



Platinum BlueSM (Cost)

2011



Great value in a comprehensive medical plan

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

Platinum Blue offers you a choice of three plan options. With each option, you'll enjoy these plan features:

- **Medical coverage when and where you need it**
Travel throughout the United States for up to nine months and receive plan benefits from any provider that accepts Medicare. No referrals needed. You'll pay the same cost sharing that you pay at network providers in Minnesota. You're also covered for emergencies worldwide.
- **Annual limits on how much you pay**
Each plan option provides the protection of an annual out-of-pocket maximum. Costs you incur under the travel benefit are also applied to this maximum.

- **Enroll any time of year**
You can enroll in Platinum Blue at any time, as long as you meet the eligibility requirements and are not locked in to your current plan.
- **Preventive care**
All plan options include coverage for various routine services and screenings.
- **The SilverSneakers® Fitness Program**
Receive free access to amenities such as treadmills, weights, heated pool and fitness classes that are included with a basic fitness membership. You can also participate in health seminars and fun social events with others who share your interest in a healthy lifestyle.

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.

2011 Platinum Blue benefits

This chart provides a snapshot of the medical benefits of Platinum Blue. For information about Original Medicare benefits and more details (including coverage limits that may apply), refer to the *Summary of Benefits* found in the 2011 enrollment kit and on our website. You can also call us at the number on the back page to request a copy. **Benefits shown are the amount you pay for in-network, Medicare-eligible services and supplies.**

| Benefit category |
|---|
| Monthly plan premium You must also continue to pay your Part B premium |
| Deductible Amount you pay before coverage begins |
| Doctor office visits Primary care, specialists, chiropractic and podiatry services |
| Diagnostic tests, X-rays, lab services and radiology services |
| Preventive services "Welcome to Medicare" and Annual Wellness Visits, routine hearing tests and routine eye exams |
| Immunizations Flu vaccine, Hepatitis B vaccine (for people at risk), pneumonia vaccine |
| Cancer screenings |
| Health and wellness education |
| Emergency care |
| Urgently needed care Within the United States |
| Inpatient hospital care |
| Skilled nursing facility care |
| Outpatient services/surgery Ambulatory surgical center visits, outpatient hospital facility visits |
| Prescription drugs |
| Diabetes self-monitoring training, nutrition therapy and supplies |
| Durable medical equipment, prosthetics |
| Annual plan out-of-pocket maximum |

| Platinum Blue Core Plan | Platinum Blue Choice Plan | Platinum Blue Complete Plan |
|---|--|---|
| \$35 | \$79 | \$109 |
| \$0 | \$0 | \$0 |
| 20% coinsurance | \$10 copay | \$0 |
| \$0 for lab services, \$0 to 20% coinsurance for diagnostic procedures and tests, 20% coinsurance for: <ul style="list-style-type: none"> • X-rays • diagnostic radiology services (not including X-rays) • therapeutic radiology services | \$0 | \$0 |
| \$0 for one routine physical exam per year; 100% for routine hearing tests and eye exams | \$0 for one routine physical and one routine eye exam per year; \$10 copay for one routine hearing test per year. Limited coverage for eyewear and hearing aids. | \$0 for one routine physical, hearing test and eye exam per year. Limited coverage for eyewear and hearing aids. |
| \$0 | \$0 | \$0 |
| \$0; Original Medicare limits apply | \$0; no limit on the number of covered screenings | \$0; no limit on the number of covered screenings |
| <ul style="list-style-type: none"> • Health club membership and fitness classes included • 24-Hour Nurse Advice Line included | <ul style="list-style-type: none"> • Health club membership and fitness classes included • 24-Hour Nurse Advice Line included | <ul style="list-style-type: none"> • Health club membership and fitness classes included • 24-Hour Nurse Advice Line included |
| \$0 for Smoking Cessation counseling | \$0 for Smoking Cessation counseling | \$0 for Smoking Cessation counseling |
| \$50 copay | \$50 copay | \$0 |
| 20% coinsurance in-network, in the service area; \$25 copay outside the service area | \$10 copay in-network, in the service area; \$25 copay outside the service area | \$0 |
| \$400 copay per stay; plan covers 90 days each benefit period plus 60 lifetime reserve days | \$100 copay per stay; no limit to the number of days covered each benefit period | \$0; no limit to the number of days covered each benefit period |
| Days 1 – 20: \$0 Days 21 – 100: \$137.50 copay per day | \$0 for up to 100 days each benefit period | \$0 for up to 100 days each benefit period |
| 20% coinsurance | \$0 to \$50 copay | \$0 |
| 20% coinsurance for Part B-covered drugs; Part D drugs not covered | 20% coinsurance for Part B-covered drugs; Part D drugs not covered | 20% coinsurance for Part B-covered drugs; Part D drugs not covered |
| \$0 for self-monitoring training and nutrition therapy; 20% coinsurance for supplies | \$0 for self-monitoring training and nutrition therapy; 20% coinsurance for supplies | \$0 |
| 20% coinsurance | 20% coinsurance | \$0 |
| \$3,000 | \$3,000 | \$3,000 |

