MAKE THE MOST OF YOUR HEALTH.
KNOW YOUR BENEFITS.

Member resource guide
OneBeacon
## RESOURCES AND CONTACT INFORMATION

**myBlueCrossmn.com**  
*Try here first*

As a Blue Cross and Blue Shield of Minnesota member, you can sign up for and access **myBlueCrossmn.com**. This is your one-stop shop for account information, care resources, coverage and billing status and more, including:

- Find a doctor or pharmacy
- Compare provider cost information
- 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

**Customer service**

(651) 662-5001 or toll free at 1-800-531-6676  
TTY toll free 1-888-878-0137  
Monday – Friday 7 a.m. to 8 p.m. CT

**Provider search**

**BlueCard® national provider network**  
Sign in at **myBlueCrossmn.com**. Search “Doctors & Hospitals” and select “National BlueCard.” You can also call 1-800-810-BLUE (2583).

**BlueCard international provider network**  
Sign in at **myBlueCrossmn.com**. Search “Doctors & Hospitals” and select “BlueCard Worldwide®.” You can also call 1-800-810-BLUE (2583) or call collect (804) 673-1177.

**Online Care Anywhere®**

Go to **OnlineCareAnywhereMN.com** to talk with a doctor online and get quick, convenient medical advice.

Doctors are available 24 hours a day, seven days a week. Make sure to check the website to see if Online Care Anywhere is available in your state.

**Prescription drugs**

Sign in at **myBlueCrossmn.com** for prescription or pharmacy information, including a list of covered drugs and participating pharmacies.

Mail order prescriptions – Call PrimeMail® if you have questions about this service at 1-877-35-PRIME (1-877-357-7463).

**Health and wellness resources**

Sign in at **myBlueCrossmn.com** to see a full list of health and wellness resources available to you and your family.

**Stop-Smoking Support**  
1-888-662-BLUE (2583)

**Employee Assistance Program**  
1-800-432-5155  
TTY 1-800-627-3529

**Fitness Discounts**  
myBlueCross > plan details > Health Support

**Healthy Start® Prenatal Support**  
(651) 662-1818 or toll free at 1-866-489-6948
UNDERSTANDING AND USING YOUR PLAN

Welcome to Blue Cross
> How your plan works ............................................. 2
> Health care decision support tools ......................... 3
> Your care network .................................................. 4
> Find a participating provider ................................. 4
> Detailed plan benefit charts ................................... 6
> Your prescription drug plan .................................... 10
> Additional drug support ....................................... 10
> How your claims are paid .................................... 12
> Your member ID card .......................................... 13
> Your health reimbursement arrangement (HRA) .......... 14
> Your health savings account (HSA) ........................ 16
> Your flexible spending account (FSA) ..................... 18

Your online resource: myBlueCrossmn.com
> How to register for myBlueCrossmn.com ............ 19
> Your information at your fingertips ................. 19
> “Find a doctor” web tool: cost and quality information ........................................ 19
> Health and wellness resources .......................... 20
> Plan comparison tool ........................................ 19

Blue Cross Health Support
> Online Care Anywhere® ....................................... 20
> Health Guides ................................................ 20
> Proven Stop-Smoking Support .......................... 20
> Online Health Assessment ................................ 20
> Employee Assistance Program .......................... 20
> Fitness Discounts ........................................... 20
> Healthy Start® Prenatal Support ........................ 20
> Chronic Condition Management ........................ 21
> Case Management ......................................... 21

Tips to save health care dollars
> Use a network provider ....................................... 21
> Take advantage of preventive care ....................... 21
> Cancer prevention screenings ............................ 21
> Ask for generic drugs ........................................ 21
> Discounts on health services and products ............ 21
> Explore your health care options....................... 21

Glossary
> Helpful terms to know ...................................... 22

Rights and responsibilities
> What you need to know ...................................... 23
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. We provide great benefits, proven support and services, and online resources that give you the information you need to be healthy and make informed decisions.

During open enrollment, visit communications.bluecrossmn.com/onebeacon to find details on your plan benefits, health support programs and services, and tools to find a doctor or other health care provider.

HOW YOUR PLAN WORKS
You can go to any primary care 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.

How we work with your provider
We work with your provider to make sure you get the care that’s best for you. Here are examples of how we make sure services you receive are effective, appropriate and efficient:

- Make sure you’re getting the right level of care
- Authorize selected services
- Plan and coordinate care for special medical needs through our Primary Nurses

Good health has its rewards
If you make healthy choices, you deserve to be rewarded. Healthy Incentives is a voluntary program that provides incentives to you for completing your health assessment and for visiting with your primary care doctor for an annual preventive exam. Get rewarded for the healthy things you do.

How to get care after normal office hours

Online Care Anywhere
Blue Cross is excited to offer Online Care Anywhere — real-time, online access to doctors who can discuss your symptoms, provide a diagnosis and prescribe medications if needed. Members can sign on from work or home to get quick, convenient medical advice.* No travel, no hassle. Just real doctors talking with you and helping you get healthy.

Doctors are available 24 hours a day, seven days a week, including holidays. A visit through Online Care Anywhere costs $45. Depending on your health plan, all or some of the cost may be covered.

Visit OnlineCareAnywhereMN.com to get started.

