BlueCross BlueShield

BLUE CROSS AND BLUE SHIELD OF MINNESOTA® PRESENTS: BLUE CROSS MEDICARE 2024 PRODUCT PORTFOLIO August 2023

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DISCLAIMERS & CONFIDENTIALITY

- Intended for Blue Cross appointed agent use
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- · Information presented is confidential
- Product information and premiums require CMS review and are expected to finalize in late August
- Plans may not market prior to <u>October 1</u>, per CMS guidelines



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THE BLUE CROSS MEDICARE 2024 PRODUCT PORTFOLIO

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SUMMARY OF KEY CHANGES FOR 2024

New for 2024

New supplemental benefit—Peer Support Specialist. This benefit is applicable to any outpatient facility and provider who offers peer services for substance use disorder or mental liness
 OTC flex card for Freedom Blue members

- Premiums and Benefits

 Lower Maximum Out of Pocket (MOOP) on Core (Metro and West)
- Choice plans remove Rx Deductible from all tiers
 Richer benefits on Freedom Blue
 Premium increases on Choice and Complete plans

- Some cost-sharing increases to medical services
 Part B and Part D formulary insulin is capped at \$35. Insulin is no longer \$0 on the Complete plans

Service Area Changes Freedom Blue becomes a single service area, i.e., it is no longer divided into Metro, West, and South

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FREEDOM BLUE BECOMES ONE SERVICE AREA



In 2024, Freedom Blue will be offered as a single, 66-county service area with: So premium Large Part B premium reduction Large Part B premium reduction Large Part B premium reduction Comprehensive central Vew OTC flex card

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(OTC) benefit

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OTC FLEX CARD FOR FREEDOM BLUE

Freedom Blue members will have added flexibility when using their new over-the-counter

SilverSneakers
Routine Chiropractic and acupunc

Premiums are subject to CMS approval; benefit not final

Visa debit card
 o Members will be mailed a preloaded visa debit card that can be used to purchase OTC items

- Expanded assortments of items available in-store at participating retailers
 Broad retail access using the OTC Network[®] with thousands of participating stores, including CVS, Cub, Dollar General, Family Dollar, Walgreens, Walmart, and more
- Free delivery for catalog orders placed online or over the phone
 Flex card must be used for online and phone orders

Note: Sensitis is administered through OTC Health Solutions: Prevedum Blue members will access a separate veballe and bil-free customer service ine from members on the traditional OTC program.

2024 MAPD METRO

					Minnesot
	Core H5959-013-1	Comfort H5959-015	Choice H5959-014-1	Complete H5959-010-1	
Premium	\$0	\$53	\$96	\$186	
INN MOOP	\$4,900	\$3,700	\$3,000	\$2,900	
Rx deductible	\$350 Tiers 3-5	\$300 Tiers 3-5	\$0	\$0	
IP hospital copay	\$350 Days 1-5	\$400	\$200	\$150	
OP hospital surgery copay	\$400	\$300	\$175	\$150	
ASC copay	\$350	\$275	\$150	\$125	
PCP copay	\$0	\$0	\$0	\$0	
Diagnostic tests Advanced imaging Labs/x-rays Therapeutic radiology copays	\$30 \$125 \$0/\$15 20%	\$25 \$100 \$0/\$10 20%	\$25 \$100 \$0/\$10 15%	\$10 \$50 \$0/\$5 10%	
OTC Allowance	~\$50	~\$50	~\$50	~\$50	
Eyewear Allowance	\$125	\$125	\$200	\$225	
Dental	Preventive	Comprehensive	Comprehensive	Comprehensive	

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2024 MAPD WEST

					BlueCross BlueShield
	Core H5959-013-2	Comfort H5959-016	Choice H5959-014-2	Complete H5959-010-2	Minnesotz
Premium	\$0	\$64	\$106	\$222	
INN MOOP	\$4,900	\$3,800	\$3,100	\$2,900	
Rx deductible	\$350 Tiers 3-5	\$350 Tiers 3-5	\$0	\$0	
IP hospital copay	\$350 Days 1-5	\$400	\$250	\$150	
OP hospital surgery copay	\$400	\$300	\$175	\$150	
ASC copay	\$350	\$275	\$150	\$125	
PCP copay	\$0	\$0	\$0	\$0	
Diagnostic tests Advanced imaging Labs/x-rays Therapeutic radiology copay	\$30 \$125 \$0/\$15 20%	\$30 \$100 \$10 20%	\$25 \$100 \$10 15%	\$10 \$50 \$5 10%	
OTC Allowance	~\$50	~\$50	~\$50	~\$50	
Eyewear Allowance	\$125	\$125	\$150	\$200	
Dental	Preventive	Comprehensive	Comprehensive	Comprehensive	

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 The WestComfort and Choice plans have a max detail benefici \$1,000. The South Complete plan has a max of \$2,000.
 The MestComfort and Choice plans have a max detail benefici \$1,000. The South Complete plan has a max of \$2,000.

