

2027

MEMBER RESOURCE GUIDE

Get the most from your health plan

Guild Inc

CUSTOMER SERVICE

Toll free at **1-866-543-5966** TTY toll free **711**

Monday through Friday,
7 a.m. to 8 p.m. Central Time
We will provide interpreter services, if needed

FIND A DOCTOR

- Log in at **bluecrossmn.com/BCA** to find providers in your specific network
- Not a member?
  Visit **bluecrossmn.com/FindCare** and select the network: BlueCard® PPO

Or call **1-800-810-BLUE (2583)**
(Also applies to Blue Cross Blue Shield Global® Core)



Welcome to Blue Cross

With Blue Cross and Blue Shield of Minnesota, you get a name you trust, coverage you can count on, and peace of mind knowing your plan is here to help you every step of the way.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

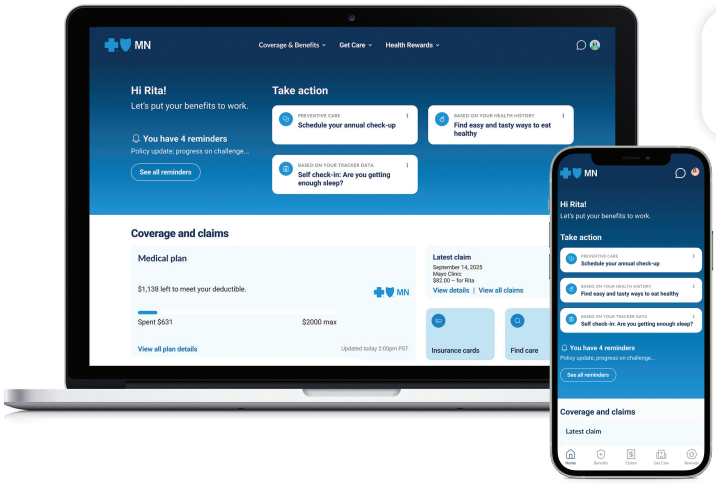
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YOUR PLAN INFO AT YOUR FINGERTIPS

A digital front door for health

Blue Care Advisor℠ connects you to everything you need to easily manage your healthcare. Access your personal plan information, resources and tools online at **bluecrossmn.com/BCA** or by downloading the Blue Care Advisor app from your favorite app store.

When your member ID card arrives in the mail, go online or on the app and register to get started.



BLUE CARE ADVISOR BCBSMN



Once registered, you can easily navigate to:

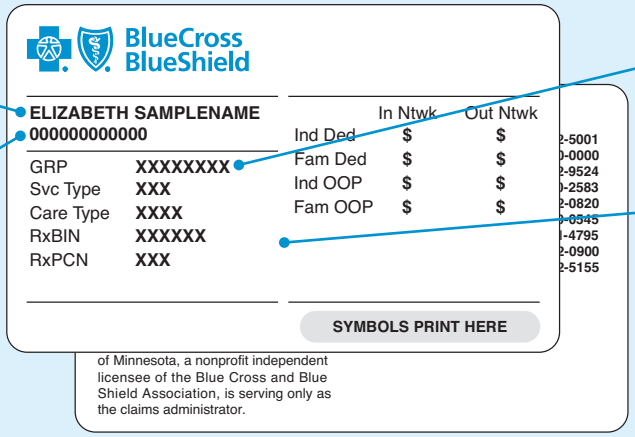
- Find high-quality doctors, clinics and hospitals
- Compare costs for different services and procedures
- View claims and Explanations of Benefits (EOBs)
- Chat online with customer service
- Built-in support available anytime to answer questions and help you navigate your health plan
- View, print, email or order member ID cards
- Check health financial account balances (if applicable)

Blue Care Advisor℠ is an offering of Blue Cross and Blue Shield of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association.

UNDERSTANDING YOUR MEMBER ID CARD

Member name
Each family member covered by your plan will have an ID card. This includes minor children.

Member ID number
Your member ID number helps providers look up your plan details. We also use it to track expenses.



Group number
This identifies your employer's plan.

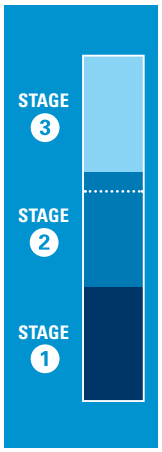
Plan details

Questions?
Contact information is on the back of your ID card.

