



2024

MEMBER RESOURCE GUIDE

Get the most from your health plan

CUSTOMER SERVICE

Toll free at **1-866-873-5943** 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.

M00230R07 (7/23)

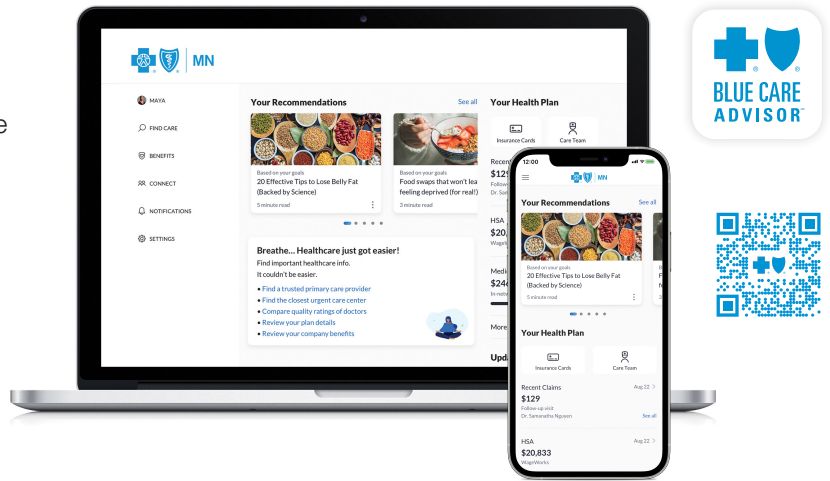
*Individual, Small Group, Large Group data: NAIC enrollment reported for year-end 2021; Self-insured enrollment: EMMA financial statement filings and publicly available information.

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 Health Care 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	\$	2-9524
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.



Copays

A set cost you pay every time you get medical care or a prescription

Copays can vary based on where you get care (virtual, clinic, urgent care, etc.).

Your copays do not count toward your deductible but **do count toward** your 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.

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 (see glossary). 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 drug list 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 network
- Opt for generic
- Choose drugs on your formulary

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

**\$900/\$1,800 BlueCard PPO HRA
Plan January 1, 2024**

	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
Calendar-year deductible The deductibles for all networks cross apply.	Medical and Prescription combined \$900 per person \$1,800 family	Medical and Prescription combined \$1,800 per person \$3,600 family
Coinsurance- What members pays	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Calendar-year out-of-pocket maximum 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.	Medical and Prescription combined \$4,000 per person \$8,000 family	Medical and Prescription combined \$8,000 per person \$16,000 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care <ul style="list-style-type: none"> • well-child care to age 6 • prenatal care • preventive medical evaluations 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations 	0% 0% 0% 0% 0% 0%	Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Physician services <ul style="list-style-type: none"> • e-visits • in-hospital medical visits • surgery and anesthesia • professional lab services • office visits due to illness or injury • urgent care (clinic-based) • retail health clinic • professional diagnostic imaging • allergy injections and serum 	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Other professional services <ul style="list-style-type: none"> • chiropractic manipulation • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (maximum of 90 visits for all) 	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Inpatient hospital services	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Outpatient hospital services <ul style="list-style-type: none"> • facility diagnostic imaging • facility lab services • chemotherapy and radiation therapy • physical, occupational and speech therapy • scheduled outpatient surgery • urgent care (hospital-based) 	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Emergency care <ul style="list-style-type: none"> • emergency room • physician charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition) 		Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Medical supplies	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Behavioral health (mental health and chemical dependency care) <ul style="list-style-type: none"> • inpatient care • outpatient care • professional care 	Deductible then 20% coinsurance Deductible then 20% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance

	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Preventive drug benefit	Deductible is waived	Deductible is waived
Prescription drugs- Select Network <ul style="list-style-type: none"> • retail (31-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> • generic • preferred brand • non-preferred brand • specialty preferred • specialty non-preferred <ul style="list-style-type: none"> • 90dayRx – Mail order or Retail pharmacy (90-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> • Generic • preferred brand • non-preferred brand 	No deductible, 30% up to \$50 max Deductible then 30% up to \$150 max Deductible then 30% up to \$250 max Deductible then 30% up to \$375 max Deductible then 30% up to \$625 max	No deductible, 30% up to \$50 max Deductible then 30% up to \$150 max Deductible then 30% up to \$250 max No coverage No coverage
	No deductible, 30% up to \$125 max Deductible then 30% up to \$375 max Deductible then 30% up to \$625 max	No coverage No coverage No coverage
	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.

