2027

MEMBER RESOURCE GUIDE

Get the most from your health plan

Better Health Collective

BETTER HEALTH COLLECTIVE

CUSTOMER SERVICE

1-877-321-0676

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/FindCare** and select the network: BlueCard® PPO

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

Welcome to Blue Cross

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.

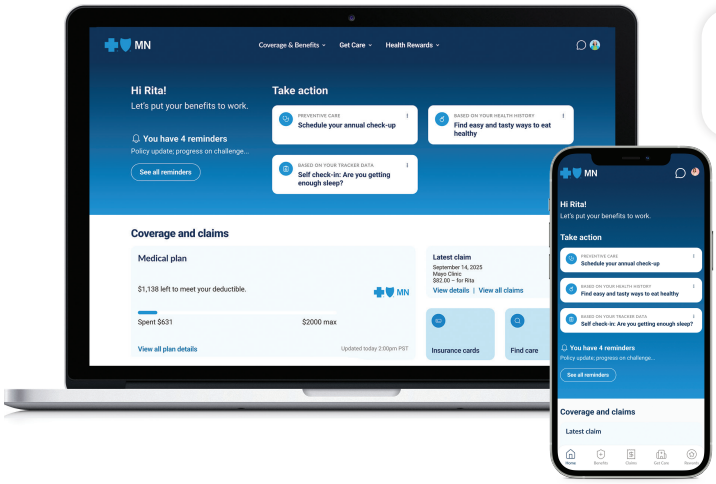
M00230R10 (7/26)

YOUR PLAN INFO AT YOUR FINGERTIPS

A digital front door for health

Blue Care Advisor℠ 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.



BLUE CARE ADVISOR BCBSMN

Once registered, you can easily navigate to:

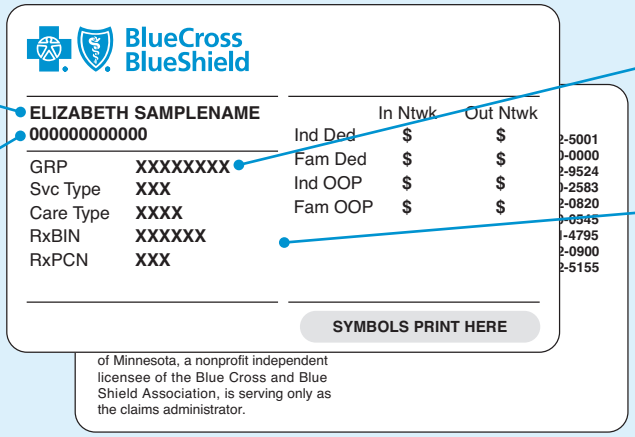
- Find high-quality doctors, clinics and hospitals
- Compare costs for different services and procedures
- View claims and Explanations of Benefits (EOBs)
- Chat online with customer service
- Built-in support available anytime to answer questions and help you navigate your health plan
- View, print, email or order member ID cards
- Check health financial account balances (if applicable)

Blue Care Advisor℠ 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.



Group number
This identifies your employer's plan.

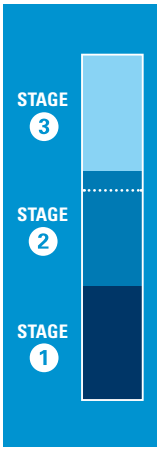
Plan details

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.

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.

Your deductible and coinsurance **count toward** your out-of-pocket 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 medications, specialty medications 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 medications, specialty medications 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 choosing an in-network provider. In-network providers include many doctors, hospitals and clinics, as well as Blue Ribbon℠ providers. 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.

What is a Blue Ribbon provider?

Blue Ribbon providers are healthcare professionals who meet high standards for quality care while also delivering services at a lower cost.

Log in at **bluecrossmn.com/BCA** to search providers in your specific network. Not a member? Visit **bluecrossmn.com/FindCare** 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/FindCare**.

National and international networks

- **BlueCard® PPO –** Access to more than 2 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 medications 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.
- **Medication search:** ***The name of your formulary or medication list is listed on your benefit chart.*** Medications 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.

