



2021

# HEALTH PLAN RESOURCE GUIDE

Understanding your health plan

MN Advantage Health Plan Enrollment

# CONTACTS

## CUSTOMER SERVICE

Toll free at **1-800-262-0819**

TTY toll free **711**

Monday through Friday, 7 a.m. to 8 p.m. Central Time

We will provide interpreter services, if needed

## FIND A DOCTOR

Use the Find a Doctor tool on **bluecrossmn.com/segip**

Select BlueCard PPO

Or call **1-800-810-BLUE (2583)** (Also applies to BCBS Global Core)

## ONLINE CARE

Go to **doctorondemand.com/bluecrossmn**

## HEALTH AND WELLBEING RESOURCES

Log into your member website to see a full list of resources and tools

### Quitting tobacco and vaping

**1-888-662-BLUE (2583)**

### Maternity management

**1-866-489-6948**

## RETAIL LOCATIONS

Make an appointment for help with enrollment, benefits, claims, free classes and more in Edina, Roseville or Duluth. Visit **bluecrossmn.com/centers**.

## KEY ADDITIONAL RESOURCES

Employee Assistance Program

1-651-259-3840

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# WELCOME

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Welcome to Blue Cross and Blue Shield of Minnesota. Use this guide as a tool in choosing your health plan. Inside, you'll find information on:

- What to consider when choosing a plan
- Health and wellbeing resources and programs
- Answers to FAQs, basic terms and other helpful tips

## Questions?

Call customer service or visit [bluecrossmn.com/segip](https://bluecrossmn.com/segip).

# YOUR PLAN INFO — AT YOUR FINGERTIPS

Registering at your member website is the first step to getting personalized information about your health plan.

You can easily access your personal plan information, resources and tools on your member website. When your member ID card arrives (in the mail), go online and register at [bluecrossmn.com/segip](http://bluecrossmn.com/segip). Once registered, you can:

- Find doctors, clinics, hospitals and pharmacies
- View claims and Explanations of Health Care Benefits (EOBs)
- Send secure emails to customer service
- View, print, email or order member ID cards
- Check health financial accounts balances (if applicable)

You'll need your member ID card to register. Be sure to have it handy.

## HOW TO REGISTER

- 1 Click "Register"
- 2 Fill out the registration page using your information as it appears on your ID card
- 3 Create your login ID and password
- 4 The system will log you in. Next, you'll see your member dashboard with your personal information.

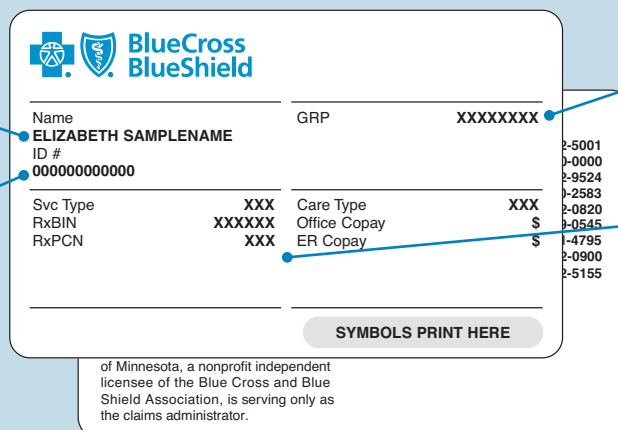
## UNDERSTANDING YOUR MEMBER ID CARD

### Member name

Each family member covered by your plan will have an ID card. This includes minor children.

### Member ID number

Your member ID number helps providers look up your plan details. We also use it to track expenses.



### Group number

This identifies your employer's plan.

### Plan details

### Questions?

Contact information is on the back of your ID card.

The sample shown is a guide only. The information and the format of your card may vary.

# UNDERSTANDING YOUR PLAN: COSTS

Having health insurance means you and a health plan share in paying your medical costs. The share you pay changes throughout your plan year as you receive medical care and pay costs. Here's how it works:

During your plan year, you'll have two groups of costs: health plan **fees** and **medical care costs**. The plan tracks what you pay in medical costs and applies eligible costs (see glossary) toward certain milestones (see deductible and out-of-pocket maximum on the next page). When your costs hit these milestones, you move into the next stage of your plan. Your share of costs becomes less as you reach each stage.

