

*Platinum Blue<sup>SM</sup>*

*Core, Choice and Complete Plans (Cost)*

H2461



# 2011 Summary of Benefits

*January 1, 2011 – December 31, 2011*



# Section I – Introduction to the Summary of Benefits for Platinum Blue Core, Choice and Complete Plans

**January 1, 2011 – December 31, 2011, State of Minnesota**

Thank you for your interest in Platinum Blue, a Medicare-approved Cost plan. Our plan is offered by Blue Cross and Blue Shield of Minnesota, a health plan with a Medicare contract. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call Platinum Blue Core, Choice and Complete Plans and ask for the "Evidence of Coverage."

## **You have choices in your health care**

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like Platinum Blue. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare program.

You may be able to join or leave a plan only at certain times. Please call Platinum Blue at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

## **How can I compare my options?**

You can compare Platinum Blue Core, Choice and Complete Plans and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

## **Where is Platinum Blue available?**

The service area for this plan includes: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Douglas, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Rice, Rock, Roseau, Scott, Sherburne, Sibley, St. Louis, Stearns, Steele, Stevens, Swift, Todd, Traverse, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona, Wright, Yellow Medicine Counties, MN. You must live in one of these areas to join the plan.

## **Who is eligible to join Platinum Blue Core, Choice and Complete Plans?**

You can join Platinum Blue if you are entitled to Medicare Part A and enrolled in Medicare Part B or enrolled in Medicare Part B only and live in the service area. However, individuals with end-stage renal disease are generally not eligible to enroll in Platinum Blue unless they are members of our organization and have been since their dialysis began.

## **Can I choose my doctors?**

Platinum Blue has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list visit us at our website.

Our customer service number is listed at the end of this introduction.

## **What happens if I go to a doctor who's not in your network?**

You can always choose to go to a doctor outside our network. We may not pay for the services you receive outside of our network, but Medicare will pay for its share of charges it approves. You will be responsible for Medicare Part B deductibles and coinsurance.

## **Does my plan cover Medicare Part B or Part D drugs?**

Platinum Blue does cover Medicare Part B prescription drugs. Platinum Blue does NOT cover Medicare Part D prescription drugs.

## **What are my protections in this plan?**

All Medicare Cost Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Cost Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days

before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Platinum Blue, you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

## **What types of drugs may be covered under Medicare Part B?**

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact Platinum Blue for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin alpha or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.

- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

### Where can I get information on plan ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on **www.medicare.gov** and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our Customer Service numbers are listed below.

Please call Blue Cross and Blue Shield of Minnesota for more information about Platinum Blue.

Visit us at **bluecrossmn.com** or, call us:

Customer Service Hours:

Monday, Tuesday, Wednesday, Thursday, Friday, 8:00 a.m. – 5:00 p.m. Central time

Current members should call toll free 1-866-340-8654 (TTY/TDD: 1-888-878-0137)

Prospective members should call toll free 1-877-662-2583 (TTY/TDD: 1-866-582-1158)

Current members should call locally (651) 662-5654 (TTY/TDD: 1-888-878-0137)

Prospective members should call locally (651) 662-2583 (TTY/TDD: 1-866-582-1158)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit **www.medicare.gov** on the web.

If you have special needs, this document may be available in other formats.

# Section II. Summary of Benefits

If you have questions about the plan's benefits or costs, please contact Platinum Blue for details.

Benefit Category	Original Medicare	Platinum Blue Core Plan	Platinum Blue Choice Plan	Platinum Blue Complete Plan
<b>Important Information</b>				
<p><b>1 – Premium and Other Important Information</b></p>	<p>In 2010 the monthly Part B Premium was \$96.40 and may change for 2011 and the yearly Part B deductible amount was \$155 and may change for 2011.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p><i>General</i></p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p><i>General</i></p> <p>\$35 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>This plan covers all Medicare-covered preventive services with zero cost sharing.</p> <p><i>In-Network</i></p> <p>\$3,000 out-of-pocket limit. All plan services included.</p> <p><i>Out-of Network</i></p> <p>Contact the plan for more details on what is covered out-of-network.</p>	<p><i>General</i></p> <p>\$79 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>This plan covers all Medicare-covered preventive services with zero cost sharing.</p> <p><i>In-Network</i></p> <p>\$3,000 out-of-pocket limit. All plan services included.</p> <p><i>Out-of Network</i></p> <p>Contact the plan for more details on what is covered out-of-network.</p>	<p><i>General</i></p> <p>\$109 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>This plan covers all Medicare-covered preventive services with zero cost sharing.</p> <p><i>In-Network</i></p> <p>\$3,000 out-of-pocket limit. All plan services included.</p> <p><i>Out-of Network</i></p> <p>Contact the plan for more details on what is covered out-of-network.</p>

