



COMPREHENSIVE

major medical

WITH DEDUCTIBLE 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), they're 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® at Work

Take advantage of programs designed to inform, educate, encourage and support better health: EAP • 24-hour nurse advice line • prenatal support • stop-smoking program • easy-to-use health information at [bluecrossmn.com/blueprint](http://bluecrossmn.com/blueprint) • BluePrint for Health care support, our groundbreaking program for members with chronic conditions. All 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>Annual deductible options</b> Employers choose one of four options. One deductible applies to services from all providers.	<b>a</b> \$ 300/person – \$ 900/family <b>b</b> \$ 500/person – \$1,000/family <b>c</b> \$1,000/person – \$2,000/family <b>d</b> \$2,000/person – \$4,000/family	
<b>Out-of-pocket maximum</b> These options correspond to the deductible selected. A separate out-of-pocket maximum of \$500 per person or \$1,000 per family for prescription drugs.	<b>a</b> \$1,500/person – \$5,000/family <b>b</b> \$1,800/person – \$5,000/family <b>c</b> \$2,250/person – \$5,000/family <b>d</b> \$2,500/person – \$5,000/family	<b>a</b> \$2,500/person <b>b</b> \$2,700/person <b>c</b> \$2,700/person <b>d</b> \$3,000/person
<b>Lifetime maximum</b>	\$3 million for services from all providers	
<b>Office visits</b> <ul style="list-style-type: none"> <li>• Illness or injury</li> <li>• Behavioral health care (mental health, substance abuse, eating disorders and autism)</li> <li>• Chiropractic manipulation</li> <li>• In-office surgery/allergy-related services</li> </ul>	100% after \$25 copay 100% after \$25 copay* (see details below) 100% after \$25 copay* (see details below) 80% after deductible	60% after deductible 60% after deductible 60% after deductible; no benefits for services from out-of-network provider 60% after deductible
<b>Preventive care</b> <ul style="list-style-type: none"> <li>• Well-child services and immunizations</li> <li>• Prenatal care</li> <li>• Routine physicals and eye exams</li> <li>• Cancer screenings</li> </ul>	100% 100% 100% 100%	60% after deductible 60% after deductible 60% after deductible 60% after deductible
<b>Lab and X-ray services</b>	100%; 80% after deductible for inpatient services	60% after deductible
<b>In- and outpatient hospital services</b> <ul style="list-style-type: none"> <li>• Facility services (includes behavioral health care)</li> <li>• Professional services (includes behavioral health care)</li> </ul>	80% after deductible* (see details below) 80% after deductible* (see details below)	60% after deductible 60% after deductible
<b>Emergency care</b> <ul style="list-style-type: none"> <li>• Facility services</li> <li>• Professional services</li> </ul>	100% after \$60 copay 80% after deductible	100% after \$60 copay 60% after deductible
<b>Ambulance services</b>	80%	80%
<b>Medical supplies</b>	80% after deductible	60% after deductible
<b>Therapy services</b> <ul style="list-style-type: none"> <li>• Chiropractic therapy</li> <li>• Occupational and physical therapy</li> <li>• Speech therapy</li> </ul>	80% after deductible* (see details below) 80% after deductible 80% after deductible	60% after deductible; no benefits for services from out-of-network providers 60% after deductible** (see details below) 60% after deductible** (see details below)
<b>Prescription drugs</b> <ul style="list-style-type: none"> <li>• 31-day supply; 3-cycle supply of oral contraceptives for 3 copays; formulary drugs only</li> <li>• Mail-order drugs (90-day supply)</li> </ul>	80% coverage, member responsible for a minimum of \$10 and a maximum of \$30 per prescription 100% after \$40 copay	80% coverage, member responsible for a minimum of \$10 and a maximum of \$30; you pay the pharmacy and file a claim. In addition to copays, member will be responsible for amounts in excess of the allowed amount.
<b>How cost sharing is calculated</b> <b>Copays</b> are flat fees you pay at the time you receive a service. <b>Coinsurance</b> is the percentage of charges you pay for a service. It's based on the allowed amount. <b>Deductible</b> charges are subtracted from the allowed amount. <b>Allowed amount</b> 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 Jan. 1, 2005.



BlueCross BlueShield of Minnesota

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(Plan numbers a 118, b 120, c 122, d 123)