

2022

# HEALTH PLAN DECISION GUIDE

Small Group

# The power of Blue

Delivering lower costs and higher quality

## OUR EXPANSIVE GLOBAL UNDERSTANDING OF THE MARKET ALLOWS US TO:

- Balance cost trends with the right mix of network and benefit design
- Work with providers to improve the quality of care for your employees
- Guide your employees toward higher-quality care at lower costs for better overall wellbeing

These solutions benefit thousands of employers, including 73 percent of Fortune 500 companies and more than 105 million members.\*

\*Blue Cross and Blue Shield Association data, May 2018.

## Our vision

Understanding and anticipating your needs through experience, data and insights.

- Balancing employee health care benefits with the bottom line
- Curbing rising health care costs with a variety of network options
- Ensuring employees are getting the best care
- Increasing engagement to improve employee health and wellbeing

## WHAT MAKES BLUE CROSS AND BLUE SHIELD OF MINNESOTA DIFFERENT?



Easy access to a national network of dental and vision providers and access points



Coverage everywhere your employees live, work, and travel



Tier 1 and Tier 2 insulin options for non-HSA plans, and Tier 1 insulin options for HSA plans, are included as a covered benefit with zero out-of-pocket cost for members



Better health within reach for your employees with tools and resources your employees take charge of their health



Preventive care benefits and fitness incentives at no additional cost



Discounts on local and national products and services that complement overall wellness through Blue365®

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

The Blue Cross and Blue Shield Association is an association of independent Blue Cross and/or Blue Shield plans.

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

GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross and Blue Shield Association.

# Explore your options

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

Inside you'll find information on:

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

**Let's get started.**

## QUESTIONS? WE'RE HERE TO HELP.



Get more information at [bluecrossmn.com](https://bluecrossmn.com)



Talk with an agent. You can find an agent at [bluecrossmn.com/agentfinder](https://bluecrossmn.com/agentfinder).



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

## STEP 1: CHOOSE A NETWORK

### AWARE® NETWORK

The Aware Network offers easy access and the broadest network with the most health care providers across the state and is paired with BlueAccess<sup>SM</sup> products.

### HIGH VALUE NETWORK

The High Value Network offers access to providers across the state and pairs with High Value products. This network offers more cost savings with a limited network of providers.

### ADVANCEHEALTH

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

There are three new AdvanceHealth Silver High Deductible w/Rx copay plans available for 2022.

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

All three networks\*\* include coverage while traveling outside of Minnesota with BlueCard® PPO and Blue Cross Blue Shield Global® Core.

\*\*All three networks include providers one county into the neighboring states of Iowa, South Dakota, North Dakota and Wisconsin. When seeking care in these counties, search for providers using the specific network name, not BlueCard PPO.

### WORLDWIDE TRAVEL COVERAGE

GeoBlue® offers a wide range of individual products for coverage while traveling outside the United States. Coverage options include single trips, multi-trips in the same year, expatriates on long-term assignments, students, missionaries, nautical crews, and more.

For more information, visit [bluecrossmn.com/geoblue](https://bluecrossmn.com/geoblue)

| Total Number of Enrolled Contracts | Maximum Number of Plans |
|------------------------------------|-------------------------|
| 2 – 9                              | 2                       |
| 10 – 50                            | 4                       |

Example: \$500 Gold Plan with Aware and High Value = 2 Plans  
\$1000 Gold Plan with Aware and High Value = 2 Plans  
Total = 4 Plans

