



**BlueCross  
BlueShield**  
Minnesota

# 2017 **MEDICARE PLANS**

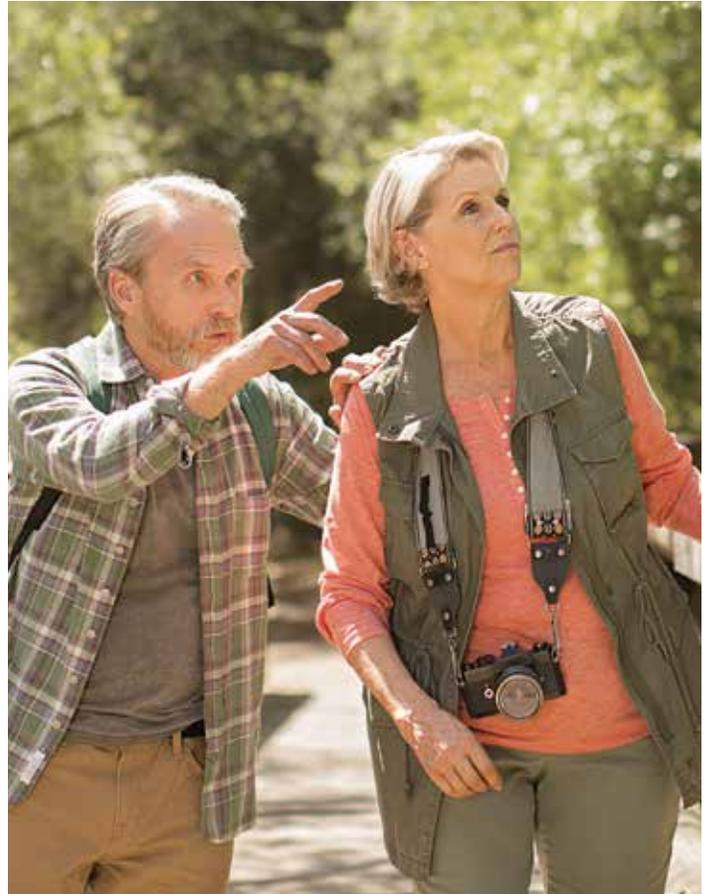
from Blue Cross and Blue Shield  
of Minnesota

# CHOOSING YOUR MEDICARE PLAN

Medicare options designed to meet a variety of needs, budgets and lifestyles.

The best time to think about your health is before you need it. Choosing a health plan that supports your wellbeing a great first step. As a Blue Cross and Blue Shield of Minnesota member, you will receive coverage at a price that is competitive and stable. You'll also receive timely and clear communication from your plan and have access to support online and on the phone.

- **Original Medicare coverage.** Original Medicare is a health insurance program for people ages 65 and older and people with certain disabilities, including permanent kidney failure. It provides you with some coverage but leaves gaps. You'll need to pay deductibles, copayments and coinsurance for hospital, medical and prescription drug expenses.
- **Filling the gaps.** You can manage your out-of-pocket costs by adding coverage with a Blue Cross Medicare plan. Original Medicare also does not provide coverage for most outpatient prescription drugs, so you'll want to evaluate your Part D prescription drug coverage options as soon as you are eligible, either in a combination medical-drug plan or as stand-alone coverage.
- **Care anywhere.** It's easy to find the right provider for your needs with Blue Cross' extensive network of doctors and hospitals. Use travel benefits for coverage while you are away from home.
- **Preventive services.** Seeing your doctor regularly for preventive screenings and tests is important for your good health. You'll get coverage for various wellness and preventive services, including flu and pneumonia vaccines, annual wellness visits and cancer screenings.



- **Additional options from Blue Cross.** You can choose from a combined medical and prescription drug plan, medical-only plans or stand-alone prescription drug coverage. When you select one of the three Platinum Blue (Cost) medical options, you can choose to add prescription drug coverage and gain the convenience and simplicity of having one member ID card, one local customer service center and one bill.



# YOUR PLAN OPTIONS FOR MEDICARE

Whether you want medical coverage, prescription drug coverage or both, there's a plan for you.

## PLATINUM BLUE<sup>SM</sup> WITH OPTIONAL RX (COST PLAN)

Platinum Blue offers you a choice of three medical plan options that you can pair with built-in prescription drug coverage. Each level has different premiums, benefits and coverage levels.

