

2024

HEALTH PLAN DECISION GUIDE

Individual and Family

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Welcome

With Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Plus), you get a name you trust, coverage you can count on, and peace of mind knowing your plan is here to help you every step of the way.

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

All Blue Plus® plans include:

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

*Included in the cost of the plan.

QUESTIONS? WE'RE HERE TO HELP.



Speak with a Blue Cross Advisor or schedule an appointment

1-855-617-1751/TTY 711

bluecrossmn.com/Advisor



Contact your local agent or visit

bluecrossmn.com/AgentFinder



Save money by staying in network

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

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

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

Ready to get started?

- 1 **Identify your plan and network** based on where you live
- 2 **Determine the best plan level for you** based on your budget and needs
- 3 **Explore health and wellbeing programs** included in your plan
- 4 **Consider additional coverage** such as dental, vision and international travel coverage to complete your benefits
- 5 **Enroll** in your plan

Words you should know before shopping for a plan

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

1 PREMIUM

Your monthly payment to Blue Cross for a health plan.

2 COPAY

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

3 ANNUAL DEDUCTIBLE

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

4 COINSURANCE

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

5 ANNUAL OUT-OF-POCKET MAXIMUM

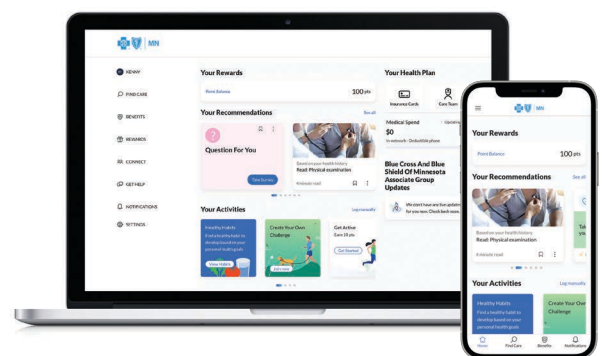
The most you could pay in one plan year for covered medical services and supplies.

Learn more helpful terms at bluecrossmn.com/Glossary.

Your plan info at your fingertips

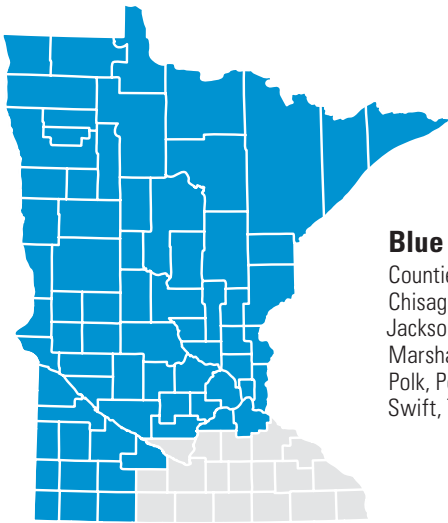
Blue Care AdvisorSM connects you to everything you need to easily manage your healthcare. Access your personal plan information, resources and tools online at bluecrossmn.com/BCA or by downloading the Blue Care Advisor app from your favorite app store.

- Claims and Explanations of Healthcare Benefits (EOBs)
- Deductible and out-of-pocket spending totals
- Member ID cards that you can easily share
- Find in-network doctors, clinics and hospitals
- Medical spending account balances and transactions



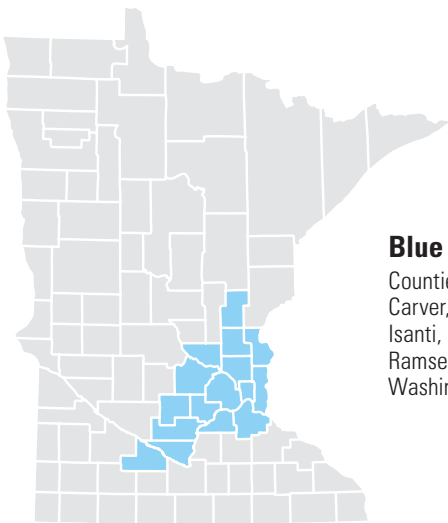
Step 1: Identify your plan and network

Blue Plus plans are available throughout the state. **Your permanent address and the county where you live determine the plans and networks available to you.** Each network features top-rated health systems, hospitals and care professionals dedicated to providing the highest-quality services. To see if your doctor participates in the network for the plan associated with where you live, visit bluecrossmn.com/FindADoctor.