## STEP 2: CHOOSE A PLAN

|  | DEDUCTIBLE TYPE | DEDUCTIBLE       | COINSURANCE | OUT-OF-POCKET MAXIMUM | PREVENTIVE CARE    |
|--|-----------------|------------------|-------------|-----------------------|--------------------|
| <b>BRONZE</b>                                      |                 |                  |             |                       |                    |
| ● ● HSA – 624, 656                                 | Embedded        | \$7,050/\$14,100 | 0%          | \$7,050/\$14,100      | 0% (no deductible) |
| ● ● High Deductible – 618, 550 (not HSA compliant) | Embedded        | \$8,700/\$17,400 | 0%          | \$8,700/\$17,400      | 0% (no deductible) |
| <b>SILVER</b>                                      |                 |                  |             |                       |                    |
| ● ● Copay – 626, 560                               | Embedded        | \$4,000/\$8,000  | 40%         | \$8,000/\$16,000      | 0% (no deductible) |
| ● Copay – 326                                      | Embedded        | \$4,000/\$8,000  | 40%         | \$8,000/\$16,000      | 0% (no deductible) |
| ● High Deductible w/Rx Copay – 334                 | Embedded        | \$2,750/\$5,500  | 30%         | \$7,500/\$15,000      | 0% (no deductible) |
| ● High Deductible w/Rx Copay – 335                 | Embedded        | \$3,000/\$6,000  | 40%         | \$6,850/\$10,700      | 0% (no deductible) |
| ● High Deductible w/Rx Copay – 336                 | Embedded        | \$4,000/\$8,000  | 40%         | \$7,500/\$15,000      | 0% (no deductible) |
| ● ● High Deductible w/Rx Copay – 623, 662          | Embedded        | \$2,750/\$5,500  | 30%         | \$7,500/\$15,000      | 0% (no deductible) |
| ● ● High Deductible w/Rx Copay – 625, 551          | Embedded        | \$3,000/\$6,000  | 40%         | \$6,850/\$10,700      | 0% (no deductible) |
| ● ● High Deductible w/Rx Copay – 627, 552          | Embedded        | \$4,000/\$8,000  | 40%         | \$7,500/\$15,000      | 0% (no deductible) |
| ● ● HSA – 632, 553                                 | Embedded        | \$3,000/\$6,000  | 30%         | \$5,000/\$10,000      | 0% (no deductible) |
| ● ● HSA – 642, 555                                 | Non-embedded    | \$3,850/\$7,700  | 0%          | \$3,850/\$7,700       | 0% (no deductible) |
| ● ● HSA – 645, 660                                 | Embedded        | \$4,250/\$8,500  | 0%          | \$4,250/\$8,500       | 0% (no deductible) |
| ● ● HSA – 640, 554                                 | Embedded        | \$5,250/\$10,500 | 0%          | \$5,250/\$10,500      | 0% (no deductible) |
| ● ● HSA – 628, 561                                 | Embedded        | \$6,100/\$12,200 | 0%          | \$6,100/\$12,200      | 0% (no deductible) |
| <b>GOLD</b>  |                 |                  |             |                       |                    |
| ● ● Copay – 635, 556                               | Embedded        | \$500/\$1,000    | 30%         | \$6,750/\$13,500      | 0% (no deductible) |
| ● Copay – 327                                      | Embedded        | \$500/\$1,000    | 30%         | \$6,750/\$13,500      | 0% (no deductible) |
| ● ● Copay – 637, 664                               | Embedded        | \$1,000/\$2,000  | 30%         | \$6,750/\$13,500      | 0% (no deductible) |
| ● Copay – 328                                      | Embedded        | \$1,000/\$2,000  | 30%         | \$6,750/\$13,500      | 0% (no deductible) |
| ● ● Copay – 652, 557                               | Embedded        | \$2,000/\$4,000  | 30%         | \$6,850/\$13,700      | 0% (no deductible) |
| ● Copay – 329                                      | Embedded        | \$2,000/\$4,000  | 30%         | \$6,850/\$13,700      | 0% (no deductible) |
| ● ● HSA – 653, 558                                 | Non-embedded    | \$2,500/\$5,000  | 0%          | \$2,500/\$5,000       | 0% (no deductible) |
| <b>PLATINUM</b>                                    |                 |                  |             |                       |                    |
| ● ● Copay – 655, 559                               | Embedded        | \$0/\$0          | 20%         | \$3,750/\$7,500       | 0% (no deductible) |
| ● Copay – 330                                      | Embedded        | \$0/\$0          | 20%         | \$3,750/\$7,500       | 0% (no deductible) |

- KEY:**
- Available with Aware Network
  - Available with High Value Network
  - Available with AdvanceHealth

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

**This is only a summary.** For more information including benefit highlights, go to [bluecrossmn.com/shop-plans](http://bluecrossmn.com/shop-plans).

The benefit booklet includes complete details of what is and isn't covered. Services not covered include, but are not limited to, adult eyewear, adult dental, custodial care, bariatric surgery, infertility, hearing aids, items primarily used for a nonmedical purpose, over-the-counter drugs (except as specified in the benefit booklet), nutritional supplements, services that are cosmetic, experimental, not medically necessary, or covered by workers' compensation or no-fault auto insurance.

HMO Minnesota, d.b.a. Blue Plus, an affiliate of Blue Cross® and Blue Shield® of Minnesota. Each health care provider is an independent contractor and not our agent. Nonparticipating providers do not have contracts with Blue Cross and Blue Shield of Minnesota. Benefits are effective January 1, 2021.

**Consumer price index annual adjustment:** The deductible, copay and out-of-pocket maximum amounts are subject to annual adjustments. These adjustments are based on the medical care component of the consumer price index (CPI) published by the U.S. Department of Labor. These annual adjustments are effective on the annual renewal date.

