



2021

# HEALTH PLAN DECISION GUIDE

Individual and Family

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# Welcome

When you choose Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Plus), you have support you can count on from day one and well into the future.

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 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 representative  
**1-800-262-0823/TTY 711**



Make an appointment at a Blue Cross center in Edina, Roseville or Duluth at **bluecrossmn.com/centers**. Health plan experts are certified MNSure navigators.



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 on **bluecrossmnonline.com** and search for providers that are in your network.

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

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.

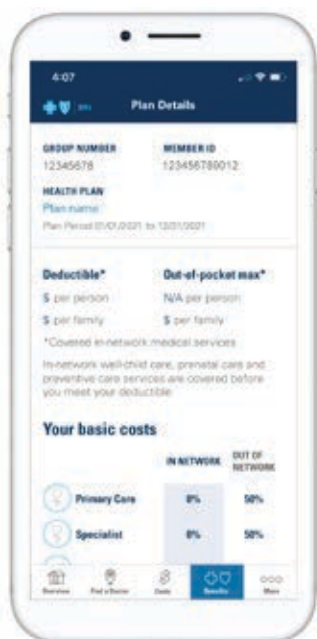
## 4 COINSURANCE

A set percentage you pay toward health care 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 health care costs. You then pay 20 percent of your covered health care 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](https://bluecrossmn.com/glossary).



## Go mobile with Blue Cross

Get convenient, on-the-go access to your health plan with the Blue Cross mobile app. You'll get an overview of important plan information, as well as:

- Deductible and out-of-pocket spending totals
- A digital member ID card that you can share easily with health care providers
- Search capabilities for in-network doctors and care near you
- Medical spending account balances
- Claim status tracking

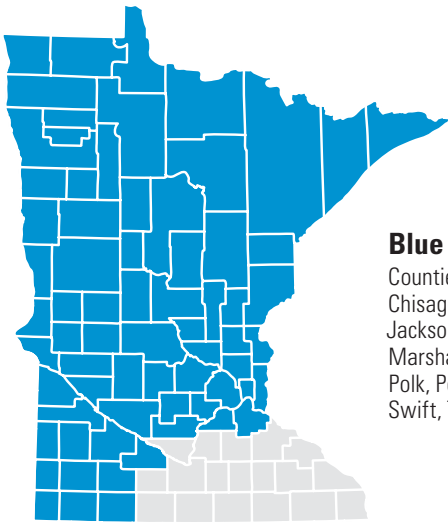
### DOWNLOAD THE APP TODAY

Search for **"BlueCrossMN Mobile"** in your app store.



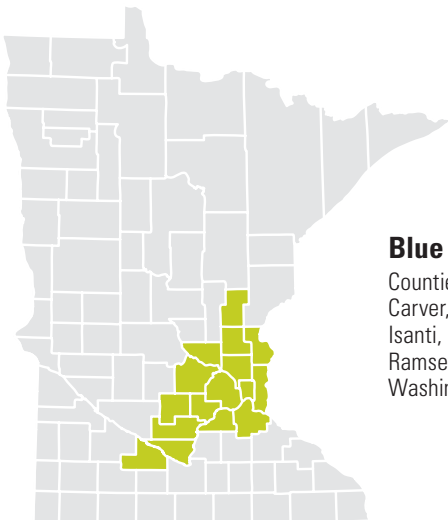
# Step 1: Identify your plan and network

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 [bluecrossmnonline.com](http://bluecrossmnonline.com) and click on "Find a Doctor or Rx."



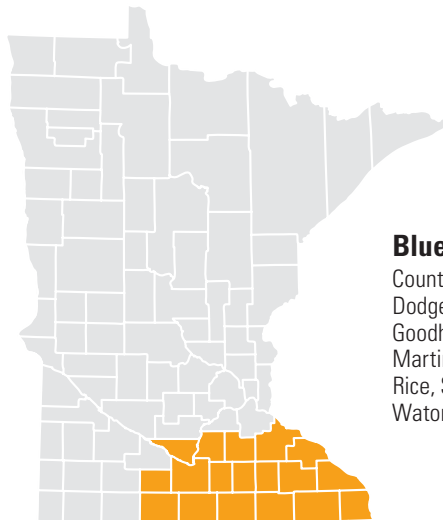
## Blue Plus® Minnesota Value

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

\* Some Bronze and Silver plans are compatible with HSAs from investment HSA administrators like Further<sup>SM</sup>.



