



Blue ValueSM deductible plan

An open-access health 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. Blue Cross and
Blue Shield of Minnesota is
the state's only health plan
that combines 77 years of
experience with a focus on the
healthy future of businesses
like yours.*

Health plan solutions

How this plan option works

Members can see any participating health care provider they choose for most covered services. The best benefits apply when members see providers in our statewide Blue Cross (Aware[®]) network. This network includes doctors, specialists, primary care clinics and hospitals. Network providers handle all of the claims paperwork.

Save by using network providers

By using the large Blue Cross network of health care providers, members avoid paying higher out-of-pocket expenses. That's because network providers agree to accept the "allowed amount" stated in their contracts as full payment for covered services. Members are covered throughout the United States with the BlueCard[®] program, and even beyond with BlueCard Worldwide[®].

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

Blue Value deductible plan

Please note: Benefits are subject to regulatory approval

Plan highlights	In network	Out of network
Calendar-year deductible options Employers choose one of three options. One deductible applies to services from all providers.	<ul style="list-style-type: none"> a \$1,500/person – \$4,500/family b \$2,500/person – \$7,500/family c \$3,500/person – \$8,500/family 	
Out-of-pocket maximum These options correspond to the deductible selected. Prescription drug copays do not apply to the out-of-pocket maximum.	<ul style="list-style-type: none"> a \$3,000/person – \$6,000/family b \$4,000/person – \$8,000/family c \$5,000/person – \$10,000/family 	<ul style="list-style-type: none"> a \$3,000/person b \$4,000/person c \$5,000/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 a b \$40 copay or c \$50 copay 100% 100% after a b \$40 copay or c \$50 copay* 100% after a b \$40 copay or c \$50 copay* 70% after deductible	50% after deductible 50% after deductible 50% after deductible 50% after deductible from participating providers; <i>no benefits for services from non-participating providers</i> 50% 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%	50% after deductible 50% after deductible 50% after deductible 50% after deductible
Lab services	70% after deductible	50% after deductible
X-ray and diagnostic imaging	70% after deductible	50% 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) 	70% after deductible* 70% after deductible*	50% after deductible 50% after deductible
Emergency care <ul style="list-style-type: none"> • Outpatient facility services • Outpatient professional services 	100% after \$100 copay 70% after deductible	100% after \$100 copay 70% after deductible
Ambulance services	70% after deductible	70% after deductible
Medical supplies	70% after deductible	50% after deductible
Therapy services <ul style="list-style-type: none"> • Chiropractic therapy • Occupational and physical therapy • Speech therapy 	70% after deductible* 70% after deductible 70% after deductible	50% after deductible from participating providers; <i>no benefits for services from non-participating providers</i> 50% after deductible** 50% after deductible**
Prescription drugs <ul style="list-style-type: none"> • Retail (31-day supply) • Specialty drugs • 90dayRx (90-day supply) <i>excludes specialty drugs</i> 	\$5 generic/\$40 formulary brand \$90 non-formulary brand 20% coinsurance to a maximum of \$200 per specialty prescription \$10 generic/\$80 formulary brand \$180 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/\$40 formulary brand \$90 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
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.**



BlueCross BlueShield of Minnesota
An Independent licensee of the Blue Cross and Blue Shield Association

(Plan number a 131, b 132, c 133)
F9027R05 (2/10)