



2021

HEALTH PLAN DECISION GUIDE

Small Group

Plan options to meet your needs

WHAT MAKES BLUE CROSS AND BLUE SHIELD OF MINNESOTA DIFFERENT?



National coverage through a broad network of providers



Health and wellbeing solutions to help members achieve their best health



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



Preventive care benefits and fitness incentives at no additional cost



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



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 at a cost to fit your budget.

Coverage where you 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 choices to fit your needs

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

*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.

**Groups may offer more than one medical plan if you have more than one enrolled employee. For 2 – 9 enrolled employees you may offer one or two medical plans. For 10 or more enrolled employees, you may offer up to four medical plans. Groups may offer more than one dental or vision plan regardless of group size.

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.

Blue Cross Blue Shield Global Core is a registered mark of the Blue Cross and Blue Shield Association, 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.

Explore your options

Use this guide as a tool to help you select a network and a plan that meets your needs.

Inside you'll find information on:

- Network options
- Plan options
- Prescription drug coverage
- Online tools and resources
- Health and wellbeing resources
- Dental and vision plan options
- Basic terms and other helpful tips

Let's get started.

QUESTIONS? WE'RE HERE TO HELP.



Get more information at bluecrossmn.com



Talk with an agent. You can find an agent at bluecrossmn.com/agentfinder.



Call us at **1-877-293-7035** (TTY **711**)



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 BlueAccessSM 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.

ADVANCEHEALTH

AdvanceHealth gives you statewide access to quality care and extra savings with enhanced benefits at high-quality, low-cost health care providers.

For groups with 2 – 50 employees, employers must be headquartered within the metro counties of Anoka, Hennepin, Ramsey, Sherburne or Wright in order to purchase the product.

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.

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 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
BRONZE					
● ● HSA – 624, 656	Embedded	\$7,000/\$14,000	0%	\$7,000/\$14,000	0% (no deductible)
● ● High Deductible – 618, 550 (not HSA compliant)	Embedded	\$8,550/\$17,100	0%	\$8,550/\$17,100	0% (no deductible)
SILVER					
● ● Copay – 626, 560	Embedded	\$3,750/\$7,500	40%	\$8,000/\$16,000	0% (no deductible)
● Copay – 326	Embedded	\$3,750/\$7,500	40%	\$8,000/\$16,000	0% (no deductible)
● ● High Deductible w/Rx Copay – 623, 662	Embedded	\$2,750/\$5,500	30%	\$7,500/\$15,000	0% (no deductible)
● ● High Deductible w/Rx Copay – 625, 551	Embedded	\$3,000/\$6,000	40%	\$6,750/\$10,500	0% (no deductible)
● ● High Deductible w/Rx Copay – 627, 552	Embedded	\$4,000/\$8,000	40%	\$7,500/\$15,000	0% (no deductible)
● ● HSA – 632, 553	Embedded	\$2,800/\$5,600	30%	\$5,000/\$10,000	0% (no deductible)
● ● HSA – 642, 555	Non-embedded	\$3,800/\$7,600	0%	\$3,800/\$7,600	0% (no deductible)
● ● HSA – 645, 660	Embedded	\$4,250/\$8,500	0%	\$4,250/\$8,500	0% (no deductible)
● ● HSA – 640, 554	Embedded	\$5,250/\$10,500	0%	\$5,250/\$10,500	0% (no deductible)
● ● HSA – 628, 561	Embedded	\$6,000/\$12,000	0%	\$6,000/\$12,000	0% (no deductible)
GOLD					
● ● Copay – 635, 556	Embedded	\$500/\$1,000	30%	\$6,750/\$13,500	0% (no deductible)
● Copay – 327	Embedded	\$500/\$1,000	30%	\$6,750/\$13,500	0% (no deductible)
● ● Copay – 637, 664	Embedded	\$1,000/\$2,000	30%	\$6,750/\$13,500	0% (no deductible)
● Copay – 328	Embedded	\$1,000/\$2,000	30%	\$6,750/\$13,500	0% (no deductible)
● ● Copay – 652, 557	Embedded	\$2,000/\$4,000	30%	\$6,750/\$13,500	0% (no deductible)
● Copay – 329	Embedded	\$2,000/\$4,000	30%	\$6,750/\$13,500	0% (no deductible)
● ● HSA – 653, 558	Non-embedded	\$2,500/\$5,000	0%	\$2,500/\$5,000	0% (no deductible)
PLATINUM					
● ● Copay – 655, 559	Embedded	\$0/\$0	20%	\$3,750/\$7,500	0% (no deductible)
● Copay – 330	Embedded	\$0/\$0	20%	\$3,750/\$7,500	0% (no deductible)

KEY: ● Available with Aware Network
 ● Available with High Value Network
 ● Available with AdvanceHealth

For plan type definitions, see “Words to Know” on page 11.

