractic/Acupuncture	In-Network: \$10 copay/Medicare-covered chiropractic visit; \$0-\$10 copay/Medicare-covered acupuncture visit Out-of-Network: 20% coinsurance
Vision	In-Network: \$0 copay/1 routine eye exam per year; \$0 copay/Medicare-covered diabetic retinopathy exam and glaucoma screening, Medicare-covered eyewear; up to a \$300 reimbursement for non-Medicare-covered eyewear each year; \$10 copay/Medicare-covered diagnostic exam Out-of-Network: 20% coinsurance/Medicare-covered exams, screenings, and eyewear
Hearing	In-Network: \$0 copay/1 routine hearing test per year; \$0 copay/fitting-evaluations for hearing aids; \$549 or \$799 copay/hearing aid when using EPIC Hearing network, \$0-\$10 copay/Medicare-covered diagnostic hearing and balance evaluations from any provider Out-of-Network: 20% coinsurance/Medicare-covered diagnostic hearing and balance evaluations
Medicare Part B Drugs	In-Network: 20% coinsurance Out-of-Network: 20% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tiers 1-5
Discounts & Programs	One Pass™ Fitness program, \$75 quarterly/over-the-counter drugs and supplies, 24/7 HealthAdvocate Nurseline, \$0 copay/e-visit from Virtuwell



Gundersen MN Quartz Medicare Advantage Core D (H9834-006)

Advantage HMO Plan

Enrollment: 800-394-5566

Service: 800-394-5566 • TTY: 711

QuartzBenefits.com/MedicareAdvantage 



Monthly Premium: \$0

Plan Area: Fillmore, Houston, Wabasha, Winona Counties	
Out-of-Pocket Max	\$5,600 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	\$270 copay/day for days 1-6 with a \$1,620 limit, \$0 copay/additional hospital days
Physician/Outpatient	\$25 copay/primary visit, \$50 copay/specialist visit
Ambulance	\$300 copay/Medicare-covered transports
Outpatient Surgery	\$315 copay/surgery, \$0 copay/minor surgical procedures
Outpatient Mental Health	\$40 copay/Medicare-covered individual or group visits
Emergency/Urgent Care	Worldwide emergency care: \$110 copay Worldwide urgently needed care: \$60 copay
Travel Coverage	You may receive all plan covered services at in-network cost for up to 6 months when you travel domestically outside of Wisconsin, Illinois, Minnesota, or Iowa.
X-rays, Lab & Diagnostic Tests	\$150 copay/diagnostic radiology services (such as MRIs, CT scans), \$20 copay/diagnostic tests and procedures per day, \$20 copay/lab services per day, \$20 copay/outpatient x-rays, \$60 copay/therapeutic radiology services (such as radiation treatment for cancer)
Physical/Speech/Occupational Therapy	\$40 copay/Medicare-covered visits
Skilled Nursing Facility Care	Medicare-covered stays - \$0 copay/day for days 1-20, \$178 copay/day for days 21-100
Diabetic Supplies & Services	\$0 copay/preferred supplies and self-management training, 20% coinsurance/therapeutic shoes and inserts
DMEPOS	20% coinsurance/Medicare-covered item
Dental	\$50 copay/Medicare-covered dental exam, \$350 limit/reimbursement for combined preventive and comprehensive dental services, Note: May purchase an additional \$1,000 of dental coverage for \$38/month.
Chiropractic/Acupuncture	\$20 copay/visit
Vision	\$0-\$25 copay/exam to diagnose and treat diseases and conditions of the eye, \$0 copay/initial routine eye exam annually, \$600 provided through the Quartz CashCard toward the purchase of vision hardware
Hearing	\$10 copay/annual routine hearing exam, \$600 provided through the Quartz CashCard toward the purchase of hearing aids
Medicare Part B Drugs	20% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0
Discounts & Programs	Over-the-counter benefit program for eligible over-the-counter medications, health and wellness items, first-aid supplies, and other qualifying items, purchase in-store or online, \$25 is automatically reloaded to card every three months, Memory Fitness, Non-emergent transportation: Quartz CashCard provides \$600 toward non-emergent transportation to medical appointments. Help with certain chronic conditions: Members with chronic conditions (such as diabetes, high blood pressure, congestive heart failure, and obesity), and who are enrolled in a care management program, may be eligible for extra benefits, such as continuous glucose monitors, blood pressure cuffs, scales, keytone readers, etc.



800-333-2433



Gundersen MN Quartz Medicare Advantage Value (H9834-004)

Advantage HMO Plan

Enrollment: 800-394-5566

Service: 800-394-5566 • TTY: 711

QuartzBenefits.com/MedicareAdvantage



Monthly Premium: \$0

Medicare Part D Coverage	No, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this plan.
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Gundersen MN Quartz Medicare Advantage Value D (H9834-003)

Advantage HMO Plan

Enrollment: 800-394-5566

Service: 800-394-5566 • TTY: 711

QuartzBenefits.com/MedicareAdvantage



Monthly Premium: \$43

Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
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Medicare Part D Deductible	\$0
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PLAN DETAILS LISTED BELOW ARE THE SAME FOR BOTH PLANS ABOVE.

Plan Area: Fillmore, Houston, Wabasha, Winona Counties	
Out-of-Pocket Max	\$3,450 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	\$225 copay/day for days 1-5, with a limit of \$1,125, \$0 copay/additional hospital days
Physician/Outpatient	\$15 copay/primary visit, \$40 copay/specialist visit
Ambulance	\$250 copay/Medicare-covered transports
Outpatient Surgery	\$150 copay/surgery, \$0 copay/minor surgical procedures
Outpatient Mental Health	\$30 copay/Medicare-covered individual or group visits
Emergency/Urgent Care	Worldwide emergency care: \$110 copay Worldwide urgently needed care: \$40 copay
Travel Coverage	You may receive all plan covered services at in-network cost for up to 6 months when you travel domestically outside of Wisconsin, Illinois, Minnesota, or Iowa.
X-rays, Lab & Diagnostic Tests	\$75 copay/diagnostic radiology services (such as MRIs, CT scans), \$8 copay/diagnostic tests and procedures per day, \$8 copay/lab services per day, \$8 copay/outpatient x-rays, \$40 copay/therapeutic radiology services (such as radiation treatment for cancer)
Physical/Speech/Occupational Therapy	\$25 copay/Medicare-covered visits
Skilled Nursing Facility Care	Medicare-covered stays - \$0 copay/day for days 1-20, \$150 copay/day for days 21-100
Diabetic Supplies & Services	\$0 copay/preferred supplies and self-management training, 20% coinsurance/therapeutic shoes and inserts
DMEPOS	20% coinsurance/Medicare-covered item
Dental	\$40 copay/Medicare-covered dental exam, \$350 limit/reimbursement for combined preventive and comprehensive dental services Note: May purchase an additional \$1,000 of dental coverage for \$38/month
Chiropractic/Acupuncture	\$15 copay/visit
Vision	\$0-\$25 copay/exam to diagnose and treat diseases and conditions of the eye, \$0 copay/initial routine eye exam annually, \$750 provided through the Quartz CashCard toward the purchase of vision hardware
Hearing	\$0 copay/annual routine hearing exam, \$750 provided through the Quartz CashCard toward the purchase of hearing aids
Medicare Part B Drugs	20% coinsurance
Discounts & Programs	Over-the-counter benefit program for eligible over-the-counter medications, health and wellness items, first-aid supplies, and other qualifying items, purchase in-store or online, \$25 is automatically reloaded to card every three months, Memory Fitness Non-emergent transportation: Quartz CashCard provides \$750 toward non-emergent transportation to medical appointments. Help with certain chronic conditions: Members with chronic conditions (such as diabetes, high blood pressure, congestive heart failure, and obesity), and who are enrolled in a care management program, may be eligible for extra benefits, such as continuous glucose monitors, blood pressure cuffs, scales, keytone readers, etc.



Gundersen MN Quartz Medicare Advantage Elite (H9834-005)

Advantage HMO Plan

Enrollment: 800-394-5566

Service: 800-394-5566 • TTY: 711

QuartzBenefits.com/MedicareAdvantage



Monthly Premium: \$120

Medicare Part D Coverage	No, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this plan.
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Gundersen MN Quartz Medicare Advantage Elite D (H9834-001)

Advantage HMO Plan

Enrollment: 800-394-5566

Service: 800-394-5566 • TTY: 711

QuartzBenefits.com/MedicareAdvantage



Monthly Premium: \$152

Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
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Medicare Part D Deductible	\$0
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PLAN DETAILS LISTED BELOW ARE THE SAME FOR BOTH PLANS ABOVE.

Plan Area: Fillmore, Houston, Wabasha, Winona Counties

Out-of-Pocket Max	\$3,000 annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	\$250 copay/admission with a \$750 limit
Physician/Outpatient	\$5 copay/primary care provider visit, \$30 copay/specialist visit
Ambulance	\$225 copay/Medicare-covered transports
Outpatient Surgery	\$100 copay/surgery, \$0 copay/minor surgical procedures
Outpatient Mental Health	\$20 copay/Medicare-covered individual or group visits
Emergency/Urgent Care	Worldwide Emergency Care: \$110 copay Worldwide Urgently Needed Care: \$30 copay
Travel Coverage	You may receive all plan covered services at in-network cost for up to 6 months when you travel domestically outside of Wisconsin, Illinois, Minnesota, or Iowa.
X-rays, Lab & Diagnostic Tests	\$50 copay/diagnostic radiology services (such as MRIs, CT scans), \$4 copay/diagnostic tests and procedures per day, \$4 copay/lab services per day, \$4 copay/outpatient x-rays, \$20 copay/therapeutic radiology services (such as radiation treatment for cancer)
Physical/Speech/Occupational Therapy	\$10 copay/Medicare-covered visits
Skilled Nursing Facility Care	Medicare-covered stays - \$0 copay/day for days 1-20, \$150 copay/day for days 21-100
Diabetic Supplies & Services	\$0 copay/preferred supplies and self-management training, 20% coinsurance/therapeutic shoes and inserts
DMEPOS	20% coinsurance/Medicare-covered item
Dental	\$30 copay/Medicare-covered dental exam, \$550 limit/reimbursement for combined preventive and comprehensive dental services Note: May purchase an additional \$1,000 of dental coverage for \$38/month
Chiropractic/Acupuncture	\$10 copay/visit
Vision	\$0-\$10 copay/exam to diagnose and treat diseases and conditions of the eye, \$0 copay/initial routine eye exam annually, \$1000 provided through the Quartz CashCard toward the purchase of vision hardware
Hearing	\$0 copay/annual routine hearing exam, \$1000 provided through the Quartz CashCard toward the purchase of hearing aids
Medicare Part B Drugs	15% coinsurance
Discounts & Programs	Over-the-counter benefit program for eligible over-the-counter medications, health and wellness items, first-aid supplies, and other qualifying items, purchase in-store or online, \$25 is automatically reloaded to card every three months, Memory Fitness, Non-emergent transportation: Quartz CashCard provides \$1000 toward non-emergent transportation to medical appointments. Help with certain chronic conditions: Members with chronic conditions (such as diabetes, high blood pressure, congestive heart failure, and obesity), and who are enrolled in a care management program, may be eligible for extra benefits, such as continuous glucose monitors, blood pressure cuffs, scales, keytone readers, etc.



UCare Prime (H2459-028)

Advantage HMO-POS Plan

Enrollment: 877-523-1518 • Service: 877-523-1515 • TTY: 800-688-2534

ucare.org



Monthly Premium: \$0

Plan Area: Big Stone, Blue Earth, Brown, Chippewa, Cottonwood, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Jackson, Kandiyohi, Lac qui Parle, Le Sueur, Lincoln, Lyon, Martin, McLeod, Meeker, Mower, Murray, Nicollet, Nobles, Olmsted, Pipestone, Pope, Redwood, Renville, Rice, Rock, Sibley, Steele, Stevens, Swift, Traverse, Wabasha, Waseca, Watonwan, Winona, Yellow Medicine Counties

Out-of-Pocket Max	\$7,550 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$198
Hospital Inpatient	Medicare-covered stays - \$1,500 copay/stay
Physician/Outpatient	Medicare-covered services - \$22 copay/primary care visit, \$50 copay/specialist visit, includes telehealth visits for Medicare-approved services at same copays
Emergency/Urgent Care	Emergency Care: \$95 copay/Medicare-covered ER visits Urgent Care: \$45 copay/Medicare-covered services at urgent care center in U.S.
Acupuncture	Acupuncture for chronic low back pain up to 12 visits in 90 days for people who meet certain conditions with a \$22 copay from a qualified primary care physician or \$50 copay from a qualified specialist



UCare Prime (H2459-020)

Advantage HMO-POS Plan

Enrollment: 877-523-1518 • Service: 877-523-1515 • TTY: 800-688-2534

ucare.org



Monthly Premium: \$0

Plan Area: Aitkin, Anoka, Becker, Benton, Beltrami, Carlton, Carver, Cass, Chisago, Clay, Clearwater, Cook, Crow Wing, Dakota, Douglas, Grant, Hennepin, Hubbard, Isanti, Itasca, Kanabec, Kittson, Koochiching, Lake, Lake of the Woods, Mahnommen, Marshall, Mille Lacs, Morrison, Norman, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Roseau, Scott, Sherburne, Stearns, Todd, Wadena, Washington, Wilkin, Wright Counties

Out-of-Pocket Max	\$6,000 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	Medicare-covered stays - \$350 copay/day for days 1-5, then 100% covered, per admission
Physician/Outpatient	Medicare-covered services - \$25 copay/primary care visit, \$50 copay/specialist visit, includes telehealth visits for Medicare-approved services at same copays
Emergency/Urgent Care	Emergency Care: \$100 copay/Medicare-covered ER visits Urgent Care: \$45 copay/Medicare-covered services at urgent care center in U.S.
Acupuncture	Acupuncture for chronic low back pain up to 12 visits in 90 days for people who meet certain conditions with a \$25 copay from a qualified primary care physician or \$50 copay from a qualified specialist

PLAN DETAILS LISTED BELOW ARE THE SAME FOR BOTH PLANS ABOVE.

Ambulance	\$300 copay/Medicare-covered transports
Outpatient Surgery	\$425 copay/Medicare-covered services, \$400 copay/Medicare-covered services at an ambulatory surgery center
Outpatient Mental Health	\$40 copay/Medicare-covered individual or group visits
Travel Coverage	Worldwide Emergency Care: \$100 copay/emergency and urgently needed care visits Worldwide Urgently Needed Care: \$100 copay/emergency and urgently needed care visits, \$45 copay/Medicare-covered services at urgent care centers in U.S. Point-of-Service Benefit: In-network copay for primary and specialist visits when seeing providers who accept Medicare, plus 30% coinsurance for many other services, throughout U.S.
X-rays, Lab & Diagnostic Tests	\$0 copay/lab services; 20% coinsurance diagnostic tests, x-rays
Physical/Speech/Occupational Therapy	\$40 copay/visit for Medicare-covered visits
Skilled Nursing Facility Care	Medicare-covered stays per benefit period - \$0 copay/day for days 1-20, no prior hospitalization stay is required, \$196 copay/day for days 21-100 Note: No prior hospitalization stay is required
Diabetic Supplies & Services	20% coinsurance for glucose monitors, test strips and lancets, covers 1 pair of the therapeutic shoes and inserts per calendar year if you meet certain conditions
DMEPOS	20% coinsurance/Medicare-covered item
Dental	\$400 annual dental allowance
Chiropractic	\$20 copay/Medicare-covered chiropractic visits, must use a network chiropractor. (See Acupuncture above)
Vision	\$0 copay/annual routine eye exam; \$50 copay/diagnostic eye exams; \$100 allowance on eyewear

Hearing	TruHearing aids are available in both Advanced (\$699 copay/aid) and Premium (\$999 copay/aid) models
Medicare Part B Drugs	20% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$480/tiers 2-5 Note: Select formulary insulins have low copays of \$30 to \$35/month
Discounts & Programs	One Pass fitness benefit, UCare 24/7 nurse line, \$15 discount/3 community education classes offered in MN, \$75 allowance twice a year for over-the-counter benefit



800-333-2433



UCare Value Plus (H2459-030)

Advantage HMO-POS Plan

Enrollment: 877-523-1518

Service: 877-523-1515 • TTY: 800-688-2534

ucare.org



Monthly Premium: \$0
\$30 Part B Premium Reduction

Plan Area: All 87 Minnesota counties	
Out-of-Pocket Max	\$5,500 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	Medicare-covered stays - \$150 copay/day for days 1-5, then 100% covered, per admission
Physician/Outpatient	Medicare-covered services - \$0 copay/primary care visit, \$45 copay/specialist visit, includes telehealth visits for Medicare-approved services at same copays
Ambulance	\$200 copay/Medicare-covered transports
Outpatient Surgery	\$250 copay/Medicare-covered services; \$225 copay/Medicare-covered services at an ambulatory surgery center
Outpatient Mental Health	\$40 copay/Medicare-covered individual or group visits
Emergency/Urgent Care	Emergency Care: \$100 copay/Medicare-covered ER visits Urgent Care: \$45 copay/Medicare-covered services at urgent care center in U.S.
Travel Coverage	Worldwide Emergency Care: \$100 copay/emergency and urgently needed care visits; Worldwide Urgently Needed Care: \$100 copay/emergency and urgently needed care visits, \$45 copay/Medicare-covered services at urgent care centers in U.S. Point-of-Service Benefit: In-network copay for primary and specialist visits when seeing providers who accept Medicare, 20% coinsurance/many other services throughout U.S.
X-rays, Lab & Diagnostic Tests	\$0 copay/labs; 20% coinsurance for diagnostic tests, x-rays up to max of \$75/day
Physical/Speech/Occupational Therapy	\$40 copay/visit for Medicare-covered visits
Skilled Nursing Facility Care	Medicare-covered stays, per benefit period - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100. No prior hospitalization is required.
Diabetic Supplies & Services	\$0 coinsurance/certain glucose monitors, test strips and lancets, 20% coinsurance on continuous blood glucose monitors, covers 1 pair of the therapeutic shoes and inserts per calendar year if you meet certain conditions
DMEPOS	20% coinsurance/Medicare-covered item
Dental	1 oral exam, 1 routine teeth cleaning, 1 set of bitewing x-rays per year and fluoride application included, 1 periodontal maintenance cleaning, optional Choice Dental \$25/month, up to \$2,000 annual plan maximum on routine coverage. Additional \$2,000 plan maximum with optional coverage.
Chiropractic/Acupuncture	\$20 copay/Medicare-covered chiropractic visits, must use a network chiropractor; Acupuncture for chronic low back pain up to 12 visits in 90 days for people who meet certain conditions with a \$0 copay from a qualified primary care physician or \$45 copay from a qualified specialist
Vision	\$0 copay/annual routine eye exam, \$45 copay/diagnostic eye exams, \$100 annual eyewear allowance
Hearing	TruHearing aids are available in both Advanced (\$699 copay/aid) and Premium (\$999 copay/aid) models
Medicare Part B Drugs	20% coinsurance
Medicare Part D Coverage	No, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan.
Discounts & Programs	One Pass fitness benefit, UCare 24/7 nurse line, \$15 discount/3 community education classes offered in MN, \$75 allowance twice a year for over-the-counter benefit, PapaPals provides 60 hours per year of in-home support