### Key features of Platinum Blue include:

- Annual limits on how much you pay
  - Travel coverage
  - Silver&Fit<sup>®</sup> fitness program
  - Vision and hearing coverage
- With optional Rx:
- One plan, one card and one bill for medical and prescription drug benefits
  - Nearly 67,000 pharmacies nationwide
  - Travel coverage nationwide
  - Savings on 90-day supplies when you use a mail order pharmacy or certain retail pharmacies
  - Lower cost sharing at preferred pharmacies

## SENIOR GOLD<sup>SM</sup> (MEDICARE SUPPLEMENT)

Senior Gold, Minnesota's most popular Medicare supplement plan, allows you to select from various coverage options to build a plan that's right for you. Choose all available options for our most comprehensive coverage of deductibles, copayments and coinsurance. It can be paired with MedicareBlue<sup>SM</sup> Rx (PDP).

### Key features of Senior Gold include:

- Guaranteed renewable benefits
- Plan goes with you if you move
- Travel coverage nationwide
- Choice of Silver&Fit fitness program or Blue Cross fitness discounts

## MEDICAREBLUE<sup>SM</sup> RX (PDP)

MedicareBlue Rx has two coverage options to fit your level of prescription drug needs. You can pair MedicareBlue Rx with any medical Medicare plan that doesn't have prescription drug coverage.

### Key features of MedicareBlue Rx include:

- 67,000 pharmacies nationwide
- Travel coverage nationwide
- Lower cost-sharing at preferred pharmacies
- Savings on 90-day supplies when you use a mail order pharmacy or certain retail pharmacies
- No deductible

## A comparison of 2017 Medicare plans from Blue Cross

MEDICAL BENEFITS	PLATINUM BLUE CORE	PLATINUM BLUE CHOICE	PLATINUM BLUE COMPLETE			
<b>Monthly plan premium</b> You must continue to pay your Medicare Part B premium	\$29	\$74	\$114			
<b>Annual deductible</b>	\$0	\$0	\$0			
<b>Annual out-of-pocket maximum</b>	\$5,000	\$3,000	\$3,000			
<b>Annual physical exam</b>	\$0	\$0	\$0			
<b>Doctor's office visit</b> Primary care and specialists	20% coinsurance	\$15 copay	\$0			
<b>Emergency care</b> In the United States and worldwide	\$50 copay	\$50 copay	\$0			
<b>Urgently needed care</b> Outside the service area within the United States	\$25 copay	\$25 copay	\$0			
<b>Inpatient hospital stay</b> Per benefit period; no limit on number of days except where noted	\$500 copay Limit 90 days plus 60 lifetime reserve days	\$100 copay per stay No limit to the number of benefit periods	\$0			
<b>Prescription drugs</b> Part B covered drugs	20% coinsurance	20% coinsurance	0-20% coinsurance*			
PART D BENEFITS	PLATINUM BLUE CORE WITH RX	PLATINUM BLUE CHOICE WITH RX	PLATINUM BLUE COMPLETE WITH RX			
<b>Monthly plan premium</b> You must continue to pay your Medicare Part B premium	\$39.50 (\$29.00 medical + \$10.50 Rx)	\$110.70 (\$74.00 medical + \$36.70 Rx)	\$170.00 (\$114.00 medical + \$56.00 Rx)			
<b>Annual deductible</b>	\$400 all Tiers	\$400 Tiers 3, 4, 5	\$400 Tiers 3, 4, 5			
<b>Initial coverage (31-day supply)</b> Tier 1: Preferred generic drugs Tier 2: Non-preferred generic drugs Tier 3: Preferred brand drugs Tier 4: Non-preferred brand drugs Tier 5: Specialty drugs Tier 6: Select care drugs	<b>Preferred</b> \$7 copay \$12 copay 15% coinsurance 45% coinsurance 25% coinsurance \$0 copay	<b>Standard</b> \$12 copay \$17 copay 20% coinsurance 50% coinsurance 25% coinsurance \$5 copay	<b>Preferred</b> \$6 copay \$12 copay 20% coinsurance 45% coinsurance 25% coinsurance \$0 copay	<b>Standard</b> \$11 copay \$17 copay 25% coinsurance 50% coinsurance 25% coinsurance \$5 copay	<b>Preferred</b> \$3 copay \$7 copay 15% coinsurance 45% coinsurance 25% coinsurance \$0 copay	<b>Standard</b> \$8 copay \$12 copay 20% coinsurance 50% coinsurance 25% coinsurance \$5 copay
<b>Coverage gap</b>	51% of the plan's costs for covered generic drugs. No more than 40% of the plan's costs for covered brand drugs.					
<b>Catastrophic coverage</b>	The greater of \$3.30 copay for covered generic and \$8.25 copay for all other covered drugs, or 5% of the cost of covered drugs.					