*Online Care Anywhere is not available in every state. Check OnlineCareAnywhereMN.com to ensure you are located in a state that is eligible to participate.
Retail health clinic
Quick and convenient clinics that can diagnose, treat and write prescriptions for common family illnesses such as ear infections and strep throat. No need to try to get an appointment with your doctor, you are able to just walk into these clinics for care. You can search for retail health clinics on the “Find a doctor” tool on bluecrossmn.com.

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.” You can also search for urgent care facilities on our “Find a doctor” web tool available on bluecrossmn.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 at bluecrossmn.com. Enter “quality improvement program” in the search field.

Medical decisions
Decisions about health care services are based on what care is appropriate and what is included in your coverage at the time of care. Some services and supplies are not covered. All health services and supplies must be medically necessary for them to be covered. We do not reward doctors for making decisions that would result in less than appropriate care.
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. Sign up at myBlueCrossmn.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” web 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

• See estimated total costs and how much you’ll pay out of pocket for more than 300 common procedures

• Read and write reviews on your provider and experience

• Keep track of your SelectAccount® spending account balance

Our tools are powered by cost and quality data from Blue plans across the country. So you can be sure to get reliable cost and quality information.

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

Sign in at myBlueCrossmn.com and “search” under “Doctors & Hospitals” or walk through a demonstration at bluecrossmn.com by clicking “Find a doctor.”

Go mobile with the Blue Cross app

Your health plan has gone mobile. With the new BlueCrossMN mobile app, you can access your personal health plan information wherever you go.

• Have your member ID card always handy

• See your claims information

• Find doctors, clinics or hospitals

To use the app, you have to be registered on myBlueCrossmn.com. Once registered, you can then download the app to your smart phone.
YOUR CARE NETWORK

National and international coverage
With the national BlueCard PPO network you can have in-network access to more than 92 percent of the providers in the United States. 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 Summary Plan Description or contact customer service at the phone number on the back of your member ID card.

FIND A PARTICIPATING PROVIDER

<table>
<thead>
<tr>
<th>Nationwide</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Visit <a href="http://communications.bluecrossmn.com/onebeacon">communications.bluecrossmn.com/onebeacon</a> and click “learn more” under Find a Doctor.</td>
</tr>
<tr>
<td>• Or, call customer service at (651) 662-5001 or toll free at 1-800-531-6676</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In the BlueCard Worldwide network</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Visit <a href="http://communications.bluecrossmn.com/onebeacon">communications.bluecrossmn.com/onebeacon</a> and click “learn more” under Find a Doctor.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
</tbody>
</table>

Behavioral health and chemical dependency treatment and chiropractic care
If you or someone covered by your plan needs behavioral health, chemical dependency or chiropractic care, you have several options to choose from. To find a provider, call customer service at (651) 662-5001 or toll free at 1-800-531-6676 or go to “Find a doctor” tool on bluecrossmn.com.

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.

To learn more about Blue Distinction Centers® (BDC), visit [bcbs.com/bluedistinction](http://bcbs.com/bluedistinction) and look for the BDC icon. You can also call customer service at (651) 662-5001 or toll free at 1-800-531-6676.

