



**BlueCross  
BlueShield**  
Minnesota

# 2020 HEALTH PLANS FOR SMALL BUSINESSES

# PLAN OPTIONS TO MEET YOUR NEEDS

## WHAT MAKES BLUE CROSS AND BLUE SHIELD OF MINNESOTA DIFFERENT?



National coverage through a broad network of providers



Tier 1 and Tier 2 insulin options are now included as a covered benefit with \$0 out-of-pocket cost for members\*



Dental and vision benefits from one of the most trusted names in health care



Health and wellbeing solutions to help members achieve their best health



Preventive care benefits and fitness incentives at no additional cost



Discounts on products and services that complement health through Blue365®

## FLEXIBLE OPTIONS TO HELP CONTROL COSTS

Whether you're looking for a traditional plan design or options that maximize savings through increased cost sharing or more focused networks, Blue Cross has a variety of health plans to choose from. These options allow you to provide health care coverage that fits your employees' needs and your budget.



### **High value. Low cost.**

A variety of options offer flexibility to provide valuable benefits to your employees at a cost to fit your budget.

### **Coverage where your employees live, work and travel**

No matter what state your employees live in, they'll have the same benefit plan as your employees in Minnesota. BlueCard® PPO and Global Core programs provide coverage beyond Minnesota. Additionally, GeoBlue® offers plans that can be purchased for short- or long-term international travel.

### **More choice. More satisfaction.**

Offering multiple plans to your employees provides the freedom to choose the plan that fits their individual and family needs. Talk with your Blue Cross representative about eligibility.

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

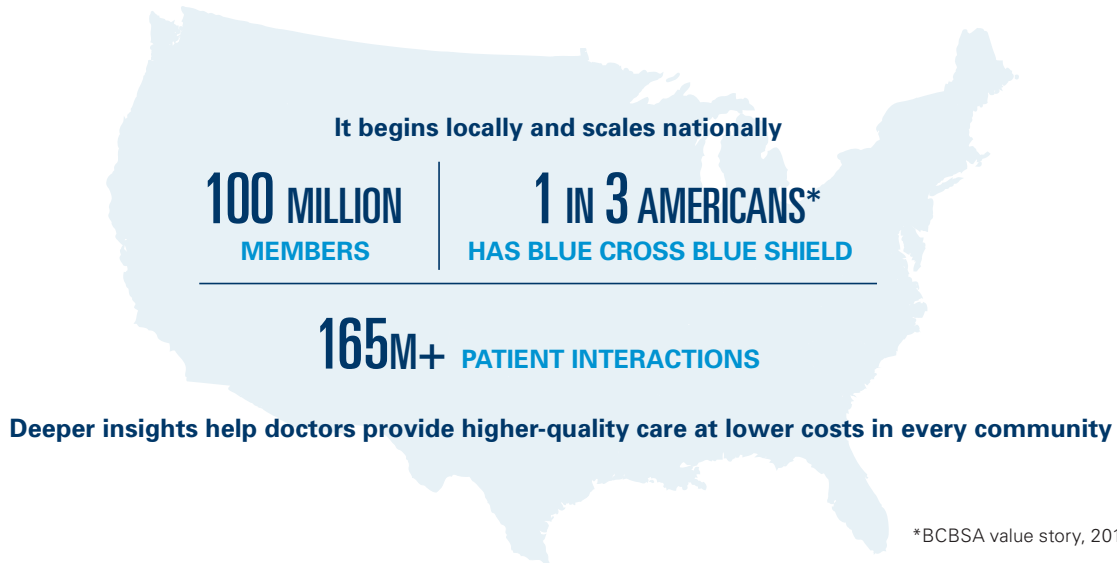
The Blue Cross and Blue Shield Association is an association of independent Blue Cross and/or Blue Shield plans.

GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross and Blue Shield Association.

\*Tier 1 and Tier 2 are generally defined as consisting of preferred generic and brand medications available through a plan's drug list or formulary.

# IMPROVED CARE IN EVERY COMMUNITY

Blue Cross and Blue Shield health plans are delivering better care in every community across the country.



## STEP 1: CHOOSE A NETWORK

### \$\$\$ AWARE® NETWORK

The Aware Network offers easy access and the broadest network with the most health care providers across the state and is paired with BlueAccess<sup>SM</sup> products.

### \$\$ HIGH VALUE NETWORK

The High Value Network offers access to providers across the state and pairs with High Value products. This network offers more cost savings with a limited network of providers.

