

2016 MEDICARE COST PRODUCTS

Platinum BlueSM (Cost)
Platinum Blue with Rx (Cost-PD)



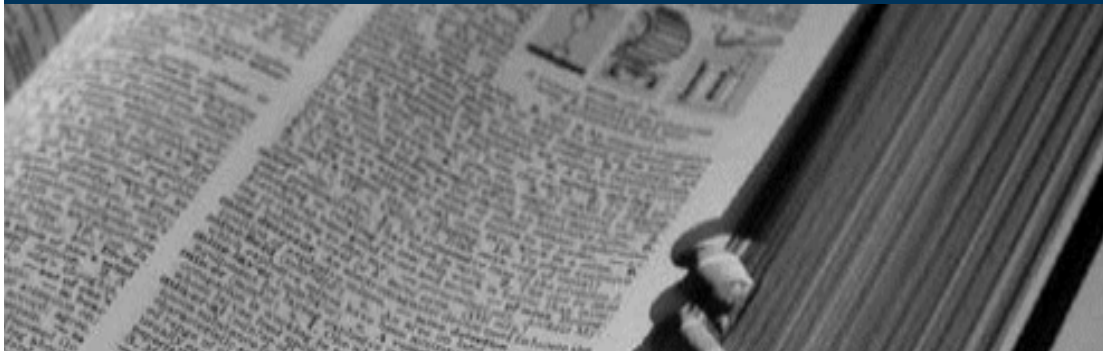
COURSE OBJECTIVES



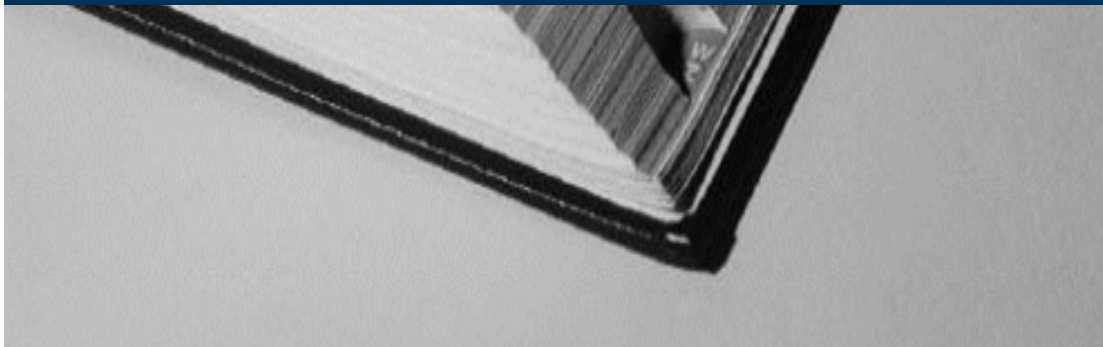
At the end of this course, you should be able to:

- Describe Blue Cross Medicare Cost plans and eligibility
- Identify key features
- Describe Cost-PD option
- Describe benefits and plan premiums
- Identify enrollment timeframes and effective dates

MEDICARE COST PLAN DESCRIPTION



Medicare Cost Plan



Medicare defines a Cost plan as:

“...a type of Medicare health plan available in certain areas of the country. You can join even if you only have Part B. If you have Part A and Part B and go to a non-network provider, the services are covered under Original Medicare”....

- (Medicare.gov)

Cost plans are often described as a “hybrid” between a Medicare Advantage and a Medigap plan.