800-333-2433



UCare Your Choice (H8070-001)

Advantage PPO Plan

Enrollment: 833-951-3194

Service: 833-951-3183 • TTY: 800-688-2534

ucare.org



Monthly Premium: \$0

Plan Area: Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Isanti, Mille Lacs, Ramsey, Scott, Sherburne, Stearns, Washington, Wright Counties	
Out-of-Pocket Max	Combined In and Out-of-Network: \$5,900 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$350 copay/day for days 1-5, then 100% covered/admission for Medicare-covered stays Out-of-Network: \$500 copay/day for days 1-5, then 100% covered/admission for Medicare-covered stays
Physician/Outpatient	\$0 copay/primary care visit; \$40 copay/specialist visit - in-person or telehealth for Medicare-covered services Note: copayment is the same both In-Network and Out-of-Network
Ambulance	\$300 copay/Medicare-covered transports
Outpatient Surgery	In-Network: \$400 copay/Medicare covered services; \$375 copay/Medicare covered services at an ambulatory surgery center Out-of-Network: \$600 copay/Medicare covered services
Outpatient Mental Health	\$40 copay/Medicare-covered individual or group visits Note: copayment is the same both In-Network and Out-of-Network
Emergency/Urgent Care	Emergency Care: \$100 copay/Medicare-covered ER visits Urgent Care: \$45 copay/Medicare-covered services at urgent care centers within the U.S. Network does not apply
Travel Coverage	Worldwide Emergency Care: \$100 copay/emergency and urgently needed care visits Worldwide Urgently Needed Care: \$100 copay/emergency and urgently needed care visits, \$45 copay/Medicare-covered services at urgent care centers in the U.S.
X-rays, Lab & Diagnostic Tests	In-Network: \$25 copay/diagnostic tests and x-rays; \$65 copay/therapeutic radiology; \$100 copay/diagnostic radiology; \$0 copay/lab services Out-of-Network: 30% coinsurance/Medicare-covered services; \$0 copay/lab services
Physical/Speech/Occupational Therapy	\$40 copay/visit for Medicare-covered services Note: copayment is the same both In-Network and Out-of-Network
Skilled Nursing Facility Care	In-Network: Medicare-covered stays per benefit period - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100; no prior hospitalization stay is required Out-of-Network: 30% coinsurance/Medicare-covered services
Diabetic Supplies & Services	20% coinsurance/certain glucose monitors, test strips and lancets, continuous blood glucose monitors, covers 1 pair of therapeutic shoes and inserts per calendar year if you meet certain conditions Note: coinsurance is the same both In-Network and Out-of-Network
DMEPOS	20% coinsurance/Medicare-covered item Note: coinsurance is the same both In-Network and Out-of-Network
Dental	\$900 flexible benefit allowance to use on 1 or a combination of eligible dental, hearing aids, and prescription eyewear. Network does not apply to eligible dental services
Chiropractic/Acupuncture	Chiropractic In-Network: \$20 copay/covered visits for Medicare-covered services Chiropractic Out-of-Network: 30% coinsurance/Medicare-covered services Acupuncture: covered for chronic low back pain, based on Medicare criteria - primary/specialist visit copays apply Note: acupuncture copayment is the same both In-Network and Out-of-Network
Vision	\$0 copay/annual routine eye exam; \$40 copay/diagnostic eye exam Note: copayment is the same both In-Network and Out-of-Network, \$900 flexible benefit allowance to use on one or a combination of eligible dental, hearing aids, and prescription eyewear. Network does not apply for the purchase of prescription eyewear.
Hearing	\$0 copay/routine hearing exam; \$40 copay/diagnostic hearing exam Note: copayment is the same both In-Network and Out-of-Network, \$900 flexible benefit allowance to use on one or a combination of eligible dental, hearing aids, and prescription eyewear. Network does not apply for the purchase of hearing aids.
Medicare Part B Drugs	In-Network: 20% coinsurance/Medicare-covered services Out-of-Network: 30% coinsurance/Medicare-covered services
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Part D Deductible	\$245/tiers 3-5
Discounts & Programs	One Pass fitness benefit, UCare 24/7 nurse line, \$75 allowance twice a year for over-the-counter benefit



UCare Aware (H2459-029)

Advantage HMO-POS Plan

Enrollment: 877-523-1518

Service: 877-523-1515 • TTY: 800-688-2534

ucare.org



Monthly Premium: \$24

Plan Area: Aitkin, Anoka, Becker, Beltrami, Benton, Carlton, Carver, Cass, Chisago, Clay, Clearwater, Cook, Crow Wing, Dakota, Douglas, Grant, Hennepin, Hubbard, Isanti, Itasca, Kanabec, Kittson, Koochiching, Lake, Lake of the Woods, Mahnomon, Marshall, Mille Lacs, Morrison, Norman, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Roseau, St. Louis, Scott, Sherburne, Stearns, Todd, Wadena, Washington, Wilkin, Wright Counties

Out-of-Pocket Max	\$5,400 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	Medicare-covered stays - \$250 copay/day for days 1-5, then 100% covered, per admission
Physician/Outpatient	Medicare-covered services - \$0 copay/primary care visit, \$45 copay/specialist visit, includes telehealth visits for Medicare-approved services at same copays
Ambulance	\$275 copay/Medicare-covered transports
Outpatient Surgery	\$300 copay/Medicare-covered services; \$275 copay/Medicare-covered services at an ambulatory surgery center
Outpatient Mental Health	\$40 copay/Medicare-covered individual or group visits
Emergency/Urgent Care	Emergency Care: \$100 copay/Medicare-covered ER visits Urgent Care: \$45 copay/Medicare-covered services at urgent care center in U.S.
Travel Coverage	Worldwide Emergency Care: \$100 copay/emergency and urgently needed care visits Worldwide Urgently Needed Care: \$100 copay/emergency and urgently needed care visits, \$45 copay/Medicare-covered services at urgent care centers in U.S. Point-of-Service Benefit: In-network copay for primary and specialist visits when seeing providers who accept Medicare, 20% coinsurance/many other services throughout U.S.
X-rays, Lab & Diagnostic Tests	\$0 copay/labs; 20% coinsurance for diagnostic tests, x-rays up to a maximum of \$75/day
Physical/Speech/Occupational Therapy	\$40 copay/visit for Medicare-covered visits
Skilled Nursing Facility Care	Medicare-covered stays, per benefit period - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100; No prior hospitalization stay is required
Diabetic Supplies & Services	20% coinsurance/glucose monitors, test strips and lancets, covers 1 pair of the therapeutic shoes and inserts per calendar year if you meet certain conditions
DMEPOS	20% coinsurance/Medicare-covered item
Dental	\$600 annual dental allowance
Chiropractic/Acupuncture	\$20 copay/Medicare-covered chiropractic visits, must use a network chiropractor; Acupuncture for chronic low back pain up to 12 visits in 90 days for people who meet certain conditions with a \$0 copay from a qualified primary care physician or \$45 copay from a qualified specialist
Vision	\$0 copay/annual routine eye exam; \$45 copay/diagnostic eye exams; \$150 annual eyewear allowance
Hearing	TruHearing aids are available in both Advanced (\$699 copay/aid) and Premium (\$999 copay/aid) models
Medicare Part B Drugs	20% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$345/tiers 2 -5 Note: Select formulary insulins have low copays of \$30 to \$35/month
Discounts & Programs	One Pass fitness benefit, UCare 24/7 nurse line, \$15 discount/3 community education classes offered in MN, \$75 allowance twice a year for over-the-counter benefit



800-333-2433



UCare Value (H2459-001)

Advantage HMO-POS Plan

Enrollment: 877-523-1518

Service: 877-523-1515 • TTY: 800-688-2534

ucare.org



Monthly Premium: \$29

Plan Area: All 87 Minnesota counties	
Out-of-Pocket Max	\$3,400 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	Medicare-covered stays - \$200 copay/stay, then 100% covered, per admission
Physician/Outpatient	Medicare-covered stays - \$0 copay/primary care visit, \$35 copay/specialist visit, includes telehealth visits for Medicare-approved services at same copays
Ambulance	\$100 copay/Medicare-covered transports
Outpatient Surgery	\$250 copay/Medicare-covered services; \$225 copay/Medicare-covered services at an ambulatory surgery center
Outpatient Mental Health	\$35 copay/Medicare-covered individual or group visits
Emergency/Urgent Care	Emergency Care: \$100 copay/Medicare-covered ER visits Urgent Care: \$45 copay/Medicare-covered urgent care center visits within U.S.
Travel Coverage	Worldwide Emergency Care: \$100 copay/emergency and urgently needed care visits Worldwide Urgently Needed Care: \$100 copay/emergency and urgently needed care visits, \$45 copay/Medicare-covered services at urgent care centers in U.S. Point-of-Service Benefit: In-network copays for primary and specialist visits when seeing providers who accept Medicare, plus 20% coinsurance for many other services, throughout U.S.
X-rays, Lab & Diagnostic Tests	\$0 copay/lab services, 10% coinsurance/diagnostic tests, x-rays up to a max of \$50 per day
Physical/Speech/Occupational Therapy	\$35 copay/Medicare-covered visits
Skilled Nursing Facility Care	Medicare-covered stays per benefit period - \$0 copay/day for days 1-20, \$125 copay/day for days 21-100; No prior hospitalization stay is required
Diabetic Supplies & Services	Certain glucose monitors, test strips and lancets paid in full, 20% for continuous blood glucose monitors, covers 1 pair of therapeutic shoes and inserts per calendar year if you meet certain conditions
DMEPOS	20% coinsurance/Medicare-covered item
Dental	Routine and restorative dental included, up to \$2,000 annual plan maximum
Chiropractic/Acupuncture	\$10 copay/Medicare-covered chiropractic visits, must use a network chiropractor; Acupuncture for chronic low back pain up to 12 visits in 90 days for people who meet certain conditions with a \$0 copay from a qualified primary care physician or \$35 copay from a qualified specialist
Vision	\$0 copay/annual routine eye exam, \$35 copay/diagnostic eye exams, \$150 annual eyewear allowance
Hearing	TruHearing aids are available in both Advanced (\$599 copay/aid) and Premium (\$899 copay/aid) models
Medicare Part B Drugs	20% coinsurance
Medicare Part D Coverage	No, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan.
Discounts & Programs	One Pass fitness benefit, UCare 24/7 nurse line, \$15 discount on 3 community education classes offered in MN, \$75 allowance twice a year for over-the-counter benefit, PapaPals provides 60 hours per year of in-home support



800-333-2433



UCare Essentials Rx (H2459-023-1)

Advantage HMO-POS Plan

Enrollment: 877-523-1518

Service: 877-523-1515 • TTY: 800-688-2534

ucare.org



Monthly Premium: \$52

Plan Area: Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Isanti, Mille Lacs, Ramsey, Scott, Sherburne, Stearns, Washington, Wright Counties



UCare Essentials Rx (H2459-023-2)

Advantage HMO-POS Plan

Enrollment: 877-523-1518

Service: 877-523-1515 • TTY: 800-688-2534

ucare.org



Monthly Premium: \$70

Plan Area: Aitkin, Becker, Beltrami, Carlton, Cass, Clay, Clearwater, Cook, Crow Wing, Douglas, Grant, Hubbard, Itasca, Kanabec, Kittson, Koochiching, Lake, Lake of the Woods, Mahnomon, Marshall, Morrison, Norman, Otter Tail, Pennington, Pine, Polk, Red Lake, Roseau, St. Louis, Todd, Wadena, Wilkin Counties

PLAN DETAILS LISTED BELOW ARE THE SAME FOR BOTH PLANS ABOVE.

Out-of-Pocket Max	\$3,800 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	Medicare-covered stays - \$400 copay/stay, then 100% covered, per admission
Physician/Outpatient	Medicare-covered services - \$0 copay/primary care visit, \$45 copay/specialist visit, includes telehealth visits for Medicare-approved services at same copays
Ambulance	\$250 copay/Medicare-covered transports
Outpatient Surgery	\$300 copay/Medicare-covered services; \$275 copay/Medicare-covered services at an ambulatory surgery center
Outpatient Mental Health	\$40 copay/Medicare-covered individual or group visits
Emergency/Urgent Care	Emergency Care: \$100 copay/Medicare-covered ER visits Urgent Care: \$45 copay/Medicare-covered services at urgent care centers within the U.S.
Travel Coverage	Worldwide Emergency Care: \$100 copay/emergency and urgently needed care visits Worldwide Urgently Needed Care: \$100 copay/emergency and urgently needed care visits; \$45 copay/Medicare-covered services at urgent care centers in U.S. Point-of-Service Benefit: In-network copays for primary and specialist visits when seeing providers who accept Medicare, plus 20% coinsurance for many other services, throughout U.S.
X-rays, Lab & Diagnostic Tests	\$0 copay/lab services, 10% coinsurance for diagnostic tests and x-rays up to a max of \$75 per day
Physical/Speech/Occupational Therapy	\$40 copay/Medicare-covered visits
Skilled Nursing Facility Care	Medicare-covered stays per benefit period - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100; No prior hospitalization stay is required
Diabetic Supplies & Services	20% coinsurance/glucose monitors, test strips and lancets, covers 1 pair of the therapeutic shoes and inserts per calendar year if you meet certain conditions
DMEPOS	20% coinsurance for the cost of each Medicare-covered item
Dental	1 oral exam, 1 routine teeth cleaning, 1 set of bitewing x-rays per year and fluoride application included, 1 periodontal maintenance cleaning, optional Choice Dental/\$25 per month, up to \$2,000 annual plan maximum on routine coverage. Additional \$2,000 plan maximum with optional coverage.
Chiropractic/Acupuncture	\$20 copay/Medicare-covered chiropractic visits, must use a network chiropractor; Acupuncture for chronic low back pain up to 12 visits in 90 days for people who meet certain conditions with a \$0 copay from a qualified primary care physician or \$45 copay from a qualified specialist
Vision	\$0 copay/annual routine eye exam, \$45 copay/diagnostic eye exams; \$150 annual eyewear allowance
Hearing	TruHearing aids are available in both Advanced (\$699 copay/aid) and Premium (\$999 copay/aid) models
Medicare Part B Drugs	20% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$345/tiers 3-5 Note: Select formulary insulins have low copays of \$30 to \$35/month
Discounts & Programs	One Pass fitness benefit, UCare 24/7 nurse line, \$15 discount on 3 community education classes offered in MN, \$75 allowance twice a year for over-the-counter benefit



UCare Your Choice Plus (H8070-002)

Advantage PPO Plan

Enrollment: 833-951-3194

Service: 833-951-3183 • TTY: 800-688-2534

ucare.org



Monthly Premium: \$75

Plan Area: Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Isanti, Mille Lacs, Ramsey, Scott, Sherburne, Stearns, Washington, Wright Counties	
Out-of-Pocket Max	Combined In and Out-of-Network: \$3,000 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$200 copay/stay, then 100% covered/admission for Medicare-covered stays Out-of-Network: \$800 copay/stay, then 100% covered/admission for Medicare-covered stays
Physician/Outpatient	\$0 copay/primary care visit; \$30 copay/specialist visit - in person or telehealth for Medicare-covered services Note: copayment is the same both In-Network and Out-of-Network
Ambulance	\$275 copay/Medicare-covered transports
Outpatient Surgery	In-Network: \$200 copay/Medicare covered services; \$175 copay/Medicare covered services at an ambulatory surgery center Out-of-Network: \$300 copay/Medicare covered services
Outpatient Mental Health	\$30 copay/Medicare-covered individual or group visits Note: copayment is the same both In-Network and Out-of-Network
Emergency/Urgent Care	Emergency Care: \$100 copay/Medicare-covered ER visits Urgent Care: \$45 copay/Medicare-covered services at urgent care centers within the U.S. Network does not apply
Travel Coverage	Worldwide Emergency Care: \$100 copay/emergency and urgently needed care visits Worldwide Urgently Needed Care: \$100 copay/emergency and urgently needed care visits, \$45 copay/Medicare-covered services at urgent care centers in the U.S.
X-rays, Lab & Diagnostic Tests	In-Network: \$15 copay/x-rays; \$20 copay/diagnostic tests; \$65 copay/therapeutic radiology; \$75 copay/diagnostic radiology; \$0 copay/lab services Out-of-Network: 30% coinsurance/Medicare-covered services; \$0 copay/lab services
Physical/Speech/Occupational Therapy	\$30 copay/visit for Medicare-covered services Note: copayment is the same both In-Network and Out-of-Network
Skilled Nursing Facility Care	In-Network: Medicare-covered stays per benefit period - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100; no prior hospitalization stay is required Out-of-Network: 30% coinsurance/Medicare-covered services
Diabetic Supplies & Services	20% coinsurance/certain glucose monitors, test strips and lancets, continuous blood glucose monitors, covers 1 pair of therapeutic shoes and inserts per calendar year if you meet certain conditions Note: coinsurance is the same both In-Network and Out-of-Network
DMEPOS	20% coinsurance/Medicare-covered item Note: coinsurance is the same both In-Network and Out-of-Network
Dental	\$1,800 flexible benefit allowance to use on 1 or a combination of eligible dental, hearing aids, and prescription eyewear. Network does not apply to eligible dental services
Chiropractic/Acupuncture	Chiropractic In-Network: \$20 copay/covered visits for Medicare-covered services Chiropractic Out-of-Network: 30% coinsurance/Medicare-covered services Acupuncture: covered for chronic low back pain, based on Medicare criteria - primary/specialist visit copays apply Note: acupuncture copayment is the same both In-Network and Out-of-Network
Vision	\$0 copay/annual routine eye exam; \$30 copay/diagnostic eye exam Note: copayment is the same both In-Network and Out-of-Network, \$1,800 flexible benefit allowance to use on one or a combination of eligible dental, hearing aids, and prescription eyewear. Network does not apply for the purchase of prescription eyewear.
Hearing	\$0 copay/routine hearing exam; \$30 copay/diagnostic hearing exam Note: copayment is the same both In-Network and Out-of-Network, \$1,800 flexible benefit allowance to use on one or a combination of eligible dental, hearing aids, and prescription eyewear. Network does not apply for the purchase of hearing aids.
Medicare Part B Drugs	In-Network: 20% coinsurance/Medicare-covered services Out-of-Network: 30% coinsurance/Medicare-covered services
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Part D Deductible	\$200/tiers 4-5
Discounts & Programs	One Pass fitness benefit, UCare 24/7 nurse line, \$75 allowance twice a year for over-the-counter benefit



