



2025

MEMBER RESOURCE GUIDE

Get the most from your health plan

Better Health Collective

CUSTOMER SERVICE

Toll free at **1-877-321-0676**

TTY toll free **711**

Monday through Friday,
7 a.m. to 8 p.m. Central Time
We will provide interpreter services,
if needed

FIND A DOCTOR

- Log in at **bluecrossmn.com/BCA**
to find providers in your
specific network

- Not a member?
Visit **bluecrossmn.com/FindADoctor**
and select the network: BlueCard® PPO

Or call **1-800-810-BLUE (2583)**
(Also applies to Blue Cross Blue Shield
Global® Core)



Welcome to Minnesota's #1 health plan*

With Blue Cross and Blue Shield of Minnesota,
you get a name you trust, coverage you can
count on, and peace of mind knowing your plan
is here to help you every step of the way.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus®
are nonprofit independent licensees of the Blue Cross and
Blue Shield Association.

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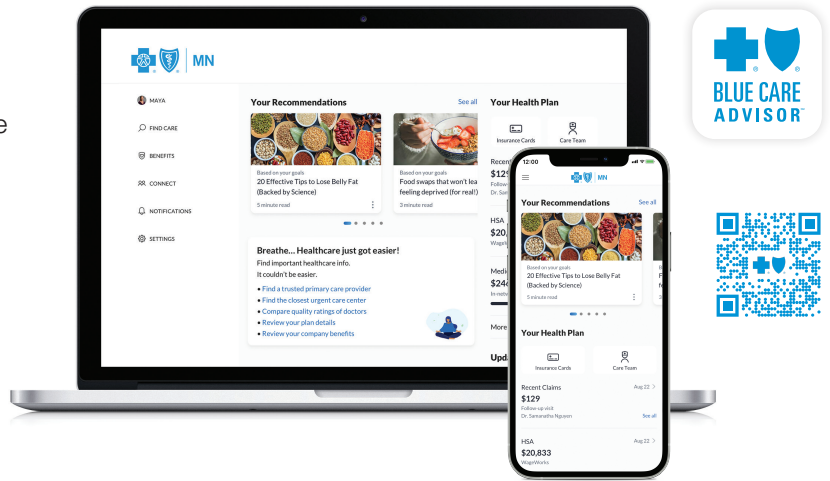
*Individual, Small Group, Large Group: NAIC enrollment reported for year-end 2023;
Self-insured enrollment: ASO enrollment from internal sources, SEC, EMMA financial
statement filings and publicly available information.

YOUR PLAN INFO AT YOUR FINGERTIPS

A digital front door for health

Blue Care AdvisorSM connects you to everything you need to easily manage your healthcare. Access your personal plan information, resources and tools online at bluecrossmn.com/BCA or by downloading the Blue Care Advisor app from your favorite app store.

When your member ID card arrives in the mail, go online or on the app and register to get started.



Once registered, you can:

- Find doctors, clinics and hospitals
- Compare costs for different services and procedures
- View claims and Explanations of Benefits (EOBs)
- Chat online with customer service
- View, print, email or order member ID cards
- Check health financial account balances (if applicable)

Blue Care AdvisorSM is an offering of Blue Cross and Blue Shield of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association.


UNDERSTANDING YOUR MEMBER ID CARD

Member name

Each family member covered by your plan will have an ID card. This includes minor children.

Member ID number

Your member ID number helps providers look up your plan details. We also use it to track expenses.



ELIZABETH SAMPLENAME		In Ntwk	Out Ntwk	
000000000000		Ind Ded	\$	\$ 2-5001
GRP	XXXXXXX	Fam Ded	\$	0-0000
Svc Type	XXX	Ind OOP	\$	0-9524
Care Type	XXXX	Fam OOP	\$	0-2583
RxBIN	XXXXXX			2-0820
RxPCN	XXX			2-0345
				1-4795
				2-0900
				2-5155

SYMBOLS PRINT HERE

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

Group number

This identifies your employer's plan.

Plan details

Questions?
Contact information is on the back of your ID card.

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

UNDERSTANDING YOUR HEALTH PLAN

Having health insurance means you and a health plan share in paying your medical costs. The plan tracks what you pay in medical costs and applies eligible costs toward certain milestones. When your costs hit these milestones, you move into the next stage of your plan. Your share of costs becomes less as you reach each stage. Here's how it works:



Stage 1: Deductible

Each year, you pay for all covered medical services until you meet your deductible.

