BlueCross BlueShield Minnesota



2022

MEMBER RESOURCE GUIDE

Get the most from your health plan

St. Michael- Albertville ISD

Contacts

CUSTOMER SERVICE

Toll free at 1-866-873-5943

TTY toll free **711**

Monday through Friday, 7 a.m. to 8 p.m. Central Time
We will provide interpreter services, if needed

FIND A DOCTOR

Use the Find a Doctor tool on **bluecrossmnonline.com**

Select National BlueCard

Or call **1-800-810-BLUE (2583)** (Also applies to BCBS Global Core)

ONLINE CARE

Go to **doctorondemand.com/bluecrossmn**

PRESCRIPTION DRUGS

Mail order prescriptions: Log in to your member website and choose "Prescriptions." Then select "Mail order savings" or "Mail order options and forms" to follow prompts for transferring or starting a new prescription.

HEALTH AND WELLBEING RESOURCES

Log in to your member website to see a full list of resources and tools

Quitting tobacco and vaping
1-888-662-BLUE (2583)

Fitness incentive
For enrollment information, visit **bluecrossmn.sharecare.com**

Maternity management
1-866-489-6948

BLUE CROSS CENTERS

Make an appointment for help with enrollment, benefits, claims and more in Edina, Roseville, St. Cloud or Duluth. Visit **bluecrossmn.com/centers**.

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Welcome

Welcome to Blue Cross and Blue Shield of Minnesota.
Inside, you'll find information on:

- What to consider when choosing or learning about a plan
- Health and wellbeing resources and programs
- Answers to FAQs, basic terms and other helpful tips

Questions?
Call customer service or visit **bluecrossmnonline.com**.

Your plan info at your fingertips

Registering at your member website is the first step to getting personalized information about your health plan.

You can easily access your personal plan information, resources and tools on your member website. When your member ID card arrives (in the mail), go online and register at **bluecrossmnonline.com**. Once registered, you can:

- Find doctors, clinics, hospitals and pharmacies
- View claims and Explanations of Health Care Benefits (EOBs)
- Send secure emails to customer service
- View, print, email or order member ID cards
- Check health financial accounts balances (if applicable)

You'll need your member ID card to register. Be sure to have it handy.

HOW TO REGISTER

1. Click "Register"
2. Fill out the registration page using your information as it appears on your ID card
3. Create your login ID and password
4. The system will log you in. Next, you'll see your member dashboard with your personal information.

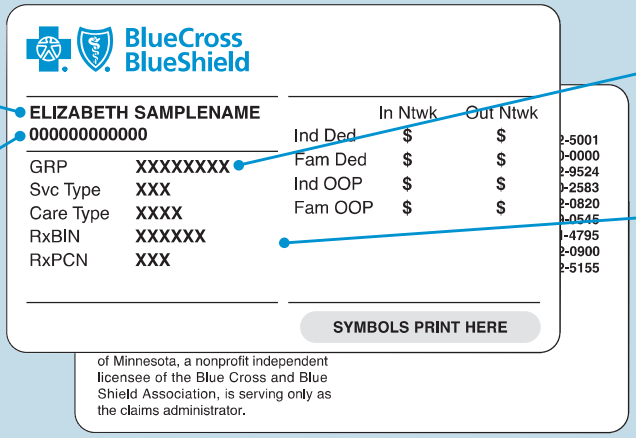
UNDERSTANDING YOUR MEMBER ID CARD

Member name

Each family member covered by your plan will have an ID card. This includes minor children.

Member ID number

Your member ID number helps providers look up your plan details. We also use it to track expenses.



Group number

This identifies your employer's plan.

Plan details

Questions?
Contact information is on the back of your ID card.

Understanding your costs

Having health insurance means you and a health plan share in paying your medical costs. The share you pay changes throughout your plan year as you receive medical care and pay costs. Here's how it works:

During your plan year, you'll have two groups of costs: health plan **fees** and **medical care costs**. The plan tracks what you pay in medical costs and applies eligible costs (see glossary) toward certain milestones (see deductible and out-of-pocket maximum on the next page). When your costs hit these milestones, you move into the next stage of your plan. Your share of costs becomes less as you reach each stage.