### \$ BLUE CROSS STRIVE – METRO REGION NETWORK\*\*

The Blue Cross Strive – Metro Region Network offers the greatest cost savings and features Fairview, North Memorial, and University of Minnesota Medical Center, plus many independent physicians across the Twin Cities metro area.

\*\*Blue Cross Strive – Metro Region Network is only available in these counties: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne and Washington.

## STAY IN NETWORK AND SAVE MONEY

Access to physicians, clinics and hospitals varies by county for each plan. It is important to make sure providers are in network before receiving services.

## COVERAGE THAT TRAVELS WITH YOU

All plans include the BlueCard<sup>®</sup> PPO network when traveling outside Minnesota. The BlueCard PPO network covers 95 percent of doctors and 96 percent of hospitals nationwide. In addition, members have access to doctors and hospitals in countries around the world with Blue Cross Blue Shield Global<sup>®</sup> Core.

Fairview Health and North Memorial are independent, nonprofit companies that provide network access to health care services. Blue Cross Strive – Metro Region Network is a subsidiary of Fairview Health and North Memorial.

Networks are subject to change. Not all providers participate in these group networks. Each health care provider is an independent contractor and is not our agent. Validate the provider, clinic and hospital are in network before receiving care.

## QUESTIONS?

Visit [bluecrossmn.com](http://bluecrossmn.com) to compare plans, view benefit highlights or to find in-network doctors, hospitals and clinics.



## STEP 2: CHOOSE A PLAN

DEDUCTIBLE TYPE	DEDUCTIBLE	COINSURANCE	OUT-OF-POCKET MAXIMUM	PREVENTIVE CARE
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### BRONZE

<b>HSA – 624, 656, 300</b>	Embedded	\$6,900/\$13,800	0%	\$6,900/\$13,800	0% (no deductible)
<b>High Deductible – 618, 550, 301</b> (not HSA compliant)	Embedded	\$8,150/\$16,300	0%	\$8,150/\$16,300	0% (no deductible)

### SILVER

<b>Copay – 626, 560, 302**</b>	Embedded	\$3,750/\$7,500	40%	\$8,000/\$16,000	0% (no deductible)
<b>High Deductible w/Rx Copay – 623, 662, 303</b>	Embedded	\$2,500/\$5,000	30%	\$7,500/\$15,000	0% (no deductible)
<b>High Deductible w/Rx Copay – 625, 551, 304</b>	Embedded	\$3,000/\$6,000	40%	\$6,500/\$10,000	0% (no deductible)
<b>High Deductible w/Rx Copay – 627, 552, 305</b>	Embedded	\$3,800/\$7,600	40%	\$7,500/\$15,000	0% (no deductible)
<b>HSA – 632, 553, 306</b>	Embedded	\$2,800/\$5,600	30%	\$4,750/\$9,500	0% (no deductible)
<b>HSA – 642, 555, 307</b>	Non-embedded	\$3,750/\$7,500	0%	\$3,750/\$7,500	0% (no deductible)
<b>HSA – 645, 660, 308</b>	Embedded	\$4,250/\$8,500	0%	\$4,250/\$8,500	0% (no deductible)
<b>HSA – 640, 554, 309</b>	Embedded	\$5,000/\$10,000	0%	\$5,000/\$10,000	0% (no deductible)

### GOLD

<b>Copay – 635, 556, 310**</b>	Embedded	\$500/\$1,000	30%	\$6,500/\$13,000	0% (no deductible)
<b>Copay – 637, 664, 311**</b>	Embedded	\$1,000/\$2,000	30%	\$6,500/\$13,000	0% (no deductible)
<b>Copay – 652, 557, 312**</b>	Embedded	\$2,000/\$4,000	30%	\$6,500/\$13,000	0% (no deductible)
<b>HSA – 653, 558, 314</b>	Non-embedded	\$2,350/\$4,700	0%	\$2,350/\$4,700	0% (no deductible)

### PLATINUM

<b>Copay – 655, 559, 315**</b>	Embedded	\$0/\$0	15%	\$3,500/\$7,000	0% (no deductible)
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For plan type definitions, see “Words to Know” on page 13.

\*\*Blue Cross Strive – Metro Region plans include one office visit covered at 100 percent.

**This is only a summary.** For more information including benefit highlights, go to [bluecrossmn.com/shop-plans](http://bluecrossmn.com/shop-plans).

