Blue Plus HSA with Mayo Clinic Silver $2,700 Plan 614

Mayo Clinic network

Benefit highlights for small businesses

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. Embedded: The plan begins paying benefits that require cost sharing for the first family member who meets the per-person deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.	$2,700 per person $5,400 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 and coinsurance. Amounts paid out of network DO NOT apply to the in-network out-of-pocket maximum.	$4,500 per person $9,000 family	$30,000 per person $60,000 family
Visits to: • health care provider's office • specialist • retail health clinic • urgent care • e-visits	 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible	 50% after deductible 50% after deductible 50% after deductible 50% 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	20% after deductible	50% after deductible
Preventive care (including vision exam)	0% (no deductible)	50% after deductible
Preventive drugs Preferred drugs on the GenRx preventive drug list for the following selected categories: diabetes medication, diabetic supplies, high blood pressure and high cholesterol	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	20% 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 members under age 19 • 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.

Mayo Clinic is an independent, nonprofit healthcare provider.

This information is available in other ways for people with disabilities or who need it translated into another language by calling **1-800-382-2000** (toll free).

For TTY call **711**.

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

Attention. If you want free help translating this information, call the above number.

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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.

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