OPTIONS BLUE℠ HRA 80 $1,500 DEDUCTIBLE PLAN 161 WITH AWARE® NETWORK JULY 1, 2012

MN
For the health of all.

	IN NETWORK	OUT OF NETWORK
Calendar-year deductible	$1,500 per person $3,000 per family	$3,000 per person $9,000 per family
Calendar-year out-of-pocket maximum The out-of-pocket maximums for in- and out-of-networks accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	$3,500 per person $7,000 per family No prescription out-of-pocket maximum	$9,000 per person No prescription out-of-pocket maximum
Lifetime maximum per person	Unlimited	
Preventive care • well-child care to age 18 • prenatal care • cancer screening • immunizations and vaccinations • routine physicals • preventive vision exam	 100% 100% 100% 100% 100% 100%	 100% 100% Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Physician services • office visits due to illness or injury • urgent care (clinic-based) • retail health clinic • diagnostic imaging • allergy injections and serum • specialty • lab	 Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance	 Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Other professional services • chiropractic manipulation • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy • behavioral health and chemical dependency care	 Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance	 No coverage No coverage No coverage No coverage Deductible then 50% coinsurance
Inpatient hospital services • including behavioral health and chemical dependency services	Deductible then 80% coinsurance	Deductible then 50% coinsurance
Outpatient hospital services • diagnostic imaging • scheduled outpatient surgery • urgent care (hospital-based) • including behavioral health and chemical dependency services	 Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance	 Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Emergency care • emergency room • physician charges • ambulance (medically necessary transport to the nearest facility)	 Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance	
Medical supplies	Deductible then 80% coinsurance	Deductible then 50% coinsurance

Blue Cross® and Blue Shield® of Minnesota is a nonprofit independent licensee of the Blue Cross and Blue Shield Association

	IN NETWORK	OUT OF NETWORK
Prescription drugs • **retail** (31-day limit) **GenRx preferred drug list** • preferred generic • preferred brand • non-preferred • specialty	$12 copay $45 copay $90 copay 20% to a maximum of $200 per prescription	$12 copay $45 copay $90 copay No coverage
90dayRx (90-day limit) **GenRx preferred drug list** • preferred generic • preferred brand • non-preferred	$24 copay $90 copay $180 copay	
	90dayRx applies to participating and/or mail service pharmacy. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The patient will pay the difference if a brand-name drug is selected when a generic drug is available. The drug list uses a step therapy program. Visit the prescription drugs section of **www.bluecrossmn.com** for more details.	

Your out-of-pocket costs depend on the network status of your provider. To check the status of a provider, call Blue Cross and Blue Shield of Minnesota customer service or visit **bluecrossmn.com.**

Lowest out-of-pocket costs: in-network providers
Higher out-of-pocket costs: extended and 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.)

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.

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 the BlueCard® traditional network and internationally through the BlueCard Worldwide® network.

To find in-network providers, visit "Find a doctor" at bluecrossmn.com. For providers in Minnesota, search the Aware® network.

SAVE MONEY ON BETTER HEALTH

You'll get discounts on: Acupuncture and massage therapy, Weight Watchers, LASIK eye surgery, Medical equipment, Disposable medical supplies and more

QUICK, HASSLE-FREE CLAIMS PROCESSING

Your claims are handled quickly, efficiently, 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 assessments, Online health coaching

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**.

Blue Cross® and Blue Shield® of Minnesota is a nonprofit independent licensee of the Blue Cross and Blue Shield Association

