



Individual and family health plans

2020



You + BlueSM

WELCOME

When you choose Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Plus), you have support you can count on from day one and well into the future.

This guide will help you learn about our plans, as well as information and resources to help you find a plan that fits your needs.

All Blue Plus® plans include:

- Leading health systems, hospitals and care professionals
- Primary and specialty care providers
- Preventive appointments and services at no cost*
- Online tools and information that help you take charge of your health

*Included in the cost of the plan.

QUESTIONS? WE'RE HERE TO HELP.



Contact your local agent or visit bluecrossmn.com/AgentFinder



Speak with a Blue Cross representative
1-800-262-0823/TTY 711



Visit a Blue Cross retail center in Edina, Roseville or Duluth — stop in or make an appointment at bluecrossmn.com/centers

SAVE MONEY BY STAYING IN NETWORK

Your out-of-pocket costs will be lower when your doctor, clinic and hospital are in your network. You can use our Find a Doctor tool on bluecrossmnonline.com and search for providers that are in your network.

Each health care provider is an independent contractor and is not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.

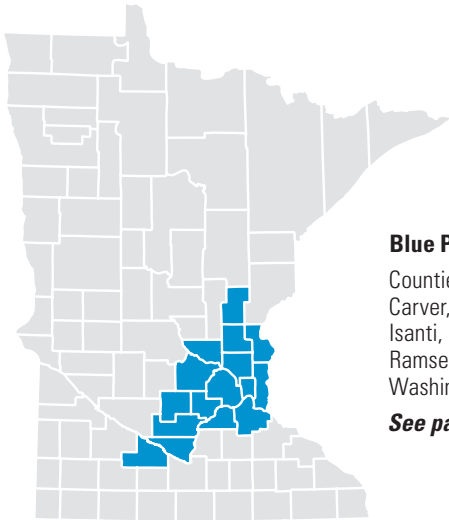
HMO Minnesota, d.b.a. Blue Plus, is an affiliate of Blue Cross and Blue Shield of Minnesota.

READY TO GET STARTED?

- 1 **Find your plan and network** based on where you live
- 2 **Determine the best plan level** for you based on your budget and needs
- 3 **Review health and wellbeing programs** included in your plan and consider tailoring your plan with optional enhancements like dental and vision coverage
- 4 **Enroll** in your plan
- 5 **Explore** frequently asked questions to learn more

STEP 1: Identify your plan and network

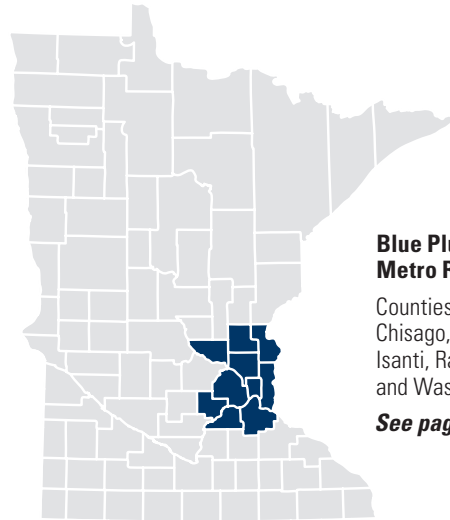
Plans and networks are available in six geographic regions. **Your primary address and the county where you live determine the plans and networks available to you.** Each network features top-rated health systems, hospitals and care professionals dedicated to providing the highest-quality services.



Blue Plus® Metro MN

Counties include: Anoka, Brown, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, McLeod, Nicollet, Ramsey, Scott, Sherburne, Sibley, Washington and Wright

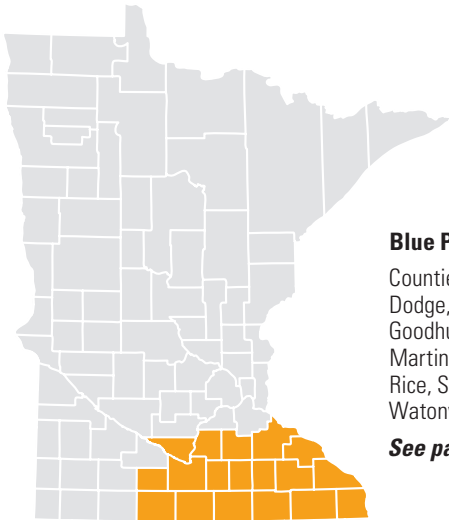
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Blue Plus® Strive – Metro Region

Counties include: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne and Washington

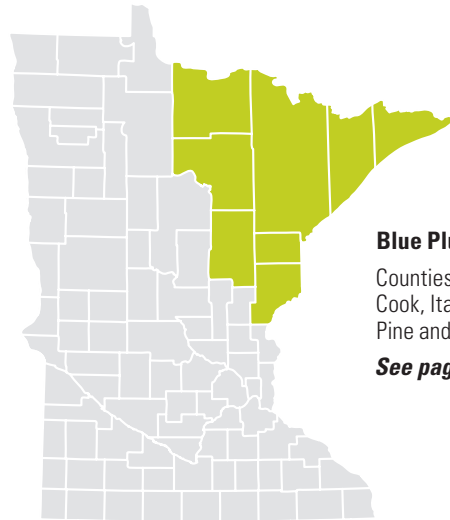
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Blue Plus® Southeast MN

Counties include: Blue Earth, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Le Sueur, Martin, Mower, Nicollet, Olmsted, Rice, Steele, Wabasha, Waseca, Watonwan and Winona

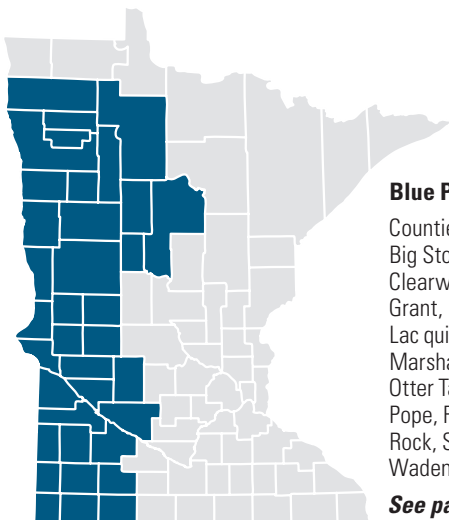
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Blue Plus® Northeast MN

Counties include: Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, Pine and St. Louis

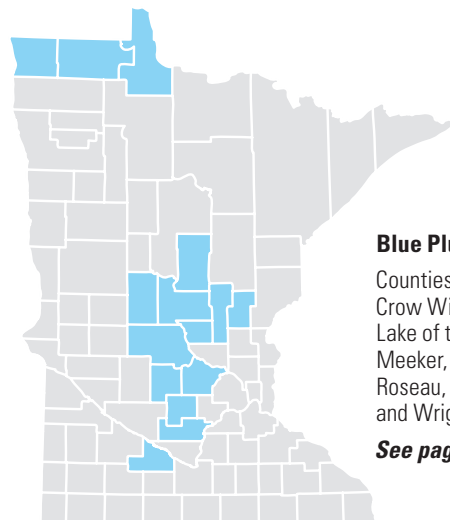
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Blue Plus® Western MN

