

2011



Minnesota's leading Medicare supplement plan

Original Medicare covers some of your health care expenses, but there are still deductibles, copayments and coinsurance that you must pay. Senior Gold, a Medicare Select plan from Blue Cross and Blue Shield of Minnesota, can help.

Senior Gold provides first-dollar coverage, so you won't have deductibles, copayments or coinsurance for Medicare-eligible services and supplies. With Senior Gold, you'll enjoy these plan features:

▶ Medical coverage when and where you need it Travel throughout the United States and receive plan benefits from any provider that accepts Medicare. No referrals needed. You'll pay the same cost sharing for medical services that you would normally pay at network providers in Minnesota. You'll also have 80 percent coverage for medical emergencies worldwide.

Guaranteed renewable

As long as you pay your premium and follow the terms of the contract, Senior Gold benefits automatically renew each year. Although premiums may change, your premium will not go up just because you use your plan. Premiums are calculated on a community-wide basis, not by age, gender or health status.

- Preventive screenings and services
 For a small monthly charge, add optional
 coverage for preventive screenings and services
 not covered by Medicare.
- ► Healthy lifestyle support

 Take advantage of the Fitness Program,

 Stop-Smoking Support and discounts on eyewear and hearing aids. Plus, you have access to the

 24-Hour Nurse Advice Line.

A tradition of care

Blue Cross has been helping Minnesotans with health care for over 75 years and people with Medicare since the program began. You can count on us to be here providing protection, value and service.

For more information or to enroll:

Contact your licensed sales representative or call Blue Cross directly. Service representatives and licensed sales representatives are available when you call this number.

1-877-662-2583

TTY users call **1-866-582-1158** 8 a.m. to 8 p.m. Central Time, 7 days a week **www.bluecrossmn.com/medicare**

2011 Senior Gold benefits

This chart provides a snapshot of the medical benefits of Senior Gold. For information about Original Medicare benefits and additional details (including coverage limits that may apply), refer to the *Summary of Coverage* and *Disclosure of Information* found in the 2011 enrollment kit and on our website. **Benefits shown are the** amount you pay for in-network Medicare-eligible services and supplies.

| Benefit category | Senior Gold |
|--|--|
| Monthly plan premium You must also continue to pay your Part B premium | Tobacco-free: \$202 Standard: \$266 Optional coverage for preventive screenings and services: \$2.65 (see below) |
| Deductible Amount you pay before coverage begins | \$0 |
| Doctor office visits Primary care, specialists, chiropractic and podiatry services | \$0 |
| Diagnostic tests, X-rays, lab services and radiology services | \$0 |
| Annual Wellness Visit | \$0 |
| Immunizations Flu vaccine, Hepatitis B vaccine (for people at risk), pneumonia vaccine | \$0 |
| Cancer screenings ¹ | \$0; the plan also provides broader coverage of cancer screenings than Original Medicare |
| Health and wellness education | The plan includes: Fitness Program, 24-Hour Nurse Advice Line, Stop-Smoking Support |
| Emergency care | \$0 for emergency care in the United States20% coinsurance for eligible emergency care worldwide |
| Urgently needed care Within the United States | \$0 |
| Inpatient hospital care | \$0; no limit to the number of days covered each benefit period |
| Skilled nursing facility care | \$0 for up to 100 days each benefit period |
| Outpatient care Therapy/outpatient visits, certain lab services, outpatient or ambulatory surgical center visits | \$0 |
| Prescription drugs | \$0 for Part B-covered drugs; Part D drugs not covered |
| Diabetes self-monitoring training, nutrition therapy and supplies ² | \$0 |
| Durable medical equipment, prosthetics | \$0 |
| Preventive screenings and services (optional) Vision, hearing and other routine screenings | \$0 for services not covered by Medicare (up to \$120 maximum per calendar year) |
| Annual out-of-pocket maximum | Not applicable; minimal to no cost-sharing for eligible services and supplies |



You must be a Minnesota resident to apply for Senior Gold.

¹Annual service and/or coverage limits may apply.

²Senior Gold also provides additional coverage for certain diabetic supplies and services not covered by Medicare Part B or Part D.