This is only a summary. For more information including benefit highlights, go to 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, 2021.

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 if your provider is in network, visit 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.

EVISITS FIRST 5 EVISITS FREE,* THEN:	OFFICE VISITS			PRESCRIPTION DRUGS				
	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.
0% after deductible	0% after deductible			0% after ded.	0% after ded.	0% after ded.	0% after ded.	N/A
\$50 copay	\$50 copay	\$50 copay	\$100 copay	\$15	\$70	\$150	40%	N/A
\$50 copay	\$50 copay	\$0/\$50 copay***	\$100 copay	\$15	\$70	\$150	40%	N/A
30% after deductible	30% after deductible			\$15	\$70	\$150	30%	N/A
40% after deductible	40% after deductible			\$15	\$70	\$150	40%	N/A
40% after deductible	40% after deductible			\$15	\$70	\$150	40%	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.
0% after deductible	0% after deductible			0% (no ded.)**	0% after ded.	0% after ded.	0% after ded.	0% after ded.
\$30 copay	\$30 copay	\$30 copay	\$60 copay	\$15	\$70	\$150	30%	N/A
\$30 copay	\$30 copay	\$0/\$30 copay***	\$60 copay	\$15	\$70	\$150	30%	N/A
\$30 copay	\$30 copay	\$30 copay	\$60 copay	\$15	\$70	\$150	30%	N/A
\$30 copay	\$30 copay	\$0/\$30 copay***	\$60 copay	\$15	\$70	\$150	30%	N/A
\$30 copay	\$30 copay	\$30 copay	\$60 copay	\$15	\$70	\$150	30%	N/A
\$30 copay	\$30 copay	\$0/\$30 copay***	\$60 copay	\$15	\$70	\$150	30%	N/A
0% after deductible	0% after deductible			0% (no ded.)**	0% after ded.	0% after ded.	0% after ded.	0% after ded.
\$30 copay	\$30 copay	\$30 copay	\$60 copay	\$15	\$70	\$150	20%	N/A
\$30 copay	\$30 copay	\$0/\$30 copay***	\$60 copay	\$15	\$70	\$150	20%	N/A

*Evisits that are listed as free are included in the cost of the plan.

**HSA with preventive drugs.

***\$0 copay applies when seeing AdvanceHealth Plus providers only.

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

Prescription drug 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.

PHARMACY NETWORK

BlueAccess, High Value and AdvanceHealth plans include coverage for prescriptions filled at pharmacies in the **Classic Pharmacy Network**.

The Classic Pharmacy Network provides access to a large network of pharmacies with top retailers — including Walgreens — and independent pharmacies. (Note: CVS, Target, Sam's Club 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.

- **Current members:**

Log in at 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. Each provider is an independent contractor and is not our agent.

INSULIN COVERAGE

Tier 1 and Tier 2 insulin options for non-HSA plans, and Tier 1 insulin options for HSA plans, are included as a covered benefit with \$0 out-of-pocket cost for members. To view a list of covered insulins visit bluecrossmn.com/employers/small-groups/small-group-plans.



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

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.

COVERED MEDICATIONS

The **BasicRx Formulary** included with these plans is a comprehensive list of covered generic and brand-name drugs. To view a list of covered medications, visit:

- **HSA PLANS**
bluecrossmn.com/BasicRxSmallGroupHSA2021
- **ALL OTHER PLANS**
bluecrossmn.com/BasicRxIndividualSmallGroup2021

2021 formulary lists will be posted on January 1, 2021.

Easy access with online tools and resources

EMPLOYER PORTAL

The portal allows you to view and manage 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

Employees can access important plan information in one place, 24 hours a day, seven days a week. After registering for an account at 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 FurtherSM 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.

SMART SPENDING


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

- Lower premiums with a higher deductible health plan
- Pretax dollars to help pay for several common health care expenses
- HSA money is owned by the employee to save or pay for health care needs now and in the future
- Convenient access to HSA account online or with the Further mobile app

Visit hellofurther.com for more information.