A health savings account (HSA) allows you to set aside a portion of your earnings pre-tax 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<sup>SM</sup> is a leader in health spending and savings account administration. For more than 30 years, Further has been offering:

- A nationally recognized customer service team that specializes in informing and educating on health spending and savings account
- User-friendly online and digital tools to easily manage medical savings accounts 24/7

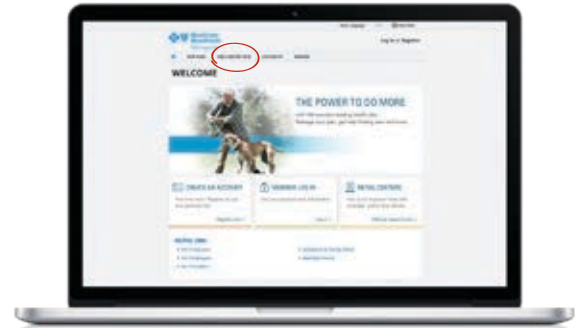
For more information on services provided by Further, visit [hellofurther.com](https://hellofurther.com).

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

# Find your doctor

Use our Find a Doctor tool on [bluecrossmnonline.com](https://bluecrossmnonline.com) to search for in-network providers.

Choose the “Find a Doctor or Rx” link at the top of the page. Select “Find a Doctor, Hospital or other Medical Provider” and “Search as guest.” Then select “Pick a Network” and choose the network specific to your primary address/county. From there, enter your location and a specialty or provider name to see a list of in-network providers.



# 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](https://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/basicrxindividualsmallgroup2021](https://bluecrossmn.com/basicrxindividualsmallgroup2021).

## INSULIN COVERAGE

Tier 1 and Tier 2\* insulin options are included as a covered benefit with \$0 out-of-pocket cost for health plan members. This includes all individual and family plans.

\*To see your plan's covered drug list, visit [bluecrossmn.com/basicrxindividualsmallgroup2021](https://bluecrossmn.com/basicrxindividualsmallgroup2021)

## DRUG MANUFACTURER COUPONS

Some pharmacies accept drug manufacturer coupons, however only the amount you pay out of pocket applies to your coinsurance, copay, deductible, and out-of-pocket limits. The dollar amount of the coupon does not count toward those items.



# Blue Plus<sup>®</sup> Minnesota Value

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

The network providers you can use for your health care needs are located statewide and include health systems such as Allina, Altru, CentraCare, Sanford Health, St. Luke's and the University of Minnesota Medical Center.

Blue Plus Minnesota Value Network includes:

- **121** hospitals
- **11,434** primary care providers
- **26,736** specialty care providers

Numbers are subject to change and are reflective of signed contracts as of June 2020.

## KEY IN-NETWORK PROVIDERS:

### Metro

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

### Central

- CentraCare Health
- Cuyuna Regional Medical Center

### Northeast

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

### Northwest/Southwest

- Kittson Memorial Hospital and Clinic
- Alomere Health
- Altru Health System
- Carris Health
- 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 higher when you see an out-of-network provider



### New for 2021

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

To see additional in-network providers, use the Find a Doctor tool on [bluecrossmnonline.com](https://bluecrossmnonline.com) and choose **Blue Plus Minnesota Value Network**.

You must live in the service area to enroll (see page 1). Provider listings are not all-inclusive and are subject to change. For a complete list of providers, visit [bluecrossmnonline.com](https://bluecrossmnonline.com). Each health care 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.



