



Personal BlueSM

Personal Blue – plan options to fit your life and budget

*For individuals and families who want affordable, comprehensive coverage
2011*

Blue Cross and Blue Shield of Minnesota



Personal Blue. Security and more value in every plan.

Buying your own health care coverage has never been easier — or more affordable

Personal Blue offers you an expanded range of health plan choices. Whether you're looking for the predictability of a copay plan or just the safety net of catastrophic coverage, you'll find a plan that's right for your personal situation. You'll get comprehensive physical and mental health coverage and broad access to exceptional care providers throughout Minnesota and the United States.

And you'll gain access to a full suite of support services from Blue Cross and Blue Shield of Minnesota designed to help you and your family be your healthiest while saving money on your health care expenses.

Personal Blue 80 with copay

An ideal plan for former group members

You get valuable coverage that lets you know up front what you'll pay for office visits, retail health clinic visits and prescriptions.

- Choose from two deductibles that are among the lowest of the Personal Blue plans
- Preventive care benefits: covered at 100 percent, no deductible
- Office visit copay: \$50
- Retail health clinic copay: \$15
- Generic drug copay: \$10
- All other eligible medical expenses: you pay 20 percent (Blue Cross pays 80 percent) after you meet your deductible, until you reach your out-of-pocket maximum (excluding copays). Then, Blue Cross pays 100 percent.
- Blue Cross travel benefits: you have in-network coverage options and peace of mind wherever you travel in the United States, thanks to BlueCard® — and internationally through BlueCard Worldwide®
- Individuals at least 90 days old and under age 19 are eligible only as dependents under an eligible parent or legal guardian applicant

There is **no maximum** to the amount of health care you can receive. This protects you from the high cost of catastrophic illnesses and accidents.



If you want to learn more about how health care works, go to Health Plans 101 at bluecrossmn.com



Personal Blue 80

Our most popular type of coverage

Personal Blue 80 helps you balance coverage and cost with a familiar 80/20 cost-sharing arrangement.

- Choose from four deductibles
- Preventive care benefits: covered at 100 percent, no deductible
- Generic drug copay: \$10
- Retail health clinic visits: you pay only 20 percent, even if you have not met your deductible
- All other eligible medical expenses: you pay 20 percent (Blue Cross pays 80 percent) after you meet your deductible, until you reach your out-of-pocket maximum. Then, Blue Cross pays 100 percent.
- Blue Cross travel benefits: you have in-network coverage options and peace of mind wherever you travel in the United States, thanks to BlueCard — and internationally through BlueCard Worldwide
- Individuals at least 90 days old and under age 19 are eligible only as dependents under an eligible parent or legal guardian applicant

There is **no maximum** to the amount of health care you can receive. This protects you from the high cost of catastrophic illnesses and accidents.

Personal Blue 100

Our lowest monthly-rate plan, protects you from catastrophic costs

Personal Blue 100 features some of the same valuable benefits offered by our other plans, at a lower monthly rate.

- Choose from four higher deductibles for some of the lowest monthly rates we offer
- Preventive care benefits: covered at 100 percent, no deductible
- Blue Cross pays 100 percent of eligible expenses after you reach your deductible, including office visits, hospital services, emergency room care and prescription drugs
- Blue Cross travel benefits: you have in-network coverage options and peace of mind wherever you travel in the United States, thanks to BlueCard — and internationally through BlueCard Worldwide
- Individuals at least 90 days old and under age 19 are eligible only as dependents under an eligible parent or legal guardian applicant

There is **no maximum** to the amount of health care you can receive. This protects you from the high cost of catastrophic illnesses and accidents.

Why Blue Cross?

A health plan that gives you choices that fit your life

With Blue Cross you can choose from a variety of affordable and easy-to-use health plans that give you great coverage for your unique needs.

Personal Blue is an easy and affordable plan with benefit and deductible options for you and/or your family. All options provide comprehensive coverage and access to support services to help you stay healthy.

A name Minnesotans know

It's smart to go with a name you know and trust.

With more than 75 years of experience, Blue Cross has earned the trust of our nearly three million members by providing solid, reliable health coverage and service second to none.

Quick, hassle-free claims processing

We'll handle your claims efficiently, quickly, accurately and without hassle. After all, isn't that what a health plan is for?

Unmatched service

When you call customer service, Health Guides answer your questions, resolve any issues and refer you to additional resources that can help you save money and live a healthy life.

