



# SUMMARY OF COVERAGE AND DISCLOSURE OF INFORMATION

**BlueCross BlueShield  
of Minnesota**

An Independent Licensee of the Blue Cross and Blue Shield Association

## Medicare Supplement and Medicare Select Plans

### Basic Medicare Supplement Basic Medicare Select: Senior Gold Extended Basic Supplement

Blue Cross and Blue Shield of Minnesota (Blue Cross) offers three policies that fill in “gaps” to supplement your Medicare coverage. Our **Extended Basic Plan** and **Basic Plan** are standard Medigap supplement policies where coverage is available with any provider. **Senior Gold** is a Basic Medicare Select plan. Select plans are also standardized supplements, but Select plan holders are required to use specific or preferred providers for the care they receive in Minnesota. Except for emergency care, if Select plan members do not use plan providers, Blue Cross is not required to pay benefits. Select plan providers are available within Minnesota, and in all North Dakota, South Dakota, Iowa and Wisconsin counties that border Minnesota. **This is a summary of benefits available on these supplements. It is not to be read or considered as a contract.**

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

1. For some services, Medicare determines if the services available on your supplement or Select policy are eligible for coverage.
2. It is possible for Medicare to allow a charge, but not pay for it. Whether your Blue Cross and Blue Shield of Minnesota policy pays for it depends upon the contract language. Please read your contract language carefully to determine specific benefits and coverage.
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 or Select policy, even though Medicare does not cover them.
4. **THESE CONTRACTS DO NOT COVER ALL MEDICAL EXPENSES BEYOND THOSE COVERED BY MEDICARE. THESE CONTRACTS DO NOT COVER ALL SKILLED NURSING HOME CARE EXPENSES AND DO NOT COVER CUSTODIAL OR RESIDENTIAL NURSING CARE. READ YOUR CONTRACT CAREFULLY TO DETERMINE WHICH NURSING HOME FACILITIES AND EXPENSES ARE COVERED BY YOUR CONTRACT.**
5. Your contract will not be cancelled or nonrenewed because of a deterioration of your health.
6. Your contract may be cancelled or Blue Cross and Blue Shield of Minnesota may refuse to renew your coverage for nonpayment of your term charges.
7. Your contract may be allowed to lapse at your request if you enroll in the Medicaid program. You may reinstate supplement or Select coverage if your Medicaid benefits end within 24 months from the time you first suspend your supplement or Select coverage.
8. If you are enrolled in Medicare because you are disabled and are covered under a group health plan through your employer, you may not need this Medicare Supplement or Select policy. The benefits and charges you receive under this Medicare Supplement or Select policy may be suspended during your enrollment in a group health plan. You must request this suspension in writing by contacting Blue Cross and Blue Shield of Minnesota. When your group health plan coverage ends, your Medicare Supplement or Select policy will be reactivated if you request us to do so in writing within 90 days of your group plan coverage termination.
9. These contracts have a minimum anticipated loss ratio of 65%. This means that on the average, you may expect that \$65 of every \$100 in term charges that you pay are returned to you as benefits over the life of that coverage.
10. If you receive care within Minnesota or in any county which borders Minnesota, Select members must use providers who participate with Blue Cross and Blue Shield of Minnesota while Supplement members may see any provider. If you receive care out-of-state, we coordinate with Medicare for urgent or emergency services. See your contract for specific coverage terms about ambulance benefits.
11. Contact the Department of Commerce for information about other medical insurance products currently available in Minnesota.