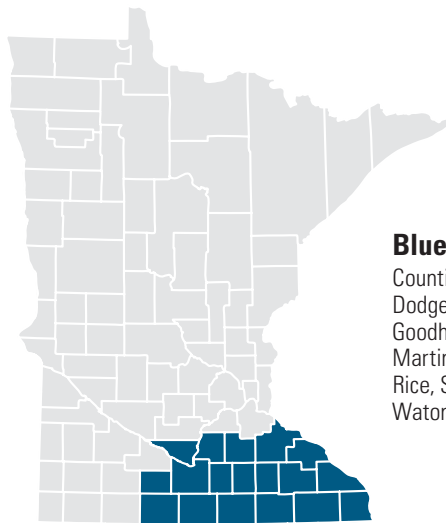
Blue Plus Minnesota Value

Counties include: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Brown, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Cottonwood, Crow Wing, Dakota, Douglas, Grant, Hennepin, Hubbard, Isanti, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Lincoln, Lyon, Mahnomon, Marshall, McLeod, Meeker, Mille Lacs, Morrison, Murray, Nobles, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Rock, Roseau, Scott, Sherburne, Sibley, St. Louis, Stearns, Stevens, Swift, Todd, Traverse, Wadena, Washington, Wilkin, Wright and Yellow Medicine



Blue Plus Metro MN

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



Blue Plus Southeast MN

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

Each healthcare provider is an independent contractor and is not our agent. HMO Minnesota, d.b.a. Blue Plus, is an affiliate of Blue Cross and Blue Shield of Minnesota.

Step 2: Determine the best plan level for you

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

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

*Some plans are compatible with HSAs from investment HSA administrators like FurtherSM by HealthEquity.

FURTHERSM by HealthEquity

A health savings account (HSA) allows you to set aside a portion of your earnings pretax to pay for qualified medical expenses, including dental and vision. The money in the account is owned by you and stays with you even if you change health plans or your employer and/or employment changes. You can also invest your HSA dollars.

Further offers:

- A nationally recognized customer service team that specializes in informing and educating on health spending and savings accounts
- Easy-to-use online and digital tools to easily manage medical savings accounts 24 hours a day, seven days a week

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

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

Find your doctor

Use our Find a Doctor tool at bluecrossmn.com/FindADoctor to search for in-network providers and see if your doctor participates in the network for the plan associated with where you live.

Pharmacy benefits

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

Drugs on the BasicRx drug list are covered by your plan. To see the list and search for covered drugs, visit bluecrossmn.com/IndividualDrugList2024.

SPECIALTY PHARMACY NETWORK

If you have a complex medical condition, you may need a “specialty” drug. Your plan includes a specialty drug network with pharmacies that specialize in these types of drugs. Your plan requires you to use this network for your specialty drugs.

Get started by calling one of our specialty pharmacies:

- **ALL SPECIALTY DRUGS**

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

- **ALL SPECIALTY DRUGS EXCEPT HEMOPHILIA DRUGS**

Accredo – **1-866-470-9554**

Allina Specialty Pharmacy – **1-866-462-2057**

Essentia Health – **1-844-380-5626**

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

Sanford Pharmacy – **(701) 234-7600**

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

- **HEMOPHILIA DRUGS ONLY**

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

Each pharmacy is an independent company that provides pharmaceutical services.

INTEGRATEDRX – ONCOLOGY (FOR CANCER-RELATED DRUGS)

IntegratedRx — Oncology allows drugs to be filled at certain pharmacies that are part of clinics, hospitals and/or health systems. To find a listing of in-network pharmacies, visit bluecrossmn.com/EssentialPharmacyNetwork.

INSULIN COVERAGE

Insulin within Tiers 1 and 2* are covered at \$0 out-of-pocket cost for all our individual and family plan members.

*To see your plan’s covered drug list, visit bluecrossmn.com/IndividualDrugList2024.

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.

DRUG COUPON PROGRAM

When using coupons for drugs, only the actual amount you pay out-of-pocket for the drug will apply toward your deductible, coinsurance, and/or annual out-of-pocket maximum. The amount the manufacturer pays/coupon value is not credited toward the out-of-pocket maximum.