Note: Designation in 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. Individual outcomes may vary. To find out which services are covered under your health plan at any facilities, call the customer service number on the back of your member ID card.
<table>
<thead>
<tr>
<th></th>
<th>In network*</th>
<th>Out of network**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calendar-year deductible</strong></td>
<td>Medical &amp; Prescription combined</td>
<td>Medical &amp; Prescription combined</td>
</tr>
<tr>
<td>All network deductibles cross apply.</td>
<td>$750 individual</td>
<td>$1,500 individual</td>
</tr>
<tr>
<td></td>
<td>$1,500 family</td>
<td>$3,000 family</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>Deductible then 80% coinsurance</td>
<td>Deductible then 60% coinsurance</td>
</tr>
<tr>
<td><strong>Calendar-year out-of-pocket maximum</strong></td>
<td>Medical &amp; Prescription combined</td>
<td>Medical &amp; Prescription combined</td>
</tr>
<tr>
<td>The out-of-pocket maximums for all networks cross apply.</td>
<td>$3,000 individual</td>
<td>$5,000 individual</td>
</tr>
<tr>
<td>Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.</td>
<td>$6,000 family</td>
<td>$10,000 family</td>
</tr>
<tr>
<td><strong>Benefit payment levels</strong></td>
<td>Payment for participating network providers as described. Most payments are based on allowed amount.</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Lifetime maximum per person</strong></td>
<td>Unlimited</td>
<td></td>
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<tr>
<td><strong>Dependent child age limit</strong></td>
<td>To age 26 through the day of the birthday.</td>
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<tr>
<td><strong>Preventive care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• well-child care to age 6</td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• prenatal care</td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• preventive medical evaluations 6 and older</td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• cancer screening</td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• preventive hearing and vision exams</td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• immunizations and vaccinations</td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td><strong>Physician services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• e-visits/Online Care Anywhere®</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• in-hospital medical visits</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• surgery and anesthesia</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• professional lab services</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• office visits due to illness or injury</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• urgent care (clinic-based)</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• retail health clinic</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• professional diagnostic imaging</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• allergy injections and serum</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td><strong>Other professional services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• chiropractic manipulation</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• chiropractic therapy</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• home health care</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• physical therapy, occupational therapy, speech therapy</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td><strong>Inpatient hospital services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• facility diagnostic imaging</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• preadmission tests and exams</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• facility lab services</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• chemotherapy and radiation therapy</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• physical, occupational and speech therapy</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• kidney dialysis</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• scheduled outpatient surgery</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• non-emergency illness-related visits</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• urgent care (hospital-based)</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td><strong>Emergency care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• emergency room</td>
<td></td>
<td>80% after deductible</td>
</tr>
<tr>
<td>• physician charges</td>
<td></td>
<td>80% after deductible</td>
</tr>
<tr>
<td>• ambulance (medically necessary transport to the nearest facility)</td>
<td></td>
<td>80% after deductible</td>
</tr>
<tr>
<td></td>
<td>In network*</td>
<td>Out of network**</td>
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<td>---------------------</td>
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</tr>
<tr>
<td>Medical supplies</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Behavioral health (mental health and chemical dependency care)</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• inpatient care</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• outpatient care</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• professional care</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Behavioral health (mental health and chemical dependency care)</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• inpatient care</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• outpatient care</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• professional care</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• retail (31-day limit) FlexRx preferred drug list</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• generic</td>
<td>No deductible, minimum of $2 or 30% of the cost, up to maximum of $10</td>
<td>No deductible, minimum of $2 or 30% of the cost, up to maximum of $10</td>
</tr>
<tr>
<td>• preferred brand</td>
<td>After deductible, minimum of $30 or 30% of the cost, up to maximum of $60</td>
<td>After deductible, minimum of $30 or 30% of the cost, up to maximum of $60</td>
</tr>
<tr>
<td>• non-preferred brand</td>
<td>After deductible, minimum of $50 or 30% of the cost, up to maximum of $100</td>
<td>After deductible, minimum of $50 or 30% of the cost, up to maximum of $100</td>
</tr>
<tr>
<td>• 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• generic</td>
<td>No deductible, minimum of $5 or 30% of the cost, up to maximum of $25</td>
<td>No deductible, minimum of $5 or 30% of the cost, up to maximum of $25</td>
</tr>
<tr>
<td>• preferred brand</td>
<td>After deductible, minimum of $75 or 30% of the cost, up to maximum of $150</td>
<td>After deductible, minimum of $75 or 30% of the cost, up to maximum of $150</td>
</tr>
<tr>
<td>• non-preferred brand</td>
<td>After deductible, minimum of $125 or 30% of the cost, up to maximum of $250</td>
<td>After deductible, minimum of $125 or 30% of the cost, up to maximum of $250</td>
</tr>
<tr>
<td>• 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• generic</td>
<td>No deductible, minimum of $5 or 30% of the cost, up to maximum of $25</td>
<td>No deductible, minimum of $5 or 30% of the cost, up to maximum of $25</td>
</tr>
<tr>
<td>• preferred brand</td>
<td>After deductible, minimum of $75 or 30% of the cost, up to maximum of $150</td>
<td>After deductible, minimum of $75 or 30% of the cost, up to maximum of $150</td>
</tr>
<tr>
<td>• non-preferred brand</td>
<td>After deductible, minimum of $125 or 30% of the cost, up to maximum of $250</td>
<td>After deductible, minimum of $125 or 30% of the cost, up to maximum of $250</td>
</tr>
</tbody>
</table>

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 bluecrossmn.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 bluecrossmn.com. Preventive drugs are not subject to deductible. You can find the list of preferred preventive drugs at myBlueCrossmn.com.

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

This is only a summary. Read your Summary Plan Description 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.