Your deductible and coinsurance **count toward** your out-of-pocket maximum.

Stage 2: Coinsurance

Then, the health plan starts sharing a percentage of your costs until you reach your out-of-pocket maximum. Example: 80/20 coinsurance means the plan pays 80 percent and you pay 20 percent.

Stage 3: Out-of-pocket maximum

At this point, the health plan pays all your covered medical costs for the rest of the plan year.*

*Covered medical costs up to the lifetime maximum.

Learn more health plan basics at bluecrossmn.com/EmployerPlans

Knowing some common health plan terms regarding costs can help you make more informed decisions and get more from your plan. See glossary for additional terms.



Premium

The regular payment you make throughout the year to keep your plan active

Your employer may pay part of your premium.

Your premium **does not count toward** your deductible or out-of-pocket maximum.



Covered medical costs

The medical services your plan covers

"Covered" means your plan pays for some or all of the costs. These are different in each plan.

Your covered costs **usually count toward** your deductible and out-of-pocket maximum.

Over-the-allowed-amount costs

The health plan and in-network providers have agreed to an "allowed amount" (the most a provider can charge you). If you receive a covered service from a nonparticipating provider who charges over the allowed amount, this additional cost is your responsibility.

Costs over the allowed amount **do not count toward** your deductible and out-of-pocket maximum.



Non-covered services

"Non-covered" refers to medical services not covered by your plan

If you receive these services, you pay in full.

Services not covered by your plan **do not count toward** your deductible and out-of-pocket maximum.

CHOOSING A PLAN: THINK ABOUT YOUR NEEDS

When choosing a plan, think about how much medical care, including prescriptions, you (and your dependents) expect to need within the plan year.

Higher-premium plan with lower deductibles

This type of plan may be a good option if you (and your dependents):

- See a doctor regularly
- Need regular prescription drugs, specialty drugs or medical equipment
- Are expecting to have surgery, give birth or other major medical care

You'll pay more for your premium, but generally your out-of-pocket costs will be less when you get care. Be sure you can afford the higher premium because you will pay this regularly.

Lower-premium plan with higher deductibles

This type of plan may be a good option if you (and your dependents):

- Don't expect to need much medical care
- Don't need regular prescription drugs, specialty drugs or medical equipment

You'll pay less for your premium, but generally your out-of-pocket costs will be higher when you get care. Be sure you can afford out-of-pocket medical costs if you need care unexpectedly.



IN GENERAL:

- **Higher premium =**
Lower out-of-pocket costs
- **Lower premium =**
Higher out-of-pocket costs

Out-of-pocket costs include:

- Deductible
- Copays
- Coinsurance
- Non-covered services
- Over-the-allowed-amount costs

See glossary for definitions.



Stay in network

You can save money on your healthcare costs by making sure you choose an in-network provider. These are doctors, hospitals and clinics within your network. If keeping your current doctor is important to you, be sure to check if that doctor is in the network you're considering. If the provider isn't in the network, it may cost you more.

Log in at bluecrossmn.com/BCA to search providers in your specific network. Not a member? Visit bluecrossmn.com/FindADoctor and select the network you are considering.

NETWORKS

A network is a group of doctors, clinics, hospitals and other healthcare providers that have contracted with a health plan to provide your care at a lower cost. Check to see if your preferred providers are in network. Log in at bluecrossmn.com/BCA to search providers in your specific network. Not a member? Visit bluecrossmn.com/FindADoctor.

National and international networks

- **BlueCard® PPO** – Access to more than 1.8 million providers nationwide
- **Blue Cross Blue Shield Global® Core** – Access to coverage in 190 countries and territories worldwide

Aware® Network — The largest Blue Cross network featuring access to nearly every physician and hospital in Minnesota.

High Value Network — A network of providers throughout Minnesota. Some of the care systems included are HealthEast, Children's, Allina Health, CentraCare Health, M Health Fairview, Lakewood, Sanford Health, Gundersen Health, and Winona Health.

PREVENTIVE CARE

Most preventive visits are covered at

 **100%**

when you see a doctor in network

Check your benefit booklet on your member website.

Each Blue Cross and/or Blue Shield plan is an independent licensee of the Blue Cross and Blue Shield Association. Each healthcare provider 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. Blue Cross Blue Shield Global Core is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

PHARMACY BENEFITS

Blue Cross works with Prime Therapeutics to provide you a pharmacy network (pharmacies that have an agreement with Blue Cross) and a formulary (drug list). Using your pharmacy network and formulary drugs can help you save money.