The benefit booklet includes complete details of what is and isn't covered. Services not covered include, but are not limited to, adult eyewear, adult dental, custodial care, bariatric surgery, infertility, hearing aids, items primarily used for a nonmedical purpose, over-the-counter drugs (except as specified in the benefit booklet), nutritional supplements, services that are cosmetic, experimental, not medically necessary, or covered by workers' compensation or no-fault auto insurance. HMO Minnesota, d.b.a. Blue Plus, an affiliate of Blue Cross® and Blue Shield® of Minnesota. Each health care provider is an independent contractor and not our agent. Nonparticipating providers do not have contracts with Blue Cross and Blue Shield of Minnesota. Benefits are effective January 1, 2020.

**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 [bluecrossmnonline.com](http://bluecrossmnonline.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.

E-VISITS	OFFICE VISITS			PRESCRIPTION DRUGS <i>Insulin listed on Tier 1 and Tier 2 are covered at \$0 member cost-sharing</i>				
	RETAIL	PROVIDER OFFICE	SPECIALTY OFFICE	TIER 1	TIER 2	TIER 3	TIER 4	TIER 5
0% after deductible	0% after deductible			0% (no ded.)	0% after ded.	0% after ded.	0% after ded.	0% after ded.
First 4 e-visits free,* then 0% after deductible	0% after deductible			0% after ded.	0% after ded.	0% after ded.	0% after ded.	N/A
First 4 e-visits free,* then \$50 copay	\$20 copay	\$50 copay	\$100 copay	\$15	\$60	\$150	20%	N/A
First 4 e-visits free,* then 30% after deductible	30% after deductible			\$15	\$60	\$150	20%	N/A
First 4 e-visits free,* then 40% after deductible	40% after deductible			\$15	\$60	\$150	20%	N/A
First 4 e-visits free,* then 40% after deductible	40% after deductible			\$15	\$60	\$150	20%	N/A
30% after deductible	30% after deductible			0% (no ded.)	30% after ded.	30% after ded.	30% after ded.	30% after ded.
0% after deductible	0% after deductible			0% (no ded.)	0% after ded.	0% after ded.	0% after ded.	0% after ded.
0% after deductible	0% after deductible			0% (no ded.)	0% after ded.	0% after ded.	0% after ded.	0% after ded.
0% after deductible	0% after deductible			0% (no ded.)	0% after ded.	0% after ded.	0% after ded.	0% after ded.
First 4 e-visits free,* then \$30 copay	\$20 copay	\$30 copay	\$60 copay	\$15	\$60	\$150	20%	N/A
First 4 e-visits free,* then \$30 copay	\$20 copay	\$30 copay	\$60 copay	\$15	\$60	\$150	20%	N/A
First 4 e-visits free,* then \$30 copay	\$20 copay	\$30 copay	\$60 copay	\$15	\$60	\$150	20%	N/A
0% after deductible	0% after deductible			0% (no ded.)	0% after ded.	0% after ded.	0% after ded.	0% after ded.
First 4 e-visits free,* then \$30 copay	\$20 copay	\$30 copay	\$60 copay	\$15	\$60	\$150	20%	N/A

\*E-visits that are listed as free are included in the cost of the plan.

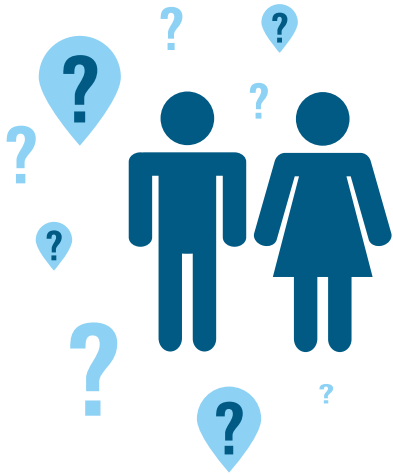
**Prescription drug tiers**

All plans use tiers for pharmacy benefits. Benefits for each tier are outlined below.

TIER TYPE	NON-HSA PLANS	HSA PLANS
1	Generally includes generics. May include some brand-name drugs.	Includes only drugs identified on the BasicRx Small Group (HSA) Preventive Drug List
2	Generally includes brand-name drugs. May include some higher-cost generics.	Generally includes generics. May include some brand-name drugs.
3	Includes both brand-name and generic drugs	Generally includes brand-name drugs. May include some higher-cost generics.
4	Specialty drugs	Includes both brand-name and generic drugs
5	Not applicable	Specialty drugs

# WHERE TO GO FOR CARE

Choosing the right place for care helps ensure the right level of care is provided. Plus, it can help save time and money.



## ONLINE CARE\*

Online medical visits 24/7. Mental health visits available by next-day appointment.

