



An easy fit  
for **your life.**



Flexible **Blue II**<sup>SM</sup>

An individual health plan from Blue Cross Blue Shield of Michigan.



# simple

## Enjoy the simple things in life

Individual coverage doesn't have to be complicated. If you are self-employed, facing a layoff, considering early retirement or losing your employer-sponsored coverage, you have a lot of important decisions to make. Let the Blues make your decision about health care coverage an easy one.

**Flexible Blue II** is a health savings account-qualified plan, giving you the option to open an HSA with your health coverage.

**My Life**

■ Single or married ■ Self-employed ■ Living Healthy

### Flexible Blue II offers...

#### ✓ Choice

Three deductible plan options are available, allowing you to choose the plan that best fits your budget.

#### ✓ Control

If you choose to set up an HSA, you own and control the money in the account, and you can decide how to spend it.

#### ✓ Triple tax advantages

HSA contributions, investment gains and withdrawals for qualified medical expenses are all tax-free.

#### ✓ Broad benefits

Flexible Blue II offers comprehensive benefits including office visits, preventive services, and optional dental and maternity coverage.

#### ✓ Large provider network

The Blues offers unmatched access to doctors and hospitals through our industry-leading PPO provider network.



Flexible **Blue II**

# My Health Plan

Flexible **Blue II**

## Coverage in sickness and health

It's important to get regular checkups even when you're not sick. Preventive care can help detect small problems before they become serious. If you are sick, you want to make sure you have access to the best health care possible. Flexible Blue II offers a wide range of benefits to provide the protection you and your family need, when you need it.



protected

## The HSA Advantage

Remember, **Flexible Blue II** is a HSA-qualified plan. An HSA allows you to save money for your health care expenses while maximizing tax savings. It's like a 401(k) account for your health care.

### How an HSA works

You make tax-free contributions to your HSA. Money in your account can be used to pay for current medical expenses or saved for future medical expenses. Your unused account balance will roll over from year to year, allowing you to save for the future through tax-free investment options.

In 2009, the maximum HSA contribution allowed is \$3,000 for individual coverage and \$5,950 for family coverage. These dollar limits are adjusted annually by the federal government.

### Using money in an HSA

Money in your account can be used to pay for qualified medical expenses. Qualified medical expenses include most medical care, dental and vision care, premiums for qualified long-term care and over-the-counter drugs. For a detailed list of qualified medical expenses, visit the Internal Revenue Service Web site at [irs.gov](http://irs.gov)\*

\*BCBSM does not control this Web site or endorse its general content.



Flexible **Blue II**

# My Terms

<b>Annual deductible</b>	A fixed amount members must pay toward covered medical services each year before benefits are paid by their BCBSM plan. Medical and prescription drug expenses are combined to meet the annual deductible. One or more members may satisfy the family deductible.
<b>Annual copay dollar maximum</b>	Limits the amount members must pay in copays each year. Prescription drug copays and flat-dollar copays contribute to the annual copay dollar maximum.
<b>Annual out-of-pocket maximum</b>	Limits the amount members are responsible for paying each year. Once the annual out-of-pocket maximum is met, most services are payable at 100 percent of the BCBSM-approved amount.
<b>BCBSM-approved amount</b>	BCBSM's maximum payment for a covered service. BCBSM network doctors and hospitals accept the approved amount as payment in full for covered services. Deductible and copay amounts are deducted from the approved amount.
<b>Copay</b>	A percentage or fixed-dollar amount members must pay for covered services.

**Health Savings Account** **A health savings account, or HSA, is an investment account used to pay for current health care expenses and to save for future qualified medical and retiree health expenses on a tax-free basis.**

**Preventive medical care** Care with an emphasis on preventing health problems before they occur. Covered services include health maintenance exam, routine laboratory and radiology, fecal occult blood screening, flexible sigmoidoscopy, gynecological exam, childhood immunizations (through age 15), Pap smear screening, prostate specific antigen screening, and well-baby and well-child exams (6 visits per year through age 1; 2 visits per year, ages 2 through 3; 1 visit per year, ages 4 through 15).