UCare Standard (H2459-024)

Advantage HMO-POS Plan

Enrollment: 877-523-1518

Service: 877-523-1515 • TTY: 800-688-2534

ucare.org



Monthly Premium: \$80

Plan Area: Big Stone, Blue Earth, Brown, Chippewa, Cottonwood, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Jackson, Kandiyohi, Lac qui Parle, Le Sueur, Lincoln, Lyon, Martin, McLeod, Meeker, Mower, Murray, Nicollet, Nobles, Olmsted, Pipestone, Pope, Redwood, Renville, Rice, Rock, Sibley, Steele, Stevens, Swift, Traverse, Wabasha, Waseca, Watonwan, Winona, Yellow Medicine Counties

Out-of-Pocket Max	\$6,000 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	Medicare-covered stays - \$500 copay/day for days 1-3, then 100% covered, per admission
Physician/Outpatient	Medicare-covered services - \$0 copay/primary care visit, \$40 copay/specialist, includes telehealth visits for Medicare-approved services at same copays
Ambulance	\$375 copay/Medicare-covered services
Outpatient Surgery	\$300 copay/Medicare-covered services; \$275 copay/Medicare-covered services at an ambulatory surgery center
Outpatient Mental Health	\$40 copay/Medicare-covered individual or group visits
Emergency/Urgent Care	Emergency Care: \$100 copay/Medicare-covered ER visits Urgent Care: \$40 copay/Medicare-covered services at urgent care centers within the U.S.
Travel Coverage	Worldwide Emergency Care: \$100 copay/emergency and urgently needed care visits Worldwide Urgently Needed Care: \$100 copay/emergency and urgently needed care visits, \$40 copay/Medicare-covered services at urgent care centers in U.S. Point-of-Service Benefit: In-network copays for primary and specialist visits when seeing providers who accept Medicare, plus 20% coinsurance for many other services, throughout U.S.
X-rays, Lab & Diagnostic Tests	\$0 copay/lab services, 10% coinsurance/diagnostic tests, x-rays up to a max of \$100 per day
Physical/Speech/Occupational Therapy	\$40 copay/visit for Medicare-covered visits
Skilled Nursing Facility Care	Medicare-covered stays per benefit period - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100; No prior hospitalization stay is required
Diabetic Supplies & Services	20% coinsurance glucose monitors, test strips and lancets, covers 1 pair of therapeutic shoes and inserts per calendar year if you meet certain conditions
DMEPOS	20% coinsurance/Medicare-covered item
Dental	1 oral exam, 1 routine teeth cleaning, 1 set of bitewing x-rays per year and fluoride application included, 1 periodontal maintenance cleaning, optional Choice Dental/\$25 per month, up to \$2,000 annual plan maximum on routine coverage. Additional \$2,000 plan maximum with optional coverage.
Chiropractic/Acupuncture	\$20 copay/Medicare-covered chiropractic visits, must use a network chiropractor; Acupuncture for chronic low back pain up to 12 visits in 90 days for people who meet certain conditions with a \$0 copay from a qualified primary care physician or \$40 copay from a qualified specialist
Vision	\$0 copay/annual routine eye exam, \$40 copay/diagnostic eye exams; \$100 annual eyewear allowance
Hearing	TruHearing aids are available in both Advanced (\$699 copay/aid) and Premium (\$999 copay/aid) models
Medicare Part B Drugs	20% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$480/tiers 2-5 Note: Select formulary insulins have low copays of \$30 to \$35/month
Discounts & Programs	One Pass fitness benefit, UCare 24/7 nurse line, \$15 discount on 3 community education classes offered in MN, \$75 allowance twice a year for over-the-counter benefit



800-333-2433



UCare Complete (H2459-026-1)

Advantage HMO-POS Plan

Enrollment: 877-523-1518

Service: 877-523-1515 • TTY: 800-688-2534

ucare.org



Monthly Premium: \$97

Plan Area: Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Isanti, Mille Lacs, Ramsey, Scott, Sherburne, Stearns, Washington, Wright Counties

Out-of-Pocket Max	\$3,000 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Hospital Inpatient	Medicare-covered stays - \$150 copay/stay, then 100% covered, per admission



UCare Complete (H2459-026-3)

Advantage HMO-POS Plan

Enrollment: 877-523-1518

Service: 877-523-1515 • TTY: 800-688-2534

ucare.org



Monthly Premium: \$102

Plan Area: Aitkin, Becker, Beltrami, Carlton, Cass, Clay, Clearwater, Cook, Crow Wing, Douglas, Grant, Hubbard, Itasca, Kanabec, Kittson, Koochiching, Lake, Lake of the Woods, Mahanomen, Marshall, Morrison, Norman, Otter Tail, Pennington, Pine, Polk, Red Lake, Roseau, St. Louis, Todd, Wadena, Wilkin Counties

Out-of-Pocket Max	\$3,200 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Hospital Inpatient	Medicare-covered stays - \$150 copay/stay, then 100% covered, per admission



UCare Complete (H2459-026-4)

Advantage HMO-POS Plan

Enrollment: 877-523-1518

Service: 877-523-1515 • TTY: 800-688-2534

ucare.org



Monthly Premium: \$147

Plan Area: Big Stone, Blue Earth, Brown, Chippewa, Cottonwood, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Jackson, Kandiyohi, Lac qui Parle, Le Sueur, Lincoln, Lyon, Martin, McLeod, Meeker, Mower, Murray, Nicollet, Nobles, Olmsted, Pipestone, Pope, Redwood, Renville, Rice, Rock, Sibley, Steele, Stevens, Swift, Traverse, Wabasha, Waseca, Watonwan, Winona, Yellow Medicine Counties

Out-of-Pocket Max	\$5,300 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Hospital Inpatient	Medicare-covered stays - \$300 copay/stay, then 100% covered, per admission

PLAN DETAILS LISTED BELOW ARE THE SAME FOR ALL PLANS ABOVE.

Health Plan Deductible	\$0
Physician/Outpatient	Medicare-covered services - \$0 copay/primary care visit, \$30 copay/specialist visit, includes telehealth visits for Medicare-approved services at same copays
Ambulance	\$275 copay/Medicare-covered transports
Outpatient Surgery	\$250 copay/Medicare-covered services; \$225 copay/Medicare-covered services at an ambulatory surgery center
Outpatient Mental Health	\$30 copay/Medicare-covered individual or group visits
Emergency/Urgent Care	Emergency Care: \$100 copay/Medicare-covered ER visits Urgent Care: \$45 copay/Medicare-covered services at urgent care centers within the U.S.
Travel Coverage	Worldwide Emergency Care: \$100 copay/emergency and urgently needed care visits Worldwide Urgently Needed Care: \$100 copay/emergency and urgently needed care visits, \$45 copay/Medicare-covered services at urgent care centers in U.S. Point-of-Service Benefit: In-network copays for primary and specialist visits when seeing providers who accept Medicare, plus 20% coinsurance for many other services, throughout U.S.
X-rays, Lab & Diagnostic Tests	\$0 copay/lab services, 10% coinsurance for diagnostic tests, x-rays up to a max of \$75 per day
Physical/Speech/Occupational Therapy	\$30 copay/visit for Medicare-covered visits

Skilled Nursing Facility Care	Medicare-covered stays, per benefit period - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100; No prior hospitalization stay is required
Diabetic Supplies & Services	10% coinsurance/certain glucose monitors, test strips and lancets, 20% coinsurance/continuous blood glucose monitors, covers 1 pair of therapeutic shoes and inserts per calendar year if you meet certain conditions
DMEPOS	20% coinsurance/Medicare-covered item
Dental	Routine and restorative dental included, up to \$2,000 annual plan maximum
Chiropractic/Acupuncture	\$20 copay/Medicare-covered chiropractic visits, must use a network chiropractor; Acupuncture for chronic low back pain up to 12 visits in 90 days for people who meet certain conditions with a \$0 copay from a qualified primary care physician or \$30 copay from a qualified specialist
Vision	\$0 copay/annual routine eye exam, \$30 copay/diagnostic eye exams, \$200 annual eyewear benefit
Hearing	TruHearing aids are available in both Advanced (\$599 copay/aid) and Premium (\$899 copay/aid) models
Medicare Part B Drugs	20% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$235/tiers 3 – 5 Note: Select formulary insulins have low copays of \$30 to \$35/month
Discounts & Programs	One Pass fitness benefit, UCare 24/7 nurse line, \$15 discount on 3 community education classes offered in MN, \$75 allowance twice a year for over-the-counter benefit



800-333-2433



UCare Classic (H2459-021-1)

Advantage HMO-POS Plan

Enrollment: 877-523-1518

Service: 877-523-1515 • TTY: 800-688-2534

ucare.org



Monthly Premium: \$175

Plan Area: Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Isanti, Mille Lacs, Ramsey, Scott, Sherburne, Stearns, Washington, Wright Counties

Out-of-Pocket Max	\$2,800 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Chiropractic/Acupuncture	\$0 copay/Medicare-covered chiropractic visits, must use network chiropractor; acupuncture for chronic low back pain up to 12 visits in 90 days for people who meet certain conditions with a \$0 copay from a qualified primary care physician or \$20 copay from a qualified specialist; 12 additional routine acupuncture visits at \$20 copay per visit



UCare Classic (H2459-021-2)

Advantage HMO-POS Plan

Enrollment: 877-523-1518

Service: 877-523-1515 • TTY: 800-688-2534

ucare.org



Monthly Premium: \$218

Plan Area: Aitkin, Becker, Carlton, Cass, Clay, Cook, Crow Wing, Hubbard, Kanabec, Lake, Morrison, Pine, St. Louis Counties

Out-of-Pocket Max	\$2,800 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Chiropractic/Acupuncture	\$0 copay/Medicare-covered chiropractic visits, must use network chiropractor; Acupuncture for chronic low back pain up to 12 visits in 90 days for people who meet certain conditions with a \$0 copay from a qualified primary care physician or \$20 copay from a qualified specialist



UCare Classic (H2459-021-3)

Advantage HMO-POS Plan

Enrollment: 877-523-1518

Service: 877-523-1515 • TTY: 800-688-2534

ucare.org



Monthly Premium: \$220

Plan Area: Blue Earth, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Le Sueur, Mower, Nicollet, Olmsted, Rice, Steele, Wabasha, Waseca, Watonwan, Winona Counties

Out-of-Pocket Max	\$4,200 annually/Medicare-covered services. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Chiropractic/Acupuncture	\$0 copay/Medicare-covered chiropractic visits, must use network chiropractor; Acupuncture for chronic low back pain up to 12 visits in 90 days for people who meet certain conditions with a \$0 copay from a qualified primary care physician or \$20 copay from a qualified specialist

PLAN DETAILS LISTED BELOW ARE THE SAME FOR ALL PLANS ABOVE.

Health Plan Deductible	\$0
Hospital Inpatient	Medicare-covered stays - \$125 copay/stay, then 100% covered, per admission
Physician/Outpatient	Medicare-covered services - \$0 copay/primary care visit, \$20 copay/specialist visit, includes telehealth visits for Medicare-approved services at same copays
Ambulance	\$225 copay/Medicare-covered transports
Outpatient Surgery	\$150 copay/Medicare-covered services; \$125 copay/Medicare-covered services at an ambulatory surgery center
Outpatient Mental Health	\$20 copay/Medicare-covered individual or group visits
Emergency/Urgent Care	Emergency Care: \$100 copay/Medicare-covered ER visits Urgent Care: \$45 copay/Medicare-covered urgent care center visits within U.S.
Travel Coverage	Worldwide Emergency Care: \$100 copay/emergency and urgently needed care visits Worldwide Urgently Needed Care: \$100 copay/emergency and urgently needed care visits, \$45 copay/Medicare-covered services at urgent care centers in U.S. Point-of-Service Benefit: In-network copays for primary and specialist visits when seeing providers who accept Medicare, plus 20% coinsurance for many other services, throughout U.S.
X-rays, Lab & Diagnostic Tests	\$0 copay

Physical/Speech/ Occupational Therapy	\$20 copay/Medicare-covered visits
Skilled Nursing Facility Care	Medicare-covered stays, per benefit period - \$0 copay/day for days 1-20, \$100 copay/day for days 21-100; No prior hospitalization stay is required
Diabetic Supplies & Services	\$0 copay/certain glucose monitors, test strips and lancets, 20% coinsurance for continuous blood glucose monitors, covers 1 pair of therapeutic shoes and inserts per calendar year if you meet certain conditions
DMEPOS	20% coinsurance/Medicare-covered durable medical equipment, 10% coinsurance/Medicare-covered prosthetic devices
Dental	\$0 copay/preventive services including 2 oral exams, 3 routine teeth or periomaintenance cleanings, 1 set of bitewing x-rays/year, full mouth x-rays every 5 years, fluoride applications included, optional Classic Choice Dental/\$25 per month, up to \$2,500 annual plan maximum on routine coverage. Additional \$2,500 plan maximum with optional coverage.
Chiropractic/Acupuncture	\$0 copay/Medicare-covered chiropractic visits, must use network chiropractor; Acupuncture for chronic low back pain up to 12 visits in 90 days for people who meet certain conditions with a \$0 copay from a qualified primary care physician or \$20 copay from a qualified specialist
Vision	\$0 copay/annual routine eye exam, \$20 copay/diagnostic eye exams, \$200 annual eyewear benefit
Hearing	TruHearing aids are available in both Advanced (\$499 copay/aid) and Premium (\$799 copay/aid) models
Medicare Part B Drugs	20% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/all tiers Note: Select formulary insulins have low copays of \$30 to \$35/month
Discounts & Programs	One Pass fitness benefit, UCare 24/7 nurse line, \$15 discount on 3 community education classes offered in MN, \$75 allowance twice a year for over-the-counter benefit, medication reconciliation post-discharge, Mom's Meals provides 28 home delivered meals for 14 days for members with CHF, post-discharge



800-333-2433



Care Wise: UCare Medicare with M Health Fairview & North

Memorial (H0422-003)

Advantage HMO-POS Plan

Enrollment: 855-432-7029

Service: 888-618-2595 • TTY: 800-688-2534

ucare.org



Monthly Premium: \$0
\$19 Part B Premium Reduction

Plan Area: Anoka, Chisago, Dakota, Hennepin, Isanti, Ramsey, Washington Counties	
Out-of-Pocket Max	\$5,800/Medicare-covered services annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	\$350 copay/day (days 1-5), then 100% covered per admission/Medicare-covered stays
Physician/Outpatient	Medicare-covered services - \$0 copay/primary care office visit, \$45 copay/specialist visit, includes telehealth visits for Medicare-approved services at same copays
Ambulance	\$300 copay/Medicare-covered transports
Outpatient Surgery	\$395 copay/Medicare-covered services
Outpatient Mental Health	\$40 copay/Medicare-covered individual or group visits
Emergency/Urgent Care	Emergency Care: \$100 copay/Medicare-covered ER visits Urgent Care: \$45 copay/Medicare-covered services at urgent care centers within the U.S.
Travel Coverage	Worldwide: \$100 copay/emergency and urgently needed care visits Out-of-Network: Most other Medicare-covered services from any Medicare provider out-of-network are covered at 75% of the Medicare-approved amount up to certain limits (some exclusions apply)
X-rays, Lab & Diagnostic Tests	\$0 copay/lab services, 20% coinsurance/diagnostic tests, x-rays
Physical/Speech/Occupational Therapy	\$40 copay/visit for Medicare-covered visits
Skilled Nursing Facility Care	Medicare-covered stays per benefit period - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100; no prior hospitalization stay is required
Diabetic Supplies & Services	20% coinsurance
DMEPOS	20% coinsurance/Medicare-covered item
Dental	\$300 allowance
Chiropractic/Acupuncture	\$20 copay/Medicare-covered chiropractic visits, must use a network chiropractor; Acupuncture for chronic low back pain up to 12 visits in 90 days for people who meet certain conditions with a \$0 copay from a qualified primary care physician or \$45 copay from a qualified specialist
Vision	\$0 copay/annual routine eye exam, \$50 copay/diagnostic eye exams, \$100 annual eyewear benefit
Hearing	TruHearing aids are available in both Advanced (\$699 copay/aid) and Premium (\$999 copay/aid) models
Medicare Part B Drugs	20% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$480/tiers 2-5 Note: select formulary insulins have low copays of \$30 to \$35/month
Discounts & Programs	One Pass fitness benefit; UCare 24/7 nurse line; \$15 discount on 3 community education classes offered in MN; \$75 allowance twice a year for over-the-counter benefit, e-visits through M Health Fairview MyChart, Caregiver Assurance support calls, UCare Wellness Advisor visits



800-333-2433



Care Core: UCare Medicare with M Health Fairview & North Memorial (H0422-001)

Advantage HMO-POS Plan
 Enrollment: 855-432-7029
 Service: 888-618-2595 • TTY: 800-688-2534
ucare.org

Monthly Premium: \$42

Plan Area: Anoka, Chisago, Dakota, Hennepin, Isanti, Ramsey, Washington Counties	
Out-of-Pocket Max	\$5,500/Medicare-covered services annually. Out-of-pocket max only applies to services and supplies covered under Medicare Part A and Part B.
Health Plan Deductible	\$0
Hospital Inpatient	\$250 copay/day for days 1-5, then 100% covered per admission/Medicare-covered stays
Physician/Outpatient	Medicare-covered services - \$0 copay/each primary care office visit, \$40 copay/each specialist visit, includes telehealth visits for Medicare-approved services at same copays
Ambulance	\$275 copay/Medicare-covered transports
Outpatient Surgery	\$250 copay/Medicare-covered services
Outpatient Mental Health	\$40 copay/Medicare-covered individual or group visits
Emergency/Urgent Care	Emergency Care: \$100 copay/Medicare-covered ER visits Urgent Care: \$45 copay/Medicare-covered services at urgent care centers within the U.S.
Travel Coverage	Worldwide: \$100 copay/emergency and urgently needed care visits Out-of-Network: Most other Medicare-covered services from any Medicare provider out-of-network are covered at 75% of the Medicare-approved amount up to certain limits (some exclusions apply)
X-rays, Lab & Diagnostic Tests	\$0 copay/lab services, 10% coinsurance/diagnostic tests, x-rays up to a max of \$150 per day
Physical/Speech/Occupational Therapy	\$40 copay/visit for Medicare-covered visits
Skilled Nursing Facility Care	Medicare-covered stays per benefit period - \$0 copay/day for days 1-20, \$196 copay/day for days 21-100; no prior hospitalization stay is required
Diabetic Supplies & Services	10% coinsurance/certain glucose monitors, test strips and lancets, 20% continuous blood glucose monitors, covers 1 pair of therapeutic shoes and inserts per calendar year if you meet certain conditions with a 10% coinsurance
DMEPOS	20% coinsurance/Medicare-covered item
Dental	Routine and restorative dental included, up to \$2,000 annual plan maximum
Chiropractic/Acupuncture	\$20 copay/Medicare-covered chiropractic visits, must use a network chiropractor; Acupuncture for chronic low back pain up to 12 visits in 90 days for people who meet certain conditions with a \$0 copay from a qualified primary care physician or \$40 copay from a qualified specialist
Vision	\$0 copay/annual routine eye exam, \$40 copay/diagnostic eye exams, \$100 annual eyewear benefit
Hearing	TruHearing aids are available in both Advanced (\$699 copay/aid) and Premium (\$999 copay/aid) models
Medicare Part B Drugs	20% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$395/tiers 3-5 Note: Select formulary insulins have low copays of \$30 to \$35/month
Discounts & Programs	One Pass fitness benefit, UCare 24/7 nurse line, \$15 discount/3 community education classes offered in MN, \$75 allowance twice a year for over-the-counter benefit, e-visits through M Health Fairview MyChart, Caregiver Assurance support calls, UCare Wellness Advisor visits



800-333-2433

Medicare Advantage Special Needs Plans

What You Need to Know

Medicare Advantage Special Needs Plans (MA-SNP) are a type of Medicare health plan specifically designed to provide targeted care to people with certain diseases or characteristics.

