


# 2017 MEDICARE COST PRODUCTS

Platinum Blue<sup>SM</sup> (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:

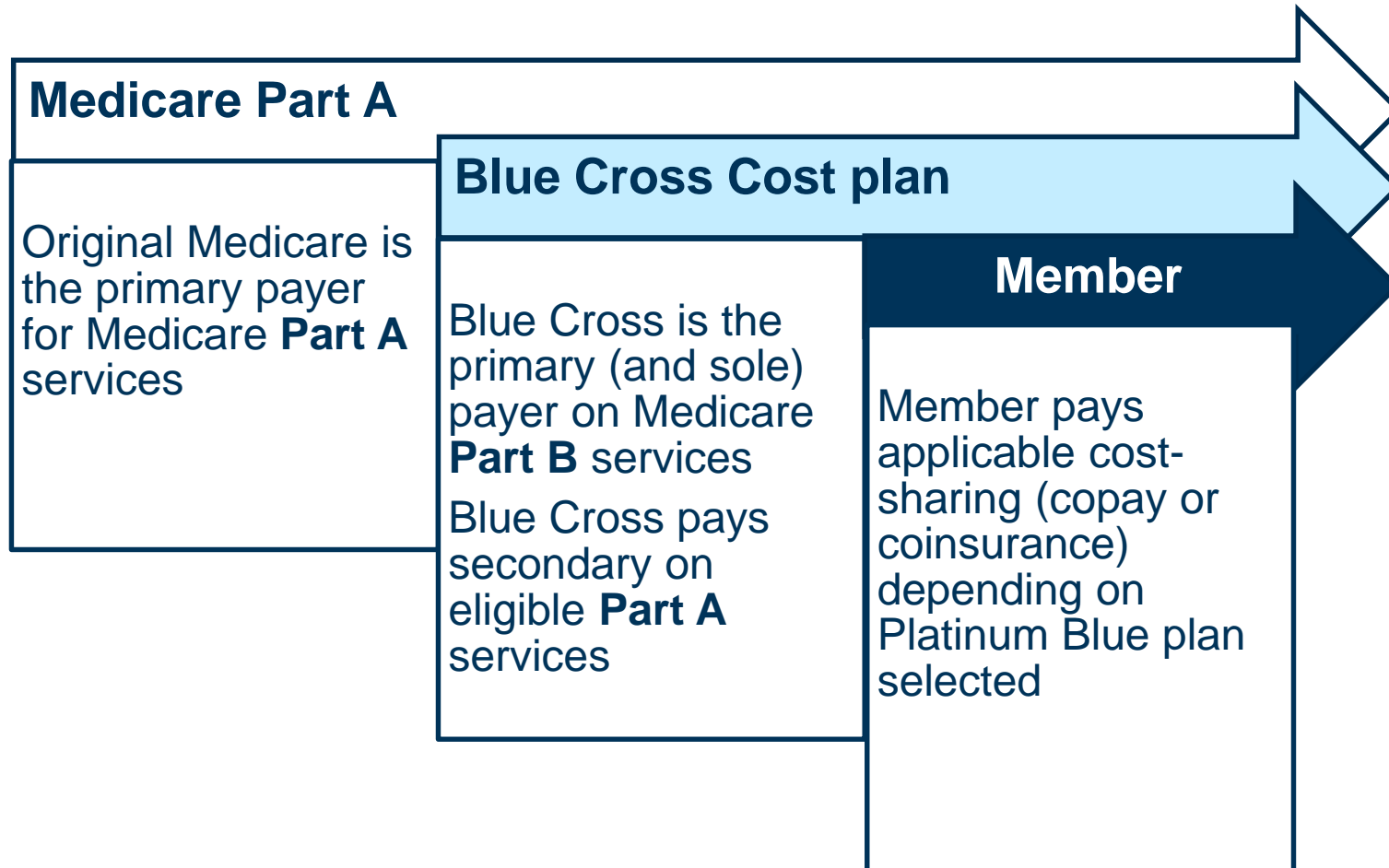
Have Medicare Parts A and B, or Part B only. Continue to pay the Medicare Part B premium (and Part A if applicable).