To find an in-network retail pharmacy and check to see if a drug is covered, log in to your member website.

- **Pharmacy search:** *Your pharmacy network name is listed on your benefit chart.* If you go to an out-of-network pharmacy, you may pay the full cost of the prescription.
- **Drug search:** *The name of your formulary or drug list is listed on your benefit chart.* Drugs not on your formulary may cost you more.

Log in to your member website to learn more about pharmacy benefits, including 90-day prescriptions, specialty pharmacies, retail and home delivery.



3 WAYS TO SAVE ON PRESCRIPTION DRUGS

- Stay within your pharmacy network
- Choose drugs on your formulary
- Opt for generic drugs

Prime Therapeutics LLC is an independent company providing pharmacy benefit management services. Each pharmacy is an independent company that provides pharmaceutical services.



 GUIDED VIRTUAL EXERCISE THERAPY

GET RELIEF FROM ACHES AND PAINS

Reduce your pain and increase flexibility and strength —
at no additional cost to you

Tired of being sore and tired?

If you're struggling with joint or muscle pain, get relief with guided virtual exercise therapy.

Hinge Health is a digital exercise therapy program you can do anywhere, anytime through a convenient app. It's a part of your health plan, so there is no additional cost to you.

No appointments. No copays.

You'll be matched with a personal physical therapist and get everything you need to get started, including:

- Unlimited virtual exercise therapy sessions
- Personalized sessions that address your specific pain, which take as little as 15 minutes
- Wearable sensors that track your movements for instant feedback on your form
- One-on-one health coaching via text, email or telephone to help tailor the program for your needs

Whether you experience the occasional dull ache or frequent sharp pain, or have had an injury, past or present, Hinge Health can provide expert support tailored to your specific job and lifestyle so you can live with less pain. To learn more, visit hingehealth.com/bcbsmnfinder.



67% of participants avoid surgery

- Increase range of motion
- Recover from injury
- Conquer pain

ENROLL NOW

Call 1-855-902-2777 or visit hingehealth.com/bcbsmnfinder to get started today.

Participants must be 18 or older and enrolled in their employer's Blue Cross and Blue Shield of Minnesota health plan.

Net Promoter Score/Member Satisfaction, 6 & 12 Week Outcome reports. Data for all client groups from 1/1/2022 – 12/31/2022, pulled 5/23/2023.