## Benefits in brief\*

	In-Network		
	Plan 1500	Plan 2500	Plan 5000
<b>Annual deductible</b>	\$1,500 per individual contract \$3,000 per family contract (two or more members)  Medical and prescription drug expenses combine to meet the deductible	\$2,500 per individual contract \$5,000 per family contract (two or more members)  Medical and prescription drug expenses combine to meet the deductible	\$5,000 per individual contract \$10,000 per family contract (two or more members)  Medical and prescription drug expenses combine to meet the deductible
<b>Copay</b>	20 percent of the BCBSM-approved amount (some services are also subject to a flat-dollar copay)		
<b>Annual copay dollar maximum</b>	\$2,500 per individual contract \$5,000 per family contract (two or more members)	\$2,500 per individual contract \$5,000 per family contract (two or more members)	\$800 per individual contract \$1,600 per family contract (two or more members)
<b>Annual out-of-pocket maximum</b>	\$4,000 per individual contract \$8,000 per family contract (two or more members)	\$5,000 per individual contract \$10,000 per family contract (two or more members)	\$5,800 per individual contract \$11,600 per family contract (two or more members)
<b>Lifetime maximum per member</b>	\$5 million		
<b>PREVENTIVE SERVICES</b>			
<b>Preventive medical care</b>	Covered – 100% with no deductible, up to a combined maximum of \$500 per member, per calendar year (90-day benefit waiting period applies)		
<b>Mammography screening</b>	Covered – 100% with no deductible (90-day benefit waiting period applies)		

