

2017 BLUEPRINT

FEATURING ALLINA HEALTH NETWORK

BluePrintSM from Blue Plus provides a personalized health care experience close to home.

Enjoy access to primary and specialty care providers from the Allina Health Network, a top-rated network based on patient satisfaction and quality of care. In addition you'll have:

- Preventive benefits covered with no deductible
- Online tools that empower you to take charge of your health



NETWORK MATTERS

Make sure your doctor, specialist and facility participates in the Allina Health Network or you will pay more out-of-pocket. Use our Find a Doctor tool on bluecrossmn.com to search participating providers. From the home page, choose the "Find a Doctor" link and then enter your location. From the results page, select "BluePrint - Allina Health Network" from the network column on the left to see all providers that participate.

PHARMACY BENEFITS

This plan only provides coverage for prescriptions filled at pharmacies in the RxNetwork E network. Visit bluecrossmn.com/RxNetworkE to find a participating pharmacy.

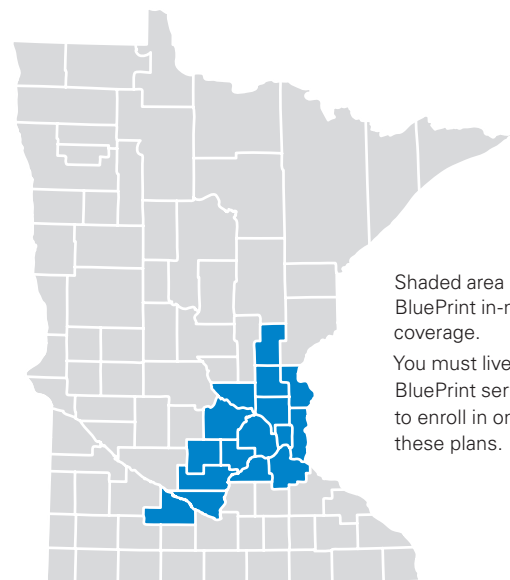
In addition, coverage is limited to **preferred drugs** on the BasicRx drug formulary. Visit bluecrossmn.com/BasicRxIndividualNon-Grandfathered to search for preferred drugs covered by this plan.

Remember, you must live within the BluePrint service area to enroll in this plan.

A NETWORK THAT FITS YOU ALLINA HEALTH NETWORK



30 HOSPITALS
432 clinics
3,960+ PHYSICIANS



Shaded area indicates BluePrint in-network coverage.

You must live in the BluePrint service area to enroll in one of these plans.

2017 PLANS

IN-NETWORK BENEFITS	BLUEPRINT		
	258/458	253/453	254/455
Plan numbers*	258/458	253/453	254/455
Metal Level	Bronze	Silver	Gold
Deductible • Single • Family	\$6,550 \$13,100	\$2,400 \$7,200	\$1,200 \$3,600
Compatible with HSA	Yes	No	No
Coinsurance	0%	20%	20%
Out-of-pocket maximum • Single • Family	\$6,550 \$13,100	\$7,150 \$14,300	\$3,600 \$10,800
Visits • Health care provider, or urgent care clinic • Specialist • Retail clinic • E-visit	0% after the deductible	20% after the deductible	20% after the deductible
Preventive care	0% (no deductible)	0% (no deductible)	0% (no deductible)
Prescription drugs • Preferred generic • Preferred brand • Specialty • Non-preferred	0% after the deductible No coverage	\$20 copay 20% after the deductible 20% after the deductible No coverage	\$20 copay 20% after the deductible 20% after the deductible No coverage

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

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

Your out-of-pocket costs depend on the network status of your provider. To check status, use the "Find a Doctor" web tool on bluecrossmn.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 Plus' 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 Plus' allowed amount, which is typically lower than the amount billed by the provider.

This is only a summary. The contract and benefit booklet include complete details of what is and isn't covered. Services not covered include routine adult eye exams and eyewear, custodial care, bariatric surgery, infertility treatment, hearing aids for adults, items primarily used for a nonmedical purpose, over-the-counter drugs (except as specified in the benefit booklet), nutritional supplements, services that are cosmetic, experimental, not medically necessary, or covered by workers' compensation or no-fault auto insurance. Each health care provider is an independent contractor and not our agent. Nonparticipating providers do not have contracts with Blue Cross and Blue Shield of Minnesota. Benefits are effective January 1, 2017.

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

Consumer Price Index Annual Adjustment: The deductible, copay and out-of-pocket maximum amounts are subject to annual adjustments.

These adjustments are based on the medical care component of the Consumer Price Index (CPI) published by the U.S. Department of Labor. These annual adjustments are effective on the annual renewal date.

