SUMMARY OF COVERAGE AND DISCLOSURE OF INFORMATION

BlueCross BlueShield Minnesota

Group Basic Medicare Select (Senior Gold)

Blue Cross and Blue Shield of Minnesota (Blue Cross) offers this Medicare Supplement plan for employees. The State of Minnesota Commissioner of Commerce has established two categories of Medicare Supplements. The two categories, from most to least comprehensive, are the Extended Basic Medicare Supplement plan and the Basic Medicare Supplement plan. This is Group Basic Medicare Select (Senior Gold). Select plan subscribers are required to use specific or participating providers for certain benefits to be covered in Minnesota. Please note cost-sharing requirements for emergency services received from non-participating providers are the same as those received from participating providers. Select plan providers are available within Minnesota, and in all North Dakota, South Dakota, Iowa and Wisconsin counties that border Minnesota. If Select plan providers are not used, Blue Cross is not required to pay certain benefits. Cost-sharing requirements for services received from nonparticipating providers are the same as those received from participating providers if the eligible services cannot be provided by a participating provider. This is a summary of the benefits available on this supplement plan. It is not to be read as or considered a certificate.

As you read through this summary, please remember the following:

1. For some services, Medicare determines if the services available on your Medicare plan are eligible for coverage.

2. It is possible for Medicare to allow a charge, but not pay for it. Whether your Blue Cross plan pays for it depends upon the certificate language. Please read your certificate carefully.

3. For most services, if Medicare denies a charge, we must deny it, too. There are exceptions. Some benefits that are required by Minnesota state law are included in your supplement plan even though Medicare does not cover them.

4. RIGHT TO CANCEL: If you are not pleased with this certificate, you may cancel it by midnight of the 30th day after you receive it. To do so you must return the certificate and mail a written notice to Blue Cross and Blue Shield of Minnesota, P.O. Box 982801, El Paso, Texas 79998- 2801 or your Blue Cross agent. Mail must be postmarked by midnight of the 30th day, postage prepaid and properly addressed to us. We will then return all payments (including any fees or charges if applicable) made for this certificate within 10 business days after we receive the returned certificate and cancellation notice. The certificate will then be considered void from the beginning.

5. **THIS CERTIFICATE DOES NOT COVER ALL OF YOUR MEDICAL EXPENSES BEYOND THOSE COVERED BY MEDICARE. THIS CERTIFICATE DOES NOT COVER ALL SKILLED NURSING HOME CARE EXPENSES AND DOES NOT COVER CUSTODIAL OR RESIDENTIAL NURSING CARE. READ YOUR CERTIFICATE CAREFULLY TO DETERMINE WHICH NURSING HOME FACILITIES AND EXPENSES ARE COVERED BY YOUR CERTIFICATE.**

6. **THIS CERTIFICATE DOES NOT COVER ANY PORTION OF THE MEDICARE PART B DEDUCTIBLE FOR NEWLY ELIGIBLE INDIVIDUALS. A NEWLY ELIGIBLE INDIVIDUAL MEANS AN INDIVIDUAL WHO IS ELIGIBLE FOR MEDICARE ON OR AFTER JANUARY 1, 2020, BECAUSE: THE INDIVIDUAL HAS ATTAINED AGE 65 ON OR AFTER JANUARY 2020; OR, ALTHOUGH UNDER AGE 65, IS ENTITILED TO OR DEEMED ELIGIBLE FOR BENEFITS UNDER MEDICARE PART A BY REASON OF DISABILITY OR OTHERWISE.**

7. Your certificate will not be canceled/non-renewed because of a deterioration of your health. We will not cancel your coverage or refuse renewal based on your health.

8. Your certificate may be canceled/non-renewed for nonpayment of premium subject to the grace period during which time the certificate remains in force.

9. If you are a disabled Medicare beneficiary and covered under a group health plan, you may not need this certificate. The benefits and premiums under this certificate can be suspended for up to 24 months during your enrollment in a group health plan. You must request this suspension in writing. When you lose your group health plan coverage, this certificate can be reinstated. You must notify us in writing within 90 days of losing group health plan coverage if you want to be reinstated. Upon reinstatement of this certificate after suspension based on entitlement to medical assistance, there will be no additional waiting periods with respect to preexisting conditions and coverage will be substantially equivalent to the coverage in effect before the date of suspension. The premiums will also be at least favorable to the certificate holder as the premium that applied had the coverage not been suspended.

