



InstaCare

# InstaCare – affordable temporary coverage from Blue Cross

*For individuals and families who need coverage now*

2010



# Coverage you can count on in uncertain times

## InstaCare

Whether you're in between jobs, just out of school, or waiting for your new employer's group coverage to take effect, InstaCare can take a load off your mind by providing quick, comprehensive health care coverage that bridges the gap.

### Is InstaCare right for you?

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.

### Looking for an alternative to COBRA?

Continuing coverage through a former employer (called COBRA) is expensive and may not be your only option. InstaCare contract rates are surprisingly affordable and may be a better choice for you unless you need care for a preexisting condition. Minnesota state law lets you have 364 days of short-term coverage in any 555-day period, so you can reapply for InstaCare coverage if you need it for longer than your initial coverage period.

### *It's fast, easy and flexible*

- Choose from three deductibles to fit your budget
- Choose coverage for 30, 60 or 90 days
- No need to provide your health history
- Coverage starts the day we receive your application, in most cases
- See the doctors you prefer — without a referral
- Our large network contains 97 percent of Minnesota doctors and hospitals, which makes it easier for you to get the highest level of benefit
- Outstanding coverage includes:
  - Physician and surgeon services
  - Emergency room care
  - Prescription drugs and medical supplies
  - Ambulance services
  - Inpatient hospital services
  - Lab and X-ray services
  - Occupational, physical and speech therapy
- Well-child doctor visits to age 6 are covered at 100 percent (whether or not you've met your deductible)
- No application fee



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

## Who can apply for InstaCare?

You and your family are eligible to apply for InstaCare unless any of these conditions apply:

- You are a foreign citizen and don't have an alien registration card
- You've been turned down for coverage by any health plan company
- You are currently confined to a hospital or other care facility
- You are pregnant
- You plan to add any dependents to this coverage by birth or adoption
- You are eligible for other health care coverage or insurance (except COBRA)
- You live outside of Minnesota

InstaCare does not cover children younger than 90 days old. If a contract is issued to someone who is ineligible, it will be void and any payment will be refunded.

## How InstaCare works

### It's simple.

- 1 You pay for your eligible medical expenses until you reach the deductible you've selected.
- 2 After that, InstaCare pays 80 percent of the allowed amount for eligible expenses and you pay 20 percent, until you reach your out-of-pocket maximum.
- 3 Then, InstaCare pays 100 percent of the allowed amount for eligible expenses.

Let's say you've chosen an individual plan with a \$500 deductible and a \$1,500 out-of-pocket maximum. During the period of coverage, you incur medical costs of \$5,000.

<b>You pay</b>	<b>\$500</b> <i>(your deductible)</i>
	<b>+ \$900</b> <i>(20% of the remaining \$4,500 balance)</i>
<b>Total you pay</b>	<b>\$1,400</b> <i>(InstaCare pays \$3,600)</i>

Note that, in this example, you have almost reached your out-of-pocket maximum of \$1,500. **No matter what other eligible costs you incur during the coverage period, you will pay no more than \$100.**

# 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.

## 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.



Get the answers you need to make the best choice. Visit [bluecrossmn.com](https://www.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).