Your out-of-pocket costs depend on the network status of your provider. To check if your provider is in network, visit [bluecrossmnonline.com](http://bluecrossmnonline.com).

**Lowest out-of-pocket costs:** in-network providers

**Higher out-of-pocket costs:** out-of-network participating providers

**Highest out-of-pocket costs:** out-of-network nonparticipating providers. You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.

| EVISITS<br><br>FIRST 5 EVISITS<br>FREE*, THEN: | OFFICE VISITS        |                    |                     | PRESCRIPTION DRUGS |                |                |                |                |
|--|----------------------|--------------------|---------------------|--------------------|----------------|----------------|----------------|----------------|
|  | RETAIL               | PROVIDER<br>OFFICE | SPECIALTY<br>OFFICE | TIER 1             | TIER 2         | TIER 3         | TIER 4         | TIER 5         |
| 0% after deductible†                           | 0% after deductible  |                    |                     | 0% (no ded.)**     | 0% after ded.  | 0% after ded.  | 0% after ded.  | 0% after ded.  |
| 0% after deductible                            | 0% after deductible  |                    |                     | 0% after ded.      | 0% after ded.  | 0% after ded.  | 0% after ded.  | N/A            |
| \$50 copay                                     | \$50 copay           | \$50 copay         | \$100 copay         | \$15               | \$75           | \$150          | 40%            | N/A            |
| \$50 copay                                     | \$50 copay           | \$0/\$50 copay***  | \$100 copay         | \$15               | \$75           | \$150          | 40%            | N/A            |
| 30% after deductible                           | 30% after ded.       | 30% after ded.***  | 30% after ded.      | \$15               | \$75           | \$150          | 30%            | N/A            |
| 40% after deductible                           | 40% after ded.       | 40% after ded.***  | 40% after ded.      | \$15               | \$75           | \$150          | 40%            | N/A            |
| 40% after deductible                           | 40% after ded.       | 40% after ded.***  | 40% after ded.      | \$15               | \$75           | \$150          | 40%            | N/A            |
| 30% after deductible                           | 30% after deductible |                    |                     | \$15               | \$75           | \$150          | 30%            | N/A            |
| 40% after deductible                           | 40% after deductible |                    |                     | \$15               | \$75           | \$150          | 40%            | N/A            |
| 40% after deductible                           | 40% after deductible |                    |                     | \$15               | \$75           | \$150          | 40%            | N/A            |
| 30% after deductible†                          | 30% after deductible |                    |                     | 0% (no ded.)**     | 30% after ded. | 30% after ded. | 30% after ded. | 30% after ded. |
| 0% after deductible†                           | 0% after deductible  |                    |                     | 0% (no ded.)**     | 0% after ded.  | 0% after ded.  | 0% after ded.  | 0% after ded.  |
| 0% after deductible†                           | 0% after deductible  |                    |                     | 0% (no ded.)**     | 0% after ded.  | 0% after ded.  | 0% after ded.  | 0% after ded.  |
| 0% after deductible†                           | 0% after deductible  |                    |                     | 0% (no ded.)**     | 0% after ded.  | 0% after ded.  | 0% after ded.  | 0% after ded.  |
| 0% after deductible†                           | 0% after deductible  |                    |                     | 0% (no ded.)**     | 0% after ded.  | 0% after ded.  | 0% after ded.  | 0% after ded.  |
| \$30 copay                                     | \$30 copay           | \$30 copay         | \$60 copay          | \$15               | \$75           | \$150          | 30%            | N/A            |
| \$30 copay                                     | \$30 copay           | \$0/\$30 copay***  | \$60 copay          | \$15               | \$75           | \$150          | 30%            | N/A            |
| \$30 copay                                     | \$30 copay           | \$30 copay         | \$60 copay          | \$15               | \$75           | \$150          | 30%            | N/A            |
| \$30 copay                                     | \$30 copay           | \$0/\$30 copay***  | \$60 copay          | \$15               | \$75           | \$150          | 30%            | N/A            |
| \$30 copay                                     | \$30 copay           | \$30 copay         | \$60 copay          | \$15               | \$75           | \$150          | 30%            | N/A            |
| \$30 copay                                     | \$30 copay           | \$0/\$30 copay***  | \$60 copay          | \$15               | \$75           | \$150          | 30%            | N/A            |
| 0% after deductible†                           | 0% after deductible  |                    |                     | 0% (no ded.)**     | 0% after ded.  | 0% after ded.  | 0% after ded.  | 0% after ded.  |
| \$30 copay                                     | \$30 copay           | \$30 copay         | \$60 copay          | \$15               | \$75           | \$150          | 20%            | N/A            |
| \$30 copay                                     | \$30 copay           | \$0/\$30 copay***  | \$60 copay          | \$15               | \$75           | \$150          | 20%            | N/A            |

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

† Through the federal Public Health Emergency (PHE) related to the COVID-19 pandemic and authorized by section 319 of the Public Health Service Act, the Internal Revenue Service (IRS) created an exception that allows health savings account dollars to be used to pay for certain services, including e-visits/telephone consults, before deductible applies. Once the federal PHE has expired, deductible will apply for e-visits/telephone consults, unless the IRS issues further guidance.

