

MEMBER INFORMATION

ABOUT YOUR BLUE PLUS

HEALTH PLAN.



Blue Plus is required to provide you this information annually. If you have questions, please call Member Services at the phone number on the back of your member ID card.

Blue Plus is a nonprofit health maintenance organization (HMO) affiliate of Blue Cross and Blue Shield of Minnesota. We're a health company that stands for the health of all. That means going beyond providing health coverage to investing in programs and initiatives that help build healthy cultures at home, at work and in the community --- not just for our members but for everyone.

Blue Plus Health Plans

Through a variety of benefit and network options, Blue Plus serves the health care needs of individuals, employer groups, government purchasers and seniors in the following health plans:

Blue Advantage Families and Children (F&C); Minnesota Senior Care Plus (MSC+); SecureBMO (SNP); MinnesotaCare (MSC+); Small Group High Value plans; Individual plans including Blue Plus Metro MN, Blue Plus Southeast MN, Blue Plus Minnesota Value; and Blue Plus Portability plans.

Blue Plus is committed to meeting our Members' needs with compassion and through ongoing dedication to quality.

Your providers

Members receive care from a primary care provider that they select. Specialists are available, and members may or may not require a referral from the primary care provider to see a specialist as explained in your Member Handbook.

To learn more about the specialties, board certification or professional qualifications of the providers at your clinic, please call the clinic directly. The clinic can also give you information about physicians on staff who

- Speak languages other than English
- Are familiar with various cultures.

Your medical care

- Blue Plus supports appropriate use of health care services and coordination of care for all members. We offer no incentives or quotas that reward employees, consultants, participating providers and practitioners for limiting or denying medical services.
- Decisions about health care services are based on the benefits covered by the member's health plan at the time the services are provided, the appropriateness or level of care for the condition being treated; and the medical necessity of services.

All health services and supplies (except for elderly waiver services) must be medically necessary for them to be covered. Some services and supplies are not covered.

Blue Cross and its affiliates employ over 2,500 people with their primary office in Eagan.

Changes since last report

Blue Plus serves 415,989 members, a decrease of 60,573 members from last year.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

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DHS_042423_002 DHS Approved 04/24/2023

HMO MINNESOTA (DBA BLUE PLUS)

Enrollee Bill of Rights

- 1) Members have the right to available and accessible services, including emergency services, as defined in their contract, 24 hours a day and seven days a week;
- 2) Members have the right to be informed of health problems and to receive information regarding treatment alternatives and risks which is sufficient to assure informed choice;
- 3) Members have the right to refuse treatment, and the right to privacy of medical and financial records maintained by Blue Plus and its health care providers, in accordance with existing law;
- 4) Members have the right to file a complaint with Blue Plus and the commissioner of health and the right to initiate a legal proceeding when experiencing a problem with Blue Plus or its health care providers;
- 5) Members have the right to a grace period of 31 days for the payment of each premium for an individual health maintenance contract falling due after the first premium, during which period the contract shall continue in force;
- 6) Medicare members have the right to voluntarily disenroll from Blue Plus and the right not to be requested or encouraged to disenroll except in circumstances specified in federal law; and
- 7) Medicare members have the right to a clear description of nursing home and home care benefits covered by Blue Plus.

Enrollee Information

Covered services: Services provided by Blue Plus will be covered only if services are provided by participating Blue Plus providers or authorized by Blue Plus; some exceptions apply for certain services. Your contract fully defines what services are covered and describes procedures you must follow to obtain coverage.

Providers: Enrolling in Blue Plus does not guarantee services by a particular provider on the list of providers. When a provider is no longer part of Blue Plus, you must choose among remaining Blue Plus providers.

Referrals: Certain services are covered only upon referral. See the section called "How to Obtain Health Care Services" in your contract for referral requirements. All referrals to non-Blue Plus providers and certain types of health care providers must be authorized by Blue Plus.

Emergency services: Emergency services are covered. In certain Blue Plus plans, emergency services from providers who are not affiliated with Blue Plus will be covered only if proper procedures are followed. Your contract explains the procedures and benefits associated with emergency care from Blue Plus and non-Blue Plus providers.

Exclusions: Certain services or medical supplies are not covered. You should read the contract for detailed explanation of all exclusions.

Continuation: You may convert to a Blue Cross Portability contract or continue coverage under certain circumstances. These continuation and conversion rights are explained fully in your contract.

Cancellation: Your coverage may be canceled by you or Blue Plus only under certain conditions. Your contract describes all reasons for cancellation of coverage.

Prescription drugs and medical equipment: Enrolling in Blue Plus does not guarantee that any prescription drug will be available nor that any particular piece of medical equipment will be available, even if the drug or equipment is available at the start of the contract year.

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HMO MINNESOTA (DBA BLUE PLUS)

Blue Plus Board of Directors: The following Enrollee Directors were elected in December 2021 to the Blue Plus Board of Directors for three-year terms:

Aaron Hurd – Small Business Owner
Gretchen Lohrbach – Small Business Owner
Lisa Asper – Consultant

They join Monica Engel, Eric Hoag, Mark Steffen M.D., and Michael Jones, Sr. EVP, The Huntington National Bank.

Find important information at bluecrossmn.com by entering 'quality improvement' in the search field.

Topics include:

- Member rights and responsibilities
- Our Quality Improvement program
- Information about care management programs
- Benefit and access to medical services including out-of-network
- The use and disclosure of Protected Health Information
- Prior authorizations, incentives, and benefit limitations
- How to request an independent review
- Medicines you receive at a pharmacy or via your provider

If you would like a copy of the member newsletter mailed to you, contact Member Services at the number on the back of your Member ID card.

