

Comprehensive major medical with deductible plan with Aware[®] or Accord network

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



Why Blue Cross and Blue Shield of Minnesota?

Choose from a variety of affordable and easy-to-use health plans that give you great coverage for your unique needs.

A name Minnesotans know

It's smart to go with a name you know and trust. With more than 75 years of experience, Blue Cross has earned the trust of our nearly three million members by providing solid, reliable health coverage.

Unmatched service

When you call customer service, Health Guides answer your questions, resolve any issues and refer you to additional resources that can help you save money and live a healthy life.

Health care coverage anywhere in the world

More than 97 percent of Minnesota doctors and hospitals are in our networks, where you always get the best benefit for your dollar. And you never need a referral. You're also "in network" virtually anywhere you go in the United States with BlueCard[®] and internationally through BlueCard Worldwide[®].

For providers in the Aware or Accord network, visit "find a doctor" at bluecrossmn.com.

Quick, hassle-free claims processing

We handle your claims efficiently, quickly, accurately and without hassle.

Health and wellness tools

You get a comprehensive suite of health support offerings including:

- 24-Hour Nurse Advice Line
- Dedicated Nurse Support for ongoing health conditions
- Employee Assistance Program
- Enhanced Stop-Smoking Support
- Fitness Discounts
- Health Guides and Nurse Guides
- Healthy Start[®] Prenatal Support
- Online Health Assessment and Coaching Modules

Online Care Anywhere[®]

Talk to a provider online, when it's convenient for you. Online Care Anywhere gives you online access to providers who can answer questions, make diagnoses and prescribe medications as appropriate — all from your home or office. For information, go to OnlineCareAnywhereMN.com.

Note: Available only in Minnesota. Visits are not covered by your health plan; therefore, payments do not apply toward your deductible.

End-of-year deductible carryover

When you haven't met your calendar-year deductible, you can "carry over" approved claims expenses incurred in October, November and December to help meet the deductible for the following year. The annual out-of-pocket maximum begins again in January of each year.

For more information, contact your employer or visit bluecrossmn.com.

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Aware network plan numbers: **A** 118, **B** 120, **C** 121, **D** 122, **E** 123, **F** 125
 Accord network plan numbers: **A** 318, **B** 320, **C** 321, **D** 322, **E** 323, **F** 325

Benefits are effective July 1, 2011

Plan highlights	In network	Out of network
Calendar-year deductible options Employers choose one of six options. One deductible applies to services from all providers.		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 F \$3,000/person – \$6,000/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.	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 \$3,000/person – \$6,000/family F \$4,200/person – \$8,400/family	A \$5,000/person B \$5,000/person C \$5,000/person D \$5,000/person E \$5,000/person F \$6,000/person
Lifetime maximum	Unlimited	
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 	100% after A, B, C \$30 copay or D, E, F \$35 copay 100% A, B, C, D, E, F 100% after A, B, C \$30 copay or D, E, F \$35 copay* 100% after A, B, C \$30 copay or D, E, F \$35 copay*	60% after deductible 60% after deductible 60% after deductible Aware network: 60% after deductible from participating providers; Aware and Accord networks: no coverage for services from nonparticipating providers 60% after deductible
<ul style="list-style-type: none"> In-office surgery/allergy-related services 	80% after deductible	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 \$100 copay 100%	100% after \$100 copay 100%
Ambulance services	80%	80%
Medical supplies	80% after deductible	60% after deductible
Therapy services <ul style="list-style-type: none"> Chiropractic therapy 	80% after deductible*	Aware network: 60% after deductible from participating providers; Aware and Accord networks: no coverage for services from nonparticipating providers No coverage No coverage
<ul style="list-style-type: none"> Occupational and physical therapy Speech therapy 	80% after deductible 80% after deductible	
Prescription drugs (GenRx formulary) <ul style="list-style-type: none"> Retail (31-day supply) 	\$9 generic/\$40 formulary brand/ \$90 non-formulary brand	\$9 generic/\$40 formulary brand/ \$90 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.
<ul style="list-style-type: none"> Specialty drugs 	20% coinsurance to a maximum of \$200 per specialty prescription	No coverage
<ul style="list-style-type: none"> 90dayRx (90-day supply) <i>excludes specialty drugs</i> 90-day supply available through participating retail pharmacies or PrimeMail®, a mail-service pharmacy owned and operated by Prime Therapeutics LLC, an independent company providing pharmacy benefit management services 	\$18 generic/\$80 formulary brand/ \$180 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.	

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.

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.)

*** With the Aware network: Use Select Network chiropractic and behavioral health providers for highest level of coverage. With the Accord Network: Use participating network chiropractic and behavioral health providers for highest level of coverage.**

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 (except as specified in the Certificate of Coverage), 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, individuals under 19 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. Please note: Benefits are subject to regulatory approval.