Health care coverage anywhere in the world

More than 97 percent of Minnesota doctors and hospitals are in your network, where you always get the best benefit for your dollar. And you never need a referral. You're also "in network" virtually anywhere you go in the United States with BlueCard® and internationally through BlueCard Worldwide®.

Be fit. Be rewarded.

Get healthy and stay healthy with a monthly health club discount of \$20 at thousands of participating health clubs. You also get a personal online wellness center that includes a health assessment, coaching support and more. Your personal account at myBlueCross online member center will help you manage your health and your health care expenses.

Save on prescription drugs and disposable medical supplies

With 90dayRx, only from Blue Cross, you can fill 90-day prescriptions at participating retail pharmacies or through mail order and pay less than you would for three separate 30-day prescriptions.

If you use disposable medical supplies, you can get free home delivery and up to 10 percent discount from Edgepark Medical Supplies.

Words to know

coinsurance

the percentage of covered health care costs that you pay after reaching your deductible

copay

a payment you make for a service or product (this is a set amount and does not apply to your deductible)

deductible

the amount you pay for covered health care services each year before the health plan begins to pay for covered health care services

out-of-pocket maximum

the most you will pay toward covered health care services in deductible and coinsurance in a calendar year

Personal Blue plan highlights

	Personal Blue 80 with copay	Personal Blue 80	Personal Blue 100
In-network plan features			
Calendar-year deductible options No member can contribute more than the "per person" amount toward a family deductible. Family amount is for a family of 3 or more (combines medical and drug expenses).	(a) \$1,000/person – \$3,000/family (b) \$3,000/person – \$9,000/family	(a) \$1,500/person – \$4,500/family (b) \$2,500/person – \$7,500/family (c) \$3,500/person – \$10,500/family (d) \$4,500/person – \$13,500/family	(a) \$4,000/person – \$12,000/family (b) \$7,500/person – \$22,500/family (c) \$10,000/person – \$30,000/family (d) \$15,000/person – \$45,000/family
Out-of-pocket (OOP) maximum After this amount is reached, your plan pays 100% of covered expenses. Copays do not apply to out-of-pocket maximum. Family amount is for a family of 3 or more (combines medical and drug expenses).	(a) \$2,000/person – \$4,000/family (b) \$6,000/person – \$12,000/family	(a) \$3,000/person – \$6,000/family (b) \$4,500/person – \$9,000/family (c) \$6,000/person – \$12,000/family (d) \$7,000/person – \$14,000/family	(a) \$4,000/person – \$12,000/family (b) \$7,500/person – \$22,500/family (c) \$10,000/person – \$30,000/family (d) \$15,000/person – \$45,000/family
Coinsurance Percentage that you pay after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 0% after deductible
Lifetime maximum	Unlimited	Unlimited	Unlimited
In-network benefits			
Prescription drugs (GenRx formulary) 31-day supply. 90-day supply available through 90dayRx program at participating retail pharmacies or by PrimeMail ¹	Covered • \$10 copay for formulary generic drugs • You pay 20% after deductible for formulary brand-name drugs	Covered • \$10 copay for formulary generic drugs • You pay 20% after deductible for formulary brand-name drugs	Covered You pay 0% after deductible for all formulary drugs
Physician services • Office or urgent care visits for illness or injury • Retail health clinic	Covered • \$50 copay per visit plus 20% after deductible for related services such as lab, X-rays, in-office surgery, allergy services • \$15 copay per visit plus 20% after deductible for related services as described above	Covered • You pay 20% after deductible plus 20% after deductible for related services such as lab, X-rays, in-office surgery, allergy services • You pay 20% coinsurance (no deductible) plus 20% after deductible for related services as described above	Covered You pay 0% after deductible
Inpatient/outpatient lab and diagnostic imaging/X-ray services	Covered You pay 20% after deductible	Covered You pay 20% after deductible	Covered You pay 0% after deductible
Emergency care • Outpatient facility services • Outpatient professional services			
Inpatient/outpatient hospital services			
Ambulance			
Medical supplies			
Chiropractic care No maximum			
Physical, occupational, speech therapy No maximum			
Home health care Maximum of 180 visits per person per calendar year			
Preventive care/prenatal care/well-child care	You pay 0% (no deductible)	You pay 0% (no deductible)	You pay 0% (no deductible)
Maternity labor, delivery, post-delivery care and maternity complications	First 18 months: No coverage 19th month and after: You pay 20% after deductible	First 18 months: No coverage 19th month and after: You pay 20% after deductible	First 18 months: No coverage 19th month and after: You pay 0% after deductible
Out-of-network plan features			
Calendar-year deductible Separate from in-network deductible (combines medical and drug expenses)	(a) \$2,000/person – \$6,000/family (b) \$6,000/person – \$18,000/family	(a) \$3,000/person – \$9,000/family (b) \$5,000/person – \$15,000/family (c) \$7,000/person – \$21,000/family (d) \$9,000/person – \$27,000/family	(a) \$8,000/person – \$24,000/family (b) \$15,000/person – \$45,000/family (c) \$20,000/person – \$60,000/family (d) \$30,000/person – \$90,000/family
Out-of-pocket (OOP) maximum Separate from in-network OOP (combines medical and drug expenses)	(a) \$4,000/person (b) \$12,000/person	(a) \$6,000/person (b) \$10,000/person (c) \$14,000/person (d) \$18,000/person	(a) \$16,000/person (b) \$30,000/person (c) \$40,000/person (d) \$60,000/person
Coinsurance	You pay 40% after deductible	You pay 40% after deductible	You pay 20% after deductible
Chiropractic care Maximum of 15 services per calendar year	You pay 40% after deductible	You pay 40% after deductible	You pay 20% after deductible
Physical, occupational, speech therapy Combined maximum of 15 services per calendar year	You pay 40% after deductible	You pay 40% after deductible	You pay 20% after deductible