2024	MAPD	SOUTH	

	Core H5959-012	Choice H5959-009	Complete H5959-011	Minneso
Premium	\$40	\$146	\$222	
INN MOOP	\$6,700	\$3,500	\$2,900	
Rx deductible	\$350 Tiers 3-5	\$0	\$0	
IP hospital copay	\$375 Days 1-5	\$250	\$150 per admit	
OP hospital surgery copay	\$415	\$250	\$150	
ASC copay	\$415	\$225	\$150	
PCP copay	\$0	\$0	\$0	
Diagnostic tests copay Advanced imaging copay Labs/x-rays copay Therapeutic radiology copay	\$30 \$125 \$0/\$15 20%	\$25 \$100 \$0/\$10 15%	\$10 \$50 \$0/\$5 10%	
OTC Allowance	~\$50	~\$50	~\$50	
Eyewear Allowance	\$100	\$125	\$200	
Dental	Preventive	Comprehensive	Comprehensive	



2024 MAPD FORMULARIES AND RX NETWORKS

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	CORE	COMFORT	CHOICE	COMPLETE
Formulary	Value	Value	Classic	Classic
Formulary drug count	2,968	2,968	3,503	3,503
Deductible	T1 & T2: No Deductible T3-T5: \$350	T1 & T2: No deductible T3-T5: \$300 metro; \$350 west & south	No Deductible	No Deductible
In-network cost-sharing (T1/T2/T3/T4/T5)	\$0,\$13/21%/45%/27%	\$0/\$11/\$47/42%/28%	\$0/\$10/\$47/42%/29%	\$0/\$9/\$47/45%/33%
Part D formulary insulin	\$35 Insulin	\$35 Insulin	\$35 Insulin	\$35 Insulin
Mail order	T1 & T2: 2x copay T3-T5: coinsurance	T1-T3: 2x copey T4 & T5: coinsurance	T1-T3: 2x copay T4 & T5: coinsurance	T1-T3: 2x copay T4 & T5: coinsutance
Coverage Gap Stage (\$5,030-\$8,000)	No Additional Gap Coverage (i.e., 25% coinsurance on all tiers until catastrophic stage)	No Additional Gap Coverage (i.e., 25% coinsurance on all tiers until catastrophic stage)	No Additional Gap Coverage (i.e., 25% coinsutance on all tiers until catastrophic stage)	No Additional Gap Coverage (i.e., 25% coinsurance on all tiers until catastrophic stage)
Catastrophic Coverage Stage (\$8,000+)	\$0 cost share	\$0 cost share	\$0 cost share	\$0 cost share

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Medical Network (Medicare Advantage and Cost plans) There are no year over year changes to Medicare networks and care systems 99% of Minnesota hospitala are in-network MAPD 100% of Minnesota hospitala are in-network for Cost 99% of medical providers are in-network

2024 NETWORK (PHARMACY & MEDICAL)

- 96% of medical provides are in-network
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2024 MEDICARE SUPPLEMENT PLANS

Blue Cross continues to offer a broad range of Medicare Supplement plans



Premiuma are subject to DOC approval; benefit not final

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2024 MEDICAREBLUE RX PDP PLANS



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2024 MEDICAREBLUE RX PLANS

	Select	Standard	Premier
Premium	~\$20.20	~\$76.40	~\$123.50
Deductible	\$545 T3-T5	\$545 T3-T5	\$0
Preferred cost-sharing	\$2/\$6/\$42/46%/25%	\$7/\$13/\$43/45%/25%	\$0/\$0/20%/40%/33%
Standard cost-sharing	\$12/\$15/\$47/50%/25%	\$15/\$20/\$47/50%/25%	\$15/\$20/25%/45%/33%
Gap coverage Generic Brand	25% 25%	25% 25%	Tiers 1 & 2 25%
Mail order	2x copay for Tiers 1&2; 3x copay for T3	3 x copay for Tiers 1, 2, and 3	2x copay for 90-day supply
Insulin	Up to \$35 for a 1-month supply	Up to \$35 for a 1-month supply	Up to \$35 for a 1-month supply
Formulary drug count	~3,100	~2,900	~3,500
Preferred network	Walgreens, Hy-Vee, Walmart	CVS, Hy-Vee, Walmart, Leader, Health Mart Atlas + more	CVS, Hy-Vee, Walmart, Leader, Health Mart Atlas + more

