



InstaCareSM

InstaCare – affordable short-term coverage when you need it most

For individuals and families who need coverage now

2011

Blue Cross and Blue Shield of Minnesota



InstaCare. Immediate coverage you can count on.

InstaCare

Whether you're in between jobs, just out of school, or waiting for your new employer's group coverage to take effect, InstaCare, from Blue Cross and Blue Shield of Minnesota, can take a load off your mind by providing quick, comprehensive health care coverage that bridges the gap.

Is InstaCare right for you?

InstaCare is short-term coverage designed to protect you and your family from unforeseen, expensive illnesses or injuries. InstaCare will not cover any treatment for medical conditions that you already have. The product was designed this way in order to keep premiums low, yet cover unexpected illness or injury expenses under the terms of the benefit plan.



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

It's fast, easy and flexible

- Choose from three deductibles to fit your budget
- Choose coverage for 30, 60 or 90 days
- Applicant must be age 19 – 64 to apply
- No need to provide your health history
- Coverage starts the day we receive your application, in most cases
- See the doctors you prefer — without a referral
- Our large network contains 97 percent of Minnesota doctors and hospitals, which makes it easier for you to get the highest level of benefits
- Coverage includes:
 - Physician and surgeon services
 - Emergency room care
 - Prescription drugs and medical supplies
 - Ambulance services
 - Inpatient hospital services
 - Lab and X-ray services
 - Occupational, physical and speech therapy
 - Well-child doctor visits to age 6 are covered at 100 percent (whether or not you've met your deductible)
- Individuals at least 90 days old and under age 19 are eligible only as dependents under an eligible parent or legal guardian applicant
- No application fee



Who is not eligible for InstaCare?

You are not eligible to apply for InstaCare if any of these conditions apply:

- You're under age 19 and not a dependent or over age 64
- You've been turned down for coverage by any health plan company within one year
- You are currently confined to a hospital or other care facility
- You are pregnant
- You are eligible for other health care coverage or insurance (except COBRA)
- You live outside of Minnesota
- You are a foreign citizen and don't have an alien registration card

If a contract is issued to someone who is ineligible, it will be void and any payment will be refunded.

How InstaCare works

It's simple.

- 1 You pay for your eligible medical expenses until you reach the deductible you've selected.
- 2 After that, InstaCare pays 80 percent of the allowed amount for eligible expenses and you pay 20 percent, until you reach your out-of-pocket maximum.
- 3 Then, InstaCare pays 100 percent of the allowed amount for eligible expenses.

Let's say you've chosen a plan with a \$500 deductible and a \$1,500 out-of-pocket maximum. During the period of coverage, you have eligible medical costs of \$5,000.

You pay	\$500 (your deductible)
	+ \$900 (20% of the remaining \$4,500 balance)
Total you pay	\$1,400
	<i>InstaCare pays \$3,600</i>

Note: In this example, you have almost reached your out-of-pocket maximum of \$1,500. **No matter what other eligible costs you incur during the coverage period, you will pay no more than \$100 (up to the lifetime maximum benefit of \$1 million).**

Words to know

coinsurance

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

contract rate

the amount you pay for your health plan

deductible

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

lifetime maximum

the maximum amount a health plan agrees to pay on your behalf for covered services over your lifetime

out-of-pocket maximum

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

preexisting condition

any injury, illness or condition for which the covered person had medical treatment, symptoms or any manifestations before the effective date of coverage

preventive care

cancer screenings only

Why Blue Cross?

Short-term, temporary health care coverage

InstaCare is short-term coverage that offers immediate protection. You can select a 30-day, 60-day or 90-day option. Please note, InstaCare does not cover preexisting conditions.

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.

Preexisting conditions are not covered

InstaCare broadly defines "preexisting" conditions. If you had a symptom before purchasing an InstaCare contract you will not be covered for any illness or injury related to that symptom by the InstaCare contract. This is true even if you have not been to a doctor for that symptom or been diagnosed or treated for that symptom.

For example, InstaCare does not cover and **will not pay for**.*

- Evaluation or treatment of migraines if you have had headaches or other symptoms before application
- Ear tube placement surgery if you have a history of ear infections
- Chiropractic care or other treatment for back pain if you had back pain in the past in the same region of the back
- An asthma attack if you have been previously diagnosed with asthma or have had wheezing episodes or other respiratory symptoms before application
- Treatment for a hip (or ankle, knee, etc.) if you have had soreness or other symptoms in that area before purchasing InstaCare, but have not sought treatment
- Treatment for a heart condition (even if you have had symptoms such as chest pain or shortness of breath and you had no diagnosis) before you purchased InstaCare.