\*Please refer to your Evidence of Coverage for more details

<b>SENIOR GOLD WITH ALL COVERAGE OPTIONS</b>		Consider Platinum Blue or Senior Gold for your medical coverage			
Tobacco-free: \$242.15 Standard: \$280.00					
\$0					
If you choose all coverage options, you will generally not have out-of-pocket costs					
\$120 annual maximum					
\$0					
\$0 in the U.S.; 20% coinsurance worldwide					
\$0					
\$0 No limit on the number of days covered each benefit period					
\$0					
Consider MedicareBlue Rx for your Part D coverage	<b>MEDICAREBLUE RX STANDARD</b>		<b>MEDICAREBLUE RX PREMIER</b>		
	\$35.10		\$92.00		
	\$0 on Tier 1 drugs \$400 on Tiers 2-5		\$0		
Tier 1: Preferred generic drugs	<b>Preferred</b> \$1 copay	<b>Standard</b> \$13 copay	<b>Preferred</b> \$0 copay	<b>Standard</b> \$15 copay	
Tier 2: Non-preferred generic drugs	\$6 copay	\$19 copay	\$0 copay	\$20 copay	
Tier 3: Preferred brand drugs	18% coinsurance	25% coinsurance	18% coinsurance	25% coinsurance	
Tier 4: Non-preferred brand drugs	35% coinsurance	50% coinsurance	45% coinsurance	50% coinsurance	
Tier 5: Specialty drugs	25% coinsurance	25% coinsurance	33% coinsurance	33% coinsurance	
	<ul style="list-style-type: none"> <li>Generic drugs: 51% of the plan cost</li> <li>Brand-name drugs: 40% of the plan cost</li> </ul>		Tier 1 and 2 drug costs are the same as those listed above. For drugs in all other tiers: <ul style="list-style-type: none"> <li>Generic: 51% of the plan cost</li> <li>Brand-name: 40% of the plan cost</li> </ul>		
For all plans, you pay the greater of: <ul style="list-style-type: none"> <li>5% of the cost, OR</li> <li>A \$3.30 copay for generic drugs (including brand drugs treated as generic) and an \$8.25 copay for all other drugs</li> </ul>					

# WORDS TO KNOW

## ANNUAL DEDUCTIBLE

Amount you pay before coverage begins.

## ANNUAL OUT-OF-POCKET MAXIMUM

Most you could pay in one plan year for covered in-network medical services and supplies. Out-of-network charges in Minnesota do not apply to the annual out-of-pocket maximum.

## CATASTROPHIC COVERAGE

Once your out-of-pocket costs for covered drugs reach the catastrophic coverage threshold of \$4,950, you pay a reduced coinsurance or copayment, and the plan pays the rest for the remainder of the calendar year. The amount the plan has paid and the plan premiums you pay do not count toward your catastrophic coverage threshold.

## COINSURANCE

A set percentage you pay toward health care after your deductible has been met. For example, if the coinsurance is 20 percent, Blue Cross pays 80 percent of your covered health care costs after the deductible is met and you pay 20 percent of the bill.

## COPAY

The set dollar amount you pay each time you receive a service or prescription.

## COVERAGE GAP

After you and the plan have paid \$3,700 for covered retail drugs for the year, you pay a discounted price for all covered generic and brand-name drugs until you reach the catastrophic coverage threshold. The plan premiums you pay do not count toward the coverage gap.

## INITIAL COVERAGE

Amount you pay for a 30-day supply after paying the annual deductible.

## PRESCRIPTION DRUG FORMULARY

Every Medicare prescription drug plan has a list of covered drugs called a formulary. Formularies are approved by the federal government and have different tiers of drugs that are covered. The amount you pay for a prescription drug depends on the plan you choose and the drug's formulary tier. You can search our Platinum Blue with Rx formulary online at [myprime.com](https://www.myprime.com) and our MedicareBlue Rx formularies at [YourMedicareSolutions.com](https://www.YourMedicareSolutions.com).

PrimeMail is a mail-service pharmacy owned and operated by Prime Therapeutics LLC, an independent company providing pharmacy benefit management services.



# HELPFUL RESOURCES FOR HEALTHY HABITS

Our health plans include tools and resources to help you create healthier habits, keep fit and stay well.

