

# THE 2012 SMALL GROUP PLAN COMPARISON

HEALTH PLAN	AWARE GOLD®	COMMUNITY BLUE <sup>SM</sup>	TRI-BLUE <sup>SM</sup>	OPTIONS BLUE <sup>SM</sup> (HSA)				OPTIONS BLUE (HRA)		BLUE VALUE <sup>SM</sup>	
What I want	I want to offer top-notch benefits to recruit and retain the best employees.	I want to offer a traditional health plan with comprehensive coverage.	I want to offer an affordable plan with more employee cost sharing that provides some up-front benefits before meeting the deductible.	I want to offer a plan with the tax advantages and employee ownership of a health savings account.				I want to offer a plan that allows me to recover unspent health reimbursement funds but still provides prescription drug benefits.		I want to reduce my monthly rates by increasing employee cost sharing.	
				100	90	80	100	100	80		
IN-NETWORK BENEFITS	AWARE	AWARE	BLUE PERFORMANCE	AWARE				BLUE PERFORMANCE	AWARE		AWARE
<b>Deductible options (single/family)</b>	\$0	\$0 \$300/\$900 \$500/\$1,000 \$750/\$1,500 \$1,000/\$2,000 \$2,000/\$4,000 \$3,000/\$6,000	Tier 1: \$500/\$1,000 \$1,000/\$2,000 \$1,500/\$3,000 Tier 2: Double the deductible in Tier 1	Tier 1: \$500/\$1,000 \$1,500/\$3,000 \$3,000/\$6,000 Tier 2: Double the deductible in Tier 1	\$1,600/\$3,200 \$2,300/\$4,600 \$3,200/\$6,400* \$6,000/\$12,000*	\$3,200/\$6,400*	\$1,600/\$3,200 \$2,300/\$4,600 \$3,200/\$6,400*	Tier 1: \$1,200/\$2,400 \$2,000/\$4,000 \$3,000/\$6,000* Tier 2: Double the deductible in Tier 1	\$3,000/\$6,000 \$5,000/\$10,000	\$1,500/\$3,000 \$2,500/\$5,000	\$1,500/\$4,500 \$2,500/\$7,500 \$3,500/\$8,500
<b>Fourth quarter deductible (carryover included)</b>	N/A	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	Yes
<b>Coinsurance options</b> OON = Out of Network	0%	20% or 25%	Tier 1: 30% Tier 2: 50% OON: 60% or Tier 1: 20% Tier 2: 40% OON: 50%	Tier 1: 25% Tier 2: 45% OON: 55%	0%	10%	20%	Tier 1: 0% Tier 2: 20% OON: 40%	0%	20%	30%
<b>Medical out-of-pocket maximum (single/family)</b>	\$1,500	\$2,000/\$6,000 \$2,000/\$6,500 \$2,800/\$6,500 \$3,000/\$6,500 \$3,250/\$6,500 \$4,000/\$7,500 \$5,200/\$9,900	Tier 1: \$1,000/\$2,000 \$2,000/\$4,000 \$3,000/\$6,000 Tier 2: Double the out-of-pocket maximum in Tier 1	Tier 1: \$1,000/\$2,000 \$3,000/\$6,000 \$4,500/\$9,000 Tier 2: Double the out-of-pocket maximum in Tier 1	Equal to deductible	\$6,050/\$12,100	\$3,200/\$6,400 \$4,600/\$9,200 \$6,050/\$12,100	Tier 1: Equal to deductible Tier 2:** Double the out-of-pocket maximum in Tier 1	Equal to deductible	\$3,500/\$7,000 \$4,500/\$7,000	\$4,500/\$6,000 \$5,500/\$8,000 \$6,500/\$10,000
<b>Prescription drug out-of-pocket maximum (single/family)</b>	\$1,000/\$2,000	\$1,000/\$2,000	None	None	Drug expenses count toward medical out-of-pocket maximum	Drug expenses count toward medical out-of-pocket maximum	Drug expenses count toward medical out-of-pocket maximum	None	\$1,000/\$2,000	\$1,000/\$2,000	None
<b>Prescription drug copays (with the GenRx drug lists)</b> 31-day supply	\$12 preferred generic drugs, \$45 preferred brand drugs and \$90 non-preferred drugs	\$12 preferred generic drugs, \$45 preferred brand drugs and \$90 non-preferred drugs		\$12 preferred generic drugs, \$45 preferred brand drugs and \$90 non-preferred drugs	\$0 after deductible met	Deductible and 10% coinsurance	Deductible and 20% coinsurance	\$0 after deductible met	\$12 preferred generic drugs, \$45 preferred brand drugs and \$90 non-preferred drugs	\$12 preferred generic drugs, \$45 preferred brand drugs and \$90 non-preferred drugs	\$12 preferred generic drugs, \$45 preferred brand drugs and \$90 non-preferred drugs