Benefit Category	Original Medicare	Platinum Blue Core Plan	Platinum Blue Choice Plan	Platinum Blue Complete Plan
<b>Important Information</b>				
<p><b>2 – Doctor and Hospital Choice</b> (For more information, see Emergency Care – #15 and Urgently Needed Care – #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><i>In-Network</i></p> <p>No referral required for network doctors, specialists, and hospitals.</p> <p><i>In and Out-of-Network</i></p> <p>You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p> <p><i>Out of Service Area</i></p> <p>Plan covers you when you travel in the U.S.</p>	<p>In-Network</p> <p>No referral required for network doctors, specialists, and hospitals.</p> <p><i>In and Out-of-Network</i></p> <p>You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p> <p><i>Out of Service Area</i></p> <p>Plan covers you when you travel in the U.S.</p>	<p>In-Network</p> <p>No referral required for network doctors, specialists, and hospitals.</p> <p><i>In and Out-of-Network</i></p> <p>You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p> <p><i>Out of Service Area</i></p> <p>Plan covers you when you travel in the U.S.</p>

Benefit Category	Original Medicare	Platinum Blue Core Plan	Platinum Blue Choice Plan	Platinum Blue Complete Plan
<b>Summary of Benefits</b>				
<b>Inpatient Care</b>				
<p><b>3 – Inpatient Hospital Care</b> (includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2010 the amounts for each benefit period were:</p> <p>Days 1 – 60: \$1,100 deductible</p> <p>Days 61 – 90: \$275 per day</p> <p>Days 91 – 150: \$550 per lifetime reserve day</p> <p>These amounts will change for 2011.</p> <p>Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><i>In-Network</i></p> <p>Plan covers 90 days each copay benefit period.</p> <p>\$400 copay for each Medicare-covered hospital stay.</p> <p>Plan covers 60 lifetime reserve days.</p> <p>Cost per lifetime reserve day:</p> <p>Days 1 – 60: \$0 copay per day</p> <p>\$400 out-of-pocket limit every benefit period.</p>	<p><i>In-Network</i></p> <p>No limit on the number of days covered by the plan each benefit period.</p> <p>\$100 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p>	<p><i>In-Network</i></p> <p>No limit on the number of days covered by the plan each benefit period.</p> <p>\$0 copay for each Medicare-covered hospital stay.</p>



Benefit Category	Original Medicare	Platinum Blue Core Plan	Platinum Blue Choice Plan	Platinum Blue Complete Plan
<b>Inpatient Care</b>				
<b>4 – Inpatient Mental Health Care</b>	Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).  190 day lifetime limit in a Psychiatric Hospital.	<i>In-Network</i>  You get up to 190 days in a Psychiatric Hospital in a lifetime.  \$400 copay for each Medicare-covered hospital stay.	<i>In-Network</i>  You get up to 190 days in a Psychiatric Hospital in a lifetime.  \$100 copay for each Medicare-covered hospital stay.	<i>In-Network</i>  You get up to 190 days in a Psychiatric Hospital in a lifetime.  \$0 copay for each Medicare-covered hospital stay.
<b>5 – Skilled Nursing Facility (SNF)</b> (in a Medicare-certified skilled nursing facility)	In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay were:  Days 1 – 20: \$0 per day  Days 21 – 100: \$137.50 per day  These amounts will change for 2011.  100 days for each benefit period.  A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	<i>In-Network</i>  Plan covers up to 100 days each benefit period.  For Medicare-covered SNF stays:  Days 1 – 20: \$0 copay per day  Days 21 – 100: \$137.50 copay per day	<i>In-Network</i>  Plan covers up to 100 days each benefit period.  \$0 copay for SNF services.	<i>In-Network</i>  Plan covers up to 100 days each benefit period.  \$0 copay for SNF services.