\*\* HSA with preventive drugs.

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

**Prescription drug tiers**

All plans use tiers for pharmacy benefits. Benefits for each tier are outlined below.

| TIER TYPE | NON-HSA PLANS   | HSA PLANS  |
|-----------|---|--|
| 1         | Generally includes generics. May include some brand-name drugs.             | Includes only drugs identified on the BasicRx Small Group (HSA) Preventive Drug List |
| 2         | Generally includes brand-name drugs. May include some higher-cost generics. | Generally includes generics. May include some brand-name drugs.                      |
| 3         | Includes both brand-name and generic drugs                                  | Generally includes brand-name drugs. May include some higher-cost generics.          |
| 4         | Specialty drugs   | Includes both brand-name and generic drugs   |
| 5         | Not applicable  | Specialty drugs  |

# Prescription drug coverage

## CLASSIC PHARMACY NETWORK

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

The Classic Network provides access to a large network of pharmacies with top retailers — including Walgreens — and independent pharmacies. (Note: CVS, Target, and a small number of other independent pharmacies are not included in this network.) Find a list of in-network pharmacies at [bluecrossmn.com/classicpharmacynetwork](http://bluecrossmn.com/classicpharmacynetwork).

The pharmacy benefits information provided by Prime Therapeutics LLC, an independent company providing pharmacy benefit management services, is only for the plans listed in this brochure. Each provider is an independent contractor and is not our agent.

## INSULIN COVERAGE

Tier 1 and Tier 2\* insulin options for non-HSA plans, and Tier 1 insulin options for HSA plans, are included as a covered benefit with zero out-of-pocket cost for members. To view a list of covered insulins visit [bluecrossmn.com/employers/small-groups/small-group-plans](http://bluecrossmn.com/employers/small-groups/small-group-plans).

## ANTIDEPRESSANT MEDICATION COVERAGE

Select depression medications are now included in the HSA preventive drug list at zero cost share for members.

\*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.

## SPECIALTY PHARMACY NETWORK

The Specialty Pharmacy Network provides deeper discounts on high-cost drugs typically used to treat chronic conditions. Also vitally important, pharmacies in this network offer service and support for members managing those conditions.

### • ALL SPECIALTY MEDICATIONS

Fairview Specialty Pharmacy – **1-800-595-7140**

### • ALL SPECIALTY DRUGS EXCEPT HEMOPHILIA DRUGS

Accredo – **1-866-470-9554**

North Memorial Health – **1-877-520-5307**

Thrifty White Specialty Pharmacy – **1-855-611-3399**

### • HEMOPHILIA DRUGS

Children's Home Care – **1-866-656-1020**

Footnote: Each pharmacy is an independent company that provides pharmaceutical services.

## COVERED MEDICATIONS

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

### • HSA PLANS

[bluecrossmn.com/BasicRxSmallGroupHSA2022](http://bluecrossmn.com/BasicRxSmallGroupHSA2022)

### • ALL OTHER PLANS

[bluecrossmn.com/](http://bluecrossmn.com/BasicRxIndividualSmallGroup2021)

[BasicRxIndividualSmallGroup2021](http://BasicRxIndividualSmallGroup2021)

2022 formulary lists will be posted on January 1, 2022.



# Online tools and resources make it easy

## EMPLOYER PORTAL

Online access makes it easy to view and manage your health plan benefits.

- Add new employees to group plans
- Review coverage for existing employees
- Cancel coverage for employees and/or dependents
- Update other insurance to assist with Coordination of Benefits
- Request or print new member ID cards
- View member benefit history
- View your bills
- Order master group contracts

## EASY ACCESS FOR EMPLOYEES

With one Blue Cross account, members have two options for accessing important plan information 24 hours a day, seven days a week. The same log-in information gives employees access to [bluecrossmnonline.com](https://bluecrossmnonline.com) online or on the go:

### Bluecrossmnonline.com:

- Find health care providers with the Find a Doctor online tool
- View claims and Explanations of Benefits (EOBs) for medical, dental and vision services
- Manage Further medical spending accounts
- Send secure emails to customer service
- View, print, email or order member ID cards
- Access health and wellbeing benefits

### BlueCrossMN Mobile:

- View deductible and out-of-pocket spending totals
- Access a digital member ID card
- Search for in-network doctors and care nearby
- Track claim status
- Drug Cost Estimator tool

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

## SMART SPENDING

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

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



Visit [hellofurther.com](https://hellofurther.com) for more information.