The sample shown is a guide only. The information and the format of your card may vary.

UNDERSTANDING YOUR HEALTH PLAN

Having health insurance means you and a health plan share in paying your medical costs. The plan tracks what you pay in medical costs and applies eligible costs toward certain milestones. When your costs hit these milestones, you move into the next stage of your plan. Your share of costs becomes less as you reach each stage. Here's how it works:



Stage 1: Deductible

Each year, you pay for all covered medical services until you meet your deductible.

Stage 2: Coinsurance

Then, the health plan starts sharing a percentage of your costs until you reach your out-of-pocket maximum. Example: 80/20 coinsurance means the plan pays 80 percent and you pay 20 percent.

Stage 3: Out-of-pocket maximum

At this point, the health plan pays all your covered medical costs for the rest of the plan year.*

*Covered medical costs up to the lifetime maximum.

Your deductible and coinsurance **count toward** your out-of-pocket maximum.

Learn more health plan basics at **bluecrossmn.com/EmployerPlans**

Knowing some common health plan terms regarding costs can help you make more informed decisions and get more from your plan. See glossary for additional terms.

Premium

The regular payment you make throughout the year to keep your plan active

Your employer may pay part of your premium.

Your premium **does not count toward** your deductible or out-of-pocket maximum.

Covered medical costs

The medical services your plan covers

"Covered" means your plan pays for some or all of the costs. These are different in each plan.

Your covered costs **usually count toward** your deductible and out-of-pocket maximum.

Over-the-allowed-amount costs

The health plan and in-network providers have agreed to an "allowed amount" (the most a provider can charge you). If you receive a covered service from a nonparticipating provider who charges over the allowed amount, this additional cost is your responsibility.

Costs over the allowed amount **do not count toward** your deductible and out-of-pocket maximum.

Non-covered services

"Non-covered" refers to medical services not covered by your plan

If you receive these services, you pay in full.

Services not covered by your plan **do not count toward** your deductible and out-of-pocket maximum.

Copays

A set cost you pay every time you get medical care or a prescription

Copays can vary based on where you get care (virtual, clinic, urgent care, etc.).

Your copays do not count toward your deductible but **do count toward** your out-of-pocket maximum.

CHOOSING A PLAN: THINK ABOUT YOUR NEEDS

When choosing a plan, think about how much medical care, including prescriptions, you (and your dependents) expect to need within the plan year.

Higher-premium plan with lower deductibles

This type of plan may be a good option if you (and your dependents):

- See a doctor regularly
- Need regular prescription medications, specialty medications or medical equipment
- Are expecting to have surgery, give birth or other major medical care

You'll pay more for your premium, but generally your out-of-pocket costs will be less when you get care. Be sure you can afford the higher premium because you will pay this regularly.

Lower-premium plan with higher deductibles

This type of plan may be a good option if you (and your dependents):

- Don't expect to need much medical care
- Don't need regular prescription medications, specialty medications or medical equipment

You'll pay less for your premium, but generally your out-of-pocket costs will be higher when you get care. Be sure you can afford out-of-pocket medical costs if you need care unexpectedly.



IN GENERAL:

- **Higher premium =** Lower out-of-pocket costs
- **Lower premium =** Higher out-of-pocket costs

Out-of-pocket costs include:

- Deductible
- Copays
- Coinsurance
- Non-covered services
- Over-the-allowed-amount costs

See glossary for definitions.



Stay in network

You can save money on your healthcare costs by choosing an in-network provider. In-network providers include many doctors, hospitals and clinics, as well as Blue Ribbon℠ providers. If keeping your current doctor is important to you, be sure to check if that doctor is in the network you're considering. If the provider isn't in the network, it may cost you more.

What is a Blue Ribbon provider?

Blue Ribbon providers are healthcare professionals who meet high standards for quality care while also delivering services at a lower cost.

Log in at **bluecrossmn.com/BCA** to search providers in your specific network. Not a member? Visit **bluecrossmn.com/FindCare** and select the network you are considering.