For more information, visit bluecrossmn.com or call Blue Cross customer service at the number on the back of your member ID card.
<table>
<thead>
<tr>
<th></th>
<th>In network*</th>
<th>Out of network**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calendar-year non-embedded deductible</strong></td>
<td>Medical &amp; Prescription combined</td>
<td>Medical &amp; Prescription combined</td>
</tr>
<tr>
<td>All network deductibles cross apply.</td>
<td>$1,300 individual $2,600 family</td>
<td>$2,600 individual $5,200 family</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>Deductible then 80% coinsurance</td>
<td>Deductible then 60% coinsurance</td>
</tr>
<tr>
<td><strong>Calendar-year out-of-pocket maximum</strong></td>
<td>Medical &amp; Prescription combined</td>
<td>Medical &amp; Prescription combined</td>
</tr>
<tr>
<td>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.</td>
<td>$3,000 individual $6,000 family</td>
<td>$5,000 individual $10,000 family</td>
</tr>
<tr>
<td><strong>Benefit payment levels</strong></td>
<td>Payment for participating network providers as described. Most payments are based on allowed amount.</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Lifetime maximum per person</strong></td>
<td>Unlimited</td>
<td></td>
</tr>
<tr>
<td><strong>Dependent child age limit</strong></td>
<td>To age 26 through the day of the birthday.</td>
<td></td>
</tr>
<tr>
<td><strong>Preventive care</strong></td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• well-child care to age 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• prenatal care</td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• preventive medical evaluations 6 and older</td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• cancer screening</td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• preventive hearing and vision exams</td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• immunizations and vaccinations</td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td><strong>Physician services</strong></td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>• e-visits/Online Care Anywhere®</td>
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<tr>
<td>• in-hospital medical visits</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td>• surgery and anesthesia</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td>• professional lab services</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td>• office visits due to illness or injury</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td>• urgent care (clinic-based)</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td>• retail health clinic</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td>• professional diagnostic imaging</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td>• allergy injections and serum</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td><strong>Other professional services</strong></td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td>• chiropractic manipulation</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td>• chiropractic therapy</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td>• home health care</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td>• physical therapy, occupational therapy, speech therapy</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td><strong>Inpatient hospital services</strong></td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td><strong>Outpatient hospital services</strong></td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td>• facility diagnostic imaging</td>
<td>80% after deductible</td>
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<tr>
<td>• preadmission tests and exams</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td>• facility lab services</td>
<td>80% after deductible</td>
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<tr>
<td>• chemotherapy and radiation therapy</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td>• physical, occupational and speech therapy</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td>• kidney dialysis</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td>• scheduled outpatient surgery</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td>• non-emergency illness-related visits</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td>• urgent care (hospital-based)</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td><strong>Emergency care</strong></td>
<td>80% after deductible</td>
<td>80% after deductible</td>
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<tr>
<td>• emergency room</td>
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<tr>
<td>• physician charges</td>
<td>80% after deductible</td>
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<tr>
<td>• ambulance (medically necessary transport to the nearest facility)</td>
<td>80% after deductible</td>
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</tr>
<tr>
<td>Medical supplies</td>
<td>In network*</td>
<td>Out of network**</td>
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<tr>
<td><strong>Behavioral health</strong> (mental health and chemical dependency care)</td>
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<tr>
<td>• inpatient care</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td>• outpatient care</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td>• professional care</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
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<tr>
<td><strong>Prescription drugs</strong></td>
<td></td>
<td></td>
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<tr>
<td>• retail (31-day limit)</td>
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<td></td>
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<tr>
<td>FlexRx preferred drug list</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• generic</td>
<td>After deductible, minimum of $2 or 30% of the cost, up to maximum of $10</td>
<td>After deductible, minimum of $2 or 30% of the cost, up to maximum of $10</td>
</tr>
<tr>
<td>• preferred brand</td>
<td>After deductible, minimum of $30 or 30% of the cost, up to maximum of $60</td>
<td>After deductible, minimum of $30 or 30% of the cost, up to maximum of $60</td>
</tr>
<tr>
<td>• non-preferred brand</td>
<td>After deductible, minimum of $50 or 30% of the cost, up to maximum of $100</td>
<td>After deductible, minimum of $50 or 30% of the cost, up to maximum of $100</td>
</tr>
<tr>
<td><strong>90dayRx – Mail order pharmacy</strong> (90-day limit)</td>
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<td></td>
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<tr>
<td>FlexRx preferred drug list</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• generic</td>
<td>After deductible, minimum of $5 or 30% of the cost, up to maximum of $25</td>
<td>After deductible, minimum of $2 or 30% of the cost, up to maximum of $10</td>
</tr>
<tr>
<td>• preferred brand</td>
<td>After deductible, minimum of $75 or 30% of the cost, up to maximum of $150</td>
<td>After deductible, minimum of $30 or 30% of the cost, up to maximum of $60</td>
</tr>
<tr>
<td>• non-preferred brand</td>
<td>After deductible, minimum of $125 or 30% of the cost, up to maximum of $250</td>
<td>After deductible, minimum of $50 or 30% of the cost, up to maximum of $100</td>
</tr>
<tr>
<td><strong>90dayRx – Retail pharmacy</strong> (90-day limit)</td>
<td></td>
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<tr>
<td>FlexRx preferred drug list</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• generic</td>
<td>After deductible, minimum of $5 or 30% of the cost, up to maximum of $25</td>
<td>After deductible, minimum of $2 or 30% of the cost, up to maximum of $10</td>
</tr>
<tr>
<td>• preferred brand</td>
<td>After deductible, minimum of $75 or 30% of the cost, up to maximum of $150</td>
<td>After deductible, minimum of $30 or 30% of the cost, up to maximum of $60</td>
</tr>
<tr>
<td>• non-preferred brand</td>
<td>After deductible, minimum of $125 or 30% of the cost, up to maximum of $250</td>
<td>After deductible, minimum of $50 or 30% of the cost, up to maximum of $100</td>
</tr>
</tbody>
</table>

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 bluecrossmn.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 bluecrossmn.com.

Preventive drugs are not subject to deductible. You can find the list of preferred preventive drugs at myBlueCrossmn.com.

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

**Higher out-of-pocket costs: out-of-network nonparticipating 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 Summary Plan Description for more information about what is and isn’t covered. Services that aren’t covered include those that are cosmetic, investigatory, not medically necessary or covered by workers’ compensation or no-fault insurance.

For more information, visit bluecrossmn.com or call Blue Cross customer service at the number on the back of your member ID card.
YOUR PRESCRIPTION DRUG PLAN

Blue Cross has nearly 66,000 participating pharmacies nationwide. 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 and then file a claim.

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.

To get more details about your plan or the preferred drug list, visit communications.bluecrossmn.com/onebeacon and click on “learn more” in the Prescription Drugs area, or call customer service at (651) 662-5001 or toll free at 1-800-531-6676.

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 Summary Plan Description 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, visit communications.bluecrossmn.com/onebeacon.

Use the 90dayRx program

If you have a prescription filled regularly, you can get a three-month supply and save. With 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 provider to write your prescription for a three-month supply
2. Use a participating pharmacy. To find one, go to myBlueCrossmn.com and see “Pharmacies.”
Using 90dayRx with home delivery

1. Ask your provider to write your prescription for a three-month supply.

2. Go to onebeaconbenefits.com or communications.bluecrossmn.com/onebeacon for a PrimeMail order form.

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 by signing in to myBlueCross.