MANAGING STRESS		EATING RIGHT	STAYING ACTIVE
<p><b>HEALTH INFORMATION</b></p> <p><b>Health Guides</b> — Learn more about your plan benefits, find a provider and choose the right type of care.</p> <p><b>Online health and well-being resources</b> — Access a library of articles, videos, quizzes and calculators to understand health conditions, procedures and medications.</p>		<p><b>FITNESS PROGRAMS</b></p> <p><b>Silver&amp;Fit Exercise &amp; Healthy Aging Program</b> — Includes a complementary membership at a participating fitness facility and specially designed programs and materials.</p> <p><b>Fitness membership discounts*</b> — Get a credit up to \$20 for working out 12 or more times per month at a participating fitness center.</p>	
<p><b>TALK WITH A NURSE</b></p> <p><b>Nurse line</b> — Call to ask a nurse your health-related questions 24 hours a day, seven days a week.</p>		<p><b>QUIT TOBACCO</b></p> <p><b>Coaching and support</b> — Develop and maintain a quit plan with support from a wellness coach.</p>	
MANAGING WEIGHT	MAKING HEALTHY DECISIONS	QUITTING TOBACCO	

\*Available option for Medicare supplement plan members only

## YOUR SILVER&FIT MEMBERSHIP GIVES YOU ACCESS TO:

- Exercise equipment, weights and specially designed fitness classes at facilities participating with Silver&Fit (where available)
- Fitness advisors at your facility to help you get the most out of your membership
- Tools to help you track your fitness goals and achievements
- Choice of up to two home exercise kits instead of facility membership
- Healthy aging classes online or via mail



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 trademark of ASH and used with permission herein.

# ENROLLING IN YOUR PLAN

Different types of plans have different eligibility requirements. The chart below provides an overview of the basic requirements for each plan. Review the eligibility and enrollment information on page 8 for additional details.

## ELIGIBILITY REQUIREMENTS

	PLATINUM BLUE	PLATINUM BLUE WITH RX	MEDICAREBLUE RX	SENIOR GOLD
<b>Permanent residency</b>	Minnesota	Minnesota	Minnesota (or Iowa, Montana, Nebraska, North Dakota, South Dakota, Wyoming)	Minnesota (at time of enrollment)
<b>Entitled to Medicare Part A</b>	Required	Required	Must be entitled to Part A and/or enrolled in Part B	Required
<b>Entitled to Medicare Part B</b>	Required	Required		Required
<b>Limited enrollment periods</b>	No	Yes	Yes	No

Please review the important plan information at the end of this brochure. Unless otherwise noted, benefits described throughout this brochure are for in-network, Medicare-eligible services and supplies. Limitations, copayments and restrictions may apply. This information is not a complete description of benefits. Contact the plan for more information. You can use this brochure as you explore your options, and if you'd like some help, call your licensed agent or a Medicare consultant at **1-877-662-2583** (TTY **711**).

### WHEN COMPARING PLANS, CONSIDER:

- How much do you want to pay for a monthly premium or a plan deductible?
- Which providers and pharmacies are included in the network?
- What costs do you want to pay for your prescriptions at the pharmacy?
- What prescriptions do you currently take?
  - Make a list and check that the drugs are included on the plan's prescription drug formulary

# CHOOSE THE CARD THAT MAKES IT EASY TO GO WHERE LIFE TAKES YOU

You want your health plan to follow. With access to more than 92 percent of doctors and hospitals in Minnesota and over 90 percent of providers across the nation, Blue Cross gives you the confidence to go where life takes you.

## YOU'RE COVERED EVEN WHEN YOU TRAVEL

You will be able to use your plan benefits anywhere within the United States when you travel with Blue Cross plans.

U.S. TRAVEL COVERAGE	WORLD TRAVEL COVERAGE
 <p><b>Platinum Blue with Rx</b> Nine months of plan benefits when traveling outside the service area</p> <p><b>Senior Gold</b> Unlimited travel</p>	 <p><b>Platinum Blue with Rx</b> Receive emergency care coverage worldwide</p> <p><b>Senior Gold</b> 20% coinsurance for emergency coverage</p>

## PERSONALIZED ONLINE ACCESS

Our online member center **myBlueCross** makes it easy for you to manage your health — from claims and benefit information to finding and seeing a doctor. Get easy access 24 hours a day, seven days a week.