Be a permanent resident of Minnesota.

Not have a diagnosis of end-stage renal disease (ESRD) unless:

- You have had a successful kidney transplant; OR
- You are coming from another plan within the same organization

# COVERAGE FOR MEDICARE ELIGIBLE SERVICES



# PLATINUM BLUE PLANS FEATURE



## Easy access to care

- Broad network of primary and specialty care providers
- No referrals 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 to add the optional Part D coverage



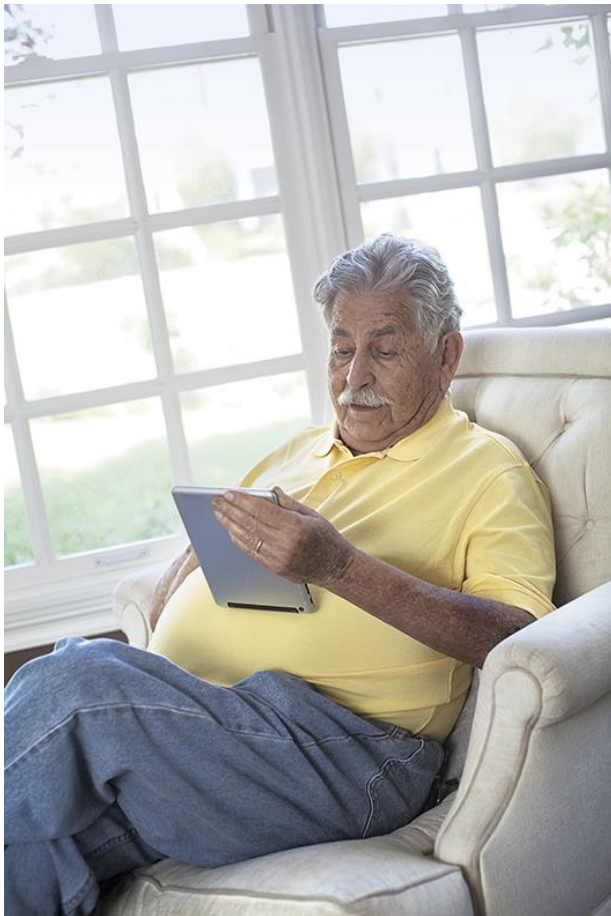
## Silver&Fit<sup>®</sup>

- No cost fitness club membership at participating locations; or
- Or choose up to two home exercise programs per year

The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH), an independent company providing personal health and wellness programs. Silver&Fit is a federally registered trademark of ASH and used with permission herein.

# 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

# 2017 MONTHLY PREMIUMS



The following charts are **NOT** a complete description of the plan. See the 2017 *Summary of Benefits* for complete information and benefit limits.

	2017 Monthly Premium
<b>Platinum Blue Core</b> (medical only)	<b>\$29.00</b>
<b>Platinum Blue Core with Rx</b>	<b>\$39.50</b>
<b>Platinum Blue Choice</b> (medical only)	<b>\$74.00</b>
<b>Platinum Blue Choice with Rx</b>	<b>\$110.70</b>
<b>Platinum Blue Complete</b> (medical only)	<b>\$114.00</b>
<b>Platinum Blue Complete with Rx</b>	<b>\$170.00</b>



# 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](http://www.bluecrossmn.com/medicare)



# PART A COVERED SERVICES: IN-NETWORK PROVIDERS



	<b>Platinum Blue Core</b> Member pays	<b>Platinum Blue Choice</b> Member pays	<b>Platinum Blue Complete</b> Member pays
<b>Inpatient Hospital Care</b>	\$500 Copay for each Medicare-covered hospital stay	\$100 Copay for each Medicare-covered hospital stay	\$0 Copay for each Medicare-covered hospital stay
<b>Inpatient Mental Health Care</b>	\$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
<b>Skilled Nursing Facility (SNF)*</b>	\$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