NETWORKS

A network is a group of doctors, clinics, hospitals and other healthcare providers that have contracted with a health plan to provide your care at a lower cost. Check to see if your preferred providers are in network. Log in at **bluecrossmn.com/BCA** to search providers in your specific network. Not a member? Visit **bluecrossmn.com/FindCare**.

National and international networks

- **BlueCard® PPO –** Access to more than 2 million providers nationwide
- **Blue Cross Blue Shield Global® Core –** Access to coverage in 190 countries and territories worldwide

Aware® Network — The largest Blue Cross network featuring access to nearly every physician and hospital in Minnesota.

High Value Network — A network of providers throughout Minnesota. Some of the care systems included are HealthEast, Children's, Allina Health, CentraCare Health, M Health Fairview, Lakewood, Sanford Health, Gundersen Health, and Winona Health.

PREVENTIVE CARE

Most preventive visits are covered at

100%

when you see a doctor in network

Check your benefit booklet on your member website.

Each Blue Cross and/or Blue Shield plan is an independent licensee of the Blue Cross and Blue Shield Association. Each healthcare provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services. Blue Cross Blue Shield Global Core is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

PHARMACY BENEFITS

Blue Cross works with Prime Therapeutics to provide you a pharmacy network (pharmacies that have an agreement with Blue Cross) and a formulary (drug list). Using your pharmacy network and formulary medications can help you save money.

To find an in-network retail pharmacy and check to see if a drug is covered, log in to your member website.

- **Pharmacy search:** ***Your pharmacy network name is listed on your benefit chart.*** If you go to an out-of-network pharmacy, you may pay the full cost of the prescription.
- **Medication search:** ***The name of your formulary or medication list is listed on your benefit chart.*** Medications not on your formulary may cost you more.

Log in to your member website to learn more about pharmacy benefits, including 90-day prescriptions, specialty pharmacies, retail and home delivery.



- Stay within your pharmacy network
- Choose drugs on your formulary
- Opt for generic medications

Prime Therapeutics LLC is an independent company providing pharmacy benefit management services.
Each pharmacy is an independent company that provides pharmaceutical services.

Aware PPO $1000 Deductible $25 Copay Plan

BlueCross BlueShield Minnesota

Benefit Summary | Effective Dates January 1, 2027 – December 31, 2027

Key Benefits	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
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Preventive care • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older; cancer screening; preventive hearing and vision exams; immunizations and vaccinations	 0% 0% 0%	 0% 0% No coverage
Physician services • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient diagnostic imaging • office and outpatient allergy injections and serum • urgent care professional services	 0% $25 copay $25 copay 0% 0% 25% after the deductible $50 copay	 No coverage 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible
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Durable Medical Equipment	25% after the deductible	50% after the deductible
Bariatric surgery	No coverage	No coverage
Assisted fertilization	No coverage	No coverage
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Important Information About Your Pharmacy Benefits	The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available. The drug list uses a step therapy program. More information about prescription drug coverage is available at **bluecrossmn.com.**	

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Aware HSA $3500 Deductible 0% Coinsurance Plan

BlueCross BlueShield Minnesota

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High Value PPO $1000 Deductible $25 Copay Plan

BlueCross BlueShield Minnesota

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2027 Blue Cross Vision
Value with Exam