Details

- Members may be assigned a care coordinator to help them get health care and support services.
- Plans may require you to use certain health care providers (provider network).
- Services received outside the network may not be covered.

Types of MA-SNPs Available in Minnesota

- Minnesota Senior Health Options (MSHO)
 - A program for people age 65 and older who are on Medical Assistance and enrolled in Medicare Part A and Part B.
 - Combines Parts A, B and D with Medical Assistance.
- Special Needs Basic Care (SNBC)
 - A program for people with disabilities ages 18-64 who have Medical Assistance.
 - Some plans also coordinate with Parts A, B and D for people on Medicare.
- Institutional Special Needs Plans
 - Plans for people who have had or are expected to need the level of services provided in certain types of institutions, such as a long-term care facility.
 - Some plans offer an option to cover Part A, Part B and Part D services under the plan, for those on Medicare.

Prescription Drug Coverage

- Most MA-SNPs provide Part D prescription drug coverage because special needs individuals must have access to prescription drugs to manage and control their special health care needs.
- If you are enrolled in a Medicare Advantage Special Needs Plan with Part D and you enroll in a Part D stand-alone plan, you will be DISENROLLED from your Medicare Advantage Special Needs Plan and returned to Original Medicare.



Call the Senior LinkAge Line at 800-333-2433 for free help with Medicare-related issues, including appeals and plan options.

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

Plan Area: All 87 Minnesota Counties	
Enrollment Requirements	Limited to beneficiaries who are age 65 and older, enrolled in Medicaid with both Medicare Part A and Part B
Out-of-Pocket Max	Does not apply
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$0 copay/Medicare or Medicaid-covered services, doctor must tell plan you are going to be admitted to the hospital, except in an emergency Out-of-Network: Not covered, except in limited situations
Physician/Outpatient	Physician In-Network: \$0 copay/Medicare or Medicaid-covered primary care or specialist visits Physician Out-of-Network: Not covered, except in limited situations Hospital In-Network: \$0 copay/each Medicare or Medicaid-covered outpatient hospital facility visit or ambulatory surgical center visit Hospital Out-of-Network: Not covered, except in limited situations
Ambulance	\$0 copay/Medicare or Medicaid-covered services
Outpatient Surgery	In-Network: \$0 copay/Medicare or Medicaid medically needed services in the outpatient department of a hospital and ambulatory surgical centers
Outpatient Mental Health	In-Network: \$0 copay/Medicare or Medicaid-covered individual or group therapy visit Out-of-Network: Not covered, except in limited situations
Emergency/Urgent Care	Emergency: \$0 copay/Medicare or Medicaid-covered services Urgently Needed Care: \$0 copay/Medicare or Medicaid-covered services
Travel Coverage	Out-of-area services are covered for emergencies, post-stabilization care, medically-necessary urgent care when you are outside the plan service area and covered services that are not available in the plan service area; no coverage outside the U.S.
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/Medicare or Medicaid-covered lab services, diagnostic procedures, tests, x-rays, diagnostic radiology services, therapeutic radiology services Out-of-Network: Not covered, except in limited situations
Physical/Speech/Occupational Therapy	In-Network: \$0 copay/Medicare or Medicaid-covered occupational/physical/speech and language pathology therapy Out-of-Network: Not covered, except in limited situations
Skilled Nursing Facility Care	In-Network: \$0 copay/Medicare or Medicaid-covered services Out-of-Network: Not covered, except in limited situations
Diabetic Supplies & Services	In-Network: \$0 copay/Medicare or Medicaid-covered self-management training, services and supplies For people with severe diabetic foot disease, plan will pay: 1 pair of therapeutic custom-molded shoes (including inserts) and 2 extra pairs of inserts each calendar year OR 1 pair of depth shoes and 3 pairs of inserts each year (not including the non-customized removable inserts provided with such shoes), fitting the therapeutic custom-molded shoes or depth shoes
DMEPOS	In-Network: \$0 copay/Medicare or Medicaid-covered items Out-of-Network: Not covered, except in limited situations
Dental	In-Network: \$0 copay/Medicare or Medicaid-covered dental benefits Out-of-Network: Not covered, except in limited situations Note: covers 1 electric toothbrush and 1 package of 3 electric toothbrush replacement heads, 1 dental root planing and scaling every 2 years, 1 dental crown per year, 1 root canal per lifetime, 1 root canal re-treat per tooth per lifetime
Chiropractic/Acupuncture	In-Network: \$0 copay/Medicare or Medicaid-covered benefits Out-of-Network: Not covered, except in limited situations
Vision	In-Network: \$0 copay/Medicare or Medicaid-covered vision benefits Out-of-Network: Not covered, except in limited situations. Eyeglass lens upgrades (progressive lenses, anti-glare coating, tints), up to 2 lenses/year
Hearing	\$0 copay/Medicare or Medicaid-covered benefits
Medicare Part B Drugs	In-Network: \$0 deductible Out-of-Network: Does not apply
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this plan.
Medicare Part D Deductible	\$0
Discounts & Programs	SilverSneakers; stop smoking support; BlueRide SM rides to your doctor, pharmacy, SilverSneakers location; health and wellness classes; Alcoholics or Narcotics Anonymous; \$750 safety items; activity tracker; 24-hour nurse line; Doctor on Demand; 50 disposable face masks; six washable incontinence pads; medication reconciliation; meals after a hospital or nursing home stay; meals for chronic conditions; additional podiatry services; personal emergency response system; music therapy for members in a facility with mental health-related needs; six round-trip rides per month for groceries; medication dispenser for chronic conditions; wheelchair/walker safety; 1 animatronic pet for members with a cognitive impairment; \$50/quarter allowance for over-the-counter items from a CVS catalog; Certified Community Health Worker after a hospital or nursing home stay



HealthPartners MN Senior Health Options MSHO (H2422-002)

Advantage HMO-Special Needs Plan 65+

Enrollment: 877-713-8215

Service: 888-820-4285 • TTY: 711

healthpartners.com/msho



Monthly Premium: \$0

Plan Area: Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Ramsey, Scott, Sherburne, Stearns, Washington, Wright Counties	
Enrollment Requirements	Participation in the program is limited to beneficiaries who are age 65 and older; eligible for Medical Assistance (Medicaid) and Medicare Parts A and B; and live in the service area.
Out-of-Pocket Max	Does not apply
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$0 annual deductible, 100% coverage/Medicare or Medicaid services Out-of-Network: Not covered, except in limited situations
Physician/Outpatient	Physician In-Network: \$0 copay/Medicare or Medicaid-covered primary care visits, 100% coverage/Medicare or Medicaid-covered network urgent care and specialist doctor visits Physician Out-of-Network: Not covered, except in limited situations Hospital In-Network: \$0 copay/Medicare or Medicaid-covered ambulatory surgical center visit and outpatient hospital facility visit Hospital Out-of-Network: Not covered, except in limited situations
Ambulance	100% coverage/Medicare or Medicaid-covered services
Outpatient Surgery	Outpatient Surgery In-Network: \$0 copay/Medicare or Medicaid-covered ambulatory surgical center visit and outpatient hospital facility visit Outpatient Surgery Out-of-Network: Not covered, except in limited situations
Outpatient Mental Health	In-Network: \$0 copay/Medicare or Medicaid-covered individual or group therapy visit, individual or group therapy visit with a psychiatrist; or partial hospitalization program services Outpatient Out-of-Network: Not covered, except in limited situations
Emergency/Urgent Care	Emergency: \$0 copay/Medicare or Medicaid-covered ER visits Urgently Needed Care: 100% coverage for Medicare or Medicaid-covered services
Travel Coverage	No coverage outside the U.S.
X-rays, Lab & Diagnostic Tests	In-Network: 100% coverage/Medicare or Medicaid-covered lab services, diagnostic procedures and tests, diagnostic radiology services, x-rays and therapeutic radiology services Out-of-Network: Not covered, except in limited situations
Physical/Speech/Occupational Therapy	In-Network: \$0 copay for Medicare or Medicaid-covered visits Out-of-Network: Not covered, except in limited situations
Skilled Nursing Facility Care	In-Network: No prior hospital stay is required, 100% coverage/Medicare or Medicaid-covered services, covers up to 100 days each Medicare Part A benefit period. For Medicaid-covered stays - covers up to 180 days of nursing facility room and board, after that, Medical Assistance provides coverage. Out-of-Network: Not covered, except in limited situations
Diabetic Supplies & Services	\$0 copay/monitoring supplies, therapeutic shoes or insert and self-management training
DMEPOS	In-Network: \$0 copay/Medicare or Medicaid-covered items Out-of-Network: Not covered, except in limited situations
Dental	In-Network: \$0 copay/Medicare or Medicaid-covered dental benefits, offers additional comprehensive dental benefits Out-of-Network: Not covered, except in limited situations
Chiropractic/Acupuncture	In-Network: \$0 copay/Medicare or Medicaid-covered benefits Out-of-Network: Not covered, except in limited situations
Vision	\$0 copay/Medicare and Medicaid-covered services
Hearing	\$0 copay/Medicare and Medicaid-covered services
Medicare Part B Drugs	In-Network: \$0 yearly deductible, \$0 copay Out-of-Network: No coverage
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this plan.
Medicare Part D Deductible	\$0
Discounts & Programs	In-Network: Contact Member Services for information on additional available benefits services



800-333-2433



Itasca Medical Care IM Classic MSHO (H2417-001)

Advantage HMO-Special Needs Plan 65+

Enrollment: 800-843-9536

Service: 800-843-9536 • TTY: 800-627-3529

imcare.org



Monthly Premium: \$0

Plan Area: Itasca county	
Enrollment Requirements	Participation in the program is limited to beneficiaries who are age 65 and older, enrolled in Medicaid with both Medicare Part A and Part B and live in the service area
Out-of-Pocket Max	Does not apply
Health Plan Deductible	\$0
Hospital Inpatient	Covered, no copays, standard coinsurance
Physician/Outpatient	Physician: Covered, no copays, standard coinsurance Hospital: Covered, no copays, standard coinsurance
Ambulance	Covered, no copays, no coinsurance
Outpatient Surgery	Covered, no copays, standard coinsurance
Outpatient Mental Health	Covered, no copays, standard coinsurance
Emergency/Urgent Care	Emergency: Covered, no copays, no coinsurance, no referral required Urgently Needed Care: Covered, no copays, no coinsurance, no referral required
Travel Coverage	Covered
X-rays, Lab & Diagnostic Tests	Covered, no copays, standard coinsurance
Physical/Speech/Occupational Therapy	Covered, no copays, standard coinsurance
Skilled Nursing Facility Care	Covered, no copays, standard coinsurance
Diabetic Supplies & Services	Covered, no copays, standard coinsurance
DMEPOS	Covered, no copays, standard coinsurance
Dental	Covered, no copays, standard coinsurance
Chiropractic/Acupuncture	Covered, no copays, standard coinsurance
Vision	Covered, no copays, standard coinsurance
Hearing	Covered, no copays, standard coinsurance
Medicare Part B Drugs	Covered, no copays, standard coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this plan.
Medicare Part D Deductible	\$0
Discounts & Programs	Fitness benefits, Medical safety devices, Health education and promotion programs, Medication storage devices, expanded dental benefits



800-333-2433



Medica AccessAbility Solution Enhanced SNBC (H9952-001)

Advantage HMO-Special Needs Plan <65

Enrollment: 800-266-2157

Service: 888-347-3630 • TTY: 711

medica.com/enhanced



Monthly Premium: \$0

Plan Area: Anoka, Becker, Carver, Chisago, Crow Wing, Dakota, Fillmore, Freeborn, Hennepin, Isanti, Kandiyohi, Kittson, Mahnomon, Morrison, Murray, Nicollet, Norman, Olmsted, Ramsey, Red Lake, Scott, Sherburne, Todd, Wadena, Washington, Wilkin, Wright Counties	
Enrollment Requirements	Participation in the program is limited to beneficiaries who are ages 18-64, enrolled in Medicaid with both Medicare Part A and Part B, live in the service area, and are certified disabled
Out-of-Pocket Max	Does not apply
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$0 copay/Medicare or Medicaid-covered stay Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care
Physician/Outpatient	Physician In-Network: \$0 copay/primary care visit for Medicare or Medicaid-covered benefits Hospital In-Network: \$0 copay/Medicare or Medicaid-covered outpatient facility and ambulatory surgical center visits Physician or Hospital Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care
Ambulance	\$0 copay/Medicare or Medicaid-covered services
Outpatient Surgery	In-Network: \$0 copay/Medicare or Medicaid-covered outpatient surgery services Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care
Outpatient Mental Health	In-Network: \$0 copayment/Medicare or Medicaid-covered individual or group therapy visit, individual or group therapy visit with a psychiatrist, or partial hospitalization program services Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care
Emergency/Urgent Care	Emergency: \$0 copay/Medicare or Medicaid-covered ER visits Urgently Needed Care: \$0 copay/Medicare or Medicaid-covered urgent-care visits
Travel Coverage	Does not apply
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/Medicare or Medicaid-covered diagnostic tests, x-rays, lab services Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care
Physical/Speech/Occupational Therapy	In-Network: \$0 copay/Medicare or Medicaid-covered visits Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care
Skilled Nursing Facility Care	In-Network: No prior hospital stay is required. 100% coverage/Medicare or Medicaid-covered services, covers up to 100 days of nursing facility room and board. After that period, Medical Assistance provides continuing coverage. \$0 copay/Medicare or Medicaid-covered professional services Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care
Diabetic Supplies & Services	\$0 copay/Medicare or Medicaid-covered items and services
DMEPOS	In-Network: \$0 copay/Medicare or Medicaid-covered items Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care
Dental	In-Network: \$0 copay/Medicare or Medicaid-covered dental benefits Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care Note: \$0 copay/enhanced dental services, 1 restorative crown on any tooth per year, 1 full mouth x-rays per 5 years, 1 additional periodic exam per year, 1 additional root canal per tooth per lifetime, 1 root canal retreatment per tooth per lifetime, 1 outreach call per year from a trained Delta Dental staff to educate on oral health, assist to schedule a dental visit and offer a home-delivered electric toothbrush kit per 3 years.
Chiropractic/Acupuncture	In-Network: \$0 copay/Medicare or Medicaid-covered benefits Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care
Vision	In-Network: \$0 copay/Medicare or Medicaid-covered services Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care Note: \$0 copay/covered eyewear upgrade of an anti-glare lens coating on up 2 lenses per 24 months

Hearing	In-Network: \$0 copay/Medicare or Medicaid-covered services Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care
Medicare Part B Drugs	In-Network: \$0 yearly deductible, \$0 copay Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan.
Medicare Part D Deductible	\$0
Discounts & Programs	\$0 copay/all additional benefits: One Pass fitness center membership with access to 20,000+ fitness locations nationwide, online fitness resources including on-demand and live-streaming classes and unlimited BrainHQ web-based memory fitness training, available home fitness kit, a Reemo Smartwatch activity tracker with online portal to view data, unlimited public transportation or volunteer/taxi transportation up to 3 times/week to One Pass fitness locations, personalized telephonic tobacco cessation coaching to include home-delivered nicotine replacement therapy, 24/7 HealthAdvocate telephonic support service, FOODRx staple foods program for eligible members with certain chronic conditions, Ovia Health digital applications to support pregnancy, Healthy Savings Program discounts on healthy foods at participating grocery stores.



