UNIVERSITY OF MINNESOTA

Residents, Fellows and Interns Health Plan

Medical Plan Highlights	Basic Option		Basic Plus Option	
Summary of Covered Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible and Out-of-Pocket				
Lifetime maximum	Unlimited		Unlimited	
Plan year deductible	$400 per person; $1,200 family		$100 per person; $200 per family	
Plan year medical out-of-pocket maximum	$2,000 per person; $4,000 family		$1,000 per person; $2,000 family	
Plan year prescription out-of-pocket maximum	$750 per person; $1,000 family		$300 per person; $500 per family (for all covered prescriptions)	
Preventive Health Care				
Routine physical, eye examinations and immunizations	100% coverage	100% coverage after deductible; $500 annual maximum	100% coverage	100% coverage after deductible; $500 annual maximum
Prenatal, postnatal care and well-child care	100% coverage	100% coverage after deductible	100% coverage	100% coverage after deductible
Office Visits				
Illness or injury	80% coverage after the deductible	80% coverage after the deductible	$25 copayment for the office visit, deductible does not apply; 90% coverage for all other services after the deductible	90% coverage after the deductible
Mental/Chemical health care	80% coverage after the deductible	80% coverage after the deductible	$25 copayment for the office visit, deductible does not apply; 90% coverage for all other services after the deductible	90% coverage after the deductible
Physical, occupational and speech therapy	80% coverage after the deductible	80% coverage after the deductible	$25 copayment for the office visit, deductible does not apply; 90% coverage for all other services after the deductible	90% coverage after the deductible
Chiropractic care (for neuromusculoskeletal conditions only)	80% coverage after the deductible	80% coverage after the deductible	$25 copayment for the office visit, deductible does not apply; 90% coverage for all other services after the deductible	90% coverage after the deductible
Allergy injections	80% coverage after the deductible	80% coverage after the deductible	$25 copayment for the office visit, deductible does not apply; 90% coverage for all other services after the deductible	90% coverage after the deductible
Convenience Care				
Convenience clinics (retail clinics) and Doctor on Demand	100% after Retail Health Clinic office visit $10 copayment	80% coverage after the deductible	$15 copayment for the office visit, deductible does not apply; 90% coverage for all other services after the deductible	90% coverage after the deductible

Medical Plan Highlights	Basic Option		Basic Plus Option	
Summary of Covered Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Care				
Urgently needed care at an urgent care clinic or medical center	80% coverage after the deductible	80% coverage after the deductible	$25 copayment for the office visit, deductible does not apply; 90% coverage for all other services after the deductible	90% coverage after the deductible
Emergency care at a hospital ER	80% coverage after the deductible	80% coverage after the deductible	90% coverage after the deductible	90% coverage after the deductible
Ambulance	80% coverage after the deductible	80% coverage after the deductible	90% coverage after the deductible	90% coverage after the deductible
Inpatient Hospital Care				
Illness or injury	80% coverage after the deductible	80% coverage after the deductible	90% coverage after the deductible	90% coverage after the deductible
Mental/Chemical health care	80% coverage after the deductible	80% coverage after the deductible	90% coverage after the deductible	90% coverage after the deductible
Outpatient Care				
Scheduled outpatient procedures	80% coverage after the deductible	80% coverage after the deductible	90% coverage after the deductible	90% coverage after the deductible
Outpatient Magnetic Resonance Imaging (MRI) and Computerized Tomography (CT) scan	80% coverage after the deductible	80% coverage after the deductible	100% coverage after the deductible	90% coverage after the deductible
Durable Medical Equipment				
Durable medical equipment and prosthetic devices	80% coverage after the deductible	80% coverage after the deductible	90% coverage after the deductible	90% coverage after the deductible
Prescription Drugs				
Retail Pharmacy Copayment for a 31-day supply, including specialty drugs				
Generic Preferred	$15 copayment (formulary contraceptives are covered at 100%)	80% coverage after the deductible	$10 copayment (formulary contraceptives are covered at 100%)	90% coverage after the deductible
Brand Preferred	$30 copayment (formulary contraceptives are covered at 100%)	80% coverage after the deductible	$25 copayment (formulary contraceptives are covered at 100%)	90% coverage after the deductible
Non-Preferred	$45 copayment	80% coverage after the deductible	$40 copayment	90% coverage after the deductible
Mail Order Pharmacy & Retail Pharmacy Copayment for 90-day supply				
Generic Preferred	$30 copayment		$20 copayment	
Brand Preferred	$60 copayment		$50 copayment	
Non-Preferred	$90 copayment		$80 copayment	

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit **bluecrossmn.com/umnrfi**.

Lowest out-of-pocket costs: in-network providers

Highest out-of-pocket costs: out-of-network nonparticipating providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coins. 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. Read your benefit booklet for more information about what is and isn't covered. Services that aren't covered include those that are cosmetic, investigative, not medically necessary or covered by workers' compensation or no-fault insurance.

For more information, visit **bluecrossmn.com/umnrfi** or call Blue Cross customer service at the number on the back of your member ID card.