10. These contracts have a minimum anticipated loss ratio of 75%. On average, you may expect that $75 of every $100 in premium will be returned as benefits over the life of your contract.

11. You may see any provider that participates with Medicare. We will coordinate with Medicare for all Medicare-eligible services. For services received outside of the United States, please see benefit chart for coverage details.

12. Notice: This certificate does not cover prescription drugs. Prescription drugs can be a very high percentage of your medical expenses. Coverage for prescription drugs may be available to you by retaining existing coverage you may have or by enrolling in Medicare Part D. Please ask for further details.

13. The state of Minnesota provides counseling services through the Senior LinkAge Line to provide advice concerning the purchase of Medicare Supplement policies and enrollment under Medicaid. You can contact the Senior LinkAge Line at 1-800-333-2433 and ask for a Health Insurance Counselor.

14. Contact the Minnesota Department of Commerce for information about other medical insurance products currently available in Minnesota.

    You may contact the Minnesota Department of Commerce at any time at:
    Minnesota Department of Commerce
    Main Office, Golden Rule Building
    85 7th Place East, Suite 280
    St. Paul, MN 55101
    Telephone: 651-539-1500 (local)
    651-539-1600 (complaints)

    1-800-657-3602 (Greater Minnesota only)
    Email: consumer.protection@state.mn.us
    Website: https://mn.gov/commerce/about/contact/
    Mail written complaints to:
    Minnesota Department of Commerce
    Attn: Consumer Services Center
    85 7th Place East, Suite 280
    St. Paul, MN 55101
    On-line complaints: https://mn.gov/commerce/consumers/file-a-complaint/

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Basic Medicare Select (Senior Gold) Coverage

Services	Medicare Pays	Plan Pays	You Pay
Inpatient Hospital Services			
First 60 days	100% after Part A deductible	100% Part A coinsurance 100% Part A deductible with Optional Rider[1]	Optional Rider or Part A deductible
Days 61 – 90	100% after Part A coinsurance		
Days 91 – 150 while using your lifetime reserve days	$0		
Additional 365 days	$0		
Beyond additional 365 days	$0		
Skilled Nursing Care			
First 20 days	100%	$0	$0
Days 21–100	100% after Part A coinsurance	100% Part A coinsurance	$0
Days 101 – 120	$0	$0	100%
Hospice (must be provided by a Medicare certified hospice)			
Hospice care and services	100%	100% remaining	$0
Outpatient drugs	100%	100% remaining	$0
Inpatient respite care	100%	100% remaining	$0
Home Health Care (medically necessary)			
Skilled care services/ medical supplies	100%	$0	$0
Durable medical equipment	80% after Part B deductible	20% Part B coinsurance 100% Part B deductible with Optional Rider [1]	Optional Rider[1] or Part B deductible
Medical Expenses			
Hospital treatment	80% after Part B deductible	20% Part B coinsurance 100% Part B deductible with Optional Rider[1]	Optional Rider[1] or Part B deductible
Medical/surgical services			
Therapy			
Diagnostic testing			
Medicare Part B Excess Charges	$0	100% Part B Excess Charges with Optional Rider	Optional Rider or Part B Excess Charges

[1] Coverage of the Medicare Part B annual deductible is not available to a newly eligible individual first eligible for Medicare on or after January 1, 2020.

Blood			
First 3 pints per year	$0	100%	$0
Additional pints of blood	80%	20%	$0
Foreign Travel (must be medically necessary for hospital, medical, and supply expenses):			
Emergency care only	$0	80%	20%
Non – Emergency care	$0	$0	100%
Preventive Services			
Medicare approved preventive services[2]	100%	$0	$0
Non – Medicare-covered preventive services	$0	100% with Preventive Rider or $0 without	$0 with Preventive Rider or 100% without
Additional Benefits			
Diagnostic Procedures for Cancer[3]	$0	100%	$0
Immunizations not otherwise covered under Medicare Part D	$0	100%	$0
Outpatient Behavioral Health Treatment Program	$0	80%	20%
Residential Behavioral Health Treatment Program			
Management and Treatment of Diabetes			
Treatment of Diagnosed Lyme Disease			
Court-Ordered Mental Health Services			
Phenylketonuria			
Reconstructive Surgery			
Scalp Hair Prosthesis - Wigs ($1,000 max per year)			
Temporomandibular Joint Disorder (TMJ)			
Ventilator-Dependent Persons			

[1] Coverage of the Medicare Part B annual deductible is not available to a newly eligible individual first eligible for Medicare on or after January 1, 2020.