Here are descriptions of health plan fees, medical costs and milestones:

HEALTH PLAN FEES



Premium

Your regular payment to your health plan (on a monthly, per paycheck, etc. basis)

Your employer may pay part of your premium.

Your premium **does not count toward** your deductible or out-of-pocket maximum.

MEDICAL COSTS



Copays *(your plan may or may not have copays)*

A set cost you pay every time you get medical care or a prescription

Copays can vary based on where you get care (virtual, clinic, urgent care, etc.).

Your copays do not count toward your deductible but **do count toward** your out-of-pocket maximum.



Covered medical costs

The medical services your plan covers

"Covered" means your plan pays for some or all of the costs. These are different in each plan.

Your covered costs **usually count toward** your deductible and out-of-pocket maximum.

Over-the-allowed-amount costs — The health plan and in-network providers (see glossary) have agreed to an "allowed amount" (the most a provider can charge you). If you receive a covered service from a nonparticipating provider (see glossary) who charges over the allowed amount, this additional cost is your responsibility.

Costs over the allowed amount **do not count toward** your deductible and out-of-pocket maximum.



Non-covered services

"Non-covered" refers to medical services not covered by your plan

If you receive these services, you pay in full.

Services not covered by your plan **do not count toward** your deductible and out-of-pocket maximum.

HEALTH PLAN MILESTONES AND STAGES

Deductible *(your plan may or may not have a deductible)*

When your plan begins, you are in the first stage where you pay for all covered medical services. When these costs hit a certain amount (the deductible), you move into the next stage.

Your deductible **counts toward** your out-of-pocket maximum.

Coinsurance

This stage starts after you hit your deductible. Now, you and the plan each pay a percentage for covered services. Example: 80/20 coinsurance means the plan pays 80 percent and you pay 20 percent.

Coinsurance **counts toward** your out-of-pocket maximum.

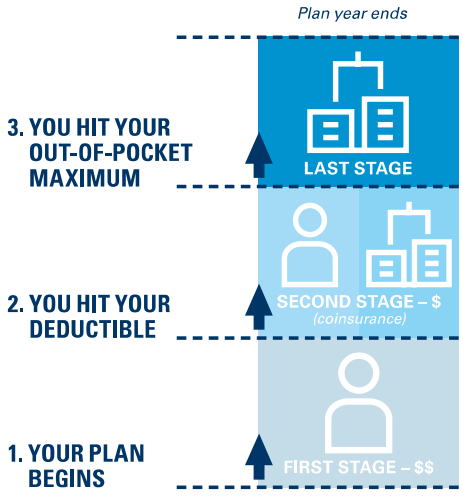
Out-of-pocket maximum

This is the last stage of your plan. When the medical costs you've paid reach a certain amount (the out-of-pocket maximum), the health plan pays all your covered medical costs for the plan year's remainder.*

*Covered medical costs up to the lifetime maximum.

UNDERSTANDING PLAN MILESTONES AND STAGES

1. When your plan begins, you're in the first stage. You pay for all your covered medical costs until you hit the **deductible**.
2. After hitting your deductible, you enter the next stage. You now pay only a percentage of your medical costs and the health plan pays the rest. This is the **coinsurance** stage of your plan.
3. The coinsurance stage lasts until you reach the **out-of-pocket maximum**. At that point, the plan starts paying for all covered medical costs for the rest of the plan year.



HOW YOUR CLAIMS ARE PROCESSED

1. You go to your health care provider.
2. Your provider files the claim (in network).
3. You receive an Explanation of Health Care Benefits (EOB). (This is not a bill.)
4. You receive a statement from your provider. Make sure it matches your EOB.
5. You pay your provider for your portion of the costs.

Understanding your networks

NETWORKS

A network is a group of medical providers (doctors, clinics and hospitals) with which the health plan has an agreement. The agreement means you get a discount on medical care when you go to these providers. If you have providers you prefer, you'll want to check if they're in the network you're considering. (You can see if a provider is in your network using the Find a Doctor tool on your member website.)

Network types

"Open access" CMM – With this type of network, you can go to any doctor, specialist, behavioral health provider or hospital that is in your network for care. Coverage levels vary depending on the provider's network status and the type of service received. Check your benefit plan materials for information about specific networks available to you. When traveling outside the state, you'll be covered by the National BlueCard® network of providers.