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.

Blue Plus[®] Minnesota Value

Get quality care at an affordable price from a broad selection of healthcare providers.

The network providers you can use for your healthcare needs are located statewide and include health systems such as Allina, Altru, CentraCare, Sanford Health, St. Luke's and M Health Fairview.

Blue Plus Minnesota Value Network includes:

- **119** hospitals
- **13,639** primary care providers
- **36,820** specialty care providers

Numbers are subject to change and are reflective of signed contracts as of June 2023.

KEY IN-NETWORK PROVIDERS:

Metro

- Allina Health
- Children's Hospitals and Clinics
- M Health Fairview
- North Memorial Health
- Ridgeview

Central

- CentraCare
- Cuyuna Regional Medical Center

Northeast

- Grand Itasca Clinic and Hospital
- St. Luke's

Northwest/Southwest

- Alomere Health
- Altru Health System
- Kittson Memorial Hospital and Clinic
- Sanford Health
- Swift County-Benson Health Services

Southeast

- Gundersen Health System
- Northfield Hospital and Clinics
- Winona Health



Stay in network and save

Your out-of-pocket costs will be lower when your doctor, clinic and hospital are in your network.



We offer plans with an office visit copay so you know what you're going to pay before you visit the doctor.



Integrated kidney care program

Get support for managing chronic and end-stage kidney disease. This program is available to Blue Plus Minnesota Value members at no additional cost.

To see additional in-network providers, use the Find a Doctor tool at bluecrossmn.com/MinnesotaValueNetwork

North Memorial Health is an independent company that provides network access to healthcare services.

You must live in the service area to enroll (see page 1). Provider listings are not all-inclusive and are subject to change. Each healthcare 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.

BLUE PLUS MINNESOTA VALUE										
Plan numbers*		200/400	201/401	207/407	206/406	204/404	202/402	203/403	205/405	
Metal level and plan type		Bronze HSA	Silver HSA	Gold HSA	Bronze	Silver prescription copay	Gold prescription copay	Bronze copay	Gold copay	Out of network (All plans)
		In network								
Your deductible	Single	\$8,050	\$3,200	\$3,200	\$7,750	\$3,750	\$1,100	\$5,800	\$1,000	\$20,000
	Family	\$16,100	\$9,600	\$9,600	\$15,500	\$11,250	\$3,300	\$11,600	\$3,000	\$40,000
Your coinsurance		0%	30%	5%	40%	30%	20%	35%	20%	50%
Your out-of-pocket maximum	Single	\$8,050	\$7,600	\$4,800	\$9,450	\$9,000	\$7,500	\$9,450	\$8,000	Unlimited
	Family	\$16,100	\$15,200	\$14,400	\$18,900	\$18,000	\$15,000	\$18,900	\$16,000	Unlimited
Visits to: • Healthcare provider's office • Specialist • Retail health clinic • Urgent care		0% after deductible	30% after deductible	5% after deductible	40% after deductible	Healthcare provider's office: \$40 copay Specialist: \$120 copay Retail health: \$40 copay Urgent care: \$40/120 copay	20% after deductible	First 3 visits (any combination): \$35 copay each, subsequent visits 35% after deductible	Healthcare provider's office: \$20 copay Specialist: \$60 copay Retail health: \$20 copay Urgent care: \$20/60 copay	50% after deductible
E-visits		0% after deductible	0% after deductible	0% after deductible	0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)	50% after deductible
Other professional services in the office Lab, pathology, advanced and standard imaging		0% after deductible	30% after deductible	5% after deductible	40% after deductible	30% after deductible	20% after deductible	35% after deductible	20% after deductible	50% after deductible
Prescription drugs - BasicRx drug list - Essential Pharmacy Network - Tier 1 and Tier 2** insulin options: \$0 out-of-pocket cost - Tier 4 is specialty drugs		Tiers 1 – 4: 0% after deductible	Tier 1: 30% after deductible Tier 2: 30% after deductible Tier 3: 50% after deductible Tier 4: 30% after deductible	Tier 1: 5% after deductible Tier 2: 5% after deductible Tier 3: 20% after deductible Tier 4: 5% after deductible	Tier 1: \$20 copay Tier 2: 40% after deductible Tier 3: 60% after deductible Tier 4: 40% after deductible	Tier 1: \$25 copay Tier 2: \$75 copay Tier 3: \$225 copay Tier 4: \$675 copay	Tier 1: \$20 copay Tier 2: \$60 copay Tier 3: \$180 copay Tier 4: \$540 copay	Tier 1: \$20 copay Tier 2: 35% after deductible Tier 3: 60% after deductible Tier 4: 35% after deductible	Tier 1: \$20 copay Tier 2: 20% after deductible Tier 3: 40% after deductible Tier 4: \$650 copay	No coverage
Preventive care										50% after deductible
Well-child care (Ages 0 to 6, including vision exam)		0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)
Prenatal care										
Maternity (Labor, delivery and post-delivery care)										50% after deductible
Emergency care and ambulance • Physician • Facility										In-network benefit applies. Amounts paid apply to the in-network deductible and out-of-pocket maximum.
Outpatient facility services • Physician • Facility • Lab, pathology, advanced and standard imaging		0% after deductible	30% after deductible	5% after deductible	40% after deductible	30% after deductible	20% after deductible	35% after deductible	20% after deductible	50% after deductible
Inpatient facility services • Physician • Facility										50% after deductible
Chiropractic, physical, occupational and speech therapy (Habilitative and rehabilitative)										
Ambulatory surgical center										
Eyewear for children ages 18 and younger One pair of standard collection frames or contact lenses										No coverage

