



2024

HEALTH PLAN DECISION GUIDE

Small Group

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Your best choice

With Minnesota's most trusted and preferred¹ health plan;^{2,3} you get more for your investment with unmatched network options, superior benefits, service, and ease of use for you and your employees.



¹Individual, Small Group, Large Group data: NAIC enrollment reported for year-end 2021; Self-insured enrollment: EMMA financial statement filings and publicly available information.

²"Is a company I can trust." Brand Strength Measure Survey, Blue Cross Blue Shield Association, 2014 – 2022, results based on approximately 70,000 online interviews with an 8, 9 or 10 response (scale of 1 to 10).

³"Is a name you can trust." Brand Strength Measure Survey, Blue Cross Blue Shield Association, 2010 – 2013, results based on approximately 800 interviews (half members/half non-members) collected through a random digit dial telephone survey.

MORE FOR YOUR MONEY

With the nation's preferred¹ health plan, you get an unmatched nationwide network paired with deep local market understanding to support your changing workforce needs.



BROADEST GLOBAL NETWORK

>190

COUNTRIES AND SPANS
EVERY U.S. ZIP CODE

97%

CLAIMS PAID
IN NETWORK²

4 – 9%

LOWER TOTAL COST OF
CARE³ WITH BLUECARD[®]

58%

AVERAGE SAVINGS⁴
WITH BLUECARD PPO



VALUE-BASED PAYMENTS

\$261B

ANNUAL SAVINGS⁵



CLINICAL INTERVENTION

\$11,852

SAVINGS PEMPY⁶

Each healthcare provider is an independent contractor and not our agent.

¹Blue Cross Blue Shield Association market insights data, 2021.

²Blue Cross Blue Shield Association Network portfolio statistics, April 2023, National Consulting Firm CY2020 Discount Benchmark.

³Blue Cross Blue Shield Association Network portfolio statistics, National Consulting Firm CY2019 Total Cost of Care Benchmark weighted by national census.

⁴Blue Cross Blue Shield Association Network portfolio statistics, CY2020 Market Cost Nationwide Report.

⁵Blue Cross Blue Shield Association, 2022 Value-Based Program RFI Topline National Stats, December 2022.

⁶Blue Cross and Blue Shield of Minnesota internal data, population health analytics, 2019.

PEACE OF MIND

Count on exceptional service, from someone who values people more than transactions, to help you every step of the way. No surprises, or we'll make it right.

LOCALLY GROWN



Rated highest for **peace of mind** compared to national competitors.¹

NATIONALLY KNOWN



TRUSTED PARTNER

Ranked the most trusted health plan for 13 years^{2,3}

As one of the nation's founding health plans, our commitment to providing quality, affordable healthcare for the people we serve is unmatched for more than 90 years. We stand by that commitment and our efforts to achieve success. Guaranteed.



1 OUT OF 3 AMERICANS COVERED⁴

IN GOOD COMPANY

343 FORTUNE 500 ORGANIZATIONS⁵

44% MINNESOTA FORTUNE 500 COMPANIES⁶

¹Blue Cross Blue Shield Association National Key Metrics, Brand attribute study.

²"Is a company I can trust." Brand Strength Measure Survey, Blue Cross Blue Shield Association, 2014 – 2022, results based on approximately 70,000 online interviews with an 8, 9 or 10 response (scale of 1 to 10).

³"Is a name you can trust." Brand Strength Measure Survey, Blue Cross Blue Shield Association, 2010 – 2013, results based on approximately 800 interviews (half members/half non-members) collected through a random digit dial telephone survey.

⁴Blue Cross Blue Shield Association, 2022 Value Story.

⁵Blue Cross Blue Shield Association, Fortune Analysis, July 2019.

⁶Fortune magazine, 2021 list of companies, Blue Cross internal data.

Online tools and resources

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

MEDICAL SAVINGS ACCOUNTS

Experience the advantages of your health plan and account administrator working together to give you and your employees a simple and seamless experience.

FurtherSM by HealthEquity

is a leading health spending account administrator.

