



TAKE CHARGE OF YOUR HEALTH. KNOW YOUR BENEFITS.

Member resource guide
Northfield Public Schools #659

RESOURCES AND CONTACT INFORMATION

<p>bluecrossmnonline.com Try here first</p>	<p>As a Blue Cross and Blue Shield of Minnesota member, you can sign up for and access the member portal. This is your one-stop shop of account information, care resources, coverage and billing status and more, including:</p> <ul style="list-style-type: none"> • Find a doctor or pharmacy • Order member ID cards • Send a secure email to customer service • Learn about conditions and treatments • Review lists of covered drugs • Find a fitness center • Mail order prescription refills
<p>Customer service</p>	<p>Toll free at 1-866-873-5943 TTY toll free 1-888-878-0137 Monday – Friday 7a.m. to 8p.m. CT</p>
<p>Find a doctor Reference your benefit plan materials to see what network you use</p>	<p>BlueCard® national provider network Log in at bluecrossmnonline.com and use the Find a Doctor tool. Select “BlueCard PPO.” You can also call 1-800-810-BLUE (2583).</p>
	<p>International provider network Visit bcbsglobalcore.com. You can also call 1-800-810-BLUE (2583) or call collect (804) 673-1177.</p>
<p>Online care</p>	<p>Go to DoctorOnDemand.com/bluecrossmn to talk with a doctor online from 7 a.m. to 11 p.m. daily. Mental health professionals or lactation consultants are available by appointment from 7 a.m. to 10 p.m. daily. Check the website to verify availability in your state.</p>
<p>Prescription drugs</p>	<p>Log in at bluecrossmnonline.com for prescription or pharmacy information, including a list of covered drugs and participating pharmacies.</p> <p>Mail order prescriptions: Call PrimeMail® if you have questions about this service at 1-877-35-PRIME (1-877-357-7463).</p>
<p>Health and wellness resources Log in at bluecrossmnonline.com to see a range of health and wellness resources and tools.</p>	<p>Quitting tobacco support 1-888-662-BLUE (2583)</p>
	<p>Fitness discounts myBlueCross > plan details > Health Support</p>
	<p>Maternity management (651) 662-1818 or toll free at 1-866-489-6948</p>

UNDERSTANDING AND USING YOUR PLAN

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WELCOME TO BLUE CROSS

Blue Cross and Blue Shield of Minnesota is committed to making a healthy difference in people's lives.

Understanding your health plan and the benefits

available to you can help you better manage your care.

Your employer, in cooperation with Blue Cross and Blue Shield of Minnesota, provides great benefits, proven support and services, and online resources that give you the information you need to be healthy and make informed decisions.

HOW YOUR PLAN WORKS

You can go to any doctor, specialist, behavioral health provider or hospital that is in your network for care — no referral required. This plan is an “open-access” PPO plan. Open access means you can see any provider you choose. However, coverage levels vary depending on the provider's network status and the type of service received. Check your benefit plan materials for information about specific networks available to you.

You may choose to see other providers in the extended network or nonparticipating providers. However, you will pay a higher share of the cost than if you used your primary care clinic. You can use providers in specific networks for chiropractic, ob/gyn, eye care and mental health/chemical dependency services without a referral.

Blue Cross in-network providers agree to accept the plan's payment in full — called the “allowed amount” (after copays, coinsurance and charges that are not covered). You are responsible to pay any copays, coinsurance or deductible.

By seeing an in-network provider, you'll receive the highest level of benefits and pay the least amount. If you see a health care provider that is not in the plan's network, you will pay more of the cost. When you see an in-network provider for preventive care services, the plan pays 100 percent of eligible costs. In-network providers also file insurance claims for you.

No referrals

You do not need a referral to see a specialist. As long as the health care provider is part of your network, you will get all the advantages of in-network benefits.

How we work with your provider

We work with your in-network provider to make sure you get the care that's best for you. If you use an out-of-network provider or non-participating provider, some or all of the following responsibilities may transfer to you. Here are examples of how we make sure services you receive are effective, appropriate and efficient when you use an in-network provider:

- Make sure you're getting the right level of care
- Authorize selected services
- Plan and coordinate care for special medical needs through our health coaches

How to get care after normal office hours

Online care

Get real-time, online access to board-certified physicians, psychiatrists and psychologists 365 days a year. Visit **DoctorOnDemand.com/bluecrossmn**.

Urgent care

A fever, sprained ankle or stomach ache is not an emergency, but you still may need to see a doctor. This is called “urgent care.” Call your clinic if you need urgent care. They will help you decide what to do next. You can also search for urgent care facilities on our “Find a doctor” web tool available on **bluecrossmnonline.com**.

Better care through quality improvement

Every year, Blue Cross reviews the care delivered to our members. This review determines the goals for the quality program. The program currently has many goals to improve health services.

Making sure our members receive preventive services and health screenings; making sure people with health problems, like heart disease, receive treatment; and improving the customer service experience are just a few of the goals in the program.

More detailed information is available about Blue Cross' process and outcomes in meeting quality improvement goals related to member care and service. You can see more information about our quality improvement program when you log in at **bluecrossmnonline.com**. See “Health plans 101” in “Coverage.”

Medical decisions

Decision making is based only on appropriateness of care and service and existence of coverage. Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) does not compensate providers, practitioners or other clinical individuals conducting decision-making activities for denials of coverage or service. Blue Cross does not offer incentives to decision-makers to encourage denials of coverage or service that would result in less than appropriate care or under-utilization of appropriate care and services.

Helping adolescents transition to adult health care

When you're a teenager new to advocating for your own health care, or one who has a chronic illness, it can be even more challenging to make the transition to adult-oriented care.

For adolescents seeing a pediatrician, the transition will involve choosing a new physician, transferring medical records, and communicating treatment histories and insurance information. It's important to have this conversation with your pediatrician or family physician. Go to **bluecrossmnonline.com** to use the "Find a doctor" tool or call customer service for assistance.

HEALTH CARE DECISION SUPPORT TOOLS

As a Blue Cross member, you have access to a variety of tools that can help you make informed decisions about your health care. Log in at **bluecrossmnonline.com** to see all of the resources available to you.

