



the VEBA 70 plan

FOR PARTICIPATING SERVICE
COOPERATIVE MEMBERS

an open-access health plan

HEALTH PLAN solutions

Rising health care costs. Growing demand for more involvement in health care. The need for solutions is clear — which is why we've developed a high-deductible plan to pair with a personal health account. You're in control of costs; your employees are in control of their care. And it's from the participating Minnesota Service Cooperatives and Blue Cross and Blue Shield of Minnesota, a health plan with more than 70 years of experience focusing on the healthy future of organizations like yours.

How this plan option works

The VEBA 70 Plan from the participating Minnesota Service Cooperatives and Blue Cross and Blue Shield of Minnesota is an open-access health plan designed to work with a personal health account. Members can see any health care provider for most covered services — without referrals. For some services, the best benefits are available when members see providers in the Minnesota Provider Network, a network for participating Service Cooperative members. The network includes primary care clinics, specialists and hospitals.

Network providers mean savings

When members use network providers, they avoid hidden costs. All have agreed to accept the “allowed amount” specified in their contracts as full payment for covered services.

If a member sees an out-of-network provider, they are responsible for any deductible, the coinsurance amount applied to the allowed amount, plus the difference between the actual bill and the allowed amount.

Expect more with BluePrint for Health® at Work

Members can take advantage of these important features: fitness discounts • 24-hour nurse advice line • case management • stop-smoking program • easy-to-use health information at our online service center • BluePrint for Health® care support, our groundbreaking program for members with chronic conditions.

Ask your Blue Cross sales representative or agent about other BluePrint for Health at Work options.



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for participating Service Cooperative members

PLAN HIGHLIGHTS	MINNESOTA PROVIDER NETWORK	EXTENDED / OUT-OF-NETWORK
Annual deductible options Employers choose one of two options. One deductible applies to services from all providers. Deductible amounts may increase annually to keep pace with inflation.	a \$600/person – \$1,200/family b \$1,200/person – \$2,400/family	
Out-of-pocket maximum	a \$2,100/person – \$4,200/family b \$3,500/person – \$6,500/family One out-of-pocket maximum applies to services from all providers.	
Lifetime maximum	\$5 million for services from all providers	
Office visits <ul style="list-style-type: none"> • Illness or injury • Behavioral health care (mental health, chemical dependency, eating disorders and autism) • Chiropractic manipulation • In-office surgery/allergy-related services 	70% after deductible 70% after deductible 70% after deductible 70% after deductible	60% after deductible 60% after deductible 60% after deductible (extended network only); <i>no benefits for services from out-of-network providers</i> 60% after deductible
Preventive care <ul style="list-style-type: none"> • Well-child services and immunizations • Prenatal care • Cancer screenings • Routine physicals and eye exams 	100% 100% 100% 100% to \$350 maximum per person per year. Any excess eligible expenses subject to deductible and 70% coinsurance.	60% after deductible 60% after deductible 100% 100% to \$350 maximum per person per year. Any excess eligible expenses subject to deductible and 60% coinsurance.
Lab and X-ray services	70% after deductible	60% after deductible
In- and outpatient hospital services <ul style="list-style-type: none"> • Facility services (includes behavioral health care) • Professional services (includes behavioral health care) 	70% after deductible 70% after deductible	60% after deductible 60% after deductible
Emergency care <ul style="list-style-type: none"> • Facility services • Professional services 	70% after deductible 70% after deductible	70% after deductible 60% after deductible
Ambulance services	70% after deductible	70% after deductible
Medical supplies	70% after deductible	60% after deductible for services from out-of-network providers
Therapy services <ul style="list-style-type: none"> • Chiropractic, occupational and physical therapy • Speech therapy 	70% after deductible 70% after deductible	60% after deductible (extended network only); <i>no benefits for services from out-of-network providers</i> 60% after deductible
Prescription drugs <ul style="list-style-type: none"> • 31-day supply; 3-cycle supply for oral contraceptives; formulary drugs only • Mail-order drugs (90-day supply) 	70% after deductible 70% after deductible	70% after deductible; you pay the pharmacy and file a claim. In addition to deductibles, members will be responsible for amounts in excess of the allowed amounts.
Note: There are three drug plans available: Plan A: Drugs subject to deductible and coinsurance Plan B: Greater of a \$14 copay or 25% coinsurance up to a \$750 person/\$1,000 family drug out-of-pocket Plan C: 25% coinsurance up to a \$750 person/\$1,000 family drug out-of-pocket Please discuss these drug plans with your representative		

Administered by:



F7476R05 (10/05)
 (Plan number a 840 b 820)

This is only an outline of plan benefits. The Summary Plan Description includes complete details of what is and isn't covered. Services not covered include eyeglasses, hearing aids, services that are cosmetic, experimental, not medically necessary, or covered by workers' compensation or no-fault auto insurance. Pre-existing conditions may not be covered for a limited period of time. This limit is reduced by prior continuous coverage and doesn't apply to pregnancy, newborns, adopted children or handicapped dependents. We feature a large network of health care providers. Each provider is an independent contractor and is not our agent. Blue Cross and Blue Shield of Minnesota is an independent licensee of the Blue Cross and Blue Shield Association.

This benefit chart reflects 2006 benefits.