Here are descriptions of health plan fees, medical costs and milestones:

## HEALTH PLAN FEES



### Premium

**Your regular payment to your health plan (on a monthly, per paycheck, etc. basis)**

Your employer may pay part of your premium.



Your premium **does not count toward** your deductible or out-of-pocket maximum.

## MEDICAL COSTS



**Copays** (your plan may or may not have copays)

**A set cost you pay every time you get medical care or a prescription**

Copays can vary based on where you get care (virtual, clinic, urgent care, etc.).



Your copays do not count toward your deductible but **do count toward** your out-of-pocket maximum.



### Covered medical costs

**The medical services your plan covers**

"Covered" means your plan pays for some or all of the costs. These are different in each plan.



Your covered costs **usually count toward** your deductible and out-of-pocket maximum.

**Over-the-allowed-amount costs** — The health plan and in-network providers (see glossary) have agreed to an "allowed amount" (the most a provider can charge you). If you receive a covered service from a nonparticipating provider (see glossary) who charges over the allowed amount, this additional cost is your responsibility.



Costs over the allowed amount **do not count toward** your deductible and out-of-pocket maximum.



### Non-covered services

**"Non-covered" refers to medical services not covered by your plan**

If you receive these services, you pay in full.



Services not covered by your plan **do not count toward** your deductible and out-of-pocket maximum.

# HEALTH PLAN MILESTONES AND STAGES



## Deductible *(your plan may or may not have a deductible)*

When your plan begins, you are in the first stage where you pay for all covered medical services. When these costs hit a certain amount (the deductible), you move into the next stage.



Your deductible **counts toward** your out-of-pocket maximum.



## Coinsurance

This stage starts after you hit your deductible. Now, you and the plan each pay a percentage for covered services. Example: 80/20 coinsurance means the plan pays 80 percent and you pay 20 percent.



Coinsurance **counts toward** your out-of-pocket maximum.



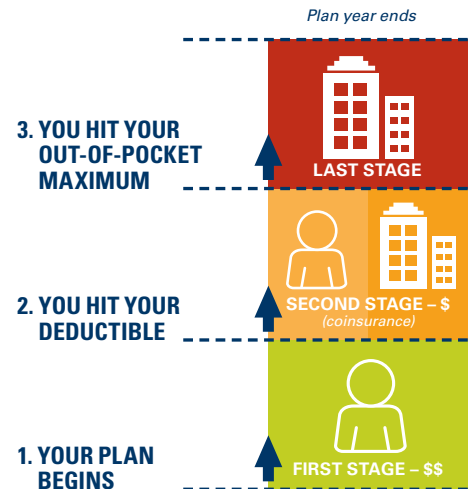
## Out-of-pocket maximum

This is the last stage of your plan. When the medical costs you've paid reach a certain amount (the out-of-pocket maximum), the health plan pays all your covered medical costs for the plan year's remainder.\*

\*Covered medical costs up to the lifetime maximum.

## UNDERSTANDING PLAN MILESTONES AND STAGES

1. When your plan begins, you're in the first stage. You pay for all your covered medical costs until you hit the **deductible**.
2. After hitting your deductible, you enter the next stage. You now pay only a percentage of your medical costs and the health plan pays the rest. This is the **coinsurance** stage of your plan.
3. The coinsurance stage lasts until you reach the **out-of-pocket maximum**. At that point, the plan starts paying for all covered medical costs for the rest of the plan year.



## HOW YOUR CLAIMS ARE PROCESSED

1

You go to your health care provider.



2

Your provider files the claim (in network).



3

You receive an Explanation of Health Care Benefits (EOB). (This is not a bill.)



4

You receive a statement from your provider. Make sure it matches your EOB.



5

You pay your provider for your portion of the costs.





# CONSIDER NETWORK ACCESS

## NETWORKS

A network is a group of medical providers (doctors, clinics and hospitals) with which the health plan has an agreement. The agreement means you get a discount on medical care when you go to these providers. If you have providers you prefer, you'll want to check if they're in the network you're considering. (You can see if a provider is in your network using the Find a Doctor tool on your member website.)