"Find a doctor" web tool

Health care can be confusing. But with the help of the "Find a doctor" tool, you can easily find the best care for you and your family.

With the "Find a doctor" web tool you can:

- Choose a doctor, hospital, urgent care or convenience clinic in your network based on cost and quality ratings
- Read and write reviews on your provider and experience

i Visit **bluecrossmnonline.com** and log in, then select "Find a Doctor."

Care cost estimator

With the "Care cost estimator" tool you can:

- See estimated total costs and how much you'll pay out of pocket for more than 400 common procedures

i Log in at **bluecrossmnonline.com**, then select "Cost care estimator."

Online care

Get real-time, online access to board-certified physicians, psychologists, psychiatrists and lactation consultants 365 days a year through Doctor On Demand.

On-demand care from board-certified physicians is available in 47 states from 7 a.m. to 11 p.m. daily.

Licensed psychologists, psychiatrists and lactation consultants are available in all 50 states by appointment from 7 a.m. to 10 p.m. daily.

A typical medical visit costs \$40, and depending on your health plan, all or some of the cost may be covered. Your visit will be processed like a typical medical claim so no up-front payments are required, with the exception of copays, if applicable. Online care lactation consultations are an out-of-pocket expense.

Doctor On Demand is available on camera-equipped smartphones, tablets or computers through

DoctorOnDemand.com/bluecrossmn or the Doctor On Demand app (available on Android, Apple and Kindle).

Doctor On Demand is an independent company providing telehealth services and is not available in every state. Check **bluecrossmn.com/onlinecare** to ensure you are located in a state that is eligible to participate.

YOUR CARE NETWORK

Minnesota networks

Each health plan option comes with a designated network. See the following “Find a Participating Provider” section for directions on checking if your desired provider is in the selected network. Whenever you travel outside the state, you’ll be covered by the BlueCard PPO network of providers.

Each health care provider in the network is an independent contractor and not our agent.

Aware® network – This is an open-access network which means you can see the health care providers you want without a referral. This network includes 100 percent of hospitals and 98 percent of physicians in Minnesota.

National and international coverage

With the national BlueCard network you can have in-network access to more than 92 percent of the providers in the United States. Blue Cross Blue Shield Global Core (formerly known as BlueCard Worldwide®) offers in-network access to doctors and hospitals in more than 200 countries. For more information about how your benefits cover care received internationally, check your benefit booklet or contact customer service at the phone number on the back of your member ID card.

Whether you are traveling or living in another Blue plan’s* service area, the BlueCard network is there for you.

*Each local Blue Cross and/or Blue Shield plan is an independent licensee of the Blue Cross and Blue Shield Association.

FIND A PARTICIPATING PROVIDER

In Minnesota or nationwide

- Log in at **bluecrossmnonline.com** and select “Find a Doctor.”
- Or, call customer service toll free at **1-866-873-5943**

International network

- Visit **bcbsglobalcore.com**.
- Or call BlueCard toll free at **1-800-810-BLUE (2583)** or collect at **(804) 673-1177**. When you call, tell the representative that you have “PPO network” coverage and what type of health care provider you need.

Blue Distinction® Specialty Care Program

Blue Distinction is a national program that was created to help you find the highest quality specialty care centers for spine surgery, knee and hip replacements, cardiac care, bariatric surgery, complex and rare cancers treatments, and transplants. Blue Distinction has evolved to include more robust quality measures and cost-efficiency criteria, and now has two designations: Blue Distinction Centers® and Blue Distinction Centers+SM.

i To learn more about Blue Distinction Centers® (BDC), visit **bcbs.com/bluedistinction** and look for the BDC icon. You can also call customer service toll free at **1-866-873-5943**. To find a BDC provider in your network, use the Find a Doctor tool at **bluecrossmnonline.com**.

Note: Blue Distinction Centers met overall quality measures for patient safety and outcomes, developed with input from the medical community. Blue Distinction Centers+ also met cost measures that address consumers’ need for affordable healthcare. Individual outcomes may vary. National criteria is displayed on **www.bcbs.com**. Neither Blue Cross and Blue Shield Association nor any Blue plans are responsible for damages, losses, or non-covered charges resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers. Designation as Blue Distinction Centers means these facilities’ overall experience and aggregate data met objective criteria established in collaboration with expert clinicians’ and leading professional organizations’ recommendations. Designation as a Blue Distinction Total Care Provider means this provider has met the established national criteria and has been designated by the local plan. Individual outcomes may vary. To find out which services are covered under your plan at any facilities, please call the customer service number on the back of your member ID card before making an appointment, to verify the most current information on its network participation and Blue Distinction status.

Northfield Public School
\$1,000 Deductible Plan
January 1, 2017

	In network* MN network — Aware National network — BlueCard PPO	Out of network**
Calendar-year deductible The deductibles for all networks cross apply. Deductible carryover applies.	Medical \$1,000 single \$3,000 family	Medical \$1,000 single \$3,000 family
Coinsurance	Deductible then 80% coins.	Deductible then 80% coins.
Calendar-year out-of-pocket maximum The out-of-pocket maximums for all networks cross apply. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical \$2,000 single \$4,000 family Prescription: \$750 per person; \$1000 per family	Medical \$2,000 single \$4,000 family Prescription: \$750 per person; \$1000 per family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
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	100% 100% 100% 100% 100% 100%	100% 100% 100% 100% 100% 100%
Physician services • e-visits • in-hospital medical visits • surgery and anesthesia • professional lab services • office visits due to illness or injury • urgent care (clinic-based) • retail health clinic • professional diagnostic imaging • allergy injections and serum	Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins.	Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins.
Other professional services • chiropractic manipulation • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy	Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins.	Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins.
Inpatient hospital services	Deductible then 80% coins.	Deductible then 80% coins.
Outpatient hospital services • facility diagnostic imaging • facility lab services • chemotherapy and radiation therapy • physical, occupational and speech therapy • scheduled outpatient surgery • urgent care (hospital-based)	Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins.	Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins.
Emergency care • emergency room • physician charges • ambulance (medically necessary transport to the nearest facility equipped to treat condition)	Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins.	