Counties include: Becker, Beltrami, Big Stone, Cass, Chippewa, Clay, Clearwater, Cottonwood, Douglas, Grant, Hubbard, Jackson, Kandiyohi, Lac qui Parle, Lincoln, Lyon, Mahnomen, Marshall, Murray, Nobles, Norman, Otter Tail, Pennington, Pipestone, Polk, Pope, Red Lake, Redwood, Renville, Rock, Stevens, Swift, Traverse, Wadena, Wilkin and Yellow Medicine

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Blue Plus® Minnesota Value

Counties include: Benton, Brown, Crow Wing, Kanabec, Kittson, Lake of the Woods, McLeod, Meeker, Mille Lacs, Morrison, Roseau, Stearns, Sibley, Todd and Wright

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STEP 2: Determine the best plan level for you

Blue Plus plans offer three levels of coverage and cost sharing. Each plan pays a different amount toward medical coverage and prescription drugs. The right plan depends on how often you visit the doctor or pharmacy, how much you want to pay when you get care, and how much you want to pay before your health plan begins to pay.

BRONZE	SILVER	GOLD
<ul style="list-style-type: none"> → Lower monthly premium → Higher deductible → HSA compatible* <p>Good option if you don't go to the doctor or pharmacy very often</p>	<ul style="list-style-type: none"> → Balance between monthly premium and deductible → HSA compatible* <p>Good option if you aren't sure how often you'll go to the doctor or pharmacy</p>	<ul style="list-style-type: none"> → Higher monthly premium → Lower deductible <p>Good option if you go to the doctor or pharmacy frequently</p>

*Bronze and Silver plans are compatible with health savings accounts (HSAs) from investment HSA administrators like FurtherSM.

An HSA allows you to set aside a portion of your earnings to pay for qualified medical expenses, including dental and vision. The money in the account is owned by you and stays with you even if you change health plans or your employment changes. An HSA also offers investment options.



FurtherSM is a leader in health spending and savings account administration. For more than 29 years, Further has been offering:

- Best-in-class customer service with 96 percent customer satisfaction rating year after year**
- User-friendly tools and resources to easily manage medical savings accounts 24/7

For more information on services provided by Further, visit hellofurther.com.

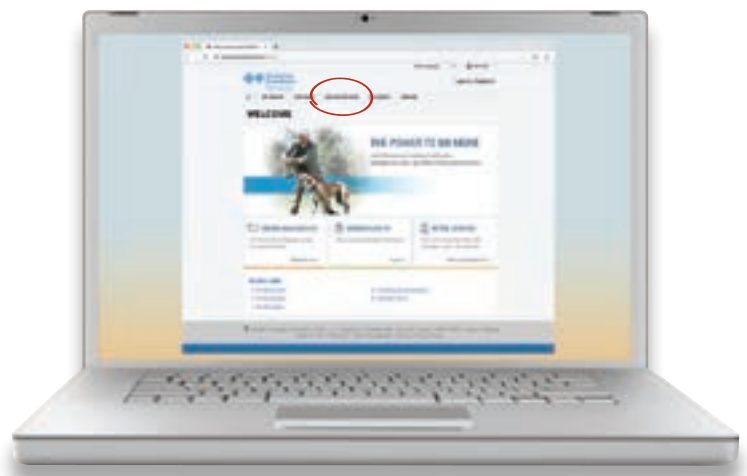
**Source: Further annual satisfaction survey, October, 2017.

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

FIND YOUR DOCTOR

Use our Find a Doctor tool on bluecrossmnonline.com to search for in-network providers.

Choose the "Find a Doctor or Rx" link at the top of the page. Select "Find a Doctor, Hospital or other Medical Provider" and "Search as guest." Then select "Pick a Network" and choose the network specific to your primary address/county. From there, enter your location and a specialty or provider name to see a list of in-network providers.



5 WORDS YOU SHOULD KNOW

BEFORE SHOPPING FOR A PLAN

Learning common terms and how they're used in your plan can help you make more informed decisions in choosing a plan that works for you.

1 PREMIUM

Your monthly payment to Blue Cross for a health plan.

2 COPAY

The set dollar amount you pay each time you receive a service or prescription.

3 ANNUAL DEDUCTIBLE

Amount you will pay in one plan year before coverage begins.

4 COINSURANCE

A set percentage you pay toward health care after your deductible has been met. For example, if the coinsurance is 20 percent, once you've paid your deductible in full, the plan pays 80 percent of your covered health care costs. You then pay 20 percent of your covered health care costs until you reach your out-of-pocket maximum.

5 ANNUAL OUT-OF-POCKET MAXIMUM

The most you could pay in one plan year for covered medical services and supplies.



NEW

PHARMACY BENEFITS

Blue Plus individual and family health plans include coverage for prescriptions filled at pharmacies in the Essential Pharmacy Network. Go to bluecrossmn.com/essentialpharmacynetwork to find a participating pharmacy.

Drugs on the BasicRx drug list are covered by your plan. To see the list and search for covered drugs, visit bluecrossmn.com/basicrxindividualsmallgroup2020.

Insulin coverage

As of January 1, 2020, Tier 1 and Tier 2* insulin options will be included as a covered benefit with \$0 out-of-pocket cost for health plan members. This includes individual and family plans (both on and off MNsure). This benefit change goes into effect on January 1, 2020, regardless of plan renewal date.

*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.

Blue Plus[®] Metro MN

Personalized, coordinated health care right in your own community.

The Blue Plus Metro MN Network features a top-rated health system based on patient satisfaction and quality of care and includes access to all Allina Health hospitals and clinics.

Blue Plus Metro MN Network includes:

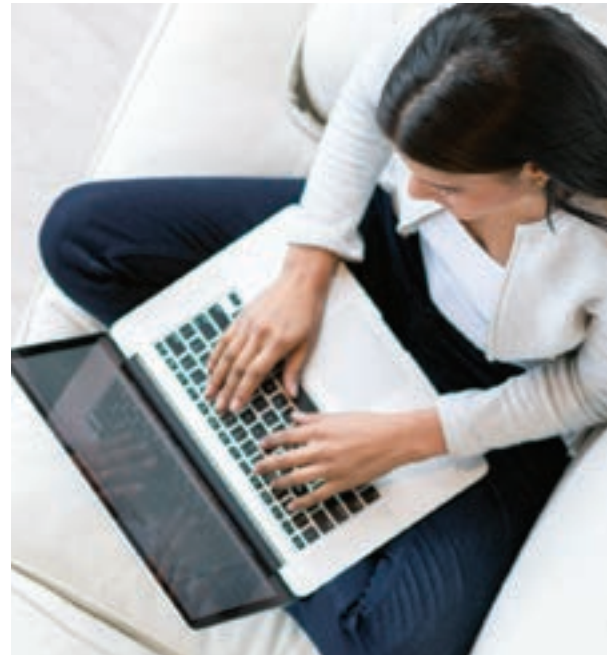
- **31** hospitals
- **4,291** primary care providers
- **17,596** specialty care providers

Numbers are subject to change and are reflective of signed contracts as of June 2019.