Further's powerful platform provides convenient claims migration and is designed to engage and educate consumers about saving and spending wisely for healthcare. Further offers a full range of savings and reimbursement accounts:

- Health savings accounts (HSA)
- Flexible spending accounts (FSA)
- Health reimbursement arrangements (HRA)



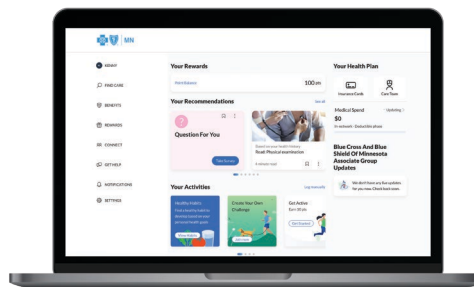
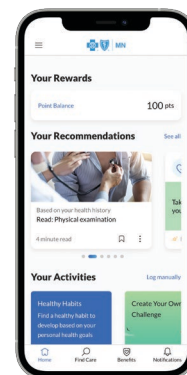
EASY ACCESS FOR EMPLOYEES

With one Blue Cross account, members can manage their health, medical spending and plan details online and on the go.

Blue Care AdvisorSM app

The Blue Care Advisor app gives members access to important health plan information like deductible and out-of-pocket spending totals in addition to helpful tools that allow them to:

- Get estimates for the cost of care (Aware[®] Network)
- Look up prescription costs (Prime Therapeutics)
- View and share their digital member ID card easily with healthcare providers
- Search for in-network doctors and care nearby
- Track the status of claims



Member website

One account. Two options. The same login information gives employees access to bluecrossmn.com/Login from their computer or tablet. They'll find the same personalized plan information along with access to educational resources, plan details and explanation of healthcare benefits.

Prime Therapeutics LLC is an independent company providing pharmacy benefit management services.

Further Operations, LLC, a wholly owned subsidiary of HealthEquity, Inc. is an independent company providing account administration services.

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
- Worldwide travel coverage
- Plan options
- Health and wellbeing resources
- Prescription drug coverage
- 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



Talk with an agent. You can find an agent at 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 healthcare providers across the state and is paired with BlueAccessSM 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.

Both networks** include coverage while traveling outside of Minnesota. When you travel outside the state, you have access to 1.8 million providers nationwide through the national BlueCard® PPO network. In addition, Blue Cross Blue Shield Global® Core gives you access to care in 190 countries and territories worldwide.

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
\$1,000 Gold Plan with Aware and High Value = 2 Plans
Total = 4 Plans

**The Aware and High Value 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. 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.

WANT WORLDWIDE TRAVEL COVERAGE?

GeoBlue® offers a wide range of individual products for coverage while traveling outside the United States. Learn more at bluecrossmn.com/GeoBlue.

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 2: CHOOSE A PLAN

DEDUCTIBLE
TYPE

DEDUCTIBLE

COINSURANCE

OUT-OF-
POCKET
MAXIMUM

PREVENTIVE
CARE

BRONZE

● ● HSA – 624, 656	Embedded	\$7,200/\$14,400	0%	\$7,200/\$14,400	0% (no deductible)
● ● HSA – 598, 599	Embedded	\$8,050/\$16,100	0%	\$8,050/\$16,100	0% (no deductible)
● ● High Deductible – 618, 550 (not HSA compliant)	Embedded	\$9,450/\$18,900	0%	\$9,450/\$18,900	0% (no deductible)

SILVER

● ● Prescription Copay – 582, 583	Embedded	\$4,500/\$9,000	30%	\$8,100/\$16,200	0% (no deductible)
● ● Copay – 626, 560	Embedded	\$4,200/\$8,400	40%	\$8,400/\$16,800	0% (no deductible)
● ● High Deductible w/Rx Copay – 623, 662	Embedded	\$2,950/\$5,900	30%	\$8,300/\$16,600	0% (no deductible)
● ● High Deductible w/Rx Copay – 625, 551	Embedded	\$3,250/\$6,500	40%	\$7,500/\$15,000	0% (no deductible)
● ● High Deductible w/Rx Copay – 627, 552	Embedded	\$4,000/\$8,000	40%	\$8,000/\$16,000	0% (no deductible)
● ● HSA – 632, 553	Embedded	\$3,300/\$6,600	30%	\$6,000/\$12,000	0% (no deductible)
● ● HSA – 642, 555	Non-embedded	\$4,600/\$9,200	0%	\$4,600/\$9,200	0% (no deductible)
● ● HSA – 645, 660	Embedded	\$5,150/\$10,300	0%	\$5,150/\$10,300	0% (no deductible)
● ● HSA – 640, 554	Embedded	\$5,800/\$11,600	0%	\$5,800/\$11,600	0% (no deductible)
● ● HSA – 628, 561	Embedded	\$6,300/\$12,600	0%	\$6,300/\$12,600	0% (no deductible)

