



Personal BlueSM

Personal Blue – flexible plans to fit your life and budget

For individuals and families who want affordable, comprehensive coverage

2010



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Security and more value in every plan

Personal Blue 80 with copay

Buying your own health care coverage has never been easier — or more affordable. Personal Blue offers you an expanded range of health plan choices — all at new, lower monthly rates.

Whether you're looking for the predictability of a copay plan or just the safety net of catastrophic coverage, you'll find a plan that's right for your personal situation, with comprehensive physical and mental health coverage and broad access to exceptional care providers throughout Minnesota and the United States.

And you'll gain access to a full suite of support services from Blue Cross and Blue Shield of Minnesota designed to help you and your family be your healthiest while saving money on your health care expenses.

Need coverage just for the kids? All three Personal Blue plans can be purchased for your child or children ages 90 days through 18 years without applying for either or both parents.

Personal Blue offers three plans with a variety of cost-sharing options to help you get the most for your money without sacrificing the care you need.

Our only plan with office visit copays, plus \$200 for preventive care

You get valuable coverage that lets you know up front what you'll pay for office visits, retail health clinic visits and prescriptions.

- Choose from two deductibles that are the lowest of the Personal Blue plans
- Office visit copay: \$50
- Retail health clinic copay: \$10
- Generic drug copay: \$5
- Preventive care benefits: \$200 for each covered family member, every year, available from day one
- All other eligible medical expenses: you pay 20 percent (Blue Cross pays 80 percent) after you meet your deductible, until you reach your out-of-pocket maximum. Then, Blue Cross pays 100 percent.
- Blue Cross travel benefits: you have in-network coverage options and peace of mind wherever you travel in the United States, thanks to BlueCard® — and internationally through BlueCard Worldwide®

Health benefit terms can be confusing. Don't miss our helpful glossary on page 5.

Personal Blue 80

Our most popular type of coverage, pays \$200 for preventive care

Personal Blue 80 helps you balance coverage and cost with a familiar 80/20 cost-sharing arrangement, while still providing up-front coverage for preventive care.

- Choose from four deductibles
- Generic drug copay: \$5
- Retail health clinic visits: you pay only 20 percent, even if you have not met your deductible
- Preventive care benefits: \$200 for each covered family member, every year, available from day one
- All other eligible medical expenses: you pay 20 percent (Blue Cross pays 80 percent) after you meet your deductible, until you reach your out-of-pocket maximum. Then, Blue Cross pays 100 percent.
- Blue Cross travel benefits: you have in-network coverage options and peace of mind wherever you travel in the United States, thanks to BlueCard — and internationally through BlueCard Worldwide

Personal Blue 100

Our lowest monthly-rate plan, protects you from catastrophic costs

Personal Blue 100 features some of the same valuable benefits offered by our other plans, at a lower monthly rate.

- Choose from four higher deductibles for the lowest monthly rates we offer
- Blue Cross pays 100 percent of eligible expenses after you reach your deductible, including office visits, hospital services, emergency room care and prescription drugs
- Blue Cross travel benefits: you have in-network coverage options and peace of mind wherever you travel in the United States, thanks to BlueCard — and internationally through BlueCard Worldwide



The Blue Cross difference

Peace of mind in uncertain times

Now more than ever, you need a health plan you know and trust. Blue Cross and Blue Shield of Minnesota's reputation for solid, reliable coverage spans 75 years and today provides peace of mind for nearly 3 million members. We pay for the services you need most — when you need them. Knowing you're covered is one less worry.

Quick, hassle-free claims processing

We take our responsibility as financial stewards of your health care dollars very seriously. You can expect your claims to be processed quickly, accurately and without hassle.

Cost-effective network coverage at home and on the road

More than 97 percent of Minnesota doctors and hospitals are in our network, where you always get the best benefit for your dollar. And you're still "in network" virtually anywhere you travel in the United States, thanks to the BlueCard program, and internationally through BlueCard Worldwide. Plus, you never need a referral.

Prescription drug savings now easier than ever

If you take ongoing medications, you can make fewer trips to the pharmacy and save money at the same time with 90dayRx, only from Blue Cross. Fill 90-day prescriptions at participating retail pharmacies or through mail order and pay less than you would for three 30-day prescriptions. For example, in plans with \$5 generics, you pay only two copays instead of three.

Unmatched support for your health

When you call customer service, Health Guides will answer your questions and guide you to resources that can help you save money and improve your health. If you or a family member needs extra help managing a health condition or recovering from an injury, a Blue Cross Nurse Guide will help you get the care and support you need.

Fitness Program and other healthy extras

The Fitness Program, Online Health Assessments and Coaching Modules, a personal Online Wellness Center, and the myBlueCross member center help you manage both your health and your health care expenses.