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

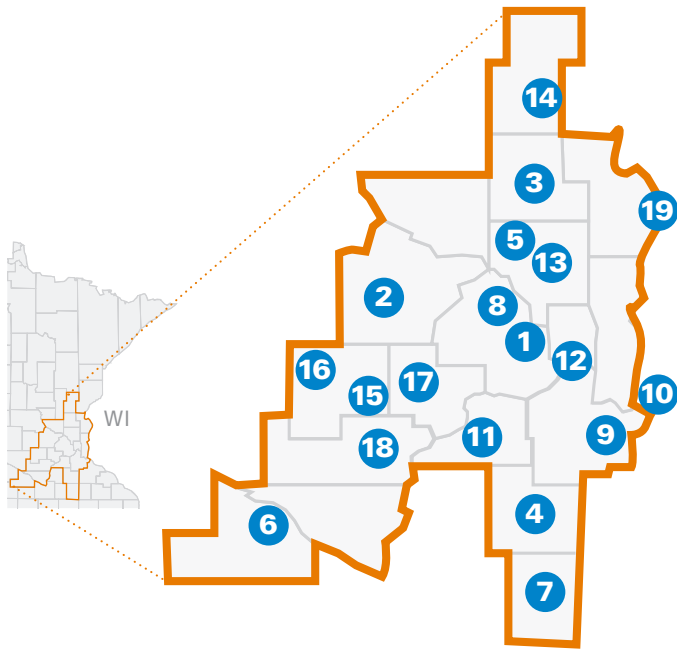
Provider listings are not all-inclusive and are subject to change. For a complete list of providers, visit bluecrossmn.com. Each health care provider in the network is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.

Note: All Allina Health hospitals and clinics are included in the Allina Health Network available through BluePrint, including those outside the 11-county metro area, as well as many affiliated practices and health systems.

HMO Minnesota, d.b.a. Blue Plus, an affiliate of Blue Cross and Blue Shield of Minnesota. Allina Health is an independent company that provides network access to health care services. Allina Health Network is a subsidiary of Allina Health.

Key in-network providers and hospitals

The Allina Health Network includes all of Allina Health as well as leading independent primary care and specialty care doctors and regional health systems in the Twin Cities metro area, greater Minnesota and western Wisconsin.



Use the Find a Doctor tool on [bluecrossmn.com](https://www.bluecrossmn.com) to see if your doctor, clinic or hospital is in the Allina Network. From the home page, choose the “Find a Doctor” link and enter your location. From the results page, select “BluePrint – Allina Health Network” from the network column on the left to see all providers that participate.

ALLINA HEALTH HOSPITALS

- Abbott Northwestern Hospital (1)
- Buffalo Hospital (2)
- Cambridge Medical Center (3)
- District One Hospital (4)
- Mercy Hospital (5)
- New Ulm Medical Center (6)
- Owatonna Hospital (7)
- Phillips Eye Institute (8)
- Regina Hospital (9)
- River Falls Area Hospital (10)
- St. Francis Regional Medical Center (11)
- United Hospital (12)
- Mercy Hospital, Unity Campus (13)

PARTNER HOSPITALS

- Children’s Hospitals and Clinics of Minnesota
- Cuyuna Regional Medical Center
- FirstLight Health System (14)
- Glencoe Regional Health Services (15)
- Hutchinson Health (16)
- Ridgeview Medical Center (17)
- Ridgeview Sibley Medical Center (18)
- River’s Edge Hospital
- Riverwood Healthcare Center
- St. Croix Regional Medical Center (19)
- Western Wisconsin Health

ADDITIONAL PRODUCTS TO HELP YOU TAKE CARE OF YOUR HEALTH



Blue Cross makes it easy to protect your oral health with a wide range of dental plan options to complement your health plan. All Blue Cross Dental plans cover preventive dental care and commonly used services as part of your routine dental visit. For more information on dental plans, and how to purchase one, visit [bluecrossmn.com/dental](https://www.bluecrossmn.com/dental).



Blue Cross Vision plans provide access to a broad network of providers nationwide so you can find the eye care that’s right for you. You’ll also get discounts on eyeglasses and contact lenses. Visit [bluecrossmn.com/visionplans](https://www.bluecrossmn.com/visionplans) for more information, including how to find a participating provider.

QUESTIONS?

→ Visit [myblueprintmn.com](https://www.myblueprintmn.com)

→ Talk to an agent. You can find an agent at [bluecrossmn.com/agentfinder](https://www.bluecrossmn.com/agentfinder), or

→ Call us at **1-800-262-0823** (TTY **711**)



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.

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.

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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 béésh bee hodííłnih áqıçęqıóąqęıá. TTY biniiyégo éí íáájí' béésh bee hodííłnih.