



2025

MEMBER RESOURCE GUIDE

Get the most from your health plan

Prior Lake - Savage School District 719

CUSTOMER SERVICE

Toll free at **1-866-873-5943** TTY toll free **711**

Monday through Friday,
7 a.m. to 8 p.m. Central Time
We will provide interpreter services,
if needed

FIND A DOCTOR

- Log in at **bluecrossmn.com/BCA**
to find providers in your
specific network
- Not a member?
Visit **bluecrossmn.com/FindADoctor**
and select the network: BlueCard® PPO

Or call **1-800-810-BLUE (2583)**
(Also applies to Blue Cross Blue Shield
Global® Core)



Welcome to Minnesota's #1 health plan*

With Blue Cross and Blue Shield of Minnesota,
you get a name you trust, coverage you can
count on, and peace of mind knowing your plan
is here to help you every step of the way.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus®
are nonprofit independent licensees of the Blue Cross and
Blue Shield Association.

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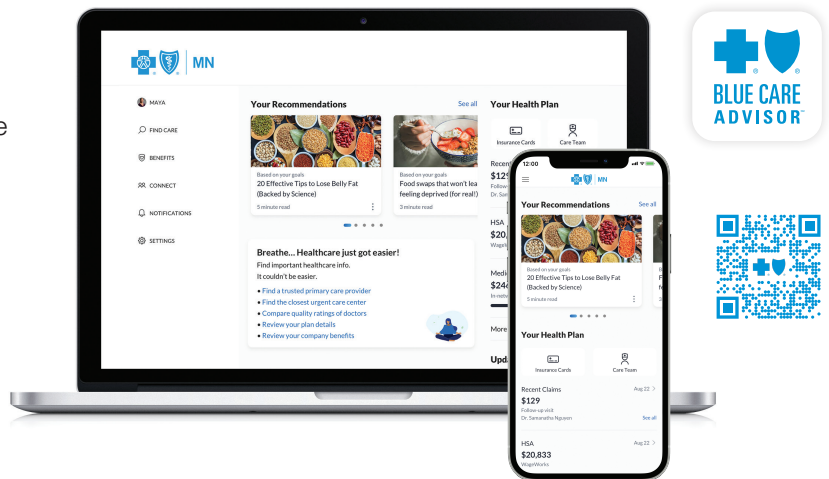
*Individual, Small Group, Large Group: NAIC enrollment reported for year-end 2023;
Self-insured enrollment: ASO enrollment from internal sources, SEC, EMMA financial
statement filings and publicly available information.

YOUR PLAN INFO AT YOUR FINGERTIPS

A digital front door for health

Blue Care AdvisorSM connects you to everything you need to easily manage your healthcare. Access your personal plan information, resources and tools online at bluecrossmn.com/BCA or by downloading the Blue Care Advisor app from your favorite app store.

When your member ID card arrives in the mail, go online or on the app and register to get started.



Once registered, you can:

- Find doctors, clinics and hospitals
- Compare costs for different services and procedures
- View claims and Explanations of Benefits (EOBs)
- Chat online with customer service
- View, print, email or order member ID cards
- Check health financial account balances (if applicable)

Blue Care AdvisorSM is an offering of Blue Cross and Blue Shield of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association.

UNDERSTANDING YOUR MEMBER ID CARD

Member name

Each family member covered by your plan will have an ID card. This includes minor children.

Member ID number

Your member ID number helps providers look up your plan details. We also use it to track expenses.

BlueCross BlueShield		In Ntwk	Out Ntwk
ELIZABETH SAMPLENAME		Ind Ded	\$ \$ 2-5001
000000000000		Fam Ded	\$ \$ 0-0000
GRP	XXXXXXX	Ind OOP	\$ \$ 2-9524
Svc Type	XXX	Fam OOP	\$ \$ 0-2583
Care Type	XXXX		\$ \$ 2-0820
RxBIN	XXXXXX		\$ \$ 2-0343
RxPCN	XXX		\$ \$ 1-4795
			\$ \$ 2-0900
			\$ \$ 2-5155

SYMBOLS PRINT HERE

Group number

This identifies your employer's plan.

Plan details

Questions?

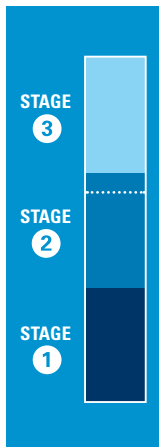
Contact information is on the back of your ID card.

of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association, is serving only as the claims administrator.

The sample shown is a guide only. The information and the format of your card may vary.