	In network* MN network — Aware National network — BlueCard PPO	Out of network**
Medical supplies	Deductible then 80% coins.	Deductible then 80% coins.
Behavioral health (mental health and chemical dependency care) • inpatient care • outpatient care • professional care	Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins.	Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins.
Prescription Drugs • retail (31-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand • non-preferred brand	\$20 copay \$20 copay No Coverage	\$20 copay or 40% whichever is greater \$20 copay or 40% whichever is greater No Coverage
• 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand • non-preferred brand	\$40 copay \$40 copay No Coverage	No coverage No coverage No coverage
• 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand • non-preferred brand	\$40 copay \$40 copay No Coverage	No coverage No coverage No coverage
<p>90dayRx applies to participating and/or mail service pharmacy.</p> <p>Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier).</p> <p>The patient will pay the difference if a brand-name drug is selected when a generic drug is available.</p> <p>The drug list uses a step therapy program. Log in at bluecrossmnonline.com and select “Prescriptions,” then see “frequently asked questions.”</p>		

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit bluecrossmnonline.com.

Lowest out-of-pocket costs: in-network providers*

Higher out-of-pocket costs: out-of-network participating providers**

Highest out-of-pocket costs: out-of-network **nonparticipating** providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. 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. Read your benefit booklet for more information about what is and isn't covered. Services that aren't covered include those that are cosmetic, investigative, not medically necessary or covered by workers' compensation or non-fault insurance.

Non-embedded deductible – The plan begins paying benefits that require cost sharing when the entire family deductible is met. The deductible can be met by one or a combination of several family members. The individual deductible applies to single coverage only.

Northfield Public School
\$1,500 Deductible HRA
January 1, 2017

	In network* MN network — Aware National network — BlueCard PPO	Out of network**
Calendar-year deductible The deductibles for all networks cross apply. Deductible carryover applies.	Medical \$1,500 single \$3,000 family	Medical \$1,500 single \$3,000 family
Coinsurance	Deductible then 100% coins.	Deductible then 80% coins.
Calendar-year out-of-pocket maximum The out-of-pocket maximums for all networks cross apply. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical \$1,500 single \$3,000 family Prescription: \$750 per person; \$1000 per family	Medical \$3,500 single \$6,000 family Prescription: \$750 per person; \$1000 per family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
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	100% 100% 100% 100% 100% 100%	100% 100% 100% 100% 100% 100%
Physician services • e-visits • in-hospital medical visits • surgery and anesthesia • professional lab services • office visits due to illness or injury • urgent care (clinic-based) • retail health clinic • professional diagnostic imaging • allergy injections and serum	Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins.	Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins.
Other professional services • chiropractic manipulation • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy	Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins.	Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins.
Inpatient hospital services	Deductible then 100% coins.	Deductible then 80% coins.
Outpatient hospital services • facility diagnostic imaging • facility lab services • chemotherapy and radiation therapy • physical, occupational and speech therapy • scheduled outpatient surgery • urgent care (hospital-based)	Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins.	Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins.
Emergency care • emergency room • physician charges • ambulance (medically necessary transport to the nearest facility equipped to treat condition)	Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins.	

	In network* MN network — Aware National network — BlueCard PPO	Out of network**
Medical supplies	Deductible then 100% coins.	Deductible then 80% coins.
Behavioral health (mental health and chemical dependency care) • inpatient care • outpatient care • professional care	Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins.	Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins.
Prescription Drugs • retail (31-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand	\$20 copay \$20 copay	\$20 copay or 40% whichever is greater \$20 copay or 40% whichever is greater
• 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand	\$40 copay \$40 copay	No coverage No coverage
• 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand	\$40 copay \$40 copay	No coverage No coverage
<p>90dayRx applies to participating and/or mail service pharmacy.</p> <p>Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier).</p> <p>The patient will pay the difference if a brand-name drug is selected when a generic drug is available.</p> <p>The drug list uses a step therapy program. Log in at bluecrossmnonline.com and select “Prescriptions,” then see “frequently asked questions.”</p>		

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit bluecrossmnonline.com.

Lowest out-of-pocket costs: in-network providers*

Higher out-of-pocket costs: out-of-network participating providers**

Highest out-of-pocket costs: out-of-network **nonparticipating** providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. 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. Read your benefit booklet for more information about what is and isn't covered. Services that aren't covered include those that are cosmetic, investigative, not medically necessary or covered by workers' compensation or non-fault insurance.

For more information, visit bluecrossmnonline.com or call Blue Cross customer service at the number on the back of your member ID card.

Non-embedded deductible – The plan begins paying benefits that require cost sharing when the entire family deductible is met. The deductible can be met by one or a combination of several family members. The individual deductible applies to single coverage only.

YOUR PRESCRIPTION DRUG PLAN

By using a pharmacy in your network, you pay a lower cost and your pharmacist files claims for you. If you use an out-of-network pharmacy, you will have to pay the pharmacy in full.

Select network. National pharmacy network of approximately 65,000 pharmacies that can fill 30-day prescriptions, with a subset of 55,000 pharmacies that can fill both 30- and 90-day prescriptions.

To find a participating pharmacy, log in at **bluecrossmnonline.com**, then select “Prescriptions.”

Preferred drug list for “best-choice” drugs

A list of prescription drugs preferred by your health plan and drug supplies considered “best choices” based on their safety, effectiveness and cost.

FlexRx preferred drug list offers the broadest choice in therapeutic safety and effectiveness. Contains a combination of brand name and generic drugs, including specialty drugs.

If your drug is not on the list of a closed plan design, we encourage you to talk with your doctor to determine if an alternative drug that is included on the list is appropriate for you. If not, your provider may submit a formulary exception form to Blue Cross and we will work with your provider to obtain information to support the request.

i For more information about your prescription drug plan, log in at **bluecrossmnonline.com** and see “Prescriptions” or call customer service toll free at **1-866-873-5943**.