When you choose a network provider you will receive the highest benefit levels and the lowest out-of-pocket costs. 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, intensive behavioral therapy programs for treatment of autism spectrum disorders, eyewear, dental services, services that are experimental, not medically necessary or received while on military duty. Preexisting conditions you had during the six months before your enrollment date are not covered except for individuals under age 19. This limit applies for 12 months. Prior continuous coverage without a gap in coverage greater than 63 days counts toward reducing the 12-month period.

Deductible, copays and out-of-pocket maximums are subject to adjustments at our annual renewal based on Consumer Price Index.

¹PrimeMail is a mail-service pharmacy owned and operated by Prime Therapeutics LLC, an independent company providing pharmacy benefit management services.

Determine your monthly rate

Your monthly rate is based on where you live, your age, the deductible amount you select, whether you and/or your spouse are tobacco free and whether you choose substance abuse coverage. The information below will help you determine your monthly rate based on these factors.

Follow these steps to determine your rate:

1. Select Area 1 or Area 2. Note: If you live on a county line, call Blue Cross customer service to determine your area as our system is based on ZIP codes.
2. Decide whether you want coverage for substance abuse
3. Select your deductible
4. Find the age groups for you and your spouse on the left side of the table
5. Select the number of dependent children covered
6. Add the rates together

These tables show preferred rates. Standard rates, which are 30 percent higher, are offered to users of tobacco or smokeless tobacco, as well as individuals with other health factors.

Personal Blue monthly rates – Area 1

Area 1 rates include ZIP codes in the following Minnesota counties: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington

Preferred rates — without substance abuse coverage

Coinsurance	80/20% with copay		80/20%				100/0%			
	Deductible	\$1,000	\$3,000	\$1,500	\$2,500	\$3,500	\$4,500	\$4,000	\$7,500	\$10,000
Subscriber/spouse age										
19 – 29	\$202.00	\$134.50	\$174.50	\$141.50	\$127.00	\$116.50	\$121.50	\$99.00	\$84.00	\$71.00
30 – 34	\$222.00	\$148.00	\$191.50	\$155.50	\$139.50	\$128.00	\$133.50	\$108.50	\$92.00	\$78.00
35 – 39	\$230.00	\$153.50	\$199.00	\$161.00	\$144.50	\$133.00	\$138.50	\$112.50	\$95.50	\$81.00
40 – 44	\$256.00	\$171.00	\$221.50	\$179.50	\$161.00	\$148.00	\$154.00	\$125.50	\$106.50	\$90.00
45 – 49	\$316.00	\$211.00	\$273.00	\$221.50	\$199.00	\$182.50	\$190.00	\$155.00	\$131.50	\$111.00
50 – 54	\$414.50	\$276.50	\$358.00	\$290.50	\$260.50	\$239.00	\$249.00	\$203.00	\$172.00	\$145.50
55 – 59	\$520.50	\$347.50	\$449.50	\$365.00	\$327.00	\$300.50	\$313.00	\$255.00	\$216.50	\$183.00
60 – 64	\$573.50	\$383.00	\$495.50	\$402.00	\$360.50	\$331.00	\$344.50	\$281.00	\$238.50	\$201.50
Dependent child 90 days to age 26										
1 child	\$179.00	\$119.50	\$154.50	\$125.50	\$112.50	\$103.50	\$107.50	\$87.50	\$74.50	\$63.00
2 children	\$358.00	\$239.00	\$309.00	\$251.00	\$225.00	\$207.00	\$215.00	\$175.00	\$149.00	\$126.00
3 or more children	\$537.00	\$358.50	\$463.50	\$376.50	\$337.50	\$310.50	\$322.50	\$262.50	\$223.50	\$189.00