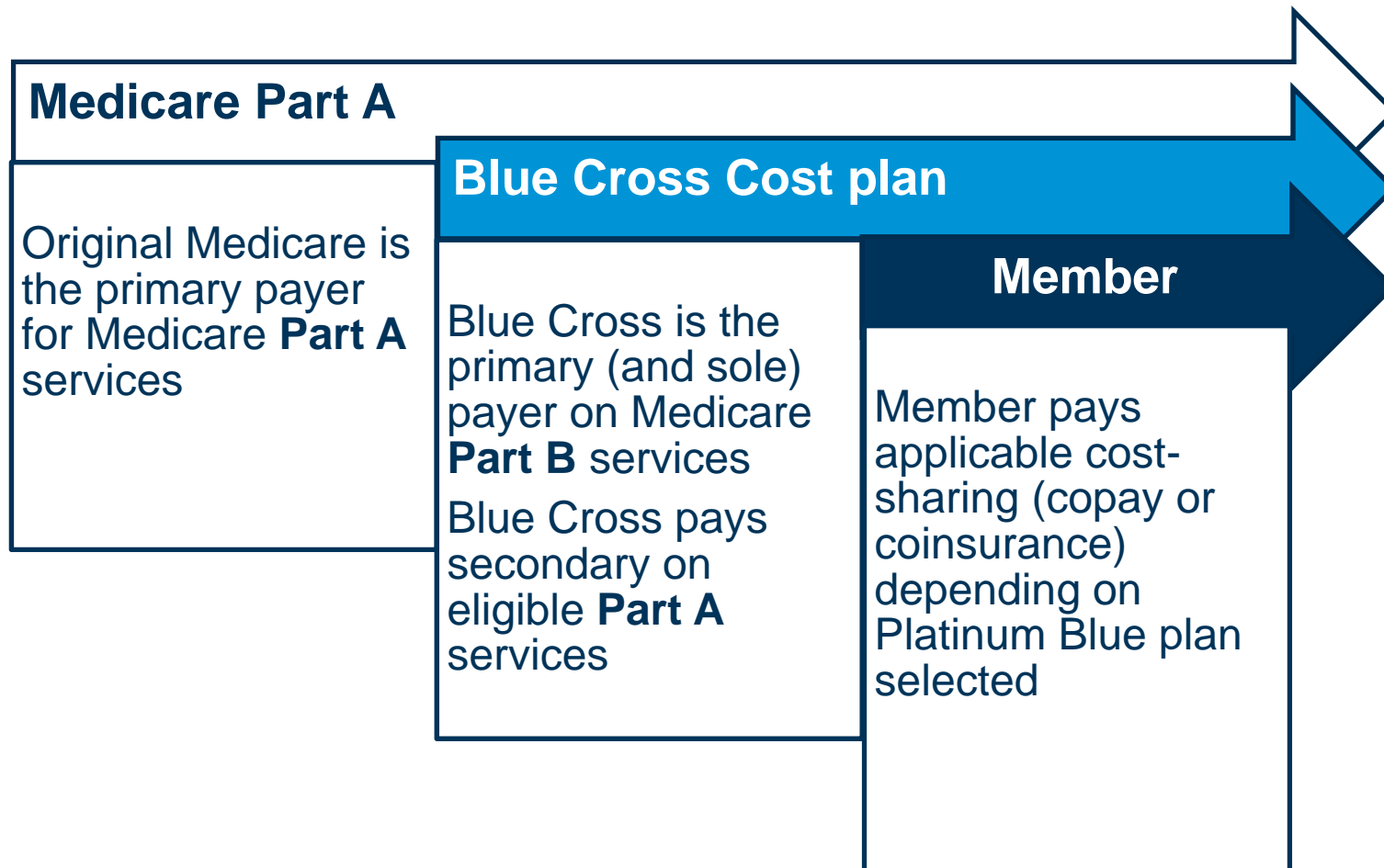
Cost plans may include prescription drug benefits, offering a convenient approach to coverage with just one ID card, one bill and one plan to understand.

MEDICARE COST PLAN ELIGIBILITY

You must:



COVERAGE FOR MEDICARE ELIGIBLE SERVICES



BLUE CROSS PLATINUM BLUE PLANS FEATURE



Easy access to care

- Broad access networks to see primary and specialty care providers
- No referrals are needed

Travel

- Members may travel within the United States for up to nine months and pay in-network cost-sharing when using Medicare providers
- Members have worldwide coverage for emergency care- with little to no out of pocket cost

Prescription drug coverage

- Members may choose the Part D option for their drug coverage

Silver&Fit[®]

- Free fitness club membership at participating locations; or
- Access to a home exercise program



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BLUE CROSS MEDICARE COST PLAN OPTIONS



Blue Cross offers six Cost options:

Platinum Blue Core

Platinum Blue Core with Rx

Platinum Blue Choice

Platinum Blue Choice with Rx

Platinum Blue Complete

Platinum Blue Complete with Rx

2016 MONTHLY PREMIUMS



	2016 Monthly Premium
Platinum Blue Core (medical only)	\$29.00
Platinum Blue Core with Rx	\$38.90
Platinum Blue Choice (medical only)	\$74.00
Platinum Blue Choice with Rx	\$103.40
Platinum Blue Complete (medical only)	\$109.00
Platinum Blue Complete with Rx	\$164.50

The following charts are NOT a complete description of the plan. See the 2016 *Summary of Benefits* for complete information and benefit limits.

PLATINUM BLUE WITH RX



Members may elect to include prescription drug coverage as a part of their Platinum Blue plan

- It offers the convenience of having only one member ID card and one premium bill for health and prescription drug coverage
- Platinum Blue members can add the prescription drug coverage during the Annual Election Period, or during a valid Special Enrollment Period
- View plan formulary and estimated drug costs at www.bluecrossmn.com/medicare

PART A COVERED SERVICES: IN-NETWORK PROVIDERS



	Platinum Blue Core Member pays	Platinum Blue Choice Member pays	Platinum Blue Complete Member pays
Inpatient Hospital Care	\$500 Copay for each Medicare-covered hospital stay	\$100 Copay for each Medicare-covered hospital stay	\$0 Copay for each Medicare-covered hospital stay
Inpatient Mental Health Care	\$500 Copay for each Medicare-covered hospital stay Lifetime limit of up to 190 days in a psychiatric hospital	\$100 Copay for each Medicare-covered hospital stay Lifetime limit of up to 190 days in a psychiatric hospital	\$0 Copay for each Medicare-covered hospital stay Lifetime limit of up to 190 days in a psychiatric hospital
Skilled Nursing Facility (SNF)*	\$0 Copay Days 1-20 \$150 Copay per day Days 21-100	\$0 Copay Days 1-100	\$0 Copay Days 1-100

PART B COVERED SERVICES: IN-NETWORK PROVIDERS



	Platinum Blue Core Member pays	Platinum Blue Choice Member pays	Platinum Blue Complete Member pays
Office Visits	20% Coinsurance	\$15 Copay	\$0 Copay
Physical Exams	\$0 Copay For Medicare initial preventive physical exam, annual wellness visit and annual non-Medicare covered routine exam	\$0 Copay For Medicare initial preventive physical exam, annual wellness visit and annual non-Medicare covered routine exam	\$0 Copay For Medicare initial preventive physical exam, annual wellness visit and annual non-Medicare covered routine exam
Urgent Care	\$25 Copay	\$25 Copay	\$0 Copay
Emergency Care	\$50 Copay	\$50 Copay	\$0 Copay
Ambulance Services	20% Coinsurance	\$25 Copay	\$0 Copay
Diagnostic tests, X-rays, Labs	0-20% Coinsurance	\$0 Copay	\$0 Copay
Durable Medical Equipment/ Diabetic supplies	20% Coinsurance	20% Coinsurance	\$0 Copay
Annual Out-of-pocket maximum *	\$5,000	\$3,000	\$3,000

PRESCRIPTION DRUG BENEFITS



	Platinum Blue Core with Rx Member pays	Platinum Blue Choice with Rx Member pays	Platinum Blue Complete with Rx Member pays
Yearly Deductible	\$360	\$0 (\$360 Tier 3-5)	\$0 (\$360 Tier 3-5)
Tier 1: Preferred Generic drugs	\$4	\$5	\$3
Tier 2: Non-preferred Generic drugs	\$13	\$15	\$10
Tier 3: Preferred Brand drugs	\$40	\$40	\$35
Tier 4: Non-preferred Brand drugs	50% Coinsurance	50% Coinsurance	50% Coinsurance
Tier 5: Specialty	25% Coinsurance	25% Coinsurance	25% Coinsurance
Tier 6: Select Care	\$0	\$2	\$0
Coverage Gap (The amount a member pays after total yearly covered prescription drug costs* reach \$3,310)	58% for generic drugs 45% for brand drugs		
Catastrophic Coverage (The amount a member pays after total out-of-pocket prescription drug costs** reach \$4,850)	\$2.95 copay for generic drugs (including brand drugs treated as generic) and \$7.40 copay for all other covered drugs OR 5% coinsurance, whichever is greater		

Copay and Coinsurance amounts listed above are for a one months supply (31 days).