MII Life Insurance, Incorporated, d.b.a. Further, is an independent company providing account administration services.

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

Health and wellbeing resources

ALL YOUR HEALTH IN ONE PLACE

Sharecare is a digital health solution that helps you manage all of your health from a smartphone or computer.

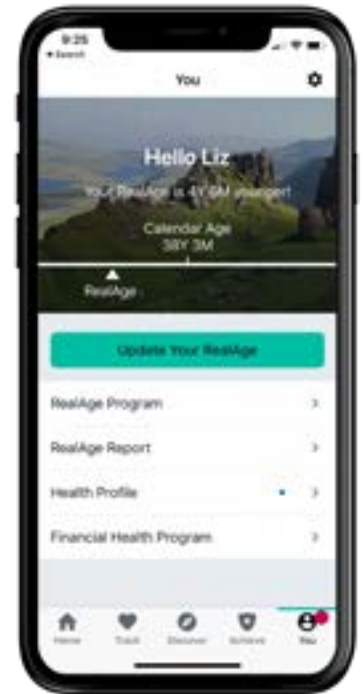
It all begins with the RealAge® test.

Depending on your lifestyle, your body may be older (or younger!) than you think. Once you register for Sharecare, a quick test can show you your RealAge and give you health tips to help you lower it.

Resources include:

- A dynamic health profile with health history and RealAge results
- Daily tracking to measure progress toward health goals
- Highly personalized health and wellbeing content
- Challenges and incentives to keep you motivated
- AskMD® symptom checker with COVID-19 consultation to help identify risk, symptoms and action steps

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



GETTING STARTED IS EASY:

1. Visit bluecrossmn.sharecare.com
2. Take the RealAge test
3. Download the mobile app



Better health is within reach

From lowering stress and managing weight to finding the right care or comparing treatment options, this is the place to start.

DECISION RESOURCES	
Care cost estimator	Research and compare costs for common procedures and non-emergency services on the BlueCrossMN mobile app or online. bluecrossmnonline.com
Find a Doctor tool	Search and compare doctors and hospitals online based on quality and cost. bluecrossmnonline.com
CARE OPTIONS	
Online care	See a doctor right on your smartphone, tablet or computer with Doctor On Demand®. Board-certified doctors, psychiatrists and psychologists treat many common conditions. doctorondemand.com/bluecrossmn
Online behavioral health programs	Concerned about substance use, stress, insomnia, depression or social anxiety? Learn to Live is an online program that's available anytime to help you work through it. learntolive.com/partners and use code BLUE3
SUPPORT TOOLS	
VIRTUAL SUPPORT	
Health assessment	Discover how old your body thinks it is by taking the RealAge® test, then get personalized steps to help lower it. bluecrossmn.sharecare.com
PERSONALIZED SUPPORT	
Health management	Get help accomplishing your wellness goals or managing a health condition from an experienced case manager. Discover community resources as well as information that can help you succeed. 1-800-961-4758
Quitting tobacco and vaping	Take advantage of personalized guidance in making a quit plan and receive ongoing support from a wellness coach. 1-888-662-BLUE (2583); TTY 711
REWARDS AND DISCOUNTS	
Fitness incentive	Earn an incentive each month for tracking 7,500 average daily steps for at least 21 days. bluecrossmn.sharecare.com
Wellness discount marketplace	Get significant savings on products and services that complement your overall health from Blue365®. You'll find discounts on personal care, weight loss programs, gym memberships and more. blue365deals.com/bcbmn

Doctor On Demand® is an independent company providing telehealth services.

Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support. Learn to Live is an educational program and should not be considered medical treatment.

Low-cost options to enhance your benefits package

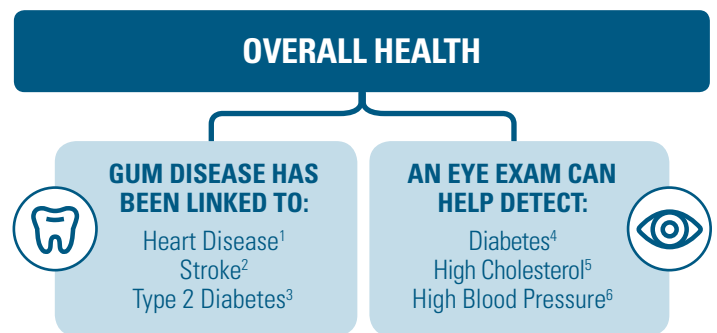
Adding low-cost dental and vision coverage not only offers a more comprehensive employee benefits package, but a single carrier reduces paperwork — saving time administering plans.

