

# SUITABILITY DISCUSSION AND WORKSHEET

*Individual and Family Plans*



To help you make an informed decision regarding your health insurance coverage, we ask that you and your producer discuss the following topics prior to enrolling in a Blue Plus plan. When purchasing a health insurance plan, you should consider your health care needs now and in the future. You can use the “Suitability Worksheet” on page 3 to prepare for your discussion.

## Eligibility

### I am a permanent resident of the health plan’s service area.

You must be a permanent resident of the plan specific service area and meet residency requirements to enroll in and remain in one of these plans. A list of counties within the service area is included in the sales packet, or you can visit [bluecrossmn.com](http://bluecrossmn.com) > *Shop Plans* > *Individual and Family Plans* > *Learn more about Blue Plus plans*.

- |   |   |
|---|---|
| <input type="checkbox"/> BlueConnect – Sanford Health Network<br><i>Western Minnesota</i>   | <input type="checkbox"/> Blue Plus – St. Luke’s<br><i>Northeastern Minnesota</i>  |
| <input type="checkbox"/> BluePrint – Allina Health Network<br><i>Twin Cities Metro Area</i> | <input type="checkbox"/> Blue Plus – Mayo Clinic<br><i>Southeastern Minnesota</i> |

## Provider Network

### My doctor, clinic or hospital participates in the plan’s focused network.

Blue Plus individual and family plans have focused networks. A focused network is a network made up of a select group of health care providers. Not all providers are included in a focused network. To avoid unnecessary out-of-pocket costs, it’s important to make sure your doctor, specialist or facility is an in-network provider. If you visit a provider or a facility location not in your plan’s network, you will pay more for your care and those costs will not count toward your in-network cost sharing limits.

**In Minnesota** - Our plans’ networks are generally **not** statewide. If you are traveling within Minnesota or any of the border counties that surround Minnesota and access a provider that is not in your plan’s network, you may incur higher costs.

**Outside of Minnesota** - The BlueCard PPO programs included in Blue Plus plans may allow you to access in-network services when traveling (for instance, on vacation) outside of Minnesota (and its border counties).

It’s important for you to check the health plan’s network to see if your providers are actually in the network before you enroll in the plan. To search for a provider go to [bluecrossmn.com](http://bluecrossmn.com) > *Shop Plans* > *Individual and Family Plans* > *Find a doctor in the network*. Please use Chart A on the last page to research whether your doctors, clinics or hospitals are in network.

## Prescription Drug Coverage

**My prescription drugs are covered.**

Prescription drug coverage varies by health plan. Blue Plus plans have a list of covered drugs called a formulary or covered drug list. Drugs not on the formulary are not covered. It's important you check the health plan's formulary to see if your drugs are covered before you enroll in the plan. To find drugs covered by Blue Plus Individual plans, go to *bluecrossmn.com > Shop Plans > Individual and Family Plans > See the covered drug list*. Please use Chart B on the last page to research whether your prescriptions are covered.

**My Pharmacy participates in the plan's focused pharmacy network.**

Blue Plus individual and family plans have a focused pharmacy network called "RxNetwork E." Blue Plus plans only provide coverage for prescriptions filled at pharmacies that participate in the RxNetwork E. If you get a drug from a pharmacy that isn't in RxNetwork E network, you'll pay the full cost for your drug. Those costs will not count toward your in-network cost sharing limits. A full list of pharmacies within the RxNetwork E can be viewed at *bluecrossmn.com > Shop Plans > Individual and Family Plans > Search the pharmacy network*. Please use Chart C on the last page to research whether your pharmacy is in the network.

## Monthly Plan Premium

**I can afford this plan now and in the future.**

Consider your current and future income and your living expenses. Remember that most premium rates will increase over time. You should also take into consideration deductibles, coinsurance and copays required by the plan when calculation your expenses.

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**Applicant: I have reviewed the details of the Individual and Family Plan I am applying for. I understand I am enrolling in a plan with a focused provider and pharmacy network.**

Applicant Printed Name

Applicant Signature of Acknowledgement

Date

**Producer: I certify that I have reviewed with my client the suitability requirements described in Minnesota Statute 60K.46 subdivision 4 regarding suitability. I further certify, I have reasonable grounds to believe that the determination made regarding the recommendation of an Individual and Family Plan is suitable for my client. In the event my client has selected a product for which I have determined does not meet the suitability requirements, I certify that the product was selected without my recommendation.**

Producer Signature

Date

## Suitability Worksheet

### Chart A. Provider Network

To search for a provider go to *bluecrossmn.com > Shop Plans > Individual and Family Plans > Find a doctor in the network*. Please use the following chart to write in your doctors, clinics or hospitals to help you determine whether they are in or out of the plan’s network.

- |  |   |
|--|---|
| <input type="checkbox"/> BlueConnect – Sanford Health Network<br><i>Western Minnesota</i>  | <input type="checkbox"/> Blue Plus – St. Luke’s<br><i>Northeastern Minnesota</i>  |
| <input type="checkbox"/> BluePrint – Allina Health Network<br><i>Twin Cites Metro Area</i> | <input type="checkbox"/> Blue Plus – Mayo Clinic<br><i>Southeastern Minnesota</i> |

| Doctor, Clinic or Hospital | In the plan network (Y/N) |
|----------------------------|---------------------------|
|                            |                           |
|                            |                           |
|                            |                           |

### Chart B. Prescription Drug Coverage

To find drugs that are covered by Blue Plus Individual plans, go to *bluecrossmn.com > Shop Plans > Individual and Family Plans > See the covered drug list*. Please use the following chart to write in your prescription drugs to help you determine whether they are covered on this plan.

| Prescription Drug | Drug Covered (Y/N) |
|-------------------|--------------------|
|                   |                    |
|                   |                    |
|                   |                    |

### Chart C. Pharmacy Network

A full list of pharmacies within the network can be viewed at *bluecrossmn.com > Shop Plans > Individual and Family Plans > Search the pharmacy network*. Please use the following chart to write in the pharmacies you use to help you determine whether they are in or out of the plan’s network.

| Pharmacy Network | In the plan network (Y/N) |
|------------------|---------------------------|
|                  |                           |
|                  |                           |