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

Preventive drug benefit
The preventive drug program can help cut your drug costs and make sure you stay healthy. The program covers preferred generic and brand-name drugs considered preventive. The preventive drug benefit will waive your deductible and will be covered at your generic or preferred brand coinsurance level. You can find the list of preferred preventive drugs at myBlueCrossmn.com.

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, call customer service at (651) 662-5001 or toll free at 1-800-531-6676. Or, go to bluecrossmn.com and see “Prescription drugs.”

Remember, if you don’t use one of our suppliers, 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, pay the least, 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.

1. Your visit.
Simply present your member ID card at time of service.

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.

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 sign in at myBlueCrossmn.com.

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

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. Pay your provider.
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, sign in at myBlueCrossmn.com and see the “Member ID card” area on the “home” page. Or call customer service. You can also print, email or fax a copy of your member ID card.

And don’t forget, if you download the BlueCrossMN mobile app, you can have a digital version of your member ID card on your smart phone. See the “Health care decision support tools” section in this guide for more information.

![Sample 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 8 times per month.

This symbol indicates you can see any BlueCard PPO network provider nationwide or overseas.
YOUR HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

Wellness HRA: Be healthy. Be rewarded.
Your HRA — administered through SelectAccount® — helps you manage your health care spending. OneBeacon is offering incentive dollars for eligible medical expenses. You can earn $300 per employee and spouse/domestic partner, up to a maximum of $600 per year, which will be credited to your account following the completion of a health assessment and preventive exam.

Using money in your HRA
Throughout the year, the money in your HRA will automatically be used to pay for medical services, prescription drugs and supplies that are covered by your health plan and apply to your deductible.

If you don’t use money in your HRA by the end of the year, it will roll over for use in the following year. There are caps associated with this rollover amount.

If there is no money in your HRA account
If you deplete your HRA balance, you pay the rest of your medical expenses out of your pocket up to the out-of-pocket maximums.

When your deductible has been met, your health plan begins to pay. You’ll pay a small percentage of each charge (coinsurance) until you reach an out-of-pocket maximum. Once you reach your out-of-pocket maximum, your health plan pays 100 percent of your eligible charges for the rest of the year.

You can check the balance in your HRA by signing in at myBlueCrossmn.com.

<table>
<thead>
<tr>
<th>OneBeacon will fund your HRA if you complete your health assessment and preventive exam. Once funded, it will be automatically used to pay for any medical expenses, prescription and supplies covered by your health plan.</th>
<th>Once your HRA is spent, you pay for expenses out of pocket until your deductible is met.</th>
<th>When you’ve met the deductible, the plan pays 80% and you pay 20% (in-network) until you reach your out-of-pocket maximum.</th>
</tr>
</thead>
<tbody>
<tr>
<td>$300 per employee and spouse/domestic partner that qualifies for the incentive</td>
<td>This plan has a $750 individual deductible ($1,500 family)</td>
<td>This plan has a $3,000 individual out-of-pocket ($6,000 family)</td>
</tr>
</tbody>
</table>

Once you’ve paid the out-of-pocket maximum amount, the plan pays 100 percent of eligible health plan expenses for the rest of the year.
Crossover makes paying claims easy

Crossover authorizes Blue Cross to send your claims automatically to SelectAccount. When you receive incentive funding into your SelectAccount HRA, you will automatically be enrolled in crossover. It’s hassle-free with minimal paperwork. Here’s how it works:

1. You see your provider.
2. The provider submits the claim to Blue Cross.
3. Blue Cross processes the claim and sends it to SelectAccount.
4. If your HRA has a balance, SelectAccount processes the request for reimbursement and reimburses your provider directly from your HRA.
5. You are responsible for paying any additional amount owed to your provider.

You should opt out of crossover if you have other health care coverage that will also be paying for your medical services, to prevent your provider from being paid twice.

It’s even simpler when filling prescriptions. The pharmacy checks your HRA balance and processes the claim. Money is automatically withdrawn from your HRA to pay for the prescription. You pay nothing out of pocket as long as your HRA has a balance.

Once your HRA is spent, you will be charged at the pharmacy for the full amount until you meet your deductible for preferred and non-preferred brand name drugs (generic and preventive drugs will waive the deductible and apply the prescription coinsurance). After that, you’ll be charged for 30 percent of your drug purchase within the minimum and maximum for each drug tier.

Remember to opt out of crossover if you have other health coverage.

Frequently asked questions

Do I pay my provider when I receive care, or should I wait to receive a bill?
You always need to pay your provider for your share of expenses; however, in most cases, the provider will send you a bill after Blue Cross has processed the claim.

Will my health care provider be paid automatically by my HRA for my portion of the expenses?
Yes. Blue Cross sends your medical claims to SelectAccount for processing. SelectAccount will then reimburse your provider for your portion of eligible medical expenses, if you have crossover and the pay-the-provider feature. Crossover is an automatic claims reimbursement program in which claims pass automatically from your Blue Cross health plan to SelectAccount. SelectAccount will send you a statement showing the payment to your provider. If there is not enough money in your account, you must pay the balance owed to your provider.

Will I have to pay my provider before I receive reimbursement from my HRA?
If you do choose to turn off crossover, you may have to pay your provider before you’re reimbursed; however, claims are processed as quickly as possible. If you need to make special payment arrangements with your provider, contact their business office. Any late charges are your responsibility and are not reimbursable by your HRA.