INTERNATIONAL NETWORK

- **Blue Cross Blue Shield Global® Core** – In-network access to primary car e providers in more than 170 countries

Each Blue Cross and/or Blue Shield plan is an independent licensee of the Blue Cross and Blue Shield Association. Each health care provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.

Aware® Network — The largest Blue Cross network featuring access to nearly every ¬¬physician and hospital in Minnesota

PREVENTIVE CARE

Most preventive visits are covered at



100%

when you see a doctor in network

(Check your benefit booklet on you member website.)

IS A PROVIDER IN THE NETWORK?

To see if a doctor, clinic or hospital is in a specific network, log in at **bluecrossmnonline.com** and use the Find a Doctor tool or call customer service.

DO I NEED A REFERRAL?

For most networks, you don't need a referral to see a specialist in your network. In-network specialists are listed in the Find a Doctor tool online or you can call customer service.

Choosing a plan: Think about your needs

When choosing a plan, think about how much medical care (including prescriptions) you (and your dependents) expect to need within the plan year. Also, think about your financial situation and if it's important to you to keep your current providers.

IN GENERAL:

- **Higher premium =** Lower out-of-pocket costs
- **Lower premium =** Higher out-of-pocket costs

Out-of-pocket costs include:

- Deductible
- Copays
- Coinsurance
- Non-covered services
- Over-the-allowed-amount costs

(See glossary for definitions.)

DO YOU (AND YOUR DEPENDENTS) EXPECT TO:



See a doctor regularly?	☐ **Yes**	☐ **No**
Need regular prescriptions, specialty drugs or medical equipment?	☐ **Yes**	☐ **No**
Have surgery, childbirth or other major medical care?	☐ **Yes**	☐ **No**

	IF MORE "YES" BOXES CHECKED...	IF MORE "NO" BOXES CHECKED...
Recommended plan type	**Higher-premium/ lower-deductible plan**	**Lower-premium/ higher-deductible plan**
Why is this recommended?	If you pay more for your premium, your out-of-pocket costs will be less when you get care.	If you don't expect to need much medical care, you can choose to pay less for your premium.
Cautions	Be sure you can afford the higher premium because you will pay this regularly.	Be sure you can afford out-of-pocket medical costs if you should need care unexpectedly.

Is keeping your current doctor important to you?

If yes, be sure to check if that doctor is in the network you're considering. If the provider isn't in the network, it will cost you more to see this doctor. Find out if a provider is in network by calling customer service or visiting **bluecrossmnonline.com** and using the Find a Doctor tool.

St Michael Albertville ISD
$1,850 Aware; October 2, 2022
Group number 10583477

Coinsurance reflects member responsibility

	In network MN Network: Aware National Network: Blue Card Traditional	Out of network
Calendar-year embedded deductible Deductible carryover applies.	Medical and prescription combined $1,850 individual $3,700 family	
Coinsurance Level – What the member pays	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums **cross apply.** Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined $1,850 individual $3,700 family	Medical and prescription combined $3,500 individual $6,500 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations	 0% 0% 0% 0% 0% 0%	 0% 0% Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Omada® diabetes and cardiovascular disease prevention program (Generic Program)	0%	No coverage
Physician services • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab diagnostic imaging • allergy injections and serum • Urgent Care professional services	 First 5 visits 0%, subsequent visits Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	 Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Other professional services • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy)	 Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	 Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Hospital Inpatient services	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Hospital Outpatient services • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services)	 Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	 Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance

	In network MN Network: Aware National Network: Blue Card Traditional	Out of network
Emergency care • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	
Durable Medical Equipment	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Bariatric surgery	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Assisted Fertilization	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Behavioral health (mental health and substance abuse services) • inpatient professional services • outpatient professional services (office visits) • outpatient hospital/facility services	 Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	 Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Prescription drugs – Select Network retail (31-day limit) **FlexRx drug list – Closed plan design** • Preferred generic • Preferred brand • Nonpreferred **Specialty Preferred Drug List** • **90dayRx – Mail order pharmacy** (90-day limit) **FlexRx drug list – Closed plan design** • Preferred generic • Preferred brand • Nonpreferred • **90dayRx – Retail pharmacy** (90-day limit) **FlexRx drug list – Closed plan design** • Preferred generic • Preferred brand • Nonpreferred	 Deductible then 0% coinsurance Deductible then 0% coinsurance No coverage Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance No coverage Deductible then 0% coinsurance Deductible then 0% coinsurance No coverage	 Deductible then 0% coinsurance Deductible then 0% coinsurance No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage
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Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit **bluecrossmnonline.com**.

