

2025

HEALTH PLAN DECISION GUIDE

Individual and Family



Table of contents

Step 1: Identify your plan and network	3
Step 2: Determine the best plan level for you.....	4
Find your doctor	5
Pharmacy benefits	5
Blue Plus® Minnesota Value plan	6
Blue Plus® Metro MN plan.....	8
Blue Plus® Southeast MN plan	11
Step 3: Explore health and wellbeing programs.....	14
Step 4: Consider additional coverage to complete your benefits	15
Step 5: Enroll in your plan	15
Get answers to frequently asked questions.....	16

Welcome

With Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Plus), 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.

This guide will help you learn about our plans, as well as provide information and resources to help you find a plan that fits your needs.

All Blue Plus plans include:

- Leading health systems, hospitals and care professionals
- Primary and specialty care providers
- In-network preventive appointments and services at no additional cost*
- Online tools and information that help you take charge of your health

*Included in the cost of the plan.

QUESTIONS? WE'RE HERE TO HELP.



Speak with a Blue Cross Advisor or schedule an appointment
1-877-410-4098/TTY 711
bluecrossmn.com/Advisor



Contact your local agent or visit
bluecrossmn.com/AgentFinder



Save money by staying in network

Your out-of-pocket costs will be lower when your doctor, clinic and hospital are in your network. You can use our Find a Doctor tool at bluecrossmn.com/FindADoctor and search for providers in your network.

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.

HMO Minnesota, d.b.a. Blue Plus, is an affiliate of Blue Cross and Blue Shield of Minnesota, an independent licensee of the Blue Cross and Blue Shield Association.

Ready to get started?

- 1 **Identify your plan and network** based on where you live
- 2 **Determine the best plan level for you** based on your budget and needs
- 3 **Explore health and wellbeing programs** included in your plan
- 4 **Consider additional coverage** such as dental, vision and international travel coverage to complete your benefits
- 5 **Enroll** in your plan

Words you should know before shopping for a plan

Learning common terms and how they're used in your plan can help you make more informed decisions in choosing a plan that works for you.

- 1 **PREMIUM**
Your monthly payment to Blue Cross for a health plan.
- 2 **COPAY**
The set dollar amount you pay each time you receive a service or prescription.
- 3 **ANNUAL DEDUCTIBLE**
Amount you pay in one plan year before coverage begins.
- 4 **COINSURANCE**
A set percentage you pay toward healthcare after your deductible has been met. For example, if the coinsurance is 20%, once you've paid your deductible in full, the plan pays 80% of your covered healthcare costs. You then pay 20% of your covered healthcare costs until you reach your out-of-pocket limit.
- 5 **ANNUAL OUT-OF-POCKET LIMIT**
The most you could pay in one plan year for covered medical services and supplies.

Learn more helpful terms at bluecrossmn.com/Glossary.

Your plan info at your fingertips

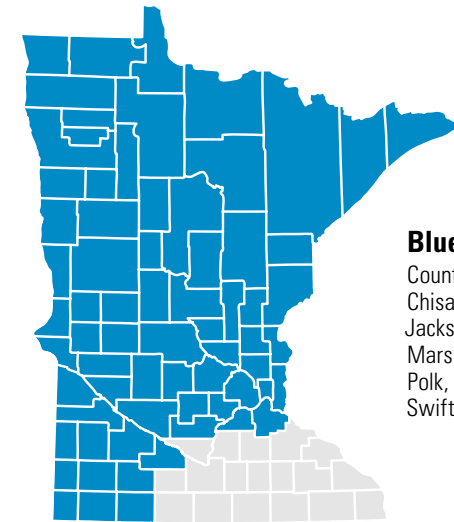
Blue Care AdvisorSM connects you to everything you need to easily manage your healthcare. Access your personal plan information, resources and tools online at bluecrossmn.com/BCA or by downloading the Blue Care Advisor app from your favorite app store.

- Claims and Explanations of Healthcare Benefits (EOBs)
- Deductible and out-of-pocket spending totals
- Member ID cards that you can easily share
- Find in-network doctors, clinics and hospitals
- Medical spending account balances and transactions



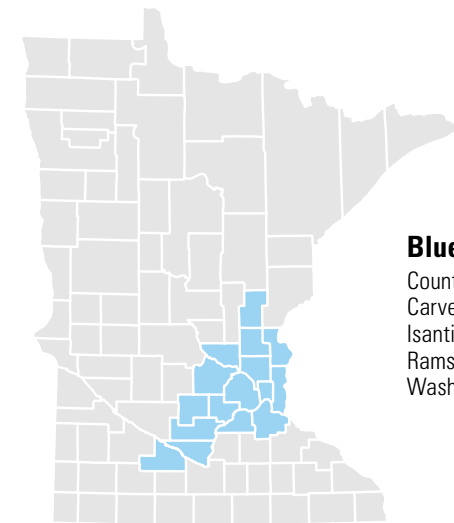
Step 1: Identify your plan and network

Blue Plus plans are available throughout the state. **Your permanent address and the county where you live determine the plans and networks available to you.** Each network features top-rated health systems, hospitals and care professionals dedicated to providing the highest-quality services. To see if your doctor participates in the network for the plan associated with where you live, visit bluecrossmn.com/FindADoctor.



