



## Preferred Gold Limited 80/20 with deductible plan

A primary health care plan for groups of 2 – 50 employees



*Rising health care costs.  
Greater need for wellness  
and prevention. Maintaining  
employee satisfaction. Now  
is the time for practical  
solutions. Preferred Gold is a  
health plan you can trust to  
combine experience with a  
focus on the healthy future of  
businesses like yours.*

## Health plan solutions

### **How this plan option works**

Members choose a primary care clinic from the Blue Plus statewide network. Generally, the clinic provides primary care and coordinates most care received from specialists — all without complicated paperwork.

### **Save by using network providers**

By using the large Blue Plus network of health care providers, members avoid paying higher costs. That's because network providers agree to accept the "allowed amount" stated in their contracts as full payment for covered services. Members may see other health care providers for emergency care only.

### **Unmatched support for your health**

- Health Guides and Nurse Guides with one call to customer service
- Dedicated Nurse Support for an extended illness or accident
- Healthy Start® Prenatal Support
- 24-Hour Nurse Advice Line for health concerns anytime
- Fitness Program that encourages members to exercise regularly
- Plus, Online Wellness Center, Health Assessment, Online Coaching Modules, Stop-Smoking Support and Employee Assistance Program

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Please note: Benefits are subject to regulatory approval

Plan highlights	In network	Out of network
<b>Calendar-year deductible options</b> Employers choose one of three options. One deductible applies to services from all providers.	<ul style="list-style-type: none"> <li>a \$500/person – \$1,000/family</li> <li>b \$1,000/person – \$2,000/family</li> <li>c \$2,000/person – \$4,000/family</li> </ul>	
<b>Out-of-pocket maximum</b> These options correspond to the deductible selected. A separate out-of-pocket maximum of \$750 per person or \$1,500 per family applies to prescription drugs.	<ul style="list-style-type: none"> <li>a \$1,800/person – \$5,000/family</li> <li>b \$2,250/person – \$5,000/family</li> <li>c \$2,500/person – \$5,000/family</li> </ul>	<ul style="list-style-type: none"> <li>a \$2,500/person – \$5,000/family</li> <li>b \$2,500/person – \$5,000/family</li> <li>c \$2,500/person – \$5,000/family</li> </ul>
<b>Lifetime maximum</b>	Unlimited	
<b>Physician services</b> <ul style="list-style-type: none"> <li>• Office or urgent care visits for illness or injury</li> <li>• Retail health clinic</li> <li>• Behavioral health care (mental health, substance abuse, eating disorders and autism)</li> <li>• Chiropractic manipulation</li> <li>• In-office surgery/allergy-related services</li> </ul>	100% after a \$25 copay or b c \$30 copay 100% 100% after a \$25 copay or b c \$30 copay*  100% after a \$25 copay or b c \$30 copay* 80% after deductible	60% after deductible 60% after deductible 60% after deductible  60% after deductible from participating providers; <i>no benefits for services from nonparticipating providers</i> 60% after deductible
<b>Preventive care</b> <ul style="list-style-type: none"> <li>• Well-child services and immunizations</li> <li>• Prenatal care</li> <li>• Routine physicals and eye exams</li> <li>• Cancer screenings</li> </ul>	100% 100% 100% 100%	60% after deductible 60% after deductible 60% after deductible 60% after deductible
<b>Lab services</b>	80% after deductible	60% after deductible
<b>X-ray and diagnostic imaging</b>	80% after deductible	60% after deductible
<b>In- and outpatient hospital services</b> <ul style="list-style-type: none"> <li>• Facility services (includes behavioral health care)</li> <li>• Professional services (includes behavioral health care)</li> </ul>	80% after deductible* 80% after deductible*	60% after deductible 60% after deductible
<b>Emergency care</b> <ul style="list-style-type: none"> <li>• Outpatient facility services</li> <li>• Outpatient professional services</li> </ul>	100% after \$100 copay 100%	100% after \$100 copay 100%
<b>Ambulance services</b>	80%	80%
<b>Medical supplies</b>	80% after deductible	60% after deductible
<b>Therapy services</b> <ul style="list-style-type: none"> <li>• Chiropractic therapy</li> <li>• Occupational and physical therapy</li> <li>• Speech therapy</li> </ul>	80% after deductible*  80% after deductible 80% after deductible	60% after deductible from participating providers; <i>no benefits for services from nonparticipating providers</i> No coverage No coverage
<b>Prescription drugs</b> <ul style="list-style-type: none"> <li>• Retail (31-day supply)</li> <li>• Specialty drugs</li> <li>• 90dayRx (90-day supply) <i>excludes specialty drugs</i></li> </ul>	\$5 generic/\$35 formulary brand/ \$50 non-formulary brand  20% coinsurance to a maximum of \$200 per specialty prescription  \$10 generic/\$70 formulary brand/ \$150 non-formulary brand  If a generic drug is available and member chooses a brand-name drug, member pays the difference between the brand-name price and the generic price, plus any coinsurance. In some cases, this can amount to the full cost of the brand-name drug.	\$5 generic/\$35 formulary brand/ \$50 non-formulary brand; member pays the pharmacy and files a claim. In addition to copays, member will be responsible for amounts in excess of allowed amount.  No coverage
<b>Health support</b> included with your plan	Online Health Assessment and Coaching Modules • Health Guides and Nurse Guides • Dedicated Nurse Support • Fitness Program • Employee Assistance • 24-Hour Nurse Advice Line • Healthy Start® Prenatal Support • Stop-Smoking Support	

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Plus customer service at the number on the back of your member ID card or visit [blucrossmn.com](http://blucrossmn.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.)



(Plan numbers a 31, b 32, c 33)  
F5990R28 (7/10)

\* For highest level of coverage, use Select network providers for chiropractic and behavioral health services. For all other services, use the Blue Plus network.

This is only an outline of plan benefits. The contract and certificate include complete details of what is and isn't covered. Services not covered include eyeglasses, hearing aids, items primarily used for a non-medical purpose, over-the-counter drugs (except as specified in the Certificate of Coverage), nutritional supplements, services that are cosmetic, experimental, not medically necessary, or covered by workers' compensation or no-fault auto insurance. Preexisting conditions may not be covered for a limited period of time. This limit is reduced by prior continuous coverage and doesn't apply to pregnancy, newborns, adopted children, children under 19 or handicapped dependents. We feature a large network of health care providers. Each provider is an independent contractor and is not our agent. Nonparticipating providers do not have contracts with Blue Cross and Blue Shield of Minnesota and Blue Plus. **Benefits are effective October 1, 2010.**