Welcome to the 2016–2017
STUDENT HEALTH BENEFIT PLAN
Administered by the Office of Student Health Benefits

- No deductible
- Access to the worldwide Blue Cross and Blue Shield provider network
- Year-round coverage
- Guaranteed access to a lifetime individual health insurance plan upon termination of coverage
Read on to learn about the services and resources you can enjoy as a member.

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June 1, 2016

Dear students and parents,

The University of Minnesota is pleased to offer the University-sponsored Student Health Benefit Plan (SHBP) administered by the Office of Student Health Benefits.

The University-sponsored plan has no deductible and provides first-dollar coverage. Many students find it is a better value and offers higher quality benefits than their parent, employer-sponsored, or individual health plan. We advise that you review your current health plan to determine if you could benefit by switching to the University-sponsored SHBP.

Health plan network and claims administration services for the SHBP are provided by Blue Cross and Blue Shield of Minnesota, giving you access to thousands of providers and hospitals in their worldwide network.

All eligible students who wish to take advantage of the 2016–2017 SHBP must complete the enrollment process by the enrollment deadline every term. The cost of the SHBP for the 2016–2017 academic year averages $166.50 per month. Plan members will see a charge of $999 on their University bill once at the beginning of fall semester and once at the beginning of spring semester. The coverage period for fall semester is August 20, 2016 to January 16, 2017, and the coverage period for spring semester is January 17, 2017 to August 20, 2017.

**Highlights of the plan include:**

- No deductible
- 80% coverage of eligible expenses
- 100% coverage of essential benefits as outlined in the Affordable Care Act
- Access to the Blue Cross and Blue Shield worldwide network
- Emergency travel assistance through UnitedHealthcare Global

Enclosed you’ll find information on eligibility criteria, enrollment procedures, and benefits. More details can be found on the Office of Student Health Benefits website. In order to make the most of your coverage, and to be sure that you are aware of deadlines, policies, and procedures that affect you, please review the information found in this brochure and online carefully.

Please feel free to contact our office with any questions. We look forward to serving you!

_Susann Jackson_
**Director of Student Health Benefits**
Office of Student Health Benefits
University of Minnesota
410 Church Street S.E., N323
Minneapolis, MN 55455
Phone: 612-624-0627 or 1-800-232-9017
Fax: 612-626-5183 or 1-800-624-9881
Email: umshbo@umn.edu
Website: www.shb.umn.edu
Insurance Requirement and Eligibility

By requiring students to have health plan coverage, the University ensures that all students have access to medical care and can maintain good health, which is essential for academic success.

All students who are 1) admitted to a degree program, and 2) registered for six or more credits per semester (or three or more credits during summer term) that count toward the automatic assessment of the Student Services Fee, are required by the University of Minnesota to have health plan coverage. Most students who meet both of these criteria are eligible for enrollment in the University-sponsored Student Health Benefit Plan (SHBP).

Eligible students are automatically enrolled in the University-sponsored SHBP. Students may waive enrollment in the SHBP by providing verifiable health plan information per the instructions found online at www.shb.umn.edu. Coverage must be in force the first day of classes to be eligible for a waiver. If the student’s health plan coverage is not verifiable, the student will be automatically enrolled (if eligible) and the student’s University account will be charged the full, non-refundable semester coverage fee. Health plan information provided by students is subject to a periodic audit. If a student fails to provide proof of active, verifiable health plan coverage by the enrollment deadline, the student will be automatically enrolled in the University-sponsored SHBP for the entire semester.

If enrolled in the SHBP the semester prior to learning abroad, students will automatically be enrolled in and billed for the SHBP the semester of their learning abroad. If students do not enroll in SHBP the semester prior to learning abroad, they will be eligible to enroll in the SHBP the semester of their learning abroad only if they met eligibility requirement the previous semester. Visit the Office of Student Health Benefits website for more information.

Spouses and/or dependents of students are only eligible to enroll in the plan if the student enrolls them during the open enrollment period (in the first 31 days of coverage of fall semester), within 31 days of the date the student first becomes eligible for the plan, or within 31 days of an involuntary loss of coverage or other qualifying life-changing event.

Non-degree seeking, certificate-seeking, distance learning, Executive MBA (CEMBA), and PTMBA students are not eligible to enroll in the University-sponsored SHBP.

The University of Minnesota requires all international students and their dependents to purchase the University-sponsored SHBP unless they are eligible for a waiver. At the time international students arrive at the University of Minnesota, they will have their documents validated. International students must enroll in the University-sponsored SHBP (or provide proof of coverage eligible to waive the plan) at that time and remain enrolled until the date they leave the University. The cost of the plan will be charged to their University account and must be paid along with their tuition and fees.