BlueCross BlueShield Minnesota

	In-network benefit	Out-of-network reimbursements
EYE EXAMS – One exam every 12 months		
Eye exam Includes dilation when recommended by eye care professional	100% after $10 copay	$40
PRESCRIPTION GLASSES – Lenses and frames are covered once every 12 months. Benefit available for eyeglasses *or* contact lenses		
Lenses* Single vision, lined bifocal, trifocal, lenticular	100% after $25 copay	Single vision: $40 Bifocal/progressive: $60 Trifocal: $80 Lenticular: $100
Enhanced frame allowance at Visionworks	$180 plus 20% discount on remaining costs***	Not Applicable
Frame allowance	$130 plus 20% discount on remaining costs***	$50
Davis Vision Exclusive Collection** - Fashion and Designer levels - Premier level	 100%; no copay 100%; $25 copay	Not Applicable
EYE GLASS ENHANCEMENTS MEMBER COPAYS		
- Tinting of plastic lenses	$0	Not Covered
- Scratch-resistant coating	Standard: $0 / Premium: $30	
- Polycarbonate lenses - Children, monocular patients and those with a prescription of ≥ +/- 6.00 diopters - Adults	 $0 $30	
- Ultraviolet coating	$12	
- Anti-reflective coating	Standard: $35 / Premium: $48 / Ultra: $60 / Ultimate: $85	
- Blue light filtering	$15	
- Progressive lenses	Standard: $50 / Premium: $90 / Ultra: $140 / Ultimate: $175	
- High-index lenses	$55 / $120	
- Polarized lenses	$75	
- Plastic photochromic lenses	$65	
- Scratch protection plan	Single vision: $20 / Multifocal vision: $40	
CONTACT LENSES – Once every 12 months. Benefit available for eyeglasses *or* contact lenses		
Non-collection contact lens allowance†††**	$130 plus 15% discount on remaining costs***	$105
- Evaluation, fitting and follow-up care for standard lenses - Evaluation, fitting and follow-up care for specialty lenses	100% after $25 copay $60 allowance after $25 copay plus 15% discount on remaining costs***	Not Covered
Collection contact lenses† - Disposable - Planned replacement	 up to 4 boxes up to 2 boxes	Not Applicable
- Evaluation, fitting and follow-up care	100% after $25 copay	Not Applicable
Visually required contact lenses Evaluation, fitting and follow-up care (preauthorization required)	Member pays $0	$225

*Your plan covers a wide variety of lenses. Be sure the lenses you choose are covered by your plan. You'll have to pay the full cost for lenses your plan doesn't cover. Your eyecare/eyewear provider can assist you with this, or you can contact customer service at the number on your vision member ID card.

**Davis Vision Exclusive Collection available at many participating independent provider offices. Collection is subject to change.

***Additional discounts not applicable at glasses.com, 1800contacts.com, Walmart, Sam's Club, Costco, or where limited by law or manufacturer restrictions.

†Available at many participating independent provider offices. Collection is subject to change. Boxes must be ordered as part of a single transaction.

††Available at participating retail providers.

Not all providers or locations of a retail chain may choose to participate in the network. You can contact customer service at the number on your vision member ID card or the provider directly to confirm network participation.

This plan provides vision coverage only. Your vision plan's benefit booklet will contain more details on standard plan exclusions and frequency limitations. In the event of a discrepancy, the benefit booklet will supersede this summary.

Davis Vision is an independent company providing vision benefit management services and access to their network. Each provider in the network is an independent contractor and is not our agent. If you receive services from a nonparticipating provider, you will be responsible for the difference between what Blue Cross will reimburse and what the provider bills.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

2027 Blue Cross Dental
Freedom $2,000 w/ Ortho

BlueCross BlueShield Minnesota

PLAN BENEFITS	IN NETWORK	OUT OF NETWORK
Calendar year deductible Deductible does not apply to preventive and diagnostic services or orthodontia	**Individual/Family:** $50/$150	
Annual maximum per member	$2,000	
Orthodontic lifetime maximum Dependent children to age 19	$1,500	
Jr. Dental 100% coverage for dependent children 12 and under with no deductible or annual plan maximum on all covered services except for orthodontic care	Included	
CLASS I: PREVENTIVE AND DIAGNOSTIC	**IN NETWORK**	**OUT OF NETWORK**
Exams and cleanings	100%	100%
Fluoride treatments	100%	100%
X-rays (bitewings and full mouth)	100%	100%
Sealants	100%	100%
CLASS II: BASIC RESTORATIVE		
Amalgam (silver) and composite (white) fillings	80%	80%
Surgical/non-surgical periodontics Includes treatment of gum disease	80%	80%
Endodontics Includes root canal	80%	80%
Simple extractions	80%	80%
Complex oral surgery	80%	80%
General anesthesia	80%	80%
Repairs Includes bridges and dentures	80%	80%
CLASS III: MAJOR		
Inlays, onlays, crowns	50%	50%
Prosthetics Includes bridges and dentures	50%	50%
TMD (temporomandibular disorder)	50%	50%
ORTHODONTICS		
Diagnostic, active, retention, treatment	50%	50%

When you receive services from nonparticipating providers, you are responsible for the difference between the allowed amount and the billed charge.