# 2021 PLANS

|  |        | BLUE PLUS MINNESOTA VALUE           |  |   |  |  |  |  |
|--|--------|-------------------------------------|--|---|--|--|--|--|
| Plan numbers*  |        | 200/400                             | 201/401  | 202/402   | 203/403  | 204/404  | 205/405  |  |
| <b>Metal level</b><br>Bronze and Silver plans are compatible with an HSA   |        | Bronze HSA                          | Silver HSA   | Gold  | Bronze Copay – <b>NEW</b>  | Silver Copay – <b>NEW</b>  | Gold Copay – <b>NEW</b>  | Out of Network<br>(all metal levels)   |
|  |        | In Network                          |  |   |  |  |  |  |
| <b>Your deductible</b>   | Single | \$7,000                             | \$4,200  | \$1,400   | \$7,000  | \$3,200  | \$1,100  | \$20,000   |
|  | Family | \$14,000                            | \$12,600   | \$4,200   | \$14,000   | \$9,600  | \$3,300  | \$30,000   |
| <b>Your coinsurance</b>  |        | 0%                                  | 20%  | 20%   | 25%  | 20%  | 20%  | 50%  |
| <b>Your out-of-pocket maximum</b>  | Single | \$7,000                             | \$7,000  | \$7,200   | \$8,550  | \$8,000  | \$7,500  | Unlimited  |
|  | Family | \$14,000                            | \$14,000   | \$14,400  | \$17,100   | \$16,000   | \$15,000   | Unlimited  |
| <b>Visits to:</b><br>• Health care provider's office<br>• Specialist<br>• Retail health clinic<br>• Urgent care<br>• E-visits across all plans are 0% (no deductible/no copay)   |        | 0% after deductible                 | 20% after deductible   | 20% after deductible  | First 3 visits (any combination):<br>\$40 copay each, subsequent visits 25% after deductible                       | Health care provider's office: \$40 copay<br>Specialist: \$80 copay<br>Retail health: \$40 copay<br>Urgent care: \$40/80 copay | Health care provider's office: \$30 copay<br>Specialist: \$60 copay<br>Retail health: \$30 copay<br>Urgent care: \$30/60 copay | 50% after deductible   |
| <b>Other professional services in the office</b><br>Lab, pathology, advanced and standard imaging  |        | 0% after deductible                 | 20% after deductible   | 20% after deductible  | 25% after deductible   | 20% after deductible   | 20% after deductible   | 50% after deductible   |
| <b>Prescription drugs</b><br>- BasicRx drug list<br>- Essential Pharmacy Network<br>- Tier 1 and Tier 2** insulin options: \$0 out-of-pocket cost<br>- Tier 4 is specialty drugs |        | Tiers 1 – 4:<br>0% after deductible | Tier 1: 20% after deductible<br>Tier 2: 20% after deductible<br>Tier 3: 40% after deductible<br>Tier 4: 20% after deductible | Tier 1: \$20 copay<br>Tier 2: 20% after deductible<br>Tier 3: 40% after deductible<br>Tier 4: \$650 copay | Tier 1: \$20 copay<br>Tier 2: 25% after deductible<br>Tier 3: 50% after deductible<br>Tier 4: 25% after deductible | Tier 1: \$20 copay<br>Tier 2: 20% after deductible<br>Tier 3: 40% after deductible<br>Tier 4: \$700 copay                      | Tier 1: \$20 copay<br>Tier 2: 20% after deductible<br>Tier 3: 40% after deductible<br>Tier 4: \$650 copay                      | No coverage  |
| <b>Preventive care</b>   |        |                                     |  |   |  |  |  | 50% after deductible   |
| <b>Well child care</b><br>(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)   |
| <b>Prenatal care</b>   |        |                                     |  |   |  |  |  |  |
| <b>Maternity</b><br>(Labor, delivery and post-delivery care)   |        |                                     |  |   |  |  |  | 50% after deductible   |
| <b>Emergency care and ambulance</b><br>• Physician<br>• Facility   |        |                                     |  |   |  |  |  | In-network benefit applies. Amounts paid apply to the in-network deductible and out-of-pocket maximum. |
| <b>Outpatient facility services</b><br>• Physician<br>• Facility<br>• Lab, pathology, advanced and standard imaging  |        | 0% after deductible                 | 20% after deductible   | 20% after deductible  | 25% after deductible   | 20% after deductible   | 20% after deductible   | 50% after deductible   |
| <b>Inpatient facility services</b><br>• Physician<br>• Facility  |        |                                     |  |   |  |  |  |  |
| <b>Chiropractic, physical, occupational and speech therapy</b> (Habilitative and rehabilitative)   |        |                                     |  |   |  |  |  |  |
| <b>Eyewear for children ages 18 and younger</b><br>One pair of standard collection frames or contact lenses  |        |                                     |  |   |  |  |  | No coverage  |
| <b>Ambulatory surgical center</b>  |        |                                     | 0% after deductible  | 0% after deductible   | 5% after deductible  | 0% after deductible  | 0% after deductible  | 50% after deductible   |