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

**For a list of drugs on your specified drug list, BasicRx, visit [bluecrossmn.com/IndividualDrugList2024](https://www.bluecrossmn.com/IndividualDrugList2024).

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

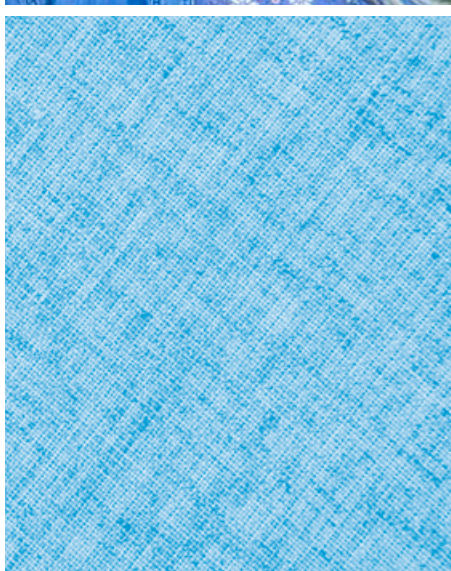
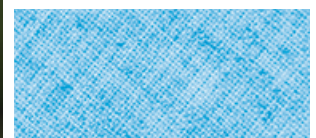
This is only a summary. The contract and benefit booklet include complete details of what is and isn't covered. Services not covered include routine adult eye exams and eyewear, custodial care, bariatric surgery, infertility treatment, items primarily used for a nonmedical purpose, over-the-counter drugs (except as specified in the benefit booklet), nutritional supplements, services that are cosmetic, experimental, not medically necessary, or covered by workers' compensation or no-fault auto insurance. Each 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.

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

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

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

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



Blue Plus Metro MN

Personalized, coordinated healthcare right in your own community.

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

Blue Plus Metro MN Network includes:

- **29** hospitals
- **5,316** primary care providers
- **20,600** specialty care providers

Numbers are subject to change and are reflective of signed contracts as of June 2023.

KEY IN-NETWORK PROVIDERS:

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

To see additional in-network providers, use the Find a Doctor tool at bluecrossmn.com/MetroMNNetwork.



Stay in network and save

Your out-of-pocket costs will be lower when your doctor, clinic and hospital are in your network.



Coordinated care at Allina

Support from a coordinated care team at Blue Cross and Allina to help you with your healthcare goals. Allina makes it easier to get connected and coordinated care through virtual and in-person Quick Care options, including Virtual Urgent Care and Everyday Online.

Better together

You and Blue™   MN

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

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

You must live in the service area to enroll (see page 1). Provider listings are not all-inclusive and are subject to change. Each healthcare provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.

