



Options Blue 100 compatible with HSAs

Consumer-directed health plan for groups of 2 – 50 employees



You need to control costs. And you want to build a loyal and productive workforce. Options Blue is an innovative health plan model that's changing the way small businesses deliver health benefits.

Consumer-directed health plans encourage employees to be more engaged in their health care and costs, without compromising satisfaction.

A fresh approach

The idea behind consumer-directed health plans

It's a simple concept. Cover your employees with a high-deductible health plan, so you have the potential for premium savings. Then allow employees to set aside pretax dollars in a health savings account (HSA) to help cover their share of a broad range of medical expenses. Employers can also contribute to HSAs. Finally, give employees useful information and support tools to help them be healthy.

How does it work?

Employees may be reimbursed for qualified expenses up to the amount of their HSA. When those funds are used up, employees cover the remainder of the deductible with their own money. When the deductible is met, the health plan begins to pay. Plus, your employee's unspent dollars in the account carry over to the next year, providing incentive for thoughtful spending.

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 for when you're expecting
- 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
Calendar-year deductible options One deductible applies to services from all providers. Family contracts a, b, c and e have no individual deductibles. Choose family contract d or f for embedded (per person) deductibles.	a \$1,600/single – \$3,200/family b \$2,100/single – \$4,200/family c \$3,000/single – \$6,000/family d \$3,000/person – \$6,000/family (with embedded deductible) e \$5,800/single – \$11,600/family f \$5,800/person – \$11,600/family (with embedded deductible)	
Out-of-pocket maximum These options correspond to the deductible selected. The out-of-pocket maximum combines medical and prescription drug expenses.	Out-of-pocket maximum is equal to the annual deductible	a \$6,400/person b \$8,400/person c \$12,000/person d \$12,000/person e \$23,200/person f \$23,200/person
Lifetime maximum	\$5 million for services from all providers	
Physician services <ul style="list-style-type: none"> Office or urgent care visits for illness or injury Retail health clinic Behavioral health care (mental health, substance abuse, eating disorders and autism) Chiropractic manipulation In-office surgery/allergy-related services 	100% after deductible 100% after deductible 100% after deductible* 100% after deductible* 100% after deductible	80% after deductible 80% after deductible 80% after deductible 80% after deductible; <i>no benefits for services from non-participating providers</i> 80% after deductible
Preventive care <ul style="list-style-type: none"> Well-child services and immunizations Prenatal care Routine physicals and eye exams Cancer screenings 	100% 100% 100% 100%	80% after deductible 80% after deductible 80% after deductible 80% after deductible
Lab services	100% after deductible	80% after deductible
X-ray and diagnostic imaging	100% after deductible	80% after deductible
In- and outpatient hospital services <ul style="list-style-type: none"> Facility services (includes behavioral health care) Professional services (includes behavioral health care) 	100% after deductible* 100% after deductible*	80% after deductible 80% after deductible
Emergency care <ul style="list-style-type: none"> Outpatient facility services Outpatient professional services 	100% after deductible 100% after deductible	100% after deductible 100% after deductible
Ambulance services	100% after deductible	100% after deductible
Medical supplies	100% after deductible	80% after deductible
Therapy services <ul style="list-style-type: none"> Chiropractic therapy Occupational and physical therapy Speech therapy 	100% after deductible* 100% after deductible 100% after deductible	80% after deductible from participating providers; <i>no benefits for services from non-participating providers</i> 80% after deductible** 80% after deductible**
Prescription drugs <ul style="list-style-type: none"> Retail (31-day supply) <i>formulary drugs only</i> Specialty drugs 90dayRx (90-day supply) <i>excludes specialty drugs</i> 	100% after deductible 100% after deductible 100% after deductible	100% after deductible; member pays the pharmacy and files a claim. In addition to deductible, member will be responsible for amounts in excess of allowed amount. No coverage
Health support 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 Cross customer service at the number on the back of your member ID card or visit bluecrossmn.com.

Lowest out-of-pocket costs: in-network providers

Higher out-of-pocket costs: out-of-network participating providers

Highest out-of-pocket costs: out-of-network **nonparticipating** providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

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

** Physical, occupational and speech therapy services are limited to a \$500 maximum per calendar year

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 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. **Benefits are effective July 1, 2010 through June 30, 2011.**



(Plan numbers a 176, b 178, c 180, d 181, e 182, f 183)
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