# Health and wellbeing resources

## A NEW WAY TO DO HEALTH

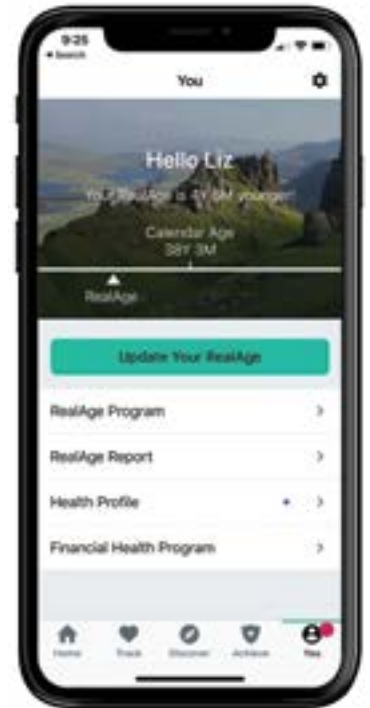
Sharecare is a digital health solution that helps employees manage all of their health from a smartphone or computer. It all begins with the RealAge® test.

RealAge is how old your body thinks it is compared to a calendar age. Once members register for Sharecare, a quick test reveals their RealAge along with tips to help lower it.



### Resources include:

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



### GETTING STARTED IS EASY:

1. Visit [bluecrossmn.sharecare.com](https://bluecrossmn.sharecare.com)
2. Take the RealAge test
3. Download the mobile app

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





## CARE OPTIONS

A spectrum of solutions that meet individualized needs for care.

### Online care

Board-certified doctors, psychiatrists and psychologists from Doctor On Demand® treat many common conditions through a smartphone, tablet or computer.

### Online behavioral health therapy

Learn to Live is an online cognitive behavioral therapy program for people concerned about substance use, stress, insomnia, depression or social anxiety.

## DECISION TOOLS

Tools to research treatment options and compare costs for more informed choices about care.

### Find a Doctor tool

Online tool compares doctors and hospitals based on industry-accepted quality and performance measures as well as estimated costs for services. This includes providers recognized by our National Center of Excellence program, Blue Distinction®.

## SUPPORT RESOURCES

From lowering stress to managing weight or a chronic condition, these options offer employees the support they need.

## VIRTUAL SUPPORT

### Online health and wellbeing platform

Sharecare is an interactive engagement platform that allows members to track core health factors to improve their RealAge. Includes personalized content, condition-specific decision support tools and a dynamic health profile to store health data.

### Health assessment

Provides members with their RealAge based on health and lifestyle habits versus a chronological age. RealAge provides a simple and intuitive understanding of their health along with personalized recommendations on how to lower their number.

## PERSONALIZED SUPPORT

### Case management

Support from a clinical case manager for managing a chronic or serious health condition. Includes education, reinforcing treatment plans and information about available community resources.

### Palliative care

Supportive care for members in the advanced stages of a serious illness. Livio addresses the physical, cognitive, emotional, social, and spiritual needs that often come with a serious illness. Not available for HSA plans.

### Quitting tobacco support

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

### Integrated kidney care

Support for managing chronic and end-stage kidney disease. VillageHealth helps manage kidney care to maintain health and support overall quality of life.

## REWARDS AND DISCOUNTS

### Fitness incentive

Encourages regular physical activity by providing an incentive for meeting minimum participation requirements.

### Wellness discount marketplace

Blue365® provides discounts on local and national products and services that complement overall wellness.

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.

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

Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support.

On-Site Professional Management, LLC, d.b.a. Livio Health is an independent company providing tailored medical care.

VillageHealth is a program of DaVita Integrated Kidney Care, a division of DaVita Kidney Care, an independent company. VillageHealth offers supportive and coordination of care services for kidney disease.

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.