OPTIONS BLUE℠ HRA 80 $2,500 DEDUCTIBLE PLAN 165 WITH AWARE® NETWORK JULY 1, 2012

	IN NETWORK	OUT OF NETWORK
Calendar-year deductible	$2,500 per person $5,000 per family	$5,000 per person $15,000 per family
Calendar-year out-of-pocket maximum The out-of-pocket maximums for in- and out-of-networks accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	$4,500 per person $7,000 per family No prescription out-of-pocket maximum	$15,000 per person No prescription out-of-pocket maximum
Lifetime maximum per person	Unlimited	
Preventive care		
• well-child care to age 18	100%	100%
• prenatal care	100%	100%
• cancer screening	100%	Deductible then 50% coinsurance
• immunizations and vaccinations	100%	Deductible then 50% coinsurance
• routine physicals	100%	Deductible then 50% coinsurance
• preventive vision exam	100%	Deductible then 50% coinsurance
Physician services		
• office visits due to illness or injury	Deductible then 80% coinsurance	Deductible then 50% coinsurance
• urgent care (clinic-based)	Deductible then 80% coinsurance	Deductible then 50% coinsurance
• retail health clinic	Deductible then 80% coinsurance	Deductible then 50% coinsurance
• diagnostic imaging	Deductible then 80% coinsurance	Deductible then 50% coinsurance
• allergy injections and serum	Deductible then 80% coinsurance	Deductible then 50% coinsurance
• specialty	Deductible then 80% coinsurance	Deductible then 50% coinsurance
• lab	Deductible then 80% coinsurance	Deductible then 50% coinsurance
Other professional services		
• chiropractic manipulation	Deductible then 80% coinsurance	No coverage
• chiropractic therapy	Deductible then 80% coinsurance	No coverage
• home health care	Deductible then 80% coinsurance	No coverage
• physical therapy, occupational therapy, speech therapy	Deductible then 80% coinsurance	No coverage
• behavioral health and chemical dependency care	Deductible then 80% coinsurance	Deductible then 50% coinsurance
Inpatient hospital services • including behavioral health and chemical dependency services	Deductible then 80% coinsurance	Deductible then 50% coinsurance
Outpatient hospital services		
• diagnostic imaging	Deductible then 80% coinsurance	Deductible then 50% coinsurance
• scheduled outpatient surgery	Deductible then 80% coinsurance	Deductible then 50% coinsurance
• urgent care (hospital-based)	Deductible then 80% coinsurance	Deductible then 50% coinsurance
• including behavioral health and chemical dependency services	Deductible then 80% coinsurance	Deductible then 50% coinsurance
Emergency care		
• emergency room	Deductible then 80% coinsurance	
• physician charges	Deductible then 80% coinsurance	
• ambulance (medically necessary transport to the nearest facility)	Deductible then 80% coinsurance	
Medical supplies	Deductible then 80% coinsurance	Deductible then 50% coinsurance

Blue Cross® and Blue Shield® of Minnesota is a nonprofit independent licensee of the Blue Cross and Blue Shield Association

	IN NETWORK	OUT OF NETWORK
Prescription drugs • **retail** (31-day limit) **GenRx preferred drug list** • preferred generic • preferred brand • non-preferred • specialty	$12 copay $45 copay $90 copay 20% to a maximum of $200 per prescription	$12 copay $45 copay $90 copay No coverage
90dayRx (90-day limit) **GenRx preferred drug list** • preferred generic • preferred brand • non-preferred	$24 copay $90 copay $180 copay	
	90dayRx applies to participating and/or mail service pharmacy. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The patient will pay the difference if a brand-name drug is selected when a generic drug is available. The drug list uses a step therapy program. Visit the prescription drugs section of **www.bluecrossmn.com** for more details.	

Your out-of-pocket costs depend on the network status of your provider. To check the status of a provider, call Blue Cross and Blue Shield of Minnesota customer service or visit **bluecrossmn.com.**

Lowest out-of-pocket costs: in-network providers
Higher out-of-pocket costs: extended and 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.)

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.

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 the BlueCard® traditional network and internationally through the BlueCard Worldwide® network.

To find in-network providers, visit "Find a doctor" at bluecrossmn.com. For providers in Minnesota, search the Aware® network.

SAVE MONEY ON BETTER HEALTH

You'll get discounts on: Acupuncture and massage therapy, Weight Watchers, LASIK eye surgery, Medical equipment, Disposable medical supplies and more

QUICK, HASSLE-FREE CLAIMS PROCESSING

Your claims are handled quickly, efficiently, 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 assessments, Online health coaching

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**.

Blue Cross® and Blue Shield® of Minnesota is a nonprofit independent licensee of the Blue Cross and Blue Shield Association