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®.

- Lung tests or asthma medication if you have had a persistent cough or breathing difficulty before your InstaCare coverage
- Joint surgery, if that joint has been operated on before. So if you had arthroscopic surgery on a knee and the knee healed, and now you have InstaCare and you re-injure that knee, the care will not be covered by InstaCare.
- Pregnancy, labor and delivery

You are responsible for 100 percent of the cost of any of these and other types of preexisting conditions. InstaCare is a temporary plan designed only to cover unforeseen illness or injury that happens during your period of coverage.

Care covered under your previous InstaCare contract becomes a preexisting condition under your next InstaCare contract. If you purchase another InstaCare contract, you will not be covered for any illness or injury resulting from symptoms that you had during your previous InstaCare term. You will not be covered even if that illness or injury was covered under your previous InstaCare term.

*Please note, this list is solely to provide examples. It is not exhaustive, but merely illustrates examples of care InstaCare does not cover.

InstaCare plan highlights

InstaCare		
In-network plan features	Individual	Family
Deductible per contract duration Amount you pay toward health care before your plan starts to pay (combines medical and drug expenses).	(a) \$300 (b) \$500 (c) \$1,000	(a) \$900 (b) \$1,500 (c) \$3,000
Out-of-pocket (OOP) maximum After this amount is reached, your plan pays 100% of covered expenses (combines medical and drug expenses)	(a) \$1,000 (b) \$1,500 (c) \$3,000	(a) \$3,000 (b) \$4,500 (c) \$9,000
Coinsurance Percentage that you pay after deductible	You pay 20% after deductible	
Lifetime maximum	\$1 million all networks per person	
In-network benefits		
Prescription drugs (GenRx formulary drugs only) 31-day supply (birth control is excluded)	Covered You pay 20% after deductible	
Physician services Office or urgent care visits for illness or injury		
Inpatient/outpatient lab and diagnostic imaging/ X-ray services		
Emergency care		
Inpatient/outpatient hospital services		
Ambulance services		
Medical supplies		
Chiropractic care No maximum		
Physical, occupational, speech therapy No maximum		
Home health care		
Preventive care Cancer screening only		
Well-child care to age 6 Immunizations to age 18	Covered You pay 0% (no deductible)	
Prenatal care		
Maternity labor, delivery, post-delivery care and maternity complications	Not covered	
Out-of-network plan features	Individual	Family
Deductible per contract duration Separate from in-network deductible (combines medical and drug expenses)	(a) \$900 (b) \$1,500 (c) \$3,000	(a) \$2,700 (b) \$4,500 (c) \$9,000
Out-of-pocket (OOP) maximum Separate from in-network OOP (combines medical and drug expenses)	Out-of-pocket maximum per person (a) \$5,400 (b) \$9,000 (c) \$18,000	
Coinsurance	You pay 40% after deductible	
Chiropractic care Maximum of \$500 per person per contract term	You pay 40% after deductible	
Physical, occupational, speech therapy Combined maximum of \$500 per person per contract term	You pay 40% 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 non-network provider, you will be responsible for: any deductibles or coinsurance plus the DIFFERENCE between what Blue Cross would reimburse for the out-of-network provider and the actual charges the out-of-network provider bills. This difference does not apply to your out-of-pocket maximum.

InstaCare does not cover services for mental health, infertility, bariatric surgery, transplants or any preexisting conditions. A preexisting condition is any injury, illness or condition for which the covered person had medical treatment, symptoms or any manifestations before the effective date of coverage.

InstaCare coverage notice

InstaCare, a short-term, limited duration plan, is not subject to certain provisions of federal health care reform, including provisions related to lifetime limits, dependent coverage, preventive care and preexisting conditions. The preexisting condition exclusion for these plans applies to all covered members on the contract. All coinsurance is based on the Blue Cross allowed amount.

Determine your contract rate

Your contract rate is based on where you live, your age, your deductible amount, whether you choose substance abuse coverage and the length of coverage.

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. Select the contract length of coverage
5. Find the age groups for you and your spouse on the left side of the table
6. Select the number of dependent children covered
7. Add the contracts 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.