How do I get reimbursed from my account if I don’t have crossover?
Complete a Medical Expense Reimbursement Claim Form and return it via mail or fax to SelectAccount. Include a copy of the Explanation of Health Care Benefits (EOB) from Blue Cross that shows the care you received and what charges are your responsibility. Remember, you are responsible for paying your provider. You can obtain claim forms by calling customer service at (651) 662-5001 or toll free at 1-800-531-6676 or by signing in at myBlueCrossmn.com. See “Member Resources” in the “member support” area.

Remember to opt out of crossover if you have other health coverage.
YOUR HEALTH SAVINGS ACCOUNT (HSA)

If you are enrolled in the HSA medical plan, your HSA — administered by SelectAccount® — helps you manage your health care and your money. You, your employer or both can contribute dollars into an account that you own and manage. OneBeacon will contribute $200 to the HSA of an employee with employee only coverage or $400 to the HSA of an employee with employee plus spouse, employee plus child(ren) or family coverage. In addition, you can earn incentive dollars up to $300 per employee and spouse/domestic partner, up to a maximum of $600 per year, that will be credited to your account following the completion of a health assessment and a preventive exam. You pay no taxes on the money you use from your HSA as long as you use it for qualified medical expenses.

You may fund your HSA with pretax payroll deductions through your employer’s cafeteria plan. To make a pre-tax payroll HSA election, log on to Enrollment Point and make your elections/changes at any time.

If you wish to make additional post tax contributions to your account, contact SelectAccount.

You can contribute to your HSA each year that you are covered by an HDHP. For 2015, you can contribute up to $3,350 if you have individual coverage and $6,650 if you have family coverage (this includes any employer contributions). Individuals age 55 and older can also make additional “catch-up” contributions. The maximum catch-up contribution for 2015 is $1,000.

Debit card convenience

Once you enroll in an HSA, or an HSA coupled with a flexible spending account (FSA), you will receive a SelectAccount debit card. The SelectAccount debit card can be used to pay for eligible medical-related expenses directly from your HSA or FSA with minimal paperwork and no waiting for reimbursement. You can use the debit card for qualified health plan expenses anywhere that accepts VISA. Money is transferred from your account to the provider or merchant. Or you can pay your medical bills with the debit card by writing the card number on the billing statement.

When using your debit card, remember to save your receipts. Your spending accounts are regulated by the Internal Revenue Service (IRS), so you should keep your receipts in case you need to verify that an expense is eligible for reimbursement.

Additional debit cards are available upon request. Visit selectaccount.com for information. If you have questions about the debit card, call SelectAccount customer service at 1-800-859-2144 between 7 a.m. and 7 p.m. Central Time.
Using your HSA dollars
You can use the money in your HSA to pay for qualified medical expenses. Your HSA can also be used for expenses that may not be covered by your health plan, like vision and dental care.

You can check the balance in your HSA by signing in at myBlueCrossmn.com. If there is enough money available in your HSA, you can use your debit card to pay for eligible out-of-pocket expenses. If you don’t have enough money in your HSA account to cover an expense, you will need to manually submit a reimbursement form and will be reimbursed as more contributions are made to your HSA.

You can use your HSA debit card to pay out-of-pocket medical, dental or vision expenses. If the provider accepts VISA, they will be able to process payments through your debit card as long as there are adequate funds in your account. In addition, you can enroll in online banking for your HSA, which allows you to manage funds in your account. Visit selectaccount.com for more information.

Any money that you don’t use in one year rolls over to the following year. That means you have more money to help you fund your deductible. Or you can save it for future medical expenses or retirement needs.

If there is no money in your HSA account
You choose when, how, and if you want to use your HSA to pay for eligible expenses. If you happen to use all the money in your HSA, you will pay all remaining medical expenses out of your pocket. Once the deductible has been reached, your health plan begins to pay. You’ll likely pay a small percentage of each charge (coinsurance) until you reach an out-of-pocket maximum. You won’t pay more than the out-of-pocket maximum each year. Once you reach the out-of-pocket maximum, the plan pays 100 percent of your eligible charges for the rest of that year.

At a future date, once HSA funds are available in your account, you can make a withdrawal for the amount you had to pay out of pocket.

Frequently asked questions
What can I use HSA dollars for?
HSA accounts are only designed to pay for IRS-designated eligible medical expenses. SelectAccount or your employer will not police how you use the account. This responsibility belongs to you as the account holder.

Eligible expenses include:
Patient responsibility from your health plan such as deductible and coinsurance as noted on you Explanation of Health Care Benefits (EOB) from your insurance carrier for you and your tax dependents.

• Vision and dental services for you and your tax dependents
• Over-the-counter (OTC) supplies as needed and OTC medications if a prescription is issued
• IRS-designated premiums

Ineligible expenses include:
• Medical expenses for non-tax dependents — including your adult child(ren) up to age 26 who may be insured by you — but are no longer tax dependent(s)
• Cosmetic procedures
• Any non-medical purchase such as gas or groceries

Why am I getting a bill from my doctor?
You’re responsible for paying your deductible and any out-of-pocket expenses (including coinsurance) that you incur at the provider’s office or pharmacy. Your provider will send you a bill for the amount you owe after Blue Cross has processed the claim and applied any discounts you receive for being a Blue Cross member. You can use your HSA dollars to pay these expenses.