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

2024 PLANS

		BLUE PLUS METRO MN				
Plan numbers*		259/459	258/458	253/453	254/455	
Metal level		Bronze	Bronze HSA	Silver HSA	Gold prescription copay	Out of network (All plans)
		In network				
Your deductible	Single	\$7,750	\$8,050	\$3,200	\$1,100	\$20,000
	Family	\$15,500	\$16,100	\$9,600	\$3,300	\$40,000
Your coinsurance		40%	0%	30%	20%	50%
Your out-of-pocket maximum	Single	\$9,450	\$8,050	\$7,600	\$7,500	Unlimited
	Family	\$18,900	\$16,100	\$15,200	\$15,000	Unlimited
Visits to: • Healthcare provider's office • Specialist • Retail health clinic • Urgent care		40% after deductible	0% after deductible	30% after deductible	20% after deductible	50% after deductible
E-visits		0% (No deductible)	0% after deductible	0% after deductible	0% (No deductible)	50% after deductible
Other professional services in the office Lab, pathology, advanced and standard imaging		40% after deductible	0% after deductible	30% after deductible	20% after deductible	50% after deductible
Prescription drugs - BasicRx drug list - Essential Pharmacy Network - Tier 1 and Tier 2** insulin options: \$0 out-of-pocket cost - Tier 4 is specialty drugs		Tier 1: \$20 copay Tier 2: 40% after deductible Tier 3: 60% after deductible Tier 4: 40% after deductible	Tiers 1 – 4: 0% after deductible	Tier 1: 30% after deductible Tier 2: 30% after deductible Tier 3: 50% after deductible Tier 4: 30% after deductible	Tier 1: \$20 copay Tier 2: \$60 copay Tier 3: \$180 copay Tier 4: \$540 copay	No coverage
Preventive care						50% after deductible
Well-child care (Ages 0 to 6, including vision exam)		0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)
Prenatal care						
Maternity (Labor, delivery and post-delivery care)						50% after deductible
Emergency care and ambulance • Physician • Facility						In-network benefit applies. Amounts paid apply to the in-network deductible and out-of-pocket maximum.
Outpatient facility services • Physician • Facility • Lab, pathology, advanced and standard imaging		40% after deductible	0% after deductible	30% after deductible	20% after deductible	50% after deductible
Inpatient facility services • Physician • Facility						
Chiropractic, physical, occupational and speech therapy (Habilitative and rehabilitative)						
Ambulatory surgical center						
Eyewear for children ages 18 and younger One pair of standard collection frames or contact lenses						No coverage

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

**For a list of drugs on your specified drug list, BasicRx, visit bluecrossmn.com/IndividualDrugList2024.

All plans have embedded deductibles. For plans with more than one person (family plan), no one member will exceed the single deductible amount listed above. Also, eligible costs incurred by all covered family members count toward satisfying the family deductible. This is only a summary. The contract and benefit booklet include complete details of what is and isn't covered. Services not covered include routine adult eye exams and eyewear, custodial care, bariatric surgery, infertility treatment, hearing aids for adults, items primarily used for a nonmedical purpose, over-the-counter drugs (except as specified in the benefit booklet), nutritional supplements, services that are cosmetic, experimental, not medically necessary, or covered by workers' compensation or no-fault auto insurance. Each 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. Your out-of-pocket costs depend on the network status of your provider. This plan's network has a limited number of in-network providers. If you visit a provider or a location that's not in

this plan's network, you will pay more for your care, and the costs associated with your care will not count toward your in-network cost sharing (for example, the in-network deductible and out-of-pocket maximum).

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

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

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

Blue Plus[®] Southeast MN

Quality care close to home.

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

Blue Plus Southeast MN Network includes:

- **20** hospitals
- **4,654** primary care providers
- **11,167** specialty care providers

Numbers are subject to change and are reflective of signed contracts as of June 2023.

KEY IN-NETWORK PROVIDERS:

- Mayo Clinic
- Mayo Clinic Health System
- Mayo Clinic Primary Care in Rochester and Kasson
- Northfield Hospitals and Clinics
- Saint Elizabeth's Medical Center and Clinic
- Sleepy Eye Medical Center
- United Hospital District
- Winneshiek Medical Center
- Winona Health

To see additional in-network providers, use the Find a Doctor tool at bluecrossmn.com/SoutheastMNNetwork.