### Minor health issue

Online access 24/7 to board-certified doctors at [doctorondemand.com/bluecrossmn](http://doctorondemand.com/bluecrossmn)

→ Mental health visits by next-day appointment



Minimal or no wait time



## RETAIL CLINIC

Open extended hours (nights/weekends)

### Minor health issue

No appointment needed



Short wait time



## OFFICE VISIT

Open during regular office hours

### Preventive/routine care or health concern

Appointments required

- Screenings
- Vaccines
- Care coordination including visits to specialists
- Primary care physician



Wait time varies



## URGENT CARE

Open extended hours (nights/weekends)

### Urgent, not life threatening

Drop in for medical care, no appointment needed

- Minor injuries
- X-rays
- Lab tests



Varies, typically longer than an office visit



## EMERGENCY SERVICES

Open 24/7

### Life threatening

Call 911 or go to the nearest ER

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



Longer if you go with a minor condition

\*Blue Cross Strive – Metro Region members have access to Fairview’s OnCare. OnCare online care service is provided by Fairview Health Services, an independent company providing online diagnosis and treatment services.

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.

# UNDERSTANDING YOUR PRESCRIPTION COVERAGE

## STAY IN NETWORK AND SAVE MONEY

Just like you have a network for the doctors you see, there's a network for getting your prescriptions filled as well. The pharmacies in the Classic Pharmacy Network offer the best service at the best price for Blue Cross members. To pay the lowest out-of-pocket cost, it's important to choose a pharmacy that participates in your network.

**Classic Pharmacy Network** included with BlueAccess, High Value and Blue Cross Strive – Metro Region.

The Classic Pharmacy Network provides access to a large network of pharmacies with top retailers — including Walgreens — and independent pharmacies. Please note that CVS, Target and a small number of other independent pharmacies are not included in this network. Find a list of in-network pharmacies at [bluecrossmn.com/classicpharmacynetwork](http://bluecrossmn.com/classicpharmacynetwork).

### → **Current members:**

Log in at [bluecrossmnonline.com](http://bluecrossmnonline.com) and click on the prescriptions tab to search the list of participating pharmacies.

### → **New members:**

Call customer service at **1-888-878-0138** to verify the pharmacy is in-network with each plan.

The pharmacy benefits information provided by Prime Therapeutics LLC, an independent company providing pharmacy benefit management services, is only for the plans listed in this brochure.

## INSULIN COVERAGE

As of January 1, 2020, Tier 1 and Tier 2 insulin options are included as a covered benefit with \$0 out-of-pocket cost for members.

## PRESCRIPTION DRUG TIERS

All formularies use tiered pricing. Tiers allow prescription drugs to be divided into different levels of cost. The higher the cost of the drug, the higher the tier number. For a breakdown of specific drugs within each tier, see page 3.



**Save time and money** — check to make sure your pharmacy is in network.

The **BasicRx Formulary** is included with all plan offerings. This formulary is a comprehensive list of covered medications including generic and brand-name drugs. To view a list of covered medications, visit:

### → **HSA PLANS**

BlueAccess, High Value and Blue Cross Strive – Metro Region:

[bluecrossmn.com/BasicRxSmallGroupHSA2020](http://bluecrossmn.com/BasicRxSmallGroupHSA2020)

### → **ALL OTHER PLANS**

BlueAccess, High Value and Blue Cross Strive – Metro Region:

[bluecrossmn.com/BasicRxIndividualSmallGroup2020](http://bluecrossmn.com/BasicRxIndividualSmallGroup2020)

2020 formulary lists will be posted on January 1, 2020.

# HEALTH AND WELLBEING RESOURCES INCLUDED IN YOUR PLAN

## CHANGING THE WAY WE VIEW HEALTH

Together, Blue Cross and Sharecare are transforming how Blue Cross members view their health.

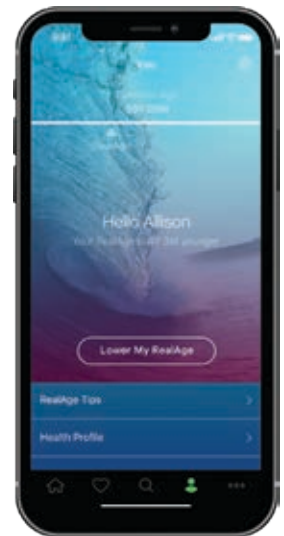
Members begin their health care journey by completing the RealAge® test. RealAge reveals a person's age based on health and lifestyle habits versus a chronological age.

Following the completion of the test, members immediately receive highly personalized recommendations on how to lower their RealAge.