GOLD

● ● Prescription Copay – 584, 585	Embedded	\$2,500/\$5,000	20%	\$7,000/\$14,000	0% (no deductible)
● ● Copay – 635, 556	Embedded	\$500/\$1,000	30%	\$7,000/\$14,000	0% (no deductible)
● ● Copay – 637, 664	Embedded	\$1,000/\$2,000	30%	\$7,000/\$14,000	0% (no deductible)
● ● Copay – 652, 557	Embedded	\$2,000/\$4,000	30%	\$7,000/\$14,000	0% (no deductible)
● ● HSA – 653, 558	Non-embedded	\$2,600/\$5,200	0%	\$2,600/\$5,200	0% (no deductible)
● ● HSA – 690, 692	Embedded	\$3,750/\$7,500	0%	\$3,750/\$7,500	0% (no deductible)

PLATINUM

● ● Copay – 655, 559	Embedded	\$0/\$0	20%	\$3,800/\$7,600	0% (no deductible)
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KEY: ● Available with Aware Network
● Available with High Value Network

For plan type definitions, see “Words to Know” on page 14.

This is only a summary. For more information including benefit highlights, go to 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 healthcare 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, 2024.

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 bluecrossmn.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.

E-VISITS FIRST 5 E-VISITS FREE, THEN:	OFFICE VISITS			PRESCRIPTION DRUGS				
	RETAIL	PROVIDER OFFICE	SPECIALTY 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% (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
30% after deductible*	30% after deductible			\$25	\$75	\$225	\$675	N/A
\$55/\$110 copay*	\$55 copay	\$55 copay	\$110 copay	\$20	\$75	\$150	40%	N/A
30% after deductible*	30% after deductible			\$20	\$75	\$150	30%	N/A
40% after deductible*	40% after deductible			\$20	\$75	\$150	40%	N/A
40% after deductible*	40% after deductible			\$20	\$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.
\$35/\$70 copay*	\$35 copay	\$35 copay	\$70 copay	\$20	\$60	\$180	\$540	N/A
\$35/\$70 copay*	\$35 copay	\$35 copay	\$70 copay	\$20	\$75	\$150	30%	N/A
\$35/\$70 copay*	\$35 copay	\$35 copay	\$70 copay	\$20	\$75	\$150	30%	N/A
\$35/\$70 copay*	\$35 copay	\$35 copay	\$70 copay	\$20	\$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.
0% after deductible	0% after deductible			0% (no ded.)**	0% after ded.	0% after ded.	0% after ded.	0% after ded.
\$25/\$50 copay*	\$25 copay	\$25 copay	\$50 copay	\$20	\$75	\$150	20%	N/A

*E-visits that are listed as free are included in the cost of the plan.

**HSA with preventive drugs.

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

Blue Care AdvisorSM

Enhance employees' health and wellbeing with a personalized experience.

Blue Care Advisor brings together health, wellbeing and navigation into one easy-to-use digital resource. Employees can easily navigate total benefits and get expert guidance to help them get the care they need to achieve better overall health.