* This is the total amount paid (excluding plan premium) by the member and the plan for the 2016 calendar year.

** This is the total amount paid by the member for the 2016 calendar year. This does not include the amount the plan has paid or the premiums paid by the member.

Confidential and proprietary.

BENEFITS OF IN-NETWORK PHARMACY USAGE



In-network Pharmacies

Using in-network pharmacies provides access to more than 66,000 pharmacies nationwide with:

- + Negotiated rates
- + Electronic claims processing by the pharmacy
- + A greater level of medication management for the beneficiary
- + Purchase up to a 90 day supply of Tier 1, 2, 3 or 6 medications at Preferred Extended Supply (PXT) pharmacies or through mail order for two copays

Out-of-network Pharmacies

When using an out-of-network pharmacy, members must:

- Pay the full retail cost at time of purchase and manually submit a claim for reimbursement
- Pay applicable deductible, coinsurance and copayments plus any charges over the negotiated charge for in-network pharmacies
- Members utilizing out-of-network pharmacies in unusual circumstances receive coverage for only a 31-day supply



Silver&Fit[®] Exercise and Healthy Aging Program provides members with a full fitness facility membership at participating locations

- Members have access to 700 participating locations in Minnesota
- Fitness classes designed for seniors available at over 11,000 facilities nationwide
- Access to web-based health and exercise tracking tools
- Members may choose home exercise kits
- No annual fee



PROVIDER NETWORK



- No referrals required for Platinum Blue network providers
- Members who see an out-of-network provider in Minnesota will have Original Medicare benefits only

TRAVEL BENEFIT



- The travel benefit provides in-network benefits for Medicare-eligible covered services/supplies from providers who are outside the service area
- Members may travel out of the service area within the United States up to **nine months** and pay applicable in-network copays and/or coinsurance



COMPLETING THE ENROLLMENT FORM



Enrollment Period Determination (Section D) – All enrollments must include a valid enrollment period selection:

- For **Platinum Blue** medical coverage **ONLY** select one of the options outlined in red (1-3).

D Enrollment Period Determination. Required for all enrollees.

Typically, you may enroll in a Medicare Plan only during the annual enrollment period from October 15 through December 7 of each year. Additionally, there are exceptions that may allow you to enroll in a Medicare Plan outside of the annual enrollment period.

If you are applying for Platinum Blue (medical only), please choose between items 1-3. Your effective date is assigned by Blue Cross unless you are enrolling in Medicare Part B. If you are applying for Platinum Blue with Rx, choose between items 2-15. Your effective date is assigned by Blue Cross based on the eligibility of your selection in this section.

Only select item #3 "I am new to Medicare Part B" if you are newly eligible for Medicare Part B".

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am enrolling in the Platinum Blue Core, Choice or Complete medical plan options. My effective date will be the first day of the month following receipt of my completed enrollment form and confirmation of enrollment by CMS.
- I am enrolling during the annual enrollment period, October 15 through December 7, for a January 1, 2016 effective date. (This enrollment application must be received by December 7 for the enrollment to be effective on January 1.)
- I am new to Medicare Part B.
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) _____. Requested effective date (mm/dd/yyyy) _____.
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- I have both Medicare and Medicaid or my state helps pay for my Medicare premiums.
- I get extra help paying for Medicare prescription drug coverage.
- I no longer qualify for extra help paying for my Medicare prescription drug coverage. I stopped receiving extra help on (insert date) _____.
- I live in or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date) _____.
- I recently left a PACE program on (insert date) _____.
- I recently involuntarily lost my creditable prescription drug coverage (as good as Medicare's). I lost my drug coverage on (insert date) _____. Requested effective date (mm/dd/yyyy) _____.
- I am leaving employer or union coverage on (insert date) _____. Requested effective date (mm/dd/yyyy) _____.
- I belong to a pharmacy assistance program provided by my state.
- My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- I am making this enrollment request between January 1 and February 14, and I recently ended my enrollment in a Medicare Advantage plan. I left my Medicare Advantage plan on (insert date) _____.