## NATIONAL AND INTERNATIONAL NETWORKS

- **National BlueCard®** – Access to more than 95 percent of doctors and 96 percent of hospitals nationwide
- **Blue Cross Blue Shield Global® Core** – In-network access to primary care providers in more than 190 countries

Each Blue Cross and/or Blue Shield plan is an independent licensee of the Blue Cross and Blue Shield Association. Each health care 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.



## PREVENTIVE CARE

**Most preventive visits are covered at**

 **100%**

**when you see your primary care doctor**

(Check your benefit booklet on your member website.)

## IS A PROVIDER IN THE NETWORK?

To see if a doctor, clinic or hospital is in a specific network, log in at [bluecrossmn.com/segip](https://bluecrossmn.com/segip) and use the Find a Doctor tool or call customer service.



# 2021 Minnesota Advantage Health Plan Schedule of Benefits

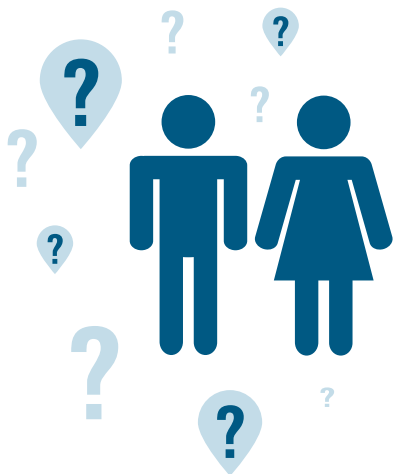
2021 Benefit Provision	Cost Level 1 - You Pay	Cost Level 2 - You Pay	Cost Level 3 - You Pay	Cost Level 4 - You Pay
<b>A. Preventive Care Services</b> <ul style="list-style-type: none"> <li>Routine medical exams, cancer screening</li> <li>Child health preventive services, routine immunizations</li> <li>Prenatal and postnatal care and exams</li> <li>Adult immunizations</li> <li>Routine eye and hearing exams</li> </ul>	Nothing	Nothing	Nothing	Nothing
<b>B. Annual First Dollar Deductible</b> (single/family)	\$250/500	\$400/800	\$750/1500	\$1500/3000
<b>C. Office visits for illness/injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care</b> <ul style="list-style-type: none"> <li>Outpatient visits in a physician's office</li> <li>Chiropractic services</li> <li>Outpatient mental health and chemical dependency</li> <li>Urgent Care clinic visits (in &amp; out of network)</li> </ul>	\$35 copay per visit Annual deductible applies	\$40 copay per visit Annual deductible applies	\$70 copay per visit Annual deductible applies	\$90 copay per visit Annual deductible applies
<b>D. In-network Convenience Clinics &amp; Online Care</b> (deductible waived)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>E. Emergency Care (in or out of network)</b> <ul style="list-style-type: none"> <li>Emergency care received in a hospital emergency room</li> </ul>	\$100 copay Annual ded. applies	\$100 copay Annual ded. applies	\$100 copay Annual ded. applies	25% coinsurance Annual ded. applies
<b>F. Inpatient Hospital Copay</b> (waived for admission to Center of Excellence)	\$100 copay Annual ded. applies	\$200 copay Annual ded. applies	\$500 copay Annual ded. applies	25% coinsurance Annual ded. applies
<b>G. Outpatient Surgery Copay</b>	\$60 copay Annual ded. applies	\$120 copay Annual ded. applies	\$250 copay Annual ded. applies	25% coinsurance Annual ded. applies
<b>H. Hospice and Skilled Nursing Facility</b>	Nothing	Nothing	Nothing	Nothing
<b>I. Prosthetics, Durable Medical Equipment</b>	20% coinsurance	20% coinsurance	20% coinsurance	25% coinsurance Annual ded. applies
<b>J. Lab</b> (including allergy shots), <b>Pathology, and X-ray</b> (not included as part of preventive care and not subject to office visit or facility copayments)	10% coinsurance Annual ded. applies	10% coinsurance Annual ded. applies	20% coinsurance Annual ded. applies	25% coinsurance Annual ded. applies
<b>K. MRI/CT Scans</b>	10% coinsurance Annual ded. applies	15% coinsurance Annual ded. applies	25% coinsurance Annual ded. applies	30% coinsurance Annual ded. applies
<b>L. Other expenses not covered in A-K above, including but not limited to:</b> <ul style="list-style-type: none"> <li>Ambulance</li> <li>Home Health Care</li> <li>Outpatient Hospital Services (non-surgical) <ul style="list-style-type: none"> <li>Radiation/chemotherapy</li> <li>Dialysis</li> <li>Day treatment for mental health and chemical dependency</li> <li>Other diagnostic or treatment related outpatient services</li> </ul> </li> </ul>	5% coinsurance Annual ded. applies	5% coinsurance Annual ded. applies	20% coinsurance Annual ded. applies	25% coinsurance Annual ded. applies
<b>M. Prescription Drugs</b> 30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs, including insulin, or a 3-cycle supply of oral contraceptives Note: all Tier 1 generic and select branded oral contraceptives are covered at no cost.	\$18/30/55	\$18/30/55	\$18/30/55	\$18/30/55
<b>N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs</b> (excludes PKU, Infertility, growth hormones) (single/family)	\$1050/2100	\$1050/2100	\$1050/2100	\$1050/2100
<b>O. Plan Maximum Out-of-Pocket Expense</b> (excluding prescription drugs) (single/family)	\$1700/3400	\$1700/3400	\$2400/4800	\$3600/7200