[2] Approved preventive services: bone mass measurement, colorectal screening exams, immunizations, pap smears and pelvic exams, prostate cancer screening exam, Welcome to Medicare exam and Annual Wellness Visits.

[3] Diagnostic procedures for cancer benefit includes coverage for diagnostic prostate cancer tests, diagnostic procedures for cancer and outpatient medical and surgical services.

OTHER INFORMATION

A. Guarantee Issue

Notice of Medicare Supplement Insurance Portability for Persons Ending or Losing Other Health Coverage.

Should you change, lose or cancel your Medicare Supplement and Select coverage with us, you may qualify for the following provision:

Changes in federal and state law contain rights and obligations about issuing Medicare Supplement certificates. The guarantee issue provisions discussed here are in addition to the seven (7) – month open – enrollment window (three (3) months prior to your Medicare effective date, the month of, and up to three (3) months after your Medicare effective date) that Medicare enrollees currently have when they enroll in Medicare Part B.

Medical underwriting is prohibited during periods of guarantee issue and open enrollment and as such it is not a material representation to omit answers to questions regarding medical conditions and health history on the application for purposes of certificate rescission or claim denial. Minnesota does not allow post claim underwriting. In addition, there are limitations on denials, conditions and pricing of coverage.

Our Obligation

Blue Cross must guarantee issue certain basic Medicare Supplement and Select certificates to eligible individuals in specific circumstances and may not deny them coverage. We cannot discriminate in the pricing of such a certificate because of health status, claims experience, receipt of health care, medical condition or age. We cannot impose a preexisting condition exclusion.

Your Rights

If a Medicare beneficiary loses health coverage under the circumstances listed below, the beneficiary is guaranteed the right to purchase certain Medicare Supplement or Select plans.

1. In Minnesota, an eligible individual is a person who is eligible for Medicare and who:
   a) Was enrolled in an employer-provided retiree benefit plan that provided health benefits that supplement Medicare and the plan terminates or ceases to provide all supplemental benefits; or was enrolled in Medicare Part B and voluntarily disenrolls due to coverage under an employer plan and is subsequently applying within six (6) months of re-enrolling in Medicare Part B due to the termination of employer- sponsored coverage;
   b) Was enrolled in a Medicare Advantage, Medicare Select, Medicare Cost, or Health Care Prepayment plan, and the enrollment ends because:
      i) The plan's certification under Medicare has been terminated or the plan discontinues providing benefits in the area in which the person resides;
      ii) The individual cannot continue with the plan because the individual changes residence; or
      iii) The individual demonstrates that the plan violated a material provision of the certificate for coverage or that the organization materially misrepresented the plan's provisions in marketing;
   c) Was enrolled in a Medicare Supplement certificate and the enrollment ends because:
      i) The insurer becomes insolvent or other involuntary termination of coverage occurs;
      ii) The insurer substantially violated a material provision of the certificate or materially misrepresented the certificate's provisions in marketing the contract to the individual.

   Eligible individuals described in numbers a) through c) (above) are entitled to a Medicare Supplement or a Medicare Select certificate from any Minnesota issuer.

d) Was enrolled under a Medicare Supplement certificate and terminates coverage to enroll for the first time in a Medicare Advantage, Medicare Cost, Health Care Prepayment plan, or Medicare Select plan, and the individual then disenrolls from that plan within the first 12 months.

Eligible individuals are entitled to the same Medicare Supplement plan in which the individual was most recently enrolled, if available, from the same issuer. If the plan is not available, the person is entitled to a Medicare Supplement or Select plan offered by any issuer.

e) After first enrolling in Medicare Part B, enrolls in a Medicare Advantage plan and then disenrolls from that plan within 12 months. Eligible individuals are entitled to any Medicare Supplement or Select plan offered by any issuer.

You must apply for Blue Cross Medicare Supplement or Select coverage within 63 calendar days of the date your coverage terminates (listed above) in order for us to determine if guarantee issue of coverage applies to you. If your Medicare Advantage plan is terminating, your eligibility for guarantee issue begins on the date you were notified of the termination. You must apply for coverage within 63 days from the date you were notified.

B. Replacing a Policy, Certificate or Contract

If you are purchasing or canceling a group supplement plan from Blue Cross, DO NOT cancel your old coverage until your new coverage is approved and you are certain that you want to keep it. This will prevent a suspension in coverage.

C. Relationship to Medicare

Neither Blue Cross nor its agents are associated with Medicare.