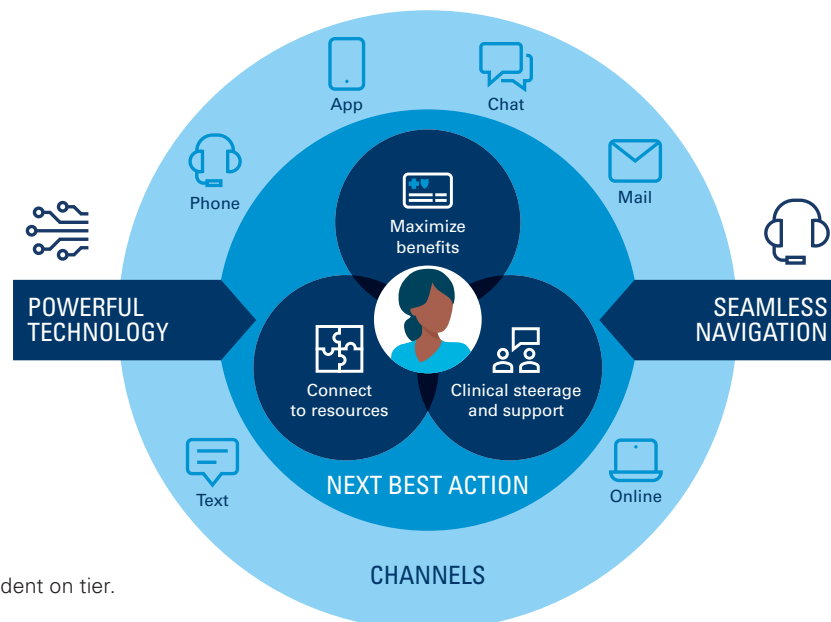
CONNECT EVERYTHING EMPLOYEES NEED TO MANAGE HEALTHCARE

Data-driven
 Predictive analytics, machine learning/artificial intelligence models and real-time recommendations

Engaging
 Fun, interactive challenges, incentives, personalized content, social community, biometric health screenings*

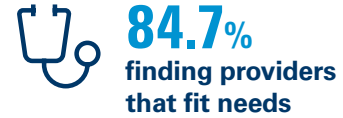
Transparent
 Medical, pharmacy, dental comparison, spend management, provider quality ratings and plan design

Connected
 Seamless connections to all Blue Cross and Blue Shield of Minnesota benefits and programs



*Availability of programs dependent on tier.

MEMBER SATISFACTION¹



BLUE CARE ADVISOR ENGAGEMENT

A personalized digital experience built around high levels of individual attention and service. Connects employees to the right benefits, programs and care at the right time.

Digital Front Door

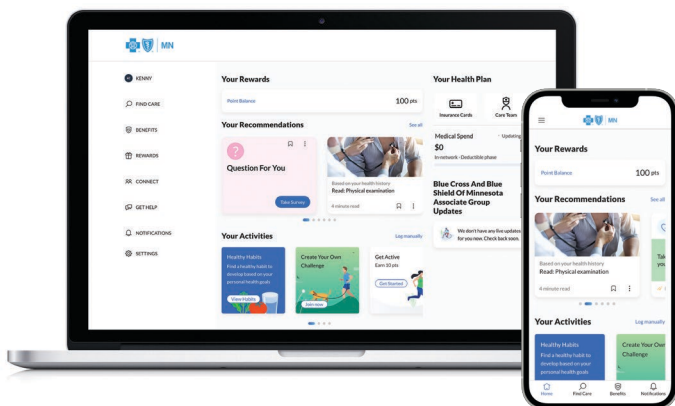
Employees connect to plan benefits and programs through self-service digital tools

Data-driven recommendations

Predictive analytics and machine learning guide members to a personalized recommendation

Wellbeing engagement

The Get Active program includes motivational content, step/step-equivalent tracking, health assessment and incentives



DIGITAL FRONT DOOR

Employees can easily navigate total benefits and get expert guidance to help them get the care they need to achieve better overall health.

¹2023 Internal Blue Cross and Blue Shield of Minnesota Member Satisfaction Survey Q1 results.

Integrated pharmacy

A comprehensive approach to managing your pharmacy benefit for improved care and reduced costs.

BRIDGING THE GAP BETWEEN MEDICAL AND PHARMACY

As your health plan carrier, we manage your pharmacy benefits in collaboration with Prime Therapeutics LLC (Prime). Prime is a leading national pharmacy benefit manager (PBM) serving 33 health plans and 40 million members.¹

Together, Blue Cross and Prime combine insights on medical and pharmacy benefit utilization to identify gaps in care that can eliminate unnecessary healthcare costs. Our model provides a comprehensive patient picture that focuses on members, better outcomes and overall net costs.

In addition, Prime's collaboration with leaders in healthcare in the United States offers unmatched scale and purchasing power to help drive down the cost of prescription drugs.