UNDERSTANDING YOUR HEALTH PLAN

Having health insurance means you and a health plan share in paying your medical costs. The plan tracks what you pay in medical costs and applies eligible costs toward certain milestones. When your costs hit these milestones, you move into the next stage of your plan. Your share of costs becomes less as you reach each stage. Here's how it works:



Stage 1: Deductible

Each year, you pay for all covered medical services until you meet your deductible.

Your deductible and coinsurance **count toward** your out-of-pocket maximum.

Stage 2: Coinsurance

Then, the health plan starts sharing a percentage of your costs until you reach your out-of-pocket maximum. Example: 80/20 coinsurance means the plan pays 80 percent and you pay 20 percent.

Stage 3: Out-of-pocket maximum

At this point, the health plan pays all your covered medical costs for the rest of the plan year.*

*Covered medical costs up to the lifetime maximum.

Learn more health plan basics at bluecrossmn.com/EmployerPlans

Knowing some common health plan terms regarding costs can help you make more informed decisions and get more from your plan. See glossary for additional terms.



Premium

The regular payment you make throughout the year to keep your plan active

Your employer may pay part of your premium.

Your premium **does not count toward** your deductible or out-of-pocket maximum.



Covered medical costs

The medical services your plan covers

"Covered" means your plan pays for some or all of the costs. These are different in each plan.

Your covered costs **usually count toward** your deductible and out-of-pocket maximum.

Over-the-allowed-amount costs

The health plan and in-network providers have agreed to an "allowed amount" (the most a provider can charge you). If you receive a covered service from a nonparticipating provider who charges over the allowed amount, this additional cost is your responsibility.

Costs over the allowed amount **do not count toward** your deductible and out-of-pocket maximum.



Non-covered services

"Non-covered" refers to medical services not covered by your plan

If you receive these services, you pay in full.

Services not covered by your plan **do not count toward** your deductible and out-of-pocket maximum.



Copays

A set cost you pay every time you get medical care or a prescription

Copays can vary based on where you get care (virtual, clinic, urgent care, etc.).

Your copays do not count toward your deductible but **do count toward** your out-of-pocket maximum.

CHOOSING A PLAN: THINK ABOUT YOUR NEEDS

When choosing a plan, think about how much medical care, including prescriptions, you (and your dependents) expect to need within the plan year.

Higher-premium plan with lower deductibles

This type of plan may be a good option if you (and your dependents):

- See a doctor regularly
- Need regular prescription drugs, specialty drugs or medical equipment
- Are expecting to have surgery, give birth or other major medical care

You'll pay more for your premium, but generally your out-of-pocket costs will be less when you get care. Be sure you can afford the higher premium because you will pay this regularly.

Lower-premium plan with higher deductibles

This type of plan may be a good option if you (and your dependents):

- Don't expect to need much medical care
- Don't need regular prescription drugs, specialty drugs or medical equipment

You'll pay less for your premium, but generally your out-of-pocket costs will be higher when you get care. Be sure you can afford out-of-pocket medical costs if you need care unexpectedly.



IN GENERAL:

- **Higher premium =**
Lower out-of-pocket costs
- **Lower premium =**
Higher out-of-pocket costs

Out-of-pocket costs include:

- Deductible
- Copays
- Coinsurance
- Non-covered services
- Over-the-allowed-amount costs

See glossary for definitions.



Stay in network

You can save money on your healthcare costs by making sure you choose an in-network provider. These are doctors, hospitals and clinics within your network. If keeping your current doctor is important to you, be sure to check if that doctor is in the network you're considering. If the provider isn't in the network, it may cost you more.

Log in at bluecrossmn.com/BCA to search providers in your specific network. Not a member? Visit bluecrossmn.com/FindADoctor and select the network you are considering.

NETWORKS

A network is a group of doctors, clinics, hospitals and other healthcare providers that have contracted with a health plan to provide your care at a lower cost. Check to see if your preferred providers are in network. Log in at bluecrossmn.com/BCA to search providers in your specific network. Not a member? Visit bluecrossmn.com/FindADoctor.

National and international networks

- **BlueCard® PPO** – Access to more than 2 million providers nationwide
- **Blue Cross Blue Shield Global® Core** – Access to coverage in 190 countries and territories worldwide

Aware® Network — The largest Blue Cross network featuring access to nearly every physician and hospital in Minnesota.

Blue PerformanceSM Regional — The largest Blue Cross network (Aware®) with providers put into “enhanced” and “standard” tiers. Note: The enhanced tier provides greater coverage and costs you less.

PREVENTIVE CARE

Most preventive visits are covered at

 **100%**

when you see a doctor in network

Check your benefit booklet on your member website.