\*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/basicrxindividualsmallgroup2021](http://bluecrossmn.com/basicrxindividualsmallgroup2021).

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 health care provider is an

independent contractor and not our agent. Nonparticipating providers do not have contracts with Blue Cross and Blue Shield of Minnesota. Benefits are effective January 1, 2021.

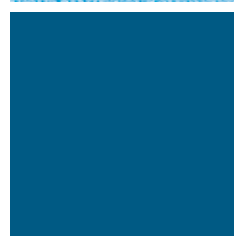
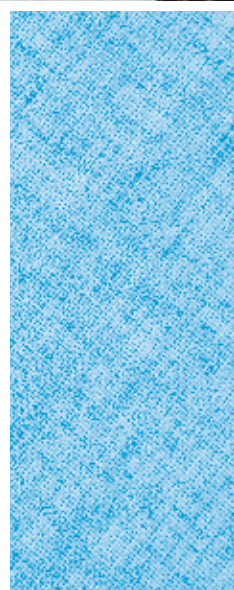
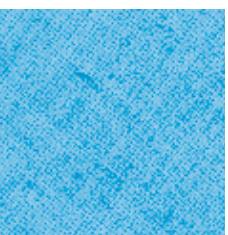
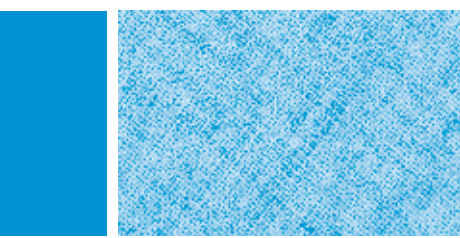
For a list of drugs on your specified drug list, BasicRx, visit [bluecrossmn.com/basicrxindividualsmallgroup2021](http://bluecrossmn.com/basicrxindividualsmallgroup2021).

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<sup>®</sup> Metro MN

Personalized, coordinated health care 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
- **4,651** primary care providers
- **16,993** specialty care providers

Numbers are subject to change and are reflective of signed contracts as of June 2020.

## 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 on [bluecrossmnonline.com](https://bluecrossmnonline.com) and choose **Blue Plus Metro MN Network**.



### Stay in network and save

Your out-of-pocket costs will be higher when you see an out-of-network provider

# Better together



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. For a complete list of providers, visit [bluecrossmnonline.com](https://bluecrossmnonline.com). Each health care 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 health care services. Allina Health Network is a subsidiary of Allina Health.