Pharmacy network

Classic Network

View pharmacy network:

bluecrossmn.com/ClassicPharmacyNetwork



Formulary

BasicRx

View HSA plans drug list:

bluecrossmn.com/SmallGroupHSADrugList2024

View all other plans drug list:

bluecrossmn.com/SmallGroupDrugList2024

¹Prime Therapeutics internal account data, 2023.

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.

MedsYourWay® is part of Prime Therapeutics LLC, an independent company providing pharmacy benefit management services. Amazon Pharmacy is an independent company offering pharmaceutical home delivery services.

2024 formulary lists will be posted on January 1, 2024.

MEDSYOURWAY®

MedsYourWay is a prescription drug discount program that offers members two ways to save on prescription drugs. Home delivery offers savings up to 80 percent on brand and generic drugs through Amazon Pharmacy. MedsYourWay retail delivers savings at the pharmacy by comparing drug card discount prices and the health plan benefit to automatically check for savings opportunities. No discount card is required and covered purchases count toward the deductible and/or out-of-pocket maximum.

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.

*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.

HEALTH SAVINGS ACCOUNT (HSA) PREVENTIVE DRUG LIST BENEFITS

HSA plans will include 100 percent coverage for preventive drugs on the BasicRx preventive drug list when purchased from a participating pharmacy. Selected drugs in the following categories are available at no additional cost to members.

- Depression
- Diabetes (medications and supplies)
- High blood pressure
- High cholesterol

PHARMACY DRUG COUPON PROGRAM

Pharmacies accept drug manufacturer coupons. However, only the amount the member pays out of pocket applies to the coinsurance, copay, deductible, and out-of-pocket limits. The dollar amount of the coupon does not count toward those items.

Dental and Vision Options

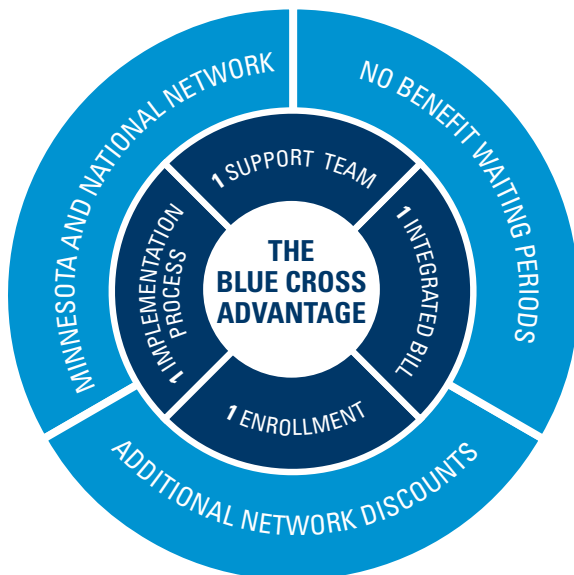
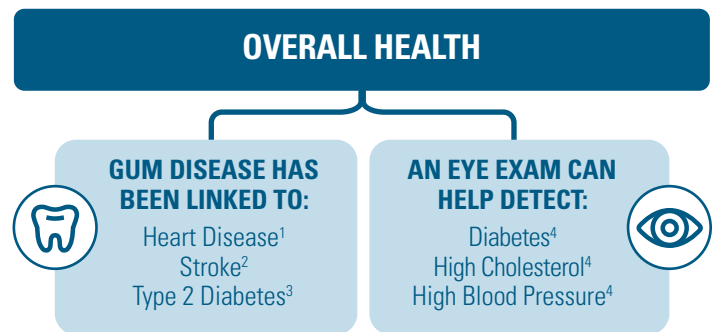
Adding low-cost dental and vision coverage not only offers a more comprehensive employee benefits package, but a single carrier reduces paperwork — saving time administering plans.

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.⁵

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

For more information, visit bluecrossmn.com/Dental and bluecrossmn.com/VisionPlans.

¹Harvard Health Publishing, 2021.

²American Heart Association, 2021.

³American Diabetes Association, 2023.

⁴American Academy of Ophthalmology, 2023.

⁵Harvard Business Review, 2017.

Blue Cross Dental plans

Blue Cross Dental plans include preventive checkups and cleanings to promote good oral health. Through the United Concordia Advantage Plus AXS network your employees have access to one of the nation's largest dental networks.

A CHOICE OF PLANS

Freedom Enhanced Plans



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

Other low-cost plan design options are ALSO available based on your needs. Contact your Blue Cross representative or visit bluecrossmn.com/Dental for more information.