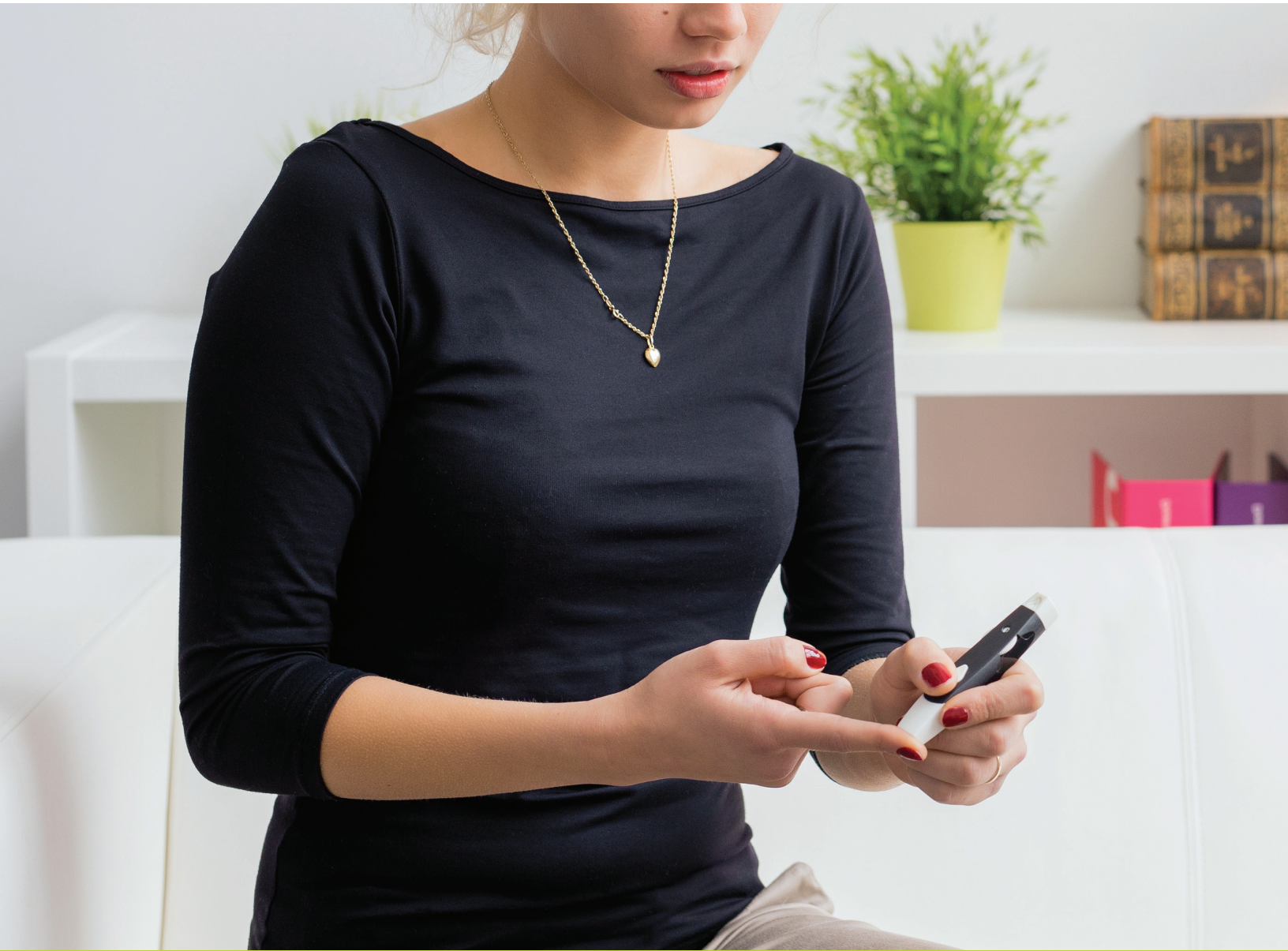
JF Bailey, et al, "Digital Care for Chronic Musculoskeletal Pain," Journal of Medical Internet Research, May 2020. (N=10,264) jmir.org/2020/5/e18250/

Hinge Health two-year comparison study, 2021. (N=276)

Hinge Health is an independent company providing musculoskeletal care services.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

M07929 (7/23)



DIABETES MANAGEMENT

TAKE CHARGE OF DIABETES

Control diabetes, so it doesn't control you

One in 10 Americans has diabetes,¹ but for people living with the disease, it can feel like you're all alone. Now there's a program that gives you the support you need.

The Diabetes Management program by Omada is a personalized digital care program that gives you the support and tools you need to manage your diabetes and reach your health goals. You'll have access to a Certified Diabetes Care and Education Specialist (CDCES) to answer your questions and offer guidance between doctor visits. Along with remote blood glucose monitoring, you'll have someone trained in diabetes management interpreting your data and giving you information you can act on. In addition, your CDCES will:

- Offer support toward making small, achievable lifestyle changes to lose weight and keep it off
- Help determine the right timing for primary care provider (PCP) visits to address your treatment plan
- Alert you to trends in your levels and alert you immediately of dangerous values. You'll also receive a follow-up to help identify the cause and create a plan to avoid future occurrences.
- Provide recommendations for screenings and preventive services to help avoid complications from related conditions
- Address issues or concerns you have with your medications, as well as ensure regular PCP visits for adjustments

You'll also have access to an online peer group for ongoing encouragement and weekly lessons to help you understand diabetes and how to manage it. Topics cover disease self-management education (DSME) and include benefits of blood glucose monitoring, preventing diabetes complications, managing sick days and more.

The program is tailored to your individual care plan and health goals. There's no additional cost for qualified individuals and it only takes about 10 minutes to fill out the application. Look for an email invitation to join within two days after submitting your application.



Diabetes management with Omada can help you:

- Achieve your target blood glucose levels
- Stay on top of critical screenings
- Overcome challenges with medications
- Understand blood glucose readings and trends
- Prevent complications
- Lose weight and improve your overall health

LEARN MORE

Visit omadahealth.com/bcbsmn2 today.

¹The National Diabetes Statistics Report, 2020.

The Omada program is from Omada Health, Inc., an independent company providing digital care programs.

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.

နမူကတိကညီကိုးဒီး, တကယ့်နကိုင်တကယ့်ကလိတဖန်န့လီ. ကိ: 1-866-251-6744 လာ TTY
အဂီ, ကိ: 711 တက့.