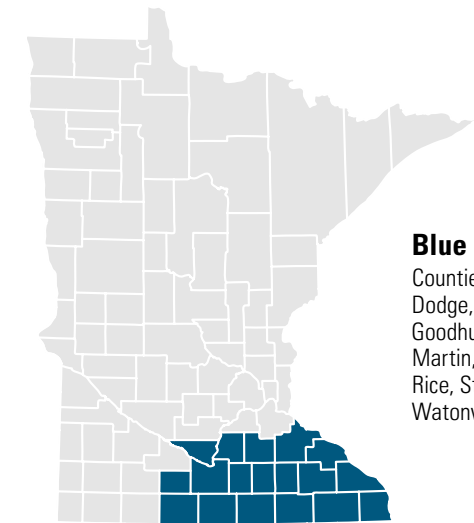
Blue Plus Minnesota Value

Counties include: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Brown, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Cottonwood, Crow Wing, Dakota, Douglas, Grant, Hennepin, Hubbard, Isanti, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Lincoln, Lyon, Mahnomon, Marshall, McLeod, Meeker, Mille Lacs, Morrison, Murray, Nobles, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Rock, Roseau, Scott, Sherburne, Sibley, St. Louis, Stearns, Stevens, Swift, Todd, Traverse, Wadena, Washington, Wilkin, Wright and Yellow Medicine



Blue Plus Metro MN

Counties include: Anoka, Brown, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, McLeod, Nicollet, Ramsey, Scott, Sherburne, Sibley, Washington and Wright



Blue Plus Southeast MN

Counties include: Blue Earth, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Le Sueur, Martin, Mower, Nicollet, Olmsted, Rice, Steele, Wabasha, Waseca, Watonwan and Winona

Each healthcare provider is an independent contractor and not our agent. HMO Minnesota, d.b.a. Blue Plus, is an affiliate of Blue Cross and Blue Shield of Minnesota, an independent licensee of the Blue Cross and Blue Shield Association.

Step 2: Determine the best plan level for you

Blue Plus plans offer three levels of coverage and cost sharing. Each plan pays a different amount toward medical coverage and prescription drugs. The right plan depends on how often you visit the doctor or pharmacy, how much you want to pay when you get care, and how much you want to pay before your health plan begins to pay.

BRONZE	SILVER	GOLD
<ul style="list-style-type: none"> • Lower monthly premium • Higher deductible • Health savings account (HSA) compatible plans available* <p>Good option if you don't go to the doctor or pharmacy very often</p>	<ul style="list-style-type: none"> • Balance between monthly premium and deductible • HSA compatible plans available* <p>Good option if you aren't sure how often you'll go to the doctor or pharmacy</p>	<ul style="list-style-type: none"> • Higher monthly premium • Lower deductible • HSA compatible plans available* <p>Good option if you go to the doctor or pharmacy frequently</p>

*Some plans are compatible with HSAs from investment HSA administrators like HealthEquity.

HealthEquity®

An HSA allows you to set aside a portion of your earnings pretax to pay for qualified medical expenses, including dental and vision. The money in the account is owned by you and stays with you even if you change health plans or your employer and/or employment changes. You can also invest your HSA dollars.

HealthEquity® offers:

- A nationally recognized customer service team that specializes in informing and educating on health spending and savings accounts
- Easy-to-use online and digital tools to easily manage medical savings accounts 24 hours a day, seven days a week

For more information on services provided, visit healthequity.com.

HealthEquity, Inc. is an independent company providing account administration services.

Find your doctor

Use our Find a Doctor tool at bluecrossmn.com/FindADoctor to search for in-network providers and see if your doctor participates in the network for the plan associated with where you live.

Pharmacy benefits

Blue Plus individual and family health plans include coverage for prescriptions filled at pharmacies in the Essential Pharmacy Network. Go to bluecrossmn.com/EssentialPharmacyNetwork to find a participating pharmacy.

Drugs on the BasicRx drug list are covered by your plan. To see the list and search for covered drugs, visit bluecrossmn.com/IndividualDrugList2025.

SPECIALTY PHARMACY NETWORK

If you have a complex medical condition, you may need a "specialty" drug. Your plan includes a specialty drug network with pharmacies that specialize in these types of drugs. Your plan requires you to use this network for your specialty drugs.