Benefit Category	Original Medicare	Platinum Blue Core Plan	Platinum Blue Choice Plan	Platinum Blue Complete Plan
<b>Inpatient Care</b>				
<b>6 – Home Health Care</b> (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay	<i>In-Network</i> \$0 copay for Medicare-covered home health visits.	<i>In-Network</i> \$0 copay for Medicare-covered home health visits.	<i>In-Network</i> \$0 copay for Medicare-covered home health visits.
<b>7 - Hospice</b>	You pay part of the cost for outpatient drugs and inpatient respite care.  You must get care from a Medicare-certified hospice.	<i>General</i>  You must get care from a Medicare-certified hospice.	<i>General</i>  You must get care from a Medicare-certified hospice.	<i>General</i>  You must get care from a Medicare-certified hospice.
<b>8 – Doctor Office Visits</b>	20% coinsurance	<i>General</i>  See “Physical Exams,” for more information.  <i>In-Network</i>  20% of the cost for each primary care doctor visit for Medicare-covered benefits.  20% of the cost for each in-area, network urgent care Medicare-covered visit.  20% of the cost for each specialist visit for Medicare-covered benefits.	<i>General</i>  See “Physical Exams,” for more information.  <i>In-Network</i>  \$10 copay for each primary care doctor visit for Medicare-covered benefits.  \$10 copay for each in-area, network urgent care Medicare-covered visit.  \$10 copay for each specialist visit for Medicare-covered benefits.	<i>General</i>  See “Physical Exams,” for more information.  <i>In-Network</i>  \$0 copay for each primary care doctor visit for Medicare-covered benefits.  \$0 copay for each in-area, network urgent care Medicare-covered visit.  \$0 copay for each specialist visit for Medicare-covered benefits.

Benefit Category	Original Medicare	Platinum Blue Core Plan	Platinum Blue Choice Plan	Platinum Blue Complete Plan
<b>Outpatient Care</b>				
<b>9 – Chiropractic Services</b>	<p>Routine care not covered.</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p><i>In-Network</i></p> <p>20% of the cost for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p><i>In-Network</i></p> <p>\$10 copay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p><i>In-Network</i></p> <p>\$0 copay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>
<b>10 – Podiatry Services</b>	<p>Routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.</p>	<p><i>In-Network</i></p> <p>20% of the cost for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p><i>In-Network</i></p> <p>\$10 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p><i>In-Network</i></p> <p>\$0 copay for each Medicare-covered visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
<b>11 – Outpatient Mental Health Care</b>	<p>45% coinsurance for most outpatient mental health services.</p>	<p><i>In-Network</i></p> <p>20% of the cost for each Medicare-covered individual or group therapy visit.</p>	<p><i>In-Network</i></p> <p>\$10 copay for each Medicare-covered individual or group therapy visit.</p>	<p><i>In-Network</i></p> <p>\$0 copay for Medicare-covered Mental Health visits.</p>
<b>12 – Outpatient Substance Abuse Care</b>	<p>20% coinsurance</p>	<p><i>In-Network</i></p> <p>20% of the cost for Medicare-covered individual or group visits.</p>	<p><i>In-Network</i></p> <p>\$10 copay for Medicare-covered individual or group visits.</p>	<p><i>In-Network</i></p> <p>\$0 copay for Medicare-covered visits.</p>

Benefit Category	Original Medicare	Platinum Blue Core Plan	Platinum Blue Choice Plan	Platinum Blue Complete Plan
<b>Outpatient Care</b>				
<b>13 – Outpatient Services/Surgery</b>	20% coinsurance for the doctor.  Specified copayment for outpatient hospital facility charges. Copay cannot exceed the Part A inpatient hospital deductible.  20% of outpatient facility charges.	<i>In-Network</i>  20% of the cost for each Medicare-covered ambulatory surgical center visit.  20% of the cost for each Medicare-covered outpatient hospital facility visit.	<i>In-Network</i>  \$50 copay for each Medicare-covered ambulatory surgical center visit.  \$0 to \$50 copay for each Medicare-covered outpatient hospital facility visit.	<i>In-Network</i>  \$0 copay for each Medicare-covered ambulatory surgical center visit.  \$0 copay for each Medicare-covered outpatient hospital facility visit.
<b>14 – Ambulance Services</b> (medically necessary ambulance services)	20% coinsurance	<i>In-Network</i>  20% of the cost for Medicare-covered ambulance benefits.	<i>In-Network</i>  \$25 copay for Medicare-covered ambulance benefits.	<i>In-Network</i>  \$0 copay for Medicare-covered ambulance benefits.
<b>15 – Emergency Care</b> (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor.  Specified copayment for outpatient hospital emergency room (ER) facility charge.  ER Copay cannot exceed Part A inpatient hospital deductible.  You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.  Not covered outside the U.S. except under limited circumstances.	<i>General</i>  \$50 copay for Medicare-covered emergency room visits.  Worldwide coverage.  If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.	<i>General</i>  \$50 copay for Medicare-covered emergency room visits.  Worldwide coverage.  If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.	<i>General</i>  \$0 copay for Medicare-covered emergency room visits.  Worldwide coverage.