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, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. 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.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមន 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 hodíłnih 1-855-902-2583. TTY biniiyégo éí 711 jí' béesh bee hodíłnih.

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HEALTH AND WELLBEING RESOURCES

From lowering stress and managing weight, to finding the right care or comparing treatment options, you have the tools and resources you need to put better health within your reach. To learn more, log in to your member website.

Online care

Access board-certified doctors, psychiatrists and psychologists with Doctor on Demand® via smartphone, tablet or computer.

- Visit doctorondemand.com/bluecrossmn

Doctor On Demand® by Included Health is an independent company providing telehealth services.

Wellness discount marketplace

Get significant savings on personal care, fitness and wellness goods and services from Blue365®.

- Visit blue365deals.com/bcbsmn

Blue365® is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

Maternity management

Receive support and guidance from a maternity case manager.

- Call 1-800-793-6916

Quitting tobacco and vaping

Take advantage of personalized guidance in making a quit plan and receive ongoing support from a wellness coach.

- Visit bluecrossmn.com or call 1-888-662-BLUE (2583), TTY 711

Diabetes and heart disease prevention

Get professional health coaching online and supportive tools and resources, including a digital scale, through Omada® to help prevent diabetes and heart disease.

- Visit omadahealth.com/BCBSMN1. See your plan materials for details.

The Omada program is from Omada Health, Inc., an independent company providing digital care programs.

Diabetes management

Get personalized support from a certified diabetes care and education specialist (CDCES), a digital scale and glucose monitor to help you manage your diabetes with Omada®.

- Visit omadahealth.com/BCBSMN2. See your plan materials for details.

The Omada program is from Omada Health, Inc., an independent company providing digital care programs.

Wellness incentives

Earn points for making healthy choices and redeem them for rewards.

- Log in at bluecrossmn.com/BCA

Blue Care AdvisorSM is an offering of Blue Cross and Blue Shield of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association.

Hypertension management

Get personalized support from a certified hypertension specialist, a connected digital scale and blood pressure monitor and cuff to help you manage your hypertension with Omada®.

- See your plan materials for details.

The Omada program is from Omada Health, Inc., an independent company providing digital care programs.

Musculoskeletal (MSK) Condition Management program

Get guided physical therapy from the convenience of your home from Hinge Health. Hinge Health provides comprehensive one-on-one care from prevention to post-surgical recovery.

- Visit hingehealth.com/bcbsmnfinder or call 1-855-902-2777, TTY 711

Hinge Health is an independent company providing musculoskeletal services.

Autism program

Connect with an autism navigator to discuss a new diagnosis, care options, health plan coverage and support.

- Call the number on the back of your member ID card

Peer Support Specialist

Get specialized support for mental health challenges or substance use from someone with real-life experience.

- Visit bluecrossmn.com/FindADoctor or call the number on the back of your member ID card













HEART-HEALTHY TIPS

These simple tips for living a healthy lifestyle can help lower your risk for high blood pressure, heart disease and stroke:

- Limit salt in your diet
- Exercise regularly
- Manage your weight
- Stress less
- Get more sleep

KNOW WHERE TO GO FOR CARE

Knowing where to go for the right care can help save you time and money. Get familiar with your options now, before you need care.

WHEN YOU NEED	USE	ACCESS/AVAILABILITY	WAIT TIME	COST
 MEDICAL/ MENTAL HEALTH ADVICE	Common medical and mental health concerns addressed by phone	Call your clinic for availability.	 short to medium	\$0 – \$
 CARE QUICKLY	Online care Colds, cough or flu, bladder infections, mental health	Check with your provider.	 short	\$
 CARE TODAY	Convenience clinic Minor illnesses or injuries, screenings and vaccinations	No appointment necessary. Often available nights and weekends.	 short	\$\$
 CARE SOON	Office visit Preventive care, screenings and vaccines, mental health therapy or referrals to specialty care	Call your clinic to schedule an appointment. Days and hours vary.	 varies	\$\$ – \$\$\$
 CARE NOW	Urgent care Minor cuts, sprains and burns, skin rashes, fever and flu, X-rays and lab testing	No appointment necessary. Available seven days a week, but specific hours vary.	 varies	\$\$\$\$
 CARE IMMEDIATELY	Emergency room (ER) Chest pain, shortness of breath, uncontrolled bleeding, poisoning, risk of harming yourself or others, or other life-threatening illnesses or injuries	Immediately call 911 or go to your nearest ER anytime.	 longer, unless life-threatening	\$\$\$\$\$

Please note: The conditions listed are for example only and not a complete list.