Get started by calling one of our specialty pharmacies:

- **ALL SPECIALTY DRUGS**
Fairview Specialty Pharmacy – **1-800-595-7140**
- **ALL SPECIALTY DRUGS EXCEPT HEMOPHILIA DRUGS**
Accredo – **1-866-470-9554**
Allina Health Specialty Pharmacy – **1-866-462-2057**
Essentia Health – **1-844-380-5626**
North Memorial Health – **1-877-520-5307**
Sanford Pharmacy – **(701) 234-7600**
Thrifty White Specialty Pharmacy – **1-855-611-3399**
- **HEMOPHILIA DRUGS ONLY**
Children's Home Care – **1-866-656-1020**

Each pharmacy is an independent company that provides pharmaceutical services.

INTEGRATEDRX – ONCOLOGY (FOR CANCER-RELATED DRUGS)

IntegratedRx — Oncology allows drugs to be filled at certain pharmacies that are part of clinics, hospitals and/or health systems. To find a listing of in-network pharmacies, visit bluecrossmn.com/EssentialPharmacyNetwork.

INSULIN COVERAGE

Members pay no more than \$25 per prescription per month for covered insulin products.

To see your plan's covered drug list, visit bluecrossmn.com/IndividualDrugList2025.

MEDSYOURWAY®

MedsYourWay is a prescription drug discount program that offers members two ways to save on prescription drugs. Home delivery offers savings up to 80% on brand and generic drugs through Amazon Pharmacy. MedsYourWay retail delivers savings at the pharmacy by comparing drug card discount prices and the health plan benefit to automatically check for savings opportunities. No discount card is required and covered purchases count toward the deductible.

MedsYourWay® is part of Prime Therapeutics LLC, an independent company providing pharmacy benefit management services.

Amazon Pharmacy is an independent company offering pharmaceutical home delivery services.

Blue Plus Minnesota Value

Get quality care at an affordable price from a broad selection of healthcare providers.

The network providers you can use for your healthcare needs are located statewide and include health systems such as Allina Health, Altru, CentraCare, M Health Fairview, Sanford Health and St. Luke's.

Blue Plus Minnesota Value Network includes:

- **122** hospitals
- **14,633** primary care providers
- **40,410** specialty care providers

Numbers are subject to change and are reflective of signed contracts as of June 2024.

KEY IN-NETWORK PROVIDERS:

Metro

- Allina Health
- Children's Minnesota
- M Health Fairview
- North Memorial Health
- Ridgeview

Central

- CentraCare
- Cuyuna Regional Medical Center

Northeast

- Grand Itasca Clinic and Hospital
- St. Luke's

Northwest/Southwest

- Alomere Health
- Altru Health System
- CentraCare – Benson
- Kittson Memorial Hospital and Clinic
- Sanford Health

Southeast

- Gundersen Health System
- Northfield Hospital and Clinics
- Winona Health

To see additional in-network providers, use the Find a Doctor tool at bluecrossmn.com/MinnesotaValueNetwork.



Stay in network and save

Your out-of-pocket costs will be lower when your doctor, clinic and hospital are in your network.



We offer plans with an office visit copay so you know what you're going to pay before you visit the doctor.

2025 PLANS

	BLUE PLUS MINNESOTA VALUE										
Plan numbers*	200/400	201/401	207/407	206/406	208/408	204/404	202/402	203/403	205/405		
Metal level and plan type	Bronze HSA	Silver HSA	Gold HSA	Bronze	Bronze easy compare	Silver easy compare and Rx copay	Gold Rx copay	Bronze copay	Gold easy compare and Rx copay	Out of network (All plans)	
	In network										
Your deductible	Single	\$8,300	\$3,300	\$3,300	\$7,750	\$7,000	\$4,000	\$1,200	\$5,800	\$1,500	\$20,000
	Family	\$16,600	\$9,900	\$9,900	\$15,500	\$14,000	\$8,000	\$3,600	\$11,600	\$3,000	\$40,000
Your coinsurance	0%										
Your out-of-pocket limit	Single	\$8,300	\$7,000	\$4,600	\$9,200	\$9,200	\$8,700	\$7,500	\$9,200	\$7,800	Unlimited
Family	\$16,600	\$14,000	\$13,800	\$18,400	\$18,400	\$17,400	\$15,000	\$18,400	\$15,600	Unlimited	
Visits to:	0% after deductible										
• Healthcare provider's office	30% after deductible										
• Specialist	5% after deductible										
• Retail health clinic	40% after deductible										
• Urgent care	Healthcare provider's office: \$50 copay Specialist: \$100 copay Retail health: \$50 copay Urgent care: \$75 copay										
Healthcare provider's office: \$40 copay Specialist: \$80 copay Retail health: \$40 copay Urgent care: \$60 copay	20% after deductible										
First 3 visits (any combination): \$35 copay each, subsequent visits 35% after deductible	Healthcare provider's office: \$30 copay Specialist: \$60 copay Retail health: \$30 copay Urgent care: \$45 copay										
50% after deductible											
E-visits	0% after deductible										
Other professional services in the office	0% after deductible										
Lab, pathology, advanced and standard imaging	30% after deductible										
Prescription drugs	5% after deductible										
- BasicRx drug list	40% after deductible										
- Essential Pharmacy Network	60% after deductible										
- Tier 4 is specialty drugs	50% after deductible										
Tiers 1 – 4:	50% after deductible										
0% after deductible	50% after deductible										
Preventive care	0% (No deductible)										
Well-child care	0% (No deductible)										
(Ages 0 to 6, including vision exam)	0% (No deductible)										
Prenatal care	0% (No deductible)										
Maternity	0% (No deductible)										
(Labor, delivery and post-delivery care)	0% (No deductible)										
Emergency care and ambulance	0% (No deductible)										
• Physician	0% (No deductible)										
• Facility	0% (No deductible)										
Outpatient facility services	0% after deductible										
• Physician	30% after deductible										
• Facility	5% after deductible										
• Lab, pathology, advanced and standard imaging	40% after deductible										
Inpatient facility services	0% after deductible										
• Physician	50% after deductible										
• Facility	30% after deductible										
Chiropractic, physical, occupational and speech therapy (Habilitative and rehabilitative)	50% after deductible										
Ambulatory surgical center	50% after deductible										
Eyewear for children ages 18 and younger	50% after deductible										
One pair of standard collection frames or contact lenses	30% after deductible										