InstaCare contract 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

Deductible	\$300			\$500			\$1,000		
Coverage period	30 days	60 days	90 days	30 days	60 days	90 days	30 days	60 days	90 days
Subscriber/spouse age									
19 – 29	\$72.15	\$144.30	\$216.45	\$55.55	\$111.11	\$166.66	\$45.40	\$90.79	\$136.19
30 – 34	\$79.94	\$159.88	\$239.83	\$61.49	\$122.97	\$184.46	\$50.24	\$100.48	\$150.73
35 – 39	\$83.36	\$166.73	\$250.09	\$63.95	\$127.90	\$191.85	\$52.26	\$104.52	\$156.78
40 – 44	\$93.11	\$186.21	\$279.32	\$71.70	\$143.41	\$215.11	\$58.59	\$117.18	\$175.77
45 – 49	\$116.51	\$233.01	\$349.52	\$89.51	\$179.01	\$268.52	\$73.14	\$146.27	\$219.41
50 – 54	\$154.53	\$309.07	\$463.60	\$118.59	\$237.18	\$355.78	\$96.91	\$193.83	\$290.74
55 – 59	\$195.48	\$390.96	\$586.43	\$150.16	\$300.32	\$450.48	\$122.71	\$245.41	\$368.12
60 – 64	\$215.95	\$431.90	\$647.85	\$165.82	\$331.64	\$497.45	\$135.50	\$271.01	\$406.51
Dependent children 90 days to age 25									
1 child	\$53.63	\$107.27	\$160.90	\$41.21	\$82.42	\$123.64	\$33.68	\$67.35	\$101.03
2 children	\$107.27	\$214.54	\$321.80	\$82.42	\$164.85	\$247.27	\$67.35	\$134.70	\$202.05
3 or more children	\$160.90	\$321.80	\$482.71	\$123.64	\$247.27	\$370.91	\$101.04	\$202.07	\$303.11

Preferred rates — including substance abuse coverage

Deductible	\$300			\$500			\$1,000		
Coverage period	30 days	60 days	90 days	30 days	60 days	90 days	30 days	60 days	90 days
Subscriber/spouse age									
19 – 29	\$74.46	\$148.93	\$223.39	\$57.21	\$114.43	\$171.64	\$46.75	\$93.50	\$140.25
30 – 34	\$82.42	\$164.85	\$247.27	\$63.33	\$126.65	\$189.98	\$51.75	\$103.51	\$155.26
35 – 39	\$85.74	\$171.47	\$257.21	\$65.88	\$131.76	\$197.63	\$53.82	\$107.64	\$161.47
40 – 44	\$96.12	\$192.24	\$288.37	\$73.85	\$147.70	\$221.55	\$60.35	\$120.70	\$181.05
45 – 49	\$119.98	\$239.95	\$359.93	\$92.19	\$184.37	\$276.56	\$75.34	\$150.69	\$226.03
50 – 54	\$158.98	\$317.97	\$476.95	\$122.14	\$244.29	\$366.43	\$99.82	\$199.64	\$299.46
55 – 59	\$201.30	\$402.61	\$603.91	\$154.66	\$309.32	\$463.98	\$126.39	\$252.77	\$379.16
60 – 64	\$222.29	\$444.58	\$666.87	\$170.79	\$341.58	\$512.38	\$139.57	\$279.14	\$418.71
Dependent children 90 days to age 25									
1 child	\$55.24	\$110.47	\$165.71	\$42.45	\$84.90	\$127.35	\$34.68	\$69.37	\$104.05
2 children	\$110.48	\$220.96	\$331.45	\$84.90	\$169.79	\$254.69	\$69.36	\$138.72	\$208.08
3 or more children	\$165.72	\$331.44	\$497.16	\$127.34	\$254.67	\$382.01	\$104.04	\$208.09	\$312.13

These rates are effective April 1, 2011. Rates are subject to benefit changes mandated by law. Applicants must be ages 19 to 64 to be eligible

4 for coverage. Note: Your rate will change when you age into a new category.