ADDITIONAL DRUG SUPPORT

Use the 90dayRx program

If you have a prescription filled regularly, you can get a three-month supply and save. With the convenience of the 90dayRx program, you decide how to get your drugs — delivered to your home via mail, or filled at a participating neighborhood pharmacy.

Using 90dayRx at the pharmacy

- 1** Ask your doctor to write your prescription for a 90-day supply.
- 2** Use one of the many 90dayRx participating pharmacies. To find one, log in at **bluecrossmnonline.com**, then see “Prescriptions.” Look for pharmacies indicating “90-day supply available.”

Using 90dayRx with home delivery

- 1** Ask your doctor to write your prescription for a 90-day supply. Your doctor can instantly send your prescription to PrimeMail with electronic prescribing. Or,
- 2** Ask your benefits department for a PrimeMail order form or get one online at **myprimemail.com**.
- 3** Fill out the form and mail it with your prescription and payment to PrimeMail®, our 90dayRx-by-mail administrator.* You can order refills online at **myprimemail.com**.

*PrimeMail is a mail-service pharmacy owned and operated by Prime Therapeutics LLC, an independent company providing pharmacy benefit management services.

How to save money on prescription drugs

Ask for generics

Generics work the same as brand-name drugs and save you money. Even if a brand-name drug does not have a generic version, a similar drug may be available as a generic.

If a generic version of your prescription is available, you could save up to 80 percent.

Use a network retail pharmacy

- Visit any participating retail pharmacy and show your member ID card to receive the discounted price and have your claim filed automatically
- To find a participating pharmacy, sign in at **bluecrossmnonline.com** and see “Prescriptions.”

Some over-the-counter drugs are covered

Your health plan covers some over-the-counter drugs, including some antihistamines for allergies and proton pump inhibitors for acid-related stomach disorders.

Specialty drug benefit

Specialty drugs are used to treat complex or rare conditions, including multiple sclerosis, rheumatoid arthritis, hepatitis C and hemophilia among others. The Blue Cross specialty drug program gives you a convenient and cost-effective way to order specialty drugs for delivery to your home. For more information, or to find specialty network suppliers, call customer service toll free at **1-866-873-5943**. Or, log in at **bluecrossmnonline.com** and see the frequently asked questions in “Prescriptions.”

Remember, if you don’t use a Blue Cross supplier, you’ll be responsible for your entire drug cost.

HOW YOUR CLAIMS ARE PAID

When you see an in-network provider, you receive the highest level of benefits and the provider files claims for you. When you see an in-network provider for preventive care services, the plan pays 100 percent of eligible costs.

If you see an out-of-network provider, you pay more of the cost of your care and may have to file your own claims, as well as perform other notification and administrative requirements.

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 typically 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 log in at bluecrossmnonline.com.

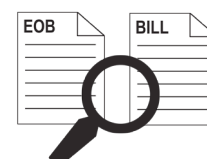
You can view your own EOBs and those for covered dependents who are under age 12.

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 You and/or your financial account will pay your provider depending on how your financial account is set up




YOUR MEMBER ID CARD

Your member ID card is very important and should be carried with you. It tells providers you have coverage and gives them information needed to submit your claims to Blue Cross. You should also have your member ID card handy when you call customer service.

Each member ID card can be used only for the person whose name appears on the card.

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

If you need to replace your card, log in at **bluecrossmnonline.com** and see “ID card” or call customer service. You can also print, email or fax a copy of your member ID card.

 BlueCross BlueShield			
Name ELIZABETH SAMPLENAME		GRP	XXXXXXXX
ID # 000000000000			
Svc Type	XXX	Care Type	XXX
RxBIN	XXXXXX	Office Copay	\$
RxPCN	XXX	ER Copay	\$
SYMBOLS PRINT HERE			

of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association, is serving only as the claims administrator.

This is your Blue Cross member ID number. Your calls to customer service will be faster if you have this number handy. Use the resources on the back of your member ID card when you have questions.



® This symbol means you're eligible for up to a \$20 credit each month on your membership fees at a participating fitness center when you work out at least 8 times per month.



This symbol indicates you can see any BlueCard PPO network provider nationwide or overseas.

YOUR ONLINE RESOURCE: member portal

As a Blue Cross member, you have access to a secure, online member center. All you need to do is sign up. When you want one-stop convenience for all your health plan information, it's your best resource. It's simple, easy to use and full of information.

Register today

Registration is secure and fast. With your member ID card handy, go to **bluecrossmnonline.com** and register. Be sure to enter your email address so we can send you information more quickly.

After you register, you'll have immediate access to your personal information. Covered family members can also register to see their claims.

Your Information at your fingertips

- View claims, account status and plan information
- See your member rights and responsibilities
- Order a replacement member ID card
- Send a secure message to customer service
- Provide your email address to tell us how you would like to receive health support communications — print or electronic

Health and wellness resources

Making the right choices for your health is important and this is a great place to start.

- Prescription drug information
- Fitness, nutrition and stress management resources
- Sections dedicated to women's health, men's health, children's health and more
- Personalized support, digital health assistant and a customized dashboard page with easy access to the topics of interest to you
- Interactive calculators to tell you how many calories you burn, your target heart rate and more
- Resources for people living with diabetes, heart disease or asthma

Protecting your privacy is very important to us

We're telling you about Blue Cross and Blue Shield of Minnesota's privacy policy so you know what information we collect, why we collect it and what we do with it. The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule affords members the right to receive a notice that describes how health information may be used and disclosed and how to get access to this information. To read this notice, go to **bluecrossmnonline.com** and select "Privacy & Legal." To have this document mailed to you, contact customer service.

BLUE CROSS HEALTH AND WELLBEING

When you're a member of Blue Cross, you can take advantage of the following health support resources.

Navigation team

When you have questions about your benefits, a treatment plan, a health procedure or more, just call customer service. You'll be connected with a representative who will listen carefully to your concerns and answer your health and medical questions. Call customer service toll free at **1-866-873-5973**.

Quitting tobacco support

Quitting tobacco support provides a behavior change program to support members who want to reduce tobacco use. This service is available to all members 18 years of age or older, including those who use smokeless tobacco products. Call toll free at **1-888-662-BLUE (2583)** to get started.