*Plan numbers in the 200 series are available off-exchange. Plan numbers in the 400 series are available through MNsure.

For a list of drugs on your specified drug list, BasicRx, visit bluecrossmn.com/IndividualDrugList2025.

All plans have embedded deductibles. For plans with more than one person (family plan), no one member will exceed the single deductible amount listed above. Also, eligible costs incurred by all covered family members count toward satisfying the family deductible.

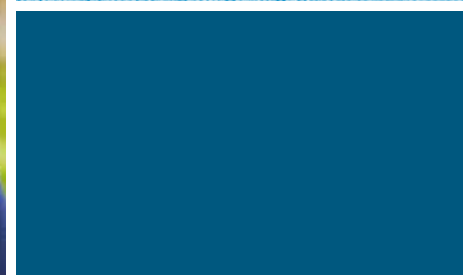
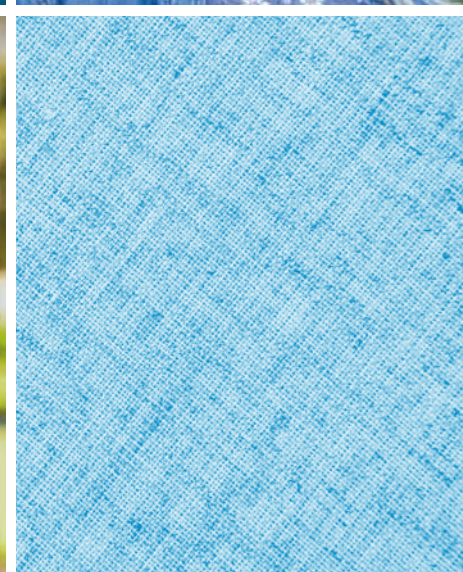
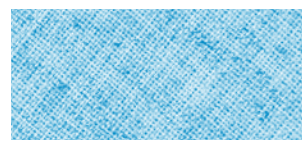
This is only a summary. The contract and benefit booklet include complete details of what is and isn't covered. Services not covered include routine adult eye exams and eyewear, custodial care, bariatric surgery, infertility treatment, items primarily used for a nonmedical purpose, over-the-counter drugs (except as specified in the benefit booklet), nutritional supplements, services that are cosmetic, experimental, not medically necessary, or covered by workers' compensation or no-fault auto insurance. Each healthcare provider is an independent contractor and not our agent. Nonparticipating providers do not have contracts with Blue Cross and Blue Shield of Minnesota. Benefits are effective January 1, 2025.

Your out-of-pocket costs depend on the network status of your provider. This plan's network has a limited number of in-network providers. If you visit a provider or a location that's not in this plan's network, you will pay more for your care, and the costs associated with your care will not count toward your in-network cost sharing (for example, the in-network deductible and out-of-pocket limit).

If you receive services from a nonparticipating provider, you will be responsible for any deductibles or coinsurance plus the difference between what Blue Plus would reimburse for the nonparticipating provider and the actual charges the nonparticipating provider bills. This difference does not apply to your out-of-pocket limit. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on the Blue Plus allowed amount, which is typically lower than the amount billed by the provider.

Blue Plus may change premium rates on an annual renewal date, when you add or delete a dependent, or if you move to a different Blue Plus plan. Factors that may affect changes in premium rates include the age of covered members and where you reside.

The deductible, copay and out-of-pocket limit amounts are subject to annual adjustments. These adjustments are based on the medical care component of the Consumer Price Index (CPI) published by the U.S. Department of Labor. These annual adjustments are effective on the annual renewal date.



Blue Plus Metro MN

Personalized, coordinated healthcare right in your own community.