D. Completing Your Application for Coverage

If your employer has chosen the paper enrollment process and you have questions as you fill out your application for coverage, please call Blue Cross or contact your employer for assistance.

Carefully review the application before you sign it. **This section is not applicable during open enrollment and guaranteed issue periods when medical underwriting is prohibited.**

E. Grievance Procedures

In compliance with state statutes governing Medicare Select Plans, Blue Cross has established the following procedures for resolution of complaints concerning either the provision of health care or Blue Cross' administration of the terms of this certificate:

1. If you orally notify Blue Cross that you wish to register a complaint, Blue Cross shall promptly provide a complaint form that includes:
   a) The telephone number for service or other departments, or persons equipped to advise complaints;
   b) The address to which the form must be sent;
   c) A description of Blue Cross' internal complaint system and time limits applicable to that system; and
   d) The telephone number to call to inform the Commissioner of Commerce.
2. Blue Cross shall provide for informal discussions, consultations, conferences, or correspondence between you and a person with the authority to resolve or recommend the resolution of the complaint. Within 30 calendar days after receiving the written complaint, Blue Cross must notify you in writing of its decision and the reasons for it. If the decision is partially or wholly adverse to you, the notification must advise you of the right to appeal according to item 3, including your option for a written reconsideration or a hearing, the right to arbitrate according to item 4, and the right to notify the Commissioner of Commerce. If Blue Cross cannot make a decision within 30 calendar days due to circumstances outside the control of Blue Cross, Blue Cross may take up to an additional 14 calendar days to notify you, provided Blue Cross informs you in advance of the extension of the reasons for the delay.

3. If you notify Blue Cross in writing of your desire to appeal Blue Cross' initial decision, Blue Cross shall provide you the option of a hearing or a written reconsideration.

   a) If you choose a hearing, a person or persons with authority to resolve or recommend the resolution of the complaint shall preside, but the person or persons presiding must not be solely the same person or persons who made the decision under item 2.

   b) If you choose a written reconsideration, those with authority to resolve the complaint shall investigate the complaint, but the person or persons investigating must not be solely the same person or persons who made the decision under item 2.

   c) Hearings and written reconsiderations shall include the receipt of testimony, correspondence, explanations, or other information from you, staff persons, administrators, providers, or other persons, as is deemed necessary by the person or persons investigating the complaint in the case of a reconsideration or presiding person or persons in the case of a hearing for a fair appraisal and resolution of the complaint.

   d) In the case of a written reconsideration, a written notice of all key findings shall be given to you within 30 days of Blue Cross' receipt or your written notice of appeal.

   e) In the case of a hearing, concise written notice of all key findings shall be given to you within 45 days after Blue Cross' receipt of your written notice of appeal.

4. You may request, or Blue Cross shall provide the opportunity for binding arbitration of any complaint which is unresolved by the mechanisms set forth in the appeal process noted in item 2. Arbitration must be conducted according to the American Arbitration Association and Minnesota Health Maintenance Organization Arbitration Rules.

5. If the subject of the complaint relates to a malpractice claim, the complaint shall not be subject to arbitration.

6. If a complaint involves a dispute about an immediately and urgently needed service that Blue Cross claims is experimental or investigative, not medically necessary, or otherwise not generally accepted by the medical profession, the procedures in items 1 to 4 do not apply. Blue Cross must use an expedited dispute resolution process appropriate to the particular situation:

   a) By the end of the next business day after the complaint is registered, Blue Cross shall notify the Commissioner of Commerce of the nature of the complaint, the decision of Blue Cross, if any, and a description of the review process used or being used.

   b) If a decision is not made by the end of the next business day following the registration of the complaint, Blue Cross shall notify the Commissioner of Commerce of its decision by the end of the next business day following its decision. For the purposes of this item, complaints need not be in writing. You may contact the Minnesota Department of Commerce at any time at:

      Minnesota Department of Commerce
      Main Office, Golden Rule Building
      85 7th Place East, Suite 280
      St. Paul, MN 55101
      Telephone: 651-539-1500 (local) / 651-539-1600 (complaints)

      1-800-657-3602 (Greater Minnesota only)
      Email: consumer.protection@state.mn.us
      Website: https://mn.gov/commerce/about/contact/
      Mail written complaints to:
      Minnesota Department of Commerce
      Attn: Consumer Services Center
      85 7th Place East, Suite 280
      St. Paul, MN 55101
      On-line complaints: https://mn.gov/commerce/consumers/file-a-complaint/