### Resources include:

- A dynamic health profile
- Easy insights to track lifestyle behaviors
- Highly personalized health and wellbeing content
- Challenges and incentives
- AskMD® and much more

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



## MENTAL HEALTH RESOURCES

A variety of mental health programs and resources are available online and over the phone for access to convenient, low-cost and confidential care:

- **Online behavioral health program:** Learn to Live uses online cognitive behavioral therapy to support people living with stress, depression or social anxiety. It is available 24 hours a day, seven days a week at no additional cost.

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

- **Online care:** Doctor On Demand offers treatment for depression, anxiety, stress and more from the convenience of your computer, smartphone or tablet. Same-day or next-day visits available with board-certified psychiatrists and doctoral-level psychologists to assist members with their concerns.



# do.<sup>®</sup> SMALL STEPS TOWARD BETTER HEALTH

DECISION RESOURCES	
<b>Care cost estimator</b>	An online cost comparison tool for common procedures and non-emergency services.
<b>Find a Doctor tool</b>	An online resource to find in-network doctors, hospitals and clinics in the area.
CARE OPTIONS	
<b>Online care</b>	Board-certified physicians and mental health providers from Doctor on Demand deliver care for many medical and mental health conditions via smartphone, tablet or computer.
SUPPORT TOOLS	
VIRTUAL SUPPORT	
<b>Health and wellbeing engagement platform</b>	Discover your body's RealAge <sup>®</sup> and ways to improve it using digital tracking, a medical profile, online tools and educational resources.
<b>Online behavioral health programs</b>	Get confidential support for stress, depression or social anxiety with Learn to Live. A confidential, online program can be accessed anytime, anywhere.
PERSONALIZED SUPPORT	
<b>Health coaching</b>	Support from a health care professional for managing a chronic or serious health condition. Includes education, reinforcing treatment plans and information about available community resources.
REWARDS AND INCENTIVES	
<b>Fitness incentive</b>	Get active and you'll not only improve your health but earn rewards each month when you meet the minimum activity requirement.
<b>Wellbeing discount marketplace</b>	Blue365 <sup>®</sup> provides discounts on products and services that complement overall wellness.

# LOW-COST OPTIONS TO ENHANCE YOUR BENEFITS PACKAGE

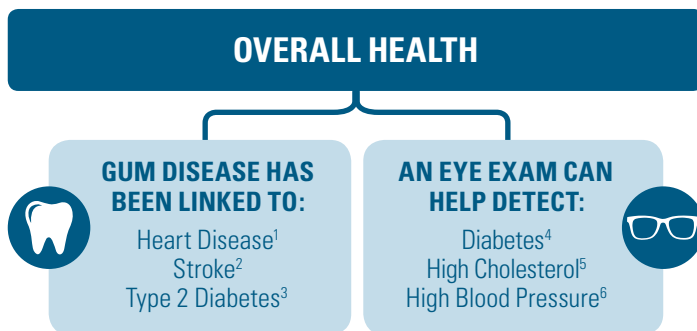
Adding low-cost dental and vision coverage not only offers a more comprehensive employee benefits package, but a single carrier reduces paperwork — saving you time in administering your plans.

## BLUE CROSS MAKES IT EASY

With excellent customer service, prompt claims processing and optional e-billing, Blue Cross Dental and Vision plans are a smart choice. And, if you decide to offer a dental or vision plan with one of our medical plans, you'll enjoy one seamless experience.

## AN ESSENTIAL PART OF OVERALL HEALTH

Blue Cross Dental and Vision plans can help protect the overall health of your employees. Our plans include important preventive benefits like annual eye exams and regular dental checkups. These visits can help find health problems early when they are less costly to treat.



\*When all plans are fully insured.  
<sup>1,2</sup>American Heart Association, 2017.  
<sup>3</sup>American Diabetes Association, 2017.  
<sup>4</sup>American Diabetes Association, 2016.  
<sup>5</sup>Centers for Disease Control and Prevention, 2015.  
<sup>6</sup>Centers for Disease Control and Prevention, 2016.  
<sup>7</sup>Harvard Business Review, 2017.

## ATTRACT TOP TALENT

**88%** of **JOB SEEKERS** would consider choosing a lower-paying job if it had better health, dental and vision insurance.<sup>7</sup>

All health, dental and vision plans can also be purchased as stand-alone products.

For more information, visit [bluecrossmn.com/dental](http://bluecrossmn.com/dental) and [bluecrossmn.com/visionplans](http://bluecrossmn.com/visionplans).



# BLUE CROSS DENTAL PLANS

Blue Cross Dental plans include preventive checkups and cleanings, so your employees can achieve and maintain good oral health.