This plan provides dental coverage only. Your dental plan's benefit booklet will provide a detailed description of the coverage and contain more details on standard plan exclusions and frequency limitations. In the event of a discrepancy, the benefit booklet will supersede this summary.

Consult our online provider directory at **bluecrossmn.com/FindADentist** to search for a dentist. Dentists with a "**$AVE!**" symbol next to their name accept allowances for services not covered by the benefit plan, including services rendered after the annual maximum has been exceeded; not available in all areas. Dentists without the **$AVE!** symbol may balance bill for non-covered services and expenses that go beyond the plan's annual maximum.

With the Jr. Dental benefit, orthodontic care is excluded. Standard plan limitations apply. Out of network services covered at 100%; may be subject to balance billing. Orthodontic coverage for dependent children up to age 19 is available immediately for groups with 25 or more enrolled employees or groups of 10 to 24 enrolled employees with proof of previous orthodontic coverage. Orthodontic benefits are available to groups of 10 to 24 enrolled employees who did not have previous orthodontic coverage after 12 months of Blue Cross Dental plan coverage.

There is no benefit waiting period. Your coverage begins on the first day of your plan's effective date.

DFM27210 / DFC27210

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

BENEFIT CATEGORY	STANDARD FREQUENCY LIMITATIONS
CLASS I: PREVENTIVE AND DIAGNOSTIC	
Exams	2 per calendar year
X-rays (bitewings only)	1 set every 12 months
X-rays (full mouth and panoramic)	1 every 5 years
Cleanings; fluoride treatment	3 per calendar year; 1 per calendar year under age 19
Space maintainers	1 every 5 years under age 14
Sealants	1 per tooth every 3 years to age 16 on permanent first and second molars
CLASS II: BASIC RESTORATIVE	
Amalgam (silver) and composite (white) fillings	Not within 24 months of previous placement. Includes coverage for anterior (front) and posterior (back) resins
Endodontics	• Pulpal therapy: primary teeth that have no permanent tooth to replace it • Root canal treatment: one per tooth per lifetime
Non-surgical periodontics	• Full mouth debridement: 1 per lifetime • Scaling and root planing: 1 per 24 months (per area of mouth) • Periodontal maintenance: 2 per calendar year (in addition to routine prophylaxis following active periodontal therapy)
Surgical periodontics	• Surgical periodontal procedures: 1 per 36 months (per area of mouth) • Guided tissue regeneration: 1 per tooth per lifetime
General anesthesia	Limited to 60 minutes per session
CLASS III: MAJOR	
Inlays, onlays, crowns	Not within 5 years of previous placement
Prosthetics (bridges and dentures)	Not within 5 years of previous placement
ORTHODONTICS	
Dependent children to age 19	
DEPENDENT ELIGIBILITY	
Dependent children covered to age 26	

United Concordia Companies, Inc. is an independent company providing dental benefit management services and access to the Advantage Plus AXS network. Each provider in the network is an independent contractor and is not our agent.

Blue Cross Dental plans include coverage for certain pediatric dental services. This plan is not exchange-certified and does not qualify as the pediatric dental essential health benefit under the Affordable Care Act.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

HEALTH AND WELLBEING RESOURCES

From lowering stress and managing weight, to finding the right care or comparing treatment options, you have the tools and resources you need to put better health within your reach. To learn more, log in to your member website.

Online care

Access board-certified doctors, psychiatrists and psychologists with Doctor on Demand® via smartphone, tablet or computer.

- Visit doctorondemand.com/bluecrossmn

Doctor On Demand® by Included Health is an independent company providing telehealth services.

Online behavioral health programs

Living with substance use, stress, insomnia, depression, social anxiety, trauma, panic? Learn to Live offers online programs, including resilience, and is available anytime to help you work through it.

- Visit learntolive.com/welcome/bcbsmn and use code BCBSMN

Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support.

Wellness discount marketplace

Get significant savings on personal care, fitness and wellness goods and services from Blue365®.

- Visit blue365deals.com/bcbsmn

Blue365® is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

Rewards program

Earn rewards by tracking daily steps or your favorite activity.

- Log in at bluecrossmn.com/BCA

Blue Care Advisor℠ is an offering of Blue Cross and Blue Shield of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association.