## I. SUMMARY OF BENEFITS

### Medicare Coverage

#### Hospital Services

- 60 days of hospital inpatient care at 100% after your Medicare Part A deductible
- Days 61-90 and your 60 lifetime reserve days at 100% after a daily Part A coinsurance amount

#### Skilled-Nursing Care

- The first 20 days at 100%
- Days 21-100 at 100% after Part A daily coinsurance amount
- NO COVERAGE after the 100th day

#### Home Health Care

- 100%

#### Emergency Services

- Same as hospital and medical services

#### Medical Services, Outpatient Services and Durable Medical Equipment

- 80% of Medicare's approved charges after annual Part B deductible
- Cancer screening services and diabetic supplies

#### Foreign Medical Services

- NO COVERAGE

#### Preventive Services (routine physical exam, eye exam and hearing screening)

- NO COVERAGE

#### Prescription Drugs

- Limited coverage for cancer and organ transplant drugs and inpatient drugs

### Basic Coverage

#### Hospital Services

- Optional coverage of Medicare Part A deductible available for purchase
  - Medicare Part A coinsurance
  - Medicare-eligible services in full after Medicare benefits are exhausted
- You pay Part A deductible

#### Skilled-Nursing Care

- Part A coinsurance

You pay all charges after the 100th day

#### Home Health Care

- Covered in full by Medicare
- You pay nothing

#### Emergency Services

- Same as Basic Hospital and Medical Services coverage

#### Medical Services, Outpatient Services and Durable Medical Equipment

- Optional coverage of Part B deductible available
  - Optional rider for remaining balances on nonassigned claims
  - 20% of Medicare's approved charge
- You pay Part B deductible and any remaining charges

#### Foreign Medical Services

- 80% of eligible services
- You pay any remaining charges

#### Preventive Services

- NO COVERAGE
- You pay all charges

#### Prescription Drug Coverage

- NO COVERAGE
- You pay all charges

## Basic Medicare Select: Senior Gold Coverage

## Extended Basic Coverage

*This product covers 100% of all eligible charges after a member total out-of-pocket maximum of \$1000 for eligible services. This includes prescription drug charges.*

### Hospital Services

- Medicare Part A deductible
- Medicare Part A coinsurance
- Medicare-eligible services in full after Medicare benefits are exhausted

**You pay nothing**

### Hospital Services

- Medicare Part A deductible
- Medicare Part A coinsurance
- Medicare-eligible services in full after Medicare are exhausted

**You pay nothing**

### Skilled-Nursing Care

- Medicare Part A coinsurance

**You pay all charges after the 100th day**

### Skilled-Nursing Care

- Part A coinsurance
- 80% for eligible charges in days 101-120

**You pay 20% of eligible charges for days 101 through 120, then you pay all charges**

### Home Health Care

- Covered in full by Medicare

**You pay nothing**

### Home Health Care

- Covered in full by Medicare

**You pay nothing**

### Emergency Services

- Same as Senior Gold Hospital and Medical Services coverage

### Emergency Services

- Same as Extended Basic Hospital and Medical Services coverage

### Medical Services, Outpatient Services and Durable Medical Equipment

- Part B deductible
- Any remaining Medicare-eligible charges covered in full

**You pay nothing**

### Medical Services, Outpatient Services and Durable Medical Equipment

- Part B deductible; 20% of Medicare's approved charge and 80% of the remaining eligible charges
- Some extended benefits up to 80% of eligible charges

**You pay any remaining charges**

### Foreign Medical Services

- 80% of eligible services

**You pay any remaining charges**

### Foreign Medical Services

- 80% of eligible services

**You pay any remaining charges**

### Preventive Services (Optional Benefit)

- Annual physical exam, eye exam and hearing screening

### Preventive Services (Included Benefit)

- Up to \$120 benefit per year

**You pay any remaining charges**

### Prescription Drug Coverage (Optional Benefit)

- 50% of prescription costs.

### Prescription Drug Coverage (Included Benefit)

- 80% of prescription costs up to a 90-day supply. (mandatory generic, closed formulary)

**You pay any remaining charges**

## II. SUMMARY OF ADDITIONAL BENEFITS

There are some benefits on your contract that expand the coverage Medicare allows, or provide coverage that Medicare does not give or does not allow. These vary among our products. This is a general list of those benefits. **Please read your contract language carefully to determine specific benefits and coverage.**

### Benefits That Broaden Medicare Coverage

#### A. Cancer Screening

Coverage is furnished for routine screening procedures for cancer, including pap smears, mammograms, fecal occult blood tests, sigmoidoscopies, colonoscopies, anoscopies, prostate specific antigen tests when ordered or performed by a participating physician in accordance with the standard practice of medicine.