## 2021 PLANS

|  |        | BLUE PLUS METRO MN                  |  |   |  |
|--|--------|-------------------------------------|--|---|--|
| <b>Plan numbers*</b>   |        | 258/458                             | 253/453  | 254/455   | Out of Network<br>(all metal levels)   |
| <b>Metal level</b><br>Bronze and Silver plans are compatible with an HSA   |        | Bronze                              | Silver   | Gold  |  |
|  |        | In Network                          |  |   |  |
| <b>Your deductible</b>   | Single | \$7,000                             | \$4,200  | \$1,400   | \$20,000   |
|  | Family | \$14,000                            | \$12,600   | \$4,200   | \$30,000   |
| <b>Your coinsurance</b>  |        | 0%                                  | 20%  | 20%   | 50%  |
| <b>Your out-of-pocket maximum</b>  | Single | \$7,000                             | \$7,000  | \$7,200   | Unlimited  |
|  | Family | \$14,000                            | \$14,000   | \$14,400  | Unlimited  |
| <b>Visits to:</b><br>• Health care provider's office<br>• Specialist<br>• Retail health clinic<br>• Urgent care<br>• E-visits across all plans are 0% (no deductible/no copay)   |        | 0% after deductible                 | 20% after deductible   | 20% after deductible  | 50% after deductible   |
| <b>Other professional services in the office</b><br>Lab, pathology, advanced and standard imaging  |        |                                     |  |   |  |
| <b>Prescription drugs</b><br>- BasicRx drug list<br>- Essential Pharmacy Network<br>- Tier 1 and Tier 2** insulin options: \$0 out-of-pocket cost<br>- Tier 4 is specialty drugs |        | Tiers 1 – 4:<br>0% after deductible | Tier 1: 20% after deductible<br>Tier 2: 20% after deductible<br>Tier 3: 40% after deductible<br>Tier 4: 20% after deductible | Tier 1: \$20 copay<br>Tier 2: 20% after deductible<br>Tier 3: 40% after deductible<br>Tier 4: \$650 copay | No coverage  |
| <b>Preventive care</b>   |        |                                     |  |   | 50% after deductible   |
| <b>Well child care</b><br>(Ages 0 to 6, including vision exam)   |        | 0% (No deductible)                  | 0% (No deductible)   | 0% (No deductible)  | 0% (No deductible)   |
| <b>Prenatal care</b>   |        |                                     |  |   |  |
| <b>Maternity</b><br>(Labor, delivery and post-delivery care)   |        |                                     |  |   | 50% after deductible   |
| <b>Emergency care and ambulance</b><br>• Physician<br>• Facility   |        |                                     |  |   | In-network benefit applies. Amounts paid apply to the in-network deductible and out-of-pocket maximum. |
| <b>Outpatient facility services</b><br>• Physician<br>• Facility<br>• Lab, pathology, advanced and standard imaging  |        | 0% after deductible                 | 20% after deductible   | 20% after deductible  |  |
| <b>Inpatient facility services</b><br>• Physician<br>• Facility  |        |                                     |  |   | 50% after deductible   |
| <b>Chiropractic, physical, occupational and speech therapy</b> (Habilitative and rehabilitative)   |        |                                     |  |   |  |
| <b>Eyewear for children ages 18 and younger</b><br>One pair of standard collection frames or contact lenses  |        |                                     |  |   | No coverage  |
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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<sup>®</sup> Southeast MN

Quality care close to home.

The Blue Plus Southeast MN Network includes Mayo Clinic Health System and other health care 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
- **3,606** primary care providers
- **8,105** specialty care providers

Numbers are subject to change and are reflective of signed contracts as of June 2020.

## 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 on [bluecrossmnonline.com](https://bluecrossmnonline.com) and choose **Blue Plus Southeast MN Network**.

## TRUSTED CARE

**Mayo Clinic is ranked #1 in the nation** as well as #1 in more specialties than any other hospital in the nation.

U.S. News and World Report Best Hospitals Rankings, 2020-2021.



### Stay in network and save

Your out-of-pocket costs will be higher when you see an out-of-network provider

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.

You must live in the service area to enroll (see page 1). Provider listings are not all-inclusive and are subject to change. For a complete list of providers, visit [bluecrossmnonline.com](https://bluecrossmnonline.com). Each health care 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.

Mayo Clinic<sup>®</sup> 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.

