



TAKE CHARGE OF YOUR HEALTH. KNOW YOUR BENEFITS.

Member resource guide
Jordan Public Schools ISD #717

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 for 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 7 a.m. to 8 p.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 24/7. 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>Nurse line 1-800-622-9524</p> <p>Employee assistance program 1-800-432-5155 TTY 1-800-223-5822</p> <p>Fitness discounts Search for a participating fitness center</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.

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

Call the nurse line

Nurses will help you 24 hours a day, seven days a week. They will answer your health questions and help you decide what to do if you are sick or injured. Nurses will not share information about your call with your doctor or anyone else.

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 improvement 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

- 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

- Log in at **bluecrossmnonline.com**, then select "Care cost 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 24/7 in 49 states.

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 \$44, 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

DoctorOnDemand.com/bluecrossmn 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 at **1-866-873-5943**

International network

- Visit **bcbsglobalcore.com**
- Or call 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 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.

Jordan Public Schools ISD #717
\$1,150 Deductible Plan
July 1, 2017

	In network* MN network – Aware National network – BlueCard PPO	Out of network**
Plan-year deductible In- and out-of-network does cross apply. Deductible carryover does not apply.	Medical and prescription combined \$1,150 individual \$2,300 family	Medical \$1,150 individual \$2,300 family
Coinsurance	Deductible then 100% coinsurance	Deductible then 80% coinsurance
Plan-year out-of-pocket maximum In- and out-of-network does cross apply. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$1,150 individual \$2,300 family	Medical \$3,500 individual \$6,500 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 <ul style="list-style-type: none"> • well-child care to age 6 • prenatal care • preventive medical evaluations 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations 	100% 100% 100% 100% 100% 100%	100% 100% Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance
Physician services <ul style="list-style-type: none"> • 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% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance	No coverage Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance
Other professional services <ul style="list-style-type: none"> • chiropractic manipulation • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy 	Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance	Deductible then 80% coinsurance Deductible then 80% coinsurance No coverage Deductible then 80% coinsurance
Inpatient hospital services	Deductible then 100% coinsurance	Deductible then 80% coinsurance
Outpatient hospital services <ul style="list-style-type: none"> • 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% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance	Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance
Emergency care <ul style="list-style-type: none"> • emergency room • physician charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition) 	Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance	
Medical supplies	Deductible then 100% coinsurance	Deductible then 80% coinsurance

	In network* MN network – Aware National network – BlueCard PPO	Out of network**
Behavioral health (mental health and chemical dependency care) <ul style="list-style-type: none"> inpatient care outpatient care professional care 	Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance	Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance
Prescription drugs Select network <ul style="list-style-type: none"> retail (31-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> closed plan design preferred generic preferred brand non-preferred <ul style="list-style-type: none"> 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> closed plan design preferred generic preferred brand non-preferred <ul style="list-style-type: none"> 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> closed plan design preferred generic preferred brand non-preferred 	Deductible then 100% coinsurance Deductible then 100% coinsurance No coverage	No coverage
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90dayRx applies to participating retail and/or mail service pharmacy only. 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). The patient will pay the difference if a brand-name drug is selected when a generic drug is available. The drug list uses a step therapy program. Visit the Prescription Drugs section of bluecrossmnonline.com for more details.		

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 no-fault insurance.

See the glossary at the end of this document for term definitions.

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

Embedded deductible – The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.

Jordan Public Schools ISD #717
\$3,000 Deductible Plan
July 1, 2017

	In network* MN network – Aware National network – BlueCard PPO	Out of network**
Plan-year deductible In- and out-of-network does cross apply. Deductible carryover does not apply.	Medical and prescription combined \$3,000 individual \$6,000 family	Medical \$3,000 individual \$6,000 family
Coinsurance	Deductible then 100% coinsurance	Deductible then 80% coinsurance
Plan-year out-of-pocket maximum In- and out-of-network does cross apply. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$3,000 individual \$6,000 family	Medical \$3,625 individual \$6,750 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 <ul style="list-style-type: none"> • well-child care to age 6 • prenatal care • preventive medical evaluations 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations 	100% 100% 100% 100% 100% 100%	100% 100% Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance
Physician services <ul style="list-style-type: none"> • 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% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance	No coverage Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance
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Medical supplies	Deductible then 100% coinsurance	Deductible then 80% coinsurance

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See the glossary at the end of this document for term definitions.

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

Embedded deductible – The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.

Jordan Public Schools ISD #717
\$6,000 Deductible HRA/HSA Plan
July 1, 2017

	In network* MN network – Aware National network – BlueCard PPO	Out of network**
Plan-year deductible In- and out-of-network does cross apply. Deductible carryover does not apply.	Medical and prescription combined \$6,000 single \$12,000 family	Medical \$8,250 single \$16,500 family
Coinsurance	Deductible then 100% coinsurance	Deductible then 80% coinsurance
Plan-year out-of-pocket maximum In- and out-of-network does cross apply. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$6,000 single \$12,000 family	Medical \$10,000 single \$20,000 family
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Medical supplies	Deductible then 100% coinsurance	Deductible then 80% coinsurance

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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 no-fault insurance.