TRUSTED CARE

Top-ranked in the U.S., Mayo Clinic has more #1 rankings in specialties than any other hospital in the nation.

U.S. News & World Report 2023-2024.



Stay in network and save

Your out-of-pocket costs will be lower when your doctor, clinic and hospital are in your network.

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

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

2024 PLANS

		BLUE PLUS SOUTHEAST MN				
Plan numbers*		270/470	271/471	273/473	272/472	
Metal level		Bronze HSA	Silver HSA	Silver prescription copay	Gold prescription copay	Out of network (All plans)
		In network				
Your deductible	Single	\$8,050	\$3,200	\$3,750	\$1,100	\$20,000
	Family	\$16,100	\$9,600	\$11,250	\$3,300	\$40,000
Your coinsurance		0%	30%	30%	20%	50%
Your out-of-pocket maximum	Single	\$8,050	\$7,600	\$9,000	\$7,500	Unlimited
	Family	\$16,100	\$15,200	\$18,000	\$15,000	Unlimited
Visits to: • Healthcare provider's office • Specialist • Retail health clinic • Urgent care		0% after deductible	30% after deductible	Healthcare provider's office: \$40 copay Specialist: \$120 copay Retail health: \$40 copay Urgent care: \$40/120 copay	20% after deductible	50% after deductible
E-visits		0% after deductible	0% after deductible	0% (No deductible)	0% (No deductible)	50% after deductible
Other professional services in the office Lab, pathology, advanced and standard imaging		0% after deductible	30% after deductible	30% after deductible	20% after deductible	50% after deductible
Prescription drugs - BasicRx drug list - Essential Pharmacy Network - Tier 1 and Tier 2** insulin options: \$0 out-of-pocket cost - Tier 4 is specialty drugs		Tiers 1 – 4: 0% after deductible	Tier 1: 30% after deductible Tier 2: 30% after deductible Tier 3: 50% after deductible Tier 4: 30% after deductible	Tier 1: \$25 copay Tier 2: \$75 copay Tier 3: \$225 copay Tier 4: \$675 copay	Tier 1: \$20 copay Tier 2: \$60 copay Tier 3: \$180 copay Tier 4: \$540 copay	No coverage
Preventive care						50% after deductible
Well-child care (Ages 0 to 6, including vision exam)		0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)
Prenatal care						
Maternity (Labor, delivery and post-delivery care)						50% after deductible
Emergency care and ambulance • Physician • Facility						In-network benefit applies. Amounts paid apply to the in-network deductible and out-of-pocket maximum.
Outpatient facility services • Physician • Facility • Lab, pathology, advanced and standard imaging		0% after deductible	30% after deductible	30% after deductible	20% after deductible	
Inpatient facility services • Physician • Facility						50% after deductible
Chiropractic, physical, occupational and speech therapy (Habilitative and rehabilitative)						
Ambulatory surgical center						
Eyewear for children ages 18 and younger One pair of standard collection frames or contact lenses						No coverage

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

**For a list of drugs on your specified drug list, BasicRx, visit bluecrossmn.com/IndividualDrugList2024.

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

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

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

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

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

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

Step 3: Explore health and wellbeing programs

These offerings are included with your plan.

HEALTH MANAGEMENT

Receive professional support for managing chronic or serious health conditions. Includes education, treatment plan support and community resource information. Call **1-800-961-4758**.

PEER SUPPORT

Connect with a peer specialist who has firsthand experience with mental health and substance use care for mentorship that supports recovery. Call the number on the back of your member ID card.

AUTISM PROGRAM

Licensed professionals provide clinical and administrative assistance to get you and your family the support and treatment you need. Call **1-855-312-9107**.

EATING DISORDER PROGRAM

Get one-on-one support for you or a family member at risk of or recovering from an eating disorder. Call **1-855-312-9107**.

GENDER CARE SERVICES

Connect with a Gender Services Consultant to discuss gender-related care options, health plan coverage and providers. Visit **bluecrossmn.com/GenderCare** or call **1-866-694-9361**.