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

# Low-cost options to enhance your benefits package

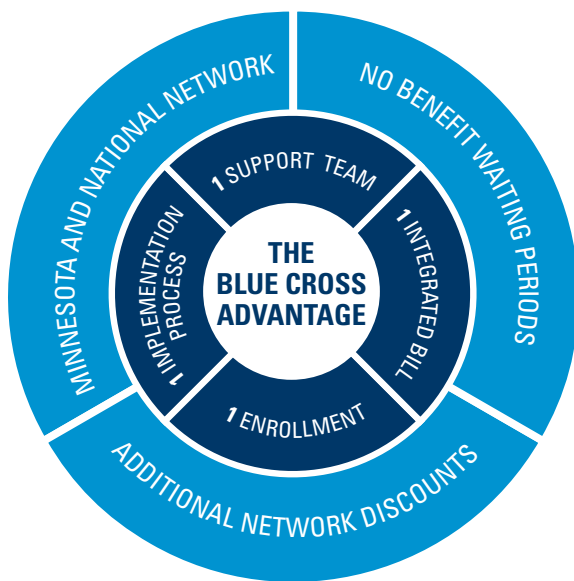
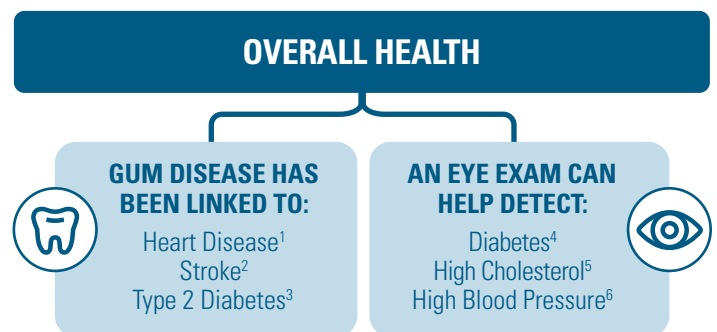
Adding low-cost dental and vision coverage not only offers a more comprehensive employee benefits package, but a single carrier reduces paperwork — saving time administering plans.

## BLUE CROSS MAKES IT EASY

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

## AN ESSENTIAL PART OF OVERALL HEALTH

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



### Attract top talent

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

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

For more information, visit [bluecrossmn.com/dental](http://bluecrossmn.com/dental) and [bluecrossmn.com/visionplans](http://bluecrossmn.com/visionplans).

<sup>1,2</sup>American Heart Association, 2017.

<sup>3</sup>American Diabetes Association, 2017.

<sup>4</sup>American Diabetes Association, 2016.

<sup>5</sup>Centers for Disease Control and Prevention, 2015.

<sup>6</sup>Centers for Disease Control and Prevention, 2016.

<sup>7</sup>Harvard Business Review, 2017.

# Blue Cross Dental plans

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



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

## A CHOICE OF PLANS

### Freedom Enhanced Plans



Coverage for a broad range of services and equal coverage levels for dentists that are in network or out of network.

### Preferred Plans

Drives savings for both members and employers by encouraging members to see a network dentist.

### Value Plan

Provides full coverage for important preventive and diagnostic procedures as well as coverage for fillings and other basic services.

## A LARGE AND GROWING NETWORK

Blue Cross Dental plans feature one of the nation's largest networks — the United Concordia Advantage Plus AXS network.

View a list of more than 2,400 dentists in the network at [bluecrossmn.com/findadentist](http://bluecrossmn.com/findadentist).

| FREEDOM   |  |
|---|--|
| Enhanced  |  |
| <b>Plan benefits</b>  | Equal coinsurance in and out of network* |
| <b>Calendar year deductible options:</b> Deductible does not apply to preventive and diagnostic services, services covered at 100%, or orthodontia, when applicable | <b>Individual/Family:</b> \$50/\$150     |
| <b>Annual maximum per member</b>  | \$1,000, \$1,500 or \$2,000              |
| <b>Optional orthodontic lifetime maximum:**</b> Dependent children to age 19 or dependent children and adult coverage   | \$1,500 <sup>1</sup>                     |
| OTHER SERVICES  |  |
| <b>Preventive Incentive</b>   | Available <sup>2</sup>                   |
| PREVENTIVE AND DIAGNOSTIC   |  |
| <b>Exams and cleanings</b>  | 100%                                     |
| <b>Fluoride treatments</b>  | 100%                                     |
| <b>X-rays (bitewing and full mouth)</b>   | 100%                                     |
| <b>Sealants</b>   | 100%                                     |
| BASIC RESTORATIVE   |  |
| <b>Amalgam (silver) and composite (white) fillings</b>  | 80%                                      |
| <b>Surgical/nonsurgical periodontics:</b> Includes treatment of gum disease   | 80%                                      |
| <b>Endodontics:</b> Includes root canal   | 80%                                      |
| <b>Simple extractions</b>   | 80%                                      |
| <b>Complex oral surgery</b>   | 80%                                      |
| <b>General anesthesia</b>   | 80%                                      |
| <b>Repairs:</b> Includes bridges and dentures   | 80%                                      |
| MAJOR   |  |
| <b>Inlays, onlays, crowns:</b> Every 5 years for the same tooth   | 50%                                      |
| <b>Implants – <i>Optional**</i></b>   | 50% <sup>3</sup>                         |
| <b>Prosthetics:</b> Includes bridges and dentures   | 50%                                      |
| <b>TMD (temporomandibular disorder)</b>   | 50%                                      |
| ORTHODONTICS – <i>Optional**</i>  |  |
| <b>Diagnostic, active, retention, treatment</b>   | 50%                                      |

<sup>1</sup>Orthodontic coverage is shown as an option with the \$1,500 annual maximum plans.