- View claims and Explanations of Health Care Benefits
- Manage your health spending account
- Send secure emails to customer service
- View, print, email or order member ID cards
- Get exclusive members-only programs designed to help you be your healthiest

## LEARN MORE OR ENROLL TODAY

We have knowledgeable licensed agents throughout Minnesota who are certified to answer your questions and help you enroll in a Medicare plan. You can also call or visit:

### Blue Cross

**1-877-662-2583/TTY 711**

8 a.m. to 8 p.m. Central Time, daily  
[bluecrossmn.com/medicare](http://bluecrossmn.com/medicare)

Stop in at a Blue Cross retail center in Edina, Roseville or Duluth, or make an appointment at [bluecrossmn.com/centers](http://bluecrossmn.com/centers)

### Medicare

**1-800-MEDICARE (1-800-633-4227)**

TTY **1-877-486-2048**

24 hours a day, 7 days a week  
[medicare.gov](http://medicare.gov)

## IMPORTANT PLAN INFORMATION

### Eligibility and enrollment

You are eligible to enroll in Platinum Blue if you have Medicare Part A and Medicare Part B, (or are enrolled in Medicare Part B only) and live in Minnesota. You may not be eligible to enroll if you have permanent end-stage renal disease (kidney disease requiring dialysis or a kidney transplant) unless you are currently enrolled in another Blue Cross and Blue Shield of Minnesota plan.

You can be a member of only one Medicare Advantage or Medicare Cost plan at a time. By enrolling in Platinum Blue, you will automatically be disenrolled from any other Medicare Advantage or Medicare Cost plan of which you are a member.

You are eligible to enroll in MedicareBlue Rx if you have Medicare Part A and/or Medicare Part B and live in the plan's service area. You may enroll in only one Part D plan at a time. You may enroll in MedicareBlue Rx only during specific times of the year. Medicare beneficiaries may also enroll in MedicareBlue Rx through the Centers for Medicare & Medicaid Services (CMS) Online Enrollment Center, located at [medicare.gov](https://www.medicare.gov).

You are eligible to enroll in Senior Gold, a Medicare supplement plan from Blue Cross, if you have Medicare Part A and Medicare Part B and live in Minnesota. If you enroll more than six months after your Part B effective date, you may need to answer health questions and could be denied coverage.

### Pharmacy and provider networks, formulary, mail order service

Platinum Blue and Senior Gold have networks of doctors, specialists, hospitals and other providers. Platinum Blue with Rx and MedicareBlue Rx have networks of pharmacies. You can use any provider who is part of the network, or you may use providers out of the network. However, you may have to pay more for services received out-of-network, except in emergency/urgent care situations. Each provider is an independent contractor and is not our agent.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. You will be notified at least 60 days in advance when drugs are removed from the formulary. Drug coverage benefits are subject to limitations. For a formulary, pharmacy or provider directory or information about PrimeMail (Platinum Blue with Rx) or CVS Caremark® (MedicareBlue Rx) mail order pharmacy service, please call the number on page 6 or visit us online at [bluecrossmn.com/medicare](https://bluecrossmn.com/medicare).

CVS/caremark is an independent company providing pharmacy benefit management services.

### Federal contract

Blue Cross offers Cost and PDP plans with Medicare contracts. Enrollment depends on contract renewal. Enrollment in these plans after December 31, 2017 cannot be guaranteed. Either CMS or the plan may choose not to renew the contract, or the plan may choose to change the area it serves. Any such change may result in termination of your enrollment. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.





**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](mailto: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.

နမ့်ကတိကညိကျိန်ဒီး, တၢ်ကဟ့ၣ်နၢကျိၣ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. 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.

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

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃ້ເຈົ້າພຣີ. 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 béésh bee hodííłnih áqıçęqı́óąqęı́ą. TTY biniiyégo éí íáájí' béésh bee hodííłnih.



## YOU CAN ALSO OBTAIN INFORMATION BY WRITING:

**Platinum Blue**

P.O. Box 64024  
St. Paul, MN 55164-0024

**Senior Gold**

P.O. Box 64560  
St. Paul, MN 55164-0560

**MedicareBlue Rx**

P.O. Box 155845  
Forth Worth, TX 76155-0845

[bluecrossmn.com/medicare](http://bluecrossmn.com/medicare)



As Minnesota's health care leader, we live fearless. We believe good health is for everyone — not just our members. It's a big vision. And that's why we're investing in the communities we serve and empowering individuals to make smart choices about their health. Live fearless with the peace of mind that comes from knowing you're protected by the strength and stability of Blue Cross. We invite you to join us.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

F7656R19 (10/16)