International scholars visiting the University for more than 31 days are required to enroll in the University-sponsored SHBP. Scholars must contact the Office of Student Health Benefits to complete enrollment materials within 31 days of their arrival. Scholars who will be at the University for 31 days or less may choose not to enroll in the University-sponsored SHBP but are required to carry their own health plan coverage for the duration of their visit to the University which must meet J-1 Regulations.

For more information, visit the Office of Student Health Benefits website at www.shb.umn.edu.

Enrollment Questions?
For more information about enrollment, please contact the Office of Student Health Benefits at 612-624-0627 or umshbo@umn.edu, or visit the Office of Student Health Benefits website at www.shb.umn.edu.
How to Enroll

Online Enrollment

In the MyU Student Center you will see a screen that instructs you to declare your health plan coverage.

If you would like to purchase the University-sponsored SHBP, select the option “Enroll Me.” If eligible, you will be enrolled in the University-sponsored plan and a charge will be added to your University account. The SHBP enrollment deadline is September 20, 2016. Go to www.myu.umn.edu and look under Key Links, click on Student Center.

To enroll dependents on the plan, the primary member must submit a Dependent Enrollment Form. Eligible dependents include a spouse and/or a child or children. Dependent enrollment is contingent on verification of primary member enrollment. Enrollment forms can be found on the Office of Student Health Benefits website: www.shb.umn.edu.

Students who experience involuntary loss of coverage (for example, a student loses coverage under his or her parent’s plan when he or she reaches age 26) may enroll in the Student Health Benefit Plan up to 31 days after loss of coverage. Contact the Office of Student Health Benefits for details.

Member ID Card

Your member ID card is your passport to care. It tells providers that you have coverage and gives them information they need to submit your claims to Blue Cross. In addition, your member ID card provides your customer service phone number and is necessary to register for your online portal at www.bluecrossmn.com/uofm. Your online member center offers one-stop convenience for all your health plan information. You can:

- Access ID card from your mobile app
- View your member ID card or order a replacement
- View claims and plan information
- Search for a network doctor, clinic, or hospital
- Find estimated costs for common medical procedures
- Read and write patient reviews on medical providers
## Quick Reference Benefit Chart

### 2016–2017 Student Health Benefit Plan
University of Minnesota—Crookston, Duluth, Morris, Rochester, and Twin Cities Campuses

The following benefits apply to students and their dependents enrolled in the University-sponsored Student Health Benefit Plan.