<sup>2</sup>Preventive Incentive is shown as an option with the Freedom Enhanced \$2,000 annual maximum plan.

<sup>3</sup>Dental Implant Coverage is shown as an option with the Freedom Enhanced \$1,500 annual maximum plan.

\*When you receive services from nonparticipating providers, you are responsible for the difference between the allowed amount and the billed charge.

\*\*Immediate coverage available for groups with 25 or more enrolled. Groups of 10 or more enrolled are eligible with proof of previous orthodontic coverage. Dependent children to age 19. Plans with orthodontic benefits are available to groups of 10 to 24 enrolling subscribers who did not have previous orthodontic coverage after 12 months of Blue Cross Dental plan coverage.

Consult our online provider directory at [bluecrossmn.com/findadentist](http://bluecrossmn.com/findadentist) to search for a dentist. Dentists with a "Save!" symbol next to their name accept allowances for services not covered by the benefit plan, including services rendered after the annual maximum has been exceeded; not available in all areas.

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

Blue Cross Dental plans include coverage for certain pediatric dental services. In the event of a discrepancy, the benefit booklet will supersede this summary. This plan is not exchange-certified and does not qualify as the pediatric dental essential health benefit under the Affordable Care Act.

United Concordia Companies, Inc. is an independent company providing dental benefit management services and access to the Advantage Plus AXS network.

Each provider in the network is an independent contractor and is not our agent. If you receive services from a nonparticipating provider, you will be responsible for the difference between what Blue Cross will reimburse and what the provider bills.

# Blue Cross Vision plans

## A CHOICE OF PLANS

### Exam and eyewear —

Value Standard/Premier  
Enhanced plans



### Eyewear-only options —

Value Enhanced/Premier  
Enhanced plans

## A LARGE AND GROWING NETWORK

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



TOP OPTICAL RETAILERS PARTICIPATE including Visionworks, Costco, Walmart and Sam's Club<sup>3</sup>

## RETAIL LOCATIONS

- Target Optical
- JC Penney Optical
- Pearle Vision
- America's Best
- Shopko Optical

## ONLINE PROVIDERS

- 1800Contacts.com
- glasses.com
- befitting.com

## Traditional LASIK discounts of up to 50 percent<sup>4</sup>.

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

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

<sup>3</sup>Retail partners of Davis Vision.

<sup>4</sup>Laser vision correction services administered by QualSight, LLC®. Terms and savings are subject to change. QualSight is an independent company that does not offer Blue Cross products or services. QualSight is solely responsible for its products and services.

<sup>†</sup>Available at most participating independent provider offices.

<sup>††</sup>Available in participating retail locations.

These plans provide vision coverage only. The vision plan's benefit booklet will contain more details on standard plan exclusions and frequency limitations. In the event of a discrepancy, the benefit booklet will supersede this summary.

Davis Vision is an independent company providing vision benefit management services and access to their network. Each vision provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.

## EXAM AND EYEWEAR

### Value Standard

#### Option 1

#### Option 2

### In-network benefit

### EYE EXAM – 1 exam every 12 months

#### Eye exam

- Includes dilation when recommended by eye care professional

100% after \$10 copay

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

#### Lenses

- Single vision, lined bifocal, trifocal, lenticular

100% after \$25 copay

#### Frames

1 every  
12 months

1 every  
24 months

#### Davis Vision Exclusive Collection<sup>1</sup>

- Fashion level  
- Designer level  
- Premier level

100%; no copay

100%; no copay

100%; \$25 copay

#### Non-Davis Vision Exclusive Collection

- Visionworks stores

No copay; plan pays up to \$180 plus 20% of remaining costs<sup>2</sup>

- Frames available from other participating retailers

No copay; plan pays up to \$130 plus 20% discount on remaining costs<sup>2</sup>

### EYEGLOSS ENHANCEMENTS

- Tinting of plastic lenses

Member pays \$0  
Standard: \$0 / Premium: \$30

- Scratch-resistant coating

- Polycarbonate lenses

Member pays \$0

- Dependent children, monocular patients and those with a prescription of +/- 6.00 diopters or greater

