

## 2022 Blue Cross and Blue Shield Consumer Health Plan (CHP) with Health Savings Account (HSA)

Available with Blue Card PPO network to eligible employees living in AK, AL, AR, AZ, CA, CT, DE, IA, ID, IL, IN, KY, LA, MA, ME, MI, MN, MS, MT, NC, ND, NE, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TX, VA, VT, WA, WV, WY

Available with Blue Cross Select networks to eligible employees living in DC, FL, GA, MD, NH, WI

Plan highlights	In network	Out of network
<b>Calendar-year deductible</b>	\$1,500/employee only \$3,000/employee + spouse \$3,000/employee + child(ren) \$3,800/family	\$3,000/employee only \$6,000/employee + spouse \$6,000/employee + child(ren) \$7,600/family
<b>Calendar-year out-of-pocket maximum</b> The out-of-pocket maximum applies to all covered services under the plan and includes your deductible and coinsurance for medical services and prescription drugs.	\$4,000/employee only \$7,000/employee + spouse \$7,000/employee + child(ren) \$9,000/family* <i>*Individual out-of-pocket maximum will not exceed \$8,700</i>	\$8,000/employee only \$14,000/employee + spouse \$14,000/employee + child(ren) \$18,000/family
<b>Coinsurance</b>	80%	60%
<b>HSA contribution</b> <ul style="list-style-type: none"> <li>You can use your HSA to pay for eligible out-of-pocket medical and prescription drug expenses, including amounts that apply toward the deductible.</li> <li>For a list of eligible expenses, go to <a href="http://www.irs.gov/publications/p502/">http://www.irs.gov/publications/p502/</a></li> </ul>	Medtronic annual HSA contributions based on coverage level: \$500/employee only \$750/employee + spouse \$750/employee + child(ren) \$1,250/family  <i>The employer contribution will be made by February 2022 for those who enroll in the CHP during open enrollment. If you are hired on/after July 1, Medtronic will contribute half of the annual HSA contribution on the first pay period following your plan election. You can also choose to make pre-tax contributions to the HSA each pay period.</i>	
<b>Lifetime maximum</b>	Unlimited	
<b>Preventive, well-baby and well-child care</b> <ul style="list-style-type: none"> <li>Routine physical exams, hearing and vision exams, certain immunizations and lab services as defined by the U.S. Preventive Care Taskforce, and cancer screening</li> </ul>	100%	60% after deductible
<b>Pregnancy and maternity care</b> <ul style="list-style-type: none"> <li>Prenatal care</li> <li>Postnatal care, inpatient hospital physician services and ancillary services</li> </ul>	100% 80% after deductible	60% after deductible 60% after deductible
<b>Physician services</b> <ul style="list-style-type: none"> <li>Online care (Doctor On Demand)</li> <li>Medtronic Mounds View Clinic</li> <li>Convenience care visit (retail clinic)</li> <li>Urgent care</li> <li>Primary care</li> <li>Specialty care</li> </ul>	100% after deductible 100% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible	60% after deductible 60% after deductible 60% after deductible 60% after deductible 60% after deductible 60% after deductible
<b>Emergency care</b> <ul style="list-style-type: none"> <li>Emergency room services and supplies</li> </ul>	80% after deductible	
<b>Hospital services</b> <ul style="list-style-type: none"> <li>Outpatient medical care and surgery</li> <li>Inpatient medical care, physician services, meals and ancillary services, lab and X-ray services</li> </ul>	80% after deductible 80% after deductible	60% after deductible 60% after deductible
<b>Chiropractic care, physical, occupational and speech therapy</b> <ul style="list-style-type: none"> <li>Visits per individual per year: <ul style="list-style-type: none"> <li>Chiropractic: 20</li> <li>Speech and occupational therapy: 40</li> <li>Physical: 50</li> </ul> </li> </ul>	80% after deductible	60% after deductible
<b>Home health care and home infusion therapy</b> <ul style="list-style-type: none"> <li>40 visits per calendar year (four hours or less)</li> </ul>	80% after deductible	60% after deductible
<b>Durable medical equipment (DME) and prosthetic devices</b> <ul style="list-style-type: none"> <li>Rental or purchase of DME</li> <li>Preauthorization recommended for purchases over \$1,000</li> </ul>	80% after deductible	60% after deductible

Plan highlights	In network	Out of network
<b>Mental health care and chemical dependency</b> <ul style="list-style-type: none"> <li>Inpatient care</li> <li>Outpatient care</li> </ul>	80% after deductible 80% after deductible	60% after deductible 60% after deductible