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

****Highest out-of-pocket costs:** out-of-network 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, 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, investigative, and not medically necessary or covered by workers' compensation or no-fault insurance.

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

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

\$3,200/\$6,400 BlueCard PPO HSA Plan

January 1, 2024

	In network* MN Network – Aware National Network- BlueCard PPO	Out of network**
Calendar-year deductible The deductibles for all networks cross apply.	Medical and Prescription Combined \$3,200 per person \$6,400 family	Medical and Prescription combined \$4,000 per person \$8,000 family
Coinsurance- What member pays	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Calendar-year out-of-pocket maximum 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.	Medical and Prescription combined \$5,000 per person \$10,000 family	Medical and Prescription combined \$8,000 per person \$16,000 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care <ul style="list-style-type: none"> well-child care to age 6 prenatal care preventive medical evaluations 6 and older cancer screening preventive hearing and vision exams immunizations and vaccinations 	0% 0% 0% 0% 0% 0%	Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Physician services <ul style="list-style-type: none"> e-visits in-hospital medical visits surgery and anesthesia professional lab services office visits due to illness or injury urgent care (clinic-based) retail health clinic professional diagnostic imaging allergy injections and serum 	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Other professional services <ul style="list-style-type: none"> chiropractic manipulation chiropractic therapy home health care physical therapy, occupational therapy, speech therapy 	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Inpatient hospital services	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Outpatient hospital services <ul style="list-style-type: none"> facility diagnostic imaging facility lab services chemotherapy and radiation therapy physical, occupational and speech therapy scheduled outpatient surgery urgent care (hospital-based) 	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Emergency care <ul style="list-style-type: none"> emergency room physician charges ambulance (medically necessary transport to the nearest facility equipped to treat the condition) 		Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Medical supplies	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Behavioral health (mental health and chemical dependency care) <ul style="list-style-type: none"> inpatient care outpatient care professional care 	Deductible then 20% coinsurance Deductible then 20% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance

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Prescription drugs- Select Network <ul style="list-style-type: none"> • retail (31-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> • preferred generic • preferred brand • non-preferred brand • specialty preferred • specialty non-preferred <ul style="list-style-type: none"> • 90dayRx – Mail order or Retail pharmacy (90-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> • generic • preferred brand • non-preferred brand 	Deductible then 30% up to \$50 max Deductible then 30% up to \$150 max Deductible then 30% up to \$250 max Deductible then 30% up to \$375 max Deductible then 30% up to \$625 max No deductible, 30% up to \$125 max Deductible then 30% up to \$375 max Deductible then 30% up to \$625 max	Deductible then 30% up to \$50 max Deductible then 30% up to \$150 max Deductible then 30% up to \$250 max No coverage No coverage No coverage No coverage No coverage
	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.	

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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, and not medically necessary or covered by workers' compensation or no-fault insurance.

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

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

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.

Online behavioral health programs

Concerned about substance use, stress, insomnia, depression, social anxiety, panic or resilience? Learn to Live is an online program that's available anytime to help you work through it.

- Visit learntolive.com/partners and enter code Intact1

Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support.

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 AdvisorSM 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.

Get Active program

Earn rewards by tracking daily steps or your favorite activity.

- 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.

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.

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

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.












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.

Looking for day-to-day online support for your emotional health?

Get convenient, confidential online support for stress and anxiety, depression, social anxiety, insomnia, substance use and more by visiting [learntolive.com/partners](https://www.learntolive.com/partners) (enter code Intact1), 24 hours a day, seven days a week. There is no additional cost to you.

Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support.

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

HEALTH SAVINGS ACCOUNT (HSA)

An HSA works with an HSA-qualified health plan. This account is yours, just like a bank account. It helps you save money because you don't pay any taxes on the money you put in or take out, as long as it's used for eligible medical expenses (defined by the IRS). HSA money is always yours — whether you change jobs, health plans or you retire. If you enroll in an HSA-qualified plan, your HSA will be set up with FurtherSM, the spending and savings account administrator.