***Lowest out-of-pocket costs**: in-network 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.)

This is only a summary. Read your benefit booklet for more information about what is and isn't covered. Services that aren't covered include those that are cosmetic, investigative, not medically necessary or covered by workers' compensation or no-fault insurance

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The Omada program is from Omada Health, Inc., an independent company providing digital intensive behavioral counseling program.

Embedded deductible – The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.

BlueCross BlueShield Minnesota

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association

St Michael Albertville ISD
$3,500 Aware; October 1, 2022
Group numbers 10583480,10583483

Coinsurance reflects member responsibility

	In network MN Network: Aware National Network: Blue Card Traditional	Out of network
Calendar-year embedded deductible Deductible carryover applies.	Medical and prescription combined $3,500 individual $7,000 family	
Coinsurance Level – What the member pays	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums **cross apply.** Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined $3,500 individual $7,000 family	Medical and prescription combined $3,625 individual $7,250 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations	 0% 0% 0% 0% 0% 0%	 0% 0% Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
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Hospital Outpatient services • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services)	 Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	 Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance

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Embedded deductible – The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.

BlueCross BlueShield Minnesota

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St. Michael Albertville ISD

$6,350 Aware; October 1, 2022

Group number 10583486

Coinsurance reflects member responsibility

	In network MN Network: Aware National Network: Blue Card PPO	Out of network
Calendar-year deductible The in- and out-of-network maximums are accumulate separately No fourth Quarter carryover	Medical and prescription combined $6,350 individual $12,700 family	Medical and prescription combined $8,250 individual $16,500 family
Coinsurance Level – What the member pays	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums accumulate separately Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined $6,350 individual $12,700 family	Medical and prescription combined $10,000 individual $20,000 family
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BlueCross BlueShield Minnesota

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association

Know where to go for care

Save money and time by using the right type of place for the care you need. Make sure the doctor, clinic or hospital is in your network before getting care.

DOCTOR ON DEMAND®

Medical visits 24/7; mental health visits available next day by appointment

Routine care/common health concern

Get face-to-face, online care from a board-certified doctor at **doctorondemand.com/bluecrossmn**

- Cold, cough and flu
- Bladder infection
- Mental health*

Minimal or no wait time

CONVENIENCE CLINIC

Open extended hours (nights/weekends)

Minor health issue

No appointment needed for treatment of minor health issues

- Cold, cough and flu
- Ear and eye infections
- Sore throat

Short wait times

OFFICE VISIT

Open during regular clinic hours

Preventive/routine care or health concern

Make an appointment for preventive care, routine care and health issues

- General health issues
- Preventive care
- Screenings and vaccines
- Referrals to specialty care

Wait times vary

URGENT CARE CLINIC

Open extended hours (nights/weekends)

Urgent – not life threatening

Drop in for medical care that is urgent but not life-threatening

- Minor cuts, sprains and burns
- Skin rashes
- Fever and flu
- X-rays and lab testing

Varies, typically longer than an office visit

EMERGENCY ROOM (ER)

Open 24/7

Life-threatening

Call 911 or go to the nearest ER if the situation seems life-threatening

- Chest pain
- Shortness of breath
- Uncontrolled bleeding
- Poisoning or other serious illness/injury

Longer if you go with a minor condition

*Mental health visits are by appointment only 7 a.m. to 10 p.m. local time.

Doctor On Demand® is an independent company providing telehealth services.

Make sure your doctor and clinic/hospital are in your network before receiving care. This will make sure you receive the highest level of benefits. Each health care provider is an independent contractor and not our agent.

How your pharmacy benefits work

Blue Cross works with Prime Therapeutics to provide you a pharmacy network (pharmacies that have an agreement with Blue Cross) and a formulary (a formulary is a list of FDA-approved prescription medications covered by your plan — also called a drug list). Using your pharmacy network and formulary medications can help you save money.