## kindbody

Fertility benefits - administered by Kindbody	In network	Out of network
Lifetime maximum benefit of three (3) fertility cycles (aka KindCycles), such as egg freezing, embryo freezing, or IVF, including related medication, labs and office visits	80% after deductible	No coverage
Log in to <a href="https://www.kindbody.com/medtronic-benefit">kindbody.com/medtronic-benefit</a> to find an in-network provider and to access the fertility benefit		



Prescription drugs – administered by CVS Caremark	34-day Supply*	90-day Supply (Choice Rx network or CVS Caremark mail order only)
Certain prescribed generic medications	<ul style="list-style-type: none"> <li>Prescribed generic contraceptive and tobacco cessation medications: \$0</li> <li>Specific generic diabetes, high blood pressure and cholesterol medications: \$0 after deductible</li> <li>Certain Diabetic Supplies: Diabetic test strips, lancets, sensors and insulin: \$0 after deductible</li> </ul>	<ul style="list-style-type: none"> <li>Prescribed generic contraceptive and tobacco cessation medications: \$0</li> <li>Specific generic diabetes, high blood pressure and cholesterol medications: \$0</li> <li>Certain Diabetic Supplies: Diabetic test strips, lancets, sensors and insulin: \$0 after deductible</li> </ul>
Generic	80% after deductible	
Brand formulary	80% after deductible	
Brand non-formulary	80% after deductible	
Specialty The CVS Exclusive Specialty Network must be used for obtaining specialty drugs	80% after deductible	Not applicable
*Maintenance prescriptions must be filled through a Choice Rx network pharmacy or CVS Caremark mail order and will be filled at a 90-day supply.		
Use any of the Choice Rx network pharmacies for lower cost and enhanced benefits. These pharmacies include: <ul style="list-style-type: none"> <li>CVS stores</li> <li>Walmart stores (including Sam's Clubs)</li> <li>Kroger stores (all associated brand names: Kroger, Bakers, City Market, Dillons, Fred Meyer, Fry's, Gerbes, Jay C, King Soopers, Owens, QFC, Ralphs, Smith's, Pay Less)</li> <li>Community Pharmacy Rx Network (coalition of independent pharmacies)</li> </ul> For information about the Choice Rx network generic medications and network of pharmacies, please log in to your account at <a href="https://www.cvsremark.medtronic.com">cvsremark.medtronic.com</a> .		

Savings and Care Advocacy Opportunities
<b>Rx Savings Solutions</b> Visit <a href="https://myrxss.com/medtronic">myrxss.com/medtronic</a> to activate your account (after BCBS has been notified of coverage). Rx Savings Solutions will send you alerts whenever lower cost options for your prescriptions are available and help you move to the lower cost option.
<b>Maternity Support Program</b> If you or your covered spouse/domestic partner sign up for the BCBS Maternity Support Program within the first trimester and complete the program, you are eligible for an additional two weeks of paid parental time off. (See the Parental Time Off Policy on the Medtronic Policy Portal for more details.)
<b>Included Health</b> You and your family members have access to Included Health, a concierge service ready to assist with LGBTQ+ advocacy support and healthcare equality. Visit <a href="https://www.includedhealth.com/lookingforassistance">www.includedhealth.com/lookingforassistance</a> .

- Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service at 1-866-455-8221 or visit [bluecrossmn.com/mdt](https://bluecrossmn.com/mdt).
- You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.
- Doctor On Demand is an independent company providing telehealth services.
- Recognize! is an employee incentive program owned and run by Medtronic.
- CVS Caremark is an independent company providing pharmacy benefit management services. The CVS Caremark logo is a trademark and/or registered trademark of CVS Caremark and/or one of its affiliates.
- This is only a summary. Read your benefit booklet for more information about what is and isn't covered. Services that aren't covered include those that are cosmetic, investigative, not medically necessary or covered by workers' compensation or no-fault insurance. Preauthorization may be required for certain services.

## **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.

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

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

ຖ້າ ກ່ອນ ກ່ອນ ກຳລັງສາວໄດ້, ອົງ ມາກາບບວມໂລກາມຊ່ວຍ ວຍເຫຼືອ ອາສາໃຫ້ເຈົ້າ ກຳລັງ. ໂທຫາ 1-866-356-2423 ພ້ອມສາວ ບ. TTY, ໃຫ້ ໂທຫາ 711.

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

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



សំណួរ  
អ្នកយកសំណួរដំណោះស្រាយ  
ត្រឹមត្រូវ  
ទូរស័ព្ទសេវាអតិថិជន 1-855-906-2583  
សេវាប្រើ TTY  
សេវាអតិថិជនសេវាអតិថិជន 711