800-333-2433



Medica DUAL Solution MSHO (H2458-002)

Advantage HMO-Special Needs Plan 65+

Enrollment: 800-266-2157

Service: 888-347-3630 • TTY: 711

medica.com/DUALSolution



Monthly Premium: \$0

Plan Area: Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chisago, Clay, Crow Wing, Dakota, Faribault, Fillmore, Hennepin, Houston, Isanti, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Mahnomon, Marshall, Mille Lacs, Morrison, Mower, Nicollet, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Rice, Roseau, Scott, Sherburne, St. Louis, Stearns, Todd, Wadena, Washington, Watonwan, Wilkin, Winona, Wright Counties

Enrollment Requirements	Participation in the program is limited to beneficiaries who are age 65 and older, enrolled in Medicaid with both Medicare Part A and Part B and live in the service area
Out-of-Pocket Max	Does not apply
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$0 copay/each Medicare or Medicaid-covered stay Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care
Physician/Outpatient	Physician In-Network: \$0 copay/primary care visit for Medicare or Medicaid-covered benefits Hospital In-Network: \$0 copay/Medicare or Medicaid-covered outpatient facility and ambulatory surgical center visits Physician and Hospital Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care Note: \$0 copay/unlimited routine foot care, includes hygienic/preventive maintenance of nails/feet of ambulatory members
Ambulance	\$0 copay/Medicare or Medicaid-covered services
Outpatient Surgery	\$0 copay/Medicare or Medicaid-covered outpatient surgery services
Outpatient Mental Health	In-Network: \$0 copayment/Medicare or Medicaid-covered individual or group therapy visit, individual or group therapy visit with a psychiatrist, or partial hospitalization program services Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care
Emergency/Urgent Care	Emergency: \$0 copay/Medicare or Medicaid-covered ER visits Urgently Needed Care: \$0 copay/Medicare or Medicaid-covered urgent-care visits
Travel Coverage	Does not apply
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/Medicare or Medicaid-covered diagnostic tests, x-rays and lab services Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care
Physical/Speech/Occupational Therapy	In-Network: \$0 copay/Medicare or Medicaid-covered visits Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care
Skilled Nursing Facility Care	In-Network: No prior hospital stay is required, 100% coverage/Medicare or Medicaid-covered services, covers up to 180 days of nursing facility room and board. After that period, Medical Assistance provides continuing coverage. \$0 copay/Medicare or Medicaid-covered professional services Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care
Diabetic Supplies & Services	\$0 copay/Medicare or Medicaid-covered items and services
DMEPOS	In-Network: \$0 copay/Medicare or Medicaid-covered items Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care
Dental	In-Network: \$0 copay/Medicare or Medicaid-covered dental benefits Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care Note: \$0 copay/enhanced dental services, 2 restorative crowns on any 2 teeth per year, 1 full mouth x-rays per 5 years, 1 additional periodic exam per year, 1 additional root canal per tooth per lifetime, 1 root canal retreatment per tooth per lifetime, 1 outreach call per year from a trained Delta Dental staff to educate on oral health, assist to schedule a dental visit and offer a home-delivered electric toothbrush kit per 3 years or water flosser kit per 3 years for those with a toothbrush kit.
Chiropractic/Acupuncture	In-Network: \$0 copay/Medicare or Medicaid-covered benefits Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care

Vision	In-Network: \$0 copay/Medicare or Medicaid-covered services Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care Note: \$0 copay/covered eyewear upgrade of an anti-glare lens coating on up two lenses per 24 months
Hearing	In-Network: \$0 copay/Medicare or Medicaid-covered services Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care
Medicare Part B Drugs	In-Network: \$0 yearly deductible, \$0 copay Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically-necessary care
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this plan.
Medicare Part D Deductible	\$0
Discounts & Programs	\$0 copay/all additional benefits: One Pass fitness membership with online resources and home fitness kit, CogniFit online memory fitness program, a Reemo Smartwatch activity tracker with online portal to view data and with available personal emergency response system, CVS mail order allowance of \$300/3 months for over the counter items, telephonic tobacco cessation coaching, 24/7 telephonic support service, health coaching program from community health workers, hospital readmission prevention program, for eligible members with certain chronic conditions: FOODRx staple foods program, Healthy Foods allowance of \$150/month at participating grocery stores, Papa Pals home visit program, Reemo Health telemonitoring, online life skills courses, and \$100/month utility bill assistance, 1 round trip ride/day to One Pass fitness and Healthy Foods grocery locations.



800-333-2433



Prime Health Complete (H2926-001)

Advantage HMO-Special Needs Plan <65

Enrollment: 877-600-4913

Service: 877-600-4913 • TTY: 800-627-3529

primewest.org/phc



Monthly Premium: \$0

Plan Area: Beltrami, Big Stone, Chippewa, Clearwater, Cottonwood, Douglas, Grant, Hubbard, Jackson, Kandiyohi, Lac qui Parle, Lincoln, Lyon, McLeod, Meeker, Nobles, Pipestone, Pope, Redwood, Renville, Stevens, Swift, Traverse, Yellow Medicine Counties	
Enrollment Requirements	Participation in the program is limited to beneficiaries who are ages 18 - 64, enrolled in Medicaid with both Medicare Part A and Part B, live in the service area, and are certified disabled.
Out-of-Pocket Max	Does not apply
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$0 copay/Medicare- or Medicaid-covered services. As a supplemental benefit, 14 days of post-discharge home-delivered meals are covered for eligible members with certain chronic diseases when discharged from an inpatient stay to home/home-like setting; no more than 4 discharges per year. Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically necessary care.
Physician/Outpatient	Physician In-Network: \$0 copay/Medicare- or Medicaid-covered services. No referral is required for any network health care providers. Physician Out-of-Network: Plan authorization required for out-of-network providers. Hospital Outpatient In-Network: \$0 copay/Medicare- or Medicaid-covered ambulatory surgical center visits or outpatient hospital facility visits. Plan authorization may be required. Hospital Outpatient Out-of-Network: Plan authorization required for out-of-network providers.
Ambulance	\$0 copay/Medicare- or Medicaid-covered medically necessary ambulance services. You do not need a plan authorization and you do not have to be in-network.
Outpatient Surgery	In-Network: \$0 copay/Medicare- or Medicaid-covered outpatient surgery services. Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically necessary care.
Outpatient Mental Health	In-Network: \$0 copay/Medicare- or Medicaid-covered services. Out-of-Network: Medicare- or Medicaid-covered services that cannot be provided within network will be covered.
Emergency/Urgent Care	Emergency: \$0 copay/Medicare- or Medicaid-covered emergency room visits. Urgently Needed Care: \$0 copay/Medicare- or Medicaid-covered urgent-care visits.
Travel Coverage	Except for emergency or urgent care, services received out-of-network are not covered without a plan authorization; no coverage outside the U.S.
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/Medicare- or Medicaid-covered x-rays, lab services, and diagnostic tests. Plan authorization may be required. Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically necessary care.
Physical/Speech/Occupational Therapy	In-Network: \$0 copay/Medicare- or Medicaid-covered services. Out-of-Network: Medicare- or Medicaid-covered services that cannot be provided within network will be covered.
Skilled Nursing Facility Care	In-Network: \$0 copay/Medicare- or Medicaid-covered medically necessary services. For combined Medicare- and Medicaid-covered visits, up to 100 days of nursing facility room and board is covered. After that, the State Medicaid plan provides coverage. Plan authorization may be required. Out-of-Network: Plan authorization required for out-of-network providers.
Diabetic Supplies & Services	\$0 copay/Medicare- or Medicaid-covered items and services. Plan authorization may be required. As a supplemental benefit, a home-delivered meals program is covered for members with diabetes for up to 6 consecutive months per 12-month period.
DMEPOS	In-Network: \$0 copay/Medicare- or Medicaid-covered items. Plan authorization may be required. As a supplemental benefit, one electronically automated dispensing pillbox every 3 years is covered. Out-of-Network: Plan authorization required for out-of-network providers.
Dental	In-Network: \$0 copay/Medicare- or Medicaid-covered dental services. As a supplemental benefit, one replacement set of dentures every 6 years and one porcelain crown per calendar year up to a limit of \$1,500 are covered. Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically necessary care.
Chiropractic/Acupuncture	In-Network: \$0 copay/Medicare- or Medicaid-covered services. As a supplemental benefit, additional medically necessary chiropractic manipulations are covered. An additional 20 units of acupuncture per year are covered with plan authorization. Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically necessary care.
Vision	In-Network: \$0 copay/Medicare- or Medicaid-covered services. Plan authorization may be required. As a supplemental benefit, polarization, tints, scratch-resistant coating, and antiglare coating with a limit of \$100 per year is covered. Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically necessary care.

Hearing	In-Network: \$0 copay/Medicare- or Medicaid-covered services. Plan authorization may be required for hearing aids. Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically necessary care.
Medicare Part B Drugs	\$0 copay. Plan authorization may be required
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan.
Medicare Part D Deductible	\$0
Discounts & Programs	\$0 copay/all additional benefits: Alternative therapies for traditional medicine/ceremonial purposes for American Indian members up to \$100 per calendar year. Gym membership reimbursement up to \$20 per month. 3 health-related education classes per calendar year, \$35 per class. Home and bathroom safety devices/modifications up to \$3,000 per year for members living in the community. 30 OTC 4% lidocaine patches per month when prescribed for pain. PERS for members with history/risk of falls who do not meet nursing home level of care. Wigs for hair loss related to chemotherapy up to \$500 per calendar year.



800-333-2433



PrimeWest Senior Health Complete (H2416-001)

Advantage HMO-Special Needs Plan 65+

Enrollment: 800-366-2906

Service: 800-366-2906 • TTY: 800-627-3529

primewest.org/pwshc



Monthly Premium: \$0

Plan Area: Beltrami, Big Stone, Chippewa, Clearwater, Cottonwood, Douglas, Grant, Hubbard, Jackson, Kandiyohi, Lac qui Parle, Lincoln, Lyon, McLeod, Meeker, Nobles, Pipestone, Pope, Redwood, Renville, Stevens, Swift, Traverse, Yellow Medicine Counties

Enrollment Requirements	Participation in the program is limited to beneficiaries who are age 65 or over, enrolled in Medicaid with both Medicare Part A and Part B, and live in the service area.
Out-of-Pocket Max	Does not apply
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$0 copay/Medicare- or Medicaid-covered services. As a supplemental benefit, 14 days of post-discharge home-delivered meals are covered for eligible members with certain chronic diseases when discharged from an inpatient stay to home/home-like setting; no more than 4 discharges per year. Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically necessary care.
Physician/Outpatient	Physician In-Network: \$0 copay/Medicare- or Medicaid-covered services. No referral is required for any network health care providers. Physician Out-of-Network: Plan authorization required for out-of-network providers. Hospital Outpatient In-Network: \$0 copay/Medicare- or Medicaid-covered ambulatory surgical center visits or outpatient hospital facility visits. Plan authorization may be required. Hospital Outpatient Out-of-Network: Plan authorization required for out-of-network providers.
Ambulance	\$0 copay/Medicare- or Medicaid-covered medically necessary ambulance services. You do not need a plan authorization and you do not have to be in-network.
Outpatient Surgery	In-Network: \$0 copay/Medicare- or Medicaid-covered outpatient surgery services. Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically necessary care.
Outpatient Mental Health	In-Network: \$0 copay/Medicare- or Medicaid-covered services. Out-of-Network: Medicare- or Medicaid-covered services that cannot be provided within network will be covered.
Emergency/Urgent Care	Emergency: \$0 copay/Medicare- or Medicaid-covered emergency room visits. Urgently Needed Care: \$0 copay/Medicare- or Medicaid-covered urgent-care visits.
Travel Coverage	Except for emergency or urgent care, services received out-of-network are not covered without a plan authorization; no coverage outside the U.S.
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/Medicare- or Medicaid-covered x-rays, lab services, and diagnostic tests. Plan authorization may be required. Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically necessary care.
Physical/Speech/Occupational Therapy	In-Network: \$0 copay/Medicare- or Medicaid-covered services. Out-of-Network: Medicare- or Medicaid-covered services that cannot be provided within network will be covered.
Skilled Nursing Facility Care	In-Network: \$0 copay/Medicare- or Medicaid-covered medically necessary services. For combined Medicare- and Medicaid-covered visits, up to 180 days of nursing facility room and board is covered. After that, the State Medicaid plan provides coverage. Plan authorization may be required. Out-of-Network: Plan authorization required for out-of-network providers.
Diabetic Supplies & Services	\$0 copay/Medicare- or Medicaid-covered items and services. Plan authorization may be required. As a supplemental benefit, a home-delivered meals program is covered for members with diabetes for up to 6 consecutive months per 12-month period.
DMEPOS	In-Network: \$0 copay/Medicare- or Medicaid-covered items. Plan authorization may be required. As a supplemental benefit, one electronically automated dispensing pillbox every 3 years is covered. Out-of-Network: Plan authorization required for out-of-network providers.
Dental	In-Network: \$0 copay/Medicare- or Medicaid-covered dental services. As a supplemental benefit, one replacement set of dentures every 6 years and one porcelain crown per calendar year up to a limit of \$1,500 are covered. Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically necessary care.
Chiropractic/Acupuncture	In-Network: \$0 copay/Medicare- or Medicaid-covered services. As a supplemental benefit, additional medically necessary chiropractic manipulations are covered. An additional 20 units of acupuncture per year are covered with plan authorization. Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically necessary care.
Vision	In-Network: \$0 copay/Medicare- or Medicaid-covered services. Plan authorization may be required. As a supplemental benefit, polarization, tints, scratch-resistant coating, and antiglare coating with a limit of \$100 per year is covered. Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically necessary care.

Hearing	In-Network: \$0 copay/Medicare- or Medicaid-covered services. Plan authorization may be required for hearing aids. Out-of-Network: Requires plan authorization unless a medical emergency, urgently needed service, or a network provider cannot provide the medically necessary care.
Medicare Part B Drugs	\$0 copay. Plan authorization may be required
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan.
Medicare Part D Deductible	\$0
Discounts & Programs	\$0 copay/all additional benefits: Alternative therapies for traditional medicine/ceremonial purposes for American Indian members up to \$100 per calendar year. Gym membership reimbursement up to \$20 per month. 3 health-related education classes per calendar year, \$35 per class. Home and bathroom safety devices/modifications up to \$3,000 per year for members living in the community. 30 OTC 4% lidocaine patches per month when prescribed for pain. PERS for members with history/risk of falls who do not meet nursing home level of care. Wigs for hair loss related to chemotherapy up to \$500 per calendar year.



800-333-2433



AbilityCare SNBC (H5703-001)
Advantage HMO-Special Needs Plan <65
 Enrollment: 866-567-7242
 Service: 866-567-7242 • TTY: 800-627-3529
mnscha.org

Monthly Premium: \$0

Plan Area: Brown, Dodge, Goodhue, Kanabec, Sibley, Steele, Wabasha, Waseca Counties	
Enrollment Requirements	Participation in the program is limited to beneficiaries who are under age 65, enrolled in Medicaid with both Medicare Part A and Part B, live in the service area, and are certified disabled.
Out-of-Pocket Max	Does not apply
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$0 copay/deductible for Medicare- or Medicaid-covered services. No referral is required for any network health care providers, doctors, specialists, or hospitals. No additional cost sharing for professional services. Plan notification of admission is required for admissions in Minnesota, Iowa, North Dakota, South Dakota, and Wisconsin. Admissions in all other states require plan authorization. Out-of-Network: Plan authorization required for out-of-state providers
Physician/Outpatient	Physician In-Network: \$0 copay/Medicare- or Medicaid-covered primary care visits or specialist visits. No referral is required for any network health care providers. Physician Out-of-Network: Plan authorization required for out-of-network providers Hospital In-Network: \$0 copay/Medicare- or Medicaid-covered ambulatory surgical center visits or outpatient hospital facility visits. Prior authorization may be required Hospital Out-of-Network: Plan authorization required for out-of-network providers
Ambulance	\$0 copay/Medicare- or Medicaid-covered ambulance services
Outpatient Surgery	\$0 copay/Medicare- or Medicaid-covered outpatient surgery and services at hospital outpatient facilities and ambulatory surgical centers, prior authorization may be required
Outpatient Mental Health	In-Network: \$0 copay/Medicare- or Medicaid-covered individual or group therapy visits, individual or group therapy visits with a psychiatrist, partial hospitalization program services, prior authorization may be required Out-of-Network: Plan authorization required for out-of-network providers
Emergency/Urgent Care	Emergency: \$0 copay/Medicare- or Medicaid-covered ER visits Urgently Needed Care: \$0 copay/Medicare- or Medicaid-covered urgently needed care visits, if admitted to the hospital within 3 days for the same condition, pay \$0 for the urgently needed care visit
Travel Coverage	Except for emergency or urgent care, services received out-of-network are not covered without a prior authorization, no coverage outside the U.S.
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/Medicare- or Medicaid-covered lab services, diagnostic procedures and tests, x-rays, diagnostic radiology services, therapeutic radiology services, prior authorization may be required Out-of-Network: Plan authorization required for out-of-network providers
Physical/Speech/Occupational Therapy	In-Network: \$0 copay/Medicare- and Medicaid-covered occupational therapy, physical therapy, speech therapy, language pathology visits, prior authorization may be required Out-of-Network: Plan authorization required for out-of-network providers
Skilled Nursing Facility Care	In-Network: For combined Medicare- and Medicaid-covered visits, covers up to 100 days of nursing facility room and board. After that, Medicaid provides coverage. Out-of-Network: Plan authorization required for out-of-network providers
Diabetic Supplies & Services	\$0 copay/Medicare- or Medicaid-covered self-management training, services and supplies, including monitoring supplies, therapeutic shoes, inserts, prior authorization may be required
DMEPOS	In-Network: \$0 copay/Medicare- or Medicaid-covered items, prior authorization may be required Out-of-Network: Plan authorization required for out-of-network providers
Dental	In-Network: \$0 copay/Medicare- or Medicaid-covered dental services, prior authorization may be required Out-of-Network: Plan authorization required for out-of-network providers
Chiropractic/Acupuncture	In-Network: \$0 copay/Medicare- or Medicaid-covered visits Out-of-Network: Plan authorization required for out-of-network providers
Vision	\$0 copay/Medicare- or Medicaid-covered vision services, eye exams, eyeglasses (including repairs and replacement for loss, theft or damage) and more
Hearing	\$0 copay/Medicare- or Medicaid-covered hearing services, hearing and balance tests, plan authorization required for hearing aids
Medicare Part B Drugs	\$0 copay
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this plan.
Medicare Part D Deductible	\$0
Discounts & Programs	In-Network: Be Active Fitness Program, 24-hour nurse advice line, up to \$15 off the registration fee for up to 5 community education classes per year, tobacco cessation assistance, rewards program for preventive care, home delivered meals after hospitalization, A1C home monitoring kit



SeniorCare Complete MSHO (H2419-001)

Advantage HMO-Special Needs Plan 65+

Enrollment: 866-567-7242

Service: 866-567-7242 • TTY: 800-627-3529

mnscha.org



Monthly Premium: \$0

Plan Area: Brown, Dodge, Goodhue, Kanabec, Sibley, Steele, Wabasha, Waseca Counties

