

# Simply Blue<sup>SM</sup>

Easy. Affordable.

Covers what I want.

Even has a health club discount.

*Single coverage: Ages 19 – 64*  
2011



Blue Cross and Blue Shield of Minnesota



# Simply Blue. Benefits you want at a price you can afford.

This is your health plan because you can customize it. You pick the deductible you want and the drug coverage you want. You get immediate help paying for doctor office visits, prescription drugs and full protection from big medical costs. Simply Blue: a smart plan at a low cost.

You're probably looking for a health plan that will take care of major expenses, but also will cover some immediate needs. Simply Blue is an affordable solution featuring:

- Single coverage ages 19 – 64
- Preventive care benefits: covered at 100 percent, no deductible
- A low copay for your first three office visits each year
- Two drug coverage options. One that covers generics only for a small copay and the other that covers brand name drugs, too.
- Health club discount. Get up to \$20 per month toward your membership at participating health clubs.
- Three deductible choices
- For the first emergency room visit you have a \$250 copay
- For the first urgent care visit you have a \$100 copay
- Coverage anywhere in the United States thanks to BlueCard® — and everywhere else through BlueCard Worldwide®

And there is **no maximum** to the amount of health care you can receive. So you are protected against catastrophic illnesses and accidents.



### A health plan also protects your bank account

You work hard for your money. An unexpected injury could take it all away unless you have a health plan. Here are some common injuries and their average medical costs\*:

MRI	\$ 2,000
Tonsil removal	\$ 5,820
Removing an appendix	\$ 13,405
Repairing a ruptured Achilles tendon	\$ 17,480
Fixing a torn knee meniscus	\$ 17,500

\*Source: surgerycosts.net, 2010

When you buy a health plan you'll get protection from high medical expenses like those shown above.

### Words to know

**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 health care services

**out-of-pocket maximum**

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



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

# Why Blue Cross?

## **An affordable plan with three low-cost office visits**

With Blue Cross you can choose from a variety of affordable and easy-to-use health plans that give you great coverage for your unique needs.

Simply Blue offers essential health care coverage while keeping premiums low to fit your budget. It works well for those seeking protection against major costs and who want some regular doctor visits covered. You get your first three office visits per year for a small copay and you have a choice of two drug coverage options.

## **A name Minnesotans know**

It's smart to go with a name you know and trust.

With more than 75 years of experience, Blue Cross has earned the trust of our nearly three million members by providing solid, reliable health coverage and service second to none.

## **Quick, hassle-free claims processing**

We'll handle your claims efficiently, quickly, accurately and without hassle.

## **Unmatched service**

When you call customer service, Health Guides answer your questions, resolve any issues and refer you to additional resources that can help you save money and live a healthy life.

## **Health care coverage anywhere in the world**

More than 97 percent of Minnesota doctors and hospitals are in your network, where you always get the best benefit for your dollar. And you never need a referral. You're also "in network" virtually anywhere you go in the United States with BlueCard and internationally through BlueCard Worldwide.

## **Be fit. Be rewarded.**

Get healthy and stay healthy with a monthly health club discount of \$20 at thousands of participating health clubs. You also get a personal online wellness center that includes a health assessment, coaching support and more. Your personal account at myBlueCross online member center will help you manage your health and your health care expenses.

## **Save on prescription drugs and disposable medical supplies**

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 10 percent discount from Edgepark Medical Supplies.