View a list of more than 2,300 Minnesota dentists in the network at bluecrossmn.com/FindADentist.



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

FREEDOM	
Enhanced	
Plan benefits	Equal coinsurance in and out of network*
Calendar year deductible options: Deductible does not apply to preventive and diagnostic services, services covered at 100%, or orthodontia, when applicable	Individual/Family: \$50/\$150
Annual maximum per member	\$1,000, \$1,500 or \$2,000
Optional orthodontic lifetime maximum:** Dependent children to age 19 or dependent children and adult coverage ¹	\$1,500
OTHER SERVICES	
Preventive Incentive²	Available
PREVENTIVE AND DIAGNOSTIC	
Exams and cleanings	100%
Fluoride treatments	100%
X-rays (bitewing and full mouth)	100%
Sealants	100%
BASIC RESTORATIVE	
Amalgam (silver) and composite (white) fillings	80%
Surgical/nonsurgical periodontics: Includes treatment of gum disease	80%
Endodontics: Includes root canal	80%
Simple extractions	80%
Complex oral surgery	80%
General anesthesia	80%
Repairs: Includes bridges and dentures	80%
MAJOR	
Inlays, onlays, crowns: Every 5 years for the same tooth	50%
Implants – Optional³	50%
Prosthetics: Includes bridges and dentures	50%
TMD (temporomandibular disorder)	50%
ORTHODONTICS – Optional**	
Diagnostic, active, retention, treatment	50%

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

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

³Dental 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 orthodontic coverage for dependent children to age 19 is available for groups with 25 or more enrolled employees or groups of 10-24 enrolled employees with proof of previous orthodontic coverage. Plans with orthodontic benefits for dependent children to age 19 are available to groups of 10-24 enrolled employees that did not have previous orthodontic coverage after 12 months of Blue Cross dental coverage.

Consult our online provider directory at bluecrossmn.com/FindADentist to search for a dentist. Dentists with a "\$ave!" 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. It is up to the member to confirm provider participation in their network prior to receiving services.

Blue Cross Vision plans

A CHOICE OF PLANS

Featured



Value Standard/Premier enhanced plan includes exam and eyewear coverage. Eyewear only options are also available based on your needs.

A LARGE AND GROWING NETWORK

Vision plans feature the national Davis Vision Network. Visit 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 Club³

RETAIL LOCATIONS

- Target Optical
- JCPenney Optical
- Pearle Vision
- America's Best
- Shopko Optical

ONLINE PROVIDERS

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

LASIK discounts available through QualSight, LLC⁴

¹Davis Vision Exclusive Collection available at most participating independent provider offices. Collection is subject to change.

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

³Retail partners of Davis Vision.

⁴Laser 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.

[†]Available at most participating independent provider offices.

^{**}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 the Davis 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
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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
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Davis Vision Exclusive Collection¹

- 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% discount on remaining costs²
No copay; plan pays up to \$130 plus 20% discount on remaining costs²

- Frames available from other participating retailers

EYEGLASS ENHANCEMENTS

- Tinting of plastic lenses
- Scratch-resistant coating
- Polycarbonate lenses
- Dependent children, monocular patients and those with a prescription of +/- 6.00 diopters or greater
- Adults
- Ultraviolet coating
- Blue light filtering
- Anti-reflective coating

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

Member pays \$0

Member pays \$30
Member pays \$12
Member pays \$15
Standard: \$35 / Premium: \$48 /
Ultra: \$60 / Ultimate: \$85

Standard: \$50 / Premium: \$90/
Ultra: \$140 / Ultimate: \$175

Member pays \$55 / \$120

Member pays \$75

Member pays \$65

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

- Progressive lenses

- High-index lenses

- Polarized lenses

- Plastic photochromic lenses

- Scratch protection plan

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

Collection contact lenses[†]

- Disposable
- Non-disposable
- Evaluation, fitting and follow-up care

up to 4 boxes
up to 2 boxes

100% after \$25 copay

Non-collection contact lens allowance^{**}

Plan pays up to \$130 plus 15% discount on remaining costs²

- 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 costs²



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 healthcare 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 healthcare 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 healthcare 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 non-covered services.

2024 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