Find an in-network pharmacy To find a retail pharmacy in your network, log in to your member website. When you go to the pharmacy, bring your prescription and member ID card. (Note: If you go to an out-of-network pharmacy, you may pay the full cost of the prescription.)

Your pharmacy network:
Select Pharmacy Network

Your formulary:
FlexRX

90-day prescriptions If you're taking a medication long term, you can save time by ordering up to a 90-day supply at participating in-network pharmacies or through mail order. To sign up for mail order, log in to your member website.

Your plan requires you to use a pharmacy in the Blue Cross Specialty Pharmacy Network for these medications.

CHECK IF A MEDICATION IS COVERED

To see if a medicine is on your formulary, log in to your member website. Medicines not on your drug list may cost you more.

UTILIZATION MANAGEMENT

Blue Cross has utilization management programs that help to ensure you get the right medicines for your needs.

- Prior authorizations – Ensures appropriate use of medicines by requiring pre-approval to verify appropriate prescribing.
- Quantity limits – Restricts the amount of drugs you may receive during a prescribing period. Promotes safe, cost-effective medication use and helps reduce waste and overuse.
- Step Therapy – Requires you to try another drug that may be more safe, clinically effective and, in some cases, less expensive before a more expensive drug is approved.



To get more details about your pharmacy plan or formulary, log in to your member website or call customer service.

Prime Therapeutics LLC is an independent company providing pharmacy benefit management services.

Each pharmacy is an independent company that provides pharmaceutical services.

Health and wellbeing resources

Get more for your health. From lowering stress and managing weight, to finding the right care or comparing treatment options, you have the tools and resources you need to put better health within your reach.

DECISION TOOLS

Care cost estimator

Research and compare costs for common procedures and non-emergency services on the Blue Cross MN mobile app or online.

- Log into your member website



CARE OPTIONS

Blue Distinction Centers®

Receive quality care from providers that have earned national recognition for high-quality, low-cost care.

- Look for the Blue Distinction icon in the Find a Doctor tool

Blue Distinction Centers (BDCs) met overall quality measures for patient safety and outcomes, developed with input from the medical community. Designation as a BDC means these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your plan at any facilities, please call the customer service number on the back of your member ID card before making an appointment, to verify the most current information on its network participation and Blue Distinction status.

Online care

Access board-certified doctors, psychiatrists and psychologists with Doctor On Demand® via smartphone, tablet or computer.

- Visit doctorondemand.com/bluecrossmn

Doctor On Demand® is an independent company providing telehealth services.

Online behavioral health programs

Concerned about substance use, stress, insomnia, depression or social anxiety? Learn to Live is an online program that's available anytime to help you work through it.

- Visit learntolive.com/partners and enter code BCBSMN

Learn to Live, Inc. is an independent company offering online cognitive behavioral therapy programs and services

SUPPORT RESOURCES

Health assessment

Complete an online questionnaire to determine your RealAge® (biological age) and find ways to improve it.

- Log in at bluecrossmn.sharecare.com

RealAge® is a registered mark of Sharecare, an independent company providing a health and wellness engagement platform. Offerings subject to change.

Online health and wellbeing platform

Manage all your health in one place with help from Sharecare. Sharecare provides tools, insights and information on how to improve your health and live your healthiest life.

- Log in at bluecrossmn.sharecare.com

Sharecare is an independent company providing a health and wellness engagement platform. Offerings subject to change.

Wellness discount marketplace

Use Blue365® to save on local and national wellness products and services.

- Visit blue365deals.com/bcbsmn or log in to your member website

Blue365® is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

Fitness incentive

Earn an incentive each month for meeting and tracking the minimum physical activity requirement. {{RealAge}}

- Log in at bluecrossmn.sharecare.com

Health management

Receive professional support for managing chronic or serious health conditions. Includes education, treatment plan support and community resource information.

- Call 1-800-961-4758

Maternity management

Receive support and guidance from a maternity Health Coach.

- Call 1-866-489-6948

Quitting tobacco and vaping

Take advantage of personalized guidance in making a quit plan and receive ongoing support from a wellness coach.