OPTIONS BLUE℠ HRA 100 $3,000 DEDUCTIBLE PLAN 167 WITH AWARE® NETWORK JULY 1, 2012

	IN NETWORK	OUT OF NETWORK
Calendar-year deductible	$3,000 per person $6,000 per family	$6,000 per person $18,000 per family
Calendar-year out-of-pocket maximum The out-of-pocket maximums for in- and out-of-networks accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Out-of-pocket maximum equal to deductible No prescription out-of-pocket maximum	$18,000 per person No prescription out-of-pocket maximum
Lifetime maximum per person	Unlimited	
Preventive care		
• well-child care to age 18	100%	100%
• prenatal care	100%	100%
• cancer screening	100%	Deductible then 50% coinsurance
• immunizations and vaccinations	100%	Deductible then 50% coinsurance
• routine physicals	100%	Deductible then 50% coinsurance
• preventive vision exam	100%	Deductible then 50% coinsurance
Physician services		
• office visits due to illness or injury	Deductible then 100% coinsurance	Deductible then 50% coinsurance
• urgent care (clinic-based)	Deductible then 100% coinsurance	Deductible then 50% coinsurance
• retail health clinic	Deductible then 100% coinsurance	Deductible then 50% coinsurance
• diagnostic imaging	Deductible then 100% coinsurance	Deductible then 50% coinsurance
• allergy injections and serum	Deductible then 100% coinsurance	Deductible then 50% coinsurance
• specialty	Deductible then 100% coinsurance	Deductible then 50% coinsurance
• lab	Deductible then 100% coinsurance	Deductible then 50% coinsurance
Other professional services		
• chiropractic manipulation	Deductible then 100% coinsurance	No coverage
• chiropractic therapy	Deductible then 100% coinsurance	No coverage
• home health care	Deductible then 100% coinsurance	No coverage
• physical therapy, occupational therapy, speech therapy	Deductible then 100% coinsurance	No coverage
• behavioral health and chemical dependency care	Deductible then 100% coinsurance	Deductible then 50% coinsurance
Inpatient hospital services • including behavioral health and chemical dependency services	Deductible then 100% coinsurance	Deductible then 50% coinsurance
Outpatient hospital services		
• diagnostic imaging	Deductible then 100% coinsurance	Deductible then 50% coinsurance
• scheduled outpatient surgery	Deductible then 100% coinsurance	Deductible then 50% coinsurance
• urgent care (hospital-based)	Deductible then 100% coinsurance	Deductible then 50% coinsurance
• including behavioral health and chemical dependency services	Deductible then 100% coinsurance	Deductible then 50% coinsurance
Emergency care		
• emergency room	Deductible then 100% coinsurance	
• physician charges	Deductible then 100% coinsurance	
• ambulance (medically necessary transport to the nearest facility)	Deductible then 100% coinsurance	
Medical supplies	Deductible then 100% coinsurance	Deductible then 50% coinsurance

Blue Cross® and Blue Shield® of Minnesota is a nonprofit independent licensee of the Blue Cross and Blue Shield Association

	IN NETWORK	OUT OF NETWORK
Prescription drugs • **retail** (31-day limit) **GenRx preferred drug list** • preferred generic • preferred brand • non-preferred • specialty	$12 copay $45 copay $90 copay 20% to a maximum of $200 per prescription	$12 copay $45 copay $90 copay No coverage
90dayRx (90-day limit) **GenRx preferred drug list** • preferred generic • preferred brand • non-preferred	$24 copay $90 copay $180 copay	
	90dayRx applies to participating and/or mail service pharmacy. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The patient will pay the difference if a brand-name drug is selected when a generic drug is available. The drug list uses a step therapy program. Visit the prescription drugs section of **www.bluecrossmn.com** for more details.	

Your out-of-pocket costs depend on the network status of your provider. To check the status of a provider, call Blue Cross and Blue Shield of Minnesota customer service or visit **bluecrossmn.com.**

Lowest out-of-pocket costs: in-network providers
Higher out-of-pocket costs: extended and 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.)

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.

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 the BlueCard® traditional network and internationally through the BlueCard Worldwide® network.

To find in-network providers, visit "Find a doctor" at bluecrossmn.com. For providers in Minnesota, search the Aware® network.

SAVE MONEY ON BETTER HEALTH

You'll get discounts on: Acupuncture and massage therapy, Weight Watchers, LASIK eye surgery, Medical equipment, Disposable medical supplies and more

QUICK, HASSLE-FREE CLAIMS PROCESSING

Your claims are handled quickly, efficiently, 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 assessments, Online health coaching

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**.