<table>
<thead>
<tr>
<th>Service or Provider Network</th>
<th>Campus Health Service</th>
<th>BCBSM Participating Providers</th>
<th>Nonparticipating Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Network</td>
<td>When services are provided at the student’s campus health service, only students paying the Student Services Fee (SSF) are eligible for this benefit. Enrolled spouse and/or children are covered at the BCBSM Participating Providers benefit level (next column).</td>
<td>When you use a provider who participates with Blue Cross and Blue Shield of Minnesota (BCBSM), it will file the claims on your behalf. They have agreed to accept the allowed amount as payment in full, less your copays. Participating providers: 1-800-810-2583, <a href="http://www.bluecrossmn.com/uofm">www.bluecrossmn.com/uofm</a>.</td>
<td>When you use a provider who does not participate with BCBSM, you need to file your claim with BCBSM for benefit processing. You are responsible for amounts in excess of allowed.</td>
</tr>
<tr>
<td>Enrolled Dependents</td>
<td>Not applicable</td>
<td>Spouse and unmarried dependent children to age 26</td>
<td></td>
</tr>
<tr>
<td>Individual Lifetime Maximum</td>
<td>Unlimited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Deductible</td>
<td>None</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Dependent Deductible</td>
<td>Not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td>Amount you pay.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan Year Out-of-Pocket Maximum</td>
<td>$6,250 per individual</td>
<td>$6,250 per individual</td>
<td></td>
</tr>
<tr>
<td>Physician Office Visits for Illness or Injuries</td>
<td>100% coverage</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter. Allowed amount limitations apply.</td>
</tr>
<tr>
<td>Office visits, lab, X-ray and in-office surgery.</td>
<td>100% coverage after $10 copay</td>
<td>100% coverage after $10 copay</td>
<td>100% coverage after $10 copay</td>
</tr>
<tr>
<td>Routine/Preventive Care</td>
<td>100% coverage of available services</td>
<td>100% coverage</td>
<td>Pre-cancer screening tests are covered at 80% up to the out-of-pocket maximum; 100% thereafter. Routine physical and associated lab and X-rays, eye exams, 80% coverage. Allowed amount limitations apply.</td>
</tr>
<tr>
<td>Routine physical, routine eye exams, lab, X-rays, cancer screening tests, prenatal care. Please note that dependent children must be covered from date of birth to be eligible for plan benefits.</td>
<td>100% coverage after $10 copay</td>
<td>100% coverage</td>
<td></td>
</tr>
<tr>
<td>Well Child Care</td>
<td>100% coverage of available services</td>
<td>100% coverage</td>
<td>80% coverage up to the out-of-pocket maximum; 100% thereafter to age 6. Allowed amount limitations apply.</td>
</tr>
<tr>
<td>Developmental assessments, immunizations, vaccinations. Immunizations and vaccinations not covered after age 6. Dependent children must be covered from birth to be eligible for plan benefits.</td>
<td>100% coverage</td>
<td>100% coverage</td>
<td></td>
</tr>
<tr>
<td>Physician Services</td>
<td>100% coverage of available services</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter. Allowed amount limitations apply.</td>
</tr>
<tr>
<td>For surgery, anesthesia, obstetrics, in-hospital medical visits. No infertility services/sterilization.</td>
<td>100% coverage</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter</td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>Not applicable</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter. Preadmission notification required for non-accidents or our payments will be reduced by an additional 25% of the allowed amount. Allowed amount limits apply.</td>
</tr>
<tr>
<td>Room and board, lab tests, X-rays, medication, medical supplies.</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter. Preadmission notification required for non-accidents or our payments will be reduced by an additional 25% of the allowed amount. Allowed amount limits apply.</td>
</tr>
</tbody>
</table>
## 2016–2017 Student Health Benefit Plan

**University of Minnesota—Crookston, Duluth, Morris, Rochester, and Twin Cities Campuses**

<table>
<thead>
<tr>
<th>Service or Provider Network</th>
<th>Campus Health Service</th>
<th>BCBSM Participating Providers</th>
<th>Nonparticipating Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary Member Only; NO DEPENDENTS</td>
<td>Primary Member and Dependents</td>
<td>Primary Member and Dependents</td>
</tr>
<tr>
<td><strong>Outpatient Hospital Services</strong></td>
<td>Not applicable</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter. Allowed amount limits apply.</td>
</tr>
<tr>
<td>Lab tests, X-rays, kidney dialysis, radiation or chemotherapy, physical therapy, surgery.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td>Transport to the nearest qualified facility to treat the condition.</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter. Allowed amount limits apply.</td>
</tr>
<tr>
<td><strong>Home Health Care</strong></td>
<td>Coverage provided up to a maximum benefit of $25,000 per calendar year.</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter. Allowed amount limits apply.</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment &amp; Medical Supplies</strong></td>
<td>80% coverage; <strong>TWIN CITIES CAMPUS ONLY:</strong> 100% coverage for casts/crutches. Depo-Provera and IUD covered per BH Pharmacy prescription benefit guidelines.</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter. Allowed amount limits apply.</td>
</tr>
<tr>
<td>Casts, splints, wheelchairs, etc: No coverage for contraceptive devices (e.g. IUDs or diaphragms).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Room Facility Services</strong></td>
<td>Not applicable</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter. Allowed amount limits apply.</td>
</tr>
<tr>
<td><strong>Chiropractic Care</strong></td>
<td>Not applicable</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter. Allowed amount limits apply.</td>
</tr>
<tr>
<td><strong>Rehabilitative Services</strong></td>
<td>Not applicable except for Twin Cities Campus students. <strong>TWIN CITIES CAMPUS ONLY:</strong> $5 copay per visit for available services.</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter. Coverage provided up to a maximum benefit of $500 per calendar year. Allowed amount limitations apply.</td>
</tr>
<tr>
<td>Physical Therapy, Speech Therapy, Occupational Therapy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>Coverage varies by campus. See plan details on the Office of Student Health Benefits website.</td>
<td>Coverage varies by campus. See plan details on the Office of Student Health Benefits website.</td>
<td>Coverage varies by campus. See plan details on the Office of Student Health Benefits website.</td>
</tr>
<tr>
<td><strong>Inpatient Mental Health and Chemical Dependency Care</strong></td>
<td>Not applicable</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter. Preadmission notification required or our payments will be reduced by an additional 25% of the allowed amount. Allowed amount limitations apply.</td>
</tr>
<tr>
<td><strong>Outpatient Mental Health Care</strong></td>
<td>Prior authorization recommended for treatment in excess of 10 hours.</td>
<td>100% coverage of available services</td>
<td>80% coverage up to the out-of-pocket maximum; 100% coverage thereafter. Allowed amount limits apply.</td>
</tr>
<tr>
<td><strong>Outpatient Chemical Dependency Care</strong></td>
<td>Prior authorization recommended for treatment in excess of 2 hours.</td>
<td>$0 copay/individual visit. $5 copay/group visit. Total annual copayment maximum $250.</td>
<td>$0 copay/individual visit. $5 copay/group visit. Total annual copayment maximum $250.</td>
</tr>
</tbody>
</table>