- Visit bluecrossmnonline.com or call 1-888-662-BLUE (2583). TTY users, call 711.

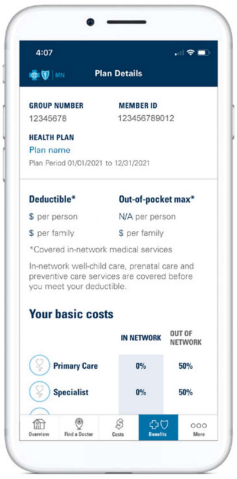
Diabetes and heart disease prevention

Get professional health coaching online and supportive tools and resources, including a digital scale, through Omada® to help prevent diabetes and/or heart disease.

- Visit omadahealth.com/BCBSMN1. See your plan materials for details.

The Omada program is from Omada Health, Inc., an independent company providing digital care programs.

GO MOBILE WITH BLUE CROSS



Get convenient, on-the-go access to your health plan, including:

- Deductible and out-of-pocket spending totals
- A digital member ID card
- Search capabilities for in-network care near you
- Medical spending account balances
- Claim status tracking

SEARCH "BlueCrossMN Mobile" AND DOWNLOAD THE APP TODAY

Download on the App Store

GET IT ON Google Play

Top things to know — for understanding your plan

Q What's the difference between participating, nonparticipating, in network and out of network?

A

PARTICIPATING		NONPARTICIPATING
Provider/pharmacy has an agreement with your health plan		Provider/pharmacy DOES NOT have an agreement with your health plan AND Provider/pharmacy is NOT in your plan's network
In-network provider/pharmacy	Out-of-network provider/pharmacy	
$	**$$**	**$$$**

Each provider is an independent contractor and not our agent.

Q Who do I pay when my EOB says I owe money?	**A** Don't pay anything when you receive an EOB. You will receive a bill from the provider. This is what you pay.
Q Do I need prior authorization?	**A** Some procedures require approval prior to receiving services. This is called "prior authorization." A clinical team will review treatment recommendations to make sure the most appropriate care is provided at the right time. Call customer service to find out if your procedure requires prior authorization.
Q How do I know if a doctor, clinic or hospital is in my network?	**A** You can find out if a provider is in your network by using the Find a Doctor tool at **bluecrossmnonline.com** or by calling customer service.
Q How do I access the member website and what can I find there?	**A** Using your member ID card, register at **bluecrossmnonline.com**. Once registered, you can: • Find doctors, clinics, hospitals and pharmacies • View claims and Explanations of Health Care Benefits (EOBs) • Send secure emails to customer service • View, print, email or order member ID cards • Check health financial accounts balances (if applicable) • Access health and wellbeing resources

Q What's the difference between an embedded and non-embedded deductible?

A Embedded and non-embedded deductibles apply to family plans.

Deductible (definition)	
When your plan begins, you are in the first stage where you pay for all covered medical services. When these costs hit a certain amount (the deductible), you move into the next stage where the health plan pays for some of your medical costs (coinsurance).	
Embedded deductible	**Non-embedded deductible**
When one family member hits the per-person deductible, the health plan begins paying some of that person's medical costs. When the family deductible is met, the plan pays some of the medical costs for all family members.	When the family deductible is met, the plan begins sharing costs for each member. The deductible can be met by one or a combination of family members.

Glossary — terms to know

Your health plan will make more sense if you know a few important terms.

Allowed amount: The amount Blue Cross has agreed to pay a medical provider for a service.

Coinsurance: This payment structure starts after meeting your deductible. In coinsurance, you and the plan each pay a percentage for covered services. Example: 80/20 coinsurance means the plan pays 80 percent and you pay 20 percent.

Convenience or retail clinic: These clinics treat a limited list of common illnesses. They are often located in or near a retail store.

Copay: (Your plan may or may not have copays.) A fee you pay every time you get medical care or a prescription. Copays can vary based on where you get care (virtual, clinic, urgent care, etc.).

Cost sharing: Refers to the member sharing medical costs with the health plan through copays, deductible and coinsurance.

Deductible: This is the first milestone you hit by paying for covered medical services. Along with covered service costs, your copays (if your plan has them) may count toward your deductible.

Eligible or covered services: Health care covered by your plan.