**All Plans: 100% for eligible expenses**

#### B. Immunizations/Vaccines

Coverage is furnished at 100% for the cost of preventive immunizations and vaccines received from a participating provider.

**All Plans: 100% for eligible expenses**

#### C. Diabetes

Coverage is furnished for physician prescribed equipment and supplies for the management and treatment of Type I and Type II diabetes in coordination with Medicare. This includes blood and urine testing tabs and strips, and lancets. There is no coverage for oral diabetes medication unless you have prescription drug coverage with your policy.

**All Plans: 80% for insulin, needles, syringes, nutrition therapy**

#### D. Mental Health

Coverage is furnished for mental health care in coordination with Medicare guidelines.

**All Plans: Medicare Limits for out-patient benefits. Additional benefits for eligible in-patient health services**

#### E. Chiropractic Care

Coverage is furnished for chiropractic care in coordination with Medicare.

**All Plans: Medicare Limits**

#### F. Skilled Nursing Home Care

Coverage is furnished for nursing home care in coordination with Medicare.

**Basic Medicare Select: Senior Gold: 100 days**

**Extended Basic Plan: 120 days**

**Basic Plan: 100 days**

#### G. Home Health Care/At Home Recovery Services

Coverage is furnished for home care in coordination with Medicare.

**Basic Medicare Select: Senior Gold: Medicare Limits**

**Extended Basic Plan: 180 additional visits for skilled home health care. \$1600 calendar year maximum benefit beyond Medicare**

**Basic Plan: Medicare Limits**

#### H. Durable Medicare Equipment (DME) and Supplies

Coverage is furnished for DME in coordination with Medicare.

**Basic Medicare Select: Senior Gold: Medicare Limits plus three pints of blood**

**Extended Basic Plan: Medicare limits plus blood and blood products, casts, splints, trusses, braces, crutches, artificial limbs or eyes, prosthetic appliances (excluding dental), oxygen, medical equipment rental or purchase (when appropriate), radium and other radioactive materials, anesthetics and their administration, diagnostic x-rays, lab exams**

**Basic Plan: Medicare Limits plus three pints of blood**

## Benefits Beyond Medicare Coverage

- I. Residential Treatment Program  
Coverage is furnished for services and supplies received in a participating residential program for the treatment of alcoholism, chemical dependency or drug addiction.  
**All Plans: 80% coverage for eligible expenses**
- J. Nonresidential Treatment Program  
Coverage is furnished for services and supplies received in a participating nonresidential program for the treatment of alcoholism, chemical dependency or drug addiction.  
**All Plans: 80% coverage for eligible expenses**
- K. Temporomandibular Joint Disorder (TMJ) and Craniomandibular Joint Disorder (CMJ)  
Coverage is furnished for services and supplies received from a participating provider for the surgical or nonsurgical treatment of TMJ and CMJ in coordination with Medicare. Specific rules apply. Please read your contract language carefully to determine specific benefits and coverage.  
**All Plans: 80% coverage for eligible expenses**
- L. Wigs  
Coverage is furnished for scalp hair prosthesis (wigs). Hair loss must be due to alopecia areata only. The maximum benefit is \$350 per person per calendar year.  
**All Plans: 80% coverage for eligible expenses**
- M. Ventilator Dependency  
Coverage is furnished for services provided by a private duty nurse for a ventilator dependent person in a hospital licensed by the State of Minnesota. There is a 120-hour lifetime maximum benefit. The private duty nurse shall perform only the services of interpreter or communicator for the patient during the transition period to assure adequate training of the hospital staff in communicating with the ventilator-dependent person.  
**All Plans: 80% for eligible expenses**
- N. Reconstructive Surgery  
Coverage is furnished for reconstructive surgery incidental to or following surgery resulting from illness of the involved body part received from a participating provider. Reconstruction due to accident is not covered on this policy.  
**All Plans: 80% for eligible expenses**
- O. Foreign Travel  
Coverage is furnished for medically necessary emergency services received when traveling outside the United States.  
**All Plans: 80% for eligible expenses**
- P. Preventive/Routine Exams  
Coverage is furnished for routine or preventive physical examinations, eye examinations, hearing examinations when performed by a participating provider.  
**Basic Medicare Select: Senior Gold: Optional coverage at 100%**  
**Extended Basic Plan: \$120 limit per calendar year**  
**Basic Plan: No coverage**
- Q. Prescription Drugs  
**Basic Medicare Select: Senior Gold: Optional coverage at 50%**  
**Extended Basic Plan: Coverage at 80% (mandatory generic, closed formulary)**  
**Basic Plan: No coverage**