Each Blue Cross and/or Blue Shield plan is an independent licensee of the Blue Cross and Blue Shield Association. Each healthcare provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services. Blue Cross Blue Shield Global Core is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

PHARMACY BENEFITS

Blue Cross works with Prime Therapeutics to provide you a pharmacy network (pharmacies that have an agreement with Blue Cross) and a formulary (drug list). Using your pharmacy network and formulary drugs can help you save money.

To find an in-network retail pharmacy and check to see if a drug is covered, log in to your member website.

- **Pharmacy search:** *Your pharmacy network name is listed on your benefit chart.* If you go to an out-of-network pharmacy, you may pay the full cost of the prescription.
- **Drug search:** *The name of your formulary or drug list is listed on your benefit chart.* Drugs not on your formulary may cost you more.

Log in to your member website to learn more about pharmacy benefits, including 90-day prescriptions, specialty pharmacies, retail and home delivery.

3 WAYS TO SAVE ON PRESCRIPTION DRUGS



- Stay within your pharmacy network
- Choose drugs on your formulary
- Opt for generic drugs

Prime Therapeutics LLC is an independent company providing pharmacy benefit management services.
Each pharmacy is an independent company that provides pharmaceutical services.

Double Option Plan

Benefit Summary | Effective Dates July 1st 2025 – June 30th 2026

Key Benefits	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
Calendar-year deductible The in- and out-of-network maximums accumulate separately.	Medical \$0 individual \$0 family	Medical \$300 individual \$900 family
Coinsurance Level The percent you pay after your deductible is met.	0%	20%
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and Prescription \$2,500 individual \$14,300 family	Medical and Prescription \$2,500 individual \$14,300 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations	0% 0% 0% 0% 0% 0%	0% 0% 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Physician services • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient diagnostic imaging • allergy injections and serum • Urgent Care professional services	\$20 copay 0% \$20 copay \$20 copay \$20 copay 0% \$20 copay	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Other professional services • chiropractic manipulation (office visit) • chiropractic therapy • home health care • hospice • physical therapy, occupational therapy (office visit) • speech therapy (office visit) • physical therapy, occupational therapy (therapy) • speech therapy (therapy)	\$20 copay 0% 0% 0% \$20 copay \$20 copay 0% 0%	Not covered Not covered 0% Not covered Not covered 20% after the deductible Not covered 20% after the deductible
Inpatient Facility Services	0%	20% after the deductible
Outpatient Facility Services • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services)	0% 0% 0% 0% \$20 copay	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Emergency care • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	\$40 copay \$40 copay 20%	
Durable Medical Equipment	10%	10%

Key Benefits	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
Behavioral health (mental health and substance abuse services) - inpatient professional services - outpatient professional services (office visits) - outpatient hospital/facility services	0% 0% 0%	20% after the deductible 20% after the deductible 20% after the deductible
Prescription drugs –Select Network retail (31-day limit) FlexRx preferred drug list open plan design - preferred generic - non-preferred generic - preferred brand - non-preferred brand Specialty drug list - Specialty preferred - Specialty non-preferred 90dayRx – Mail order pharmacy (93-day limit) FlexRx preferred drug list open plan design - preferred generic - non-preferred generic - preferred brand - non-preferred brand 90dayRx – Retail pharmacy (93-day limit) FlexRx preferred drug list open plan design - preferred generic - non-preferred generic - preferred brand - non-preferred brand	\$30 copay \$30 copay \$30 copay \$60 copay \$30 copay \$30 copay \$9 copay \$9 copay \$9 copay \$60 copay \$30 copay \$30 copay \$30 copay \$60 copay	\$30 copay \$30 copay \$30 copay \$60 copay No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage
	90dayRx applies to participating retail and/or mail service pharmacy only. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available. The drug list uses a step therapy program. Sign in at bluecrossmn.com for more information.	

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.

***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 coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

This plan is Medicare Part D creditable.

Embedded deductible – The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.

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.