Preferred rates — including substance abuse coverage

Coinsurance	80/20% with copay		80/20%				100/0%			
	Deductible	\$1,000	\$3,000	\$1,500	\$2,500	\$3,500	\$4,500	\$4,000	\$7,500	\$10,000
Subscriber/spouse age										
19 – 29	\$208.00	\$139.00	\$179.50	\$145.50	\$130.50	\$120.00	\$125.00	\$102.00	\$86.50	\$73.00
30 – 34	\$228.50	\$152.50	\$197.50	\$160.00	\$143.50	\$132.00	\$137.50	\$112.00	\$95.00	\$80.50
35 – 39	\$237.00	\$158.50	\$204.50	\$166.00	\$149.00	\$137.00	\$142.50	\$116.00	\$98.50	\$83.50
40 – 44	\$264.00	\$176.00	\$228.00	\$185.00	\$166.00	\$152.50	\$158.50	\$129.00	\$109.50	\$93.00
45 – 49	\$325.50	\$217.50	\$281.50	\$228.00	\$204.50	\$188.00	\$196.00	\$159.50	\$135.50	\$114.50
50 – 54	\$426.50	\$285.00	\$368.50	\$299.00	\$268.00	\$246.50	\$256.50	\$209.00	\$177.50	\$150.00
55 – 59	\$536.50	\$358.00	\$463.00	\$375.50	\$337.00	\$309.50	\$322.50	\$262.50	\$223.00	\$188.50
60 – 64	\$590.50	\$394.50	\$510.00	\$414.00	\$371.00	\$341.00	\$355.00	\$289.00	\$245.50	\$207.50
Dependent child 90 days to age 26										
1 child	\$184.50	\$123.00	\$159.50	\$129.00	\$116.00	\$106.50	\$111.00	\$90.50	\$76.50	\$65.00
2 children	\$369.00	\$246.00	\$319.00	\$258.00	\$232.00	\$213.00	\$222.00	\$181.00	\$153.00	\$130.00
3 or more children	\$553.50	\$369.00	\$478.50	\$387.00	\$348.00	\$319.50	\$333.00	\$271.50	\$229.50	\$195.00

These rates are effective April 1, 2011 through March 31, 2012. Rates are subject to benefit changes mandated by law and annual adjustments. Applicants must be ages 19 to 64 to be eligible for coverage. Note: Your rate will change when you age into a new category or move into a new rate area.

When two or more dependents are covered, preferred or standard rates will be offered for all dependents based on the health history of one or more dependent applicants.

Personal Blue monthly rates – Area 2

Area 2 rates include all counties **except** those in Area 1 (see previous page)

Preferred rates — without substance abuse coverage

Coinsurance	80/20% with		80/20%				100/0%			
Deductible	\$1,000	\$3,000	\$1,500	\$2,500	\$3,500	\$4,500	\$4,000	\$7,500	\$10,000	\$15,000
Subscriber/spouse age										
19 – 29	\$224.00	\$149.50	\$193.50	\$157.00	\$141.00	\$129.50	\$134.50	\$109.50	\$93.00	\$79.00
30 – 34	\$246.50	\$164.50	\$212.50	\$172.50	\$155.00	\$142.00	\$148.00	\$120.50	\$102.50	\$86.50
35 – 39	\$255.50	\$170.50	\$220.50	\$179.00	\$160.50	\$147.50	\$153.50	\$125.00	\$106.00	\$90.00
40 – 44	\$284.50	\$190.00	\$246.00	\$199.50	\$179.00	\$164.50	\$171.00	\$139.50	\$118.50	\$100.00
45 – 49	\$351.00	\$234.50	\$303.50	\$246.00	\$220.50	\$202.50	\$211.00	\$172.00	\$146.00	\$123.50
50 – 54	\$460.00	\$307.00	\$397.50	\$322.50	\$289.00	\$265.50	\$276.50	\$225.50	\$191.00	\$161.50
55 – 59	\$578.00	\$386.00	\$499.50	\$405.00	\$363.50	\$334.00	\$347.50	\$283.00	\$240.50	\$203.00
60 – 64	\$637.00	\$425.00	\$550.00	\$446.00	\$400.00	\$367.50	\$382.50	\$312.00	\$264.50	\$224.00
Dependent children to age 26										
1 child	\$199.00	\$132.50	\$171.50	\$139.50	\$125.00	\$115.00	\$119.50	\$97.50	\$82.50	\$70.00
2 children	\$398.00	\$265.00	\$343.00	\$279.00	\$250.00	\$230.00	\$239.00	\$195.00	\$165.00	\$140.00
3 or more children	\$597.00	\$397.50	\$514.50	\$418.50	\$375.00	\$345.00	\$358.50	\$292.50	\$247.50	\$210.00