## A CHOICE OF PLANS

### **TOP SELLER** Freedom Enhanced Plan

The Freedom Enhanced plan is our top-selling plan and offers equal coinsurance for in- and out-of-network dentists.

### Preferred Plan

This comprehensive plan drives savings by encouraging members to see a network provider.

### Value Plans

The Value plans provide full coverage for important preventive and diagnostic procedures at an affordable cost.

## A LARGE AND GROWING NETWORK

Blue Cross Dental plans feature one of the nation's largest networks — the United Concordia Advantage Plus AXS network.

**View a list of more than 2,400 dentists in the network at [bluecrossmn.com/findadentist](http://bluecrossmn.com/findadentist).**



There is no benefit waiting period. Employees can begin using their plan on the first day of the effective date.

Plan benefits	FREEDOM <b>TOP SELLER</b>	
	Enhanced	
	In- and Out-of-Network Benefits	In- and Out-of-Network Benefits
<b>Calendar year deductible options</b> - Deductible does not apply to preventive and diagnostic services, services covered at 100%, or orthodontia, when applicable	Individual/Family: \$50 Individual/ per family \$150	Individual/Family: \$50 Individual/ \$150 per family
<b>Annual maximum per member</b>	\$1,000	\$1,500
<b>Optional orthodontic lifetime maximum*</b> - Dependent children to age 19	\$1,000	\$1,500
<b>PREVENTIVE AND DIAGNOSTIC</b>		
<b>Exams and cleanings</b> - 2 every 12 months	100%	100%
<b>Fluoride treatments</b>	100%	100%
<b>X-rays (bitewing and full mouth)</b>	100%	100%
<b>Sealants</b>	100%	100%
<b>BASIC RESTORATIVE</b>		
<b>Amalgam (silver) and composite (white) fillings</b>	80%	80%
<b>Surgical/nonsurgical periodontics</b> - Includes treatment of gum disease	80%	80%
<b>Endodontics</b> - Includes root canal	80%	80%
<b>Simple extractions</b>	80%	80%
<b>Complex oral surgery</b>	80%	80%
<b>General anesthesia</b>	80%	80%
<b>Repairs</b> - Includes bridges and dentures	80%	80%
<b>MAJOR</b>		
<b>Inlays, onlays, crowns</b> - Every 5 years for the same tooth	50%	50%
<b>Prosthetics</b> - Includes bridges and dentures	50%	50%
<b>TMD (temporomandibular disorder)</b>	50%	50%
<b>ORTHODONTICS – <i>Optional*</i></b>		
<b>Diagnostic, active, retention, treatment</b> - Dependent children to age 19	50%	50%

\*Immediate coverage available for groups with 25 or more enrolled. Groups of 10 or more enrolled are eligible with proof of previous orthodontic coverage. Dependent children to age 19. Plans with orthodontic benefits are available to groups of 10 to 24 enrolling subscribers who did not have previous orthodontic coverage after 12 months of Blue Cross Dental plan coverage.

When you receive services from nonparticipating providers, you are responsible for the difference between the allowed amount and the billed charge.

Consult our online provider directory at [bluecrossmn.com/findadentist](http://bluecrossmn.com/findadentist) to search for a dentist. Dentists with a “Save!” symbol next to their name accept allowances for services not covered by the benefit plan, including services rendered after the annual maximum has been exceeded; not available in all areas.

Blue Cross Dental plans include coverage for certain pediatric dental services. This plan is not exchange-certified and does not qualify as the pediatric dental essential health benefit under the Affordable Care Act.

United Concordia Companies, Inc. is an independent company providing dental benefit management services and access to the Advantage Plus AXS network.

Each provider in the network is an independent contractor and is not our agent. If you receive services from a nonparticipating provider, you will be responsible for the difference between what Blue Cross will reimburse and what the provider bills.



# BLUE CROSS VISION PLANS

## A CHOICE OF PLANS

**TOP SELLER** Exam and Eyewear —  
Value Standard plans

**Eyewear-Only Options** —  
Value Enhanced/Premier  
Enhanced plans

## A LARGE AND GROWING NETWORK

Our vision plans feature the large national Davis Vision network. See a list of eye care professionals in the network at [bluecrossmn.com/visionplans](http://bluecrossmn.com/visionplans).



**TOP OPTICAL RETAILERS PARTICIPATE**  
including Visionworks, Costco, Walmart and Sam's Club\*\*\*

**LASIK discounts  
40 to 50% off  
national average price**

Laser vision correction services administered by QualSight, LLC® 2020. Terms and savings are subject to change. QualSight is an independent company that does not offer Blue Cross products or services. QualSight is solely responsible for its products and services.

