

BCBSMN Blue Shield of Minnesota (BCBSMN) is the Medical Claims Administrator and network manager for the 3M Medical Plan (Plan). Effective January 1, 2016, certain 3M members will need to use providers in select Alternative Networks (AltNet) in order to obtain in-network benefits.

Why is 3M making this change?

While the health care landscape continues to change and costs continue to increase in the U.S., 3M remains committed to providing affordable benefits for the company and its plan members. Each year, 3M reviews and evaluates both the medical plan design and networks. For 2016, we will be changing the provider network in certain areas of the country. This change will offer better provider discounts which translates into lower costs for both you and 3M.

What is the name of the 3M provider network for 2015 and will it change for 2016?

The provider network used in 2015 for all covered members is called the BlueCard PPO Network (PPO Network). In 2016, certain 3M members will need to use providers in an AltNet (Alternate Network), which will be identified on their member ID card.

What is an AltNet?

An AltNet (Alternate Network) is a local Blue Plan network that offers savings beyond what the PPO Network offers. The AltNet includes a vast majority of the doctors, specialists, hospitals, and clinics in your current provider network. AltNet providers offer the same quality of care at a more affordable price.

Can I choose a provider in either the AltNet or the PPO Network?

Your specific network is determined by the zip code of your home residence. You will need to use providers in your specific network to receive in-network benefits. For care received outside of your AltNet service area, you will use the PPO Network for the highest level of benefits.

Please refer to your member ID card to identify your network, or call BCBSMN Customer Service toll free at 1-800-858-0722 Monday – Friday 7 a.m. to 8 p.m. CT.

How do I confirm that my current provider is in the new network?

To confirm your current provider is in the network, go to www.bluecrossmn.com/3M and click on FIND A DOCTOR. Next, select the name of your provider network, which can be found on your new member ID card. You can then enter your search criteria. You may also request to continue care with your current provider if you meet certain criteria. See below question for additional information.

Can I choose to continue to receive care from my current provider?

You may choose any health care provider for the care you need. If your current provider is not in the AltNet, you have the choice of continuing to receive care with that provider but you should know that benefits received will apply to the out-of-network benefit level.

Exception: If your current provider is not in the AltNet, you may request to continue care with that provider for up to 120 days after January 1, 2016, and claims will be processed as in-network if you have one or more of the following conditions:

- An acute condition;
- A life-threatening mental or physical illness;
- A disabling or chronic condition that is in an acute phase;
- A physical or mental disability that makes it difficult for you to engage in one or more major life activities (provided the disability has lasted or can be expected to last for at least one year, or may result in death);
- A lack of network providers that can give you culturally appropriate services or speak your language;
- A pregnancy beyond the first trimester; or
- A terminal illness with life expectancy of less than 180 days

Please refer to the “Continuity of Care” topic in the 3M Medical Plan Summary Plan Description (SPD) to learn more about transitioning from an out-of-network provider to an in-network provider.

How do I get started with the new network?

You will receive a new member ID card on or before December 31, 2015 that includes the name of your provider network. ***Please be sure to present your new card at your first visit to your provider after January 1, 2015.***

What is an In-network provider?

An in-network provider is a network of physicians, facilities and other health care providers contracted by BCBSMN to provide services within negotiated price boundaries. When a member receives treatment from an in-network provider (also known as a participating provider), the member’s out-of-pocket expense is lower because of the negotiated allowable amounts the provider can charge for the service. Some services, like office visits, may be available for a set dollar amount which allows for predictable out-of-pocket expenses for the member.

In-network providers (also known as participating providers) should be used by members to access care whenever possible. Generally, the highest level of Plan benefits is provided when care is received from in-network providers. Lower levels of benefits are provided when care is received from out-of-network providers (also known as nonparticipating providers).

What is an out-of-network provider?

These are physicians, facilities and other health care providers who are NOT contracted by BCBSMN to provide services. Therefore there are no negotiated rates or price boundaries for these health care providers. These providers can choose to charge members higher costs.

What if I choose to go to an out-of-network provider?

If you use an out-of-network provider, you must pay additional costs including higher annual deductibles and higher coinsurance, which accumulate to a separate and much higher out-of-pocket maximum. In many cases, you will also pay the difference between the Allowed Amount and what the provider bills.

What is an Allowed Amount?

It's an amount upon which payment is based for a given covered service for a specific provider. The allowed amount may vary from one provider to another for the same service. For in-network providers, the allowed amount is the negotiated amount of payment that the in-network provider has agreed to accept as full payment for a covered service. For out-of-network providers, the allowed amount is the amount the Plan will pay for a covered service, which is based on various payment options determined by BCBSMN at its discretion.

Do amounts exceeding the Allowed Amount apply to my out-of-network, out-of-pocket maximum?

No. Amounts exceeding the Allowed Amount do not apply to the out-of-network, out-of-pocket maximum.

This document is not the official plan document for the plan, and in the event of any conflict, inconsistency or ambiguity between this information and the official plan documents, the terms of the official plan document will control. 3M reserves the right to modify, amend or terminate the benefit plan, in whole or in part, at any time. Neither receipt of this document nor its use of the term "you" indicate eligibility for the plan. Only those individuals who satisfy the eligibility requirements and other criteria contained in the official plan document are eligible to participate in the plan.