

HOW YOUR CLAIMS ARE PAID

The 3M Advantage plans work together with the Health Savings Account (HSA) to help pay for qualified medical expenses. The Advantage plans provide the comprehensive medical, vision and prescription drug coverage while your HSA can be used to pay for your portion of the costs for the care you receive.

Claims are administered by different vendors depending on the type of care you receive:

- Blue Cross and Blue Shield administers the medical benefits
- CVS Caremark administers the prescription drug benefits
- VSP administers the vision benefits

To illustrate how a medical claim is paid, here is what happens when you visit an in-network provider under one of the 3M Advantage plans:

1 Your visit.

Depending on your plan, you may be required to pay an office copay at the time of service. Your member ID card indicates if a copay is required and the amount is listed in the office copay field.



2 Your in-network provider submits your claim to Blue Cross.



3 Blue Cross processes your claim within two weeks of receiving all the necessary paperwork from your provider.



4 You receive an Explanation of Health Care Benefits.

If you owe something to your provider, you will receive an Explanation of Health Care Benefits (EOB) in the mail. The EOB is not a bill. Your provider will send you a bill and the amount owed should match what is explained on the EOB.

Note: Each covered family member can see their own EOBs on their home page after they sign in at bluecrossmn.com/3M. You can view your own EOBs and those for covered dependents who are 12 and under.



5 Provider bills typically arrive within two weeks after you receive your EOB.



6 Compare your EOB to your provider bill.

Make sure the amount on the bill matches what is listed on your EOB. If not, contact Blue Cross customer service.



7 Pay your provider.

