



Simply Blue<sup>SM</sup>

# Simply Blue – easy, affordable plans with up-front benefits

*Just the coverage you need ... and none you don't*

2010



**McAlpin Agency, Inc.**

**(763) 788-9274**

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# Plans tailored to the life you live now

## Simply Blue 80

Simply Blue offers two things you really value in a health plan — up-front coverage for preventive care and office visits and affordable rates. Simply Blue does not cover maternity labor and delivery services, so if these benefits are important to you, check out other Blue Cross plans on the back cover that might be a better fit.

Simply Blue puts hundreds of dollars at your disposal every year, for office visits and preventive care before you pay a dime toward your expenses.

### *Offers you 80/20 cost-sharing at lower premiums*

- Choose from two deductibles
- You get \$300 up front (before you meet your deductible) for office visits. The \$300 may cover two, three or even more office visits for FREE, depending on the type of provider you use (primary care physician, retail health clinic or specialist).
- You also get \$250 up front (again, before you meet your deductible) to cover annual preventive care —physicals, immunizations, eye exams, cancer screening
- Generic drug copay: \$5
- All other eligible expenses: you pay 20 percent (Blue Cross pays 80 percent) after you meet your deductible, until you reach your out-of-pocket maximum. Then, Blue Cross pays 100 percent.
- Blue Cross travel benefits: you have in-network coverage options and peace of mind wherever you travel in the United States, thanks to BlueCard® — and internationally through BlueCard Worldwide®

Health benefit terms can be confusing. Don't miss our helpful glossary on page 5.

## Simply Blue 100

Offers you the security of 100 percent coverage after you meet your deductible

- Choose from three deductibles
- You get \$500 up front (before you meet your deductible) for office visits. The \$500 may cover four, five or even more office visits for FREE, depending on the type of provider you use (primary care physician, retail health clinic or specialist).
- You also get \$250 up front (again, before you meet your deductible) to cover annual preventive care — physicals, immunizations, eye exams, cancer screening
- Generic drug copay: \$5
- Blue Cross pays 100 percent of eligible expenses after you reach your deductible, including office visits, hospital services and emergency room care
- Blue Cross travel benefits: you have in-network coverage options and peace of mind wherever you travel in the United States, thanks to BlueCard — and internationally through BlueCard Worldwide

How Simply Blue's up-front coverage helps you save: Jack's experience

	Charges	Jack pays
As soon as Jack gets started with Simply Blue 100, he goes for an <b>annual physical</b>	<b>\$280</b>	<b>\$30</b> <i>Jack's up-front preventive care benefit covers the first \$250</i>
One month later, he visits his local retail health clinic for a <b>persistent sore throat</b> and has a strep test.	<b>\$80</b>	<b>\$0</b> <i>Jack's \$500 up-front office visit benefit covers the full cost (\$500-\$80=\$420 balance)</i>
Three months later, Jack <b>hurts his ankle</b> playing broomball. He goes to a nearby urgent care center where he has an X-ray.	<b>\$350</b>	<b>\$0</b> <i>Jack's \$500 up-front office visit benefit covers the full cost (\$420-\$350=\$70 balance)</i>
Two weeks later, he <b>follows up</b> with his family doctor	<b>\$130</b>	<b>\$60</b> <i>Jack's remaining up-front office visit benefit covers \$70 of the cost</i>
<b>Total</b>	<b>\$840</b>	<b>\$90</b> <i>Jack saves \$750</i>



# The Blue Cross difference

## Peace of mind in uncertain times

Now more than ever, you need a health plan you know and trust. Blue Cross and Blue Shield of Minnesota's reputation for solid, reliable coverage spans 75 years and today provides peace of mind for nearly 3 million members. We pay for the services you need most — when you need them. Knowing you're covered is one less worry.

## Quick, hassle-free claims processing

We take our responsibility as financial stewards of your health care dollars very seriously. You can expect your claims to be processed quickly, accurately and without hassle.

## Cost-effective network coverage at home and on the road

More than 97 percent of Minnesota doctors and hospitals are in our network, where you always get the best benefit for your dollar. And you're still "in network" virtually anywhere you travel in the United States, thanks to the BlueCard program, and internationally through BlueCard Worldwide. Plus, you never need a referral.

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## Prescription drug savings now easier than ever

If you take ongoing medications, you can make fewer trips to the pharmacy and save money at the same time with 90dayRx, only from Blue Cross. Fill 90-day prescriptions at participating retail pharmacies or through mail order and pay less than you would for three 30-day prescriptions. For example, in plans with \$5 generics, you pay only two copays instead of three.