## 2021 PLANS

|  |        | BLUE PLUS SOUTHEAST MN              |  |   |  |
|--|--------|-------------------------------------|--|---|--|
| <b>Plan numbers*</b>   |        | 270/470                             | 271/471  | 272/472   | Out of Network<br>(all metal levels)   |
| <b>Metal level</b><br>Bronze and Silver plans are compatible with an HSA   |        | Bronze                              | Silver   | Gold  |  |
|  |        | In Network                          |  |   |  |
| <b>Your deductible</b>   | Single | \$7,000                             | \$4,200  | \$1,400   | \$20,000   |
|  | Family | \$14,000                            | \$12,600   | \$4,200   | \$30,000   |
| <b>Your coinsurance</b>  |        | 0%                                  | 20%  | 20%   | 50%  |
| <b>Your out-of-pocket maximum</b>  | Single | \$7,000                             | \$7,000  | \$7,200   | Unlimited  |
|  | Family | \$14,000                            | \$14,000   | \$14,400  | Unlimited  |
| <b>Visits to:</b><br>• Health care provider's office<br>• Specialist<br>• Retail health clinic<br>• Urgent care<br>• E-visits across all plans are 0% (no deductible/no copay)   |        | 0% after deductible                 | 20% after deductible   | 20% after deductible  | 50% after deductible   |
| <b>Other professional services in the office</b><br>Lab, pathology, advanced and standard imaging  |        |                                     |  |   |  |
| <b>Prescription drugs</b><br>- BasicRx drug list<br>- Essential Pharmacy Network<br>- Tier 1 and Tier 2** insulin options: \$0 out-of-pocket cost<br>- Tier 4 is specialty drugs |        | Tiers 1 – 4:<br>0% after deductible | Tier 1: 20% after deductible<br>Tier 2: 20% after deductible<br>Tier 3: 40% after deductible<br>Tier 4: 20% after deductible | Tier 1: \$20 copay<br>Tier 2: 20% after deductible<br>Tier 3: 40% after deductible<br>Tier 4: \$650 copay | No coverage  |
| <b>Preventive care</b>   |        |                                     |  |   | 50% after deductible   |
| <b>Well child care</b><br>(Ages 0 to 6, including vision exam)   |        | 0% (No deductible)                  | 0% (No deductible)   | 0% (No deductible)  | 0% (No deductible)   |
| <b>Prenatal care</b>   |        |                                     |  |   |  |
| <b>Maternity</b><br>(Labor, delivery and post-delivery care)   |        |                                     |  |   | 50% after deductible   |
| <b>Emergency care and ambulance</b><br>• Physician<br>• Facility   |        |                                     |  |   | In-network benefit applies. Amounts paid apply to the in-network deductible and out-of-pocket maximum. |
| <b>Outpatient facility services</b><br>• Physician<br>• Facility<br>• Lab, pathology, advanced and standard imaging  |        | 0% after deductible                 | 20% after deductible   | 20% after deductible  |  |
| <b>Inpatient facility services</b><br>• Physician<br>• Facility  |        |                                     |  |   | 50% after deductible   |
| <b>Chiropractic, physical, occupational and speech therapy</b> (Habilitative and rehabilitative)   |        |                                     |  |   |  |
| <b>Eyewear for children ages 18 and younger</b><br>One pair of standard collection frames or contact lenses  |        |                                     |  |   | No coverage  |
| <b>Ambulatory surgical center</b>  |        |                                     |  |   | 50% after deductible   |

\*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/basicrxindividualsmallgroup2021](http://bluecrossmn.com/basicrxindividualsmallgroup2021)

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 health care provider is an independent contractor and not our agent. Nonparticipating providers do not have contracts with Blue Cross and Blue Shield of Minnesota. Benefits are effective January 1, 2021.

For a list of drugs on your specified drug list, BasicRx, visit [bluecrossmn.com/basicrxindividualsmallgroup2021](http://bluecrossmn.com/basicrxindividualsmallgroup2021).

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.

## ONLINE CARE

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

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

## ONLINE BEHAVIORAL HEALTH THERAPY

Concerned about substance use, stress, insomnia, depression or social anxiety? Learn to Live is an online program that's available anytime to help you work through it. Visit [learntolive.com/partners](https://learntolive.com/partners) to learn more.

Learn to Live, Inc. is an independent company offering online cognitive behavioral therapy programs and services.

## 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](https://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.

## ONLINE HEALTH AND WELLBEING PLATFORM

Manage all your health in one place with help from Sharecare. Sharecare provides tools, insights and information on how to improve your health and live your healthiest life.

