



Personal Blue<sup>SM</sup>

# Personal Blue – flexible plans to fit your life and budget

*For individuals and families who want affordable, comprehensive coverage*

*Effective September 23, 2010*

Blue Cross and Blue Shield of Minnesota



# Personal Blue. Security and more value in every plan.

Buying your own health care coverage has never been easier — or more affordable.

Personal Blue offers you an expanded range of health plan choices. 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. You'll get 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.

## Personal Blue 80 with copay

### The plan with office visit copays

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 among the lowest of the Personal Blue plans
- Preventive care benefits: covered at 100 percent, no deductible
- Office visit copay: \$50
- Retail health clinic copay: \$15
- Generic drug copay: \$10
- 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 (excluding copays). 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®

There is **no maximum** to the amount of health care you can receive. This protects you from the high cost of catastrophic illnesses and accidents.



If you want to learn more about how health care works, go to Health Plans 101 at [bluecrossmn.com](http://bluecrossmn.com)



*Health benefit terms can be confusing.  
Don't miss our helpful glossary on page 4.*

## Personal Blue 80

### Our most popular type of coverage

Personal Blue 80 helps you balance coverage and cost with a familiar 80/20 cost-sharing arrangement.

- Choose from four deductibles
- Preventive care benefits: covered at 100 percent, no deductible
- Generic drug copay: \$10
- Retail health clinic visits: you pay only 20 percent, even if you have not met your deductible
- 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

There is **no maximum** to the amount of health care you can receive. This protects you from the high cost of catastrophic illnesses and accidents.

## 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 some of the lowest monthly rates we offer
- Preventive care benefits: covered at 100 percent, no deductible
- 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

There is **no maximum** to the amount of health care you can receive. This protects you from the high cost of catastrophic illnesses and accidents.

# The Blue Cross difference

## Peace of mind

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 more than 75 years and today provides peace of mind for nearly three million members.

## 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 can still be "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 drugs and disposable medical supply savings

With 90dayRx, only from Blue Cross, you can fill 90-day prescriptions at participating retail pharmacies or through mail order and pay less than you would for three separate 30-day prescriptions.

If you use disposable medical supplies, you can get free home delivery and up to a 10 percent discount from Edgepark Medical Supplies.

## 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.

## Health club discount and other healthy extras

The health club discount, 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.



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Get the answers you need to make the best choice. Visit [bluecrossmn.com](https://www.bluecrossmn.com) or call us at (651) 662-5050 or toll free at 1-800-262-0823.

### 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.

### What if I have a health condition?

Ask your agent or sales representative for details about coverage for specific health conditions.

