

	 <p><b>BlueCross BlueShield of Minnesota</b>  <small>An Independent licensee of the Blue Cross and Blue Shield Association</small>  <b>Blue Cross Blue Shield of Minnesota Senior Gold</b>          Enrollment: 1-877-662-2583          Service: 651-662-5654 • TTY Enrollment: 1-866-582-1158  <a href="http://www.bluecrossmn.com/medicare">www.bluecrossmn.com/medicare</a></p>	<p><b>SANFORD HEALTH PLAN</b>  <b>Sanford Medicare Select</b>          Enrollment: 1-888-605-9277          Sales: 1-888-605-9277 • Service: 1-800-752-5863  <a href="http://www.sanfordhealthplan.com">www.sanfordhealthplan.com</a></p>
<b>Counties in Plan Area</b>	All 87 Minnesota counties.	Cottonwood, Jackson, Lac Qui Parle, Lincoln, Lyon, Martin, Murray, Nobles, Pipestone, Redwood, Rock, Watonwan and Yellow Medicine counties.
<b>Hospital Inpatient</b>	\$0 for each Medicare covered hospital stay; no limit to the number of days covered by the plan each benefit period.	\$0 for each Medicare covered stay at in-network hospitals. You are covered for unlimited days each benefit period.
<b>Physician/Outpatient</b>	\$0 for each Medicare covered primary care doctor or specialist visit. \$0 for each Medicare covered ambulatory surgical center or outpatient hospital facility visit.	\$0 for Medicare covered services.
<b>Emergency Services/ Urgent Care</b>	\$0 for each Medicare covered emergency room visit in the U.S.	\$0 for Medicare covered services within the U.S. You pay the Medicare Part A co-insurance and deductible for emergency services while traveling abroad.
<b>Preventive Services</b>	\$0 for a Medicare covered initial preventive physical exam or annual wellness visit each year. \$0 for Medicare covered flu, pneumonia and Hepatitis B vaccines. \$0 for Medicare covered bone mass measurement, colorectal screening, mammogram, pap smear and pelvic exam and prostate cancer screening. The plan also includes broader coverage of cancer screenings than Original Medicare. Optional benefit: For an additional monthly premium of \$2.65, you pay \$0 for other preventive and screening services not covered by Medicare (up to \$120 maximum per calendar year).	\$0 for Medicare covered immunizations and cancer screenings. An optional preventive care benefit is available with the Basic Plan and provides coverage for a routine physical, eye exam and hearing exam. This benefit is limited to \$120 per calendar year.
<b>Diagnostic Tests, X-rays and Lab Services</b>	\$0 for Medicare covered services.	\$0 for Medicare covered services.
<b>Physical/Speech/ Occupational Therapy</b>	\$0 for Medicare covered services.	\$0 for Medicare covered services.
<b>Home Health Care</b>	\$0 for Medicare covered services.	\$0 for Medicare covered services.
<b>Mental Health</b>	<b>Inpatient:</b> \$0 for Medicare covered services. <b>Outpatient:</b> Medicare limits for outpatient benefits.	<b>Inpatient:</b> For inpatient mental health care the plan will pay benefits on the same basis as coverage for any other condition. <b>Outpatient:</b> For outpatient mental health care the plan will pay allowable amount not paid by Medicare, less the Part B deductible if applicable.
<b>Chemical Dependency</b>	<b>Inpatient:</b> \$0 for Medicare covered services. <b>Outpatient:</b> 20% co-insurance for eligible expenses for residential and non-residential treatment.	<b>Inpatient:</b> 80% coverage for eligible expenses for residential and non-residential treatment. <b>Outpatient:</b> 80% coverage for eligible expenses for residential and non-residential treatment.

Skilled Nursing Care	\$0 for Medicare covered services.		\$0 for Medicare covered services.
Durable Medical Equipment	\$0 for Medicare covered services.		\$0 for Medicare covered services.
Dental	\$0 for Medicare covered services.		The plan does not cover dental services.
Chiropractic	\$0 for Medicare covered services.		\$0 for manipulation of the spine for subluxation.
Travel Benefit	\$0 for Medicare covered services.		For non-emergency out-of-network inpatient stays or outpatient surgical procedures you may use your Medicare benefits but are responsible for Medicare Part B deductibles and co-insurance amounts. Coverage outside the U.S. only available on the Extended Basic Plan.
Part B Drugs	\$0 for Medicare covered Part B prescription drugs.		\$0 for Part B covered drugs. You pay the Medicare Part B co-insurance for injectable insulin.
Discounts/Special Programs	<p>The plan includes:</p> <ul style="list-style-type: none"> <li>• Fitness Program</li> <li>• 24 Hour Nurse Advice Line</li> <li>• Stop-Smoking Support</li> </ul>	<ul style="list-style-type: none"> <li>• Vision and hearing discounts</li> <li>• Health Guides</li> <li>• Online Member Center</li> <li>• Online Wellness Center</li> </ul>	Discounts at participating vision and hearing providers for non-Medicare covered services. Discounts for non-Medicare covered prescription drugs at participating pharmacies nationwide.
Number of Providers in Network	The Aware® network includes thousands of Minnesota doctors, clinics, hospitals and other care providers and facilities. No referrals needed.		Network limitations only apply to non-emergency, inpatient hospitalizations and outpatient surgical procedures. There are 42 hospitals and surgery centers in the Sanford Select network.
Enrollment Status/Health Screening	Eligible residents of Minnesota may enroll at any time unless they are "locked in" to a Medicare Advantage plan. No health history required during the first 6 months of your enrollment in Medicare Part B. Health history may be required after 6-month open enrollment period expires unless guaranteed-issue rules or other unique circumstances apply.		Eligible residents of Minnesota may enroll at any time. No health history questionnaire is required during the first 6 months of your enrollment in Medicare Part B. A health history questionnaire is required outside of your open enrollment or special enrollment period.
Referrals needed?	No		Possible - check with plan.
Annual Out-of-pocket Maximum	Not applicable; minimal to no cost-sharing for eligible services and supplies.		In the Extended Plan only, the annual out-of-pocket maximum is \$1,000.
Monthly Premiums	<p><b>Tobacco-free:</b> \$207</p> <p><b>Standard:</b> \$273</p> <p><b>Optional coverage for preventive screenings and services:</b> \$2.65</p>		<p><b>Non-Tobacco User Basic Plan Preventive Care Rider:</b> \$7.40</p> <p><b>Non-Tobacco User Basic Plan Extended Basic Plan:</b> \$327.97</p> <p><b>Non-Tobacco User Basic Plan Medicare Part B Coverage Plan:</b> \$113.80</p> <p><b>Non-Tobacco User Basic Plan \$2,000 High Deductible Plan:</b> \$67.01</p> <p><b>Tobacco User Basic Plan Preventive Care Rider:</b> \$8.22</p> <p><b>Tobacco User Basic Plan Extended Basic Plan:</b> \$373.02</p> <p><b>Tobacco User Basic Plan Medicare Part B Coverage Plan:</b> \$129.39</p> <p><b>Tobacco User Basic Plan \$2,000 High Deductible Plan:</b> \$76.18</p>