This chart applies only to in-network coverage. Point-of-Service (POS), coverage is available only to members whose permanent residence is outside both the State of Minnesota and the Advantage plan's service area. This category includes employees temporarily residing outside Minnesota on temporary assignment or paid leave [including sabbatical]; and college students. It also applies to dependent children and spouses permanently residing outside the service area. Members enrolled in this category pay a \$350 single or \$700 family deductible (separate and distinct from the deductibles listed in section B above) and 30% coinsurance to the out-of-pocket maximum described in Section O above. Members pay the drug copayment described at Section M above to the out-of-pocket maximum described at Section N. This benefit must be requested.

The Advantage Plan offers a standard set of benefits regardless of the selected carrier. There are differences in how each carrier administers the benefits, including the transplant benefit, in the referral and diagnosis coding patterns of primary care clinics, and in the definition of Allowed Amount.

# KNOW WHERE TO GO FOR CARE

Save money and time by using the right type of place for the care you need. Make sure the doctor, clinic or hospital is in your network before getting care.



## DOCTOR ON DEMAND

Medical visits 24/7; mental health visits available next day by appointment

### Routine care/common health concern

Get face-to-face, online care from a board-certified doctor at [doctorondemand.com/bluecrossmn](http://doctorondemand.com/bluecrossmn)

- Cold, cough and flu
- Bladder infection
- Mental health\*



Minimal or no wait time



## CONVENIENCE CLINIC

Open extended hours (nights/weekends)

### Minor health issue

No appointment needed for treatment of minor health issues

- Cold, cough and flu
- Ear and eye infections
- Sore throat



Short wait times



## OFFICE VISIT

Open during regular clinic hours

### Preventive/routine care or common health concern

Make an appointment for preventive care, routine care and health issues

- General health issues
- Preventive care
- Screenings and vaccines
- Referrals to specialty care



Wait times vary



## URGENT CARE CLINIC

Open extended hours (nights/weekends)

### Urgent – not life threatening

Drop in for medical care that is urgent but not life-threatening

- Minor cuts, sprains and burns
- Skin rashes
- Fever and flu
- X-rays and lab testing



Varies, typically longer than an office visit



## EMERGENCY ROOM (ER)

Open 24/7

### Life-threatening

Call 911 or go to the nearest ER if the situation seems life-threatening

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



Longer if you go with a minor condition

\*Mental health visits are by appointment only 7 a.m. to 10 p.m. local time.

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.