The Blue Plus Metro MN Network features a top-rated health system based on patient satisfaction and quality of care and includes access to all Allina Health hospitals and clinics and other providers.

Blue Plus Metro MN Network includes:

- 29 hospitals
- 5,602 primary care providers
- 22,185 specialty care providers

Numbers are subject to change and are reflective of signed contracts as of June 2024.

KEY IN-NETWORK PROVIDERS:

- Abbott Northwestern Hospital
- Children's Minnesota
- Glencoe Regional Health
- Mercy Hospital
- Ridgeview Medical Center
- St. Francis Regional Medical Center

To see additional in-network providers, use the Find a Doctor tool at bluecrossmn.com/MetroMNNetwork.



Stay in network and save

Your out-of-pocket costs will be lower when your doctor, clinic and hospital are in your network.



Coordinated care at Allina Health

Support from a coordinated care team at Blue Cross and Allina to help you with your healthcare goals. Allina makes it easier to get connected and coordinated care through virtual and in-person Quick Care options, including Virtual Urgent Care and Everyday Online.

2025 PLANS

	BLUE PLUS METRO MN					
Plan numbers*	259/459	258/458	253/453	254/455		
Metal level	Bronze	Bronze HSA	Silver HSA	Gold Rx copay	Out of network (All plans)	
	In network					
Your deductible	Single	\$7,750	\$8,300	\$3,300	\$1,200	\$20,000
	Family	\$15,500	\$16,600	\$9,900	\$3,600	\$40,000
Your coinsurance		40%	0%	30%	20%	50%
Your out-of-pocket limit	Single	\$9,200	\$8,300	\$7,000	\$7,500	Unlimited
	Family	\$18,400	\$16,600	\$14,000	\$15,000	Unlimited
Visits to:						
• Healthcare provider's office						
• Specialist						
• Retail health clinic						
• Urgent care						
E-visits		40% after deductible	0% after deductible	30% after deductible	20% after deductible	50% after deductible
Other professional services in the office		40% after deductible	0% after deductible	30% after deductible	20% after deductible	50% after deductible
Lab, pathology, advanced and standard imaging		40% after deductible	0% after deductible	30% after deductible	20% after deductible	50% after deductible
Prescription drugs						
- BasicRx drug list		Tier 1: \$20 copay		Tier 1: 30% after deductible		No coverage
- Essential Pharmacy Network		Tier 2: 40% after deductible	Tiers 1 – 4: 0% after deductible	Tier 2: 30% after deductible	Tier 1: \$20 copay	
- Tier 4 is specialty drugs		Tier 3: 60% after deductible		Tier 3: 50% after deductible	Tier 2: \$60 copay	
		Tier 4: 40% after deductible		Tier 4: 30% after deductible	Tier 3: \$180 copay	
					Tier 4: \$540 copay	
Preventive care						50% after deductible
Well-child care (Ages 0 to 6, including vision exam)		0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)
Prenatal care						
Maternity (Labor, delivery and post-delivery care)						50% after deductible
Emergency care and ambulance						In-network benefit applies. Amounts paid apply to the in-network deductible and out-of-pocket limit.
• Physician						
• Facility						
Outpatient facility services						
• Physician						
• Facility						
• Lab, pathology, advanced and standard imaging		40% after deductible	0% after deductible	30% after deductible	20% after deductible	50% after deductible
Inpatient facility services						
• Physician						
• Facility						
Chiropractic, physical, occupational and speech therapy (Habilitative and rehabilitative)						
Eyewear for children ages 18 and younger						No coverage
One pair of standard collection frames or contact lenses						

*Plan numbers in the 200 series are available off-exchange. Plan numbers in the 400 series are available through MNSure.

For a list of drugs on your specified drug list, BasicRx, visit bluecrossmn.com/IndividualDrugList2025. All plans have embedded deductibles. For plans with more than one person (family plan), no one member will exceed the single deductible amount listed above. Also, eligible costs incurred by all covered family members count toward satisfying the family deductible.

This is only a summary. The contract and benefit booklet include complete details of what is and isn't covered. Services not covered include routine adult eye exams and eyewear, custodial care, bariatric surgery, infertility treatment, hearing aids for adults, items primarily used for a nonmedical purpose, over-the-counter drugs (except as specified in the benefit booklet), nutritional supplements, services that are cosmetic, experimental, not medically necessary, or covered by workers' compensation or no-fault auto insurance. Each healthcare provider is an independent contractor and not our agent. Nonparticipating providers do not have contracts with Blue Cross and Blue Shield of Minnesota. Benefits are effective January 1, 2025.

Your out-of-pocket costs depend on the network status of your provider. This plan's network has a limited number of in-network providers. If you visit a provider or a location that's not in this plan's network, you will pay more for your care, and the costs associated with your care will not count toward your in-network cost sharing (for example, the in-network deductible and out-of-pocket limit).