## Unmatched support for your health

When you call customer service, Health Guides will answer your questions and guide you to resources that can help you save money and improve your health.

## Fitness Program and other healthy extras

The Fitness Program, Online Health Assessments and Coaching Modules, a personal Online Wellness Center, and the myBlueCross member center help you manage both your health and your health care expenses.



Get the answers you need to make the best choice. Visit **[bluecrossmn.com](http://bluecrossmn.com)** or call customer service at **(651) 662-5030** or toll free at **1-800-531-6685**.

### **Is my doctor in the network?**

Use our online provider search tool to confirm that the providers you prefer are in our standard network (Accord).

### **Are my prescription drugs covered?**

Confirm that the drugs you take are on the drug list for this plan (GenRx formulary).

### **Which specific plan is right for me?**

Visit our interactive Plan Selector, which will guide you to the best plan for your needs and budget.

## Simply Blue plan highlights

	Simply Blue 80	Simply Blue 100
<b>In-network plan features</b>		
<b>Calendar-year deductible</b> <i>Amount you pay toward health care before your plan starts to pay (combines medical and drug expenses)</i>	\$4,000 \$8,000	\$5,000 \$7,500 \$10,000
<b>Out-of-pocket (OOP) maximum</b> <i>After this amount is reached, your plan pays 100% of covered expenses Copays do not apply to the out-of-pocket maximum (combines medical and drug expenses)</i>	\$6,500 \$10,500	\$5,000 \$7,500 \$10,000
<b>Coinsurance</b> <i>Percentage that you pay after deductible</i>	You pay 20% after deductible	You pay 0% after deductible
<b>In-network benefits</b>		
<b>Prescription drugs (GenRx formulary)</b> <i>31-day supply. 90-day supply available through 90dayRx program at participating retail pharmacies or by PrimeMail<sup>1</sup></i>	<b>Covered</b> • \$5 copay for formulary generic drugs • You pay 20% after deductible for formulary brand-name drugs	<b>Covered</b> • \$5 copay for formulary generic drugs • You pay 0% after deductible for formulary brand-name drugs
<b>Office visits</b> <i>In a health care professional office, urgent care clinic, or retail clinic for an illness or injury including allergy services, lab and diagnostic imaging/X-ray services</i>	<b>Covered</b> Plan pays first \$300, then you pay 20% after deductible	<b>Covered</b> Plan pays first \$500, then you pay 0% after deductible
<b>All other professional services in the office</b> <i>Immunizations, surgery, anesthesia, ear washing, wart removal, inpatient and outpatient hospital visits</i>	<b>Covered</b> You pay 20% after deductible	<b>Covered</b> You pay 0% after deductible
<b>Preventive care</b> <i>Includes routine physicals, eye exams, cancer screening, immunizations</i>	<b>Covered</b> Plan pays first \$250, then you pay 20% after deductible	<b>Covered</b> Plan pays first \$250, then you pay 0% after deductible
<b>Inpatient/outpatient lab and diagnostic imaging/X-ray services</b>	<b>Covered</b> You pay 20% after deductible	<b>Covered</b> You pay 0% after deductible
<b>Emergency room care</b>		
<b>Inpatient/outpatient hospital services</b>		
<b>Ambulance</b>		
<b>Medical supplies</b>		
<b>Chiropractic care</b> <i>Maximum of \$500 per person per calendar year</i>		
<b>Occupational, physical, speech therapy</b>		
<b>Home health care</b> <i>Maximum of \$25,000 per person per calendar year</i>		
<b>Well-child services to age 6 Immunizations to age 18</b>	<b>Covered</b> You pay 0% (no deductible)	<b>Covered</b> You pay 0% (no deductible)
<b>Prenatal care</b>		
<b>Maternity labor, delivery, post-delivery care and maternity complications</b>	<b>Not covered</b>	<b>Not covered</b>
<b>Lifetime maximum benefit</b>	\$5 million per person all networks	\$5 million per person all networks
<b>Out-of-network plan features</b>		
<b>Calendar-year deductible</b> <i>Separate from in-network deductible (combines medical and drug expenses)</i>	\$8,000 \$16,000	\$10,000 \$15,000 \$20,000
<b>Out-of-pocket maximum</b> <i>Separate from in-network out-of-pocket maximum (combines medical and drug expenses)</i>	\$13,000 \$21,000	\$20,000 \$30,000 \$40,000
<b>Coinsurance</b>	You pay 40% after deductible	You pay 20% after deductible

**Coverage for substance abuse** is included in the contract. You may choose to exclude substance abuse coverage. Your premium will be slightly reduced if you exclude substance abuse coverage.