KEY IN-NETWORK PROVIDERS:

- Abbott Northwestern Hospital
- Children's Minnesota
- Glencoe Regional Health Services
- Mercy Hospital
- Ridgeview Medical Center
- St. Francis Regional Medical Center

To see additional in-network providers, use the Find a Doctor tool on bluecrossmnonline.com and choose Blue Plus Metro MN Network.



Learn more at bluecrossmnonline.com



STAY IN NETWORK AND SAVE

Your out-of-pocket costs will be higher when you see an out-of-network provider

Blue Plus and Allina Health will work together to coordinate and improve the quality of your care. To do so, we will ask you to give us permission to share your contact information and past, current and future health and account records with each other.

All Allina Health hospitals and clinics are included in the Blue Plus Metro MN Network, including those outside the 11-county metro area, as well as many affiliated practices and health systems.

You must live in the service area to enroll (see page 1). Provider listings are not all-inclusive and are subject to change. For a complete list of providers, visit bluecrossmnonline.com. 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.

Allina Health is an independent company that provides network access to health care services. Allina Health Network is a subsidiary of Allina Health.

2020 Plans

BLUE PLUS METRO MN

Plan numbers*	258/458	253/453	254/455	Out of Network (all metal levels)
Metal level Bronze and Silver plans are compatible with an HSA	Bronze	Silver	Gold	
Your deductible	In Network			
Single	\$6,900	\$4,200	\$1,350	\$20,000
Family	\$13,800	\$12,600	\$4,050	\$30,000
Your coinsurance	0%	20%	20%	50%
Your out-of-pocket maximum	In Network			
Single	\$6,900	\$6,900	\$6,900	Unlimited
Family	\$13,800	\$13,800	\$13,800	Unlimited
Visits to: • Health care provider's office • Specialist • Retail health clinic • Urgent care • E-visits (Gold plan only – first 3 visits are no charge**)	0% after deductible	20% after deductible	20% after deductible	50% after deductible
Other professional services in the office Lab, pathology, advanced and standard imaging				
Prescription drugs - BasicRx drug list - Essential Pharmacy Network - Tier 1 and Tier 2*** insulin options: \$0 out-of-pocket cost - Tier 4 is specialty drugs	Tiers 1 – 4: 0% after deductible	Tier 1: 20% after deductible Tier 2: 20% after deductible Tier 3: 40% after deductible Tier 4: 20% after deductible	Tier 1: \$20 copay Tier 2: 20% after deductible Tier 3: 40% after deductible Tier 4: 20% after deductible	No coverage
Preventive care				50% after deductible
Well child care (Ages 0 to 6, including vision exam)	0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)
Prenatal care				
Maternity (Labor, delivery and post-delivery care)				50% after deductible
Emergency care and ambulance • Physician • Facility				In-network benefit applies. Amounts paid apply to the in-network deductible and out-of-pocket maximum.
Outpatient facility services • Physician • Facility • Lab, pathology, advanced and standard imaging	0% after deductible	20% after deductible	20% after deductible	
Inpatient facility services • Physician • Facility				50% after deductible
Chiropractic, physical, occupational and speech therapy (Habilitative and rehabilitative)				
Eyewear for children ages 18 and younger One pair of standard collection frames or contact lenses				No coverage
Ambulatory surgical center		0% after deductible	0% after deductible	50% after deductible

*Plan numbers in the 200 series are available off-exchange, plan numbers in the 400 series are available through MNsure.

**Included in the cost of the health plan.

***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.

All plans have embedded deductibles. For plans with more than one person (family plan), no one member will exceed the single deductible amount listed above. Also, eligible costs incurred by all covered family members count toward satisfying the family deductible.

This is only a summary. The contract and benefit booklet include complete details of what is and isn't covered. Services not covered include routine adult eye exams and eyewear, custodial care, bariatric surgery, infertility treatment, hearing aids for adults, 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. 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.

For a list of drugs on your specified drug list, BasicRx, visit bluecrossmn.com/basicrxindividualsmallgroup2020.

Your out-of-pocket costs depend on the network status of your provider. This plan's network has a limited number of in-network providers. If you visit a provider or a location that's not in this plan's network, you will pay more for your care, and the costs associated with your care will not count toward your in-network cost sharing (for example, the in-network deductible and out-of-pocket maximum).

If you receive services from a nonparticipating provider, you will be responsible for any deductibles or coinsurance plus the difference between what Blue Plus would reimburse for the nonparticipating provider and the actual charges the nonparticipating provider bills. This difference does not apply to your out-of-pocket maximum. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Plus' allowed amount, which is typically lower than the amount billed by the provider.

Blue Plus may change premium rates: on an annual renewal date, when you add or delete a dependent, or if you move to a different Blue Plus plan. Factors that may affect changes in premium rates include the age of covered members and where you reside.

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.

Blue Plus[®] Strive – Metro Region

Quality care from head colds to heart transplants.

The Blue Plus Strive – Metro Region Network features Fairview, North Memorial Health, and University of Minnesota hospitals and clinics and includes 40 percent of primary care providers and 50 percent of specialty care providers in the Twin Cities metro area. Get access to Fairview’s primary care and specialty care doctors as well as the expertise of the nationally acclaimed University of Minnesota Hospital and North Memorial Health Level 1 Trauma Center — all in network. Plus, get convenient access to online care with OnCare from Fairview. Visit app.oncare.org to learn more.