# Simply Blue plan highlights

Simply Blue	
<b>In-network plan features</b>	
<b>Calendar-year deductible options</b> • In-network and out-of-network deductibles are combined • Amount you pay toward health care before your plan starts to pay	(a) \$3,000 (b) \$6,000 (c) \$9,000
<b>Out-of-pocket (OOP) maximum</b> Once deductible is reached, plan pays 100% of covered expenses. Copays do not apply to the out-of-pocket maximum. Prescription drug coinsurance amounts do not apply to the out-of-pocket maximum.	(a) \$3,000 (b) \$6,000 (c) \$9,000
<b>Coinsurance</b> Percentage that you pay after deductible	You pay 0% after deductible
<b>Lifetime maximum</b>	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>Option 1:</b> \$5 copay generics; \$50 copay formulary brand; \$90 copay non-formulary brand <b>Option 2:</b> \$10 copay generics; you pay 100% for formulary brand; no coverage for non-formulary brand
<b>Physician services</b> Office visit or retail health clinic visit for illness or injury	<b>Covered</b> (a) \$30, (b) \$40 or (c) \$50 (depending on deductible) copay for first three visits; subsequent visits you pay 0% after deductible
<b>Urgent care visit</b>	\$100 copay for the first visit; subsequent visits you pay 0% after deductible
<b>Emergency care</b> • Outpatient facility services • Outpatient professional services	• \$250 copay for the first visit; subsequent visits you pay 0% after deductible • You pay 0% (no deductible) for the first visit; subsequent visits you pay 0% after deductible
<b>Preventive care/prenatal care</b>	<b>Covered</b> You pay 0% (no deductible)
<b>Inpatient/outpatient lab and diagnostic imaging/X-ray services</b>	<b>Covered</b> You pay 0% after deductible
<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 for in network and out of network	
<b>Physical, occupational, speech therapy</b> No maximum	
<b>Home health care</b> Maximum of 180 visits per person per calendar year	
<b>Maternity labor, delivery, post-delivery care and maternity complications*</b>	<b>Not covered</b>
<b>Out-of-network plan features</b>	
<b>Calendar-year deductible</b> In-network and out-of-network deductibles are combined	(a) \$3,000 (b) \$6,000 (c) \$9,000
<b>Out-of-pocket (OOP) maximum</b> Separate from in-network OOP	(a) \$6,000 (b) \$12,000 (c) \$18,000
<b>Coinsurance</b>	You pay 20% after deductible
<b>Physical, occupational, speech therapy</b> Combined maximum of 15 services per calendar year	You pay 20% after deductible

\*If you are looking for maternity coverage, we have other plans available.

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 maternity labor and delivery, 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. 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.

Deductible, copays and out-of-pocket maximums are subject to adjustments at our annual renewal based on Consumer Price Index.

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

## Determine your monthly rate

Your monthly rate is based on where you live, your age, the deductible amount you select, whether you are tobacco free, whether you choose substance abuse coverage and your drug option. The information below will help you determine your monthly rate based on these factors.

Follow these steps to determine your rate:

1. Select Area 1 or Area 2. Note: If you live on a county line, call Blue Cross customer service to determine your area as our system is based on ZIP codes.
2. Select your drug option
3. Select the rate table based on tobacco usage
4. Decide whether you want coverage for substance abuse
5. Select your deductible
6. Find your age group on the left side of the table

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

## Simply Blue monthly rates – Area 1

Area 1 rates include ZIP codes in the following Minnesota counties: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington

Prescription drug option 1: \$5 copay generics; \$50 copay formulary brand; \$90 copay non-formulary brand

Prescription drug option 2: \$10 copay generics; you pay 100% for formulary brand; no coverage for non-formulary brand

### Preferred rates — without substance abuse coverage

Coinsurance	Prescription drug option 1			Prescription drug option 2		
	100/0%			100/0%		
Deductible	\$3,000	\$6,000	\$9,000	\$3,000	\$6,000	\$9,000
Subscriber age						
19 – 29	\$111.50	\$95.00	\$85.00	\$103.00	\$88.50	\$75.50
30 – 34	\$122.50	\$104.50	\$93.50	\$113.50	\$97.50	\$83.00
35 – 39	\$127.00	\$108.50	\$97.00	\$117.50	\$101.00	\$86.00
40 – 44	\$141.50	\$120.50	\$108.00	\$131.00	\$112.50	\$95.50
45 – 49	\$175.00	\$149.00	\$133.00	\$161.50	\$139.00	\$118.00
50 – 54	\$229.00	\$195.00	\$174.50	\$212.00	\$182.00	\$154.50
55 – 59	\$288.00	\$245.00	\$219.00	\$266.00	\$228.50	\$194.50
60 – 64	\$317.00	\$270.00	\$241.50	\$293.00	\$252.00	\$214.00