See the glossary at the end of this document for term definitions.

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

Embedded deductible – The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.

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. It 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 at **1-866-873-5943**.

ADDITIONAL DRUG SUPPORT

Step therapy program

Step therapy means you may first need to try a more clinically appropriate or cost-effective drug before we will cover the alternative, higher-cost medication. See your health plan administrator or benefit plan materials for more information.

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.”

Use the 90dayRx program

If you have a prescription filled regularly, you can get a three-month supply and save time. 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.

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 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

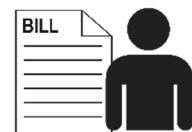
If you owe something to your provider, you will receive an Explanation of Health Care Benefits (EOB) in the mail. The EOB is not a bill. Your provider will send you a bill and the amount owed should match what is explained on the EOB.



Note: Each covered family member can see their own EOBs on their home page after they log in at bluecrossmnonline.com.

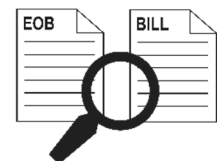
You can view your own EOBs and those for covered dependents who are under age 12.

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

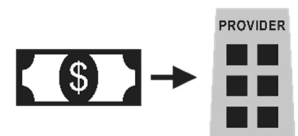


6 Compare your EOB to your provider bill

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



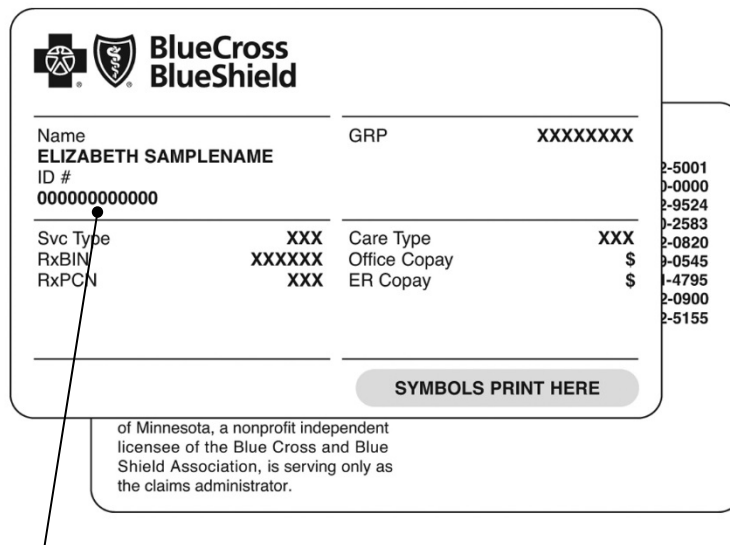
YOUR MEMBER ID CARD

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.



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 12 times per month.



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

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 Blue Cross 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 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 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 at **1-866-873-5943**.

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.

Nurse line

Call the toll-free nurse line anytime, day or night, when you have health questions or concerns. A nurse will ask about your symptoms and help you decide whether to get care right away, wait until your clinic opens or care for yourself at home. Call **1-800-622-9524**.

Employee assistance program (EAP)

The employee assistance program is a great place to start when personal issues make life difficult. A counselor will listen to your concerns and help you take the next step. Call anytime, 24 hours a day, toll free at **1-800-432-5155** or TTY **1-800-223-5822**.

Learn to Live

Learn to Live provides online programs and clinical assessments for you and your family members (age 13+) living with stress, depression or social anxiety. To enroll in the program, visit **learntolive.com/partners** and enter the code you will receive from your employer.

Learn to Live is an independent company offering online social anxiety treatment resources.

Fitness discounts

Eligible members can earn up to a \$20 credit each month toward fitness center dues by working out at least 12 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

The maternity management program provides education and support to expectant mothers so they can achieve the healthiest pregnancies possible. Expectant mothers of all risk levels receive clinically-appropriate support through a health coach and have access to online resources at **bluecrossmnonline.com**. 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.

Vacation savings match program

Taking a vacation can be good for your health. And now, saving for a vacation has become even easier. For every dollar you save towards your next vacation (after the first \$100 deposit) in an Adestinn vacation savings account, you’ll receive a 50 percent matching credit. All you have to do is open a vacation savings account, set up a savings schedule and start saving. Get 50 percent more spending power at hundreds of hotels and resorts worldwide with the best available rate* and no blackout dates.

Visit **adestinn.com/bluecrossmn** for more information or to create your account and start saving for your next vacation today.

*See the frequently asked questions at **adestinn.com** for full details.

Adestinn is an independent company providing vacation savings opportunities. U.S. patent pending. Adestinn is a trademark owned by Adestinn, LLC.

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.

Nurse line (no cost to you)

Call **1-800-622-9524**, day or night, when you have symptoms or health questions.

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

Embedded deductible – The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.

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 information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိကညိကိတ်ဒီး, တၢ်ကဟ့ၣ်နၢကျိၣ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY
အဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

አማርኛ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ አገልግሎት እርዳ አለሎት። በ 1-855-315-4030 ይደውሉ ለ TTY በ 711።

한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າພຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមិន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béesh bee hodíílnih 1-855-902-2583. TTY biniiyégo éí 711 jí' béesh bee hodíílnih.



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.