ONLINE CARE

See a doctor right on your smartphone, tablet or computer with Doctor On Demand® by Included Health. Board-certified doctors, psychiatrists and psychologists treat many common conditions.

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

MATERNITY MANAGEMENT

Receive support and guidance from a maternity case manager. Call **1-866-489-6948**.

ONLINE BEHAVIORAL HEALTH THERAPY

Concerned about substance use, stress, insomnia, depression, social anxiety, panic or resilience? Learn to Live is an online program that's available anytime to help you work through it. Visit **learntolive.com/Partners** to learn more.

Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support. Learn to Live is an educational program and should not be considered medical treatment.

QUITTING TOBACCO AND VAPING SUPPORT

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

WELLNESS DISCOUNT MARKETPLACE

Shop products and services that complement your health and get discounts from Blue365®. Visit **blue365deals.com/BCBSMN** to learn more.

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

DIABETES PREVENTION PROGRAM

The Diabetes Prevention Program (DPP) prevents more than half of new Type 2 diabetes cases. It is covered under your plan at no additional cost to you. Find a DPP provider at **dprp.cdc.gov/Registry**.

HEALTH ASSESSMENT

Complete a short, confidential health assessment. Based on your results, you'll receive personalized recommendations including helpful tips and programs available to you. Get started at **bluecrossmn.com/BCA**.

Step 4: Consider additional coverage to complete your benefits

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



DENTAL COVERAGE

Blue Cross Dental plans are for people of all ages, whether for yourself or your whole family. We have a plan to fit your needs and your budget. For more information on dental plans, visit bluecrossmn.com/Dental-Individual.



VISION COVERAGE

Many medical plans may not cover routine eye exams for adults. If your medical plan doesn't, a Blue Cross Vision plan that does cover routine eye exams can complement your medical plan. For more information, visit bluecrossmn.com/Vision-Individual.



INTERNATIONAL HEALTH PLANS

GeoBlue® offers medical insurance to protect you from the unexpected while traveling internationally. The most comprehensive plans include coverage for hospital stays, surgeries and medically necessary evacuations. Some plans include basic services like doctor's visits, ambulance services, prescription medications and more. Visit bluecrossmn.com/GeoBlue for more information.

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

Step 5: Enroll in your plan

Now that you've explored your options and found a plan that works for you, you're ready to enroll in your plan.



Visit
bluecrossmn.com/2024ShopIFP



Speak with a Blue Cross Advisor
or schedule an appointment
1-855-617-1751/TTY 711
bluecrossmn.com/Advisor



Contact your local agent or visit
bluecrossmn.com/AgentFinder

Get answers to frequently asked questions

Q. When can I enroll in a plan?

A. This year, you can enroll in an individual plan November 1 through December 15, 2023, for a January 1, 2024, effective date. Special enrollment during other times of the year is available for a major life event, such as loss of coverage, marriage, divorce, or birth of a child. There is a limited time to enroll after a life change. Call us or check with your agent for details. For more information, go to bluecrossmn.com/SpecialEnroll.

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

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

The in-network providers for each plan can be found using the Find a Doctor tool at bluecrossmn.com/FindADoctor. Any provider or facility not found in your specific plan network is considered out of network and will almost always cost you quite a bit more than someone in network.

Please review the coverage details in the Out of network column of the benefit tables. Your best option for the most cost-effective care is to ensure the provider you use is part of your plan network.

Q. Are preventive services covered?

A. Most preventive services — like health screenings and vaccinations — are covered at 100 percent in network (with no additional deductibles or copayments). Talk with your doctor about the preventive services that are right for you. For more information on covered services, visit bluecrossmn.com/PreventiveCare.

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

A. Once enrolled in your health plan, you can register for your member website, at bluecrossmn.com/Register. From there you can access your benefit booklet to review all the details of your plan. After you enroll, you will receive a welcome packet, your member ID card and other helpful documents.

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

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

There are also many ways to get help from medical professionals virtually. Visit bluecrossmn.com/VirtualCare to learn more.

HAVE QUESTIONS? WE'RE HERE TO HELP.

Speak with a Blue Cross Advisor
or schedule an appointment

1-855-617-1751/TTY 711
bluecrossmn.com/Advisor

Contact your local agent or visit
bluecrossmn.com/AgentFinder

Notes

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