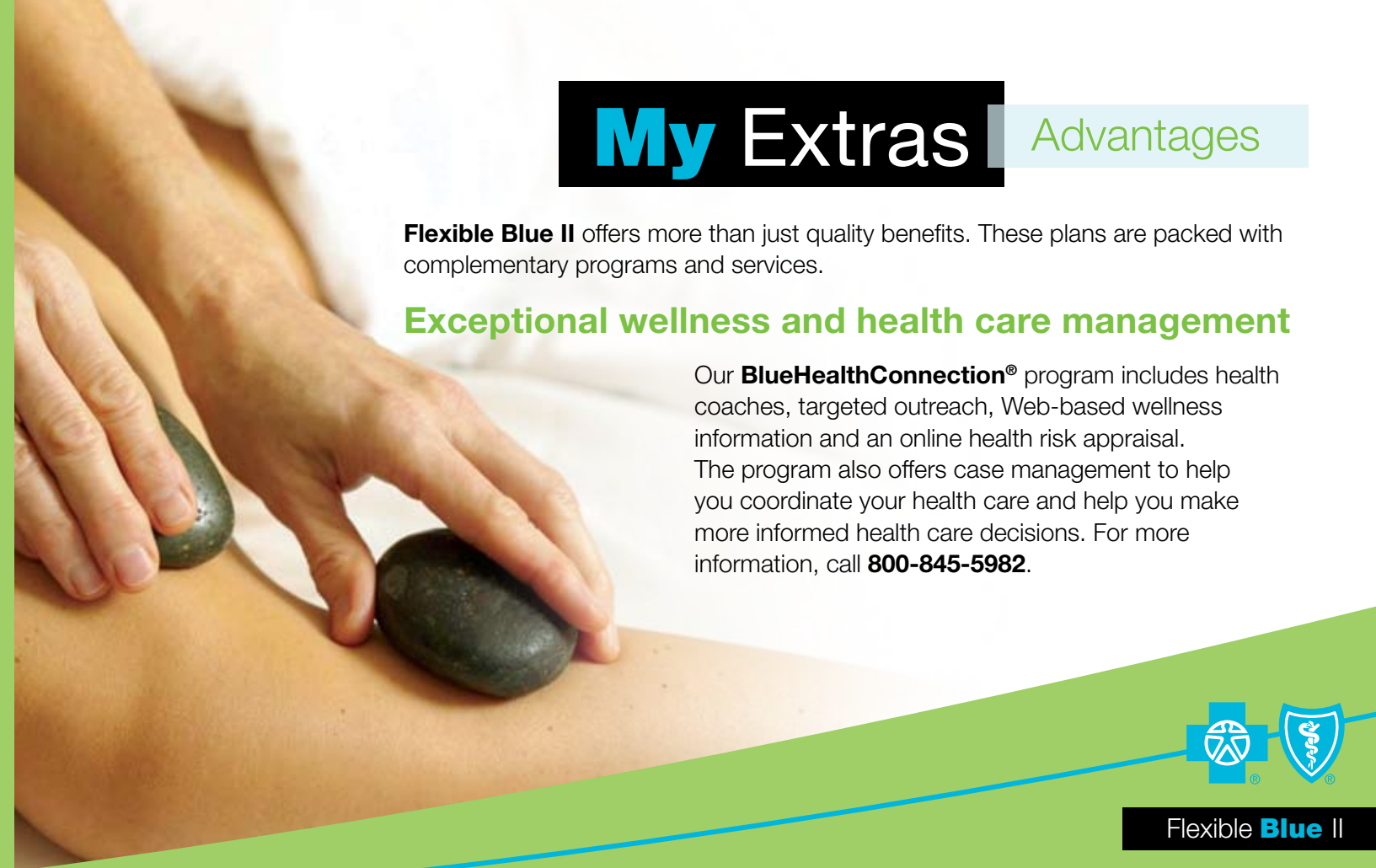
## In-Network

	Plan 1500	Plan 2500	Plan 5000
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PHYSICIAN OFFICE SERVICES			
<b>Office visits</b>	Covered – 80% after deductible, 2 visits, per member, per calendar year		
PRESCRIPTION DRUGS			
<b>Annual maximum</b>	\$2,500 per member, per calendar year, retail and mail order combined		
<b>Retail (1-34 days)</b>	Covered – 50% of the approved amount with \$10 minimum and \$100 maximum copay after in-network annual deductible		
<b>90-day retail</b>	Covered – 50% of the approved amount with a minimum of \$20 and a maximum of \$200 per prescription after in-network annual deductible		
<b>Mail order</b>	Covered – 50% of the approved amount with a minimum of \$20 and a maximum of \$200 per prescription after in-network annual deductible		

**Note:** An optional dental benefit plan may be purchased with all Flexible Blue II plans. An optional maternity benefit plan may be purchased with Flexible Blue II Plan 1500 and 2500.

\* Most benefits are subject to a 180-day waiting period for pre-existing conditions. This document is intended to be an easy-to-read summary and reflects in-network benefits only. It is not a contract and is not a comprehensive list of all covered benefits. Additional limitations and exclusions may apply to covered services. A complete description of benefits is contained in the applicable Blue Cross Blue Shield of Michigan certificate and riders. Payment amounts are based on the BCBSM-approved amount, less any applicable deductible and copay amounts required by the plan. This coverage is provided pursuant to a contract entered into in the state of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan.



# My Extras

## Advantages

**Flexible Blue II** offers more than just quality benefits. These plans are packed with complementary programs and services.

### Exceptional wellness and health care management

Our **BlueHealthConnection**<sup>®</sup> program includes health coaches, targeted outreach, Web-based wellness information and an online health risk appraisal. The program also offers case management to help you coordinate your health care and help you make more informed health care decisions. For more information, call **800-845-5982**.



## Significant member discounts

We've partnered with recognized companies to offer our members savings on health and wellness, family care and travel services through our **Blue365**<sup>®</sup> program. The program includes discounts on registration at Florine Mark Weight Watchers<sup>®</sup> locations in northern and southeast Michigan, safety-related equipment, select alternative medicine services and products, and much more. To learn more, visit **bcbsm.com/blue365**.

## Valuable Web resources

Our members have online access to claims information, eligibility information, doctor and hospital quality information, health education resources, *Explanation of Benefit Payments* statements, and much more.

## Outstanding customer service

Our Customer Service representatives are trained to answer member questions and are just a toll-free phone call away.

## Informative publications

*Living Healthy* magazine is loaded with healthful tips, wellness ideas and lifestyle advice, and is delivered to our members twice a year.

value



# My Blue Enrollment

Getting started with a Blues plan is simple. You can enroll quickly and easily online by visiting [bcbsm.com/myblue](http://bcbsm.com/myblue), contacting your Blues-contracted agent or calling **877-4MY-BLUE** (877-469-2583).

Once enrolled, you'll receive a welcome letter that provides important information about your new coverage. Coverage does not begin until your first payment is received and your eligibility is approved.

easy



There's a **MyBlue**<sup>SM</sup>  
My Life, My Health Plan  
plan for every  
stage of life.

**There's one thing that's constant in life — change. What's right for you today may be all wrong tomorrow. When life's changes affect your health coverage needs, don't worry. We've got individual plans designed to fit your needs at every stage of your life.**

- Single
- Under 30
- Living Healthy



**Your** Life

**Your MyBlue** Plan

- Self-employed
- Family
- Under 65



For a detailed list of **Flexible Blue II** benefits, information about our optional dental and maternity plans, premium information, or details about other MyBlue plans, contact your Blues-contracted agent, call **877-4MY-Blue** (877-469-2583) or visit [bcbsm.com/myblue](http://bcbsm.com/myblue).

If you are over 65, call **800-485-4415** for information about our **Medicare Advantage** plans.

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An easy fit for **your life.**





**Blue Cross  
Blue Shield**  
of Michigan

A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association