Davis Vision is an independent company providing vision benefit management services and access to their network. Each vision 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.

\*Davis Vision Exclusive Collection available at most independent providers and private practice locations. Collection is subject to change.

\*\*Additional discount not available at Costco, Walmart and Sam's Club.

\*\*\*Retail partners of Davis Vision.

†Available in private practice locations.

††Available in participating retail locations.

These plans provide vision coverage only. The vision plan's benefit booklet will contain more details on standard plan exclusions and frequency limitations.

EXAM AND EYEWEAR		
Value Standard		
Option 1	Option 2	TOP SELLER
In-network benefit		
<b>EYE EXAM</b> – 1 exam every 12 months		
<b>Eye exam</b> - Includes dilation when recommended by eye care professional		100% after <b>\$10 copay</b>
<b>PRESCRIPTION GLASSES</b> – Benefit available for eyeglass lenses <i>or</i> contact lenses once every 12 months		
<b>Lenses</b> - Single vision, lined bifocal, trifocal, lenticular		100% after \$25 copay
<b>Frames</b>		1 every 12 months   1 every 24 months
<b>Davis Vision Exclusive Collection*</b> - Fashion level - Designer level - Premier level		100%; no copay 100%; no copay 100%; <b>\$25 copay</b>
<b>Non-Davis Vision Exclusive Collection</b> - Visionworks stores  - Frames available from other participating retailers		No copay; plan pays up to <b>\$180</b> plus 20% of remaining costs** No copay; plan pays up to <b>\$130</b> plus 20% of remaining costs**
<b>EYEGLASS ENHANCEMENTS</b>		
- Tinting of plastic lenses - Scratch-resistant coating - Polycarbonate lenses - Dependent children, monocular patients and those with a prescription of +/- 6.00 diopters or greater - Adults - Ultraviolet coating - Antireflective coating  - Progressive lenses  - High-index lenses - Polarized lenses - Plastic photochromic lenses - Scratch protection plan		Member pays \$0 Standard: \$0 / Premium: \$30  Member pays \$0  Member pays \$30 Member pays \$12 Standard: \$35 / Premium: \$48 / Ultra: \$60 / Ultimate: \$85 Standard: \$50 / Premium: \$90 / Ultra: \$140 / Ultimate: \$175 Member pays \$55 / \$120 Member pays \$75 Member pays \$65 Single vision: \$20 / Multifocus vision: \$40
<b>CONTACT LENS</b> – Benefit available for eyeglass lenses <i>or</i> contact lenses once every 12 months		
<b>Collection contact lenses†</b> - Disposable - Non-disposable  - Evaluation, fitting and follow-up care		<b>up to 4 boxes/multi-packs</b> <b>up to 2 boxes/multi-packs</b> 100% after <b>\$25 copay</b>
<b>Non-collection contact lens allowance††</b>  - Evaluation, fitting and follow-up care for standard lenses  - Evaluation, fitting and follow-up care for specialty lenses		Plan pays up to <b>\$130 plus</b> 15% of remaining costs**  100% after <b>\$25 copay</b>  <b>\$25 copay</b> ; after copay, plan pays up to \$60 plus 15% of remaining costs**
<b>Visually required contact lenses</b> (preauthorization required) - Materials  - Evaluation, fitting and follow-up care		100%  100% after <b>\$25 copay</b>

# EASY ACCESS WITH ONLINE TOOLS AND RESOURCES

## EMPLOYER PORTAL

Our portal allows you to view and manage your health plan benefits online:

- Add new employees to group plans
- Review coverage for existing employees
- Cancel coverage for employees and/or dependents
- Update other insurance to assist with Coordination of Benefits
- Request or print new member ID cards
- View member benefit history
- View your bills
- Order master group contracts

## MEMBER PORTAL

Your employees can access all of their plan information in one place, 24 hours a day, seven days a week. Once they register for an account at [bluecrossmnonline.com](http://bluecrossmnonline.com), they can:

- Find health care providers with the Find a Doctor online tool
- View claims and Explanations of Benefits (EOBs) for medical, dental and vision services
- Manage Further<sup>SM</sup> medical spending accounts
- Send secure emails to customer service
- View, print, email or order member ID cards
- Access health and wellbeing benefits

Preview a video about the member site at [bluecrossmn.com/member-site-preview](http://bluecrossmn.com/member-site-preview).