Health management

Receive professional support for managing chronic or serious health conditions. Includes education, treatment plan support and community resource information.

- Call 1-855-312-9107

Maternity management

Receive support and guidance from a maternity case manager.

- Call 1-800-793-6916

Quitting tobacco and vaping

Take advantage of personalized guidance in making a quit plan and receive ongoing support from a wellness coach.

- Call 1-888-662-BLUE (2583), TTY 711

Diabetes Prevention Program

Get help lowering your risk for Type 2 diabetes with lifestyle change support focused on healthy eating and physical activity. It is covered under your plan at no additional cost to you.

- Visit cdc.gov/prediabetes/takethetest

Diabetes and heart disease prevention and and weight health

Get professional health coaching online and supportive tools and resources, including a digital scale, through Omada® to help prevent diabetes and heart disease.

- Visit omadahealth.com/omadaforbcbsmn. See your plan materials for details.

The Omada program is from Omada Health, Inc., an independent company providing digital care programs.

Diabetes management

Get personalized support from a certified diabetes care and education specialist (CDCES), a digital scale and glucose monitor to help you manage your diabetes with Omada®.

- Visit omadahealth.com/omadaforbcbsmn. See your plan materials for details.

The Omada program is from Omada Health, Inc., an independent company providing digital care programs.

HEART-HEALTHY TIPS

These simple tips for living a healthy lifestyle can help lower your risk for high blood pressure, heart disease and stroke:

- Limit salt in your diet
- Exercise regularly
- Manage your weight
- Stress less
- Get more sleep

Hypertension management

Get personalized support from a certified hypertension specialist, a connected digital scale and blood pressure monitor to help you manage your hypertension with Omada®.

- Visit omadahealth.com/omadaforbcbsmn. See your plan materials for details.

The Omada program is from Omada Health, Inc., an independent company providing digital care programs.

Care coordination for gender services

Connect with our team to discuss care options, health plan coverage and providers.

- Visit bluecrossmn.com/GenderCare or call 1-866-694-9361

FOR A HEALTHIER TOMORROW,

SCHEDULE YOUR PREVENTIVE VISIT TODAY

The best time to start thinking about your health is *before* you get sick, and routine checkups can catch health problems early.

Learn more at **bluecrossmn.com/Visits**

Check your benefit booklet on your member website for coverage details.



MENTAL HEALTHCARE RESOURCES

Mental healthcare is for everyone. Your Blue Cross and Blue Shield of Minnesota plan makes it easier than ever to take care of your mental health with support and resources for help when you need it. You don't need to wait until things feel overwhelming — early support can make a big difference.

Culturally competent therapy

Get virtual or in-person support from a provider who understands your identity, culture and lived experience.

- Call Grow Therapy at 1-786-244-3504 or visit growtherapy.com/members/bcbsmn

Grow Therapy is an independent company that provides virtual and in-person behavioral health services.

Fast and flexible therapy

Get virtual or in-person support to manage stress, anxiety or overcoming family challenges.

- Call Headway at 1-646-941-7645 or visit book.headway.co/bcbs-minnesota

Headway is an independent company that provides virtual and in-person behavioral health services.

Whole-family mental healthcare

Virtual support to help parents balance the demands of life, work, relationships and parenting, and help children live their happiest and healthiest lives.

- Call Little Otter at 1-415-449-2813 or visit bluecrossmn.com/BehavioralHealth

Little Otter is in independent company that provides virtual behavioral health services.

Specialty therapy

Rapid virtual or in-person support in more than 40 languages for more than 90 specialties, including addition, child and adolescent therapy, reproductive wellbeing, family therapy and many more.

- Call Rula at 1-323-642-3806 or visit rula.com/bcbs-mn

Rula is an independent company that provides virtual and in-person behavioral health services.

Intensive care for substance use

Confidential virtual care from licensed addiction specialists to help you learn new skills through video, audio and chat.

- Call Pelago at 1-877-349-7755 or visit pelago.health/bcbsmn

Pelago is in independent company that provides virtual behavioral health services.

Intensive care for teens and young adults

Virtual outpatient care for teens and young adults ages 11 to 30 who need more support than traditional weekly therapy but don't require 24/7 residential or inpatient care.