OPTIONS BLUE℠ HRA 100 $5,000 DEDUCTIBLE PLAN 169 WITH AWARE® NETWORK JULY 1, 2012

	IN NETWORK	OUT OF NETWORK
Calendar-year deductible	$5,000 per person $10,000 per family	$10,000 per person $20,000 per family
Calendar-year out-of-pocket maximum The out-of-pocket maximums for in- and out-of-networks accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Out-of-pocket maximum equal to deductible No prescription out-of-pocket maximum	$20,000 per person No prescription out-of-pocket maximum
Lifetime maximum per person	Unlimited	
Preventive care		
• well-child care to age 18	100%	100%
• prenatal care	100%	100%
• cancer screening	100%	Deductible then 50% coinsurance
• immunizations and vaccinations	100%	Deductible then 50% coinsurance
• routine physicals	100%	Deductible then 50% coinsurance
• preventive vision exam	100%	Deductible then 50% coinsurance
Physician services		
• office visits due to illness or injury	Deductible then 100% coinsurance	Deductible then 50% coinsurance
• urgent care (clinic-based)	Deductible then 100% coinsurance	Deductible then 50% coinsurance
• retail health clinic	Deductible then 100% coinsurance	Deductible then 50% coinsurance
• diagnostic imaging	Deductible then 100% coinsurance	Deductible then 50% coinsurance
• allergy injections and serum	Deductible then 100% coinsurance	Deductible then 50% coinsurance
• specialty	Deductible then 100% coinsurance	Deductible then 50% coinsurance
• lab	Deductible then 100% coinsurance	Deductible then 50% coinsurance
Other professional services		
• chiropractic manipulation	Deductible then 100% coinsurance	No coverage
• chiropractic therapy	Deductible then 100% coinsurance	No coverage
• home health care	Deductible then 100% coinsurance	No coverage
• physical therapy, occupational therapy, speech therapy	Deductible then 100% coinsurance	No coverage
• behavioral health and chemical dependency care	Deductible then 100% coinsurance	Deductible then 50% coinsurance
Inpatient hospital services • including behavioral health and chemical dependency services	Deductible then 100% coinsurance	Deductible then 50% coinsurance
Outpatient hospital services		
• diagnostic imaging	Deductible then 100% coinsurance	Deductible then 50% coinsurance
• scheduled outpatient surgery	Deductible then 100% coinsurance	Deductible then 50% coinsurance
• urgent care (hospital-based)	Deductible then 100% coinsurance	Deductible then 50% coinsurance
• including behavioral health and chemical dependency services	Deductible then 100% coinsurance	Deductible then 50% coinsurance
Emergency care		
• emergency room	Deductible then 100% coinsurance	
• physician charges	Deductible then 100% coinsurance	
• ambulance (medically necessary transport to the nearest facility)	Deductible then 100% coinsurance	
Medical supplies	Deductible then 100% coinsurance	Deductible then 50% coinsurance

Blue Cross® and Blue Shield® of Minnesota is a nonprofit independent licensee of the Blue Cross and Blue Shield Association

	IN NETWORK	OUT OF NETWORK
Prescription drugs • **retail** (31-day limit) **GenRx preferred drug list** • preferred generic • preferred brand • non-preferred • specialty	$12 copay $45 copay $90 copay 20% to a maximum of $200 per prescription	$12 copay $45 copay $90 copay No coverage
90dayRx (90-day limit) **GenRx preferred drug list** • preferred generic • preferred brand • non-preferred	$24 copay $90 copay $180 copay	
	90dayRx applies to participating and/or mail service pharmacy. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The patient will pay the difference if a brand-name drug is selected when a generic drug is available. The drug list uses a step therapy program. Visit the prescription drugs section of **www.bluecrossmn.com** for more details.	

Your out-of-pocket costs depend on the network status of your provider. To check the status of a provider, call Blue Cross and Blue Shield of Minnesota customer service or visit **bluecrossmn.com.**

Lowest out-of-pocket costs: in-network providers
Higher out-of-pocket costs: extended and 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.)

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.

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 the BlueCard® traditional network and internationally through the BlueCard Worldwide® network.

To find in-network providers, visit "Find a doctor" at bluecrossmn.com. For providers in Minnesota, search the Aware® network.

SAVE MONEY ON BETTER HEALTH

You'll get discounts on: Acupuncture and massage therapy, Weight Watchers, LASIK eye surgery, Medical equipment, Disposable medical supplies and more

QUICK, HASSLE-FREE CLAIMS PROCESSING

Your claims are handled quickly, efficiently, 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 assessments, Online health coaching

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**.

Blue Cross® and Blue Shield® of Minnesota is a nonprofit independent licensee of the Blue Cross and Blue Shield Association