## SMART SPENDING

Health savings accounts (HSAs) allow employees to save on medical expenses tax-free while companies save money with reduced payroll taxes — a win-win for both. Further's HSA is easy to implement and offers valuable benefits, including:

**Extra savings:** Not only will employers see reduced payroll taxes, they could also save on their portion of health insurance premiums

**Reduced administration:** Employees can manage their account from any mobile device and enjoy the convenience of a simple claims and reimbursement process

**Enhanced benefits package:** Employers are better able to attract and retain employees with a product that helps employees pay for and save for health care now and in the future

Visit [hellofurther.com](http://hellofurther.com) for more information.

### 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

# QUESTIONS? WE'RE HERE TO HELP.

Get personalized help finding the health plan that best fits your business. It's easy with Blue Cross and Blue Plus:

- Get more information at [bluecrossmn.com](http://bluecrossmn.com)
- Talk with an agent. You can find an agent at [bluecrossmn.com/agentfinder](http://bluecrossmn.com/agentfinder).
- Call us at **1-877-293-7035** (TTY 711)
- Visit [bluecrossmnonline.com](http://bluecrossmnonline.com)

## 2020 NOTICE TO SMALL GROUPS

In accordance with state and federal small group disclosure requirements, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is required to advise the Employer/Group of the following general guidelines for coverage issued by Blue Cross to accounts covering small employers:

- Blue Cross may change premium rates after the Employer/Group is enrolled for changes in a status (such as changes to eligibility, waiting periods or census) and on an annual renewal date
  - Small group contracts Blue Cross issues are guaranteed renewable on an annual basis, except for the following reasons:
    - Nonpayment of the required premium
    - Fraud or intentional misrepresentation with respect to eligibility for coverage or any other material fact
    - If participation in this plan during the preceding plan/calendar year declines to less than 75 percent of eligible employees who have not waived coverage due to other group coverage
    - If the Employer/Group offers coverage to employees through another carrier in addition to this coverage through Blue Cross and does not meet participation requirements for this coverage
  - If the Employer/Group fails to contribute at least 50 percent of the cost of the plan for this plan's coverage
  - If Employer/Group ceases to qualify as a small employer as defined in applicable federal and/or Minnesota state law
  - If Blue Cross ceases to do business in the market
  - If the Employer/Group is reduced to sole proprietor only with no eligible employee enrolled for a period of 12 consecutive months
  - If the Employer/Group moves its headquarters and/or a substantial portion of its business operations outside of Minnesota
  - If the Employer/Group fails to complete and return information required by Blue Cross in connection with the annual renewal process, including any audit
  - If the Employer/Group fails to provide Blue Cross with the information required pursuant to Minnesota Statutes, section 62L.07
- Under all plans, the best benefits are available when using network providers. If members seek care from out-of-network providers, they may incur greater out-of-pocket expense or no coverage.

## WORDS TO KNOW

**Deductible** The annual amount paid toward eligible health care services each year before the health plan begins to pay.

→ ***Deductible – Embedded***

Each individual in the family pays all costs from providers up to the individual deductible amount before the plan begins to pay, with a maximum combined deductible for the family at the family deductible amount.

→ ***Deductible – Non-Embedded***

The family pays all costs from providers up to the family deductible amount before the plan begins to pay. The single deductible applies to single coverage only.

**Copay** A payment, usually a fixed amount, made on a per-service or per-prescription basis.

**Coinsurance** The percentage of covered health care paid for after reaching the plan's annual deductible. Example: 20%/80% means a member would pay 20 percent and the plan pays 80 percent of the allowed amount.

**Out-of-pocket maximum** The most a member will pay each year toward allowed health care and prescription drug costs. Once the out-of-pocket maximum is reached, the health plan pays 100 percent until the end of the calendar or benefit year.

→ ***Out-of-pocket maximum – Embedded***

Each individual in the family only pays any applicable cost sharing up to the individual out-of-pocket maximum, and the entire family only pays any applicable cost sharing up to the family out-of-pocket maximum.

→ ***Out-of-pocket maximum – Non-Embedded***

The family pays all applicable cost sharing up to the family out-of-pocket maximum. The single out-of-pocket maximum applies to single coverage only.

**Health reimbursement arrangement (HRA)**

A financial reimbursement plan funded by the employer. The funds can be used to reimburse out-of-pocket medical expenses, such as deductibles, coinsurance, copays and pharmacy expenses.

**Health savings account (HSA)** An account belonging to each employee that works like a bank account with tax advantages. It can be used to cover deductibles, coinsurance, copays and certain noncovered services.