This Quick Reference Benefit Chart is intended as a guide. For plan details, please refer to the Office of Student Health Benefits website at www.shb.umn.edu.
Cost and Coverage Dates

Cost for Students
2016–2017 Academic Year

<table>
<thead>
<tr>
<th>Campus</th>
<th>Individual</th>
<th>Average Cost per Month</th>
<th>Charge per Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Campuses</td>
<td>Primary Member</td>
<td>$166.50</td>
<td>$999</td>
</tr>
<tr>
<td></td>
<td>Spouse</td>
<td>$246</td>
<td>$1,476</td>
</tr>
<tr>
<td></td>
<td>One Child</td>
<td>$181</td>
<td>$1,086</td>
</tr>
<tr>
<td></td>
<td>Two or More Children</td>
<td>$259</td>
<td>$1,554</td>
</tr>
</tbody>
</table>

Cost for International Scholars
2016–2017 Academic Year

<table>
<thead>
<tr>
<th>Campus</th>
<th>Individual</th>
<th>Cost per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Campuses</td>
<td>Primary Member</td>
<td>$200</td>
</tr>
<tr>
<td></td>
<td>Spouse</td>
<td>$246</td>
</tr>
<tr>
<td></td>
<td>One Child</td>
<td>$181</td>
</tr>
<tr>
<td></td>
<td>Two or More Children</td>
<td>$259</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$723.75</td>
</tr>
</tbody>
</table>

Coverage Dates
2016–2017

<table>
<thead>
<tr>
<th>Term</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>August 20, 2016–January 16, 2017</td>
</tr>
<tr>
<td>Spring</td>
<td>January 17, 2017–August 20, 2017</td>
</tr>
<tr>
<td>Summer*</td>
<td>May 15, 2017–August 20, 2017</td>
</tr>
</tbody>
</table>

*Only applies if not enrolled in SHBP spring semester. Contact the Office of Student Health Benefits for summer cost and enrollment information.

Year-round Coverage
Enrollment on the SHBP for fall and spring semesters provides coverage year-round.
Convenient Access on Campus

All charges for services received at your campus health service are first billed directly to your health plan. Most charges not covered by your health plan are covered by the Student Services Fee. (Students admitted to a degree program and who register for six or more qualifying credits each semester are automatically charged the University’s Student Services Fee.) Any charges not covered by the Student Services Fee will be the patient’s responsibility.

**Crookston Campus Students**
UMC Health Service  
www1.crk.umn.edu/services/healthservices  
218-281-8512

UMC Health Service can take care of most outpatient services students might need over the next few years. UMC Health Service staff includes a registered nurse and part-time physician. Our service is sensitive to student needs.

**Duluth Campus Students**
UMD Health Services  
www.d.umn.edu/hlthserv  
218-726-8155

UMD Health Services’ staff includes physicians, nurse practitioners, physician assistants, registered nurses, psychologists and social workers.

**Morris Campus Students**
UMM Health Service  
www.morris.umn.edu/wellness/physicalhealth  
320-589-6070

UMM Health Service can take care of most of your outpatient needs. UMM Health Service staff includes a registered nurse, licensed practical nurse, administrative assistant and part-time physicians. We are a small but high-quality health service.

**Rochester Campus Students**
UMR Health Service  
r.umn.edu/student-life/health-wellness/health-services/index.htm  
507-292-7250

UMR Student Health Service can take care of many common, acute conditions students may experience. UMR Student Health Services staff includes registered nurse practitioners. Our service is sensitive to student needs.