If none of these statements applies to you or you're not sure, please contact Platinum Blue at 1-877-662-2583 to see if you are eligible to enroll. We are open 8 a.m. to 8 p.m. Central time, daily. TTY users should call 711

COMPLETING THE ENROLLMENT FORM



Enrollment Period Determination (Section D) – All enrollments must include a valid enrollment period selection:

- For **Platinum Blue with Rx** select one of the options outlined in blue (2-15)

D Enrollment Period Determination. Required for all enrollees.

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- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
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EFFECTIVE DATE DETERMINATION



Platinum Blue

NEW TO MEDICARE

- Enrollees may enroll up to 90 days prior to their Medicare Part B effective date for Cost plan coverage to coincide with their Medicare effective date

CURRENT MEDICARE BENEFICIARIES

- First of the month following receipt of the enrollment form
 - Example: A member leaving an employer group plan who desires an August 1st effective date must submit his/her enrollment form in July
- **Annual Enrollment Period (AEP) 2016 Enrollments** received from October 15 – December 7 will receive an effective date of January 1st

Platinum Blue with Rx

NEW TO MEDICARE

- Enrollees who are eligible for Medicare Part B and Part D may enroll up to 90 days prior to their Medicare effective date for Blue Cross coverage to coincide with their Medicare effective date

CURRENT MEDICARE BENEFICIARIES

- Enrollments utilizing a **Special Election Period (SEP)** may be allowed to select a requested effective date, depending on the SEP
- **Annual Enrollment Period (AEP) 2016 Enrollments** received from October 15 – December 7 will receive an effective date of January 1st

CHANGING BETWEEN PLATINUM BLUE OPTIONS: MEDICAL ONLY



Members who elect Platinum Blue medical coverage **without** Rx may continue to move between plan options throughout the year

- Member must complete a new enrollment form
 - Suitability Form should be completed and kept on file for each plan change
- Change goes into effect the first of the month following receipt of form
- Out-of-pocket accumulations do not follow member across the three plan options

CHANGING BETWEEN PLATINUM BLUE OPTIONS: MEDICAL + RX



Members who elect Platinum Blue with Rx **cannot** change medical or drug options throughout the year unless they have a valid enrollment period

- For example, a member who elects Platinum Blue Choice with Rx cannot move to Platinum Blue Complete (with or without Rx) unless s/he has a valid SEP



SUMMARY

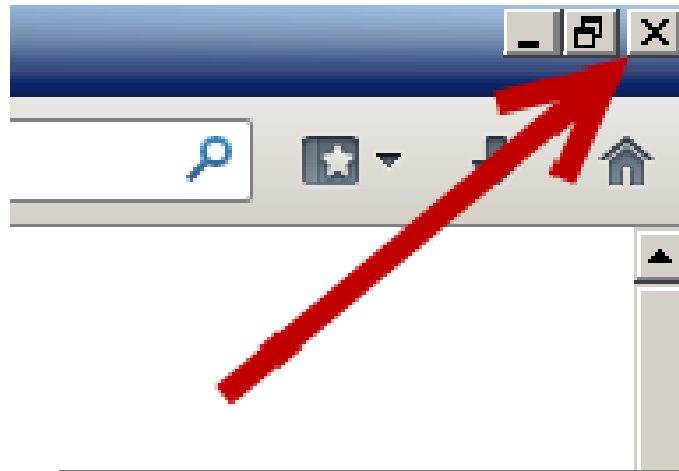


Platinum Blue is a Medicare Cost plan with flexible medical and prescription drug coverage options

- 3 levels of medical-only coverage to choose from
 - Platinum Blue members can move between Core, Choice and Complete throughout the year
- Option to include prescription drug coverage
 - Platinum Blue with Rx members must have a valid enrollment period to select or make changes to their plan
- Additional benefits and services
 - Silver&Fit membership
 - Flexible travel benefit
 - Annual hearing and vision allowance (Choice and Complete options)

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THANK YOU.