Member pays \$30

- Adults

Member pays \$12

- Ultraviolet coating

Member pays \$15

- Blue light filtering

Standard: \$35 / Premium: \$48 /

Ultra: \$60 / Ultimate: \$85

- Antireflective coating

Standard: \$50 / Premium: \$90 /

Ultra: \$140 / Ultimate: \$175

- Progressive lenses

Member pays \$55 / \$120

- High-index lenses

Member pays \$75

- Polarized lenses

Member pays \$65

- Plastic photochromic lenses

- Scratch protection plan

Single vision: \$20 / Multifocus vision: \$40

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

#### Collection contact lenses<sup>†</sup>

- Disposable

up to 4 boxes

- Non-disposable

up to 2 boxes

- Evaluation, fitting and follow-up care

100% after \$25 copay

#### Non-collection contact lens allowance<sup>††</sup>

Plan pays up to \$130 plus 15% of remaining costs<sup>2</sup>

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

100% after \$25 copay

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

\$25 copay; after copay, plan pays up to \$60 plus 15% discount on remaining costs<sup>2</sup>

#### Visually required contact lenses (preauthorization required)

- Materials

100%

- Evaluation, fitting and follow-up care

100%



# Questions? We're here to help.

Get personalized help finding the health plan that best fits your business. It's easy with Blue Cross and Blue Plus:

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

## WORDS TO KNOW

**Deductible** The annual amount paid toward eligible health care services each year before the health plan begins to pay.

- ***Deductible – Embedded***

Each individual in the family pays all costs from providers up to the individual deductible amount before the plan begins to pay, with a maximum combined deductible for the family at the family deductible amount.

- ***Deductible – Non-Embedded***

The family pays all costs from providers up to the family deductible amount before the plan begins to pay. The single deductible applies to single coverage only.

**Copay** A payment, usually a fixed amount, made on a per-service or per-prescription basis.

**Coinsurance** The percentage of covered health care paid for after reaching the plan's annual deductible. Example: 20%/80% means a member would pay 20 percent and the plan pays 80 percent of the allowed amount.

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

**Out-of-pocket maximum** The most a member will pay each year toward allowed health care and prescription drug costs. Once the out-of-pocket maximum is reached, the health plan pays 100 percent until the end of the calendar or benefit year.

- ***Out-of-pocket maximum – Embedded***

Each individual in the family only pays any applicable cost sharing up to the individual out-of-pocket maximum, and the entire family only pays any applicable cost sharing up to the family out-of-pocket maximum.

- ***Out-of-pocket maximum – Non-Embedded***

The family pays all applicable cost sharing up to the family out-of-pocket maximum. The single out-of-pocket maximum applies to single coverage only.

**Health reimbursement arrangement (HRA)**

A financial reimbursement plan funded by the employer. The funds can be used to reimburse out-of-pocket medical expenses, such as deductibles, coinsurance, copays and pharmacy expenses.

**Health savings account (HSA)**

An account belonging to each employee that works like a bank account with tax advantages. It can be used to cover deductibles, coinsurance, copays and certain noncovered services.

## 2022 NOTICE TO SMALL GROUPS

In accordance with state and federal small group disclosure requirements, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) is required to advise the Employer/Group of the following general guidelines for coverage issued by Blue Cross to accounts covering small employers:

- Blue Cross may change premium rates after the Employer/Group is enrolled for changes in a status (such as changes to eligibility, waiting periods or census) and on an annual renewal date
- Small group contracts Blue Cross issues are guaranteed renewable on an annual basis, except for the following reasons:
  - Nonpayment of the required premium
  - Fraud or intentional misrepresentation with respect to eligibility for coverage or any other material fact
  - If participation in this plan during the preceding plan/calendar year declines to less than 75 percent of eligible employees who have not waived coverage due to other group coverage
  - If the Employer/Group offers coverage to employees through another carrier in addition to this coverage through Blue Cross and does not meet participation requirements for this coverage
  - If the Employer/Group fails to contribute at least 50 percent of the cost of the plan for this plan's coverage
- If Employer/Group ceases to qualify as a small employer as defined in applicable federal and/or Minnesota state law
- If Blue Cross ceases to do business in the market
- If the Employer/Group is reduced to sole proprietor only with no eligible employee enrolled for a period of 12 consecutive months
- If the Employer/Group moves its headquarters and/or a substantial portion of its business operations outside of Minnesota
- If the Employer/Group fails to complete and return information required by Blue Cross in connection with the annual renewal process, including any audit
- If the Employer/Group fails to provide Blue Cross with the information required pursuant to Minnesota Statutes, section 62L.07
- Under all plans, the best benefits are available when using network providers. If members seek care from out-of-network providers, they may incur greater out-of-pocket expense or no coverage.



# Better together