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

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

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.

Health assessment

Complete a short, confidential health assessment. Based on your results, you'll receive personalized recommendations including helpful tips and programs available to you.

- Log in at bluecrossmn.com/BCA

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

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.

Health management

Receive professional support for managing chronic or serious health conditions. Includes education, treatment plan support and community resource information.

- Call 1-855-312-9107

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.

- Call 1-888-662-BLUE (2583), TTY 711

Diabetes Prevention Program

Get help lowering your risk for Type 2 diabetes with lifestyle change support focused on healthy eating and physical activity. It is covered under your plan at no additional cost to you.

- Visit cdc.gov/prediabetes/takethetest

Diabetes and heart disease prevention and and weight health

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/sourcewell. 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/sourcewell. See your plan materials for details.

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

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

MENTAL HEALTHCARE RESOURCES

Mental healthcare is for everyone. Your Blue Cross and Blue Shield of Minnesota plan makes it easier than ever to take care of your mental health with support and resources for help when you need it. You don't need to wait until things feel overwhelming — early support can make a big difference.

Culturally competent therapy

Get virtual or in-person support from a provider who understands your identity, culture and lived experience.

- Call Grow Therapy at 1-786-244-3504 or visit growtherapy.com/members/bcbsmn

Grow Therapy is an independent company that provides virtual and in-person behavioral health services.

Fast and flexible therapy

Get virtual or in-person support to manage stress, anxiety or overcoming family challenges.

- Call Headway at 1-646-941-7645 or visit book.headway.co/bcbs-minnesota

Headway is an independent company that provides virtual and in-person behavioral health services.

Whole-family mental healthcare

Virtual support to help parents balance the demands of life, work, relationships and parenting, and help children live their happiest and healthiest lives.

- Call Little Otter at 1-415-449-2813 or visit bluecrossmn.com/BehavioralHealth

Little Otter is in independent company that provides virtual behavioral health services.

Specialty therapy

Rapid virtual or in-person support in more than 40 languages for more than 90 specialties, including addition, child and adolescent therapy, reproductive wellbeing, family therapy and many more.

- Call Rula at 1-323-642-3806 or visit rula.com/bcbs-mn

Rula is an independent company that provides virtual and in-person behavioral health services.

Intensive care for substance use

Confidential virtual care from licensed addiction specialists to help you learn new skills through video, audio and chat.

- Call Pelago at 1-877-349-7755 or visit pelago.health/bcbsmn

Pelago is in independent company that provides virtual behavioral health services.

Intensive care for teens and young adults

Virtual outpatient care for teens and young adults ages 11 to 30 who need more support than traditional weekly therapy but don't require 24/7 residential or inpatient care.

- Call Charlie Health at 1-986-206-0414 or visit bluecrossmn.com/BehavioralHealth

Charlie Health is in independent company that provides virtual behavioral health services.

Game-based mental health support for kids age 4 to 17

Virtual hands-on activities provide biofeedback that helps kids and parents explore emotions and build coping skills.

- Visit mightier.com/bcbs-mn

Mightier is in independent company that provides virtual mental health services.

Digital chronic pain recovery and management

Virtual care for adults with chronic back pain, fibromyalgia, migraines and IBS.

- Visit lin.health/partner/blue-cross-blue-shield-of-minnesota

Lin Health is in independent company that provides virtual behavioral health services.

Visit **bluecrossmn.com/BehavioralHealth** to learn more about in-network programs and services available to meet your individual needs.

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 – $**
CARE QUICKLY	**Online care** Colds, cough or flu, bladder infections, mental health*	Visit **doctorondemand.com/ bluecrossmn** 24 hours a day, seven days a week or check with your provider.	short	**$**
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.

*Mental health visits are by appointment only, 7 a.m. to 10 p.m. local time.

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

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:

- Access to medical services
- Benefit booklet and summary of benefits and coverage
- Prescription and medical drug coverage and formularies
- Prior authorizations and benefit limitations
- Member rights and responsibilities
- Requests for an independent review of an appeal
- Use and disclosure of protected health information (PHI)
- Care management programs

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.

NOTES