	<b>Platinum Blue Core</b> Member pays	<b>Platinum Blue Choice</b> Member pays	<b>Platinum Blue Complete</b> Member pays
<b>Office Visits</b>	20% Coinsurance	\$15 Copay	\$0 Copay
<b>Physical Exams</b>	\$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
<b>Urgent Care</b>	\$25 Copay	\$25 Copay	\$0 Copay
<b>Emergency Care</b>	\$50 Copay	\$50 Copay	\$0 Copay
<b>Ambulance Services</b>	20% Coinsurance	\$25 Copay	\$0 Copay
<b>Diagnostic tests, X-rays, Labs</b>	0-20% Coinsurance	\$0 Copay	\$0 Copay
<b>Durable Medical Equipment/ Diabetic supplies</b>	20% Coinsurance	20% Coinsurance	\$0 Copay
<b>Annual Out-of-pocket maximum *</b>	\$5,000	\$3,000	\$3,000

# PRESCRIPTION DRUG BENEFITS

## PREFERRED NETWORK PHARMACY



	Platinum Blue Core with Rx Member pays	Platinum Blue Choice with Rx Member pays	Platinum Blue Complete with Rx Member pays
<b>Yearly Deductible</b>	\$400	\$0 (\$400 Tier 3-5)	\$0 (\$400 Tier 3-5)
<b>Tier 1: Preferred Generic</b>	\$7	\$6	\$3
<b>Tier 2: Generic</b>	\$12	\$12	\$7
<b>Tier 3: Preferred Brand</b>	15%	20%	15%
<b>Tier 4: Non-Preferred Brand</b>	45%	45%	45%
<b>Tier 5: Specialty</b>	25%	25%	25%
<b>Tier 6: Select</b>	\$0	\$0	\$0
<b>Coverage Gap</b> (The amount a member pays after total yearly covered prescription drug costs* reach \$3,700)	51% for generic drugs 40% for brand drugs		
<b>Catastrophic Coverage</b> (The amount a member pays after total out-of-pocket prescription drug costs** reach \$4,950)	\$3.30 copay for generic drugs (including brand drugs treated as generic) and \$8.25 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 2017 calendar year.

\*\* This is the total amount paid by the member for the 2017 calendar year. This does not include the amount the plan has paid or the premiums paid by the member.

# PRESCRIPTION DRUG BENEFITS

## NON-PREFERRED NETWORK PHARMACY



	Platinum Blue Core with Rx Member pays	Platinum Blue Choice with Rx Member pays	Platinum Blue Complete with Rx Member pays
<b>Yearly Deductible</b>	\$400	\$0 (\$400 Tier 3-5)	\$0 (\$400 Tier 3-5)
<b>Tier 1: Preferred Generic</b>	\$12	\$11	\$8
<b>Tier 2: Generic</b>	\$17	\$17	\$12
<b>Tier 3: Preferred Brand</b>	20%	25%	20%
<b>Tier 4: Non-Preferred Brand</b>	50%	50%	50%
<b>Tier 5: Specialty</b>	25%	25%	25%
<b>Tier 6: Select</b>	\$5	\$5	\$5
<b>Coverage Gap</b> (The amount a member pays after total yearly covered prescription drug costs* reach \$3,700)	51% for generic drugs 40% for brand drugs		
<b>Catastrophic Coverage</b> (The amount a member pays after total out-of-pocket prescription drug costs** reach \$4,950)	\$3.30 copay for generic drugs (including brand drugs treated as generic) and \$8.25 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 2017 calendar year.

\*\* This is the total amount paid by the member for the 2017 calendar year. This does not include the amount the plan has paid or the premiums paid by the member.

# 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

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

Instead of a fitness membership, members may elect to receive an exercise kit twice a year

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.

If you are applying for prescription drug coverage under this plan, only select item #3 "I am new to Medicare" if you are newly eligible for Medicare Parts B and D.