Online care

Get real-time, online access to board-certified physicians, psychologists, psychiatrists and lactation consultants with Doctor On Demand. Quick, convenient care is available on demand or by appointment through a camera-equipped smartphone, tablet or computer.

*Please check **DoctorOnDemand.com/bluecrossmn** to ensure you are located in a state that is eligible to participate.

Fitness discounts

Eligible members can earn up to a \$20 credit each month toward fitness center dues by working out at least 8 times a month at a participating fitness center. There are hundreds of fitness centers in our network.

- 1** To find a participating fitness center, log in at **bluecrossmnonline.com**. Under "Wellness," select "Healthy Living."
- 2** Join a participating fitness center. Present your Blue Cross member ID card when you enroll.
- 3** The fitness center tracks and submits visits. Eligible members receive credit once all requirements have been met for the program.

Maternity management

Maternity management support provides education and support to pregnant women so they can achieve the healthiest pregnancies possible. Pregnant women who are at high risk for complications are connected with a dedicated registered nurse to support them during their pregnancy. All pregnant women have access to online tools and resources. To request further information or to enroll, call **(651) 662-1818** or toll free at **1-866-489-6948**.

Health coaching

Health coaching offers support for managing health issues — whether you're dealing with relatively simple health issues or complex medical conditions. Nurses or licensed behavioral clinicians provide guidance between office visits to help you follow treatment plans and stay on track with your health goals.

TIPS TO SAVE HEALTH CARE DOLLARS

Here are ways to help you save money on health care related expenses.

Use an in-network provider

Receive the highest level of benefits by using doctors, pharmacies and other health care providers who are in your network. See the "Find a doctor" section to find an in-network provider. Your costs may be much greater if you use a nonparticipating or out-of-network provider.

Take advantage of preventive care

Taking care of yourself includes seeing your provider for regular checkups and screenings. Check your plan to see how to take advantage of your preventive care benefit, including what's covered and how often.

Preventive services guidelines show you what tests and shots your family needs and at what age. These are guidelines for routine care. Talk with your provider about your specific needs.

Get cancer prevention screenings

One of the best ways to keep on top of your health and catch disease in its earliest stages is to follow the recommended healthy adult guidelines for preventive cancer screenings. Talk with your primary care provider about the proper cancer screenings for your age, gender, health history and family history.

Ask for generic drugs

Generic drugs are safe, effective and strictly controlled by the Food and Drug Administration. They contain the same active ingredients as the brand-name versions, can cost up to 80 percent less than brand-name drugs, and work just the same. Ask your provider or pharmacist about choosing a generic when available.

Online wellness marketplace

ChooseHealthy™ provides wellness products and services that aren't typically covered by insurance. With a national network of more than 22,000 participating merchants, you'll enjoy discounts on products and services that support your health goals — including fitness centers.

Members are eligible for a minimum of 10 percent discount off enrollment and/or monthly dues at more than 12,000 fitness clubs and exercise centers, as well as access to trial memberships or introductory sessions.

In addition, you'll have access to an online library filled with articles and tips to help you maintain a healthy lifestyle.

To learn more, visit **choosehealthy.com**.

Note: Complementary care is a separate discount program, and not a service covered under your health plan benefits. Therefore, any out-of-pocket costs do not count toward your plan's out-of-pocket maximums.

ChooseHealthy is a product of American Specialty Health Systems, Inc. (ASH Systems), a subsidiary of American Specialty Health Incorporated (ASH). ASH Systems is an independent entity providing complementary health and wellness products and services.

Explore your health care options

Knowing your options can save you time and money.

Online care (\$)

Online access to doctors who can answer questions and provide a diagnosis for common health concerns.

e-visits (\$)

Connect with your provider via the Internet for information and evaluation about non-urgent medical issues. Ask your clinic if this service is available.

Retail health clinic (\$)

Quick, convenient and affordable treatment for many common illnesses.

Physician's office (\$\$)

For a wide variety of services from routine checkups to immunizations during normal business hours.

Urgent care center (\$\$\$)

Handles the same problems treated in a provider's office after normal business hours.

Emergency room (\$\$\$\$)

For the most serious or life-threatening conditions.

GLOSSARY

Helpful terms to know

Your health plan will make more sense if you understand a few important terms.

Allowed amount – The maximum dollar amount Blue Cross will consider for payment for a covered medical service. Network providers have agreed to accept the allowed amount as full payment, less any deductibles, copays, coinsurance or non-covered services that you owe.

Coinsurance – For some services, once a deductible has been paid, coinsurance is required. Coinsurance is a set percentage of the allowed amount that you pay after the deductible, according to your plan. For example:

Allowed amount: \$100 (after Blue Cross discount)

Plan pays: -\$80 (80 percent)

You pay: \$20 (your 20 percent coinsurance)

Copay – For certain services, you pay a set dollar amount or copay (for example \$15). In most cases, copays are paid to the provider or facility at the time you receive service and can vary by the type of service covered.

Deductible – The amount you must pay toward eligible health care services each year before your health plan pays on your behalf. For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible. The deductible may not apply to all services.

Deductible carryover – If you have expenses during the last three months of your plan year or calendar year that apply toward your deductible, that amount will apply to your deductible for the next year as well. However, the expenses beyond the amount applied to your deductible will not apply to your out-of-pocket maximum for the next year.

Eligible charges – Health care services that are eligible to be considered for coverage according to the health plan contract.

Explanation of Health Care Benefits (EOB) –

A notice sent from Blue Cross describing a claim and how it was processed by the plan. It tells you the services provided, the amount billed, payment made and any costs that are the member's responsibility.

In-network provider – A participating health care provider who is in the preferred network for your benefit plan in order to receive the highest level of coverage for eligible services. In-network providers within Minnesota are required to accept the allowed amount, will make all notifications/obtain any prior authorizations on your behalf and are required to file claims for you. In-network providers outside of Minnesota are required to accept the allowed amount, are required to notify Blue Cross if you are admitted to a hospital and are required to file claims on your behalf. However in-network providers outside of Minnesota may or may not make notifications and/or obtain authorizations for you for services unrelated to notification of a hospital admission. Therefore, be sure to verify with your in-network provider located outside of Minnesota, before services are rendered, if they will notify Blue Cross and/or will obtain the authorization for you or if you need to notify or request authorization yourself.