Will I have to pay my provider before I receive reimbursement from my HSA?
You may have to pay your provider before you’re reimbursed. You can use your HSA debit card to pay your provider if they accept VISA. If there is not enough money in your account, you must pay the balance owed to your provider. If you need to make special payments, contact your provider’s business office.
YOUR FLEXIBLE SPENDING ACCOUNT (FSA)

An FSA is a great way to budget for health care and dependent care costs. First, estimate your eligible expenses for the upcoming plan year. Then, before the plan year begins, specify the amount of money you want to allocate to your health FSA and/or your dependent care FSA, administered through SelectAccount. The money is automatically deducted from your paycheck on a pretax basis and deposited into your account(s).

If you enroll in an FSA through SelectAccount, you will be automatically enrolled in crossover. You can choose to turn crossover off by going to selectaccount.com and elect to receive a debit card. This debit card can be used to pay for eligible health or dependent care expenses at eligible providers that accept VISA. However, if you are already enrolled in and using crossover for your HRA or HSA, you will remain in crossover and not receive a debit card.

If you are enrolled in the HRA, your HRA pays first and then your FSA. Any FSA funds you don’t use by the end of the plan year are forfeited, so careful planning is important.

If you are enrolled in the HSA, your health FSA is limited to dental and vision expenses during the deductible phase. Once your deductible has been met, the FSA can then reimburse all qualified medical expenses. Any FSA funds you don’t use by the end of the plan year are forfeited, so careful planning is important.

Due to legislative changes, over-the-counter (OTC) drugs and medications are not eligible for reimbursement from FSA, HSA or HRA accounts, unless you receive a prescription for the OTC item. For FSA and HRA, a copy of the prescription must be submitted with the claim for reimbursement. If you have an HSA, the prescription for OTC items should be retained by you in case of an IRS inquiry. OTC medical supplies such as bandages, insulin and diabetic supplies and eyeglasses continue to be eligible for reimbursement without a prescription. Visit selectaccount.com to learn more.
YOUR ONLINE RESOURCE: myBlueCrossmn.com

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

Register after enrolled and coverage is effective

Registration is secure and fast. With your member ID card handy, go to myBlueCrossmn.com, click the registration link and follow the instructions. 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.

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<thead>
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<th>Your information at your fingertips</th>
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<tbody>
<tr>
<td>• View claims, account status and plan information</td>
</tr>
<tr>
<td>• Order a replacement member ID card</td>
</tr>
<tr>
<td>• Send a secure message to customer service</td>
</tr>
<tr>
<td>• Provide your email address to tell us how you would like to receive health support communications — print or electronic</td>
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</tbody>
</table>

“Find a doctor” web tool: cost and quality information

The “Find a doctor” web tool provides health care ratings and quality information for providers in your network. You can see information such as certifications, background checks and education. For hospitals, you can check on services offered, patient safety ratings, safety practices and more. You can also look up Blue Distinction Centers, urgent care centers and retail health clinics near you.

The tool also displays estimated total costs for more than 300 common procedures and will calculate how much you will pay out-of-pocket for them.

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, online health coaching 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

Plan comparison tool

This tool can help estimate your health care costs for the year or compare out-of-pocket costs when you have a choice of health plans. Find out how to make the best use of your health care dollars and what effect out-of-network services can have on your cost of care. Once signed in to myBlueCrossmn.com, go to “health & wellness.”
BLUE CROSS HEALTH SUPPORT

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

Online Care Anywhere®

Online Care Anywhere provides real-time access to doctors who can discuss your symptoms, provide a diagnosis and prescribe medications if needed. Members* can sign on from work or home to get quick, convenient medical advice. No travel, no hassle.

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

Health Guides

When you have questions about your benefits, a treatment plan, a health procedure or more, just call customer service. You’ll reach a Health Guide who will listen carefully to your concerns and may even connect you with a Nurse Guide to answer your health and medical questions. Call customer service at (651) 662-5001 or toll free at 1-800-531-6676.

Proven Stop-Smoking Support

Enhanced Stop-Smoking Support has helped thousands of people. It provides one-on-one phone coaching, access to a Weight Coach when appropriate, optional text messaging, an interactive website, and tools and strategies to help you quit in your own way, at your pace. The program also includes nicotine replacement therapy.* Call toll free at 1-888-662-BLUE (2583) to get started.

*Options include the patch, gum or lozenge mailed directly to participants in the program whose medical history does not preclude them from safely using these medications.

Online Health Assessment

Get an instant picture of your overall health by taking this online, confidential questionnaire. You’ll get recommendations plus online health coaching to help you live healthier. Find your health assessment at myBlueCrossmn.com. As a reminder, the health assessment is required to receive the incentive funding provided by OneBeacon.

Employee Assistance Program

The Employee Assistance Program (EAP) 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. This program also includes face-to-face counseling. Call anytime, 24 hours a day, toll free at 1-800-432-5155 or TTY 1-800-627-3529.

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.

Find a participating fitness center by signing in at myBlueCrossmn.com.

Join a participating fitness center. Present your Blue Cross member ID card when you enroll.

The fitness center tracks your visits and applies your discount to your monthly membership bill. As long as you are eligible and you meet the minimum number of workout sessions per month, you’ll get the discount.

*$20 credit may result in a taxable event for either you or the group. Consult your tax advisor with any questions you may have.