### **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.

## InstaCare plan highlights

InstaCare		
<b>In-network plan features</b>		
<b>Deductible per contract duration</b> <i>Amount you pay toward health care before your plan starts to pay (combines medical and drug expenses)</i>	<b>Individual</b> \$300 \$500 \$1,000	<b>Family</b> \$900 \$1,500 \$3,000
<b>Out-of-pocket (OOP) maximum</b> <i>After this amount is reached, your plan pays 100% of covered expenses (combines medical and drug expenses)</i>	<b>Individual</b> \$1,000 \$1,500 \$3,000	<b>Family</b> \$3,000 \$4,500 \$9,000
<b>Coinsurance</b> <i>Percentage that you pay after deductible</i>	You pay 20% after deductible	
<b>In-network benefits</b>		
<b>Prescription drugs (GenRx formulary drugs only)</b> <i>31-day supply (birth control is excluded)</i>	<b>Covered</b> You pay 20% after deductible	
<b>Physician services</b> <i>Office or urgent care visits for illness or injury</i>		
<b>Preventive care</b> <i>Cancer screening only</i>		
<b>Inpatient/outpatient lab and diagnostic imaging/X-ray services</b>		
<b>Emergency room</b>		
<b>Inpatient/outpatient hospital services</b>		
<b>Ambulance services</b>		
<b>Medical supplies</b>		
<b>Chiropractic care</b> <i>Maximum of \$500 per person per contract term</i>		
<b>Occupational, physical, speech therapy</b>		
<b>Home health care</b>		
<b>Well-child services to age 6</b> <b>Immunizations to age 18</b>	<b>Covered</b> You pay 0% (no deductible)	
<b>Prenatal care</b>		
<b>Maternity labor, delivery, post-delivery care and maternity complications</b>	<b>Not covered</b>	
<b>Lifetime maximum benefit</b>	\$1 million per person all networks	
<b>Out-of-network plan features</b>		
<b>Deductible per contract duration</b> <i>Separate from in-network deductible (combines medical and drug expenses)</i>	<b>Individual</b> \$900 \$1,500 \$3,000	<b>Family</b> \$2,700 \$4,500 \$9,000
<b>Out-of-pocket maximum</b> <i>Separate from in-network out-of-pocket maximum (combines medical and drug expenses)</i>	<b>Out-of-pocket maximum per person</b> \$5,400 \$9,000 \$18,000	
<b>Coinsurance</b>	You pay 40% after deductible	

**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.

**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.

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](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.)

# 2010 InstaCare contract rates

*Without substance abuse coverage*

Deductible	\$300			\$500			\$1,000		
Coverage period	30 days	60 days	90 days	30 days	60 days	90 days	30 days	60 days	90 days
<b>Subscriber/spouse age</b>									
90 days* – 18 years	\$52.77	\$105.55	\$158.32	\$40.55	\$81.10	\$121.65	\$33.14	\$66.28	\$99.41
19 – 29	\$70.99	\$141.98	\$212.97	\$54.66	\$109.32	\$163.98	\$44.67	\$89.33	\$134.00
30 – 34	\$78.67	\$157.33	\$236.00	\$60.50	\$121.00	\$181.50	\$49.44	\$98.88	\$148.32
35 – 39	\$82.02	\$164.05	\$246.07	\$62.93	\$125.86	\$188.79	\$51.42	\$102.84	\$154.27
40 – 44	\$91.62	\$183.23	\$274.85	\$70.55	\$141.11	\$211.66	\$57.65	\$115.30	\$172.95
45 – 49	\$114.64	\$229.28	\$343.92	\$88.07	\$176.14	\$264.21	\$71.97	\$143.94	\$215.91
50 – 54	\$152.06	\$304.11	\$456.17	\$116.70	\$233.39	\$350.09	\$95.37	\$190.73	\$286.10
55 – 59	\$192.35	\$384.70	\$577.04	\$147.75	\$295.51	\$443.26	\$120.74	\$241.49	\$362.23
60 – 64	\$212.49	\$424.99	\$637.48	\$163.16	\$326.33	\$489.49	\$133.33	\$266.67	\$400.00
65+	\$212.49	\$424.99	\$637.48	\$163.16	\$326.33	\$489.49	\$133.33	\$266.67	\$400.00
<b>Children 90 days* – 18 years (or to age 25 if covered as a dependent under a family contract)</b>									
1 child	\$52.77	\$105.55	\$158.32	\$40.55	\$81.10	\$121.65	\$33.14	\$66.28	\$99.41
2 children	\$105.54	\$211.10	\$316.64	\$81.10	\$162.20	\$243.30	\$66.28	\$132.56	\$198.82
3 or more children	\$158.31	\$316.65	\$474.96	\$121.65	\$243.30	\$364.95	\$99.42	\$198.84	\$298.23