HMO MINNESOTA (DBA BLUE PLUS)

Statements of Operations – Statutory Basis (In Thousands)

	2022	2021
Revenues		
Premiums earned	\$ 2,977,952	\$ 2,971,444
Total revenues	\$2,977,952	2,971,444
Expenses		
Medical and hospital:		
Medical and hospital benefits	1,739,011	1,896,011
Prescription drugs	470,891	486,115
Other professional services	139,386	137,844
Emergency room and out-of-area	94,890	102,953
Incentive pool and bonus amounts	31,755	34,350
Net reinsurance recovery	(34,793)	(46,079)
Total medical and hospital	2,441,140	2,611,194
Claims adjustment expenses	107,717	104,576
General administrative expenses	282,896	188,381
Underwriting gain	146,199	67,293
Net investment income	28,604	28,965
Net realized capital gain	(7,021)	14,876
Net income	167,782	\$111,134

HMO MINNESOTA (DBA BLUE PLUS)

Statements of Changes in Statutory Surplus (In Thousands)

	2022	2021
Statutory surplus, beginning of year	771,438	\$664,079
Net income	167,782	111,134
Change in non-admitted assets	(6,726)	(4,630)
Change in unrealized capital losses	(38,060)	855
Statutory surplus, end of year	894,434	\$771,438

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HMO MINNESOTA (DBA BLUE PLUS)

Balance Sheets – Statutory Basis (In Thousands)

	2022	2021
Assets		
Bonds	621,263	\$601,976
Common stocks	147,678	182,360
Cash and short-term investments	225,971	209,233
Receivable for securities	1,397	5,331
Other invested assets	3,086	963
Total cash and invested assets	999,395	999,863
Investment income due and accrued	4,512	3,815
Receivable from parent, subsidiaries, and affiliates	186,233	47,893
Health care receivables	12,232	3,937
Withhold receivable	189,208	195,371
Premiums receivable	9,300	10,831
Amounts recoverable from reinsurers	32,438	43,657
Retrospective premium receivable	11,833	13,647
Receivable for uninsured plans	2,935	4,108
Total assets	\$1,448,086	\$1,323,122
Liabilities and statutory surplus		
Liabilities:		
Unpaid claims	268,242	\$303,969
Unpaid claims adjustment expenses	6,910	7,727
Policy reserves	83,742	127,939
Accrued incentive pool and bonus amounts	40,614	22,801
Premiums received in advance	8,752	7,177
Accrued expenses	23,266	25,907
Amount due to parent, subsidiaries, and affiliates	63	51
Payable for securities	4,897	2,776
Other liabilities	117,166	53,337
Total liabilities	553,652	551,684
Statutory surplus:		
Unassigned surplus	894,434	771,438
Total liabilities and statutory surplus	1,448,086	\$1,323,122

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Blue AdvantageSM and MinnesotaCare
Toll Free 1-800-711-9862, TTY 711

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်, ကိးဘဉ် လီတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປຣໂປຣໂຟຣມາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

Civil Rights Notice

Discrimination is against the law. Blue Plus does not discriminate on the basis of any of the following:

- Race
- Color
- National origin
- Creed
- Religion
- Sexual orientation
- Public assistance status
- Age
- Disability (including physical or mental impairment)
- Sex (including sex Stereotypes and gender identity)
- Marital status
- Political beliefs
- Medical condition
- Health status
- Receipt of health care services
- Claims experience
- Medical history
- Genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Blue Plus. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

Blue Plus

1800 Yankee Doodle Road, Eagan, MN 55122

Toll Free: **1-800-711-9862** TTY: **711**

Fax: **651-662-9478** Email: Civil.Rights.Coord@bluecrossmn.com

Auxiliary Aids and Services: Blue Plus provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** Blue Plus at Civil.Rights.Coord@bluecrossmn.com, or call Blue AdvantageSM and MinnesotaCare Member Services at **1-800-711-9862** (this call is free), or your preferred relay services.

Language Assistance Services: Blue Plus provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** Blue Plus at Civil.Rights.Coord@bluecrossmn.com, or call Blue AdvantageSM and MinnesotaCare Member Services at **1-800-711-9862** (this call is free), or your preferred relay services.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Blue Plus. You may also contact any of the following agencies directly to file a discrimination complaint

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- Race
- Color
- National origin
- Age
- Disability
- Sex
- Religion (in some cases)

Contact the **OCR** directly to file a complaint:

Office for Civil Rights, U.S. Department of Health and Human Services

Midwest Region

233 N. Michigan Avenue, Suite 240 Chicago, IL 60601

Customer Response Center: 800-368-1019, TTY: 800-537-7697

Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- Race
- Color
- National origin
- Religion
- Creed
- Sex
- Sexual orientation
- Marital status
- Public assistance status
- Disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
 540 Fairview Avenue North, Suite 201, St. Paul, MN 55104
 651-539-1100 (voice), 800-657-3704 (toll-free), 711 or 800-627-3529 (MN Relay), 651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- Race
- Color
- National origin
- Religion (in some cases)
- Age
- Disability (including physical or mental impairment)
- Sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation’s outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
 Minnesota Department of Human Services
 Equal Opportunity and Access Division
 P.O. Box 64997
 St. Paul, MN 55164-0997
 651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.