**Dependents may not be added to this plan, but they can apply for their own Simply Blue plan.**

**This is only a summary.** Your contract will provide a detailed description of what is and is not covered. Services not covered include maternity labor and delivery, private duty nursing, custodial care or rest cures, bariatric surgery, infertility, eyewear, dental services, services that are experimental, not medically necessary or received while on military duty. Preexisting conditions you had during the six months before your enrollment date are not covered. This limit applies for 12 months. Prior continuous coverage without a gap in coverage greater than 63 days counts toward reducing the 12-month period.

**Consumer Price Index Annual Adjustment:** The deductible, copay and out-of-pocket maximum amounts are subject to annual adjustments. These adjustments are based on the medical care component of the Consumer Price Index (CPI) published by the U.S. Department of Labor. These annual adjustments are effective on the annual renewal date.

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service at the number on the back of your member ID card or visit [bluecrossmn.com](http://bluecrossmn.com).

**Lowest out-of-pocket costs:** in-network providers

**Higher out-of-pocket costs:** out-of-network participating providers

**Highest out-of-pocket costs:** out-of-network **nonparticipating** providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

<sup>1</sup>PrimeMail, a mail-service pharmacy owned and operated by Prime Therapeutics, LLC, an independent company providing pharmacy benefit management services.

# 2010 Simply Blue monthly rates

## Tobacco free — without substance abuse coverage

Coinsurance	80/20%		100/0%		
	Deductible	\$4,000	\$8,000	\$5,000	\$7,500
Subscriber age					
90 days* – 18 years	\$111.00	\$92.00	\$114.50	\$102.50	\$91.50
19 – 29	\$125.00	\$104.00	\$129.00	\$115.50	\$103.00
30 – 34	\$137.50	\$114.50	\$141.50	\$127.00	\$113.50
35 – 39	\$143.00	\$118.50	\$147.00	\$131.50	\$117.50
40 – 44	\$159.00	\$132.00	\$163.50	\$146.50	\$131.00
45 – 49	\$196.00	\$163.00	\$202.00	\$181.00	\$161.50
50 – 54	\$257.00	\$213.50	\$264.50	\$237.00	\$211.50
55 – 59	\$323.00	\$268.00	\$332.50	\$297.50	\$266.00
60 – 64	\$356.00	\$295.50	\$366.50	\$328.00	\$293.00
65+	\$356.00	\$295.50	\$366.50	\$328.00	\$293.00

## Tobacco free — with substance abuse coverage

Coinsurance	80/20%		100/0%		
	Deductible	\$4,000	\$8,000	\$5,000	\$7,500
Subscriber age					
90 days* – 18 years	\$114.50	\$95.00	\$118.00	\$105.50	\$94.00
19 – 29	\$129.00	\$107.00	\$133.00	\$119.00	\$106.00
30 – 34	\$141.50	\$117.50	\$146.00	\$130.50	\$116.50
35 – 39	\$147.00	\$122.00	\$151.50	\$135.50	\$121.00
40 – 44	\$164.00	\$136.00	\$168.50	\$151.00	\$135.00
45 – 49	\$202.00	\$168.00	\$208.00	\$186.00	\$166.50
50 – 54	\$264.50	\$220.00	\$272.50	\$244.00	\$218.00
55 – 59	\$332.50	\$276.50	\$342.50	\$306.50	\$274.00
60 – 64	\$366.50	\$304.50	\$377.50	\$337.50	\$301.50
65+	\$366.50	\$304.50	\$377.50	\$337.50	\$301.50

## Tobacco user — without substance abuse coverage

Coinsurance	80/20%		100/0%		
	Deductible	\$4,000	\$8,000	\$5,000	\$7,500
Subscriber age					
90 days* – 18 years	\$111.00	\$92.00	\$114.50	\$102.50	\$91.50
19 – 29	\$163.00	\$135.00	\$167.50	\$150.00	\$134.00
30 – 34	\$179.00	\$148.50	\$184.00	\$165.00	\$147.50
35 – 39	\$185.50	\$154.00	\$191.00	\$171.00	\$153.00
40 – 44	\$206.50	\$171.50	\$213.00	\$190.50	\$170.00
45 – 49	\$255.00	\$212.00	\$262.50	\$235.00	\$210.00
50 – 54	\$334.00	\$277.50	\$344.00	\$308.00	\$275.00
55 – 59	\$420.00	\$348.50	\$432.50	\$387.00	\$346.00
60 – 64	\$462.50	\$384.00	\$476.00	\$426.00	\$381.00
65+	\$462.50	\$384.00	\$476.00	\$426.00	\$381.00

