



2020 GROUP SENIOR GOLD^{SM*}

For Retirees eligible for Medicare 1/1/2020 or later

A Medicare supplement health plan offering you coverage and peace of mind.

PREDICTABLE COSTS AND COVERAGE

Group Senior Gold from Blue Cross and Blue Shield of Minnesota provides you with coverage to supplement Original Medicare.

While Original Medicare covers some of your health care expenses, you still have costs you pay yourself. Group Senior Gold can help. The plan features:

- **Medical coverage when and where you need it.** Travel anywhere in the United States and receive plan benefits from any provider that accepts Medicare. No referrals needed. You'll also have 80 percent coverage for medical emergencies worldwide.
- **Preventive care.** Includes coverage for various routine services and screenings.
- **Eyewear and hearing aid discounts.** Receive preventive hearing and eye exams at no cost, plus discounts on hearing aids and eyewear at participating providers.

BUILDING HEALTHY HABITS

Our Medicare supplement plans include tools and resources to help members create healthier habits, keep fit and stay well.

- **Caring collaborators.** Customer service representatives are available to help you understand plan benefits, find a provider, choose the right type of care and obtain health care services.
- **Nurse line.** A nurse is available 24 hours a day, seven days a week to answer health-related questions.
- **SilverSneakers[®].** Stay active with SilverSneakers, which includes 16,000+ fitness locations, 50+ fitness classes and on-demand workout videos all at no additional cost.
- **Quitting tobacco.** A wellness coach is available to help you develop and maintain a plan to quit.
- **Blue365[®].** With easy access to discounts on products and services for living well, Blue365 is your go-to resource. You'll find discounts on gym memberships, gear to stay fit, healthy eating options and more.

SilverSneakers[®] is a registered trademark of Tivity Health, Inc., an independent company that provides health and fitness programs.

Blue365[®] is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

*You pay the annual Medicare Part B deductible.

2020 GROUP SENIOR GOLD

This chart highlights of the medical benefits of Group 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. **Benefits shown are the amount you pay for Medicare-eligible services and supplies.**

BENEFIT CATEGORY	GROUP SENIOR GOLD
Deductible Amount you pay before coverage begins	You pay 100% of the annual Original Medicare Part B deductible
Annual out-of-pocket maximum	No maximum; minimal to no cost sharing for eligible services and supplies
Doctor office visits Primary care, specialists, chiropractic and podiatry services	\$0, after you meet your Original Medicare Part B deductible
Diagnostic tests, X-rays, lab services and radiology services	\$0, after you meet your Original Medicare Part B deductible
Preventive services¹ Including "Welcome to Medicare" and yearly wellness visits, routine physical, hearing tests and eye exams	\$0, after you meet your Original Medicare Part B deductible
Cancer screenings¹	\$0
Emergency care Within the United States	\$0, after you meet your Original Medicare Part B deductible
Urgently needed care Within the United States	\$0, after you meet your Original Medicare Part B deductible
Worldwide emergency care	20% coinsurance for eligible emergency care
Inpatient hospital care Per benefit period	\$0
Skilled nursing facility care Up to 100 days each benefit period	\$0
Outpatient care Therapy/outpatient visits, certain lab services, outpatient or ambulatory surgical center visits	\$0, after you meet your Original Medicare Part B deductible
Diabetes programs and supplies	\$0, after you meet your Original Medicare Part B deductible
Durable medical equipment, prosthetics	\$0, after you meet your Original Medicare Part B deductible

¹ Annual service and/or coverage limits may apply.

For information about the premium you will pay for this coverage, contact your group benefit plan administrator. You must continue to pay your Medicare Part B premium.

NOTICE OF NONDISCRIMINATION PRACTICES
Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ၵတၢ်တၢ်ကညိၵ်းဒီး, တၢ်ကဟ့ၣ်နၢၤကိၣ်တၢ်မၤစၢၤကလိၵ်းတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY
အဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

አማርኛ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ አገልግሎት እርዳ አለሎት። በ 1-855-315-4030 ይደውሉ ለ TTY በ 711።

한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583 ។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711 ។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béesh bee hodííłnih 1-855-902-2583. TTY biniiyégo éí 711 jì' béesh bee hodííłnih.

Image_0002R02_General_Portrait (0/1/17)