Premiums are subject to CNS approval: banefit not final

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2024 MEDICARE COST PLANS BlueCross BlueShield Minnesota Cost plans offered in all 21 counties for 2024 Three levels of coverage: Core, Choice, and Complete Medical plans offered with and without drug coverage Medical plans without drug coverage can be paired with PDP Medical + Drug coverage Medical-only Platinum Blue Choice with Rx Platinum Blue Choice (without Rx) Platinum Blue Complete (without Rx) Platinum Blu Core with Rx Platinum Blue Core (without Rx) Complete with Rx Cost Pa Regio ~\$119 -\$199 ~\$58.50 ~\$166 ~\$265.90

Premiums are subject to MN DOC approval; benefit not final Confidential and proprietary. Premiums are estimates; benefit not final







SILVERSNEAKERS® MEMBERSHIP GETS EVEN BETTER

With SilverSneakers,[®]members have access to 16,000 gyms nationwide, 600+ gyms in Minnesota, virtual classes and on-demand workout videos



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2024 MAPD DENTAL BENEFIT

	MEDICARE ADVANTAGE CORE	MEDICARE ADVANTAGE COMFORT, CHOICE, COMPLETE	MEDICARE ADVANTAGE FREEDOM BLUE	
Benefit Maximum	\$2,000 for covered Preventive & Periodontal Services	\$2,000 (\$1,500 West Comfort & Choice)	\$2,500	Blue Cross Differentiators: • No deductible
Preventive	S0 copay: (2) oral exams (2) routine cleaning (2) Fluoride (1) x-ray	\$0 copay: (2) oral exams (2) routine cleaning (2) Fluoride (1) x-ray	\$0 copay: (2) otal exams (2) routine cleaning (2) Fluoride (1) x-ray	No waiting periods Two periodontal
Periodontal Cleaning	\$0 copay (limit 2)	\$0 copay (limit 2)	\$0 copay (limit 2)	cleanings
Restoration	1. A. C.	30% coinsurance	20% coinsurance	
Extraction	14 C	50% coinsurance	20% coinsurance	 Cover crowns, bridges, dentures, and implants
Endodontics	14 C	50% coinsurance	20% coinsurance	(Note: MAPD Core has preventive only)
Other Periodontal		50% coinsurance	20% coinsurance	 Largest Medicare dental network in Minnesota*
Crown	14 C	50% coinsurance	20% coinsurance	
Prosthetics	14 C	50% coinsurance	20% coinsurance	Both INN & OON
Oral Surgical Procedures	100 C	50% coinsurance	20% coinsurance	coverage
Out-of-Network	Yes - Same as INN	Yes - Same as INN	Yes - Same as INN	

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CONVENIENCE AND COST SAVINGS - OTC BENEFIT

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CONVENIENCE AND COST SAVINGS – OTC BENEFIT Cost and Medicare Advantage plans except Freedom Blue

 \$50 (\$25 for Cost Core) per quarter for 900+ OTC healthrelated items including cough & cold, pain relievers, oral hygiene, first-aid, and pain relievers

 Shop at CVS Pharmacy[®] stores (excluding Target, Schnucks and select other CVS Pharmacy locations) or order online at <u>www.cvs.com/benefits</u> or by phone at 1-888-628-2770 for free home delivery

CVIS Pharmacy, Isc. shu CPC Health Solution, is an independent company presiding CPC supplemental bandli administrative services.





BlueCross BlueShield MEDICARE ENROLLMENT MATERIALS Marketing Plan S Enroll Summary of B ofite nt App 2 OPTION 1 OPTION MEDICARE ADVANTAGE (PPO) PLANS Includes Includes: SUMMARY OF BENEFITS Con FPO & Final layout TED 1





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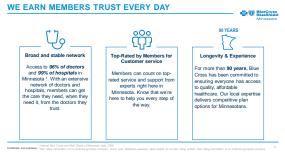


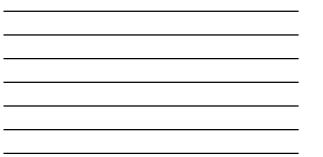
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YOUR GOVERNMENT MARKETS SALES TEAM

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