## Tobacco user — with substance abuse coverage

Coinsurance	80/20%		100/0%		
	Deductible	\$4,000	\$8,000	\$5,000	\$7,500
Subscriber age					
90 days* – 18 years	\$114.50	\$95.00	\$118.00	\$105.50	\$94.00
19 – 29	\$167.50	\$139.00	\$172.50	\$154.50	\$138.00
30 – 34	\$184.50	\$153.00	\$189.50	\$170.00	\$151.50
35 – 39	\$191.00	\$159.00	\$197.00	\$176.00	\$157.50
40 – 44	\$213.00	\$177.00	\$219.00	\$196.00	\$175.50
45 – 49	\$262.50	\$218.00	\$270.50	\$242.00	\$216.50
50 – 54	\$344.00	\$286.00	\$354.50	\$317.00	\$283.50
55 – 59	\$432.50	\$359.00	\$445.50	\$398.50	\$356.00
60 – 64	\$476.50	\$395.50	\$490.50	\$439.00	\$392.50
65+	\$476.50	\$395.50	\$490.50	\$439.00	\$392.50

These rates are effective April 1, 2010 through March 31, 2011. Each adult subscriber must select a rate based on his or her age.

\*Applicants must be 90 days or older to be eligible for coverage.

## Determine your monthly rate

Your monthly rate is based on your age, deductible amount, coverage level (80 percent or 100 percent), whether you are tobacco free and whether you choose substance abuse coverage.

*Follow these simple steps to determine your rate ...*

**1**  
**Select the rate chart that fits your tobacco and substance abuse coverage selections.** Rates are lower if you've been tobacco free for at least 24 months and if you decline substance abuse coverage.

**2**  
**Select the level of coverage you want (80 percent or 100 percent) and the deductible you want (the amount you pay before your plan pays).** The higher your deductible, the lower your rate.

**3**  
**Find your age group** on the left side of the table.

**4**  
**Locate the box where your age group (row) and deductible (column) intersect.** This is your monthly rate.

*Note: Your rate will change when you age into a new category — for example, from age 39 to 40. Simply Blue rates are subject to benefit changes mandated by law.*

## Three easy ways to get started with affordable, comprehensive coverage from Blue Cross

- Apply online at [bluecrossmn.com](http://bluecrossmn.com). Use our interactive Plan Selector to find the best plan for you
- Call Blue Cross at (651) 662-5050 or toll free at 1-800-262-0823
- Talk to your agent to apply — find one in the Yellow Pages or visit [bluecrossmn.com](http://bluecrossmn.com) and select “find an agent”

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## Words to know

### **allowed amount**

the amount a participating provider has agreed to accept as payment in full

### **coinsurance**

the percentage of covered health care costs that you pay after reaching your deductible

### **copay**

a payment you make for a service or product (this is a set amount and does not apply to your deductible)

### **deductible**

the amount you pay for covered health care services each year before the health plan begins to pay for covered medical services

### **formulary**

the list of generic and brand-name drugs covered by your health plan

### **generic drug**

a drug with active ingredients identical to a brand-name drug; usually less expensive

### **lifetime maximum**

the maximum amount a health plan agrees to pay on your behalf for covered services over your lifetime

### **monthly rate**

the amount you pay each month for your health plan

### **out-of-pocket maximum**

the most you will pay toward covered health care services in deductible and coinsurance in a calendar year (copays do not count toward this maximum)

### **preventive care**

physicals, immunizations and cancer screenings

### **retail health clinics**

clinics often located in major retail stores and pharmacies that offer convenient and affordable treatment for many common illnesses

## Other Blue Cross plans for you or your family

*Personal Blue<sup>SM</sup>* — Flexible health plans for individuals and families that fit your life and budget

*Options Blue<sup>SM</sup>* — Health plans compatible with tax-advantaged health savings accounts (HSAs)

*InstaCare* — A temporary health plan when you need coverage right away. It provides 30-, 60- or 90-day coverage for a long list of medical and hospital services



**BlueCross BlueShield  
of Minnesota**

An Independent licensee of the Blue Cross and Blue Shield Association

[bluecrossmn.com](http://bluecrossmn.com)