Get the answers you need to make the best choice. Visit bluecrossmn.com or call customer service at **(651) 662-5030** or toll free at **1-800-531-6685**.

Is my doctor in the network?

Use our online provider search tool to confirm that the providers you prefer are in our standard network (Accord). If they're not, you may find them in the expanded network (Aware®), available for a higher premium.

Are my prescription drugs covered?

Confirm that the drugs you take are on the drug list for this plan (GenRx formulary).

Which specific plan is right for me?

Visit our interactive Plan Selector, which will guide you to the best plan for your needs and budget.

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Personal Blue plan highlights

	Personal Blue 80 with copay	Personal Blue 80	Personal Blue 100
In-network plan features			
Calendar-year deductible <i>No member can contribute more than the "per person" amount toward a family deductible. Family amount is for a family of 3 or more (combines medical and drug expenses).</i>	\$1,000/person – \$3,000/family \$3,000/person – \$9,000/family	\$1,500/person – \$4,500/family \$2,500/person – \$7,500/family \$3,500/person – \$10,500/family \$4,500/person – \$13,500/family	\$4,000/person – \$12,000/family \$7,500/person – \$22,500/family \$10,000/person – \$30,000/family \$15,000/person – \$45,000/family
Out-of-pocket (OOP) maximum <i>After this amount is reached, your plan pays 100% of covered expenses. Copays do not apply to out-of-pocket maximum. Family amount is for a family of 3 or more (combines medical and drug expenses).</i>	\$2,000/person – \$4,000/family \$6,000/person – \$12,000/family	\$3,000/person – \$6,000/family \$4,500/person – \$9,000/family \$5,000/person – \$10,000/family \$7,000/person – \$14,000/family	\$4,000/person – \$12,000/family \$7,500/person – \$22,500/family \$10,000/person – \$30,000/family \$15,000/person – \$45,000/family
Coinsurance <i>Percentage that you pay after deductible</i>	You pay 20% after deductible	You pay 20% after deductible	You pay 0% after deductible
In-network benefits			
Prescription drugs (GenRx formulary) <i>31-day supply. 90-day supply available through 90dayRx program at participating retail pharmacies or by PrimeMail¹</i>	Covered • \$5 copay for formulary generic drugs • You pay 20% after deductible for formulary brand-name drugs	Covered • \$5 copay for formulary generic drugs • You pay 20% after deductible for formulary brand-name drugs	Covered You pay 0% after deductible for all formulary drugs
Preventive care <i>Includes physical exam, eye exam, cancer screening, immunizations</i>	Covered Plan pays first \$200 per person, then you pay 20% after deductible	Covered Plan pays first \$200 per person, then you pay 20% after deductible	Covered You pay 0% after deductible
Physician services • Office or urgent care visits for illness or injury <i>Includes mental health, substance abuse, eating disorders, autism</i> • Retail health clinic	Covered • \$50 copay per visit plus 20% after deductible for related services such as lab, X-rays, in-office surgery, allergy services • \$10 copay per visit plus 20% after deductible for related services as described above	Covered • You pay 20% after deductible plus 20% after deductible for related services such as lab, X-rays, in-office surgery, allergy services • You pay 20% coinsurance (no deductible) plus 20% after deductible for related services as described above	Covered You pay 0% after deductible
Inpatient/outpatient lab and diagnostic imaging/X-ray services	Covered You pay 20% after deductible	Covered You pay 20% after deductible	Covered You pay 0% after deductible
Emergency room care			
Inpatient/outpatient hospital services			
Ambulance			
Medical supplies			
Chiropractic care <i>Maximum of \$500 per person per calendar year</i>			
Occupational, physical, speech therapy			
Home health care <i>Maximum of \$25,000 per person per calendar year</i>			
Well-child services to age 6	Covered You pay 0% (no deductible)	Covered You pay 0% (no deductible)	Covered You pay 0% (no deductible)
Immunizations to age 18			
Prenatal care			
Maternity labor, delivery, post-delivery care and maternity complications	First 18 months: No coverage 19th month and after: You pay 20% after deductible	First 18 months: No coverage 19th month and after: You pay 20% after deductible	First 18 months: No coverage 19th month and after: You pay 0% after deductible
Lifetime maximum benefit	\$5 million per person all networks	\$5 million per person all networks	\$5 million per person all networks
Out-of-network plan features			
Calendar-year deductible <i>Separate from in-network deductible (combines medical and drug expenses)</i>	\$2,000/person – \$6,000/family \$6,000/person – \$18,000/family	\$3,000/person – \$9,000/family \$5,000/person – \$15,000/family \$7,000/person – \$21,000/family \$9,000/person – \$27,000/family	\$8,000/person – \$24,000/family \$15,000/person – \$45,000/family \$20,000/person – \$60,000/family \$30,000/person – \$90,000/family
Out-of-pocket (OOP) maximum <i>Separate from in-network deductible (combines medical and drug expenses)</i>	\$4,000/person \$12,000/person	\$6,000/person \$10,000/person \$14,000/person \$18,000/person	\$16,000/person \$30,000/person \$40,000/person \$60,000/person
Coinsurance	You pay 40% after deductible	You pay 40% after deductible	You pay 20% after deductible

Coverage for substance abuse is included in the contract. You may choose to exclude substance abuse coverage. Your premium will be slightly reduced if you exclude substance abuse coverage.