Healthy Start® Prenatal Support

Healthy Start Prenatal Support matches moms-to-be who have a high-risk pregnancy with a registered nurse who delivers personal support by phone and educates members about online resources. Women with a low-risk pregnancy are referred to resources for support and encouraged to call back if their condition changes. Low- and high-risk moms-to-be who complete the Healthy Pregnancy Assessment may receive a reward card and a pregnancy support guide.* Call (651) 662-1818 or toll free at 1-866-489-6948 to get started. Visit myhealthystart.org for tools and resources.

*Reward card may result in a taxable event for either you or the group. Consult your tax advisor with any questions you may have.
**Chronic Condition Management**
If you or a family member has an ongoing health condition such as diabetes, cancer or asthma, you may be able to receive support from a nurse through our Chronic Condition Management program. This program gives you access to a trusted expert who can provide valuable information and guidance for your health condition. You can talk with your nurse by phone when it’s best for you. To learn more call the number on the back of your member ID card.

**Case Management**
When you or family members are experiencing a major health event or chronic illness, we can help you get through it. Our case management team consists of nurses, social workers and behavioral health specialists who can help you manage your health care needs. They will work with you, your doctor and care team, and family members to ensure you are receiving the care you need. Giving you more time and energy to focus on what’s really important — your health and your family. To get connected with a case manager, call the number on the back of your member ID card.

**TIPS TO SAVE HEALTH CARE DOLLARS**
Here are ways to help you save money on health care related expenses.

**Use an in-network provider**
Pay the lowest cost 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. As a reminder, an annual preventive exam is required in order to receive the incentive funding provided by OneBeacon.

**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.

**Explore your health care options**
Knowing your options can save you time and money.

*Online Care Anywhere ($)*
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.
Helpful terms to know

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

Allowed amount – The dollar amount Blue Cross will pay 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)

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.

Eligible charges – Charges for services that are covered according to the health plan contract.

Embedded deductible (HRA plan) – 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. It tells you the services provided, the amount billed, payment made and any costs that are the member’s responsibility.

myBlueCrossmn.com – A secure website 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.

Non-embedded deductible (HSA plan) – 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 single deductible applies to single coverage only.

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 notifying us when necessary and submitting claims for any services you received. Refer to the “Liability for Health Care Expenses” information in your contract for a description of charges for which you are responsible. You may pay greater out-of-pocket expenses when services are rendered by a nonparticipating provider.

Out-of-network provider – A health care provider who has a network contract with a Blue Cross and/or Blue Shield plan (participating provider), but is not an in-network provider. Out-of-network participating providers may or may not notify us when necessary and may or may not file claims for you. Verify these services with your provider. Out-of-network providers may also include nonparticipating providers. You may pay greater out-of-pocket expenses when services are rendered by an out-of-network provider.

Out-of-pocket maximum – This feature protects you from high expenses if your share of covered costs exceeds a certain limit within the plan year. The plan will pay 100 percent of your eligible charges once you have paid eligible charges reaching the out-of-pocket maximum.

Participating provider – Providers that have agreed to accept the allowed amount as full payment (less deductibles, coinsurance and copays). Participating providers can be in network or out of network.

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.
BLUE CROSS AND BLUE SHIELD OF MINNESOTA MEMBER RIGHTS AND RESPONSIBILITIES

You have the right as a health plan member to:
• be treated with respect, dignity and privacy

• receive quality health care that is friendly and timely

• have available and accessible medically necessary covered services, including emergency services, 24 hours a day, seven (7) days a week

• be informed of your health problems and to receive information regarding treatment alternatives and their risk in order to make an informed choice regardless if the health plan pays for treatment

• participate with your health care providers in decisions about your treatment

• give your provider a health care directive or a living will (a list of instructions about health treatments to be carried out in the event of incapacity)

• refuse treatment

• privacy of medical and financial records maintained by Blue Cross and its health care providers in accordance with existing law

• receive information about Blue Cross, its services, its providers, and your rights and responsibilities

• make recommendations regarding these rights and responsibilities policies

• have a resource at Blue Cross or at the clinic that you can contact with any concerns about services

• file a complaint or appeal with Blue Cross and the Minnesota Commissioner of Commerce and receive a prompt and fair review

• and, initiate a legal proceeding when experiencing a problem with Blue Cross or its providers

You have the responsibility as a health plan member to:
• know your health plan benefits and requirements

• provide, to the extent possible, information that Blue Cross and its providers need in order to care for you

• understand your health problems and work with your doctor to set mutually agreed upon treatment goals

• follow the treatment plan prescribed by your provider or to discuss with your provider why you are unable to follow the treatment plan

• provide proof of coverage when you receive services and to update the clinic with any personal changes

• pay copays at the time of service and to promptly pay deductibles, coinsurance and, if applicable, charges for services that are not covered

• and, keep appointments for care or to give early notice if you need to cancel a scheduled appointment
WHOEVER CALLED IT URGENT CARE NEVER SAT IN THE WAITING ROOM

Real doctors. Real care. Real quick. Visit OnlineCareAnywhereMN.com for a live, online visit today or to download our free app.

Online Care Anywhere is not available in every state. Visit OnlineCareAnywhereMN.com to ensure you are in a state that is eligible to participate.

YOUR HEALTH PLAN HAS GONE MOBILE

With the new BlueCrossMN mobile app, your health plan is with you wherever you go, whatever you do.

➤ Member ID card always handy
➤ Check your claims
➤ Find doctors, clinics and hospitals

Get started
Visit bluecrossmn.com/gomobile. To use the app, you first need to be registered at myBlueCrossmn.com. Then go ahead and download the app to your phone.
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.