- R. Tobacco Cessation  
Coverage is furnished for over-the-counter and prescription tobacco cessation products only if you have purchased prescription drug coverage with your policy. This benefit does not include education classes or treatment programs.  
**Basic Medicare Select: Senior Gold: Optional coverage at 50%**  
**Extended Basic Plan: Coverage at 80%**  
**Basic Plan: No coverage**
- S. Member Out-of-Pocket Limitations  
**Extended Basic Plan: This product covers 100% of all eligible charges after a member total out-of-pocket maximum of \$1000 has been reached for eligible services. This includes charges for prescription drugs.**

### III. EXCLUSIONS

The following is a summary of items that are excluded from coverage on all contracts. Please read your contract language carefully to determine specific benefits and coverage.

1. Charges for services not allowed by Medicare (see page 4)
2. Charges for services or supplies ordinarily covered by a liability policy and charges for any illness covered by Workers' Compensation, a no-fault automobile policy or similar law, to the extent that the illness or accident is covered by that policy
3. Charges for any illness or injury covered by an act of war or occurring while serving military duty
4. Charges for cosmetic surgery, except to repair a defect caused by an accident or medical condition that is not covered by another insurance policy
5. Charges for reconstructive surgery, except that which is incidental to or following surgery resulting from illness of the involved body part
6. Charges for any treatment, service or supply that is not medically necessary according to the standard practice of medicine or for which you receive a non-medical benefit
7. Charges for inpatient hospital admissions for services that could be performed on an out-patient basis
8. Charges for therapeutic acupuncture
9. Charges for surgery or treatment that is investigative or experimental
10. Charges for marriage or family counseling, or other counseling not approved by Medicare
11. Charges for recreational or educational therapy or forms of non-medical self-help training or diagnostic testing
12. Charges for the services of clergy
13. Charges for organ transplants, except for a bone marrow transplant related to breast cancer, or transplants covered by Medicare
14. Charges for a stay in a hospital that does not usually impose charges for stays
15. Charges for services or supplies outside the scope of the provider's licensure
16. Charges for routine care unless you have purchased such coverage, including screenings, research studies and other services or supplies not due to an illness
17. Charges for eyeglasses not approved by Medicare, or hearing aids, or examinations for eyeglasses or hearing aids not specified in the contract
18. Charges for surgery or other medical treatment of refractive errors
19. Charges for most types of custodial care
20. Charges for dental care
21. Charges for most types of private duty nursing
22. Charges that a provider gives one's self or renders to family members
23. Charges for tobacco cessation drugs or supplies without a prescription drug benefit, and charges for clinics, education or treatment programs

24. Charges for drugs or supplies for high dose chemotherapy and the related course of cancer treatment, all drugs and supplies for a cancer treatment plan to rescue bone marrow or stem cells, or biotechnological drug therapy not allowed by Medicare. Other types of chemotherapy may be covered. Please read your contract language carefully to determine specific benefits and coverage
25. Charges for over-the-counter drugs, vitamin therapy or treatment and appetite suppressants
26. Charges for services, treatment, equipment, drugs, devices that do not meet generally accepted standards of medical practice
27. Charges for prescription drugs, unless you have purchased such coverage
28. Charges for services received in the State of Minnesota from a nonparticipating provider, except for ambulance services and for Skilled Nursing Facilities in certain circumstances; please read the contract language carefully to determine specific benefits and coverage
29. Charges for services or supplies for which the provider has entered into a private contract to give to any patient, exclusive of Medicare. (Note: If a private contract exists between a provider and a Medicare patient, Medicare will not cover any changes between that provider and all his/her Medicare patients for a period of two years.)

