



high deductible health plan 100

COMPATIBLE WITH
HEALTH SAVINGS ACCOUNTS

a consumer-directed health plan for groups of 2–50

HEALTH PLAN solutions

Rising health care costs. Growing demand for more involvement in health care. The need for solutions is clear. That's why we've developed a high deductible plan to pair with a health savings account. You're in control of costs; your employees are in control of their care. And it's from the only health plan with more than 70 years of experience focusing on the healthy future of businesses like yours.

The idea behind consumer-directed health care

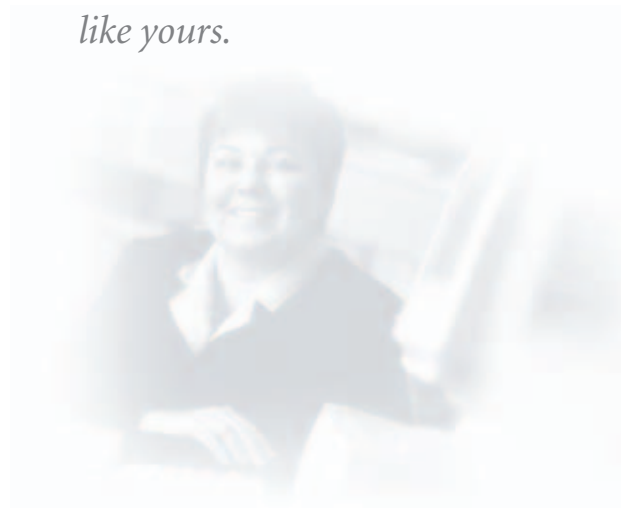
It's a simple concept: by covering your employees with a high deductible health plan, you have the potential for premium savings. By setting aside tax-preferred funds to help employees cover their increased share — and by providing employees with a rich suite of information and health management tools — you enhance employee satisfaction.

How does it work?

If you choose to pair the plan with the health savings account feature, employees are reimbursed for qualified expenses from their account. If those funds are exhausted, they cover the remainder of the deductible with their own funds. When the deductible is met, the health plan “kicks in.” If employees don't use the balance of their savings account, the money stays in their account and grows tax free over time (as long as it is used for eligible health care expenses). It's a great incentive for thoughtful health care choices.

Expect more with BluePrint for Health®

Take advantage of programs designed to improve health and productivity: fitness discounts • EAP • 24-hour nurse advice line • prenatal support • stop-smoking program • easy-to-use health information at our online wellness center • BluePrint for Health care support, our groundbreaking program for members with chronic conditions. These programs are offered at no additional charge to groups.



high deductible health plan 100

compatible with HSAs

Please note: Benefits are subject to regulatory approval

PLAN HIGHLIGHTS	IN-NETWORK	EXTENDED / OUT-OF-NETWORK
Annual deductible options One deductible applies to services from all all providers. Family contracts A, B and C have no individual deductibles. Choose family contract D for embedded (per person) deductibles.	a \$1,350/single – \$2,650/family (low) b \$1,900/single – \$3,800/family (middle) c \$2,650/single – \$5,250/family (high) d \$2,650/person – \$5,250/family (high with embedded deductible)	
Out-of-pocket maximum These options correspond to the deductible selected. The out-of-pocket maximum combines medical and drug expenses.	Out-of-pocket maximum is equal to annual deductible.	\$5,100/single – \$10,200/family
Lifetime maximum	\$5 million for services from all providers	
Office visits or urgent care visits <ul style="list-style-type: none"> Illness or injury Behavioral health care (mental health, substance abuse, eating disorders and autism) Chiropractic manipulation In-office surgery/allergy-related services 	100% after deductible 100% after deductible* (see details below) 100% after deductible* (see details below) 100% after deductible	80% after deductible 80% after deductible 80% after deductible; no benefits for services from out-of-network providers 80% after deductible
Preventive care <ul style="list-style-type: none"> Well-child services and immunizations Prenatal care Routine physicals and eye exams Cancer screenings 	100% 100% 100% 100%	80% after deductible 80% after deductible 80% after deductible 80% after deductible
Lab and X-ray services	100% after deductible	80% after deductible
In- and outpatient hospital services <ul style="list-style-type: none"> Facility services (includes behavioral health care) Professional services (includes behavioral health care) 	100% after deductible* (see details below) 100% after deductible* (see details below)	80% after deductible 80% after deductible
Emergency care <ul style="list-style-type: none"> Outpatient facility services Outpatient professional services 	100% after deductible 100% after deductible	100% after deductible 80% after deductible
Ambulance services	100% after deductible	100% after deductible
Medical supplies	100% after deductible	80% after deductible
Therapy services <ul style="list-style-type: none"> Chiropractic therapy Occupational and physical therapy Speech therapy 	100% after deductible* (see details below) 100% after deductible 100% after deductible	80% after deductible; no benefits for services from out-of-network providers 80% after deductible** (see details below) 80% after deductible** (see details below)
Prescription drugs – 31-day supply <ul style="list-style-type: none"> 3-cycle supply of oral contraceptives for 3 copays; formulary drugs only 	100% after deductible	100%; member pays the pharmacy and files a claim. In addition to deductible, member will be responsible for amounts in excess of allowed amount.
Maintenance prescriptions – 90-day supply <ul style="list-style-type: none"> 90dayRx retail network or by mail order If a generic drug is available and member chooses a brand-name drug, member pays the difference between the brand-name price and the generic price plus any coinsurance. In some cases, this can amount to the full cost of the brand-name drug.	100% after deductible	
BluePrint for Health programs included with plan	Employee assistance • stop-smoking program • 24-hour nurse advice line • prenatal support • online wellness center • care support for chronic conditions • fitness discounts	
How cost sharing is calculated Copays are flat fees you pay at the time you receive a service. Coinsurance is the percentage of charges you pay for a service. It's based on the allowed amount. Deductible charges are subtracted from the allowed amount. Allowed amount is the negotiated amount that network providers have agreed to accept as full payment at the time your claim is processed. If you see a provider who doesn't participate with Blue Cross, the allowed amount is either the billed charge or a percentage of the network allowed amount, whichever is less.		



BlueCross BlueShield of Minnesota

(Plan numbers a176, b178, c180, d181)

F8051R03 (3/06)

* For highest level of coverage, use Select Network providers for outpatient chiropractic and behavioral health services. For all other services use the Blue Cross Network.

** Physical, occupational and speech therapy services limited to a \$500 maximum per calendar year

This is only an outline of plan benefits. The contract and certificate include complete details of what is and isn't covered. Services not covered include eyeglasses, hearing aids, items primarily used for a non-medical purpose, over-the-counter drugs/nutritional supplements, services that are cosmetic, experimental, not medically necessary, or covered by workers' compensation or no-fault auto insurance. Pre-existing conditions may not be covered for a limited period of time. This limit is reduced by prior continuous coverage and doesn't apply to pregnancy, newborns, adopted children or handicapped dependents. We feature a large network of health care providers. Each provider is an independent contractor and is not our agent. Nonparticipating providers do not have contracts with Blue Cross and Blue Shield of Minnesota. Blue Cross and Blue Shield of Minnesota is an independent licensee of the Blue Cross and Blue Shield Association. Benefits are effective July 1, 2006.