Sharecare is an independent company providing a health and wellness engagement platform. Offerings subject to change.

## HEALTH ASSESSMENT

Discover how old your body thinks it is by taking the RealAge® test, then get personalized steps to help lower it.

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



### WHO SAYS YOU CAN'T TURN BACK TIME?

**With Sharecare, you can.**

See how old your body is by taking the RealAge® test. Then get actionable health tips to help you lower your RealAge along with tools to keep you on track.

Take your first step to growing younger. Get started at [bluecrossmn.sharecare.com](https://bluecrossmn.sharecare.com).

# Step 4: Consider additional coverage to complete your benefits

Protect your overall health with optional dental, vision and worldwide 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](https://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](https://bluecrossmn.com/vision-individual).



## WORLDWIDE TRAVEL COVERAGE

GeoBlue® takes the worry and “what-ifs” out of international travel with 24 hours a day, seven days a week concierge member support. Coverage includes hospitalization, doctor visits and prescriptions. You can also count on emergency medical evacuation for urgent, unexpected care. Visit [bluecrossmn.com/geoblue](https://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](https://bluecrossmn.com) and click on “Shop Plans”



Make an appointment at a Blue Cross center in Edina, Roseville or Duluth at [bluecrossmn.com/centers](https://bluecrossmn.com/centers). Health plan experts are certified MNsure navigators.



Speak with a Blue Cross representative **1-800-262-0823/TTY 711**



Contact your local agent or visit [bluecrossmn.com/AgentFinder](https://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 22 (for coverage that starts January 1). Special enrollment during other times of the year is available for a major life event, such as a 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](https://bluecrossmn.com) and search “special enrollment.”

## **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 [bluecrossmnonline.com](https://bluecrossmnonline.com). 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). The kind of preventive care services you need depends on your age, health and family history. For more information on covered services, visit [bluecrossmn.com/preventivecare](https://bluecrossmn.com/preventivecare).

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

A. Once enrolled in your health plan network, you can register for your member website, at [bluecrossmnonline.com](https://bluecrossmnonline.com). From there you can access your Summary of Benefits and Coverage (SBC) 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.

Doctor On Demand is a convenient and affordable option for assistance with less serious medical concerns when you are away from in-network providers. Doctor On Demand is an online service that provides access to doctors, psychiatrists and licensed psychologists. Visit with a professional live from your smartphone, tablet or computer equipped with a built-in camera.

## **STILL HAVE QUESTIONS? WE'RE HERE TO HELP.**

Speak with a Blue Cross representative [1-800-262-0823](tel:1-800-262-0823)/TTY [711](tel:711)

Make an appointment at a Blue Cross center in Edina, Roseville or Duluth at [bluecrossmn.com/centers](https://bluecrossmn.com/centers). Health plan experts are certified MNsure navigators.

Contact your local agent or visit [bluecrossmn.com/AgentFinder](https://bluecrossmn.com/AgentFinder)





## **NOTICE OF NONDISCRIMINATION PRACTICES**

***Effective July 18, 2016***

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: [Civil.Rights.Coord@bluecrossmn.com](mailto:Civil.Rights.Coord@bluecrossmn.com)
- by mail at: Nondiscrimination Civil Rights Coordinator  
Blue Cross and Blue Shield of Minnesota and Blue Plus  
M495  
PO Box 64560  
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by phone at:  
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F  
HHH Building  
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိကညီကိတ်ဒီး, တၢ်ကဟ့ၣ်နၢကိတ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY အဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

አማርኛ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ አገልግሎት እርዳ አለሎት። በ 1-855-315-4030 ይደውሉ ለ TTY በ 711።

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

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ລ້າລັບ. TTY, ໃຫ້ໂທຫາ 711.

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

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

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមិន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583 ។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711 ។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béésh bee hodíílnih 1-855-902-2583. TTY biniiyego éí 711 jí' béésh bee hodíílnih.

[bluecrossmnonline.com](http://bluecrossmnonline.com)

# Better together



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M04711R01 (8/20)