Benefit Category	Original Medicare	Platinum Blue Core Plan	Platinum Blue Choice Plan	Platinum Blue Complete Plan
<b>Outpatient Care</b>				
<b>16 – Urgently Needed Care</b> (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay.  Not covered outside the U.S. except under limited circumstances.	<i>General</i>  \$25 copay for Medicare-covered urgently needed care visits.	<i>General</i>  \$25 copay for Medicare-covered urgently needed care visits.	<i>General</i>  \$0 copay for Medicare-covered urgently needed care visits.
<b>17 – Outpatient Rehabilitation Services</b> (Occupational Therapy, Physical Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/Psychological Services, and more)	20% coinsurance	<i>In-Network</i>  There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.  20% of the cost for Medicare-covered Occupational Therapy visits.  20% of the cost for Medicare-covered Physical and/or Speech and Language Therapy visits.  20% of the cost for Medicare-covered Cardiac Rehab services.	<i>In-Network</i>  There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.  \$10 copay for Medicare-covered Occupational Therapy visits.  \$10 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.  \$10 copay for Medicare-covered Cardiac Rehab services.	<i>In-Network</i>  There may be limits on physical therapy, occupational therapy, and speech and language pathology services. If so, there may be exceptions to these limits.  \$0 copay for Medicare-covered Occupational Therapy visits.  \$0 copay for Medicare-covered Physical and/or Speech and Language Therapy visits.  \$0 copay for Medicare-covered Cardiac Rehab services.

Benefit Category	Original Medicare	Platinum Blue Core Plan	Platinum Blue Choice Plan	Platinum Blue Complete Plan
<b>Outpatient Medical Services and Supplies</b>				
<b>18 – Durable Medical Equipment</b> (includes wheelchairs, oxygen, etc.)	20% coinsurance	<i>In-Network</i>  20% of the cost for Medicare-covered items.	<i>In-Network</i>  20% of the cost for Medicare-covered items.	<i>In-Network</i>  \$0 copay for Medicare-covered items.
<b>19 – Prosthetic Devices</b> (includes braces, artificial limbs and eyes, etc.)	20% coinsurance	<i>In-Network</i>  20% of the cost for Medicare-covered items.	<i>In-Network</i>  20% of the cost for Medicare-covered items.	<i>In-Network</i>  \$0 copay for Medicare-covered items.
<b>20 – Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</b> (includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/glaucoma test, and foot exam/therapeutic soft shoes)	20% coinsurance  Nutrition therapy is for people who have diabetes or kidney disease ( <i>but aren't on dialysis or haven't had a kidney transplant</i> ) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	<i>In-Network</i>  \$0 copay for Diabetes self-monitoring training.  \$0 copay for Nutrition Therapy for Diabetes.  20% of the cost for Diabetes supplies.	<i>In-Network</i>  \$0 copay for Diabetes self-monitoring training.  \$0 copay for Nutrition Therapy for Diabetes.  20% of the cost for Diabetes supplies.	<i>In-Network</i>  \$0 copay for Diabetes self-monitoring training.  \$0 copay for Nutrition Therapy for Diabetes.  \$0 copay for Diabetes supplies.