Blue Plus Strive – Metro Region Network includes:

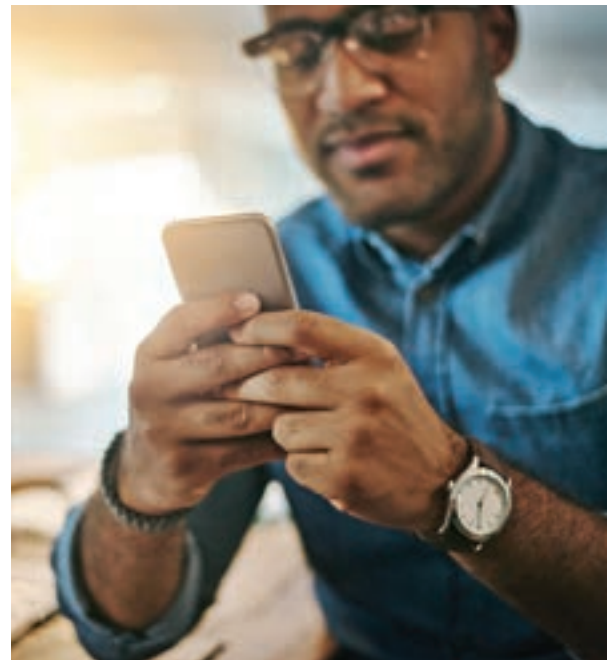
- **12** hospitals
- **3,888** primary care providers
- **21,172** specialty care providers

Numbers are subject to change and are reflective of signed contracts as of June 2019.

KEY IN-NETWORK PROVIDERS:

- Fairview Ridges and Southdale Hospitals
- HealthEast St. John’s and St. Joseph’s Hospitals
- North Memorial Health Medical Center
- University of Minnesota Masonic Children’s Hospital
- University of Minnesota Medical Center
- Woodwinds Health Campus

To see additional in-network providers, use the Find a Doctor tool on bluecrossmnonline.com and choose Blue Plus Strive – Metro Region Network.



Learn more at bluecrossmnonline.com

OnCare online care service is provided by Fairview Health Services, an independent company providing online diagnosis and treatment services.



STAY IN NETWORK AND SAVE

Your out-of-pocket costs will be higher when you see an out-of-network provider

Blue Plus, Fairview Health Services and North Memorial Health will work together to coordinate and improve the quality of your care. To do so, we will ask you to give us permission to share your contact information and past, current and future health and account records with each other. You must live in the service area to enroll (see page 1). Provider listings are not all-inclusive and are subject to change. For a complete list of providers, visit bluecrossmnonline.com. 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.

Fairview Health Services and North Memorial Health are independent companies that provide network access to health care services.

2020 Plans

BLUE PLUS STRIVE – METRO REGION

Plan numbers*	290/490	291/491	292/492	Out of Network (all metal levels)	
Metal level Bronze and Silver plans are compatible with an HSA	Bronze	Silver	Gold		
	In Network				
Your deductible	Single	\$6,900	\$4,200	\$1,350	\$20,000
	Family	\$13,800	\$12,600	\$4,050	\$30,000
Your coinsurance		0%	20%	20%	50%
Your out-of-pocket maximum	Single	\$6,900	\$6,900	\$6,900	Unlimited
	Family	\$13,800	\$13,800	\$13,800	Unlimited
Visits to: • Health care provider's office • Specialist • Retail health clinic • Urgent care • E-visits (Gold plan only – first 3 visits are no charge**)		0% after deductible	20% after deductible	20% after deductible	50% after deductible
Other professional services in the office Lab, pathology, advanced and standard imaging					
Prescription drugs - BasicRx drug list - Essential Pharmacy Network - Tier 1 and Tier 2*** insulin options: \$0 out-of-pocket cost - Tier 4 is specialty drugs		Tiers 1 – 4: 0% after deductible	Tier 1: 20% after deductible Tier 2: 20% after deductible Tier 3: 40% after deductible Tier 4: 20% after deductible	Tier 1: \$20 copay Tier 2: 20% after deductible Tier 3: 40% after deductible Tier 4: 20% after deductible	No coverage
Preventive care					50% after deductible
Well child care (Ages 0 to 6, including vision exam)		0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)
Prenatal care					
Maternity (Labor, delivery and post-delivery care)					50% after deductible
Emergency care and ambulance • Physician • Facility					In-network benefit applies. Amounts paid apply to the in-network deductible and out-of-pocket maximum.
Outpatient facility services • Physician • Facility • Lab, pathology, advanced and standard imaging		0% after deductible	20% after deductible	20% after deductible	
Inpatient facility services • Physician • Facility					50% after deductible
Chiropractic, physical, occupational and speech therapy (Habilitative and rehabilitative)					
Eyewear for children ages 18 and younger One pair of standard collection frames or contact lenses					No coverage
Ambulatory surgical center			0% after deductible	0% after deductible	50% after deductible

*Plan numbers in the 200 series are available off-exchange, plan numbers in the 400 series are available through MNsure.

**Included in the cost of the health plan.

***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.

All plans have embedded deductibles. For plans with more than one person (family plan), no one member will exceed the single deductible amount listed above. Also, eligible costs incurred by all covered family members count toward satisfying the family deductible.

This is only a summary. The contract and benefit booklet include complete details of what is and isn't covered. Services not covered include routine adult eye exams and eyewear, custodial care, bariatric surgery, infertility treatment, hearing aids for adults, 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. 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.

For a list of drugs on your specified drug list, BasicRx, visit bluecrossmn.com/basicrxindividualsmallgroup2020.

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If you receive services from a nonparticipating provider, you will be responsible for any deductibles or coinsurance plus the difference between what Blue Plus would reimburse for the nonparticipating provider and the actual charges the nonparticipating provider bills. This difference does not apply to your out-of-pocket maximum. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Plus' allowed amount, which is typically lower than the amount billed by the provider.

Blue Plus may change premium rates: on an annual renewal date, when you add or delete a dependent, or if you move to a different Blue Plus plan. Factors that may affect changes in premium rates include the age of covered members and where you reside.

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.

Blue Plus[®] Southeast MN

Quality care close to home.

The Blue Plus Southeast MN Network includes Mayo Clinic Health System and other health care providers that provide personalized, coordinated care who put the patient above all else. Get access to Mayo Clinic primary and specialty providers, independent primary specialty care and regional care providers.

Blue Plus Southeast MN Network includes:

- **19** hospitals
- **3,097** primary care providers
- **7,879** specialty care providers

Numbers are subject to change and are reflective of signed contracts as of June 2019.

KEY IN-NETWORK PROVIDERS:

- Mayo Clinic
- Mayo Clinic Health System
- Mayo Clinic Employee and Community Health
- Northfield Hospitals and Clinics
- Saint Elizabeth's Medical Center and Clinic
- Winona Health

To see additional in-network providers, use the Find a Doctor tool on bluecrossmnonline.com and choose Blue Plus Southeast MN Network.



Learn more at bluecrossmnonline.com

TRUSTED CARE

Mayo Clinic is ranked #1 in the nation as well as #1 in more specialties than any other hospital in the nation.

U.S. News and World Report Best Hospitals Rankings, 2019 – 2020.



STAY IN NETWORK AND SAVE

Your out-of-pocket costs will be higher when you see an out-of-network provider

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Mayo Clinic[®] is an independent, nonprofit healthcare provider offering network access to its providers and health services. Mayo, Mayo Clinic, Mayo Clinic Health System and the triple-shield logo are registered trademarks and service marks of Mayo Clinic.