*Including substance abuse coverage*

Deductible	\$300			\$500			\$1,000		
Coverage period	30 days	60 days	90 days	30 days	60 days	90 days	30 days	60 days	90 days
<b>Subscriber/spouse age</b>									
90 days* – 18 years	\$54.36	\$108.71	\$163.07	\$41.77	\$83.53	\$125.30	\$34.12	\$68.25	\$102.37
19 – 29	\$73.27	\$146.55	\$219.82	\$56.29	\$112.59	\$168.88	\$46.00	\$92.00	\$138.00
30 – 34	\$81.10	\$162.21	\$243.31	\$62.31	\$124.62	\$186.94	\$50.92	\$101.85	\$152.77
35 – 39	\$84.36	\$168.73	\$253.09	\$64.82	\$129.64	\$194.46	\$52.96	\$105.93	\$158.89
40 – 44	\$94.58	\$189.16	\$283.74	\$72.67	\$145.34	\$218.01	\$59.38	\$118.76	\$178.14
45 – 49	\$118.06	\$236.11	\$354.17	\$90.71	\$181.42	\$272.13	\$74.13	\$148.26	\$222.39
50 – 54	\$156.44	\$312.88	\$469.32	\$120.19	\$240.38	\$360.57	\$98.22	\$196.44	\$294.66
55 – 59	\$198.08	\$396.15	\$594.23	\$152.19	\$304.37	\$456.56	\$124.36	\$248.72	\$373.08
60 – 64	\$218.73	\$437.46	\$656.19	\$168.05	\$336.11	\$504.16	\$137.34	\$274.67	\$412.01
65+	\$218.73	\$437.46	\$656.19	\$168.05	\$336.11	\$504.16	\$137.34	\$274.67	\$412.01
<b>Children 90 days* – 18 years (or to age 25 if covered as a dependent under a family contract)</b>									
1 child	\$54.36	\$108.71	\$163.07	\$41.77	\$83.53	\$125.30	\$34.12	\$68.25	\$102.37
2 children	\$108.72	\$217.42	\$326.14	\$83.54	\$167.06	\$250.60	\$68.24	\$136.50	\$204.74
3 or more children	\$163.08	\$326.13	\$489.21	\$125.31	\$250.59	\$375.90	\$102.36	\$204.75	\$307.11

*These rates are effective from April 1, 2010 through March 31, 2011. Each adult contract holder must select a rate based on his or her age.*

\*Applicants must be 90 days or older to be eligible for coverage.

## Determine your contract rate

Your contract rate is based on your age, deductible amount and whether you choose substance abuse coverage.

*Follow these simple steps to determine your contract rate ...*

1

**Select the rate chart that fits your substance abuse coverage preference.** Rates are lower if you decline substance abuse coverage.

2

**Select the deductible you want** (*the amount you pay before your plan pays*) and the number of days' coverage you want. The higher your deductible, the lower your rate.

3

**Find the age group** on the left side of the table.

4

**Locate the box where your age group (row) and deductible (column) intersect.** Add your rate, your spouse's rate and your children's rate(s) to determine your total contract rate payment.

## Enroll now

Once you've determined your total contract rate, make your personal check\* for the full amount payable to Blue Cross and Blue Shield of Minnesota, and mail it with your completed application to:

Blue Cross and Blue Shield of Minnesota  
P.O. Box 64024  
Eagan, MN 55164-0024

Coverage can begin the day we receive your application and payment, or on a later date that you choose on your application (within 60 days). InstaCare rates are subject to benefit changes mandated by law.

## Three easy ways to find out more about affordable, comprehensive coverage from Blue Cross

- Apply online at [bluecrossmn.com](http://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](http://bluecrossmn.com) and select “find an agent”

\*When you pay by check, you authorize Blue Cross to use information from your check to make a one-time electronic funds transfer (EFT) from your account or to process a check transaction. When we make an EFT, funds may be withdrawn from your account as soon as the same day we receive your check and your check will not be returned to you by your financial institution.

## 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

### contract rate

the amount you pay for your health plan

### 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

### lifetime maximum

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

### out-of-pocket maximum

the most you will pay toward covered health care services in deductible and coinsurance in a calendar year

### preexisting condition

any injury, illness or condition for which the covered person had medical treatment, symptoms or any manifestations before the effective date of coverage

### preventive care

physicals, immunizations and cancer screenings

## Other Blue Cross plans for you or your family

*Personal Blue<sup>SM</sup>* — Flexible health plans for individuals and families that fit your life and budget

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

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



**BlueCross BlueShield  
of Minnesota**

An Independent licensee of the Blue Cross and Blue Shield Association

[bluecrossmn.com](http://bluecrossmn.com)