

**2025 GROUP MEDICARE PLAN  
OPERATING ENGINEERS LOCAL 49 HEALTH & WELFARE  
FUND**



2025	Group Senior Gold <sup>SM</sup> with Group MedicareBlue <sup>SM</sup> Rx (PDP)
<b>Monthly premium</b> You must continue to pay your Medicare Part B premium	
<b>Plan descriptions</b>	A Medicare Supplement plan paired with a Medicare Part D prescription drug plan
<b>Residency requirements</b>	<b>Group Senior Gold and Group MedicareBlue Rx:</b> Must be a permanent resident of the United States
<b>Provider networks</b>	<b>Group Senior Gold:</b> Any Medicare contracted provider nationwide <b>Group MedicareBlue Rx:</b> Thousands of in-network pharmacies nationwide including independents and chains
<b>Individual lifetime maximum</b>	None
<b>Annual Deductible Medical</b>	You pay 100% of the annual Medicare Part B deductible \$257*
<b>Annual Out of pocket maximum</b>	None
<b>Office visits</b>	
Primary care Specialist visits Chiropractic and Podiatry Services	\$0
<b>Acupuncture</b> For chronic low back pain <b>Limited to 20 visits every 12 months</b>	\$0
<b>Inpatient care</b>	
Hospital care	\$0
Skilled nursing facility	\$0
<b>Outpatient care</b>	
Ambulatory surgery center	\$0
Diagnostic tests, X-rays, radiology Lab Services	\$0
Physical, speech, and occupational therapy	\$0
Home health care	\$0
<b>Emergency/ Urgent care</b>	
Emergency care	\$0
Urgent care	\$0
Ambulance service	\$0

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2025	Group Senior Gold <sup>SM</sup> with Group MedicareBlue <sup>SM</sup> Rx (PDP)
<b>Other outpatient services</b>	
Durable medical equipment	\$0
Diabetic supplies (includes glucose monitors, test strips, lancets)	\$0
Medicare covered Part B drugs	\$0
<b>Preventive care</b>	
Annual routine physical, eye exam, and hearing screening, including “Welcome to Medicare” and annual wellness visits	\$0
Additional services and support	24-hour Nurse Line, SilverSneakers®, vision and hearing aid discounts, Doctor on Demand
<b>Prescription Drug Coverage</b>	
<b>Group MedicareBlue Rx (PDP)</b> 20%/20%/20%/25%	
Annual Part D Deductible	None
Amounts shown are for up to a 30-day supply or 31-day supply from a long-term care facility for Group MedicareBlue Rx	<b>Tier 1: Generic drugs</b> 20% coinsurance <b>Tier 2: Preferred Brand drugs</b> 20% coinsurance <b>Tier 3: Non-Preferred Brand drugs</b> 20% coinsurance <b>Tier 4: Specialty</b> 25% coinsurance
90-day supply from an in-network retail or mail order pharmacy	2x copay
Supplemental non-Part D drugs <sup>2</sup>	25% coinsurance
Catastrophic coverage After total out-of-pocket costs reach \$2,000	The plan pays the full cost for your covered Part D Drugs. You pay nothing.

Blue Cross offers Medicare Part D PDP plans with Medicare contracts. Enrollment in these plans depends on renewal of the plan sponsor's Medicare contract. Limitations, copayments, and restrictions may apply. You may also refer to the *Summary of Benefits* documents provided in your enrollment kit.

\*If you are Medicare-eligible and enrolled in Medicare Part A effective on or after 1/1/2020, you pay 100% of the annual Original Medicare Part B deductible.

<sup>2</sup>The amount spent on supplemental drugs does not apply toward catastrophic coverage. SilverSneakers® is a registered trademark of Tivity Health, Inc., an independent company that provides health and fitness programs.

Doctor On Demand is an independent company providing telehealth services.

Group MedicareBlue<sup>SM</sup> Rx (PDP) is a Medicare-approved Part D sponsor. Enrollment in Group MedicareBlue Rx depends on renewal of the plan sponsor's contract with Medicare. Coverage is available to members of an employer or union group and separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa\*; Blue Cross and Blue Shield of Minnesota\*; Blue Cross and Blue Shield of Montana\*, a division of Health Care Service Corporation, a Mutual Legal Reserve Company; Blue Cross and Blue Shield of Nebraska\*; Blue Cross Blue Shield of North Dakota\*; Wellmark Blue Cross and Blue Shield of South Dakota\*; and Blue Cross Blue Shield of Wyoming\*.

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