2020 Plans

BLUE PLUS SOUTHEAST MN

Plan numbers*	270/470	271/471	272/472	Out of Network (all metal levels)
Metal level Bronze and Silver plans are compatible with an HSA	Bronze	Silver	Gold	
Your deductible	In Network			
Single	\$6,900	\$4,200	\$1,350	\$20,000
Family	\$13,800	\$12,600	\$4,050	\$30,000
Your coinsurance	0%	20%	20%	50%
Your out-of-pocket maximum				
Single	\$6,900	\$6,900	\$6,900	Unlimited
Family	\$13,800	\$13,800	\$13,800	Unlimited
Visits to: • Health care provider's office • Specialist • Retail health clinic • Urgent care • E-visits (Gold plan only – first 3 visits are no charge**)	0% after deductible	20% after deductible	20% after deductible	50% after deductible
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Preventive care				50% after deductible
Well child care (Ages 0 to 6, including vision exam)	0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)
Prenatal care				
Maternity (Labor, delivery and post-delivery care)				50% after deductible
Emergency care and ambulance • Physician • Facility				In-network benefit applies. Amounts paid apply to the in-network deductible and out-of-pocket maximum.
Outpatient facility services • Physician • Facility • Lab, pathology, advanced and standard imaging	0% after deductible	20% after deductible	20% after deductible	
Inpatient facility services • Physician • Facility				50% after deductible
Chiropractic, physical, occupational and speech therapy (Habilitative and rehabilitative)				
Eyewear for children ages 18 and younger One pair of standard collection frames or contact lenses				No coverage
Ambulatory surgical center				50% after deductible

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**Included in the cost of the health plan.

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Blue Plus[®] Northeast MN

Quality care from head to toe for all ages.

No matter where you are on your health care journey, the Blue Plus Northeast MN Network delivers expert care when and where you need it. It includes leading primary and specialty care doctors and hospitals of St. Luke's, independent care providers, regional heart, cancer and trauma centers.

Blue Plus Northeast MN Network includes:

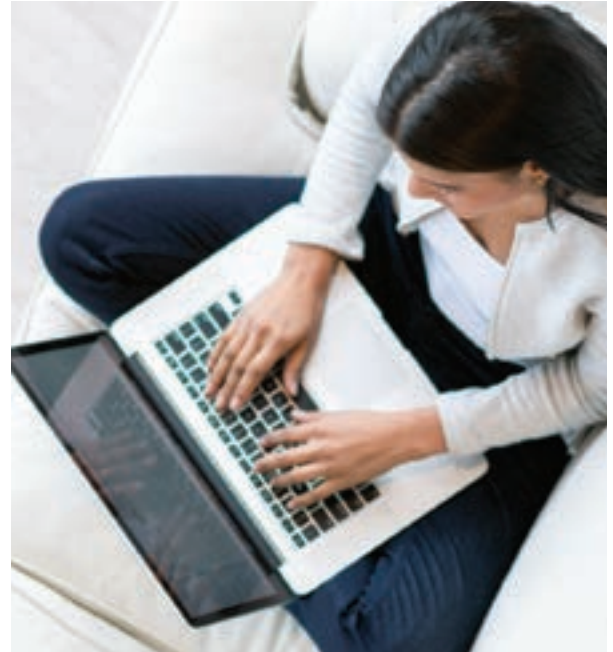
- **21** hospitals
- **1,514** primary care providers
- **5,899** specialty care providers

Numbers are subject to change and are reflective of signed contracts as of June 2019.

KEY IN-NETWORK PROVIDERS:

- St. Luke's Hospital
- Lakeview Memorial Hospital (Two Harbors)
- Hibbing Family Medical Clinic
- Miller Creek Medical Clinic
- St. Luke's Pediatric Associates
- Cook Hospital

To see additional in-network providers, use the Find a Doctor tool on bluecrossmnonline.com and choose Blue Plus Northeast MN Network.



Learn more at bluecrossmnonline.com



STAY IN NETWORK AND SAVE

Your out-of-pocket costs will be higher when you see an out-of-network provider

Blue Plus and St. Luke's Hospital will work together to coordinate and improve the quality of your care. To do so, we will ask you to give us permission to share your contact information and past, current and future health and account records with each other.

You must live in the service area to enroll (see page 1). Provider listings are not all-inclusive and are subject to change. For a complete list of providers, visit bluecrossmnonline.com. 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.

St. Luke's Hospital is an independent company that provides network access to health care services.

2020 Plans

		BLUE PLUS NORTHEAST MN			
Plan numbers*		280/480	281/481	282/482	Out of Network (all metal levels)
Metal level Bronze and Silver plans are compatible with an HSA		Bronze	Silver	Gold	
Your deductible		In Network			
	Single	\$6,900	\$4,200	\$1,350	\$20,000
	Family	\$13,800	\$12,600	\$4,050	\$30,000
Your coinsurance		0%	20%	20%	50%
Your out-of-pocket maximum		In Network			
	Single	\$6,900	\$6,900	\$6,900	Unlimited
	Family	\$13,800	\$13,800	\$13,800	Unlimited
Visits to: • Health care provider's office • Specialist • Retail health clinic • Urgent care • E-visits (Gold plan only – first 3 visits are no charge**)		0% after deductible	20% after deductible	20% after deductible	50% after deductible
Other professional services in the office Lab, pathology, advanced and standard imaging					
Prescription drugs - BasicRx drug list - Essential Pharmacy Network - Tier 1 and Tier 2*** insulin options: \$0 out-of-pocket cost - Tier 4 is specialty drugs		Tiers 1 – 4: 0% after deductible	Tier 1: 20% after deductible Tier 2: 20% after deductible Tier 3: 40% after deductible Tier 4: 20% after deductible	Tier 1: \$20 copay Tier 2: 20% after deductible Tier 3: 40% after deductible Tier 4: 20% after deductible	No coverage
Preventive care					50% after deductible
Well child care (Ages 0 to 6, including vision exam)		0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)
Prenatal care					
Maternity (Labor, delivery and post-delivery care)					50% after deductible
Emergency care and ambulance • Physician • Facility					In-network benefit applies. Amounts paid apply to the in-network deductible and out-of-pocket maximum.
Outpatient facility services • Physician • Facility • Lab, pathology, advanced and standard imaging		0% after deductible	20% after deductible	20% after deductible	
Inpatient facility services • Physician • Facility					50% after deductible
Chiropractic, physical, occupational and speech therapy (Habilitative and rehabilitative)					
Eyewear for children ages 18 and younger One pair of standard collection frames or contact lenses					No coverage
Ambulatory surgical center					50% after deductible

*Plan numbers in the 200 series are available off-exchange, plan numbers in the 400 series are available through MNsure.