**Twin Cities Campus Students**
Boynton Health  
www.bhs.umn.edu  
612-625-8400

Boynton’s staff of over 200 includes physicians, nurse practitioners, physician assistants, registered nurses, dentists, optometrists, physical and massage therapists, psychologists, psychiatrists, registered dietitians and pharmacists.
Emergency Travel Assistance Program

Students with Student Health Benefit Plan coverage are automatically enrolled in Emergency Travel Assistance through UnitedHealthcare Global.

Student Health Benefit Plan members and their dependents traveling outside of their home country are eligible to obtain no-cost medical assistance 24 hours a day anywhere in the world through UnitedHealthcare Global, a leading provider of international medical assistance services. There is no separate fee for this coverage. From finding an English-speaking doctor to replacing a prescription, UnitedHealthcare Global has the resources and experience to offer rapid coordination and monitoring of medical care while you are abroad.

Services Available
• 24-hour worldwide medical referrals
• Assistance with lost or stolen travel documents (e.g. passport)
• Emergency language interpretation services
• Emergency cash advance
• Political evacuation and natural disaster services

Continuation Options

Students enrolled in the Student Health Benefit Plan (SHBP) have the option to continue coverage after losing eligibility for the SHBP through University of Minnesota Continuation Options.

Many parent plans drop dependent coverage for students after graduation. The University of Minnesota has partnered with Blue Cross and Blue Shield of Minnesota to offer a guaranteed coverage option for an unlimited time period between the time you leave the University and the time you become eligible for an employer-sponsored health plan.

University of Minnesota Continuation Options is not the same as the SHBP. You’ll have your choice of three Blue Cross and Blue Shield individual plan options for guaranteed coverage without having to prove insurability. Costs are based on the deductible and network you choose.

To be eligible for Continuation Options after you leave the University, you must be enrolled in the University-sponsored SHBP for the previous six months. Eligibility for this plan is contingent on current and continuous enrollment in the University of Minnesota-sponsored SHBP.

If you are currently covered by a different health insurance plan, consider switching to the SHBP prior to your last semester. This can only be done during open enrollment, or within 31 days of an involuntary loss of coverage. Students who remain on a parent’s or other insurance plan are not eligible for Continuation Options after leaving the University.

Continuation Options enrollment will open near the end of your SHBP coverage. Students must enroll within 60 days of termination of SHBP coverage. Continuation Options coverage will be effective retroactive to the last day of SHBP coverage. Students may stay on their chosen Continuation Options plans indefinitely and can cancel any month.

For more information, visit the Office of Student Health Benefits website at www.shb.umn.edu.
Additional Benefits

Health plan network and claims administration services are provided by Blue Cross and Blue Shield of Minnesota, giving you access to thousands of providers and hospitals in Minnesota, across the United States and in our worldwide network.

Doctor on Demand

Doctor on Demand is an app, accessible from a mobile device or computer, which allows you to see a provider when your student health service is unavailable. For a $10 copay, the app connects you to a video visit with a board-certified medical doctor or licensed psychologist to diagnose and treat common medical issues. The app is easy, confidential and affordable.

You can be treated for many common health concerns including: allergies, stress, cold & flu, anxiety, sinus infections and depression. To learn more about this benefit, head to www.doctorondemand.com/bluecrossmn.

Stop-Smoking Support

With Stop-Smoking Support from Blue Cross, your chances of quitting tobacco are six times better than trying to quit on your own. Your personalized program begins when you call 1-888-662-BLUE (2583) between 7 a.m. to 2 a.m. Central Time or enroll online at www.quitnow.net/StopSmokingSupport. In just 15 minutes, a Quit Coach will develop a quit plan with you, based on how long you’ve been smoking (or chewing) and any experiences you’ve had trying to quit.

Over the course of four 10-minute calls, you will work with a quit coach to develop a comprehensive quit plan. Plus, you can call anytime for additional support. We also feature a text messaging component to help you manage urges and track successes.

Maternity Management Program

Maternity Management is a prenatal support program that gives Blue Cross and Blue Shield of Minnesota members in-depth education tools and provides answers for any maternity questions along the way. You’ll start with an assessment, then get one-on-one support from a primary health coach who:

• Answers questions and offers advice about pregnancy and staying healthy
• Connects you to online tools (articles, videos and more) about pregnancy and infant care
• Helps you prepare for the arrival of the new baby
• Offers personalized support
• Provides tips on how to stay happy and healthy after the baby is born

Any pregnant member can participate in maternity management. When you complete the program, you’ll receive a $50 reward card.* Call toll free 1-866-489-6948 to get started!

*Reward cards may result in a taxable event for either you or the group. Consult your tax advisor.