? Visit learn.hellofurther.com to learn how to make the most of your HSA.

Further Operations, LLC, a wholly owned subsidiary of HealthEquity, Inc. is an independent company providing account administration services.

WHO FUNDS AN HSA?	HOW MUCH DO I PUT IN? NOTE HSA CONTRIBUTION LIMITS*	WHAT DO I USE MY HSA FOR?	WHAT HAPPENS TO MONEY LEFT IN MY HSA?
<p>You and/or your employer contribute to your HSA.</p> <p>Annual Employer Contribution - \$350</p> <p>Per Pay Period: \$25/Employee only \$40/Family</p>	<p>Estimate your out-of-pocket costs for the plan year. Use this and the amount your employer may contribute (or match) to decide how much to put in.</p> <p>Individual – \$4,150 Family – \$8,300 Catch-up (age 55+) – \$1,000</p>	<p>Pay for your out-of-pocket medical costs with your HSA funds. Once you hit your out-of-pocket maximum, your health plan will pay for eligible costs.</p>	<p>You keep any money left in your HSA.</p>

*Contribution limits per the IRS 2024.

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

An HRA is funded once the incentive funding criteria has been completed. Incentive requirements include completion of the online health assessment and routine exam at the start of each plan year. An HRA reimburses employees and their families for eligible medical expenses. Employers decide what types of expenses are considered eligible. If you enroll in an HRA, your account will be set up with FurtherSM, the spending and savings account administrator.



? Visit hellofurther.com to learn how to make the most of your HRA.

Further Operations, LLC, a wholly owned subsidiary of HealthEquity, Inc. is an independent company providing account administration services.

WHO FUNDS AN HRA?	WHAT DO I USE MY HRA FOR?	WHAT HAPPENS TO MONEY LEFT IN MY HRA?
<p>Your employer puts a certain amount of money into your HRA.</p> <p>Annual Employer Contribution- \$350</p>	<p>Use the HRA funds to pay for out-of-pocket medical costs. Once you hit your out-of-pocket maximum, your health plan will pay for eligible costs.</p>	<p>If you leave your job, your employer keeps funds left in your HRA</p>

FLEXIBLE SPENDING ACCOUNT (FSA)

Your employer may offer two types of FSAs. A medical FSA is a personal expense account that lets you set aside a portion of your salary pretax and use the money to pay for medical costs not paid for by your health plan. A dependent care FSA lets you use pretax dollars to pay for your dependent's day care and other expenses necessary for you to work. Your FSA account is administered by FurtherSM.

Contributions to your FSA are deducted from your paycheck pretax. It's important to put in only what you think you will use in the plan year (like your deductible or calculated day care expenses), as unused money may be forfeited or a portion may be rolled over to the next year (as determined by your employer).

2023 IRS limits:* Medical FSA – \$3,050

Dependent Care FSA – \$5,000

*IRS limits are generally revised in November each year. These limits are subject to employer selections.

Using your FSA

To learn more about your FSA, how it works and eligible expenses, visit hellofurther.com.

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**KEEP MORE \$\$
IN YOUR POCKET**

WHEN YOU STAY IN NETWORK

Don't pay more for care than you should

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 important is 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.

To find out if a provider is in network, visit your member website to search or call customer service.

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.

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.

Copay: A fee you pay every time you get care or a prescription. Copays can vary based on where you get care (virtual, clinic, urgent care, etc.).

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. Along with covered service costs, your copays (if your plan has them) may count toward your deductible.

Deductible carryover: Some costs that apply to your deductible may carry over to the next year. In most cases, these costs occur in the last three months of your plan year.

Eligible or covered services: Healthcare covered by your plan.

Explanation of Healthcare 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.

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.

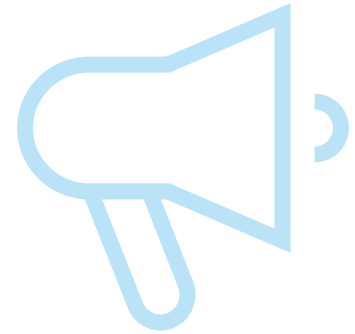
Provider: Refers to doctors, clinics, hospitals, pharmacies and other healthcare professionals.

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.