BLUE CROSS MAKES IT EASY

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

AN ESSENTIAL PART OF OVERALL HEALTH

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



Attract top talent

88% OF JOB SEEKERS would consider choosing a lower-paying job if it had better health, dental and vision insurance.⁷

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

For more information, visit bluecrossmn.com/dental and bluecrossmn.com/visionplans.

^{1,2}American Heart Association, 2017.

³American Diabetes Association, 2017.

⁴American Diabetes Association, 2016.

⁵Centers for Disease Control and Prevention, 2015.

⁶Centers for Disease Control and Prevention, 2016.

⁷Harvard Business Review, 2017.

Blue Cross Dental plans

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



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

A CHOICE OF PLANS

Freedom Enhanced Plans



The Freedom Enhanced plans are our top-selling plans and offer equal coinsurance for in- and out-of-network dentists.

Preferred Plans

These comprehensive plans drive savings by encouraging members to see a network provider.

Value Plan

The Value plan provides 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.

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

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

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

Exam and eyewear —

Value Standard/Premier
Enhanced plans



Eyewear-only options —

Value Enhanced/Premier
Enhanced plans

A LARGE AND GROWING NETWORK

Our vision plans feature the large national Davis Vision Network. Visit bluecrossmn.com/findaneyedoctor to see a list of eye care professionals in the network.



TOP OPTICAL RETAILERS PARTICIPATE
including Visionworks, Costco, Walmart and Sam's Club³

Popular plan features:

- Access to many leading retail locations like Target Optical and Pearle Vision, as well as online providers like 1800Contacts and glasses.com
- LASIK discounts 40 to 50% off national average pricing⁴

¹Davis Vision Exclusive Collection available at most independent providers and private practice locations. Collection is subject to change.

²Additional discount not available at Costco, Walmart, Sam's Club or online vision retailers or providers.

³Retail partners of Davis Vision.

⁴Laser vision correction services administered by QualSight, LLC®. 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.

⁵Available at most participating independent provider offices.

⁶Available 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. 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.

EXAM AND EYEWEAR

Value Standard

Option 1

Option 2

In-network benefit

EYE EXAM – 1 exam every 12 months

Eye exam

- Includes dilation when recommended by eye care professional

100% after \$10 copay

PRESCRIPTION GLASSES – Benefit available for eyeglass lenses *or* contact lenses once every 12 months

Lenses

- Single vision, lined bifocal, trifocal, lenticular

100% after \$25 copay

Frames

1 every
12 months

1 every
24 months

Davis Vision Exclusive Collection¹

- Fashion level
- Designer level
- Premier level

100%; no copay
100%; no copay
100%; \$25 copay

Non-Davis Vision Exclusive Collection

- Visionworks stores

- Frames available from other participating retailers

No copay; plan pays up to \$180 plus 20% of remaining costs²
No copay; plan pays up to \$130 plus 20% discount on remaining costs²

EYEGLOSS ENHANCEMENTS

- 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
- Blue light filtering
- 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
Member pays \$15
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

CONTACT LENS – Benefit available for eyeglass lenses *or* contact lenses once every 12 months

Collection contact lenses[†]

- Disposable
- Non-disposable

- Evaluation, fitting and follow-up care

up to 4 boxes
up to 2 boxes

100% after \$25 copay

Non-collection contact lens allowance^{††}

- Evaluation, fitting and follow-up care for standard lenses

- Evaluation, fitting and follow-up care for specialty lenses

Plan pays up to \$130 plus 15% of remaining costs²

100% after \$25 copay

\$25 copay; after copay, plan pays up to \$60 plus 15% discount on remaining costs²

Visually required contact lenses (preauthorization required)

- Materials

- Evaluation, fitting and follow-up care

100%

100% after \$25 copay



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](https://www.bluecrossmn.com)
- Talk with an agent. You can find an agent at [bluecrossmn.com/agentfinder](https://www.bluecrossmn.com/agentfinder).
- Call us at **1-877-293-7035** (TTY 711)

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.

Formulary A list of drugs covered by the plan. Formularies are approved by the federal government and have different tiers of drugs that are covered.

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.

2021 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.

bluecrossmn.com

Better together



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