

2021 Medtronic Blue Cross and Blue Shield HPN Plan

Plan highlights	In network
HPN Plan members must receive health care services from a Blue High Performance (HPN) provider, unless they need emergency or urgent care.	
Calendar-year out-of-pocket maximum <ul style="list-style-type: none"> Includes the deductible, copays, coinsurance and prescription drug copays and coinsurance. Does not allow ineligible charges or expenses in excess of the allowed amount. 	\$4,000/member \$8,000/family
Lifetime maximum	Unlimited
Preventive, well-baby and well-child care <ul style="list-style-type: none"> Routine physical exams, hearing and vision exams, certain immunizations and lab services as defined by the U.S. Preventive Care Taskforce, cancer screening, diabetic routine care 	100%
Pregnancy and maternity care <ul style="list-style-type: none"> Prenatal care and postnatal care Inpatient hospital physician services and ancillary services 	100% 100% after \$950 copay
Physician services <ul style="list-style-type: none"> Online care (Doctor On Demand) Medtronic Mounds View Clinic Convenience care visit (retail clinic) Urgent care Primary care Specialty care Lab/Diagnostic tests and imaging 	100% coverage, you pay nothing 100% coverage, you pay nothing \$40 copay \$40 copay \$25 copay \$40 copay 100% coverage, you pay nothing
Emergency care <ul style="list-style-type: none"> Emergency room services and supplies (copay waived if admitted) 	\$300 copay
Hospital services <ul style="list-style-type: none"> Outpatient medical care and surgery Inpatient medical care, physician services, meals and ancillary services, lab and X-ray services 	100% after \$450 copay 100% after \$950 copay
Chiropractic care, physical, occupational and speech therapy <ul style="list-style-type: none"> Visits per individual per year: <ul style="list-style-type: none"> Chiropractic: 20 Speech and occupational therapy: 40 Physical: 50 	\$40 copay
Home health care and home infusion therapy <ul style="list-style-type: none"> 40 visits per calendar year (four hours or less) 	100% after \$40 copay
Durable medical equipment (DME) and prosthetic devices <ul style="list-style-type: none"> Rental or purchase of DME Preauthorization recommended for purchases over \$1,000 	100% after \$40 copay
Infertility <ul style="list-style-type: none"> Oral and injectable infertility medications Covered services for artificial insemination, in vitro fertilization, surgical correction to repair bodily functions Lifetime maximum of \$25,000 across all Medtronic medical plans One embryo may be implanted per person per cycle 	50% 100%
Mental health care and chemical dependency <ul style="list-style-type: none"> Inpatient care Outpatient care 	100% after \$450 copay 100% after \$25 copay



Prescription drugs – administered by CVS Caremark	34-day Supply*		90-day Supply (Choice Rx network or mail order only)
<ul style="list-style-type: none"> Certain prescribed generic medications 	<ul style="list-style-type: none"> Prescribed generic contraceptive and tobacco cessation medications: \$0 copay Specific generic diabetes, high blood pressure and cholesterol medications: \$0 copay Certain Diabetic Supplies: Diabetic test strips, lancets, sensors and insulin: \$0 copay 		<ul style="list-style-type: none"> Prescribed generic contraceptive and tobacco cessation medications: \$0 copay Specific generic diabetes, high blood pressure and cholesterol medications \$0 copay Certain Diabetic Supplies: Diabetic test strips, lancets, sensors and insulin: \$0 copay
	\$10 copay**	\$15 copay**	\$20 copay**
<ul style="list-style-type: none"> Brand formulary*** 	80% coinsurance. You pay a \$30 minimum, \$60 maximum		\$60 copay**
<ul style="list-style-type: none"> Brand non-formulary*** 	80% coinsurance. You pay a \$50 minimum, \$100 maximum		\$100 copay**
<ul style="list-style-type: none"> Specialty The CVS Exclusive Specialty Pharmacy Network must be used for obtaining specialty drugs 	70% coinsurance unless enrolled in the PrudentRx Co-Pay Program, then 100% coverage		Not applicable
<p>*Maintenance prescriptions must be filled through a ChoiceRx network pharmacy or CVS Caremark mail order and will be filled at a 90-day supply. **Or price of prescription, whichever is less ***If a generic drug is available, you must choose the generic drug or you will be responsible for the brand drug copay, plus the difference in cost between the brand and generic drug even if the prescription is written as DAW (dispense as written) by your physician.</p>			
<p>Use any of the Choice Rx network of pharmacies for lower cost and enhanced benefits. These pharmacies include:</p> <ul style="list-style-type: none"> CVS stores Walmart stores (including Sam's Clubs) Kroger stores (all associated brand names)[†] Community Pharmacy Rx Network (coalition of independent pharmacies) <p>[†]Kroger, Bakers, CityMarket, Dillons, Fred Meyer, Fry's, Gerbes, JayC, King Soopers, Owens, QFC, Ralphs, Smith's, Pay Less</p>			
<p>For information about the Choice Rx network generic medications and network of pharmacies, please log in to your account at cvscaremark.medtronic.com.</p>			

Savings opportunities

Minimal Invasive Surgery (MIS) Education Incentive Program

- As you or your eligible dependent prepare for certain common surgical procedures, earn 50 Recognize! points (maximum 100 points per year) by watching a short MIS video, successfully completing a quiz, and incurring a claim related to the upcoming procedure. To learn more, go to bluecrossmn.com/mdt.

Maternity Support Program

If you or your covered spouse sign up for the BCBS Maternity Support Program within the first trimester and complete the program, you are eligible for an additional two weeks of paid parental time off. (See the Parental Time Off Policy on the Medtronic Policy Portal for more details.)

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service at 1-866-455-8221 or visit bluecrossmn.com/mdt.

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 a summary. Read your Summary Plan Description for more information about what is and isn't covered. Services that aren't covered include those that are cosmetic, investigative, not medically necessary or covered by workers' compensation or no-fault insurance. Preauthorization may be required for certain services.

Doctor On Demand is an independent company providing telehealth services.

Recognize! is an employee incentive program owned and run by Medtronic.

CVS Caremark is an independent company providing pharmacy benefit management services.

The CVS Caremark Logo is a trademark and/or registered trademark of CVS Caremark and/or one of its affiliates.

NOTICE OF NONDISCRIMINATION PRACTICES
Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

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إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-251-6744 لخدمات TTY
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າ ກ່າວ ຈື່ ກ່າວ ື າພາສາລາວໄດ້ , ືມການບໍລິການຊ່ ວຍເຫຼ ອພາສາໃຫ້ ຈື່ າພຣ. ໃຫ້ ໂທຫາ 1-866-356-2423 ອໍສາວ້ ບ. TTY, ໃຫ້ ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ
អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583
សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

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