### Preferred rates — including substance abuse coverage

Coinsurance	Prescription drug option 1			Prescription drug option 2		
	100/0%			100/0%		
Deductible	\$3,000	\$6,000	\$9,000	\$3,000	\$6,000	\$9,000
Subscriber age						
19 – 29	\$115.00	\$98.00	\$87.50	\$106.50	\$91.50	\$77.50
30 – 34	\$126.50	\$107.50	\$96.00	\$117.00	\$100.50	\$85.50
35 – 39	\$131.00	\$111.50	\$100.00	\$121.00	\$104.00	\$88.50
40 – 44	\$146.00	\$124.50	\$111.00	\$135.00	\$116.00	\$98.50
45 – 49	\$180.00	\$153.50	\$137.00	\$166.50	\$143.00	\$121.50
50 – 54	\$236.00	\$201.00	\$179.50	\$218.00	\$187.50	\$159.50
55 – 59	\$296.50	\$252.50	\$226.00	\$274.00	\$235.50	\$200.00
60 – 64	\$326.50	\$278.00	\$248.50	\$302.00	\$259.50	\$220.50

These rates are effective April 1, 2011 through March 31, 2012. Rates are subject to benefit changes mandated by law and annual adjustments. Applicants must be ages 19 to 64 to be eligible for coverage. Note: Your rate will change when you age into a new category or move into a different rate area.

# Simply Blue monthly rates – Area 2

Area 2 rates include all counties **except** those in Area 1 (see previous page)

Prescription drug option 1: \$5 copay generics; \$50 copay formulary brand; \$90 copay non-formulary brand

Prescription drug option 2: \$10 copay generics; you pay 100% for formulary brand; no coverage for non-formulary brand

## Preferred rates — without substance abuse coverage

Coinsurance	Prescription drug option 1			Prescription drug option 2		
	100/0%			100/0%		
Deductible	\$3,000	\$6,000	\$9,000	\$3,000	\$6,000	\$9,000
Subscriber age						
19 – 29	\$124.00	\$105.50	\$94.50	\$114.50	\$98.50	\$83.50
30 – 34	\$136.00	\$116.00	\$103.50	\$126.00	\$108.00	\$92.00
35 – 39	\$141.50	\$120.50	\$107.50	\$130.50	\$112.00	\$95.50
40 – 44	\$157.50	\$134.00	\$120.00	\$145.50	\$125.00	\$106.00
45 – 49	\$194.00	\$165.50	\$148.00	\$179.50	\$154.00	\$131.00
50 – 54	\$254.50	\$216.50	\$193.50	\$235.00	\$202.00	\$171.50
55 – 59	\$319.50	\$272.00	\$243.50	\$295.50	\$254.00	\$216.00
60 – 64	\$352.00	\$300.00	\$268.00	\$325.50	\$279.50	\$237.50

## Preferred rates — including substance abuse coverage

Coinsurance	Prescription drug option 1			Prescription drug option 2		
	100/0%			100/0%		
Deductible	\$3,000	\$6,000	\$9,000	\$3,000	\$6,000	\$9,000
Subscriber age						
19 – 29	\$127.50	\$108.50	\$97.00	\$118.00	\$101.50	\$86.00
30 – 34	\$140.00	\$119.50	\$107.00	\$129.50	\$111.50	\$94.50
35 – 39	\$145.50	\$124.00	\$111.00	\$134.50	\$115.50	\$98.50
40 – 44	\$162.00	\$138.00	\$123.50	\$150.00	\$128.50	\$109.50
45 – 49	\$200.00	\$170.50	\$152.50	\$185.00	\$159.00	\$135.00
50 – 54	\$262.00	\$223.00	\$199.50	\$242.50	\$208.00	\$177.00
55 – 59	\$329.00	\$280.50	\$250.50	\$304.50	\$261.50	\$222.50
60 – 64	\$362.50	\$309.00	\$276.00	\$335.50	\$288.00	\$245.00

These rates are effective April 1, 2011 through March 31, 2012. Rates are subject to benefit changes mandated by law and annual adjustments. Applicants must be ages 19 to 64 to be eligible for coverage. Note: Your rate will change when you age into a new category or move into a different rate area.

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.



**Get the answers you need to make the best choice. Visit [bluecrossmn.com](http://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 Accord network.

**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?**

Use the online Plan Selector to see what plan best meets 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.



**BlueCross BlueShield  
of Minnesota**

An independent licensee of the Blue Cross and Blue Shield Association

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