InstaCare contract rates – Area 2

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

Preferred rates — without substance abuse coverage

Deductible	\$300			\$500			\$1,000		
Coverage period	30 days	60 days	90 days	30 days	60 days	90 days	30 days	60 days	90 days
Subscriber/spouse age									
19 – 29	\$80.12	\$160.24	\$240.36	\$61.68	\$123.37	\$185.05	\$50.41	\$100.82	\$151.23
30 – 34	\$88.78	\$177.57	\$266.35	\$68.28	\$136.56	\$204.84	\$55.80	\$111.60	\$167.40
35 – 39	\$92.57	\$185.14	\$277.71	\$71.02	\$142.04	\$213.06	\$58.04	\$116.07	\$174.11
40 – 44	\$103.40	\$206.80	\$310.20	\$79.63	\$159.25	\$238.88	\$65.07	\$130.13	\$195.20
45 – 49	\$129.38	\$258.76	\$388.15	\$99.40	\$198.79	\$298.19	\$81.23	\$162.45	\$243.68
50 – 54	\$171.61	\$343.23	\$514.84	\$131.71	\$263.41	\$395.12	\$107.63	\$215.27	\$322.90
55 – 59	\$217.09	\$434.18	\$651.26	\$166.76	\$333.51	\$500.27	\$136.27	\$272.53	\$408.80
60 – 64	\$239.83	\$479.65	\$719.48	\$184.14	\$368.29	\$552.43	\$150.48	\$300.96	\$451.43
Dependent children 90 days to age 25									
1 child	\$59.56	\$119.12	\$178.67	\$45.76	\$91.52	\$137.28	\$37.40	\$74.81	\$112.21
2 children	\$119.12	\$238.23	\$357.35	\$91.53	\$183.07	\$274.60	\$74.80	\$149.60	\$224.40
3 or more children	\$178.68	\$357.37	\$536.05	\$137.29	\$274.59	\$411.88	\$112.20	\$224.41	\$336.61

Preferred rates — including substance abuse coverage

Deductible	\$300			\$500			\$1,000		
Coverage period	30 days	60 days	90 days	30 days	60 days	90 days	30 days	60 days	90 days
Subscriber/spouse age									
19 – 29	\$82.70	\$165.40	\$248.10	\$63.53	\$127.07	\$190.60	\$51.91	\$103.83	\$155.74
30 – 34	\$91.53	\$183.07	\$274.60	\$70.33	\$140.66	\$210.99	\$57.47	\$114.94	\$172.41
35 – 39	\$95.21	\$190.42	\$285.64	\$73.16	\$146.31	\$219.47	\$59.78	\$119.55	\$179.33
40 – 44	\$106.74	\$213.49	\$320.23	\$82.02	\$164.04	\$246.06	\$67.02	\$134.03	\$201.05
45 – 49	\$133.24	\$266.48	\$399.72	\$102.37	\$204.75	\$307.12	\$83.66	\$167.32	\$250.98
50 – 54	\$176.56	\$353.12	\$529.67	\$135.64	\$271.29	\$406.93	\$110.85	\$221.70	\$332.55
55 – 59	\$223.55	\$447.09	\$670.64	\$171.76	\$343.52	\$515.28	\$140.35	\$280.70	\$421.05
60 – 64	\$246.86	\$493.71	\$740.57	\$189.66	\$379.33	\$568.99	\$155.00	\$310.00	\$464.99
Dependent children 90 days to age 25									
1 child	\$61.35	\$122.70	\$184.05	\$47.14	\$94.27	\$141.41	\$38.51	\$77.02	\$115.54
2 children	\$122.70	\$245.39	\$368.09	\$94.27	\$188.55	\$282.82	\$77.02	\$154.05	\$231.07
3 or more children	\$184.04	\$368.07	\$552.11	\$141.41	\$282.82	\$424.23	\$115.54	\$231.07	\$346.61

These rates are effective April 1, 2011. Rates are subject to benefit changes mandated by law. Applicants must be ages 19 to 64 to be eligible for coverage. Note: Your rate will change when you age into a new category.

Enroll now

Once you've determined your total contract rate, make your personal check* for the full amount payable to Blue Cross and Blue Shield of Minnesota, and mail it with your completed application to:

Blue Cross and Blue Shield of Minnesota
P.O. Box 64024
Eagan, MN 55164-0024

Coverage can begin the day we receive your application and payment, or on a later date that you choose on your application (within 60 days). InstaCare rates are subject to benefit changes mandated by law.

*When you pay by check, you authorize Blue Cross to use information from your check to make a one-time electronic funds transfer (EFT) from your account or to process a check transaction. When we make an EFT, funds may be withdrawn from your account as soon as the same day we receive your check and your check will not be returned to you by your financial institution.

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