



Comprehensive major medical with deductible

An open-access health plan for groups of 2 – 50 employees



*Rising health care costs.
Greater need for wellness
and prevention. Maintaining
employee satisfaction. Now
is the time for practical
solutions. Blue Cross and
Blue Shield of Minnesota is
the state's only health plan
that combines 76 years of
experience with a focus on the
healthy future of businesses
like yours.*

Health plan solutions

How this plan option works

Members can see any participating health care provider they choose for most covered services. The best benefits apply when members see providers in our statewide Blue Cross (Aware®) network. This network includes doctors, specialists, primary care clinics and hospitals. Network providers handle all of the claims paperwork.

Save by using network providers

By using the large Blue Cross network of health care providers, members avoid paying higher out-of-pocket expenses. That's because network providers agree to accept the "allowed amount" stated in their contracts as full payment for covered services. Members are covered throughout the United States with the BlueCard® program, and even beyond with BlueCard Worldwide®.

Unmatched support for your health

- Health Guides and Nurse Guides with one call to customer service
- Dedicated Nurse Support for an extended illness or accident
- Healthy Start® Prenatal Support for when you're expecting
- 24-Hour Nurse Advice Line for health concerns anytime
- Fitness Program that encourages members to exercise regularly
- Plus, Online Wellness Center, Health Assessment, Online Coaching Modules, Stop-Smoking Support and Employee Assistance Program

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Please note: Benefits are subject to regulatory approval

Plan highlights	In network	Extended/out of network
Calendar-year deductible options Employers choose one of five options. One deductible applies to services from all providers.	<ul style="list-style-type: none"> a \$300/person – \$900/family b \$500/person – \$1,000/family c \$750/person – \$1,500/family d \$1,000/person – \$2,000/family e \$2,000/person – \$4,000/family 	
Out-of-pocket maximum These options correspond to the deductible selected. A separate out-of-pocket maximum of \$750 per person or \$1,500 per family applies to prescription drugs.	<ul style="list-style-type: none"> a \$1,500/person – \$5,000/family b \$1,800/person – \$5,000/family c \$2,000/person – \$5,000/family d \$2,250/person – \$5,000/family e \$2,500/person – \$5,000/family 	<ul style="list-style-type: none"> a \$2,500/person b \$2,700/person c \$2,700/person d \$2,700/person e \$3,000/person
Lifetime maximum	\$5 million for services from all providers	
Physician services <ul style="list-style-type: none"> • Office or urgent care visits for illness or injury • Retail health clinic • Behavioral health care (mental health, substance abuse, eating disorders and autism) • Chiropractic manipulation • In-office surgery/allergy-related services 	100% after a b c \$25 copay or d e \$30 copay 100% a b c d 100% after a b c \$25 copay or d e \$30 copay* 100% after a b c \$25 copay or d e \$30 copay* 80% after deductible	60% after deductible 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 <ul style="list-style-type: none"> • 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	80% after deductible	60% after deductible
X-ray and diagnostic imaging	80% after deductible	60% after deductible
In- and outpatient hospital services <ul style="list-style-type: none"> • Facility services (includes behavioral health care) • Professional services (includes behavioral health care) 	80% after deductible* 80% after deductible*	60% after deductible 60% after deductible
Emergency care <ul style="list-style-type: none"> • Outpatient facility services • Outpatient professional services 	100% after \$75 copay 80% after deductible	100% after \$75 copay 80% after deductible
Ambulance services	80%	80%
Medical supplies	80% after deductible	60% after deductible
Therapy services <ul style="list-style-type: none"> • Chiropractic therapy • Occupational and physical therapy • Speech therapy 	80% after deductible* 80% after deductible 80% after deductible	60% after deductible; <i>no benefits for services from out-of-network providers</i> 60% after deductible** 60% after deductible**
Prescription drugs <ul style="list-style-type: none"> • Retail (31-day supply) • 90dayRx (90-day supply) 	\$5 generic/\$35 formulary brand/ \$85 non-formulary brand \$10 generic/\$70 formulary brand/ \$170 non-formulary brand 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.	\$5 generic/\$35 formulary brand/ \$85 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.
Health support included with your plan	Online Health Assessment and Coaching Modules • Health Guides and Nurse Guides • Dedicated Nurse Support • Fitness Program • Employee Assistance • 24-Hour Nurse Advice Line • Healthy Start Prenatal Support • Stop-Smoking Support	
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. Nonparticipating providers have not agreed to accept our allowed amount as payment in full. Your cost sharing may be much greater when you use a nonparticipating provider. Visit bluecrossmn.com for more information about nonparticipating provider payment.		

* For highest level of coverage, use Select network providers for chiropractic and behavioral health services. For all other services, use the Blue Cross network.

** Physical, occupational and speech therapy services are 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. Preexisting 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. Benefits are effective July 1, 2009 through June 30, 2010.



(Plan numbers a 118, b 120, c 121, d 122, e 123)
F7097R13 (4/09)