# Personal Blue plan highlights

	Personal Blue 80 with copay	Personal Blue 80	Personal Blue 100
<b>In-network plan features</b>			
<b>Calendar-year deductible options</b> 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). <b>Choose one option.</b>	(a) \$1,000/person – \$3,000/family (b) \$3,000/person – \$9,000/family	(a) \$1,500/person – \$4,500/family (b) \$2,500/person – \$7,500/family (c) \$3,500/person – \$10,500/family (d) \$4,500/person – \$13,500/family	(a) \$4,000/person – \$12,000/family (b) \$7,500/person – \$22,500/family (c) \$10,000/person – \$30,000/family (d) \$15,000/person – \$45,000/family
<b>Out-of-pocket (OOP) maximum</b> 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).	(a) \$2,000/person – \$4,000/family (b) \$6,000/person – \$12,000/family	(a) \$3,000/person – \$6,000/family (b) \$4,500/person – \$9,000/family (c) \$6,000/person – \$12,000/family (d) \$7,000/person – \$14,000/family	(a) \$4,000/person – \$12,000/family (b) \$7,500/person – \$22,500/family (c) \$10,000/person – \$30,000/family (d) \$15,000/person – \$45,000/family
<b>Coinsurance</b> Percentage that you pay after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 0% after deductible
<b>Lifetime maximum</b>	Unlimited	Unlimited	Unlimited
<b>In-network benefits</b>			
<b>Prescription drugs (GenRx formulary)</b> 31-day supply. 90-day supply available through 90dayRx program at participating retail pharmacies or by PrimeMail <sup>1</sup>	<b>Covered</b> • \$10 copay for formulary generic drugs • You pay 20% after deductible for formulary brand-name drugs	<b>Covered</b> • \$10 copay for formulary generic drugs • You pay 20% after deductible for formulary brand-name drugs	<b>Covered</b> You pay 0% after deductible for all formulary drugs
<b>Physician services</b> • Office or urgent care visits for illness or injury  • Retail health clinic	<b>Covered</b> • \$50 copay per visit plus 20% after deductible for related services such as lab, X-rays, in-office surgery, allergy services  • \$15 copay per visit plus 20% after deductible for related services as described above	<b>Covered</b> • 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	<b>Covered</b> You pay 0% after deductible
<b>Inpatient/outpatient lab and diagnostic imaging/X-ray services</b>	<b>Covered</b> You pay 20% after deductible	<b>Covered</b> You pay 20% after deductible	<b>Covered</b> You pay 0% after deductible
<b>Emergency room care</b>			
<b>Inpatient/outpatient hospital services</b>			
<b>Ambulance</b>			
<b>Medical supplies</b>			
<b>Chiropractic care</b> Maximum of 15 services per person per calendar year			
<b>Occupational, physical, speech therapy</b>			
<b>Home health care</b> Maximum of 180 visits per person per calendar year			
<b>Preventive care</b>	You pay 0% (no deductible)	You pay 0% (no deductible)	You pay 0% (no deductible)
<b>Maternity labor, delivery, post-delivery care and maternity complications</b>	First 90 days: No coverage 91st day and after: You pay 20% after deductible	First 90 days: No coverage 91st day and after: You pay 20% after deductible	First 90 days: No coverage 91st day and after: You pay 0% after deductible

When you choose a network provider you will receive the highest benefit levels and the lowest out-of-pocket costs. If you receive services from a nonparticipating provider, you will be responsible for: any deductibles or coinsurance plus the DIFFERENCE between what Blue Cross would reimburse for the nonparticipating provider and the actual charges the nonparticipating provider bills. This difference does not apply to your out-of-pocket maximum. 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.

**This is only a summary.** Your contract will provide a detailed description of what is and is not covered. Services not covered include custodial care or rest cures, bariatric surgery, infertility, intensive behavioral therapy programs for treatment of autism spectrum disorders, eyewear, dental services, 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 except for children under age 19. 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: Deductible, copays, and out-of-pocket maximums are subject to adjustments at our annual renewal.

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

# How Personal Blue works

## 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

### 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

### preventive care services

checkups, screenings and vaccinations that can help find and stop health issues before they start. How often and what kind of preventive care services you need depends on your age, gender, health and family history

### retail health clinics

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

## 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
Lab tests:	\$ 160
31-day generic prescription:	\$ 22
<b>Total eligible charges</b>	<b>\$ 422</b>

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	\$ 10 (copay)	\$ 10 (copay)	\$ 22
<b>Total Mara pays</b>	<b>\$ 220</b>	<b>\$ 410</b>	<b>\$ 422</b>

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	\$ 10 (copay)	\$ 10 (copay)	\$ 0
<b>Total Mara pays</b>	<b>\$ 92</b>	<b>\$ 90</b>	<b>\$ 0</b>

**Seeing the whole picture:** While it's important to consider how individual services 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	\$	\$\$	\$\$\$

# Personal Blue monthly rates

with the standard network (Accord)