<b>Specialty drugs</b>	20% coinsurance to a maximum of \$200 per prescription	20% coinsurance to a maximum of \$200 per prescription		20% coinsurance to a maximum of \$200 per prescription	\$0 after deductible met	Deductible and 10% coinsurance	Deductible and 20% coinsurance	\$0 after deductible met	20% coinsurance to a maximum of \$200 per prescription		20% coinsurance to a maximum of \$200 per prescription
<b>90dayRx (retail and mail order)</b>	\$24 preferred generic drugs, \$90 preferred brand drugs and \$180 non-preferred drugs	\$24 preferred generic drugs, \$90 preferred brand drugs and \$180 non-preferred drugs		\$24 preferred generic drugs, \$90 preferred brand drugs and \$180 non-preferred drugs	\$0 after deductible met	Deductible and 10% coinsurance	Deductible and 20% coinsurance	\$0 after deductible met	\$24 preferred generic drugs, \$90 preferred brand drugs and \$180 non-preferred drugs		\$24 preferred generic drugs, \$90 preferred brand drugs and \$180 non-preferred drugs
<b>Office visit or urgent care visits</b>	\$25 copay and no coinsurance	\$35, \$35 or \$40 copay and no coinsurance	\$30 copay and coinsurance	A total of three free visits to an office or urgent care with no copays or coinsurance, and then visits are subject to deductible and coinsurance	\$0 after deductible met	Deductible and 10% coinsurance	Deductible and 20% coinsurance	\$0 after deductible met	Deductible and no coinsurance	Deductible and 20% coinsurance	\$45 or \$55 copay and 30% coinsurance
<b>Specialty provider copay</b>	\$45	\$50, \$55 or \$60	\$30	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$65 or \$75
<b>Retail health clinic visits</b>	\$0	\$0	\$0	\$0	\$0 after deductible met	Deductible and 10% coinsurance	Deductible and 20% coinsurance	\$0 after deductible met	\$0 after deductible met	Deductible and 20% coinsurance	\$0
<b>Preventive care</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Lifetime maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>NATIONAL COVERAGE</b>											
<b>BlueCard traditional network:</b> has the broadest selection of providers nationally	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes	Yes	Yes
<b>BlueCard PPO network:</b> the greatest savings for services nationally	No	No	Yes	Yes	No	No	No	Yes	No	No	No
<b>INTERNATIONAL COVERAGE</b>											
<b>BlueCard Worldwide:</b> access to hospitals and doctors in more than 200 countries	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

EMPLOYEE PAYS

In addition to these plans, we also offer mandated copay and deductible plans. HRAs are available with all plans.

**This is only a summary.** 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 nonmedical 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. Benefits are effective July 1, 2012.

**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 network status, 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.)

\*The family plan is available with embedded and unembedded deductibles. An embedded deductible means individuals on a family plan may meet the per person deductible and get medical bills covered before the family deductible is reached.

\*\* See the benefit charts for Plan 476 and Plan 576.

## STILL UNDECIDED? WE'RE HERE TO HELP YOU MAKE A DECISION.

- Call your agent
- Need an agent? Find one at [bluecrossmn.com](http://bluecrossmn.com) by clicking "Find an agent."