# HEALTH AND WELLBEING RESOURCES

## Get more for your health

From lowering stress and managing weight, to finding the right care or comparing treatment options, you have the tools and resources you need to put better health within your reach.

### DECISION RESOURCES

#### Care cost estimator

Research and compare costs for common procedures and non-emergency services on the Blue Cross MN mobile app or online.

- Log into your member website

### CARE OPTIONS

#### Blue Distinction Centers®

Receive quality care from providers that have earned national recognition for high-quality, low-cost care.

- Look for the Blue Distinction icon in the Find a Doctor tool

Blue Distinction Centers (BDCs) met overall quality measures for patient safety and outcomes, developed with input from the medical community. Designation as a BDC means these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your plan at any facilities, please call the customer service number on the back of your member ID card before making an appointment, to verify the most current information on its network participation and Blue Distinction status.

#### Online care

Access board-certified doctors, psychiatrists and psychologists with Doctor On Demand® via smartphone, tablet or computer.

- Visit [doctorondemand.com/bluecrossmn](http://doctorondemand.com/bluecrossmn)

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

#### Deer Oaks

Employee Assistance Program (EAP)

- 1-651-259-3840 or [deeroakseap.com](http://deeroakseap.com)

Deer Oaks is an independent company that does not offer Blue Cross products or services. Deer Oaks is solely responsible for its products and services.



## SUPPORT TOOLS

### Health assessment

Complete an online questionnaire to determine your RealAge® (biological age) and find ways to improve it.

- Log in at [bluecrossmn.sharecare.com](http://bluecrossmn.sharecare.com)

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

### Online health and wellbeing platform

Manage all your health in one place with help from Sharecare. Sharecare provides tools, insights and information on how to improve your health and live your healthiest life.

- Log in at [bluecrossmn.sharecare.com](http://bluecrossmn.sharecare.com)

Sharecare is an independent company providing a health and wellness engagement platform. Offerings subject to change.

### Wellness discount marketplace

Get significant savings on personal care, fitness and wellness goods and services from Blue365®.

- Visit [blue365deals.com/bcbismn](http://blue365deals.com/bcbismn) or log in to your member website

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

### Health management

Receive professional support for managing chronic or serious health conditions. Includes education, treatment plan support and community resource information.

- Call 1-800-961-4758

### Maternity management

Receive support and guidance from a maternity case manager.

- Call 1-866-489-6948

### Quitting tobacco and vaping

Take advantage of personalized guidance in making a quit plan and receive ongoing support from a wellness coach.

- Visit [bluecrossmn.com/segip](http://bluecrossmn.com/segip) or call 1-888-662-BLUE (2583). TTY users, call 711.

### Diabetes management program

Get personalized support from a certified diabetes educator (CDE), a digital scale and glucose monitor to help you manage your type 2 diabetes with Omada®.

- Visit [bluecrossmn.com/segip](http://bluecrossmn.com/segip) for a link to the Omada program. See your plan materials for additional details.

The Omada program is from Omada Health, Inc., an independent company providing a digital intensive behavioral counseling program.

### Virgin Pulse

Well being program and reward.

- Call 1-833-862-9188

Virgin Pulse is an independent company that does not offer Blue Cross products or services and is solely responsible for its products and 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



## WHO SAYS YOU CAN'T TURN BACK TIME?

With Sharecare, you can.

See how old your body thinks it is by taking the RealAge® test. Then get actionable health tips to help you lower your RealAge along with tools to keep you on track.

Take your first step to growing younger.

Get started at [bluecrossmn.sharecare.com](http://bluecrossmn.sharecare.com).

 sharecare



# MINNESOTA ADVANTAGE HEALTH PLAN

## HOW DOES THE MINNESOTA ADVANTAGE HEALTH PLAN WORK?

Under this plan, you will share the cost of specific medical services you receive by paying some out-of-pocket costs (through office visit copays, deductibles, and coinsurance). The amount of your cost sharing will depend on the primary care clinic you select and the “cost level” assigned to that clinic.

## PRIMARY CARE CLINICS

All Minnesota Advantage Health Plan members choose a primary care clinic from one of the four levels when they enroll. Whether it’s time for a checkup or time to see a specialist, your primary care clinic will coordinate most of your care and referrals.