Enrollment Requirements	Participation in the program is limited to beneficiaries who are age 65 and older, enrolled in Medicaid with both Medicare Part A and Part B and live in the service area
Out-of-Pocket Max	Does not apply
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$0 copay/Medicare- or Medicaid-covered services, no referral is required for any network health care providers, doctors, specialists, or hospitals. Plan notification of admission is required for admissions in Minnesota, Iowa, North Dakota, South Dakota, and Wisconsin. Admissions in all other states require plan authorization. Out-of-Network: Plan authorization required for out-of-state providers
Physician/Outpatient	Physician In-Network: \$0 copay/Medicare- or Medicaid-covered primary care visits or specialist visits. No referral is required for any network health care providers. Physician Out-of-Network: Plan authorization required for out-of-network providers Hospital In-Network: \$0 copay/Medicare- or Medicaid-covered ambulatory surgical center visits or outpatient hospital facility visits, prior authorization may be required Hospital Out-of-Network: Plan authorization required for out-of-network providers
Ambulance	\$0 copay/Medicare- or Medicaid-covered ambulance services
Outpatient Surgery	\$0 copay/Medicare- or Medicaid-covered outpatient surgery and services at hospital outpatient facilities and ambulatory surgical centers, prior authorization may be required
Outpatient Mental Health	In-Network: \$0 copay/Medicare- or Medicaid-covered individual or group therapy visits, or individual or group therapy visits with a psychiatrist, partial hospitalization program services, prior authorization may be required Out-of-Network: Plan authorization required for out-of-network providers
Emergency/Urgent Care	Emergency: \$0 copay/Medicare- or Medicaid-covered ER visits Urgently Needed Care: \$0 copay/Medicare- or Medicaid-covered urgently needed care visits. If admitted to the hospital within 3 days for the same condition, pay \$0 for the urgently needed care visit.
Travel Coverage	Except for emergency or urgent care, services received out-of-network are not covered without a prior authorization, no coverage outside the U.S.
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/Medicare- or Medicaid-covered lab services, diagnostic procedures and tests, x-rays, diagnostic radiology services, therapeutic radiology services, prior authorization may be required Out-of-Network: Plan authorization required for out-of-network providers
Physical/Speech/Occupational Therapy	In-Network: \$0 copay/Medicare- and Medicaid-covered medically-necessary physical/occupational/speech/language pathology services, prior authorization may be required Out-of-Network: Plan authorization required for out-of-network providers
Skilled Nursing Facility Care	In-Network: For combined Medicare- and Medicaid-covered stays, the plan covers up to 180 days of nursing facility room and board. After that, Medicaid provides coverage. No additional cost sharing for professional services Out-of-Network: Plan authorization required for out-of-network providers
Diabetic Supplies & Services	\$0 copay/Medicare- or Medicaid-covered self-management training, services and supplies, monitoring supplies, therapeutic shoes and inserts, prior authorization may be required
DMEPOS	In-Network: \$0 copay/Medicare- or Medicaid-covered items, prior authorization may be required Out-of-Network: Plan authorization required for out-of-network providers
Dental	In-Network: \$0 copay/Medicare- or Medicaid-covered dental services, prior authorization may be required Out-of-Network: Plan authorization required for out-of-network providers
Chiropractic/Acupuncture	In-Network: \$0 copay/Medicare- or Medicaid-covered benefits Out-of-Network: Plan authorization required for out-of-network providers
Vision	\$0 copay/Medicare- or Medicaid-covered vision services, eye exams, eyeglasses (including repairs and replacement for loss, theft or damage) and more
Hearing	\$0 copay/for Medicare- or Medicaid-covered hearing services, hearing and balance tests, plan authorization required for hearing aids
Medicare Part B Drugs	\$0 copay
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this plan.
Medicare Part D Deductible	\$0
Discounts & Programs	In-Network: Be Active Fitness Program, 24-hour nurse advice line, up to \$15 off the registration fee for up to 5 community education classes per year, tobacco cessation assistance, rewards program for preventive care, home delivered meals after hospitalization, A1C home monitoring kit, \$300 personal emergency response system benefit



UCare Connect + Medicare SNBC (H5937-001)

Advantage HMO-Special Needs Plan <65

Enrollment: 800-707-1711

Service: 855-260-9707 • TTY: 800-688-2534

ucare.org



Monthly Premium: \$0

Plan Area: Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnommen, Marshall, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, Scott, Sherburne, Stearns, St Louis, Swift, Todd, Wadena, Washington, Watonwan, Wilkin, Winona, Wright, Yellow Medicine Counties

Enrollment Requirements	Participation in the program is limited to beneficiaries who are between the ages of 18 and 65, enrolled in Medicaid with both Medicare Part A and Part B, live in the service area, and are certified disabled or are receiving services under the DD waiver from your county.
Out-of-Pocket Max	Does not apply
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$0 copay/Medicare or Medicaid-covered services, except in an emergency, health care provider must tell the plan of hospital admission Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered
Physician/Outpatient	Physician In-Network: \$0 copay/Medicare or Medicaid-covered services Hospital In-Network: \$0 copay/Medicare or Medicaid-covered services, except in an emergency, health care provider must tell the plan of hospital admission Physician and Hospital Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered
Ambulance	\$0 copay/Medicare or Medicaid-covered medically-necessary ambulance services
Outpatient Surgery	In-Network: \$0 copay/Medicare or Medicaid-covered services Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered
Outpatient Mental Health	In-Network: \$0 copay/Medicare or Medicaid-covered services Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered
Emergency/Urgent Care	Emergency: \$0 copay/Medicare or Medicaid-covered ER visits Urgently Needed Care: \$0 copay/Medicare or Medicaid-covered services
Travel Coverage	Does not apply
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/Medicare or Medicaid-covered services, lab tests, x-rays or other pictures, screening tests Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered
Physical/Speech/Occupational Therapy	In-Network: \$0 copay/Medicare or Medicaid-covered services Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered
Skilled Nursing Facility Care	In-Network: \$0 copay/Medicare or Medicaid-covered services Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered
Diabetic Supplies & Services	\$0 copay/Medicare or Medicaid-covered services
DMEPOS	In-Network: \$0 copay/Medicare or Medicaid-covered items Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered
Dental	In-Network: \$0 copay/Medicare or Medicaid-covered services, plan offers additional dental benefits Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered Note: Additional topical fluoride application (1/year), comprehensive oral evaluation (1/year), porcelain or porcelain fused to high noble metal crown (2/year), 1 crown repair/year, electric toothbrush (1 every 3 years), electric toothbrush replacement heads (1 package of 2/year), gross removal of plaque and tartar (1/year), root canal and root canal retreatment (1 each per tooth/lifetime), nitrous oxide for preventive or comprehensive dental visits for members with dental anxiety (2/year), panoramic and full-mouth x-ray (1 each per year), additional coverage limits may apply, UCare Dental Connection provides coordination of dental services, transportation and interpreter services
Chiropractic/Acupuncture	In-Network: \$0 copay/Medicare or Medicaid-covered services Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered
Vision	In-Network: \$0 copay/exams, eyeglasses, anti-glare lens coating, 1/year; photochromic (“transition”) lens tinting, 1/year; progressive (no-line) lenses, 1/year.

Hearing	In-Network: \$0 copay/hearing screenings and hearing aids Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered
Medicare Part B Drugs	\$0 copay
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this plan.
Medicare Part D Deductible	\$0
Discounts & Programs	In-Network: \$15 discount on community education classes, One Pass access to more than 23,000 participating fitness locations, Connect to Wellness Kit for at-home fitness, up to 3 round-trip rides/week to a participating health club, transportation up to 1 round trip ride/day to Alcoholics Anonymous and/or Narcotics Anonymous meetings for members assessed as having a substance use disorder, podiatry services for routine foot care (not related to a specific diagnosis already covered by Medicare) limits apply, quit smoking and vaping program, Healthy Savings Food \$30 monthly allowance for purchase of healthy foods and produce at participating stores for members with hypertension, diabetes or lipid disorders, medication toolkit, mask and sanitizer kit, WW (formerly Weight Watchers) weight management, wellness workshops and digital tools



800-333-2433



UCare's Minnesota Senior Health Options MSHO (H2456-002)

Advantage HMO-Special Needs Plan 65+

Enrollment: 800-707-1711

Service: 866-280-7202 • TTY: 800-688-2534

ucare.org



Monthly Premium: \$0

Plan Area: Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Jackson, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahanomen, Marshall, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, Scott, Sherburne, St. Louis, Stearns, Swift, Todd, Wabasha, Wadena, Washington, Watonwan, Winona, Wright, Yellow Medicine Counties

Enrollment Requirements	Participation in the program is limited to beneficiaries who are age 65 and older, enrolled in Medicaid with both Medicare Part A and Part B and live in the service area
Out-of-Pocket Max	Does not apply
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$0 copay/Medicare or Medicaid-covered services. Except in an emergency, health care provider must tell the plan of hospital admission. Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered
Physician/Outpatient	Physician In-Network: \$0 copay/Medicare or Medicaid-covered primary care or specialist doctor visits. Hospital In-Network: \$0 copay/Medicare or Medicaid-covered services. Except in an emergency, health care provider must tell the plan of hospital admission. Physician and Hospital Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered
Ambulance	\$0 copay/Medicare or Medicaid-covered medically-necessary ambulance services
Outpatient Surgery	In-Network: \$0 copay/Medicare or Medicaid-covered services Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered
Outpatient Mental Health	In-Network: \$0 copay/Medicare or Medicaid-covered services Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered
Emergency/Urgent Care	Emergency: \$0 copay/Medicare or Medicaid-covered ER visits Urgently Needed Care: \$0 copay/Medicare or Medicaid-covered services
Travel Coverage	Does not apply
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay/Medicare- or Medicaid-covered services, lab tests, x-rays or other pictures, screening tests Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered
Physical/Speech/Occupational Therapy	In-Network: \$0 copay/Medicare or Medicaid-covered services. There may be limits on physical therapy, occupational therapy and speech therapy services. If so, there may be exceptions to these limits. Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered
Skilled Nursing Facility Care	In-Network: \$0 copay/Medicare or Medicaid-covered services, no prior hospital stay is required Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered
Diabetic Supplies & Services	\$0 copay for supplies or services, supplies to monitor blood glucose. For people with diabetes who have severe diabetic foot disease, the plan will pay for the following: 1 pair of therapeutic custom-molded shoes (including inserts) and 2 extra pairs of inserts each calendar year or 1 pair of depth shoes and 3 pairs of inserts each year (not including the non-customized removable inserts provided with such shoes). The plan will also pay for fitting the therapeutic custom-molded shoes or depth shoes. The plan will pay for training to help you manage diabetes, in some cases.
DMEPOS	In-Network: \$0 copay/Medicare or Medicaid-covered items Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered
Dental	In-Network: \$0 copay/Medicare or Medicaid-covered dental services. The plan contains additional benefits. Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered, 1 additional preventive dental exam/calendar year, 1 comprehensive oral exam/calendar year, 1 additional topical application of fluoride varnish/calendar year for patients at high risk of cavities, 1 additional gross removal of plaque and calculus (beyond 5-year frequency), 1 full mouth x-ray series/5 years, 1 additional panoramic x-ray/calendar year (beyond the 5-year frequency), 1 root canal per tooth/lifetime, 1 root canal re-treatment per tooth/lifetime periodonal maintenance 4 visits/calendar year, 1 scaling and root planing/2 years (in a dental clinic), 2 porcelain or porcelain fused to high noble metal crowns/year, 1 crown repair/year, tissue conditioning for dentures 2 times/3 years, 1 electric toothbrush/three years, 1 package of 2 electric toothbrush replacement heads/calendar year
Chiropractic/Acupuncture	In-Network: \$0 copay/Medicare or Medicaid-covered services Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered

Vision	In-Network: \$0 copay/exams, eyeglasses; anti-glare lens coating, 1/year, photochromic ("transition") lens tinting, 1/year; progressive (no-line) lenses 1/year
Hearing	In-Network: \$0 copay/hearing screenings, hearing aids Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered
Medicare Part B Drugs	In-Network: \$0 copay Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this plan.
Medicare Part D Deductible	\$0
Discounts & Programs	One Pass access to fitness locations, Juniper® health management and wellness classes, smartwatch – activity tracker, Strong & Stable Kit, access to WW weight management workshops, medication tool kit, \$15 discount on community ed classes, quit smoking and vaping program, post-hospital discharge meals, medication reconciliation and Lutheran Social Services CommunityCompanion Program, mask and sanitizer kit, available to members who qualify: \$60 Healthy Savings Food monthly allowance, caregiver training and support, respite care, memory support kit, Grandpad electronic tablet, Papa Pals assistance with technology, meal prep, pets, errands or light household tasks, Reemo blood pressure monitor, stress & anxiety kit, bath and home safety items, personal emergency response system (PERS)



800-333-2433



UCare Advocate Choice (H2459-031)

Advantage HMO-Special Needs Plan Institutional

Enrollment: 877-671-1054

TTY: 800-688-2534

ucare.org/advocate



Monthly Premium: \$10

Plan Area: Anoka, Benton, Blue Earth, Carver, Chisago, Dakota, Freeborn, Hennepin, Isanti, Mille Lacs, Morrison, Ramsey, Rice, Scott, Sherburne, Stearns, Washington, Wright Counties

Enrollment Requirements	Have Medicare Part A and Part B; live in a participating facility within the 18-county service area; receive or qualify for a nursing-home level of care in a skilled nursing, assisted living or memory care facility
Out-of-Pocket Max	\$4,900
Health Plan Deductible	\$0
Hospital Inpatient	\$0 copay days 1-5; \$350 copay days 6-10; \$0 copay days 11-90; unlimited hospital coverage
Physician/Outpatient	\$0 copay/primary care doctor visits, \$395 copay/stay for each Medicare-covered outpatient hospital service, \$365 copay/observation stay
Ambulance	\$300 copay
Outpatient Surgery	\$395 copay/each for Medicare-covered outpatient surgery. \$370 copay/Medicare-covered surgery at an ambulatory surgery center
Outpatient Mental Health	\$0 copay/facility where member lives; \$40 copay/outside facility where member lives; \$0 copay/partial hospitalization
Emergency/Urgent Care	Emergency: \$90 copay, waived if admitted for inpatient hospital stay within 24 hours Urgently Needed Care: \$45 copay
Travel Coverage	Does not apply
X-rays, Lab & Diagnostic Tests	\$0 copay/lab and bloodwork, 20% coinsurance/diagnostic tests including x-rays, MRIs and CT scans
Physical/Speech/Occupational Therapy	\$30 copay
Skilled Nursing Facility Care	100 days covered; \$0 copay per day, days 1-20; \$170 copay per day, days 21-100; does not require 3-day hospital stay
Diabetic Supplies & Services	20% coinsurance/blood glucose monitor, testing supplies; 0% all other supplies, shoes, inserts, self-management training
DMEPOS	20% coinsurance/DME; 10% coinsurance/prosthetics orthotics
Dental	Up to \$550/year for medically-necessary non-cosmetic, nonexperimental dental services not covered by Medicare
Chiropractic/Acupuncture	20% coinsurance
Vision	20% coinsurance/Medicare-covered exams; \$0 copay/routine eye exam; \$200 annual eyewear allowance
Hearing	Hearing exams 20% coinsurance/Medicare-covered exams; \$0 copay/routine exams; \$400 hearing aid allowance; \$0 copay/3 fittings per year
Medicare Part B Drugs	In-Network: \$0 copay Out-of-Network: Medicare or Medicaid-covered services that cannot be provided within network will be covered
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/tier 1, \$125/tiers 2 - 5
Discounts & Programs	\$0/up to 16 one-way rides per year to approved locations within service area; over-the-counter drug benefit of \$75 twice a year to purchase items such as cough drops, first aid supplies, pain relief and sinus medications; no-cost dental kit with an electric toothbrush/3 years and 2 replacement heads per year; telemonitoring scale for members with CHF; Strong & Stable fall prevention kit



800-333-2433



UCare Advocate Plus (H2459-032)

Advantage HMO-Special Needs Plan Institutional

Enrollment: 877-671-1054

Service: 855-931-4854 • TTY: 800-688-2534

ucare.org/advocate



Monthly Premium: \$33

Plan Area: Anoka, Benton, Blue Earth, Carver, Chisago, Dakota, Freeborn, Hennepin, Isanti, Mille Lacs, Morrison, Ramsey, Rice, Scott, Sherburne, Stearns, Washington, Wright Counties

Enrollment Requirements	Have Medicare Part A and Part B; live in a participating facility within the 18-county service area; Receive or qualify for a nursing-home level of care in a skilled nursing, assisted living or memory care facility
Out-of-Pocket Max	\$3,900
Health Plan Deductible	\$0
Hospital Inpatient	\$0 copay days 1-5; \$300 copay days 6-10; \$0 copay days 11-90; unlimited hospital coverage
Physician/Outpatient	\$0 copay/primary care doctor visits, \$295 copay/stay for each Medicare-covered outpatient hospital service, \$265 copay/observation stay
Ambulance	\$250 copay
Outpatient Surgery	\$295 copay/each for Medicare-covered outpatient surgery, \$270 copay/Medicare-covered surgery at an ambulatory surgery center
Outpatient Mental Health	\$0 copay/facility where member lives; \$35 copay/outside facility where member lives; \$0 copay/partial hospitalization
Emergency/Urgent Care	Emergency: \$90 copay, waived if admitted for inpatient hospital stay within 24 hours Urgently Needed Care: \$45 copay
Travel Coverage	Does not apply
X-rays, Lab & Diagnostic Tests	\$0 copay/lab and bloodwork, 20% coinsurance/diagnostic tests including x-rays, MRIs and CT scans
Physical/Speech/Occupational Therapy	\$25 copay
Skilled Nursing Facility Care	100 days covered; \$0 copay per day, days 1-20; \$170 copay per day, days 21-100; does not require 3-day hospital stay
Diabetic Supplies & Services	20% blood glucose monitor, testing supplies; 0% all other supplies, shoes, inserts, self-management training
DMEPOS	20% coinsurance/DME; 10% coinsurance/prosthetics orthotics
Dental	Up to \$650/year for medically-necessary non-cosmetic, nonexperimental dental services not covered by Medicare
Chiropractic/Acupuncture	\$20 copay/Medicare covered services
Vision	20% coinsurance/Medicare-covered exams; \$0 copay/routine eye exam; \$225 annual eyewear allowance
Hearing	Hearing exams 20% coinsurance/Medicare-covered exams; \$0 copay/routine exams; \$500 hearing aid allowance; \$0 copay/3 fittings per year
Medicare Part B Drugs	20% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/all tiers
Discounts & Programs	\$0/up to 16 one-way rides per year to approved locations within service area; over-the-counter drug benefit of \$75 twice a year to purchase items such as cough drops, first aid supplies, pain relief and sinus medications; no-cost dental kit with an electric toothbrush/3 years and 2 replacement heads per year; Strong & Stable fall prevention kit, telemonitoring scale for members with CHF, unlimited routine foot care (does not require a specific diagnosis)



800-333-2433



UnitedHealthCare Dual Complete SNBC (H7778-001)