#### IV. OTHER INFORMATION

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 policies. The guarantee issue provisions discussed here are in addition to the six-month open enrollment window that Medicare enrollees currently have when they first enroll in Medicare Part B.

##### Our Obligation

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

- A. In Minnesota, an eligible individual is a person who is eligible for Medicare and who:
  - (1) 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;
  - (2) was enrolled in a Medicare+Choice, Medicare Select, Medicare Cost, or Health Care Prepayment Plan, and the enrollment ends because:
    - the plan's certification under Medicare has been terminated or the plan discontinues providing benefits in the area in which the person resides;
    - the individual cannot continue with the plan because the individual changes residence; or
    - the individual demonstrates that the plan violated a material provision of the contract for coverage or that the organization materially misrepresented the plan's provisions in marketing;

- (3) was enrolled in a Medicare supplement policy and the enrollment ends because:
- the insurer becomes insolvent or other involuntary termination of coverage occurs;
  - the insurer substantially violated a material provision of the policy or materially misrepresented the policy's provisions in marketing the policy to the individual.

*Eligible individuals described in numbers 1 through 3 (above) are entitled to a Basic Medicare Supplement or a Basic Medicare Select policy from any Minnesota issuer. [Note: These policies do not include coverage for prescription drugs, eyeglasses or dental coverage].*

- (4) was enrolled under a Medicare Supplement policy and terminates coverage to enroll for the first time in a Medicare+Choice, 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 policy in which the individual was most recently enrolled, if available, from the same issuer. If the policy is not available, the person is entitled to a basic Medicare Supplement or Select policy offered by any issuer.*

- (5) After first enrolling in Medicare Part B, enrolls in a Medicare+Choice plan and then disenrolls from that plan within 12 months.

*Eligible individuals are entitled to any Medicare Supplement or Select policy 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 you apply after this 63-day period, a completed Health History questionnaire must accompany your application.

If your Medicare+Choice plan is terminating, you have 63 calendar days from the date of your plan's official Notice of Termination, as well as 63 calendar days after the plan's actual termination, to apply for Blue Cross coverage under guarantee issue. Applications outside of those periods will require a completed Health History questionnaire.

**B. Right To Return Contract**

If you are not satisfied with your coverage for any reason you may return your contract to:

Blue Cross Blue Shield of Minnesota  
P.O. Box 64560  
St. Paul, MN 55164-0560

If you send your contract back to us within 30 (thirty) calendar days after receiving it we will treat the contract as if it had never been issued and return all of your term charges within 10 (ten) business days.

**C. Replacing a Policy, Certificate or Contract**

If you are purchasing or canceling a supplement from Blue Cross and Blue Shield of Minnesota, 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 lapse in coverage.

**D. Notice of Noncoverage**

Your Blue Cross and Blue Shield of Minnesota supplement or Select coverage may not fully cover all your medical costs. Please read your contract language carefully

to determine specific benefits and coverage. Remember that Medicare determines if the services available on your supplement and Select policy are eligible for coverage.

E. Relationship to Medicare

Neither Blue Cross Blue Shield of Minnesota nor its agents are associated with Medicare.

F. Completing Your Application for Coverage

Should you have any questions as you fill out your application for coverage, please call your Blue Cross agent or marketing associate for assistance. We are happy to help.

As you fill out the application for new coverage or make optional benefit changes to your existing coverage, please be sure to answer all application questions about your medical and health history truthfully and completely. Blue Cross and Blue Shield of Minnesota may cancel your coverage or refuse to pay your claims if you omit or falsify important medical information.

Carefully review the application before you sign it.

G. Grievance Procedures

In compliance with Minnesota statutes, Blue Cross and Blue Shield of Minnesota (BCBSM) has established the following procedures for resolving complaints about either the administration of your contract terms or specific aspects of your health care.