Explanation of Health Care Benefits (EOB): A letter you receive after getting care that shows costs, the amount the health plan is expected to pay and the amount you are expected to pay. You do not pay anything when you receive an EOB.

Formulary or drug list: A list of FDA-approved prescription drugs that are covered by your health plan.

Health plan: Can refer to your health insurance company or your specific health plan.

In-network: Providers or pharmacies in your plan's network that give you the most coverage (lowest cost). Note: An in-network provider is not the same as a participating provider.

Member website: A secure website for accessing plan details and cost information as well as health and wellbeing tools.

Nonparticipating provider: A provider that does not have a contract with the health plan. You pay in full when using these providers. Note: A nonparticipating provider is not the same as an out-of-network provider.

Out-of-network: A provider or pharmacy that has a contract with the health plan but is not part of your plan's network. You may pay more when using these providers/pharmacies. Note: An out-of-network provider is not the same as a nonparticipating provider.

Out-of-pocket expense/cost: Refers to costs the member pays: premium, copay, deductible, coinsurance, and non-covered services or over-the-allowed-amount costs.

Out-of-pocket (OOP) maximum: This is the last milestone you hit by paying for covered medical services. Once you reach this amount, the plan pays for all covered in-network services for the plan year's remainder.

Participating provider: A provider that has a contract with the health plan, and may be in or out of your plan's network. Note: A participating provider is not the same as an in-network provider.

Premium: Your monthly payment, like a membership fee. Your employer may pay part of your premium. You may also be able to pay your premium pretax from your paycheck.

Provider: Refers to doctors, clinics, hospitals and other health care professionals.

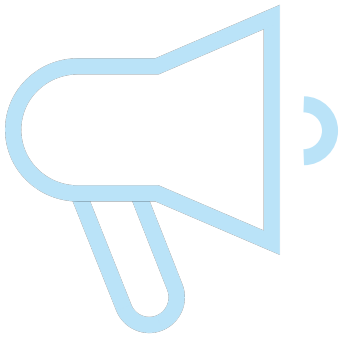
Service (also called "care"): Medical treatment.

Be in the know

MEMBER ANNUAL NOTICE NEWSLETTER

Find valuable information in Blue Cross' Member Annual Notice newsletter, such as:

- Member rights and responsibilities
- Quality improvement program
- Information about case and condition/disease management
- Benefits and access to medical services
- Pharmacy benefit information, such as formulary, quantity limits and exception processes
- Use and disclosure of protected health information (PHI)
- Prior authorization decisions and benefit limitations
- How to request an independent review
- Transitioning from pediatric to adult care



Visit **bluecrossmn.com/qualityimprovement** to view the notice or call customer service to receive it by mail.

MEMBER PRIVACY RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule gives you the right to know what personal and health information is collected by insurance companies, why it's collected and what is done with it. To see our privacy policy, visit **bluecrossmnonline.com** ("Privacy & Legal" at the page's bottom) or call customer service and request a copy of the "Notice of Privacy Practices."

MEDICARE PART D CREDITABILITY

Medicare members should check their plan information or ask their employer to see if their plan is Medicare Part D creditable.

BlueCross BlueShield Minnesota

NOTICE OF NONDISCRIMINATION PRACTICES

Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
  Blue Cross and Blue Shield of Minnesota and Blue Plus
  M495
  PO Box 64560
  Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
- by phone at:
  1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
  U.S. Department of Health and Human Services
  200 Independence Avenue SW
  Room 509F
  HHH Building
  Washington, DC 20201

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိၤကညီကျိာ်ဒီး, တ၊်ကဟ့ဉ်နၤကျိာ်တ၊်မၤစ၊ၤကလီတဖဉ်နှဉ်လိၤ. ကိး 1-866-251-6744 လ၊ TTY အဂိ်, ကိး 711 တက့၊်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta’e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d’assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

አማርኛ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ አገልግሎት እርዳ አለሎት። በ 1-855-315-4030 ይደውሉ ለ TTY በ 711።

한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສຳລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojį éí béésh bee hodíílnih 1-855-902-2583. TTY biniiyégo éí 711 jį’ béésh bee hodíílnih.

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bluecrossmnonline.com

Better together

You + Blue℠ MN

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