If you receive services from a nonparticipating provider, you will be responsible for any deductibles or coinsurance plus the difference between what Blue Plus would reimburse for the nonparticipating provider and the actual charges the nonparticipating provider bills. This difference does not apply to your out-of-pocket limit. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on the Blue Plus allowed amount, which is typically lower than the amount billed by the provider.

Blue Plus may change premium rates on an annual renewal date, when you add or delete a dependent, or if you move to a different Blue Plus plan. Factors that may affect changes in premium rates include the age of covered members and where you reside.

The deductible, copay and out-of-pocket limit amounts are subject to annual adjustments. These adjustments are based on the medical care component of the Consumer Price Index (CPI) published by the U.S. Department of Labor. These annual adjustments are effective on the annual renewal date.

Better together

You and Blue™ MN

Quality care close to home.

MAKE YOUR HEALTH A PRIORITY

Learn about the importance of preventive care visits

- **What is a preventive visit and why is it important?** Preventive visits help catch problems sooner, when they're easier and less costly to treat. Doctors typically check your blood pressure, height and weight, and get you up to date on immunizations.
- **How often should I get a preventive visit?** This depends on your age, gender and history, but these visits are typically once a year.
- **How is this visit covered?** Many health plans fully cover preventive care services when you see a doctor who is in your plan's network.

Call the number on the back of your member ID card for details on coverage.

PROGRAMS AND SUPPORT

Log in or register at the website listed on the back of your member ID card to learn more about resources and programs available to you.

The Blue Plus Southeast MN Network includes Mayo Clinic® Health System and other healthcare providers who provide personalized, coordinated care that puts the patient above all else. Get access to Mayo Clinic primary and specialty providers, independent primary specialty care and regional care providers.

Blue Plus Southeast MN Network includes:

- **20** hospitals
- **4,715** primary care providers
- **11,513** specialty care providers

Numbers are subject to change and are reflective of signed contracts as of June 2024.

KEY IN-NETWORK PROVIDERS:

- Mayo Clinic
- Mayo Clinic Health System
- Mayo Clinic Primary Care in Rochester and Kasson
- Northfield Hospitals and Clinics
- Saint Elizabeth's Medical Center and Clinic
- Sleepy Eye Medical Center
- United Hospital District
- Winneshiek Medical Center
- Winona Health

To see additional in-network providers, use the Find a Doctor tool at bluecrossmn.com/SoutheastMNNetwork.

TRUSTED CARE

Top-ranked in the United States, Mayo Clinic has more #1 rankings in specialties than any other hospital in the nation.

U.S. News & World Report 2024 – 2025.



Stay in network and save

Your out-of-pocket costs will be lower when your doctor, clinic and hospital are in your network.

Blue Plus and Mayo Clinic will work together to coordinate and improve the quality of your care. To do so, we will ask you to give us permission to share your contact information and past, current and future health and account records with each other.

You must live in the service area to enroll (see page 3). Provider listings are not all-inclusive and are subject to change. 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.

Mayo Clinic® is an independent, nonprofit healthcare provider offering network access to its providers and health services. Mayo, Mayo Clinic, Mayo Clinic Health System and the triple-shield logo are registered trademarks and service marks of Mayo Clinic.

2025 PLANS

		BLUE PLUS SOUTHEAST MN						
Plan numbers*		270/470	271/471	274/474	273/473	275/475	272/472	
Metal level		Bronze HSA	Silver HSA	Bronze easy compare	Silver easy compare and Rx copay	Gold easy compare and Rx copay	Gold Rx copay	Out of network (All plans)
		In network						
Your deductible	Single	\$8,300	\$3,300	\$7,000	\$4,000	\$1,500	\$1,200	\$20,000
	Family	\$16,600	\$9,900	\$14,000	\$8,000	\$3,000	\$3,600	\$40,000
Your coinsurance		0%	30%	50%	30%	20%	20%	50%
Your out-of-pocket limit	Single	\$8,300	\$7,000	\$9,200	\$8,700	\$7,800	\$7,500	Unlimited
	Family	\$16,600	\$14,000	\$18,400	\$17,400	\$15,600	\$15,000	Unlimited
Visits to: • Healthcare provider's office • Specialist • Retail health clinic • Urgent care		0% after deductible	30% after deductible	Healthcare provider's office: \$50 copay Specialist: \$100 copay Retail health: \$50 copay Urgent care: \$75 copay	Healthcare provider's office: \$40 copay Specialist: \$80 copay Retail health: \$40 copay Urgent care: \$60 copay	Healthcare provider's office: \$30 copay Specialist: \$60 copay Retail health: \$30 copay Urgent care: \$45 copay	20% after deductible	50% after deductible
E-visits		0% after deductible	0% after deductible	\$50 copay	\$40 copay	\$30 copay	0% (No deductible)	50% after deductible
Other professional services in the office Lab, pathology, advanced and standard imaging		0% after deductible	30% after deductible	50% after deductible	30% after deductible	20% after deductible	20% after deductible	50% after deductible
Prescription drugs - BasicRx drug list - Essential Pharmacy Network - Tier 4 is specialty drugs		Tiers 1 – 4: 0% after deductible	Tier 1: 30% after deductible Tier 2: 30% after deductible Tier 3: 50% after deductible Tier 4: 30% after deductible	Tier 1: \$25 copay Tier 2: 50% after deductible Tier 3: 50% after deductible Tier 4: 50% after deductible	Tier 1: \$20 copay Tier 2: \$40 copay Tier 3: \$120 copay Tier 4: \$480 copay	Tier 1: \$15 copay Tier 2: \$30 copay Tier 3: \$90 copay Tier 4: \$360 copay	Tier 1: \$20 copay Tier 2: \$60 copay Tier 3: \$180 copay Tier 4: \$540 copay	No coverage
Preventive care								50% after deductible
Well-child care (Ages 0 to 6, including vision exam)		0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)	0% (No deductible)
Prenatal care								
Maternity (Labor, delivery and post-delivery care)								50% after deductible
Emergency care and ambulance • Physician • Facility								In-network benefit applies. Amounts paid apply to the in-network deductible and out-of-pocket limit.
Outpatient facility services • Physician • Facility • Lab, pathology, advanced and standard imaging		0% after deductible	30% after deductible	50% after deductible	30% after deductible	20% after deductible	20% after deductible	
Inpatient facility services • Physician • Facility								50% after deductible
Chiropractic, physical, occupational and speech therapy (Habilitative and rehabilitative)				\$50 copay	\$40 copay	\$30 copay		
Ambulatory surgical center								
Eyewear for children ages 18 and younger One pair of standard collection frames or contact lenses				50% after deductible	30% after deductible	20% after deductible		No coverage