**Included in the cost of the health plan.

***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.

All plans have embedded deductibles. For plans with more than one person (family plan), no one member will exceed the single deductible amount listed above. Also, eligible costs incurred by all covered family members count toward satisfying the family deductible.

This is only a summary. The contract and benefit booklet include complete details of what is and isn't covered. Services not covered include routine adult eye exams and eyewear, custodial care, bariatric surgery, infertility treatment, hearing aids for adults, 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. 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.

For a list of drugs on your specified drug list, BasicRx, visit bluecrossmn.com/basicrxindividualsmallgroup2020.

Your out-of-pocket costs depend on the network status of your provider. This plan's network has a limited number of in-network providers. If you visit a provider or a location that's not in this plan's network, you will pay more for your care, and the costs associated with your care will not count toward your in-network cost sharing (for example, the in-network deductible and out-of-pocket maximum).

If you receive services from a nonparticipating provider, you will be responsible for any deductibles or coinsurance plus the difference between what Blue Plus would reimburse for the nonparticipating provider and the actual charges the nonparticipating provider bills. This difference does not apply to your out-of-pocket maximum. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Plus' allowed amount, which is typically lower than the amount billed by the provider.

Blue Plus may change premium rates: on an annual renewal date, when you add or delete a dependent, or if you move to a different Blue Plus plan. Factors that may affect changes in premium rates include the age of covered members and where you reside.

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.

Blue Plus[®] Western MN

Personalized, coordinated health care close to home.

The Blue Plus Western MN Network includes Sanford hospitals and clinics as well as a comprehensive list of trusted primary and specialty care doctors and hospitals in western Minnesota.

Blue Plus Western MN Network includes:

- **47** hospitals
- **2,104** primary care providers
- **8,209** specialty care providers

Numbers are subject to change and are reflective of signed contracts as of June 2019.

KEY IN-NETWORK PROVIDERS:

- Sanford Health hospitals and clinics, including Sanford Health Centers of Excellence
- Cass Lake Indian Hospital
- Granite Falls Municipal Hospital
- Lake Region Health System
- Redwood Area Hospital
- All Tri-County Health Care

To see additional in-network providers, use the Find a Doctor tool on bluecrossmnonline.com and choose Blue Plus Western MN Network.



Learn more at bluecrossmnonline.com



STAY IN NETWORK AND SAVE

Your out-of-pocket costs will be higher when you see an out-of-network provider

Blue Plus and Sanford Health will work together to coordinate and improve the quality of your care. To do so, we will ask you to give us permission to share your contact information and past, current and future health and account records with each other.

You must live in the service area to enroll (see page 1). Provider listings are not all-inclusive and are subject to change. For a complete list of providers, visit bluecrossmnonline.com. 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.

Sanford Health is an independent, non-profit company that provides network access to health care services.

2020 Plans

BLUE PLUS WESTERN MN

Plan numbers*		257/457	250/450	251/451	Out of Network (all metal levels)
Metal level Bronze and Silver plans are compatible with an HSA		Bronze	Silver	Gold	
Your deductible					
	Single	\$6,900	\$4,200	\$1,350	\$20,000
	Family	\$13,800	\$12,600	\$4,050	\$30,000
Your coinsurance		0%	20%	20%	50%
Your out-of-pocket maximum					
	Single	\$6,900	\$6,900	\$6,900	Unlimited
	Family	\$13,800	\$13,800	\$13,800	Unlimited
Visits to: • Health care provider's office • Specialist • Retail health clinic • Urgent care • E-visits (Gold plan only – first 3 visits are no charge**)		0% after deductible	20% after deductible	20% after deductible	50% after deductible
Other professional services in the office Lab, pathology, advanced and standard imaging					
Prescription drugs - BasicRx drug list - Essential Pharmacy Network - Tier 1 and Tier 2*** insulin options: \$0 out-of-pocket cost - Tier 4 is specialty drugs		Tiers 1 – 4: 0% after deductible	Tier 1: 20% after deductible Tier 2: 20% after deductible Tier 3: 40% after deductible Tier 4: 20% after deductible	Tier 1: \$20 copay Tier 2: 20% after deductible Tier 3: 40% after deductible Tier 4: 20% after deductible	No coverage
Preventive care					50% after deductible
Well child care (Ages 0 to 6, including vision exam)		0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)
Prenatal care					
Maternity (Labor, delivery and post-delivery care)					50% after deductible
Emergency care and ambulance • Physician • Facility					In-network benefit applies. Amounts paid apply to the in-network deductible and out-of-pocket maximum.
Outpatient facility services • Physician • Facility • Lab, pathology, advanced and standard imaging		0% after deductible	20% after deductible	20% after deductible	
Inpatient facility services • Physician • Facility					50% after deductible
Chiropractic, physical, occupational and speech therapy (Habilitative and rehabilitative)					
Eyewear for children ages 18 and younger One pair of standard collection frames or contact lenses					No coverage
Ambulatory surgical center			0% after deductible	0% after deductible	50% after deductible

*Plan numbers in the 200 series are available off-exchange, plan numbers in the 400 series are available through MNsure.

**Included in the cost of the health plan.

***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.

All plans have embedded deductibles. For plans with more than one person (family plan), no one member will exceed the single deductible amount listed above. Also, eligible costs incurred by all covered family members count toward satisfying the family deductible.

This is only a summary. The contract and benefit booklet include complete details of what is and isn't covered. Services not covered include routine adult eye exams and eyewear, custodial care, bariatric surgery, infertility treatment, hearing aids for adults, 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. 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.

For a list of drugs on your specified drug list, BasicRx, visit bluecrossmn.com/basicrxindividualsmallgroup2020.

Your out-of-pocket costs depend on the network status of your provider. This plan's network has a limited number of in-network providers. If you visit a provider or a location that's not in this plan's network, you will pay more for your care, and the costs associated with your care will not count toward your in-network cost sharing (for example, the in-network deductible and out-of-pocket maximum).

If you receive services from a nonparticipating provider, you will be responsible for any deductibles or coinsurance plus the difference between what Blue Plus would reimburse for the nonparticipating provider and the actual charges the nonparticipating provider bills. This difference does not apply to your out-of-pocket maximum. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Plus' allowed amount, which is typically lower than the amount billed by the provider.

Blue Plus may change premium rates: on an annual renewal date, when you add or delete a dependent, or if you move to a different Blue Plus plan. Factors that may affect changes in premium rates include the age of covered members and where you reside.

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.

Blue Plus[®] Minnesota Value

Blue Plus Minnesota Value provides access to providers throughout the state of Minnesota, including primary care and specialty care providers.