- Call Charlie Health at 1-986-206-0414 or visit bluecrossmn.com/BehavioralHealth

Charlie Health is in independent company that provides virtual behavioral health services.



Game-based mental health support for kids age 4 to 17

Virtual hands-on activities provide biofeedback that helps kids and parents explore emotions and build coping skills.

- Visit mightier.com/bcbs-mn

Mightier is in independent company that provides virtual mental health services.

Digital chronic pain recovery and management

Virtual care for adults with chronic back pain, fibromyalgia, migraines and IBS.

- Visit lin.health/partner/blue-cross-blue-shield-of-minnesota

Lin Health is in independent company that provides virtual behavioral health services.

Visit **bluecrossmn.com/BehavioralHealth** to learn more about in-network programs and services available to meet your individual needs.

KNOW WHERE TO GO FOR CARE

Knowing where to go for the right care can help save you time and money. Get familiar with your options now, before you need care.

WHEN YOU NEED	USE	ACCESS/AVAILABILITY	WAIT TIME	COST
MEDICAL/ MENTAL HEALTH ADVICE	Common medical and mental health concerns addressed by phone	Call your clinic for availability.	short to medium	**$0 – $**
CARE QUICKLY	**Online care** Colds, cough or flu, bladder infections, mental health*	Visit **doctorondemand.com/ bluecrossmn** 24 hours a day, seven days a week or check with your provider.	short	**$**
CARE TODAY	**Convenience clinic** Minor illnesses or injuries, screenings and vaccinations	No appointment necessary. Often available nights and weekends.	short	**$$**
CARE SOON	**Office visit** Preventive care, screenings and vaccines, mental health therapy or referrals to specialty care	Call your clinic to schedule an appointment. Days and hours vary.	varies	**$$ – $$$**
CARE NOW	**Urgent care** Minor cuts, sprains and burns, skin rashes, fever and flu, X-rays and lab testing	No appointment necessary. Available seven days a week, but specific hours vary.	varies	**$$$$**
CARE IMMEDIATELY	**Emergency room (ER)** Chest pain, shortness of breath, uncontrolled bleeding, poisoning, risk of harming yourself or others, or other life-threatening illnesses or injuries	Immediately call 911 or go to your nearest ER anytime.	longer, unless life-threatening	**$$$$$**

Please note: The conditions listed are for example only and not a complete list.

988 If you or someone you know is in emotional distress or in suicidal crisis, help is available 24 hours a day, seven days a week by calling or texting 988 for the Suicide and Crisis Lifeline.

*Mental health visits are by appointment only, 7 a.m. to 10 p.m. local time.

Doctor On Demand® by Included Health is an independent company providing telehealth services.

Make sure your doctor and clinic/hospital are in your network before receiving care. This will ensure you receive the highest level of benefits. Each healthcare provider is an independent contractor and not our agent.

KEEP MORE $$ IN YOUR POCKET

WHEN YOU **STAY IN NETWORK**

Don't pay more for care than you should

You can save money on your healthcare costs by making sure you choose an in-network provider. These are doctors, hospitals and clinics within your network. If keeping your current doctor important is to you, be sure to check if that doctor is in the network you're considering. If the provider isn't in the network, it may cost you more.

To find out if a provider is in network, visit your member website to search or call customer service.

Each healthcare provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.

BLUE CROSS DENTAL

As a Blue Cross Dental member, you'll have access to one of the nation's largest dental networks, United Concordia Advantage Plus AXS. You can see any dentist, but choosing a dentist in the network provides significant savings.

Visit **bluecrossmn.com/FindADentist** for more information and look for the "**$ave!**" symbol for discounts on non-covered services.

United Concordia Companies, Inc. is an independent company providing dental benefit management services and access to the Advantage Plus AXS network. Each dental provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.



BLUE CROSS VISION

As a Blue Cross Vision member, you'll receive savings on a broad selection of eyewear when you choose an in-network retailer or independent provider in the Davis Vision network. This includes designer frames and contact lenses. In addition, your frame allowance is enhanced at all Visionworks stores. You also get a comprehensive eye exam covered at 100 percent (after your copay) when you see a network provider as well as access to a large national network of eye care professionals.