*Plan numbers in the 200 series are available off-exchange. Plan numbers in the 400 series are available through MNsure.

For a list of drugs on your specified drug list, BasicRx, visit bluecrossmn.com/IndividualDrugList2025.

All plans have embedded deductibles. For plans with more than one person (family plan), no one member will exceed the single deductible amount listed above. Also, eligible costs incurred by all covered family members count toward satisfying the family deductible.

This is only a summary. The contract and benefit booklet include complete details of what is and isn't covered. Services not covered include routine adult eye exams and eyewear, custodial care, bariatric surgery, infertility treatment, hearing aids for adults, items primarily used for a nonmedical purpose, over-the-counter drugs (except as specified in the benefit booklet), nutritional supplements, services that are cosmetic, experimental, not medically necessary, or covered by workers' compensation or no-fault auto insurance. Each healthcare provider is an independent contractor and not our agent. Nonparticipating providers do not have contracts with Blue Cross and Blue Shield of Minnesota. Benefits are effective January 1, 2025.

Your out-of-pocket costs depend on the network status of your provider. This plan's network has a limited number of in-network providers. If you visit a provider or a location that's not in this plan's network, you will pay more for your care, and the costs associated with your care will not count toward your in-network cost sharing (for example, the in-network deductible and out-of-pocket limit).

If you receive services from a nonparticipating provider, you will be responsible for any deductibles or coinsurance plus the difference between what Blue Plus would reimburse for the nonparticipating provider and the actual charges the nonparticipating provider bills. This difference does not apply to your out-of-pocket limit. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on the Blue Plus allowed amount, which is typically lower than the amount billed by the provider.

Blue Plus may change premium rates on an annual renewal date, when you add or delete a dependent, or if you move to a different Blue Plus plan. Factors that may affect changes in premium rates include the age of covered members and where you reside.

The deductible, copay and out-of-pocket limit amounts are subject to annual adjustments. These adjustments are based on the medical care component of the Consumer Price Index (CPI) published by the U.S. Department of Labor. These annual adjustments are effective on the annual renewal date.



Step 3: Explore health and wellbeing programs

These offerings are included with your plan.

HEALTH MANAGEMENT

Receive professional support for managing chronic or serious health conditions. Includes education, treatment plan support and community resource information. Call **1-800-961-4758**.

PEER SUPPORT SPECIALIST

Get specialized support for mental health challenges, psychological trauma or substance use from someone with real-life experience. Call the number on the back of your member ID card.

AUTISM PROGRAM

Connect with an autism navigator to discuss a new diagnosis, care options, health plan coverage and support. Call **1-855-312-9107**.

EATING DISORDER PROGRAM

Get one-on-one support for you or a family member at risk of or recovering from an eating disorder. Call **1-855-312-9107**.

GENDER CARE SERVICES

Connect with a Gender Services Team to discuss gender-related care options, health plan coverage and providers. Visit bluecrossmn.com/GenderCare or call **1-866-694-9361**.

ONLINE CARE

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

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

MATERNITY MANAGEMENT

Receive support and guidance from a maternity case manager. Call **1-866-489-6948**.

