



Blue Cross

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.



Blue Cross

with copay plan

Please note: Benefits are subject to regulatory approval

PLAN HIGHLIGHTS	IN-NETWORK	EXTENDED / OUT-OF-NETWORK
Calendar year deductible	None	None
Out-of-pocket maximum A separate out-of-pocket maximum of \$1,000 per person applies to prescription drugs.	\$3,000/person – \$6,000/family	
Lifetime maximum	\$1 million for services from all providers	
Office visits or urgent care visits <ul style="list-style-type: none"> • Illness or injury • Behavioral health care (mental health, substance abuse, eating disorders and autism) • Chiropractic manipulation 	80% after \$15 copay 80% after \$15 copay* (see details below)	60% after \$15 copay 60% after \$15 copay
<ul style="list-style-type: none"> • In-office surgery/allergy-related services 	80% after \$15 copay* (see details below) 80%	60% after \$15 copay; no benefits for services from out-of-network providers 60%
Preventive care <ul style="list-style-type: none"> • Well-child services and immunizations • Prenatal care • Routine physicals and eye exams • Cancer screenings 	100% 100% No benefits 80%	60% after \$15 copay 60% after \$15 copay No benefits 60% after \$15 copay
Lab services	80%	60%
X-ray and diagnostic imaging	80%	60%
In- and outpatient hospital services <ul style="list-style-type: none"> • Facility services (includes behavioral health care) 	80% after \$300 copay per inpatient stay; 80% after \$50 copay per outpatient service* (see details below)	60% after \$300 copay per inpatient stay; 60% after \$50 copay per outpatient service
<ul style="list-style-type: none"> • Professional services (includes behavioral health care) 	80% after \$15 copay* (see details below)	60% after \$15 copay
Emergency care <ul style="list-style-type: none"> • Outpatient facility services • Outpatient professional services 	80% after \$50 copay 80%	80% after \$50 copay 80%
Ambulance services	80%	80%
Medical supplies	80%	60%
Therapy services <ul style="list-style-type: none"> • Chiropractic therapy 	80%* (see details below)	60%; no benefits for services from out-of-network providers
<ul style="list-style-type: none"> • Occupational and physical therapy • Speech therapy 	80% 80% after \$15 copay	60%** (see details below) 60% after \$15 copay** (see details below)
Prescription drugs – 31-day supply <ul style="list-style-type: none"> • 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.
Maintenance prescriptions – 90-day supply <ul style="list-style-type: none"> • 90dayRx retail network or by mail-order <p>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.</p>	50%	
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

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

(Plan number 24)
F5987R21 (3/07) (M)