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information, contact the plan.

If you have special needs or need translation of this material into another language, alternative formats are available by calling the number below.

Eligibility and enrollment: You are eligible to enroll in Platinum Blue if you are entitled to coverage under Medicare Part A and enrolled in Medicare Part B (or enrolled in Medicare Part B only) and reside in the plan's service area. You can be a member of only one Medicare Advantage or Medicare Cost plan at a time. By enrolling in Platinum Blue, you will automatically be disenrolled from any other Medicare Advantage or Medicare Cost plan of which you are a member. You may not be eligible to enroll if you have permanent end-stage renal disease (kidney disease requiring dialysis or a kidney transplant) unless you are currently enrolled in a Blue Cross and Blue Shield of Minnesota plan.

Prescription drugs: Platinum Blue does not include coverage for prescription drugs. If you enroll in Platinum Blue and want prescription drug coverage, you must enroll in a separate Medicare Part D prescription drug plan for an additional monthly premium. To learn more about Medicare Part D prescription drug plans offered by Blue Cross, contact your sales representative or Blue Cross at the number listed below.

Network: Blue Cross has formed a network of doctors, specialists, hospitals and other providers for Platinum Blue. You can use any provider who is part of this network without a referral. The health care providers in the network may change at any time. You may search for providers on our website, request a provider directory or contact us at the number below to see if your providers are in the network. Each provider is an independent contractor and is not our agent.

Beginning with your effective date, to receive the highest level of benefits while in the service area, you must get all of your health care from network providers, with the exception of emergency and urgently needed services. If you go to a provider outside of the Platinum Blue network (in the plan's

service area) who accepts Medicare patients, your coverage would be the same as Original Medicare. Original Medicare deductibles, copayments and coinsurance apply. In addition to being covered in the United States, emergency services are covered worldwide. You will receive in-network benefits for eligible services received outside the service area within the United States for up to nine (9) months each year.

Federal contract: Our contract with the Centers for Medicare & Medicaid Services (CMS) is renewed annually. Enrollment in the plan after December 31, 2011 cannot be guaranteed. Either CMS or the plan may choose not to renew the contract, or the plan may choose to change the area it serves. Any such change may result in termination of your enrollment. Benefits, plan premiums and cost-sharing (copayments or coinsurance) may change on January 1, 2012.

Plan Ratings: Medicare rates how well plans perform in such areas as detecting and preventing illness, and customer service. The ratings are online at www.medicare.gov. Select "Compare Health Plans and Medigap Policies in Your Area." Or see the enrollment kit, visit our website or call us at the number below to get a copy.

Learn more: To learn more about any of the important information in this benefits overview, contact your sales representative or Blue Cross at the number listed below. Information is also available online at www.bluecrossmn.com/medicare or by writing: Platinum Blue, P.O. Box 64024, St. Paul, MN 55164-0024. You may also contact Medicare at **1-800-633-4227**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

SilverSneakers® is a registered mark of Healthways, Inc., an independent company that provides fitness benefits. Blue Cross, Blue Shield, and the cross and shield symbols are registered marks of the Blue Cross and Blue Shield Association. Platinum Blue is a service mark of the Blue Cross and Blue Shield Association.

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