While only residents of the counties listed below can enroll in Blue Plus Minnesota Value, the network providers you can use for your health care needs are located statewide and include highly-rated health systems such as Altru, Centracare, Sanford Health and the University of Minnesota Medical Center. Be sure to use the Find a Doctor tool at bluecrossmnonline.com to search for in-network providers.

To enroll in Blue Plus Minnesota Value, you must live in one of these counties: Benton, Brown, Crow Wing, Kanabec, Kittson, Lake of the Woods, McLeod, Meeker, Mille Lacs, Morrison, Roseau, Stearns, Sibley, Todd or Wright.

Blue Plus Minnesota Value Network includes:

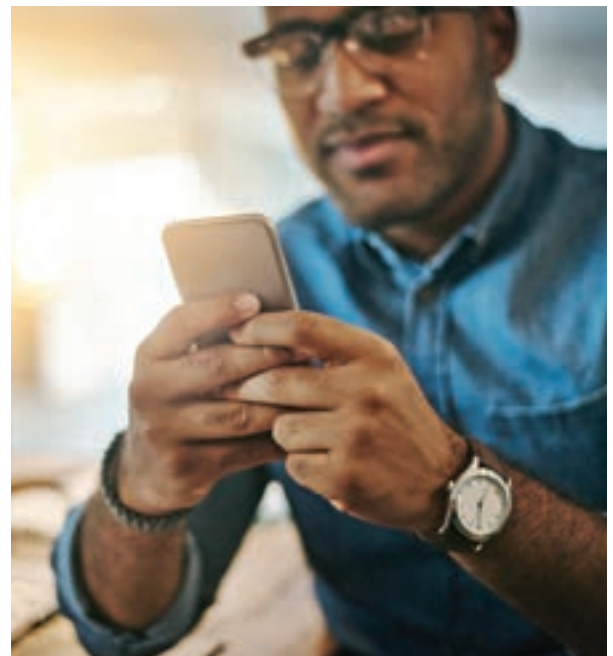
- **116** hospitals
- **10,552** primary care providers
- **26,819** specialty care providers

Numbers are subject to change and are reflective of signed contracts as of June 2019.

KEY IN-NETWORK PROVIDERS:

- Hutchinson Health
- Kittson Memorial Hospital and Clinic
- Meeker Memorial Hospital
- Mille Lacs Family Clinics
- Fairview Health Services
- Grand Itasca Clinic and Hospital
- St. Cloud Hospital

To see additional in-network providers, use the Find a Doctor tool on bluecrossmnonline.com and choose Blue Plus Minnesota Value Network.



Learn more at bluecrossmnonline.com



STAY IN NETWORK AND SAVE

Your out-of-pocket costs will be higher when you see an out-of-network provider

You must live in the service area to enroll (see page 1). Provider listings are not all-inclusive and are subject to change. For a complete list of providers, visit bluecrossmnonline.com. 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.

2020 Plans

BLUE PLUS MINNESOTA VALUE

Plan numbers*	200/400	201/401	202/402	Out of Network (all metal levels)
Metal level Bronze and Silver plans are compatible with an HSA	Bronze	Silver	Gold	
Your deductible	In Network			
Single	\$6,900	\$4,200	\$1,350	\$20,000
Family	\$13,800	\$12,600	\$4,050	\$30,000
Your coinsurance	0%	20%	20%	50%
Your out-of-pocket maximum	In Network			
Single	\$6,900	\$6,900	\$6,900	Unlimited
Family	\$13,800	\$13,800	\$13,800	Unlimited
Visits to: • Health care provider's office • Specialist • Retail health clinic • Urgent care • E-visits (Gold plan only – first 3 visits are no charge**)	0% after deductible	20% after deductible	20% after deductible	50% after deductible
Other professional services in the office Lab, pathology, advanced and standard imaging				
Prescription drugs - BasicRx drug list - Essential Pharmacy Network - Tier 1 and Tier 2*** insulin options: \$0 out-of-pocket cost - Tier 4 is specialty drugs	Tiers 1 – 4: 0% after deductible	Tier 1: 20% after deductible Tier 2: 20% after deductible Tier 3: 40% after deductible Tier 4: 20% after deductible	Tier 1: \$20 copay Tier 2: 20% after deductible Tier 3: 40% after deductible Tier 4: 20% after deductible	No coverage
Preventive care				50% after deductible
Well child care (Ages 0 to 6, including vision exam)	0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)
Prenatal care				
Maternity (Labor, delivery and post-delivery care)				50% after deductible
Emergency care and ambulance • Physician • Facility				In-network benefit applies. Amounts paid apply to the in-network deductible and out-of-pocket maximum.
Outpatient facility services • Physician • Facility • Lab, pathology, advanced and standard imaging	0% after deductible	20% after deductible	20% after deductible	50% after deductible
Inpatient facility services • Physician • Facility				
Chiropractic, physical, occupational and speech therapy (Habilitative and rehabilitative)				
Eyewear for children ages 18 and younger One pair of standard collection frames or contact lenses				No coverage
Ambulatory surgical center		0% after deductible	0% after deductible	50% after deductible

*Plan numbers in the 200 series are available off-exchange, plan numbers in the 400 series are available through MNsure.

**Included in the cost of the health plan.

***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.

All plans have embedded deductibles. For plans with more than one person (family plan), no one member will exceed the single deductible amount listed above. Also, eligible costs incurred by all covered family members count toward satisfying the family deductible.

This is only a summary. The contract and benefit booklet include complete details of what is and isn't covered. Services not covered include routine adult eye exams and eyewear, custodial care, bariatric surgery, infertility treatment, hearing aids for adults, 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. 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.

For a list of drugs on your specified drug list, BasicRx, visit bluecrossmn.com/basicrxindividualsmallgroup2020.

Your out-of-pocket costs depend on the network status of your provider. This plan's network has a limited number of in-network providers. If you visit a provider or a location that's not in this plan's network, you will pay more for your care, and the costs associated with your care will not count toward your in-network cost sharing (for example, the in-network deductible and out-of-pocket maximum).

If you receive services from a nonparticipating provider, you will be responsible for any deductibles or coinsurance plus the difference between what Blue Plus would reimburse for the nonparticipating provider and the actual charges the nonparticipating provider bills. This difference does not apply to your out-of-pocket maximum. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Plus' allowed amount, which is typically lower than the amount billed by the provider.

Blue Plus may change premium rates: on an annual renewal date, when you add or delete a dependent, or if you move to a different Blue Plus plan. Factors that may affect changes in premium rates include the age of covered members and where you reside.

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.

STEP 3: Explore the extras

Explore health and wellness programs included with your plan and optional add-ons.

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.

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

ONLINE BEHAVIORAL HEALTH THERAPY

Living with stress, depression, insomnia or social anxiety? Learn to Live is an online behavioral health program that's available anytime to help you work through it. Visit learntolive.com/partners to learn more.