Visit **bluecrossmn.com/FindAnEyeDoctor** for more information.

Easy online experience

The vision network also includes online retailers. Visit glasses.com, 1800contacts.com or warbyparker.com to use your benefits online.

Davis Vision is an independent company providing vision benefit management services and access to the Davis network. Each vision provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.

When you enroll, you'll receive a dental and a vision member ID card to use when you receive care. These are separate from your medical plan member ID card.

GLOSSARY — TERMS TO KNOW

Allowed amount: The amount Blue Cross has agreed to pay a specific provider for a covered service.

Coinsurance: This payment structure starts after meeting your deductible. In coinsurance, you and the plan each pay a percentage for covered services. Example: 80/20 coinsurance means the plan pays 80 percent and you pay 20 percent.

Convenience or retail clinic: These clinics treat a limited list of common illnesses. They are often located in or near a retail store.

Copay: A fee you pay every time you get care or a prescription. Copays can vary based on where you get care (virtual, clinic, urgent care, etc.).

Cost sharing: Refers to the member sharing medical costs with the health plan through copays, deductible and coinsurance.

Deductible: The dollar amount you must pay for most covered services each calendar year before the health plan begins to pay for benefits.

Eligible or covered services: Healthcare covered by your plan.

Embedded deductible: Plan begins paying benefits that require cost sharing for the first family member who meets the per-person deductible. Once one or more of the remaining family members meet the family deductible the plan pays benefits for all covered family members.

Explanation of Benefits (EOB): A letter you receive after getting care that shows costs, the amount the health plan is expected to pay and the amount you are expected to pay. You do not pay anything when you receive an EOB. An EOB is not a bill.

Formulary or drug list: A list of FDA-approved prescription drugs covered by your health plan. To help ensure you get the right drugs for your needs, some drugs may require prior authorization, step therapy, and/or quantity limits.

Health plan: Can refer to your health insurance company or your specific health plan.

In-network: Providers or pharmacies in your plan's network that give you the most coverage (lowest cost). Note: An in-network provider is not the same as a participating provider.

Member website: A secure website for accessing plan details and cost information as well as health and wellbeing tools.

Nonparticipating provider: A provider that does not have a contract with the health plan. You pay in full when using these providers. Note: A nonparticipating provider is not the same as an out-of-network provider.

Out-of-network: A provider or pharmacy that has a contract with the health plan but is not part of your plan's network. You may pay more when using these providers/pharmacies. Note: An out-of-network provider is not the same as a nonparticipating provider.

Out-of-pocket expense/cost: Refers to costs the member pays: premium, copay, deductible, coinsurance, and non-covered services or over-the-allowed-amount costs.

Out-of-pocket (OOP) maximum: This is the last milestone you hit by paying for covered medical services. Once you reach this amount, the plan pays for all covered in-network services for the plan year's remainder.

Participating provider: A provider that has a contract with the health plan, and may be in or out of your plan's network. Note: A participating provider is not the same as an in-network provider.

Premium: Your monthly payment, like a membership fee. Your employer may pay part of your premium. You may also be able to pay your premium pretax from your paycheck.

Provider: Refers to doctors, clinics, hospitals, pharmacies and other healthcare professionals.

Service (also called "care"): Medical procedures, treatment, and prescription drugs.

MEMBER ANNUAL NOTICE NEWSLETTER

Find valuable information in the Blue Cross Member Annual Notice newsletter, such as:

- Access to medical services
- Benefit booklet and summary of benefits and coverage
- Prescription and medical drug coverage and formularies
- Prior authorizations and benefit limitations
- Member rights and responsibilities
- Requests for an independent review of an appeal
- Use and disclosure of protected health information (PHI)
- Care management programs

Visit **bluecrossmn.com/QualityImprovement** to view the notice or call customer service to receive it by mail.

MEMBER PRIVACY RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule gives you the right to know what personal and health information is collected by insurance companies, why it's collected and what is done with it. To see our privacy policy, visit **bluecrossmn.com/Privacy** or call customer service and request a copy of the "Notice of Privacy Practices."

MEDICARE PART D CREDITABILITY

Medicare members should check their plan information or ask their employer to see if their plan is Medicare Part D creditable.