Member portal – A secure account designed specifically for you and covered family members. It's an easy-to-use place to manage your health, your health plan and costs, including your personal information.

Nonparticipating provider – A health care provider that has not entered into a network contract with a Blue Cross and/or Blue Shield plan. You are responsible for providing us with any notifications and/or obtaining any authorizations when necessary as well as submitting claims for any services you receive. Refer to the "Liability for Health Care Expenses" information in your plan documents for a description of the administrative and cost sharing for which you are responsible when using a nonparticipating provider. You may pay a significantly greater out-of-pocket expense when services are rendered by a nonparticipating provider.

Out-of-network provider – A health care provider who is not in the preferred network for your benefit plan. Out-of-network providers can include participating providers, a provider who has a network contract with a Blue Cross and/or Blue Shield, but is not an in-network provider. Out-of-network participating providers may or may not notify us when necessary, may or may not accept the allowed amount and may or may not file claims for you. Verify which of these services, if any, your out-of-network participating provider will perform on your behalf before services are received. Out-of-network providers may also include nonparticipating providers. For nonparticipating providers, you may pay a significantly greater out-of-pocket expenses and you will likely have to perform all notifications and file all claims.

Out-of-pocket maximum – The maximum amount of cost-sharing you must pay for covered services. The out-of-pocket maximum protects you from high expenses when your share of covered costs exceeds the out-of-pocket maximum amount within the plan year. The plan will pay 100 percent of your eligible services once you have reached the out-of-pocket maximum.

Participating provider – Providers who have a network contract with their local Blue Cross and/or Blue Shield plan. Participating providers can be in network or out of network and the cost to you for seeing Participating providers can vary significantly depending on your benefit plan. See more details in the definitions for in-network and out-of-network providers.

Preferred drug list – A list of prescription drugs preferred by your health plan.

Provider – The term “provider” includes doctors, nurse practitioners, specialists, clinics and hospitals. It also includes care facilities or professionals, such as physician assistants, chiropractors, psychologists and many others.

Retail health clinic – A health clinic that provides treatment for common illnesses and is usually located within or near a pharmacy or in a major retail store.

NOTICE OF NONDISCRIMINATION PRACTICES
Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice has important information about your application or health plan coverage. Look for key dates in this notice. You may need to take action by certain deadlines to keep your coverage or to receive help with costs. If you, or someone you're helping, has questions about this notice or health plan coverage, you can receive help and information in your language at no cost. To talk to an interpreter, call the toll free number below. For TTY, call 711.

Este aviso tiene información importante sobre su solicitud o cobertura del plan de salud. Busque fechas clave en este aviso. Es posible que deba tomar medidas antes de ciertos plazos para mantener su cobertura o recibir ayuda con los costos. Si usted, o alguien a quien esté ayudando, tiene preguntas sobre este aviso o sobre la cobertura del plan de salud, puede recibir información y ayuda en su idioma sin costo. Para comunicarse con un intérprete, llame al número gratuito 1-855-903-2583. Para TTY, llame al 711.

Tsab ntawv ceeb toom no muaj cov lus tseem ceeb hais txog koj daim ntawv thov los yog qhov kev pab them rau koj daim phiaj npaj kho mob. Saib cov hnub tseem ceeb nyob hauv daim ntawv ceeb toom no. Tej zaum koj yuav tau ua qee yam kom tiav ua ntej qee cov hnub uas teev rau hauv no kom thiaj tsis poob qhov kev pab them los yog kom tau txais kev pab them cov nqi kho mob. Yog hais tias koj, los yog lwm tus uas koj pab, muaj lus nug txog tsab ntawv ceeb toom no los yog qhov kev pab them rau daim phiaj npaj kho mob, koj muaj cai tau txais kev pab thiab ntaub ntawv ua koj hom lus yam tsis tau them nyiaj dab tsi. Yog xav tham nrog ib tus neeg pab txhais lus, hu rau tus xov tooj 1-800-793-6931 (hu dawb). Rau TTY, hu rau 711.

Ogeysiiskani wuxuu wataa macluumaad muhiim ah oo ku saabsan caynsanaanta qorshahaaga caafimaad. U fiirso taariikhaha ku yaal ogeysiiskan. Waxa laga yaabaa inaad u baahdo ficiil ka qaad taariikhaha kama dambayska ah si aad u sii haysto caynsanaantaada ama aad ugu hesho caawimo kharashyada. Haddii adiga, ama qof aad caawinayso, u ka qabo su'aalo arrimaha ku saabsan ogeysiiskan ama caynsanaanta qorshaha caafimaadka, waxaad ku heli kartaa caawimo iyo macluumaad luqaddaada iyada oo aan kharash kaa bixin. Si aad ula hadasho turjumaan, soo wac 1-866-251-6736 (lacag la'aan). Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

တစ်ဘီးသွပ်ညါအံ၊ အိန်ဒီးတိုဂ်တိုကျိုလၢအရူဒိန် ဘဉ်ဃး နတ်ပတံတိန် မုတမုာ် တၢ်အိန်ဆူဉ်အိန်ချ့တၢ်အုဉ် ကီုန့ဉ်လီၤ. ကွၢ်မုာ်နံၤအရူဒိန် လၢတၢ်ဘီးသွပ်ညါအံ၊အပူၤအဂီၢ်တက့ၢ်. နကဘဉ် ဟံးဂုၢ်ဝီမၤတၢ် တနီၤလၢ ကပၤဃး နတ်အုဉ်ကီု မုတမုာ် ဒီးန့ၢ်ဘဉ်တၢ်မၤစၢၤလၢတၢ်အိန်ဆူဉ်အိန်ချ့အဂီၢ်လီၤ. နဒီးန့ၢ်တၢ်မၤစၢၤဒီး တၢ်ဂုၢ်တၢ်ကျိၤလၢန နီၢ်ကတၢ်အကျိၢ်သ့ လၢတၢ်အိန်ဒီးတၢ်လၢဘဉ်လၢဘဉ်စ့ၤ ၈န့ၤ, မုတမုာ် ပုၤတကၤလၢနမၤစၢၤ, မုာ်အိန်ဒီးတၢ်သံက့ၢ်ဘဉ် ဃးတၢ်ဘီးသွပ်ညါအံ၊ မုတမုာ် တၢ်အိန်ဆူဉ်အိန်ချ့တၢ်တၢ်ကျိၤတၢ်အုဉ်ကီုန့ဉ်လီၤ. ကိးလိတဲစိဆူ 1-866-251-6744 (လိတဲစိကလိ), လၢကကတိၤသကိးတၢ်ဒီးပုၤကျိးထံတၢ်အဂီၢ်တက့ၢ်.လၢ TTY အဂီၢ်, ကိး 711 တက့ၢ်.