The primary care providers and specialists who practice at each clinic are shown at [bluecrossmn.com/segip](http://bluecrossmn.com/segip). You can select a specific clinic cost level or search all cost levels with the Find a Doctor tool. Click on “Pick a Network” and select a clinic cost level network using the drop-down menu. Then enter your location and a provider specialty, such as family practice or internal medicine. You’ll also find information on where you’ll be admitted if you need hospital care.

## SELF-REFERRAL PROVIDERS

You may receive care without a referral from the following specialty providers that are in the Minnesota Advantage Provider network:

- **Ob/Gyns** – Network ob/gyns can only refer members to other network ob/gyn specialists. All other referrals must come from your primary care clinic.
- **Chiropractors**
- **Eyecare specialists** – For routine eye care only
- **Hearing aid providers** – For hearing exams and hearing aids once every three years, and for hearing aid accessories
- **Medical suppliers**
- **Behavioral health**
- **Chemical dependency**



## TIPS FOR LOCATING PROVIDERS USING “FIND A DOCTOR”

- You can locate open access providers in your area by using the Find a Doctor tool at [bluecrossmn.com/segip](http://bluecrossmn.com/segip). Click on “Pick a Network,” then select “Self-Referral and Specialty Providers” from the drop-down menu. Enter your location, then enter the specialty you are looking for in the search box, such as ob/gyn, chiropractic, behavioral health and chemical dependency.
- To search for eyecare specialists, hearing aid and medical suppliers, use one of the following key words in the main search field: **eye, hearing, medical supplies**. Then enter your location.
- You may also call customer service toll free at **1-800-262-0819** to assist you with any provider network questions.





## HOW TO GET CARE AFTER NORMAL OFFICE HOURS

### **Doctor On Demand®/Online care**

Get real-time, online access to board-certified physicians, psychologists and psychiatrists 365 days a year through Doctor On Demand.

On-demand care from board-certified physicians is available from 7 a.m. to 11 p.m. daily. Licensed psychologists and psychiatrists are available by appointment from 7 a.m. to 10 p.m. daily.

A typical medical visit costs \$52.80. Under your Minnesota Advantage Health Plan, there is no cost to you. Your visit will be processed like a typical medical claim, so no up-front payments are required.

Doctor On Demand is available on camera-equipped smartphones, tablets or computers through [DoctorOnDemand.com/bluecrossmn](https://www.doctorondemand.com/bluecrossmn) or the Doctor On Demand app, available on Android, Apple and Kindle.

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

### **Convenience clinics**

You can use convenience clinics on a drop-in basis for many common illnesses. There is no cost to you for convenience clinic visits. To find a list of them, use the Find a Doctor tool at [bluecrossmn.com/segip](https://www.bluecrossmn.com/segip). Click on "Pick a Network," then select "Self-Referral and Specialty Providers" from the drop-down menu. Enter your location, then click on the Find a Doctor search field and type in "Convenience Clinics" in the box for a list of providers.

### **Urgent care**

A fever, sprained ankle or stomachache is not an emergency, but you still may need to see a doctor. This is called "urgent care." Call your clinic if you need urgent care. They will help you decide what to do next. You can also search for urgent care facilities on the Find a Doctor tool available on [bluecrossmn.com/segip](https://www.bluecrossmn.com/segip). Click on "Pick a Network," then select "Self-Referral and Specialty Providers" from the drop-down menu. Enter your location, then click on the Find a Doctor search field and choose "Urgent Care" from the menu.

### **Care outside the service area**

Only urgent care and emergency services for an injury or illness that needs treatment right away are covered.

# GLOSSARY

## TERMS TO KNOW

Your health plan will make more sense if you know a few important terms.

**Allowed amount:** The amount Blue Cross has agreed to pay a medical provider for a service.

**Coinsurance:** This payment structure starts after meeting your deductible. In coinsurance, you and the plan each pay a percentage for covered services. Example: 80/20 coinsurance means the plan pays 80 percent and you pay 20 percent.