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



**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.

 sharecare

QUITTING TOBACCO SUPPORT

Personalized guidance for developing a quit plan and ongoing support from a wellness coach.

WELLNESS DISCOUNT MARKETPLACE

With Blue365® you can shop products and services that complement your health and get discounts on fitness centers and more. Visit blue365deals.com/bcbsmn to learn more.

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

ONLINE HEALTH AND WELLBEING PLATFORM

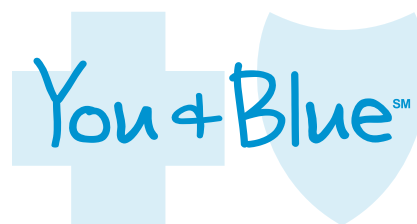
Manage all your health in one place with help from Sharecare. Sharecare provides tools, insights and information on how to improve your health and live your healthiest life.

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

HEALTH ASSESSMENT

Discover how old your body thinks it is by taking the RealAge® test, then get personalized steps to help lower it.

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



Purchase additional coverage to complete your benefit package

Protect your overall health with dental, vision and worldwide travel coverage.

DENTAL AND VISION COVERAGE



Blue Cross Dental plans cover preventive dental care and basic services as part of your routine dental visit. Visit bluecrossmn.com/dental for more information.



Blue Cross Vision plans offer a broad network of providers nationwide and discounts on eyeglasses and contact lenses. Visit bluecrossmn.com/visionplans for more information.

WORLDWIDE TRAVEL COVERAGE



GeoBlue® takes the worry and “what-ifs” out of international travel with 24 hours a day, seven days a week concierge member support. Coverage includes hospitalization, doctor visits and prescriptions. You can also count on emergency medical evacuation for urgent, unexpected care. Visit bluecrossmn.com/geoblue for more information.

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.



STEP 4: Time to enroll

Now that you’ve explored your options and found a plan that works for you, you’re ready for the next step: Enroll in your plan.

We’re here to help.



Contact your local agent or visit bluecrossmn.com/AgentFinder



Visit bluecrossmn.com and click on “Shop Plans”



Speak with a Blue Cross representative [1-800-262-0823](tel:1-800-262-0823)/TTY 711



Visit a Blue Cross retail center in Edina, Roseville or Duluth — stop in or make an appointment at bluecrossmn.com/centers

STEP 5: Fill in the blanks – FAQs

Still have questions? Explore our answers below.

Q. When can I enroll in a plan?

A. You can enroll in an individual plan during open enrollment, which is November 1 through December 15 (for coverage that starts January 1). Special enrollment during other times of the year is available for a major life event, such as a loss of coverage, marriage, divorce or birth of a child. There is a limited time to enroll after a life change. Check with your agent or call us for details. For more information, go to bluecrossmn.com and search “special enrollment.”



Q. What is a network and what does it mean to use in-network providers?

A. Each of the six individual and family coverage plans from Blue Plus has a network of providers — hospitals, clinics, physicians, nurse practitioners and other caregivers — ready to provide medical care or services you may need.

The in-network providers for each plan can be found using the Find a Doctor tool at bluecrossmnonline.com. Any provider or facility not found in your specific plan network is considered out of network and will almost always cost you quite a bit more than someone in network. Please review the coverage details in the Out of Network column of the benefit table. Your best option for the most cost-effective care is to ensure the provider you use is part of your plan network.

Q. Are preventive services covered?

A. Most preventive services — like health screenings and vaccinations — are covered at 100 percent in network (with no additional deductibles or copayments). The kind of preventive care services you need depends on your age, health and family history. For more information on covered services, visit bluecrossmn.com/preventivecare.

Q. Where can I get all the details of my coverage?

A. Once enrolled in your health plan network, you can register for your member website, at bluecrossmnonline.com. From there you can navigate to your Summary of Benefits and Coverage (SBC) to review all the details of your plan. After you enroll, you will receive a welcome packet, your member ID card and other helpful documents.

Q. Are my medications covered? What is a formulary? What pharmacy can I use?

A. All Blue Plus individual and family plans use the same drug list, also known as a formulary, and the same pharmacies. BasicRx is the name of the your formulary. Your in-network pharmacies are part of the Essential Pharmacy Network. Generally, you need to have your prescription filled at one of the pharmacies in this network to have the drug covered.

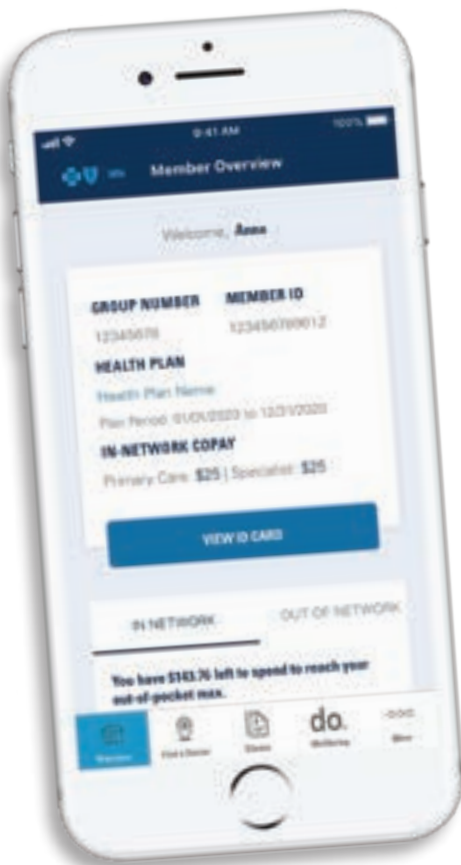
You can also save time and get your medications through the mail.

Details about drug coverage are included in the plan charts on the previous pages.

Q. What if I'm in an area outside my network's region and need medical care?

A. If you are experiencing a medical emergency, you can go to the emergency department at any hospital and receive outpatient care at in-network costs, regardless of whether the facility and providers are in your plan network.

Doctor On Demand is a convenient and affordable option for assistance with less serious medical concerns when you are away from in-network providers. Doctor On Demand is an online service that provides access to doctors, psychiatrists and licensed psychologists. Visit with a professional live from your smartphone, tablet or computer equipped with a built-in camera.



GO MOBILE WITH BLUE CROSS

Get convenient, on-the-go access to your health plan with the Blue Cross mobile app. You'll get an overview of important plan information, as well as:

- Deductible and out-of-pocket spending totals
- A digital member ID card that you can share easily with health care providers
- Search capabilities for in-network doctors and care near you
- Medical spending account balances (for FurtherSM spending accounts only)
- Claim status tracking

DOWNLOAD THE APP TODAY

Search for **"BlueCrossMN Mobile"** in your app store.



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.

နမ့်ကတိကညိကျိန်ဒီး, 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, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າພຣີ. 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.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមែន 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.