Preferred rates — including substance abuse coverage

Coinsurance	80/20% with copay		80/20%				100/0%			
Deductible	\$1,000	\$3,000	\$1,500	\$2,500	\$3,500	\$4,500	\$4,000	\$7,500	\$10,000	\$15,000
Subscriber/spouse age										
19 – 29	\$231.00	\$154.00	\$199.50	\$161.50	\$145.00	\$133.50	\$138.50	\$113.00	\$96.00	\$81.00
30 – 34	\$253.50	\$169.50	\$219.00	\$178.00	\$159.50	\$146.50	\$152.50	\$124.00	\$105.50	\$89.00
35 – 39	\$263.00	\$176.00	\$227.50	\$184.50	\$165.50	\$152.00	\$158.00	\$129.00	\$109.50	\$92.50
40 – 44	\$293.00	\$195.50	\$253.00	\$205.50	\$184.00	\$169.00	\$176.00	\$143.50	\$122.00	\$103.00
45 – 49	\$361.50	\$241.50	\$312.50	\$253.50	\$227.50	\$209.00	\$217.50	\$177.00	\$150.50	\$127.00
50 – 54	\$474.00	\$316.50	\$409.50	\$332.00	\$298.00	\$273.50	\$285.00	\$232.00	\$197.00	\$166.50
55 – 59	\$595.50	\$397.50	\$514.50	\$417.50	\$374.50	\$344.00	\$358.00	\$291.50	\$247.50	\$209.50
60 – 64	\$656.00	\$438.00	\$566.50	\$459.50	\$412.00	\$378.50	\$394.00	\$321.00	\$272.50	\$230.50
Dependent children to age 26										
1 child	\$205.00	\$136.50	\$177.00	\$143.50	\$128.50	\$118.00	\$123.00	\$100.50	\$85.00	\$72.00
2 children	\$410.00	\$273.00	\$354.00	\$287.00	\$257.00	\$236.00	\$246.00	\$201.00	\$170.00	\$144.00
3 or more children	\$615.00	\$409.50	\$531.00	\$430.50	\$385.50	\$354.00	\$369.00	\$301.50	\$255.00	\$216.00

These rates are effective April 1, 2011 through March 31, 2012. Rates are subject to benefit changes mandated by law and annual adjustments. Applicants must be ages 19 to 64 to be eligible for coverage. Note: Your rate will change when you age into a new category or move into a new rate area. When two or more dependents are covered, preferred or standard rates will be offered for all dependents based on the health history of one or more dependent applicants.

Health plans are as unique and individual as you are. And the kind of plan you want can change as you move from one stage of your life to the next. So whether you need a plan just for you, or for you and your family, a plan with drug coverage options or a health savings account, you'll find one that fits you at Blue Cross.



Get the answers you need to make the best choice. Visit bluecrossmn.com or call us at (651) 662-5050 or toll free at 1-800-262-0823.

Is my doctor in the network?

Use our online provider search tool to confirm that the providers you prefer are in our Accord network.

Are my prescription drugs covered?

Confirm that the drugs you take are on the drug list for this plan (GenRx formulary).

Which specific plan is right for me?

Use the online Plan Selector to see what plan best meets your needs and budget.

What if I have a health condition?

Ask your agent or sales representative for details about coverage for specific health conditions.



**BlueCross BlueShield
of Minnesota**

An independent licensee of the Blue Cross and Blue Shield Association

bluecrossmn.com