BluePrint Silver $2,000 Plan 253

Allina Health network

Benefit highlights for individuals and families

January 1, 2016 – December 31, 2016

Key benefits	In network	Out of network
Your deductible The amount you pay per calendar year before your health plan starts to pay. Amounts paid out of network DO NOT apply to the in-network deductible.	$2,000 per person $6,000 family	$10,000 per person $20,000 family
Your coinsurance The percent you pay after your deductible is met.	20%	50%
Your out-of-pocket maximum The maximum amount you pay per calendar year in medical and prescription drug deductibles, coinsurance and copays. Amounts paid out of network DO NOT apply to the in-network out-of-pocket maximum	$6,850 per person $13,700 family	Unlimited
Visits to: • health care provider's office • specialist • retail health clinic • urgent care • e-visits	First two office visits free (no deductible all visits combined), then 20% after deductible	50% after deductible
Other professional services in the office • lab and diagnostic imaging/X-ray services	20% after deductible	50% after deductible
Prescription drugs GenRx with open formulary (Individual Non-Grandfathered)	Preferred generic: $15 copay Preferred brand: $60 copay Non-preferred: $90 copay Specialty: 20% to a maximum of $200 per prescription	Preferred generic: $30 copay Preferred brand: $120 copay Non-preferred: $180 copay Specialty: No coverage
Preventive care (including vision exam)	0% (no deductible)	50% after deductible
Well child care (ages 0 to 6, including vision exam)	0% (no deductible)	0% (no deductible)
Prenatal care	0% (no deductible)	0% (no deductible)
Maternity (labor, delivery and post-delivery care)	20% after deductible	50% after deductible
Emergency care • physician • facility	20% after deductible 20% after deductible	20% after deductible 20% after deductible
Ambulance	20% after deductible	20% after deductible
Ambulatory surgical center	0% after deductible	50% after deductible
Hospital (outpatient) • physician • facility • lab and diagnostic imaging/X-ray services	20% after deductible 20% after deductible 20% after deductible	50% after deductible 50% after deductible 50% after deductible
Hospital visit (inpatient) • physician • facility	20% after deductible 20% after deductible	50% after deductible 50% after deductible
Chiropractic, physical, occupational and speech therapy	20% after deductible	50% after deductible
Eyewear for children ages 18 and under • lenses and one pair of standard collection frames or contact lenses	20% after deductible	No coverage

Your out-of-pocket costs depend on the network status of your provider. To check status, use the “Find a doctor” web tool on **bluecrossmn.com**.

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

If you receive services from a nonparticipating provider, you will be responsible for any deductibles or coinsurance plus the DIFFERENCE between what Blue Cross would reimburse for the nonparticipating provider and the actual charges the nonparticipating provider bills. This difference does not apply to your out-of-pocket maximum. 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. Your contract will provide a detailed description of what is and is not covered. Services not covered include custodial care or rest cures, bariatric surgery, infertility, adult eyewear, adult dental services, services that are experimental, not medically necessary or received while on military duty and certain services for the treatment of autism.

Each health care provider in the network is an independent contractor and is not our agent.

Allina Health is an independent company that provides health care services. Allina Health Network is a subsidiary of Allina Health.

We feature a large network of health care providers. Each provider is an independent contractor and is not our agent.

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This information is available in other ways for people with disabilities or who need it translated into another language. For help in English, call **1-800-382-2000**. For TTY, call **711**.

Hours: 8 a.m. to 6 p.m., Central Time, Monday through Friday.

If you want free help translating this information, call the above number.
Si desea ayuda gratis para traducer esta informacion, llame al numero que aparece arriba

For more information, visit **bluecrossmn.com.**

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

To see benefit and premium information about all Blue Cross actively marketed individual health plans available to you, please go to **healthcare.gov**.

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