This is only a summary. Your contract will provide a detailed description of what is and is not covered. Services not covered include private duty nursing, custodial care or rest cures, eyewear, dental services, infertility services, bariatric surgery, services that are experimental, not medically necessary or received while on military duty. Preexisting conditions you had during the six months before your enrollment date are not covered. This limit applies for 12 months. Prior continuous coverage without a gap in coverage greater than 63 days counts toward reducing the 12-month period.

Consumer Price Index Annual Adjustment: 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.

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.)

¹PrimeMail, a mail-service pharmacy owned and operated by Prime Therapeutics, LLC, an independent company providing pharmacy benefit management services.

How Personal Blue works

Follow this typical scenario

Mara, age 40, visits her endocrinologist to monitor her diabetes. Here are the estimated costs associated with her visit:

Visit to endocrinologist:	\$ 240
Associated lab tests:	\$ 160
31-day generic prescription:	\$ 22
Total eligible charges	\$ 422

How each Personal Blue plan covers this visit

1

Before Mara has reached her deductible, here's what she'll pay in each plan:

	Personal Blue 80 with copay	Personal Blue 80	Personal Blue 100
Doctor visit	\$ 50 (copay)	\$ 240	\$ 240
Lab tests	\$ 160	\$ 160	\$ 160
31-day generic prescription	\$ 5 (copay)	\$ 5 (copay)	\$ 22
Total Mara pays	\$215	\$405	\$422

2

After Mara has reached her deductible, here's what she'll pay in each plan:

	Personal Blue 80 with copay	Personal Blue 80	Personal Blue 100
Doctor visit	\$ 50 (copay)	\$ 48 (20% of \$240)	\$ 0
Lab tests	\$ 32 (20% of \$160)	\$ 32 (20% of \$160)	\$ 0
31-day generic prescription	\$ 5 (copay)	\$ 5 (copay)	\$ 0
Total Mara pays	\$ 87	\$ 85	\$ 0

Seeing the whole picture

While it's important to consider how individual charges are covered in each plan, it's equally important to understand the relationship between the rate you pay each month and your deductible. In general, the larger your monthly rate, the lower your deductible.

	Personal Blue 80 with copay	Personal Blue 80	Personal Blue 100
Monthly rate	\$\$\$	\$\$	\$
Calendar-year deductible	\$	\$\$	\$\$\$

Next steps

Three easy ways to get started with affordable, comprehensive coverage from Blue Cross

- Apply online at bluecrossmn.com. Use our interactive Plan Selector to find the best plan for you.
- Call Blue Cross at (651) 662-5050 or toll free at 1-800-262-0823
- Talk to your agent to apply — find one in the Yellow Pages or visit bluecrossmn.com and select “find an agent”

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Words to know

allowed amount

the amount a participating provider has agreed to accept as payment in full

coinsurance

the percentage of covered health care costs that you pay after reaching your deductible

copay

a payment you make for a service or product (this is a set amount and does not apply to your deductible)

deductible

the amount you pay for covered health care services each year before the health plan begins to pay for covered medical services

formulary

the list of generic and brand-name drugs covered by your health plan

generic drug

a drug with active ingredients identical to a brand-name drug; usually less expensive

lifetime maximum

the maximum amount a health plan agrees to pay on your behalf for covered services over your lifetime

monthly rate

the amount you pay each month for your health plan

out-of-pocket maximum

the most you will pay toward covered health care services in deductible and coinsurance in a calendar year (copays do not count toward this maximum)

preventive care

physicals, immunizations and cancer screenings

retail health clinics

clinics often located in major retail stores and pharmacies that offer convenient and affordable treatment for many common illnesses



Other Blue Cross plans for you or your family

*Simply Blue*SM — An affordable health plan with all the essential benefits you need and none of what you don't

*Options Blue*SM — Health plans compatible with tax-advantaged health savings accounts (HSAs)

InstaCare — A temporary health plan when you need coverage right away. It provides 30-, 60- or 90-day coverage for a long list of medical and hospital services



**BlueCross BlueShield
of Minnesota**

An Independent licensee of the Blue Cross and Blue Shield Association

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