يتضمن هذا الإشعار معلومات مهمة حول الطلب الذي تقدمت به أو تغطية برنامجك الصحي. ابحث عن التواريخ الرئيسية في هذا الإشعار. قد يكون عليك اتخاذ إجراء ما بحلول مواعيد نهائية معينة للاحتفاظ بتغطيتك أو لتلقي المساعدة فيما يتعلق بالتكاليف. إذا كانت لديك أنت، أو شخص ما تقوم بمساعدته، أي أسئلة حول هذا الإشعار أو تغطية البرنامج الصحي، فيمكنك الحصول على المساعدة والمعلومات بلغتك الأم دون أي تكلفة. للتحدث إلى أحد المترجمين الفوريين، اتصل بالرقم 1-866-569-9123 (رقم مجاني). . للهاتف النصي اتصل بالرقم 711.

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Thông báo này có thông tin quan trọng về đơn đăng ký hoặc phạm vi bao trả theo chương trình sức khỏe của quý vị. Tìm những ngày chính trong thông báo này. Quý vị có thể cần hành động trước một số thời hạn để duy trì phạm vi bao trả hoặc được giúp đỡ có tính phí. Nếu quý vị, hoặc người quý vị đang giúp đỡ, có thắc mắc về thông báo này hoặc phạm vi bao trả theo chương trình sức khỏe của quý vị, quý vị có thể nhận giúp đỡ và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số 1-855-315-4015 (miễn phí). Người dùng TTY xin gọi 711.

Beeksis kun waayee iyyannoo keetii ykn kan karoorri fayyaa kee qabaachuu malu odeeffannoo barbaachisaa qaba. Guyoota futuu ta'an achi keessa ilaali. Insuraansiin kee akka addaan hincinnee fi basii tokko tokkoof gargaarsa argachuudhaaf, yeroon utuu itti hindarbin tarkaanfii fudhachuu qabda. Ati ykn nami ati gargaaraa jirtu yoo waayee beeksisakana ykn karoora fayyaa kana kee hanga inni ga'u gaaffii qabaattan, kaffaltii malee gargaarsaa fi odeeffannoo afaan keessaniin argachuu dandeessu. Nama afaan isinii hiiku waliin haasa'uudhaaf 1-855-315-4016 (lak. Tolaa bilbila'a). TTY dhaaf, 711 bilbilaa.

本通知包含與您申請或健康計劃承保有關的重要資訊。請注意本通知中的重要日期。您可能需要在特定期限之前採取行動才能維持承保或取得費用補助。如果您本人或您協助的對象對本通知或健康計劃承保有疑問，您可免費以您的語言取得協助和資訊。如欲與口譯員交談，請致電 1-855-315-4017 (免費電話)。聽語障專線 (TTY)，請撥打 711。

В этом уведомлении содержится важная информация о Вашей заявке на включение в план или страховом покрытии, предоставляемом планом медицинского страхования. Обратите внимание на даты, приведенные в этом уведомлении. Для того чтобы сохранить страховку или получить помощь в связи с какими-либо выплатами, Вам, возможно, потребуется к определенному сроку предпринять какие-то действия. Если у Вас или у кого-то, кто Вам помогает, появятся вопросы по поводу этого уведомления или предоставляемого планом страхового покрытия, Вы можете бесплатно получить помощь и информацию на Вашем родном языке. Чтобы связаться с переводчиком, позвоните по телефону 1-855-315-4028 (звонки бесплатные). Для использования телефонного аппарата с текстовым выходом звоните 711.

Cet avis contient des informations importantes concernant votre application ou votre assurance maladie. Recherchez les dates-clés dans cet avis. Il se peut que vous deviez réagir avant certaines dates limites pour conserver votre couverture ou recevoir une aide pour vos frais. Si vous-même ou la personne que vous aidez avez des questions concernant cet avis ou l'assurance maladie, vous pouvez recevoir de l'aide et des informations dans votre langue gratuitement. Pour parler à un interprète, appelez le 1-855-315-4029 (appel gratuit). Pour les personnes malentendantes, appelez le 711.

ይህ ማስታወቂያ ማመልከቻዎን ወይም የጤና ዕቅድ ሽፋንዎን በተመለከተ አስፈላጊ መረጃ አለው። በዚህ ማስታወቂያ ውስጥ ዋናዎና የሆኑ ቀናትን ይመልከቱ። የእርስዎ የጤና እቅድ ሽፋን እንዲቀጥል ወይም ዋጋው በሚመለከት እርዳታ ለማግኘት በተወሰኑ ቀን ገደቦች እርምጃ መውሰድ ይኖርብዎታል። እርስዎ ወይም እርስዎ የሚረዱት ሰው ይህን ማስታወቂያ ወይም የጤና እቅድ ሽፋን በሚመለከት ጥያቄ ካላችሁ፣ ምንም ወጪ ሳታወጡ በራሳችሁ ቋንቋ እርዳታ እና መረጃ ማግኘት ትችላላችሁ። ከአስተርጓሚ ጋር ለመነጋገር በስልክ ቁጥር 1-855-315-4030 (በነጻ) ይደውሉ። ይደውሉ ለ TTY በ 711።

