



## A quick overview of our plans

### You've taken the first step toward getting a quality plan

Inside you'll find lots of plan choices, so you can select the best plan for your situation. All of our plans come with this promise: superior service, worldwide acceptance and renowned networks of doctors and hospitals.

With Blue Cross and Blue Shield of Minnesota, you'll carry the most recognized health care card in the world. And you'll enjoy friendly and prompt customer service, right here in Minnesota.

### The next step, buying the plan, can be easy

- > **Visit [bluecrossmn.com](http://bluecrossmn.com).** Our plan selector will help you sort out your options and compare prices, and then you can buy online.
- > **Call us toll free.** We'll walk you through your options and help you complete your application. Just call **1-800-262-0823**.
- > **Contact your Blue Cross agent.** Thousands of independent agents across Minnesota are happy to represent Blue Cross and will help you purchase a plan that suits you the best.

# The 2010 individual plan comparison

Effective April 1, 2010 — March 31, 2011

	InstaCare		Simply Blue <sup>SM</sup>		Personal Blue <sup>SM</sup>				Options Blue <sup>SM</sup>					
Typical buying situations	People between jobs looking for temporary health care coverage		Young adults not needing maternity coverage, pre-retirees	People who want up-front coverage for preventive care and office visits, and a higher deductible	People coming from a group plan looking for lower-deductible plans and office visit copays		Individuals and families looking for a traditional plan with great up-front benefits		People seeking a lower premium plan and protection from catastrophic costs		People who want a health savings account and a lower deductible		People who want a health savings account and no coinsurance	
In-network plan features			<b>80</b>	<b>100</b>	<b>80 with copay</b>		<b>80</b>		<b>100</b>		<b>80</b>		<b>100</b>	
Deductible	<i>Amount you pay toward health care before your plan starts to pay (combines medical and drug expenses)</i>		<i>Amount you pay toward health care before your plan starts to pay (combines medical and drug expenses). Exceptions noted below.</i>		<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>				<i>Family deductible can be met by any combination of family members and must be met before any benefits are paid (combines medical and drug expenses)</i>					
	Individual	Family			Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
	\$300	\$900	\$4,000	\$5,000	\$1,000	\$3,000	\$1,500	\$4,500	\$4,000	\$12,000	\$1,300	\$2,600	\$2,500	\$5,000
	\$500	\$1,500	\$8,000	\$7,500	\$3,000	\$9,000	\$2,500	\$7,500	\$7,500	\$22,500	\$2,000	\$4,000	\$3,500	\$7,000
	\$1,000	\$3,000		\$10,000			\$3,500	\$10,500	\$10,000	\$30,000			\$4,500	\$9,000
							\$4,500	\$13,500	\$15,000	\$45,000			\$5,800	\$11,600
Out-of-pocket maximum	Individual	Family			Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
<i>After this amount is reached, plan pays 100%</i>	\$1,000	\$3,000	\$6,500	\$5,000	\$2,000	\$4,000	\$3,000	\$6,000	\$4,000	\$12,000	\$2,600	\$5,200	\$2,500	\$5,000
	\$1,500	\$4,000	\$10,500	\$7,500	\$6,000	\$12,000	\$4,500	\$9,000	\$7,500	\$22,500	\$4,000	\$8,000	\$3,500	\$7,000
	\$3,000	\$9,000		\$10,000			\$5,000	\$10,000	\$10,000	\$30,000			\$4,500	\$9,000
							\$7,000	\$14,000	\$15,000	\$45,000			\$5,800	\$11,600
Coinsurance	20%		20%	0%	20%		20%		0%		20%		0%	
<i>Percentage that you pay after deductible</i>														
In-network benefits														
Prescription drugs <i>(GenRx formulary)</i>	Covered You pay 20% after deductible		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 0% 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 • \$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	Covered You pay 20% after deductible for all formulary drugs	Covered You pay 0% after deductible for all formulary drugs	Covered You pay 20% after deductible for all formulary drugs	Covered You pay 0% after deductible for all formulary drugs	Covered You pay 0% after deductible for all formulary drugs	Covered You pay 0% after deductible for all formulary drugs	Covered You pay 0% after deductible for all formulary drugs
Preventive care <i>Includes physical exam, eye exam, cancer screening, immunizations</i>	Covered You pay 20% after deductible		Covered Plan pays first \$250, then you pay 20% after deductible	Covered Plan pays first \$250, then you pay 0% after deductible	Covered Plan pays first \$200/person, then you pay 20% after deductible	Covered Plan pays first \$200/person, then you pay 20% after deductible	Covered You pay 0% after deductible	Covered You pay 0% after deductible	Covered You pay 0% after deductible	Covered Plan pays first \$300/person, then you pay 20% after deductible	Covered Plan pays first \$300/person, then you pay 0% after deductible	Covered Plan pays first \$300/person, then you pay 0% after deductible	Covered Plan pays first \$300/person, then you pay 0% after deductible	Covered Plan pays first \$300/person, then you pay 0% after deductible
Physician services <i>Office visit Urgent care visit Retail health clinic visit</i>	Covered You pay 20% after deductible		Covered Plan pays first \$300, then you pay 20% after deductible	Covered Plan pays first \$500, then you pay 0% after deductible	Covered • \$50 copay for office or urgent care visit • \$10 copay for retail health clinic visit	Covered • Office or urgent care, you pay 20% after deductible • Retail health clinic, you pay 20% coinsurance (no deductible)	Covered You pay 0% after deductible	Covered You pay 0% after deductible	Covered You pay 0% after deductible	Covered You pay 20% after deductible	Covered You pay 0% after deductible	Covered You pay 0% after deductible	Covered You pay 0% after deductible	Covered You pay 0% after deductible
Lab and diagnostic imaging/X-ray	Covered You pay 20% after deductible		Covered You pay 20% after deductible	Covered You pay 0% after deductible	Covered You pay 20% after deductible	Covered You pay 20% after deductible	Covered You pay 20% after deductible	Covered You pay 0% after deductible	Covered You pay 0% after deductible	Covered You pay 20% after deductible	Covered You pay 20% after deductible	Covered You pay 0% after deductible	Covered You pay 0% after deductible	Covered You pay 0% after deductible
Emergency room care														
Inpatient/outpatient hospital														
Ambulance														
Chiropractic <i>Maximum of \$500/person/year</i>														
Occupational, physical, speech therapy														
Home health care <i>Maximum of \$25,000/person/year</i>														
Well-child services to age 6 Immunizations to age 18	Covered You pay 0% (no deductible)		Covered You pay 0% (no deductible)	Covered You pay 0% (no deductible)	Covered You pay 0% (no deductible)	Covered You pay 0% (no deductible)	Covered You pay 0% (no deductible)	Covered You pay 0% (no deductible)	Covered You pay 0% (no deductible)	Covered You pay 0% (no deductible)	Covered You pay 0% (no deductible)	Covered You pay 0% (no deductible)	Covered You pay 0% (no deductible)	Covered You pay 0% (no deductible)
Prenatal care														
Maternity labor, delivery, post-delivery care and maternity complications	Not covered		Not covered	Not covered	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	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	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	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	\$1 million per person		\$5 million per person	\$5 million per person	\$5 million per person	\$5 million per person	\$5 million per person	\$5 million per person	\$5 million per person	\$5 million per person	\$5 million per person	\$5 million per person	\$5 million per person	\$5 million per person

