



# Blue Plus

WITH COPAY PLAN

a primary care health plan for groups of 2–50 employees

## HEALTH PLAN solutions

*Rising health costs. Competitive labor market. Growing demand for more and better health information. The need for practical solutions is clear. Blue Plus is a health plan you can trust to combine experience with a focus on the healthy future of businesses like yours.*

### How this plan option works

Members choose a primary care clinic from the Blue Plus statewide network. Generally, the clinic provides primary care and coordinates most care from specialists — all without complicated paperwork. Members may see other health care providers for emergency care only.

### Network providers mean savings

By using a broad network of health care providers, members avoid hidden costs. That's because network providers have agreed to accept the "allowed amount" specified in their contracts as full payment for covered services.

### Expect more with BluePrint for Health®

Take advantage of programs designed to improve health and productivity: fitness discounts • EAP • 24-hour nurse advice line • prenatal support • stop-smoking program • easy-to-use health information at our online wellness center • BluePrint for Health care support, our groundbreaking program for members with chronic conditions. These programs are offered at no additional charge to groups.



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**Please note:** Benefits are subject to regulatory approval

PLAN HIGHLIGHTS	IN-NETWORK	EXTENDED / OUT-OF-NETWORK
<b>Calendar year deductible</b>	None	None
<b>Out-of-pocket maximum</b> A separate out-of-pocket maximum of \$1,000 per person applies to prescription drugs.		\$3,000/person – \$6,000/family
<b>Lifetime maximum</b>		\$1 million for services from all providers
<b>Office visits or urgent care visits</b> • Illness or injury • Behavioral health care (mental health, substance abuse, eating disorders and autism) • Chiropractic manipulation • In-office surgery/allergy-related services	80% after \$15 copay 80% after \$15 copay* (see details below) 80% after \$15 copay* (see details below) 80%	No benefits No benefits No benefits No benefits
<b>Preventive care</b> • Well-child services and immunizations • Prenatal care • Routine physicals and eye exams • Cancer screenings	100% 100% No benefits 100%	No benefits No benefits No benefits No benefits
<b>Lab services</b>	80%	No benefits
<b>X-ray and diagnostic imaging</b>	80%	No benefits
<b>In- and outpatient hospital services</b> • Facility services (includes behavioral health care)  • Professional services (includes behavioral health care)	80% after \$300 copay per inpatient stay* 80% after \$50 copay per outpatient service 80%* (see details below)	No benefits  No benefits
<b>Emergency care</b> • Outpatient facility services • Outpatient professional services	80% after \$50 copay 80%	80% after \$50 copay 80%
<b>Ambulance services</b>	80%	80%
<b>Medical supplies</b>	80%	No benefits
<b>Therapy services</b> • Chiropractic therapy • Occupational and physical therapy • Speech therapy	80% after \$15 copay* (see details below) 80% after \$15 copay 80% after \$15 copay	No benefits No benefits No benefits
<b>Prescription drugs – 31-day supply</b> • 3-cycle supply of oral contraceptives for 3 copays; formulary drugs only	50%	50%; member pays the pharmacy and files a claim. In addition to coinsurance, member will be responsible for amounts in excess of allowed amount.
<b>Maintenance prescriptions – 90-day supply</b> • 90dayRx retail network or by mail-order <i>If a generic drug is available and member chooses a brand-name drug, member pays the difference between the brand-name price and the generic price plus any coinsurance. In some cases, this can amount to the full cost of the brand-name drug.</i>	50%	
<b>BluePrint for Health programs</b> included with plan	Employee assistance • stop-smoking program • 24-hour nurse advice line • prenatal support • online wellness center • care support for chronic conditions • fitness discounts	
<b>How cost sharing is calculated</b> Copays are flat fees you pay at the time you receive a service. Coinsurance is the percentage of charges you pay for a service. It's based on the allowed amount. Deductible is the portion of the allowed amount you must pay. Allowed amount is the negotiated amount that network providers have agreed to accept as full payment at the time your claim is processed. If you see a provider who doesn't participate with Blue Plus or Blue Cross, the allowed amount is either the billed charge or a percentage of the network allowed amount, whichever is less.		

**\* For highest level of coverage, use Select network providers for outpatient chiropractic and behavioral health services. For all other services use the Blue Plus network.**

This is only an outline of plan benefits. The contract and certificate include complete details of what is and isn't covered. Services not covered include eyeglasses, hearing aids, items primarily used for a non-medical purpose, over-the-counter drugs/nutritional supplements, services that are cosmetic, experimental, not medically necessary, or covered by workers' compensation or no-fault auto insurance. Pre-existing conditions may not be covered for a limited period of time. This limit is reduced by prior continuous coverage and doesn't apply to pregnancy, newborns, adopted children or handicapped dependents. We feature a large network of health care providers. Each provider is an independent contractor and is not our agent. Nonparticipating providers do not have contracts with Blue Cross and Blue Shield of Minnesota or Blue Plus. Blue Cross and Blue Shield of Minnesota and Blue Plus are independent licensees of the Blue Cross and Blue Shield Association. Benefits are effective July 1, 2007.



**BlueCross BlueShield  
BluePlus  
of Minnesota**

(Plan number 26)  
F5683R18 (3/07) (M)