1. If you verbally notify BCBSM that you wish to register a complaint, BCBSM shall promptly provide a complaint form that includes:
  - a. the telephone number for customer service or other departments, or persons equipped to address complaints;
  - b. the address where the form must be sent;
  - c. a description of BCBSM's internal complaint system and the time limits applicable to the grievance procedure; and
  - d. the telephone number of the State of Minnesota Commissioner of Commerce.
2. BCBSM 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, BCBSM 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 (below), including your option for a written reconsideration or hearing, the right to arbitrate according to item 4 (below), and the right to notify the Commissioner. If BCBSM cannot make a decision within 30 calendar days due to circumstances outside the control of BCBSM, BCBSM may take up to an additional 14 calendar days to notify you, provided BCBSM informs you in advance of the extension and the reasons for the delay.

3. If you notify BCBSM in writing of your desire to appeal BCBSM's initial decision, BCBSM 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. The person or persons presiding must not be the same person or persons who made the decision under item 2 (above);
  - b. If you choose a written reconsideration, those with authority to resolve the complaint shall investigate the complaint. The person or persons investigating must not be solely the same person or persons who made the decision under item 2 (above);
  - c. Hearings and written reconsiderations shall include testimony, correspondence, explanations, or other information from you, staff persons, administrators, providers, or other persons as considered necessary by those investigating the complaint (in the case of a reconsideration) those presiding (in the case of a hearing) for a fair appraisal and resolution of the complaint;
  - d. In the event of a written reconsideration, a written notice of all key findings shall be given to you within 30 days after BCBSM's receipt of your written notice of appeal; and
  - e. In the event of a hearing, concise written notice of all key findings shall be given to you within 45 days after BCBSM receives your written notice of appeal.
4. BCBSM shall provide the opportunity for impartial arbitration of any complaint which is unresolved by the mechanisms set forth in item 2 (above). Arbitration must be conducted according to the American Arbitration Association and Minnesota Health Maintenance Organization Arbitration Rules.

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

5. If a complaint involves a dispute about an immediately and urgently needed service that BCBSM claims is experimental, not medically necessary, or otherwise not generally accepted by the medical profession, the procedures in items 1 to 4 do not apply. BCBSM must use an expedited dispute resolution process appropriate to that particular situation.
  - a. By the end of the next business day after the complaint is registered, BCBSM shall notify the Commissioner of the nature of the complaint, the decision of BCBSM (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, BCBSM shall notify the Commissioner of its decision by the end of the next business day following its decision.
  - c. For purposes of this item only, complaints need not be in writing.

You may contact the Minnesota State Commissioner of Commerce at any time.

## V. IMPORTANT PHONE NUMBERS AND ADDRESSES

- Blue Cross and Blue Shield of Minnesota  
P.O. Box 64560  
St. Paul, MN 55164  
651.662.8000  
800.382.2000
- Blue Cross and Blue Shield of Minnesota Consumer Service Center  
651.662.4357  
800.382.2000
- Blue Cross and Blue Shield of Minnesota Medicare Programs Customer Service  
651.662.5020  
800.531.6686
- Health Care Financing Administration (HCFA)  
HCFA Regional Office  
105 West Adams Street  
Chicago, IL 60603  
312.353.7180
- Medicare Part A  
P.O. Box 6714  
Fargo, ND 58108-6714  
800.330.5935
- Medicare Part B  
Wisconsin Beneficiary Services  
8120 Penn Avenue S.  
Bloomington, MN 55431  
800.352.2762 (MN only)
- Minnesota Board on Aging  
444 Lafayette Road  
St. Paul, MN 55155  
800.882.6262  
651.296.2770
- Minnesota Department of Commerce  
Commissioner of Insurance  
133 E. 7th Street  
St. Paul, MN 55101  
651.296.2488
- Minnesota State Health Insurance Assistance Program  
(Senior Linkage Line)  
800.333.2433

**Michael W. Smith Agency**  
**5261 Florida Avenue North**  
**Crystal, Minnesota 55428-3912**  
**(763) 535-7293**  
**<http://www.insuremn.com>**  
**[mailto: mwsmith@insuremn.com](mailto:mwsmith@insuremn.com)**