Advantage HMO-Special Needs Plan <65

Enrollment: 888-834-3721
 Service: 888-834-3721 • TTY: 711
UHCCommunityPlan.com



Monthly Premium: \$0

Plan Area: Scott, St. Louis Counties	
Enrollment Requirements	Participation in the program is limited to beneficiaries who are between the ages of 18 and 65, enrolled in Medicaid with both Medicare Part A and Part B, live in the service area, and are certified disabled or are receiving services under the DD waiver from your county.
Out-of-Pocket Max	Does not apply
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$0 copay Out-of-Network: not covered
Physician/Outpatient	Physician In-Network: \$0 copay/primary or specialist visit Physician Out-of-Network: not covered
Ambulance	In-Network: \$0 copay/ground or air ambulance Out-of-Network: not covered
Outpatient Surgery	Outpatient Hospital In-Network: \$0 copay Outpatient Hospital Out-of-Network: not covered
Outpatient Mental Health	In-Network: \$0 copay/individual or group therapy visits
Emergency/Urgent Care	Emergency Care: \$0 copay Urgently Needed Services: \$0 copay
Travel Coverage	Not covered
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay Out-of-Network: not covered
Physical/Speech/Occupational Therapy	In-Network: \$0 copay Out-of-Network: not covered
Skilled Nursing Facility Care	In-Network: \$0 copay Out-of-Network: not covered
Diabetic Supplies & Services	In-Network: \$0 copay Out-of-Network: not covered
DMEPOS	In-Network: \$0 copay Out-of-Network: not covered
Dental	\$0 copay/preventive, diagnostic services and comprehensive services, for up to \$2,500 per year for covered preventive and comprehensive dental services.
Chiropractic/Acupuncture	Not covered
Vision	In-Network: \$0 copay/routine eye exam, contact lenses and eyeglasses (frames and lenses) Out-of-Network: not covered
Hearing	In-Network: \$0 copay/hearing exam, \$2,000 allowance for hearing aids every year Out-of-Network: not covered
Medicare Part B Drugs	In-Network: \$0 copay Out-of-Network: not covered
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan.
Medicare Part D Deductible	\$0
Discounts & Programs	Virtual medical and mental health visits; Nursing HotLine Package; meal benefit package (up to 28 meals for 14 days, unlimited times per year); Renew Active; Philips LifeLine; \$130/month over-the-counter, food allowance and utilities combined credit, amount expires monthly



800-333-2433



UnitedHealthCare Dual Complete ONE MSHO (H7778-002)

Advantage HMO-Special Needs Plan 65+

Enrollment: 888-834-3721

Service: 888-834-3721 • TTY: 711

UHCCommunityPlan.com



Monthly Premium: \$0

Plan Area: St. Louis County	
Enrollment Requirements	Participation in the program is limited to beneficiaries who are age 65 and older, enrolled in Medicaid with both Medicare Part A and Part B and live in the service area
Out-of-Pocket Max	Does not apply
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$0 copay Out-of-Network: not covered
Physician/Outpatient	Physician In-Network: \$0 copay/primary or specialist visit Physician Out-of-Network: not covered
Ambulance	In-Network: \$0 copay/ground or air ambulance Out-of-Network: not covered
Outpatient Surgery	Outpatient Hospital In-Network: \$0 copay Outpatient Hospital Out-of-Network: not covered
Outpatient Mental Health	In-Network: \$0 copay/individual or group therapy visits
Emergency/Urgent Care	Emergency Care: \$0 copay Urgently Needed Services: \$0 copay
Travel Coverage	Not covered
X-rays, Lab & Diagnostic Tests	In-Network: \$0 copay Out-of-Network: not covered
Physical/Speech/Occupational Therapy	In-Network: \$0 copay Out-of-Network: not covered
Skilled Nursing Facility Care	In-Network: \$0 copay Out-of-Network: not covered
Diabetic Supplies & Services	In-Network: \$0 copay Out-of-Network: not covered
DMEPOS	In-Network: \$0 copay Out-of-Network: not covered
Dental	\$0 copay/preventive, diagnostic services and comprehensive services, for up to \$2,500 per year for covered preventive and comprehensive dental services.
Chiropractic/Acupuncture	Not covered
Vision	In-Network: \$0 copay/routine eye exam, contact lenses and eyeglasses (frames and lenses) Out-of-Network: not covered
Hearing	In-Network: \$0 copay/hearing exam, \$2,000 allowance for hearing aids every year Out-of-Network: not covered
Medicare Part B Drugs	In-Network: \$0 copay Out-of-Network: not covered
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan.
Medicare Part D Deductible	\$0
Discounts & Programs	Virtual medical and mental health visits; Nursing HotLine Package; meal benefit package (up to 28 meals for 14 days, unlimited times per year); Renew Active; Philips LifeLine; \$170/month over-the-counter, food allowance and utilities combined credit, amount expires monthly



800-333-2433



UnitedHealthCare Assisted Living Plan (H0710-047)

Advantage PPO-Special Needs Plan

Enrollment: 888-834-3721

Service: 888-834-3721 • TTY: 711

UHC.com/Medicare



Monthly Premium: \$32.30

Plan Area: Anoka, Dakota, Hennepin, Ramsey, Scott Counties	
Enrollment Requirements	Institutional Special Needs Plan designed specifically for people who live in a contracted institution for 90 days or longer
Out-of-Pocket Max	In-Network: \$1,600 annually for Medicare-covered services Out-of-Network: \$5,100 annually for Medicare-covered services
Health Plan Deductible	\$0
Hospital Inpatient	In-Network: \$200 copay/day for days 1-7, \$0 copay/day for days 8+, unlimited inpatient hospital stay days Out-of-Network: 30% coinsurance/admit for unlimited days
Physician/Outpatient	Physician In-Network: \$0 copay/primary or specialists Physician Out-of-Network: 30% coinsurance/primary or specialists
Ambulance	\$100 copay/ground or air ambulance, copays are waived if admitted within 24 Hours
Outpatient Surgery	Outpatient Hospital In-Network: \$0-\$175 copay, cost sharing for additional plan covered services will apply Outpatient Hospital Out-of-Network: 30% coinsurance, cost sharing for additional plan covered services will apply
Outpatient Mental Health	In-Network: \$15 copay/group therapy visit, \$25 copay/individual therapy visit Out-of-Network: 30% coinsurance/group therapy or individual therapy visit
Emergency/Urgent Care	Emergency Care: \$90 copay/visit (\$0 copay worldwide); copays are waived if admitted within 24 Hours Urgently Needed Services: \$40 copay (\$0 copay worldwide)
Travel Coverage	Not covered
X-rays, Lab & Diagnostic Tests	In-Network: 20% coinsurance/diagnostic radiology services, diagnostic tests and procedures, therapeutic radiology, \$0 copay/lab services and outpatient x-rays Out-of-Network: 30% coinsurance/diagnostic radiology services, diagnostic tests and procedures, therapeutic radiology, and outpatient x-rays, \$0 copay/lab services
Physical/Speech/Occupational Therapy	In-Network: \$0 copay Out-of-Network: 30% coinsurance
Skilled Nursing Facility Care	In-Network: \$0 copay/day for days 1-100 Out-of-Network: 30% coinsurance/admit, up to 100 days
Diabetic Supplies & Services	In-Network: \$0 copay/monitoring supplies and self-management training, 20% coinsurance/therapeutic shoes or inserts Out-of-Network: 30% coinsurance/monitoring supplies, therapeutic shoes or inserts, and self-management training
DMEPOS	In-Network: 20% coinsurance/durable medical equipment, \$0 copay-20% coinsurance/prosthetics Out-of-Network: 30% coinsurance/durable medical equipment and prosthetics
Dental	\$0 copay/preventive exam, cleaning every 6 months; \$0 copay/comprehensive, up to \$3,500/year for covered preventive and comprehensive dental services
Chiropractic/Acupuncture	In-Network: \$0 copay/Medicare-covered chiropractic and acupuncture services Out-of-Network: 30% coinsurance/Medicare-covered chiropractic and acupuncture services
Vision	\$0 copay/1 routine eye exam every year, \$0 copay/eyewear every year (up to \$200 for lenses, frames or contact lenses)
Hearing	UnitedHealthcare Hearing: \$2,000 allowance for hearing aids every year
Medicare Part B Drugs	In-Network: 0-20% coinsurance Out-of-Network: 0-30% coinsurance
Medicare Part D Coverage	Yes, but if you enroll in a separate Part D stand-alone plan, you will be disenrolled from this health plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$0/all tiers
Discounts & Programs	Activity tracker device, virtual medical and mental health visits; \$175/quarter over-the-counter debit card or mail order, amount expires annually



800-333-2433



UnitedHealthCare Nursing Home Plan (H0710-041)

Advantage PPO-Special Needs Plan

Enrollment: 888-834-3721

Service: 888-834-3721 • TTY: 711

UHC.com/Medicare



Monthly Premium: \$39.90

Plan Area: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, St. Louis, Washington Counties	
Enrollment Requirements	Institutional Special Needs Plan designed specifically for people who live in a contracted institution for 90 days or longer
Out-of-Pocket Max	In-Network: \$1,500 annually for Medicare-covered services Out-of-Network: \$5,100 annually for Medicare-covered services
Health Plan Deductible	\$0
Hospital Inpatient	\$1,100 copay/admit, covers 90 days for an inpatient hospital stay
Physician/Outpatient	Physician In-Network: \$0 copay/primary, specialists in a nursing home, 20% coinsurance/specialist outside of a nursing home Physician Out-of-Network: 30% coinsurance/primary, specialist
Ambulance	20% coinsurance/ground or air ambulance, copays are waived if admitted within 24 Hours
Outpatient Surgery	Outpatient Hospital In-Network: \$0 copay-20% coinsurance including observation services, cost sharing for additional plan covered services will apply Outpatient Hospital Out-of-Network: 30% coinsurance, cost sharing for additional plan covered services will apply
Outpatient Mental Health	In-Network: \$0 copay/individual or group therapy visits in a nursing home, 20% coinsurance/individual or group therapy visits outside of a nursing home Out-of-Network: 30% coinsurance/individual or group therapy visits
Emergency/Urgent Care	Emergency Care: \$70 copay/visit, if you are admitted to the hospital within 24 hours, you pay the inpatient hospital copay instead of the emergency copay Urgently Needed Services: \$40 copay
Travel Coverage	Not covered
X-rays, Lab & Diagnostic Tests	In Network: \$0 copay/lab services, x-rays; \$0 copay-20% coinsurance/diagnostic tests, procedures and radiology services, 20% coinsurance/therapeutic radiology services Out-of-Network: \$0 copay/lab services, x-rays; 30% coinsurance/diagnostic radiology services, diagnostic procedures and test, therapeutic radiology services, x-rays
Physical/Speech/Occupational Therapy	In-Network: \$0 copay Out-of-Network: 30% coinsurance
Skilled Nursing Facility Care	In-Network: \$0 copay/day for days 1-100, covers up to 100 days Out-of-Network: 30% coinsurance/admit, up to 100 days
Diabetic Supplies & Services	In-Network: 20% coinsurance/monitoring supplies, therapeutic shoes or inserts, \$0 copay/self-management training Out-of-Network: 30% coinsurance/monitoring supplies, therapeutic shoes, inserts, self-management training
DMEPOS	In-Network: 20% coinsurance/durable medical equipment, \$0 copay-20% coinsurance/prosthetics Out-of-Network: 30% coinsurance/durable medical equipment, prosthetics
Dental	\$0 copay/preventive exam, cleaning every 6 months; \$0 copay/comprehensive, up to \$3,500/year for covered preventive and comprehensive dental services
Chiropractic/Acupuncture	In-Network: \$0 copay-20% coinsurance/Medicare-covered services Out-of-Network: 30% coinsurance/Medicare-covered services
Vision	\$0 copay/1 routine eye exam every year, \$0 copay/eyewear every year (up to \$250 for lenses, frames or contact lenses)
Hearing	UnitedHealthcare Hearing: \$2,000 allowance for hearing aids every year
Medicare Part B Drugs	In-Network: 0-20% coinsurance Out-of-Network: 0-30% coinsurance
Medicare Part D Coverage	Yes, if you enroll in a separate Medicare Part D stand-alone plan, you will be disenrolled from this plan. \$35 cap/month on insulins available on the plan formulary.
Medicare Part D Deductible	\$505/all tiers
Discounts & Programs	Virtual medical and mental health visits; \$340/Quarter over-the-counter debit card or mail order, amount expires annually



800-333-2433

Medicare Part D Stand-Alone Drug Plans

What You Need to Know

Medicare Part D stand-alone drug plans are insurance plans for outpatient prescription drugs. Plans are offered by private insurance companies with a Medicare contract. You must be enrolled in either Medicare Part A or Part B to enroll in a Part D plan.

- You can enroll:
 - During your Initial Enrollment Period
 - During the Medicare Open Enrollment Period
 - When you are eligible for a Special Enrollment Period
- Plans are available in all 87 counties in Minnesota.
- Plans must cover both brand-name and generic medications.
- Each plan has a list of medications that are covered, called a formulary.
- Plans can limit access to certain medications using:
 - Prior authorization: Your medical provider must show the drug is medically necessary before the plan will cover.
 - Quantity limits: Limits on how much medication you can get at a time.
 - Step therapy: You must try one or more similar, lower cost drug before the plan will cover.
- If you do not enroll in Part D when you are first eligible and you do not have other creditable prescription drug coverage you may pay a premium penalty when you do enroll.
- See pages 29-33 for more information on Part D.



Call the Senior LinkAge Line at 800-333-2433 for free help with Medicare, including appeals and plan options.

2023 Minnesota Medicare Part D Stand-Alone Drug Plans

People who have Original Medicare or who enroll in specific Medicare health plans can enroll in a Medicare Part D stand-alone drug plan. There is a \$35 cap each month on insulins available on the plan formulary starting in 2023 (see page 7).

To find out whether your medications are covered under a specific plan use the Medicare Plan Finder Tool at [medicare.gov](https://www.medicare.gov), contact the plan directly or call the Senior LinkAge Line at 800-333-2433.

Company	Phone Numbers	Monthly Premium	Medicare Part D Deductible	Discounts & Programs
AARP® MedicareRx from UnitedHealthCare				AARPMedicareRx.com
AARP® MedicareRx Walgreens (S5921-406)	Enrollment: 800-753-8004 Service: 866-870-3470 TTY: 711	\$28.30	\$0/tier 1, \$350/tiers 2-5	Hearing Aid discount through UnitedHealthcare Hearing
AARP® MedicareRx Saver Plus* (S5921-370)	Enrollment: 888-867-5564 Service: 866-460-8854 TTY: 711	\$33.40	\$505	Hearing Aid discount through UnitedHealthcare Hearing
AARP® MedicareRx Preferred (S5820-024)	Enrollment: 888-867-5564 Service: 866-867-5575 TTY: 711	\$105.30	\$0	Hearing Aid discount through UnitedHealthcare Hearing
Aetna Medicare Solutions				AetnaMedicare.com
SilverScript Smart Saver (S5601-200)	Enrollment: 833-526-2445 Service: 866-235-5660 TTY: 711	\$4.70	\$505	Does not apply
SilverScript Choice* (S5601-050)		\$37.90	\$505	
SilverScript Plus (S5601-051)		\$82.40	\$0	
Cigna				Cigna.com/Part-D
Cigna Saver Rx (S5617-375)	Enrollment: 800-735-1459 Service: 800-222-6700 TTY: 711	\$12.10	\$0/tiers 1 & 2; \$505/tiers 3-5	Special savings on vision, hearing, nutrition, fitness, alternative medicine, financial coaching and more
Cigna Secure Rx* (S5617-123)		\$37.00	\$0/tiers 1, 6; \$505/tiers 2-5	Special savings on vision, hearing, nutrition, fitness, alternative medicine, financial coaching and more
Cigna Extra Rx (S5617-270)		\$56.70	\$0/tiers 1-3, 6; \$100/tiers 4-5	Special savings on vision, hearing, nutrition, fitness, alternative medicine, financial coaching and more
Clear Spring Health				clearspringhealthcare.com
Clear Spring Health Premier Rx (S6946-051)	Enrollment: 877-364-4566 Service: 877-317-6082 TTY: 800-899-2114	\$18.50	\$505	Does not apply
Clear Spring Health Value Rx* (S6946-022)		\$33.00	\$505	
Elixir				elixirsolutions.com
Elixir RxSecure (S7694-025)	866-250-2005 TTY: 711	\$73.20	\$505	Does not apply

*Benchmark Plan. See page 32 for more information.



800-333-2433

Company	Phone Numbers	Monthly Premium	Medicare Part D Deductible	Discounts & Programs
Humana humana-medicare.com				
Humana Walmart Value Rx Plan (S5884-204)	Enrollment: 800-706-0872 Service: 800-281-6918 TTY: 711	\$30.50	\$505/tiers 3-5	Call plan for details
Humana Basic Rx Plan* (S5884-145)		\$37.00	\$505/all tiers	Call plan for details
Humana Premier Rx Plan (S5884-171)		\$75.40	\$300/tiers 3-5	Call plan for details, model Select insulins have low copays of \$20 to \$25/month
BlueCross BlueShield Minnesota YourMedicareSolutions.com				
MedicareBlue Rx Select (S5743-008)	Enrollment: 877-662-2583 Service: 888-832-0075 TTY: 711	\$17.30	\$0/tier 1&2, \$505/tier 3-5	Call plan for details
MedicareBlue Rx Standard (S5743-001)		\$80.70	\$0/tier 1&2, \$505/tier 3-5	
MedicareBlue Rx Premier (S5743-004)		\$113.60	\$0	
Mutual of Omaha mutualofomaharx.com				
Mutual of Omaha Rx Essential (S7126-127)	Enrollment: 800-961-9006 TTY/Enrollment: 711 Service: 855-864-6797 TTY/Service: 800-716-3231	\$18.40	\$0/tier 1, \$505/tiers 2-5	Does not apply
Mutual of Omaha Rx Premier (S7126-094)		\$62.20	\$0/tiers 1-2, \$505/tiers 3-5	Does not apply
Mutual of Omaha Rx Plus (S7126-024)		\$75.30	\$505	Does not apply
Wellcare wellcare.com				
Wellcare Value Script (S4802-158)	Enrollment: 888-293-5151 TTY: 711	\$7.50	\$505/tiers 3-6	Does not apply
Wellcare Classic* (S4802-089)		\$35.00	\$505	Does not apply
Wellcare Medicare Rx Value Plus (S4802-228)		\$71.40	\$0	Does not apply

*Benchmark Plan. See page 32 for more information.

Glossary

Advance Beneficiary Notice of Noncoverage (ABN)

In Original Medicare, a notice that a doctor, supplier or provider gives a person with Medicare before furnishing an item or service if the doctor, supplier or provider believes that Medicare may deny payment is called an ABN. In this situation, if you aren't given an ABN before you get the item or service and Medicare denies payment, then you may not have to pay for it. If you are given an ABN and you sign it, you'll probably have to pay for the item or service if Medicare denies payment.

Advance Directive

A written document stating how you want medical decisions to be made if you lose the ability to make them for yourself. It may include a living will and a durable power of attorney for health care.

Appeal

The action you can take if you disagree with a coverage or payment decision made by Medicare, your Medicare health plan or your Medicare Prescription Drug Plan. You have the right to appeal if Medicare, your Medicare health plan or your Medicare drug plan denies one of these:


- A request for a health care service, supply, item or prescription drug that you think you should be able to get
- A request for payment of a health care service, supply, item or prescription drug you already received
- A request to change the amount you must pay for a health care service, supply, item or prescription drug

You can also appeal if Medicare or your plan stops providing or paying for all or part of a health care service, supply, item or prescription drug you think you still need.