**Convenience or retail clinic:** These clinics treat a limited list of common illnesses. They are often located in or near a retail store.

**Copay:** (Your plan may or may not have copays.) A fee you pay every time you get medical care or a prescription. Copays can vary based on where you get care (virtual, clinic, urgent care, etc.).

**Cost sharing:** Refers to the member sharing medical costs with the health plan through copays, deductible and coinsurance.

**Deductible:** This is the first milestone you hit by paying for covered medical services. Along with covered service costs, your copays (if your plan has them) may count toward your deductible.

**Eligible or covered services:** Health care covered by your plan.

**Embedded deductible:** Plan begins paying benefits that require cost sharing for the first family member who meets the per-person deductible. Once one or more of the remaining family members meet the family deductible, the plan pays benefits for all covered family members.

**Explanation of Health Care Benefits (EOB):** A letter you receive after getting care that shows costs, the amount the health plan is expected to pay and the amount you are expected to pay. You do not pay anything when you receive an EOB.

**Formulary or drug list:** A list of FDA-approved prescription drugs preferred by your health plan.

**Health plan:** Can refer to your health insurance company or your specific health plan.

**In-network:** Providers or pharmacies in your plan's network that give you the most coverage (lowest cost). Note: An in-network provider is not the same as a participating provider.

**Member website:** A secure website for accessing

plan details and cost information as well as health and wellbeing tools.

**Nonparticipating provider:** A provider that **does not have a contract** with the health plan. You pay in full when using these providers. Note: A nonparticipating provider is not the same as an out-of-network provider.

**Out-of-network:** A provider or pharmacy that has a contract with the health plan but is **not part of your plan's network**. You may pay more when using these providers/pharmacies. Note: An out-of-network provider is not the same as a nonparticipating provider.

**Out-of-pocket expense/cost:** Refers to costs the member pays: premium, copay, deductible, coinsurance, and non-covered services or over-the-allowed-amount costs.

**Out-of-pocket (OOP) maximum:** This is the last milestone you hit by paying for covered medical services. Once you reach this amount, the plan pays for all covered in-network services for the plan year's remainder.

**Participating provider:** A provider that has a contract with the health plan, and **may be in or out of your plan's network**. Note: A participating provider is not the same as an in-network provider.

**Premium:** Your monthly payment, like a membership fee. Your employer may pay part of your premium. You may also be able to pay your premium pretax from your paycheck.

**Provider:** Refers to doctors, clinics, hospitals and other health care professionals.

**Service (also called "care"):** Medical treatment.

# BE IN THE KNOW

## MEMBER ANNUAL NOTICE NEWSLETTER

Find valuable information in Blue Cross' Member Annual Notice newsletter, such as:

- Member rights and responsibilities
- Quality improvement program
- Information about case and condition/disease management
- Benefits and access to medical services
- Pharmacy benefit information, such as formulary, quantity limits and exception processes
- Use and disclosure of protected health information (PHI)
- Prior authorization decisions and benefit limitations
- How to request an independent review
- Transitioning from pediatric to adult care

Visit [bluecrossmn.com/qualityimprovement](http://bluecrossmn.com/qualityimprovement) to view the notice or call customer service to receive it by mail.

## MEMBER PRIVACY RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule gives you the right to know what personal and health information is collected by insurance companies, why it's collected and what is done with it. To see our privacy policy, visit [bluecrossmnonline.com](http://bluecrossmnonline.com) ("Privacy & Legal" at the page's bottom) or call customer service and request a copy of the "Notice of Privacy Practices."

## MEDICARE PART D CREDITABILITY

Medicare members should check their plan information or ask their employer to see if their plan is Medicare Part D creditable.



**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](mailto: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.

နမ့်ကတိကညိကိတ်ဒီး, တၢ်ကဟ့ၣ်နၢကျိၣ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY  
အဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي  
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.

አማርኛ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ አገልግሎት እርዳ አለሎት። በ 1-855-315-4030 ይደውሉ ለ TTY በ 711።

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

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 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.

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

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béesh bee hodíílnih 1-855-902-2583. TTY biniiyégo éí 711 jí' béesh bee hodíílnih.



# Better together