Benefit Category	Original Medicare	Platinum Blue Core Plan	Platinum Blue Choice Plan	Platinum Blue Complete Plan
<b>Outpatient Medical Services and Supplies</b>				
<b>21 – Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</b>	<p>20% coinsurance for diagnostic tests and X-rays.</p> <p>\$0 copay for Medicare-covered lab services.</p> <p><b>Lab Services:</b> Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p><i>In-Network</i></p> <p>\$0 copay for Medicare-covered lab services.</p> <p>0 - 20% of the cost for Medicare-covered diagnostic procedures and tests.</p> <p>20% of the cost for Medicare-covered X-rays.</p> <p>20% of the cost for Medicare-covered diagnostic radiology services (not including X-rays).</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p>	<p><i>In-Network</i></p> <p>\$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> <li>• lab services</li> <li>• diagnostic procedures and tests</li> <li>• X-rays</li> <li>• diagnostic radiology services (not including X-rays)</li> <li>• therapeutic radiology services</li> </ul>	<p><i>In-Network</i></p> <p>\$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> <li>• lab services</li> <li>• diagnostic procedures and tests</li> <li>• X-rays</li> <li>• diagnostic radiology services (not including X-rays)</li> <li>• therapeutic radiology services</li> </ul>

Benefit Category	Original Medicare	Platinum Blue Core Plan	Platinum Blue Choice Plan	Platinum Blue Complete Plan
<b>Preventive Services</b>				
<b>22 – Bone Mass Measurement</b> (for people with Medicare who are at risk)	No coinsurance, copayment or deductible.  Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	<i>In-Network</i>  \$0 copay for Medicare-covered bone mass measurement.	<i>In-Network</i>  \$0 copay for Medicare-covered bone mass measurement.	<i>In-Network</i>  \$0 copay for Medicare-covered bone mass measurement.
<b>23 – Colorectal Screening Exams</b> (for people with Medicare age 50 and older)	No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy.  Covered when you are high risk or when you are age 50 and older.	<i>In-Network</i>  \$0 copay for Medicare-covered colorectal screenings.	<i>In-Network</i>  \$0 copay for <ul style="list-style-type: none"> <li>• Medicare-covered colorectal screenings</li> <li>• additional screenings</li> </ul> No limit on the number of covered colorectal screenings.	<i>In-Network</i>  \$0 copay for <ul style="list-style-type: none"> <li>• Medicare-covered colorectal screenings</li> <li>• additional screenings</li> </ul> No limit on the number of covered colorectal screenings.
<b>24 – Immunizations</b> (Flu vaccine, Hepatitis B vaccine– for people with Medicare who are at risk, Pneumonia vaccine)	\$0 copay for Flu, Pneumonia and Hepatitis B vaccines.  You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	<i>In-Network</i>  \$0 copay for Flu and Pneumonia vaccines.  \$0 copay for Hepatitis B vaccine.  No referral needed for Flu and Pneumonia vaccines.	<i>In-Network</i>  \$0 copay for Flu and Pneumonia vaccines.  \$0 copay for Hepatitis B vaccine.  No referral needed for Flu and Pneumonia vaccines.	<i>In-Network</i>  \$0 copay for Flu and Pneumonia vaccines.  \$0 copay for Hepatitis B vaccine.  No referral needed for Flu and Pneumonia vaccines.



Benefit Category	Original Medicare	Platinum Blue Core Plan	Platinum Blue Choice Plan	Platinum Blue Complete Plan
<b>Preventive Services</b>				
<b>25 – Mammograms (Annual Screening)</b> (for women with Medicare age 40 and older)	No coinsurance, copayment or deductible.  No referral needed.  Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	<i>In-Network</i>  \$0 copay for Medicare-covered screening mammograms.	<i>In-Network</i>  \$0 copay for <ul style="list-style-type: none"> <li>• Medicare-covered screening mammograms</li> <li>• additional screening mammograms</li> </ul> No limit on the number of covered screening mammograms.	<i>In-Network</i>  \$0 copay for <ul style="list-style-type: none"> <li>• Medicare-covered screening mammograms</li> <li>• additional screening mammograms</li> </ul> No limit on the number of covered screening mammograms.
<b>26 – Pap Smears and Pelvic Exams</b> (for women with Medicare)	No coinsurance, copayment, or deductible for Pap smears.  No coinsurance, copayment, or deductible for Pelvic and clinical breast exams.  Covered once every 2 years. Covered once a year for women with Medicare at high risk.	<i>In-Network</i>  \$0 copay for Medicare-covered pap smears and pelvic exams.	<i>In-Network</i>  \$0 copay for <ul style="list-style-type: none"> <li>• Medicare-covered pap smears and pelvic exams</li> <li>• additional pap smears and pelvic exams</li> </ul> No limit on the number of covered pap smears and pelvic exams.	<i>In-Network</i>  \$0 copay for <ul style="list-style-type: none"> <li>• Medicare-covered pap smears and pelvic exams</li> <li>• additional pap smears and pelvic exams</li> </ul> No limit on the number of covered pap smears and pelvic exams.
<b>27 – Prostate Cancer Screening Exams</b> (for men with Medicare age 50 and older)	20% coinsurance for the digital rectal exam.  \$0 for the PSA test; 20% coinsurance for other related services.  Covered once a year for all men with Medicare over age 50.	<i>In-Network</i>  \$0 copay for Medicare-covered prostate cancer screening	<i>In-Network</i>  \$0 copay for <ul style="list-style-type: none"> <li>• Medicare-covered prostate cancer screening</li> <li>• additional screening</li> </ul> No limit on the number of covered prostate cancer screenings.	<i>In-Network</i>  \$0 copay for <ul style="list-style-type: none"> <li>• Medicare-covered prostate cancer screening</li> <li>• additional screening</li> </ul> No limit on the number of covered prostate cancer screenings.