ONLINE BEHAVIORAL HEALTH THERAPY

Concerned about substance use, stress, insomnia, depression, social anxiety, panic or resilience? Learn to Live is an online program that's available anytime to help you work through it. Visit learntolive.com/Welcome/BCBSMN to learn more.

Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support. Learn to Live is an educational program and should not be considered medical treatment.

WELLNESS DISCOUNT MARKETPLACE

Shop products and services that complement your health and get discounts from Blue365®. Visit blue365deals.com/BCBSMN to learn more.

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

DIABETES PREVENTION PROGRAM

The Diabetes Prevention Program (DPP) prevents more than half of new Type 2 diabetes cases. It is covered under your plan at no additional cost to you. Find a DPP provider at dprp.cdc.gov/Registry.

DIABETES AND HEART DISEASE PREVENTION

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/BCBSMN1. See your plan materials for details.

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/BCBSMN1. See your plan materials for details.

HYPERTENSION MANAGEMENT

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

See your plan materials for details.

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

QUITTING TOBACCO AND VAPING SUPPORT

Get personalized guidance for developing a quit plan and ongoing support from a wellness coach.

HEALTH ASSESSMENT

Complete a short, confidential health assessment. Based on your results, you'll receive personalized recommendations including helpful tips and programs available to you. Get started at bluecrossmn.com/BCA.

Step 4: Consider additional coverage to complete your benefits

Protect your overall health with optional dental, vision and international travel coverage.



DENTAL COVERAGE

Blue Cross Dental plans are for people of all ages, whether for yourself or your whole family. We have a plan to fit your needs and your budget. For more information on dental plans, visit bluecrossmn.com/Dental-Individual.



VISION COVERAGE

Many medical plans may not cover routine eye exams for adults. If your medical plan doesn't, a Blue Cross Vision plan that does cover routine eye exams can complement your medical plan. For more information, visit bluecrossmn.com/Vision-Individual.



INTERNATIONAL HEALTH PLANS

GeoBlue® offers medical insurance to protect you from the unexpected while traveling internationally. The most comprehensive plans include coverage for hospital stays, surgeries and medically necessary evacuations. Some plans include basic services like doctor's visits, ambulance services, prescription drugs and more. Visit bluecrossmn.com/GeoBlue for more information.

GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross and Blue Shield Association.

Step 5: Enroll in your plan

Now that you've explored your options and found a plan that works for you, you're ready to enroll in your plan.



Visit

bluecrossmn.com/2025ShopIFP



Speak with a Blue Cross Advisor or schedule an appointment
1-877-410-4098/TTY 711
bluecrossmn.com/Advisor



Contact your local agent or visit
bluecrossmn.com/AgentFinder

Get answers to frequently asked questions

Q. When can I enroll in a plan?

A. This year, you can enroll in an individual plan November 1, 2024 through December 18, 2024, for a January 1, 2025 effective date or December 19, 2024 through January 15, 2025, for a February 1, 2025 effective date. Special enrollment during other times of the year is available for a major life event, such as loss of coverage, marriage, divorce, or birth of a child. There is a limited time to enroll after a life change. Call us or check with your agent for details. For more information, go to bluecrossmn.com/SpecialEnroll.

Q. What is a network and what does it mean to use in-network providers?

A. Each individual and family plan from Blue Plus has a network of providers — hospitals, clinics, physicians, nurse practitioners and other caregivers — ready to provide medical care or services you may need.

The in-network providers for each plan can be found using the Find a Doctor tool at bluecrossmn.com/FindADoctor. Any provider or facility not found in your specific plan network is considered out of network and will almost always cost you quite a bit more than someone in network.

Please review the coverage details in the out of network column of the benefit tables. Your best option for the most cost-effective care is to ensure the provider you use is part of your plan network.

Q. Are preventive services covered?

A. Most preventive services — like health screenings and vaccinations — are covered at 100% when you use an in-network provider (with no additional deductibles or copayments). Talk with your doctor about the preventive services that are right for you. For more information on covered services, visit bluecrossmn.com/PreventiveCare.

Q. Where can I get all the details of my coverage?

A. Once enrolled in your health plan, you can register for your member website, at bluecrossmn.com/Register. From there you can access your benefit booklet to review all the details of your plan. After you enroll, you will receive a welcome packet, your member ID card and other helpful documents.

Q. What if I'm in an area outside my network's region and need medical care?

A. If you are experiencing a medical emergency, you can go to the emergency department at any hospital and receive outpatient care at in-network costs, regardless of whether the facility and providers are in your plan network.

There are also many ways to get help from medical professionals virtually. Visit bluecrossmn.com/VirtualCare to learn more.

**HAVE QUESTIONS?
WE'RE HERE TO HELP.**

Speak with a Blue Cross Advisor or schedule an appointment **1-877-410-4098/TTY 711** bluecrossmn.com/Advisor

Contact your local agent or visit bluecrossmn.com/AgentFinder

Notes

bluecrossmn.com

Better together

You and BlueSM



MN