Assignment

An agreement by your doctor, provider or supplier to be paid directly by Medicare, to accept the payment amount Medicare approves for the service and not to bill you for any more than the Medicare deductible and coinsurance.

Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO)

A type of QIO (a group of doctors and other health care experts under contract with Medicare) that reviews complaints and quality of care for people with Medicare. The BFCC-QIO makes sure there is consistency in the case review process while taking into consideration local factors and needs, including general quality of care and medical necessity. Contact Minnesota's BFCC-QIO (Livanta) at livantaqio.com , call 888-524-9900, or 888-985-8775 (TTY).

Benefit Period

A benefit period begins the day you're admitted as an inpatient in a hospital or skilled nursing facility (SNF). The benefit period ends when you haven't received any inpatient hospital 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.

Catastrophic Coverage

After you reach your total out-of-pocket maximum for the year, you automatically get catastrophic coverage. You will only pay a small coinsurance or copay for covered drugs for the rest of the year.

Coinsurance

The amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage.

Coordination of Benefits

A way to figure out who pays first when two or more health insurance plans are responsible for paying the same medical claim.

Copayment

An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit or prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription.

Cost Sharing

An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit or prescription drug. This amount can include copayments, coinsurance and/or deductibles.

Coverage Gap (Medicare Prescription Drug Coverage)

The coverage gap, or donut hole, begins after the total cost of your medication (what you paid and what the plan paid combined) reaches a specified dollar amount for that year. Once you are in the coverage gap, you will receive a 75% discount on your medication. During the coverage gap, your costs may be higher than they were during the initial coverage phase, where you may have been paying less than 25% of the cost for your medications.

Creditable Prescription Drug Coverage

Prescription drug coverage (for example, from an employer or union) that is as good as or better than Medicare's standard prescription drug coverage. People who have this kind of coverage when they become eligible for Medicare can generally keep that coverage without paying a penalty if they decide to enroll in Medicare prescription drug coverage later.

Deductible

The amount you must pay for health care or prescriptions before Original Medicare, your prescription drug plan or your other insurance begins to pay.

Donut Hole

See Coverage Gap above.

Durable Medical Equipment

Certain medical equipment, like a wheelchair or hospital bed, that's ordered by your doctor for use in the home.

Employer or Union Retiree Plans

Plans that give health and/or drug coverage to employees, former employees and their families. These plans are offered to people through their (or a spouse's) current or former employer or employee organization.

End-Stage Renal Disease (ESRD)

Permanent kidney failure that requires a regular course of dialysis or a kidney transplant.

Extra Help

A Medicare program, also known as Low-Income Subsidy (LIS), to help people with limited income and resources pay Medicare prescription drug program costs, like premiums, deductibles and coinsurance.

Formulary

A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits.

Generic Drug

A prescription drug that has the same active-ingredient formula as a brand name drug. Generic drugs usually cost less than brand name drugs. The Food and Drug Administration (FDA) rates these drugs to be as safe and effective as brand name drugs.

Grievance

A complaint about the way your Medicare health plan or Medicare drug plan is giving care. For example, you may file a grievance if you have a problem calling the plan or if you're unhappy with the way a staff person at the plan has behaved towards you.

Group Health Plan

A health plan offered by an employer or employee organization that provides health coverage to employees and their families.

The size of the employer determines if Medicare is the primary or secondary insurance. In general, Medicare is the primary payer when you have a small group health plan. The definition of a small (or large) employer depends on the reason for Medicare eligibility.

Small Group Health Plan

- Less than 20 employees (if you are eligible for Medicare because you are age 65)
- Less than 100 employees (if you are eligible for Medicare because of a disability)

There are exceptions to these rules. If you are uncertain of how your group health plan is classified, contact your employer.

Guaranteed Issue Rights

Rights you have in certain situations when insurance companies are required by law to sell or offer you certain Medigap policies. In these situations, an insurance company can't deny you certain Medigap policies or place conditions on them, like exclusions for pre-existing conditions and can't charge you more for certain Medigap policies because of a past or present health problem.

Guaranteed Renewable Policy

Insurance policies that can't be terminated by the insurance company unless you make untrue statements to the insurance company, commit fraud or don't pay your premiums. All Medigap policies issued since 1992 are guaranteed renewable.

Health Care Provider

A person or organization that's licensed to give health care. Doctors, nurses and hospitals are examples of health care providers.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Standard for Privacy of Individually Identifiable Health Information (also called the Privacy Rule) of HIPAA assures your health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well-being.

Homebound

To be homebound means you have trouble leaving your home without help (like using a cane, wheelchair, walker, crutches, special transportation or help from another person) because of an illness or injury, or leaving your home isn't recommended because of your condition and you're normally unable to leave your home because it's a major effort. You may leave home for medical treatment or short, infrequent absences for non-medical reasons, like attending religious services. You can still get home health care if you attend adult day care.

Home Health Care

Health care services and supplies a doctor decides you may receive in your home under a plan of care established by your doctor. Medicare only covers home health care on a limited basis as ordered by your doctor.

Hospice

A special way of caring for people who are terminally ill. Hospice care involves a team-oriented approach that addresses the medical, physical, social, emotional and spiritual needs of the patient. Hospice also provides support to the patient's family or caregiver.

Hospital Outpatient Setting

A part of a hospital where you get outpatient services, like an emergency department, observation unit, surgery center or pain clinic.

Income-Related Monthly Adjustment Amount (IRMAA)

If you have higher income, the law requires an adjustment to your monthly Medicare Part B and Medicare Part D premiums. This adjustment is called IRMAA. Higher-income people pay higher premiums. This affects less than 5% of people with Medicare.

Initial Coverage Limit

Once you've met your yearly deductible, you'll pay a copayment or coinsurance for each covered drug until you reach the year's out-of-pocket maximum.

In-Network

Doctors, hospitals, pharmacies and other health care providers that have agreed to provide members of a certain insurance plan with services and supplies at a discounted price. In some insurance plans, your care is only covered if you get it from in-network doctors, hospitals, pharmacies and other health care providers.

Inpatient Care

Health care that you get when you're admitted to a health care facility, like a hospital or skilled nursing facility.

Lifetime Reserve Days

In Original Medicare, these are additional days that Medicare will pay for when you're in a hospital for more than 90 days. You have a total of 60 reserve days that can be used during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance.

Limiting Charge

In Original Medicare, the highest amount of money you can be charged for a covered service by doctors and other health care suppliers who don't accept assignment. The limiting charge is 15% over Medicare's approved amount. The limiting charge only applies to durable medical equipment in Minnesota. All other Minnesota medical providers are required to accept assignment.

Living Will

A written legal document, also called a medical directive or advance directive. It shows what type of treatments you want, or don't want, in case you can't speak for yourself. Usually, this document only comes into effect if you're unconscious.

Long-Term Care

Services that include medical and non-medical care provided to people who are unable to perform basic activities of daily living, like dressing or bathing. Long-term supports and services can be provided at home, in the community, in assisted living or in nursing homes. People may need long-term supports and services at any age. Medicare and most health insurance plans don't pay for long-term care.

Long-Term Care Ombudsman

Long-Term Care Ombudsmen are advocates for residents of nursing homes, board and care homes, assisted living facilities and similar adult care facilities. They work to resolve problems of individual residents and to bring about changes at the local, state and national levels that will improve residents' care and quality of life. They may be able to provide information about home health agencies in your area.

Medicaid

A joint federal and state program that helps with medical costs for some people with limited income and resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

Medical Assistance (MA)

Minnesota's Medicaid program. It provides health care coverage to over 700,000 low-income Minnesotans each month. Most enrollees get their health care through health plans. The rest receive care on a fee-for-service basis, with providers billing the state directly for services provided.

Medically Necessary

Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Medicare

Medicare is a federal health insurance program for people 65 and older, certain younger people with disabilities and people with End-Stage Renal Disease (ESRD).

Medicare Medical Savings Account

A type of Medicare Advantage Plan that combines a high-deductible health plan and a medical savings account. Plans do not include coverage for Medicare Part D, but you may add a stand-alone Part D plan.

Medicare Administrative Contractor (MAC)

A company that processes claims for Medicare.

Medicare Advantage Plan (Part C)

A Medicare Advantage Plan is a type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Part A and Part B benefits. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans and Medicare Medical Savings Account Plans. If you're enrolled in a Medicare Advantage Plan, Medicare services are covered through the plan and aren't paid for under Original Medicare. Most Medicare Advantage Plans offer prescription drug coverage.

Medicare Advantage Prescription Drug Plan

A Medicare Advantage Plan that offers Medicare prescription drug coverage (Part D), Part A and Part B benefits in one plan.

Medicare-Approved Amount

In Original Medicare, this is the amount a doctor or supplier that accepts assignment can be paid. It may be less than the actual amount a doctor or supplier charges. Medicare pays part of this amount and you're responsible for the difference.

Medicare-Approved Supplier

A company, person or agency that's been certified by Medicare to give you a medical item or service, except when you're an inpatient in a hospital or skilled nursing facility.

Medicare-Certified Provider

A health care provider (like a home health agency, hospital, nursing home or dialysis facility) that's been approved by Medicare. Providers are approved or certified by Medicare if they've passed an inspection conducted by a state government agency. Medicare only covers care given by providers who are certified.

Medicare Cost Plan

A type of Medicare health plan available in Minnesota. In a Medicare Cost Plan, if you get services outside of the plan's network without a referral, your Medicare-covered services will be paid for under Original Medicare.

Medicare Health Maintenance Organization (HMO) Plan

A type of Medicare Advantage Plan. In most HMOs, you can only go to doctors, specialists or hospitals on the plan's list except in an emergency. Most HMOs also require you to get a referral from your primary care physician.

Medicare Health Plan

Generally, a plan offered by a private company that contracts with Medicare to provide Part A and Part B benefits to people with Medicare who enroll in the plan. Medicare health plans include all Medicare Advantage Plans, Medicare Cost Plans and Demonstration/Pilot Programs. Programs of All-inclusive Care for the Elderly (PACE) organizations are special types of Medicare health plans that can be offered by public or private entities and provide Part D and other benefits in addition to Part A and Part B benefits.

Medicare Part A (Hospital Insurance)

Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care and some home health care.

Medicare Part B (Medical Insurance)

Part B covers certain doctors' services, outpatient care, medical supplies and preventive services.

Medicare Part B-ID

Part B-ID covers immunosuppressive drugs for people with end-stage renal disease who have lost Part B coverage because of a successful kidney transplant while on Medicare (after 36 months).

Medicare Part D Senior Savings Model

Designed by the Center for Medicare and Medicaid Services to lower the cost of insulin for people on Medicare. Medicare Part D plans that are Senior Savings Model participants offer a broad set of insulin for no more than \$35.00 for a 30-day supply.

Medicare Preferred Provider Organization (PPO) Plan

A type of Medicare Advantage Plan in which you pay less if you use doctors, hospitals and other health care providers that belong to the plan's network. You can use doctors, hospitals and providers outside of the network for an additional cost.

Medicare Prescription Drug Coverage (Part D)

Optional benefits for prescription drugs available to all people with Medicare for an additional charge. This coverage is offered by insurance companies and other private companies approved by Medicare.

Medicare Prescription Drug Plan (Part D)

Part D adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans and Medicare Medical Savings Account Plans. These plans are offered by insurance companies and other private companies approved by Medicare. Medicare Advantage Plans may also offer prescription drug coverage that follows the same rules as Medicare Prescription Drug Plans.

Medicare Private Fee-For-Service (PFFS) Plan

A type of Medicare Advantage Plan (Part C) in which you can generally go to any doctor or hospital you could go to if you had Original Medicare if the doctor or hospital agrees to treat you. The plan determines how much it will pay doctors and hospitals and how much you must pay when you receive care. A PFFS Plan is very different than Original Medicare and you must follow the plan rules carefully when you go for health care services. When you're in a PFFS Plan, you may pay more or less for Medicare-covered benefits than in Original Medicare.

Medicare Savings Program

A Medicaid program that helps people with limited income and resources pay some or all their Medicare premiums, deductibles and coinsurance.

Medicare SELECT

A type of Medigap policy that may require you to use hospitals, and in some cases, doctors within its network to be eligible for full benefits.

Medicare Special Needs Plan (SNP)

A special type of Medicare Advantage Plan (Part C) that provides more focused and specialized health care for specific groups of people, like those who have both Medicare and Medicaid, who live in a nursing home or have certain chronic medical conditions. Minnesota has a SNP for people aged 65 and older who are eligible for Medical Assistance and enrolled in Medicare Parts A and B called Minnesota Senior Health Options (MSHO).

Medicare Summary Notice (MSN)

A notice you get after the doctor, other health care provider or supplier files a claim for Part A or Part B services in Original Medicare. It explains what the doctor, other health care provider or supplier billed for, the Medicare-approved amount, how much Medicare paid and what you must pay.

Medigap Basic Benefits

Benefits that all Medigap policies must cover, including Part A and Part B coinsurance amounts, blood and additional hospital benefits not covered by Original Medicare.

Medigap Open Enrollment Period

A one-time-only, six-month period when federal law allows you to buy any Medigap policy you want that's sold in your state. In the state of Minnesota, this period starts the first month that you're covered under Part B. During this period, you can't be denied a Medigap policy or charged more due to past or present health problems.

Medigap Policy

Medicare Supplement Insurance sold by private insurance companies to fill gaps in Original Medicare coverage.

Minnesota Insulin Safety Net Program

Created to help Minnesotans who face difficulty affording their insulin. The program has two parts. The urgent need program and the continuing need program. In the urgent need program people who are eligible can receive a 30-day supply of insulin immediately at their pharmacy for now more than \$35.00. In the continuing need program people who are eligible can receive up to a year supply of insulin for no more than \$50.00 per 90-day refill. For more information go to mninsulin.org.

Modified Adjusted Gross Income (MAGI)

Your adjusted gross income plus any tax-exempt Social Security, interest or foreign income you have.

Network

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Original Medicare

Original Medicare is fee-for-service coverage under which the government pays your health care providers directly for your Part A and/or Part B benefits.

Out-of-Network

A benefit that may be provided by your Medicare Advantage Plan. Generally, this benefit gives you the choice to get plan services from outside of the plan's network of health care providers. In some cases, your out-of-pocket costs may be higher for an out-of-network benefit.

Out-of-Pocket Costs

Health or prescription drug costs that you must pay on your own because they aren't covered by Medicare or other insurance.

Outpatient Hospital Care

Medical or surgical care you get from a hospital when your doctor hasn't written an order to admit you to the hospital as an inpatient. Outpatient hospital care may include emergency department services, observation services, outpatient surgery, lab tests or x-rays. Your care may be considered outpatient hospital care even if you spend the night at the hospital.

Penalty

An amount added to your monthly premium for Part B or a Medicare drug plan (Part D) if you don't join when you're first eligible. You pay this higher amount if you have Medicare. There are some exceptions.

Physical Therapy

Treatment of an injury or a disease by mechanical means, like exercise, massage, heat and light treatment.

Point-of-Service Option

In a Health Maintenance Organization (HMO), this option lets you use doctors and hospitals outside the plan for an additional cost.

Preferred Pharmacy

A pharmacy that's part of a Medicare drug plan's network. You pay lower out-of-pocket costs if you get your prescription drugs from a preferred pharmacy instead of a non-preferred pharmacy.

Premium

The periodic payment to Medicare, an insurance company or a health care plan for health or prescription drug coverage.

Preventive Services

Health care to prevent illness or detect illness at an early stage, when treatment is likely to work best (for example, preventive services include pap tests, flu shots and screening mammograms).

Primary Care Doctor

The doctor you see first for most health problems. He or she makes sure you get the care you need to keep you healthy. He or she also may talk with other doctors and health care providers about your care and refer you to them. In many Medicare Advantage Plans, you must see your primary care doctor before you see any other health care provider.

Prior Authorization

Approval that you must get from a Medicare drug plan before you fill your prescription in order for the prescription to be covered by your plan. Your Medicare drug plan may require prior authorization for certain drugs.

Referral

A written order from your primary care doctor for you to see a specialist or get certain medical services. In many Health Maintenance Organizations (HMOs), you need to get a referral before you can get medical care from anyone except your primary care doctor. If you don't get a referral first, the plan may not pay for the services.

Respite Care

Temporary care provided in a nursing home, hospice inpatient facility or hospital so that a family member or friend who is the patient's caregiver can rest or take some time off.

Secondary Payer

The insurance policy, plan or program that pays second on a claim for medical care. This could be Medicare, Medicaid or other insurance depending on the situation.

Senior Savings Model

The Senior Savings Model began in 2021 as a way to offer people on Medicare plan options that offered lower out-of-pocket costs for insulin. Participating plans offer plan-formulary insulin at an affordable and predictable cost of no more than \$35 for a thirty-day supply.

Service Area

A geographic area where a health insurance plan accepts members if it limits membership based on where people live. For plans that limit which doctors and hospitals you may use, it's also generally the area where you can get routine (non-emergency) services. The plan may disenroll you if you move out of the plan's service area.

Skilled Nursing Care

Care, such as certain intravenous injections, that can only be given by a registered nurse or doctor.

Skilled Nursing Facility (SNF)

A nursing facility with the staff and equipment to give skilled nursing care, and in most cases, skilled rehabilitative services and other related health services.

Skilled Nursing Facility Care

Skilled nursing care and rehabilitation services provided on a continuous, daily basis, in a SNF.

Social Security Credits

You qualify for Social Security benefits by earning Social Security credits when you work in a job and pay Social Security taxes. Social Security credits are based on the amount of your earnings. You can earn up to the maximum of four credits per year.

Speech-Language Therapy (Speech-Language Pathology Services)

Treatment that helps you strengthen or regain speech, language and swallowing skills.

State Health Insurance Assistance Program (SHIP)

A state program that gets money from the federal government to give free local health insurance counseling to people with Medicare.

Step Therapy

A coverage rule used by some Medicare Prescription Drug Plans that requires you to try one or more similar, lower cost drugs to treat your condition before the plan will cover the prescribed drug.

Supplemental Security Income (SSI)

A monthly benefit paid by Social Security to people with limited income and resources who are disabled, blind or age 65 and older. SSI benefits aren't the same as Social Security retirement or disability benefits.

Telemedicine

Medical or other health services given to a patient using a communications system (like a computer, phone or television) by a practitioner in a location different than the patient's.

Tiers

Most Medicare Part D plans offer tier-based pricing. This means that drugs are grouped into categories called tiers. The cost of the drugs varies by tier. In general, a drug in a lowered number tier will cost you less than a drug in a higher numbered tier.

TRICARE

A health care program for active-duty and retired uniformed services members and their families.

TRICARE FOR LIFE (TFL)

Expanded medical coverage available to Medicare-eligible uniformed services retirees age 65 and older, their eligible family members and survivors and certain former spouses.

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