Benefit Category	Original Medicare	Platinum Blue Core Plan	Platinum Blue Choice Plan	Platinum Blue Complete Plan
<b>Preventive Services</b>				
<b>28 – End-Stage Renal Disease</b>	<p>20% coinsurance for renal dialysis.</p> <p>20% coinsurance for Nutrition Therapy for End-Stage Renal Disease.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (<i>but aren't on dialysis or haven't had a kidney transplant</i>) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p><i>General</i></p> <p>Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p><i>In-Network</i></p> <p>20% of the cost for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p><i>General</i></p> <p>Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p><i>In-Network</i></p> <p>\$10 copay for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>	<p><i>General</i></p> <p>Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p><i>In-Network</i></p> <p>\$0 copay for renal dialysis.</p> <p>\$0 copay for Nutrition Therapy for End-Stage Renal Disease.</p>

Benefit Category	Original Medicare	Platinum Blue Core Plan	Platinum Blue Choice Plan	Platinum Blue Complete Plan
<b>Preventive Services</b>				
<b>29 – Prescription Drugs</b>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p><i>Drugs covered under Medicare Part B</i></p> <p><i>General</i></p> <p>Most drugs not covered.</p> <p>20% of the cost for Part B-covered drugs (not including chemotherapy drugs).</p> <p>20% of the cost for Part B covered chemotherapy drugs.</p> <p><i>Drugs Covered under Medicare Part D</i></p> <p><i>General</i></p> <p>This plan does not offer prescription drug coverage.</p>	<p><i>Drugs covered under Medicare Part B</i></p> <p><i>General</i></p> <p>Most drugs not covered.</p> <p>20% of the cost for Part B-covered drugs (not including chemotherapy drugs).</p> <p>20% of the cost for Part B covered chemotherapy drugs.</p> <p><i>Drugs Covered under Medicare Part D</i></p> <p><i>General</i></p> <p>This plan does not offer prescription drug coverage.</p>	<p><i>Drugs covered under Medicare Part B</i></p> <p><i>General</i></p> <p>Most drugs not covered.</p> <p>0% to 20% of the cost for Part B-covered drugs (not including chemotherapy drugs).</p> <p>20% of the cost for Part B covered chemotherapy drugs.</p> <p><i>Drugs Covered under Medicare Part D</i></p> <p><i>General</i></p> <p>This plan does not offer prescription drug coverage.</p>
<b>30 – Dental Services</b>	<p>Preventive dental services (such as cleaning) not covered.</p>	<p><i>In-Network</i></p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>20% of the cost for Medicare-covered dental benefits.</p>	<p><i>In-Network</i></p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>\$10 copay for Medicare-covered dental benefits.</p>	<p><i>In-Network</i></p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>\$0 copay for Medicare-covered dental benefits.</p>