**InstaCare does not cover services for mental health, infertility, bariatric surgery, transplants or any preexisting conditions.** A preexisting condition is any injury, illness or condition for which the covered person had medical treatment, symptoms or any manifestations before the effective date of coverage. Similar to other short-term coverage products, InstaCare does not cover medical conditions or symptoms you have had in the past, including those covered during prior InstaCare terms.

**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, visit [bluecrossmn.com](http://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.)



**BlueCross BlueShield  
of Minnesota**

An Independent licensee of the Blue Cross and Blue Shield Association

## The Blue Cross difference

*You deserve the peace of mind that comes with a Blue Cross health plan. Get the medical care and health support you need, with no questions asked.*

### The added advantages of a Blue Cross plan

These programs and services come with your health plan from Blue Cross and Blue Shield of Minnesota:

- Mental health services (not included with InstaCare)
- Upfront coverage for preventive care (not included in Personal Blue 100 or InstaCare)
- Prenatal care without a deductible
- Fitness Program, encouraging members to exercise regularly (not included with InstaCare)
- 24-Hour Nurse Advice Line for health concerns anytime
- Dedicated Nurse Support for ongoing conditions (not included with Simply Blue)
- Online Wellness Center, with hundreds of health articles and resources
- Health Assessment and Online Coaching Modules to support healthier lifestyles (not available for InstaCare)
- Incentives to use retail health clinics
- Stop-Smoking Support that helps you quit your way — for good
- A discount for filling prescriptions for 90 days instead of monthly
- You & Blue member health publication