988 If you or someone you know is in emotional distress or in suicidal crisis, help is available 24 hours a day, seven days a week by calling or texting 988 for the Suicide and Crisis Lifeline.

Make sure your doctor and clinic/hospital are in your network before receiving care. This will ensure you receive the highest level of benefits. Each healthcare provider is an independent contractor and not our agent.

GLOSSARY — TERMS TO KNOW

Allowed amount: The amount Blue Cross has agreed to pay a specific provider for a covered service.

Coinsurance: This payment structure starts after meeting your deductible. In coinsurance, you and the plan each pay a percentage for covered services. Example: 80/20 coinsurance means the plan pays 80 percent and you pay 20 percent.

Convenience or retail clinic: These clinics treat a limited list of common illnesses. They are often located in or near a retail store.

Cost sharing: Refers to the member sharing medical costs with the health plan through copays, deductible and coinsurance.

Deductible: The dollar amount you must pay for most covered services each calendar year before the health plan begins to pay for benefits.

Eligible or covered services: Healthcare covered by your plan.

Explanation of Benefits (EOB): A letter you receive after getting care that shows costs, the amount the health plan is expected to pay and the amount you are expected to pay. You do not pay anything when you receive an EOB. An EOB is not a bill.

Formulary or drug list: A list of FDA-approved prescription drugs covered by your health plan. To help ensure you get the right drugs for your needs, some drugs may require prior authorization, step therapy, and/or quantity limits.

Health plan: Can refer to your health insurance company or your specific health plan.

In-network: Providers or pharmacies in your plan's network that give you the most coverage (lowest cost). Note: An in-network provider is not the same as a participating provider.

Member website: A secure website for accessing plan details and cost information as well as health and wellbeing tools.

Nonparticipating provider: A provider that does not have a contract with the health plan. You pay in full when using these providers. Note: A nonparticipating provider is not the same as an out-of-network provider.

Out-of-network: A provider or pharmacy that has a contract with the health plan but is not part of your plan's network. You may pay more when using these providers/pharmacies. Note: An out-of-network provider is not the same as a nonparticipating provider.

Out-of-pocket expense/cost: Refers to costs the member pays: premium, copay, deductible, coinsurance, and non-covered services or over-the-allowed-amount costs.

Out-of-pocket (OOP) maximum: This is the last milestone you hit by paying for covered medical services. Once you reach this amount, the plan pays for all covered in-network services for the plan year's remainder.

Participating provider: A provider that has a contract with the health plan, and may be in or out of your plan's network. Note: A participating provider is not the same as an in-network provider.

Premium: Your monthly payment, like a membership fee. Your employer may pay part of your premium. You may also be able to pay your premium pretax from your paycheck.

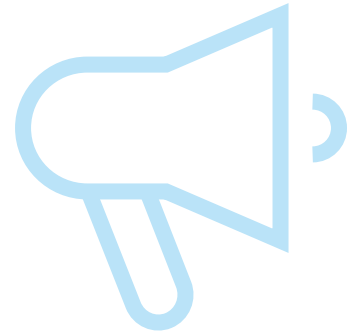
Provider: Refers to doctors, clinics, hospitals, pharmacies and other healthcare professionals.

Service (also called "care"): Medical procedures, treatment, and prescription drugs.

MEMBER ANNUAL NOTICE NEWSLETTER

Find valuable information in the Blue Cross Member Annual Notice newsletter, such as:

- Member rights and responsibilities
- Quality improvement program
- Information about case and condition/disease management
- Benefits and access to medical services
- Pharmacy benefit information, such as formulary, quantity limits and exception processes
- Use and disclosure of protected health information (PHI)
- Prior authorization decisions and benefit limitations
- How to request an independent review
- Transitioning from pediatric to adult care



Visit bluecrossmn.com/QualityImprovement to view the notice or call customer service to receive it by mail.

MEMBER PRIVACY RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule gives you the right to know what personal and health information is collected by insurance companies, why it's collected and what is done with it. To see our privacy policy, visit bluecrossmn.com/Privacy or call customer service and request a copy of the "Notice of Privacy Practices."

MEDICARE PART D CREDITABILITY

Medicare members should check their plan information or ask their employer to see if their plan is Medicare Part D creditable.