Benefit Category	Original Medicare	Platinum Blue Core Plan	Platinum Blue Choice Plan	Platinum Blue Complete Plan
<b>Preventive Services</b>				
<b>31 – Hearing Services</b>	<p>Routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p><i>In-Network</i></p> <p>In general, routine hearing exams and hearing aids not covered.</p> <p>20% of the cost for Medicare-covered diagnostic hearing exams.</p>	<p><i>In-Network</i></p> <p>\$0 copay for hearing aids.</p> <p>\$10 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$10 copay for up to one routine hearing test every year.</p> <p>\$10 copay for up to one hearing aid fitting evaluation every year.</p> <p>\$450 plan coverage limit for hearing aids every year.</p>	<p><i>In-Network</i></p> <p>\$0 copay for hearing aids.</p> <p>\$0 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> <li>• up to one routine hearing test every year</li> <li>• up to one hearing aid fitting evaluation every year</li> </ul> <p>\$450 plan coverage limit for hearing aids every year.</p>
<b>32 – Vision Services</b>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p><i>In-Network</i></p> <p>Non-Medicare-covered eye exams and glasses not covered.</p> <p>20% of the cost for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>0 – 20% of the cost for exams to diagnose and treat diseases and conditions of the eye.</p>	<p><i>In-Network</i></p> <p>20% of the cost for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>\$0 – 10 copay for exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 copay for up to one routine eye exam every year.</p> <p>0% of the cost for glasses.</p> <p>0% of the cost for contacts.</p> <p>\$125 plan coverage limit for eye wear every two years.</p>	<p><i>In-Network</i></p> <p>\$0 copay for diagnosis and treatment for diseases and conditions of the eye.</p> <ul style="list-style-type: none"> <li>• up to one routine eye exam every year.</li> </ul> <p>20% of the cost for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>0% of the cost for glasses.</p> <p>0% of the cost for contacts.</p> <p>\$125 plan coverage limit for eye wear every two years.</p>

Benefit Category	Original Medicare	Platinum Blue Core Plan	Platinum Blue Choice Plan	Platinum Blue Complete Plan
<b>Preventive Services</b>				
<b>33 – Physical Exams</b> “Welcome to Medicare”; and Annual Wellness Visit	<p>When you join Medicare Part B, then you are eligible as follows.</p> <p>During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare exam or an Annual Wellness visit.</p> <p>After your first 12 months, you can get one Annual Wellness visit every 12 months.</p> <p>There is no coinsurance, copayment or deductible for either the Welcome to Medicare exam or the Annual Wellness visit.</p> <p>The Welcome to Medicare exam does not include lab tests.</p>	<p><i>In-Network</i></p> <p>\$0 copay for the required Medicare-covered initial preventive physical exam and annual wellness visits.</p> <p>Limited to one exam every year.</p>	<p><i>In-Network</i></p> <p>\$0 copay for the required Medicare-covered initial preventive physical exam and annual wellness visits.</p> <p>Limited to one exam every year.</p>	<p><i>In-Network</i></p> <p>\$0 copay for the required Medicare-covered initial preventive physical exam and annual wellness visits.</p> <p>Limited to one exam every year.</p>

Benefit Category	Original Medicare	Platinum Blue Core Plan	Platinum Blue Choice Plan	Platinum Blue Complete Plan
<b>Preventive Services</b>				
<b>34 – Health/Wellness Education</b>	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p> <p>\$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor’s visit.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>	<p><i>In-Network</i></p> <p>The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>• Health Club Membership/ Fitness Classes</li> <li>• Nursing Hotline</li> </ul> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p> <p>\$0 copay for each Medicare-covered HIV screening.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>	<p><i>In-Network</i></p> <p>The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>• Health Club Membership/ Fitness Classes</li> <li>• Nursing Hotline</li> </ul> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p> <p>\$0 copay for each Medicare-covered HIV screening.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>	<p><i>In-Network</i></p> <p>The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>• Health Club Membership/ Fitness Classes</li> <li>• Nursing Hotline</li> </ul> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p> <p>\$0 copay for each Medicare-covered HIV screening.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>
<b>Transportation (routine)</b>	Not covered.	<p><i>In-Network</i></p> <p>This plan does not cover routine transportation.</p>	<p><i>In-Network</i></p> <p>This plan does not cover routine transportation.</p>	<p><i>In-Network</i></p> <p>This plan does not cover routine transportation.</p>
<b>Acupuncture</b>	Not covered.	<p><i>In-Network</i></p> <p>This plan does not cover Acupuncture.</p>	<p><i>In-Network</i></p> <p>This plan does not cover Acupuncture.</p>	<p><i>In-Network</i></p> <p>This plan does not cover Acupuncture.</p>





# BlueCross BlueShield of Minnesota

An Independent licensee of the Blue Cross and Blue Shield Association