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, 2017 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.
- 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) \_\_\_\_\_.
- I recently was released from incarceration. I was released on (insert date) \_\_\_\_\_.
- I recently obtained lawful presence status in the United States. I got this status 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.

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.

If you are applying for prescription drug coverage under this plan, only select item #3 "I am new to Medicare" if you are newly eligible for Medicare Parts B and D.

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, 2017 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.
- 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) \_\_\_\_\_.
- I recently was released from incarceration. I was released on (insert date) \_\_\_\_\_.
- I recently obtained lawful presence status in the United States. I got this status 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.

# 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

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

## 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

- The effective date will typically be the month following receipt of the enrollment form
- **Annual Enrollment Period (AEP)**  
Enrollments received from October 15 – December 7 will receive an effective date of January 1<sup>st</sup>

# 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

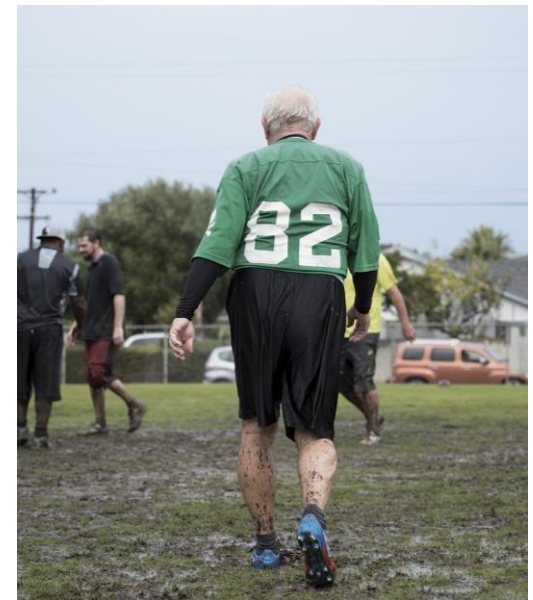
- Member must complete a new enrollment form
  - Suitability Form should be completed and kept on file for each plan change
- Change goes into effect the first of the month following receipt of form
- Out-of-pocket accumulations do not follow member across the three plan options

# 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 Special Enrollment Period (SEP).

Platinum Blue with Rx members that choose to enroll in a standalone Part D plan will automatically be disenrolled from both the Platinum Blue medical and prescription drug coverage. Members that choose to remain on the Platinum Blue medical only will need to complete a new enrollment form.



## 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 medical-only members can move between Core, Choice and Complete throughout the year

### Option to include prescription drug coverage

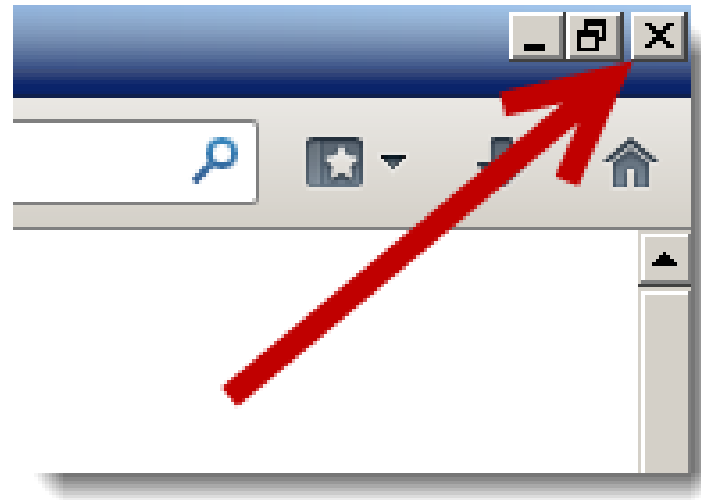
- Platinum Blue with Rx members must have a valid enrollment period to select or make changes to their plan

### Platinum Blue Plan Features

- Broad network of primary and specialty care providers
- No referrals needed

# RETURN TO TRAINING

- Please close this browser window and return to your training tracker to begin the next module.





# THANK YOU.

