



COMPREHENSIVE

major medical

WITH COPAY PLAN

an open-access 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 Cross and Blue Shield of Minnesota is the only Minnesota health plan that combines more than 70 years of experience with a focus on the healthy future of businesses like yours.

How this plan option works

Members can see any health care provider of their choice for most covered services — without referrals. For some services, the best benefits are available when members see health care providers in our statewide Blue Cross (Aware®) network. The Blue Cross network includes primary care clinics, specialists and hospitals. Network providers take care of all claims paperwork.

Network providers mean savings

By using the extensive network of health care providers, members avoid hidden costs. All those providers have agreed to accept the “allowed amount” specified in their contracts as full payment for covered services. The BlueCard® program extends that protection across the United States and even worldwide through the “Traditional” network.

If a member sees a health care provider who doesn’t have a contract with Blue Cross (a nonparticipating provider), the member is responsible for any deductible, the coinsurance amount applied to the allowed amount, and the difference between the actual bill and the allowed amount.

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
Calendar year deductible	none	\$200/person – \$600/family
Out-of-pocket maximum These options correspond to the deductible selected. A separate out-of-pocket maximum of \$500 per person or \$1,000 per family applies to prescription drugs.	a \$1,100/person – \$5,000/family b \$1,300/person – \$5,000/family	a \$2,500/person b \$2,500/person
Lifetime maximum	\$5 million for services from all providers	
Office visits or urgent care visits • Illness or injury • Behavioral health care (mental health, substance abuse, eating disorders and autism) • Chiropractic manipulation • In-office surgery/allergy-related services	100% after a \$20 copay or b \$25 copay* <i>(see details below)</i> 100% after a \$20 copay or b \$25 copay* <i>(see details below)</i> 100% after a \$20 copay or b \$25 copay* <i>(see details below)</i> 80%	60% after deductible 60% after deductible 60% after deductible; <i>no benefits for services from out-of-network providers</i> 60% after deductible
Preventive care • Well-child services and immunizations • Prenatal care • Routine physicals and eye exams • Cancer screenings	100% 100% 100% 100%	60% after deductible 60% after deductible 60% after deductible 60% after deductible
Lab services	100%; 80% for inpatient services	60% after deductible
X-ray and diagnostic imaging	100%; 80% for inpatient services	60% after deductible
In- and outpatient hospital services • Facility services (includes behavioral health care) • Professional services (includes behavioral health care)	80%* <i>(see details below)</i> 80%* <i>(see details below)</i>	60% after deductible 60% after deductible
Emergency care • Outpatient facility services • Outpatient professional services		100% after \$75 copay 80%
Ambulance services	80%	80%
Medical supplies	80%	60% after deductible
Therapy services • Chiropractic therapy • Occupational and physical therapy • Speech therapy	80%* <i>(see details below)</i> 80% 80%	60% after deductible; <i>no benefits for services from out-of-network providers</i> 60% after deductible** <i>(see details below)</i> 60% after deductible** <i>(see details below)</i>
Prescription drugs – 31-day supply • 3-cycle supply of oral contraceptives for 3 copays	\$0 generic***/\$35 formulary brand/ \$50 non-formulary brand	\$0 generic***/\$35 formulary brand/ \$50 non-formulary brand; member pays the pharmacy and files a claim. In addition to copays, member will be responsible for amounts in excess of allowed amount.
Maintenance prescriptions – 90-day supply • 90dayRx retail network or by mail-order	\$0 generic***/\$70 formulary brand/ \$125 non-formulary brand	
<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>		
BluePrint for Health programs 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	
How cost sharing is calculated 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 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 Cross network.

** Physical, occupational and speech therapy services limited to a \$500 maximum per calendar year

*** \$0 copay to member, cost of generics included in premium or claims cost

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. Blue Cross and Blue Shield of Minnesota is an independent licensee of the Blue Cross and Blue Shield Association. Benefits are effective July 1, 2007.



BlueCross BlueShield of Minnesota

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