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본 통지서에는 귀하의 보험 가입이나 의료 보험 적용 범위에 대한 중요한 정보가 담겨 있습니다. 본 통지서에 나와 있는 중요한 날짜를 확인해 보십시오. 귀하께서는 특정 마감 기한까지 조치를 취하셔야 계속 보험 적용을 받거나 비용 지원을 받으실 수 있습니다. 귀하 본인이나 귀하가 도와주고 있는 사람이 본 통지서나 의료 보험 적용 범위에 대한 질문이 있는 경우, 본인 비용 부담 없이 모국어로 지원 및 정보를 받으실 수 있습니다. 통역사와 통화를 하시려면, 1-855-904-2583 번(수신자 부담)으로 연락하시기 바랍니다. 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ແຈ້ງການນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄຸ້ມຄອງໃນແຜນປະກັນສຸຂະພາບຂອງທ່ານ. ຊອກເບິ່ງວັນທີສໍາຄັນຢູ່ໃນແຈ້ງການນີ້. ທ່ານອາດຈະຕ້ອງດໍາເນີນການຕາມກຳນົດເວລາສະເພາະ ເພື່ອຮັກສາຄວາມຄຸ້ມຄອງປະກັນໄພຂອງທ່ານໄວ້ ຫຼື ເພື່ອຮັບເອົາການຊ່ວຍເຫຼືອເລື່ອງຄ່າໃຊ້ຈ່າຍ. ຖ້າທ່ານ ຫຼື ຄົນທີ່ທ່ານກຳລັງໃຫ້ການຊ່ວຍເຫຼືອມີຄໍາຖາມກ່ຽວກັບແຈ້ງການນີ້ ຫຼື ຄວາມຄຸ້ມຄອງໃນແຜນປະກັນສຸຂະພາບ, ທ່ານສາມາດຮັບເອົາການຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເບິ່ງພາສາຂອງທ່ານໄດ້ ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອລົມກັບລ່າມແປພາສາ, ໃຫ້ໂທຫາ 1-866-356-2423 (ເບີໂທເກັບເງິນບາຍທາງ). ສໍາລັບ TTY, ໃຫ້ໂທຫາ 711.

Ang paunawang ito ay may mahalagang impormasyon tungkol sa iyong aplikasyon o saklaw ng planong pangkalusugan. Maghanap ng mahahalagang petsa sa paunawang ito. Maaaring kailanganin mong gumawa ng aksyon sa pamamagitan ng ilang mga itinakdang panahon upang mapanatili ang iyong saklaw o makatanggap ng tulong para sa mga gastos. Kung ikaw, o ang isang tao na tinutulungan mo, ay may mga katanungan tungkol sa paunawang ito o saklaw ng planong pangkalusugan, makatatanggap ka ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makipag-usap sa isang taga-interpret, tumawag sa 1-866-537-7720 (walang bayad ang toll). Para sa TTY, tumawag sa 711.

Diese Mitteilung enthält wichtige Informationen zu Ihrem Antrag oder zur Abdeckung durch Ihren Gesundheitsschutzplan. Beachten Sie wichtige Daten in dieser Mitteilung. Sie müssen unter Umständen innerhalb gewisser Fristen bestimmte Handlungen ergreifen, damit Ihre Abdeckung bestehen bleibt oder Sie Kostenunterstützung erhalten. Wenn Sie oder eine Person, die Ihnen zur Seite steht, Fragen zu dieser Mitteilung oder zur Abdeckung durch den Gesundheitsschutzplan haben, können Sie kostenlos Hilfe und Informationen in Ihrer Muttersprache erhalten. Um mit einem Dolmetscher zu sprechen, wählen Sie 1-866-289-7402 (gebührenfrei). Für TTY wählen Sie 711.

កំណត់សម្គាល់នេះមានព័ត៌មានសំខាន់អំពីការដាក់ពាក្យ ឬការគ្របដណ្តប់នៃគម្រោងសុខភាពរបស់អ្នក។ រកមើលកាលបរិច្ឆេទសំខាន់ៗក្នុងកំណត់សម្គាល់នេះ។ អ្នកអាចត្រូវការការចាត់វិធានការត្រឹមត្រូវកាលបរិច្ឆេទផុតកំណត់ជាក់លាក់នានាដើម្បីរក្សាការគ្របដណ្តប់របស់អ្នក ឬដើម្បីទទួលបានជំនួយជាមួយថ្លៃចំណាយផ្សេងៗ។ ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយមានសំណួរអំពីកំណត់សម្គាល់នេះ ឬការគ្របដណ្តប់នៃគម្រោងសុខភាព អ្នកអាចទទួលបានជំនួយ និងព័ត៌មានជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។ ដើម្បីនិយាយទៅកាន់អ្នកបកប្រែផ្ទាល់មាត់ សូមទូរស័ព្ទទៅលេខ 1-855-906-2583 (លេខឥតគិតថ្លៃ)។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Díí éí nits'íís baa áháyá binaaltsoos dóó bee ník'i adéest'í'ígí aláahgo binahjí' ééhózinígí át'é. Yookkáál dabiká'ígí baa ákonínizin dooleeł. Łahda t'áadoo áají' iitkááhi éí díí naaltsooshazhdil'íłh díí shá bik'é azláadoo jinízingo. Ni éí doodagóó t'áá háída biká'anilyeedígí díí naaltsoos dóó bik'é azláhígí baah na'idíkid neehólóqogo éí t'áájíík'e t'áá nizaad k'ehjí bee nílhodoonih dóó níká'adoolwołgo éí át'é. Ata' halne'é ła' bichí' hadeesdzih nínízingo éí áqíęęq [óqęęqéjájí] t'áá jíík'e béesh bee hodíłnih. TTY biniiyégo éí íájí' béesh bee hodíłnih.

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As Minnesota's health care leader, we live fearless. We believe good health is for everyone — not just our members. It's a big vision. And that's why we're investing in the communities we serve and empowering individuals to make smart choices about their health. Live fearless with the peace of mind that comes from knowing you're protected by the strength and stability of Blue Cross. We invite you to join us.