## Preferred rates — without substance abuse coverage

Coinsurance	80/20%		80/20%				100/0%			
Deductible	\$1,000	\$3,000	\$1,500	\$2,500	\$3,500	\$4,500	\$4,000	\$7,500	\$10,000	\$15,000
<b>Subscriber/spouse age</b>										
19 – 29	\$198.50	\$132.50	\$171.50	\$139.00	\$125.00	\$114.50	\$119.50	\$97.00	\$82.50	\$70.00
30 – 34	\$218.00	\$145.50	\$188.50	\$153.00	\$137.00	\$126.00	\$131.00	\$107.00	\$90.50	\$76.50
35 – 39	\$226.50	\$151.00	\$195.50	\$158.50	\$142.50	\$130.50	\$136.00	\$111.00	\$94.00	\$79.50
40 – 44	\$252.00	\$168.50	\$218.00	\$176.50	\$158.50	\$145.50	\$151.50	\$123.50	\$105.00	\$88.50
45 – 49	\$311.00	\$208.00	\$269.00	\$218.00	\$195.50	\$179.50	\$187.00	\$152.50	\$129.50	\$109.50
50 – 54	\$407.50	\$272.00	\$352.00	\$285.50	\$256.00	\$235.50	\$245.00	\$199.50	\$169.50	\$143.50
55 – 59	\$512.50	\$342.00	\$442.50	\$359.00	\$322.00	\$295.50	\$308.00	\$251.00	\$213.00	\$180.00
60 – 64	\$564.00	\$376.50	\$487.50	\$395.50	\$354.50	\$325.50	\$339.00	\$276.50	\$234.50	\$198.50
<b>Dependent children to age 26</b>										
1 child	\$176.00	\$117.50	\$152.00	\$123.50	\$110.50	\$101.50	\$106.00	\$86.50	\$73.00	\$62.00
2 children	\$352.00	\$235.00	\$304.00	\$247.00	\$221.00	\$203.00	\$212.00	\$173.00	\$146.00	\$124.00
3 or more children	\$528.00	\$352.50	\$456.00	\$370.50	\$331.50	\$304.50	\$318.00	\$259.50	\$219.00	\$186.00

## Preferred rates — including substance abuse coverage

Coinsurance	80/20%		80/20%				100/0%			
Deductible	\$1,000	\$3,000	\$1,500	\$2,500	\$3,500	\$4,500	\$4,000	\$7,500	\$10,000	\$15,000
<b>Subscriber/spouse age</b>										
19 – 29	\$204.50	\$136.50	\$176.50	\$143.50	\$128.50	\$118.00	\$123.00	\$100.00	\$85.00	\$72.00
30 – 34	\$225.00	\$150.00	\$194.00	\$157.50	\$141.50	\$130.00	\$135.00	\$110.00	\$93.50	\$79.00
35 – 39	\$233.00	\$155.50	\$201.50	\$163.50	\$146.50	\$134.50	\$140.00	\$114.00	\$97.00	\$82.00
40 – 44	\$259.50	\$173.50	\$224.50	\$182.00	\$163.00	\$150.00	\$156.00	\$127.00	\$108.00	\$91.50
45 – 49	\$320.50	\$214.00	\$277.00	\$224.50	\$201.50	\$185.00	\$192.50	\$157.00	\$133.00	\$112.50
50 – 54	\$420.00	\$280.50	\$362.50	\$294.00	\$264.00	\$242.50	\$252.50	\$205.50	\$174.50	\$147.50
55 – 59	\$527.50	\$352.50	\$456.00	\$369.50	\$331.50	\$304.50	\$317.00	\$258.50	\$219.50	\$185.50
60 – 64	\$581.00	\$388.00	\$502.00	\$407.00	\$365.50	\$335.50	\$349.50	\$284.50	\$241.50	\$204.50
<b>Dependent children to age 26</b>										
1 child	\$181.50	\$121.00	\$156.50	\$127.00	\$114.00	\$104.50	\$109.00	\$89.00	\$75.50	\$64.00
2 children	\$363.00	\$242.00	\$313.00	\$254.00	\$228.00	\$209.00	\$218.00	\$178.00	\$151.00	\$128.00
3 or more children	\$544.50	\$363.00	\$469.50	\$381.00	\$342.00	\$313.50	\$327.00	\$267.00	\$226.50	\$192.00

These tables show preferred rates. Standard rates, which are 30% higher, are offered to users of tobacco or smokeless tobacco as well as individuals with other health factors.

These rates are effective September 23, 2010 through March 31, 2011. Each adult subscriber must select a rate based on his or her age.

Health plans are as unique and individual as you are. And the kind of plan you want can change as you move from one stage of your life to the next. So whether you need a plan just for you, or for you and your family, a plan with drug coverage options or a health savings account, you'll find one that fits you at Blue Cross. To find an affordable solution call your agent, or call us at **(651) 662-5050** or toll free at **1-800-262-0823** or visit **bluecrossmn.com**.



**BlueCross BlueShield  
of Minnesota**

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