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Triple Option Plan

Benefit Summary | Effective Dates July 1st 2025 – June 30th 2026

Key Benefits	Enhanced In network* MN Network: Blue Performance Regional	Standard In network* MN Network: Aware	Out of network**
Calendar-year deductible The in- and out-of-network maximums accumulate separately.	Medical \$0 individual \$0 family	Medical \$200 individual \$600 family	Medical \$200 individual \$600 family
Coinsurance Level The percent you pay after your deductible is met.	0%	20%	25%
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and Prescription \$500 individual \$1,000 family	Medical and Prescription \$2,500 individual \$5,000 family	Medical and Prescription \$2,500 individual \$5,000 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations	0% 0% 0% 0% 0% 0%	0% 0% 0% 0% 0% 0%	0% 0% 25% after the deductible 25% after the deductible 25% after the deductible 25% after the deductible
Physician services • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient diagnostic imaging • allergy injections and serum • Urgent Care professional services	\$20 copay 0% \$20 copay \$20 copay \$20 copay 0% \$20 copay	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible	25% after the deductible 25% after the deductible 25% after the deductible 25% after the deductible 25% after the deductible 25% after the deductible 25% after the deductible
Other professional services • chiropractic manipulation (office visit) • chiropractic therapy • home health care • hospice • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy)	\$20 copay 20% 20% 0% \$20 copay 0%	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible	25% after the deductible 25% after the deductible 25% after the deductible 25% after the deductible 25% after the deductible Not covered 25% after the deductible 25% after the deductible
Inpatient Facility Services	0%	20% after the deductible	25% after the deductible
Outpatient Facility Services • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services)	0% 0% 0% 0% \$20 copay	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible	25% after the deductible 25% after the deductible 25% after the deductible 25% after the deductible 25% after the deductible
Emergency care • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the	\$40 copay \$40 copay 20%		

Key Benefits	Enhanced In network* MN Network: Blue Performance Regional	Standard In network* MN Network: Aware	Out of network**
condition)			
Durable Medical Equipment	10%	25% after the deductible	25% after the deductible
Behavioral health (mental health and substance abuse services) • inpatient professional services • outpatient professional services (office visits) • outpatient hospital/facility services	0% 0% 0%	20% after the deductible 20% after the deductible 20% after the deductible	25% after the deductible 25% after the deductible 25% after the deductible
Prescription drugs –Select Network • retail (31-day limit) FlexRx preferred drug list open plan design • preferred generic • non-preferred generic • preferred brand • non-preferred brand Specialty drug list • Specialty preferred • Specialty non-preferred • 90dayRx – Mail order pharmacy (93-day limit) FlexRx preferred drug list open plan design • preferred generic • non-preferred generic • preferred brand • non-preferred brand • 90dayRx – Retail pharmacy (93-day limit) FlexRx preferred drug list open plan design • preferred generic • non-preferred generic • preferred brand • non-preferred brand	\$30 copay \$30 copay \$30 copay \$60 copay \$30 copay \$30 copay \$9 copay \$9 copay \$9 copay \$60 copay \$30 copay \$30 copay \$30 copay \$60 copay		\$30 copay \$30 copay \$30 copay \$60 copay No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage
	90dayRx applies to participating retail and/or mail service pharmacy only. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available. The drug list uses a step therapy program. Sign in at bluecrossmn.com for more information.		

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***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 coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

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Embedded deductible – The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.

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VEBA Plan

Benefit Summary | Effective Dates July 1st 2025 – June 30th 2026

Key Benefits	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
Plan-year deductible The in- and out-of-network maximums accumulate separately.	Medical and Prescription \$1,200 individual \$2,400 family	Medical and Prescription \$1,200 individual \$2,400 family
Coinsurance Level The percent you pay after your deductible is met.	0%	20%
Plan-year out-of-pocket maximum The in- and out-of-pocket maximums accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and Prescription \$1,200 individual \$2,400 family	Medical and Prescription \$3,500 individual \$6,500 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations	0% 0% 0% 0% 0% 0%	0% 0% 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Physician services • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient diagnostic imaging • allergy injections and serum • Urgent Care professional services	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Other professional services • chiropractic manipulation (office visit) • chiropractic therapy • home health care • hospice • physical therapy, occupational therapy (office visit) • speech therapy (office visit) • physical therapy, occupational therapy (therapy) • speech therapy (therapy)	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	Not covered Not covered 20% after the deductible Not covered Not covered 20% after the deductible Not covered 20% after the deductible
Inpatient Facility Services	0% after the deductible	20% after the deductible
Outpatient Facility Services • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services)	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Emergency care • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	0% after the deductible 0% after the deductible 0% after the deductible	
Durable Medical Equipment	0% after the deductible	20% after the deductible

Key Benefits	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
Behavioral health (mental health and substance abuse services) • inpatient professional services • outpatient professional services (office visits) • outpatient hospital/facility services	0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible 20% after the deductible
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HDHP Plan

Benefit Summary | Effective Dates July 1st 2025 – June 30th 2026

Key Benefits	In network* MN Network: Aware National Network: BlueCard Traditional	Out of network**
Plan-year deductible The in- and out-of-network maximums accumulate separately.	Medical and Prescription \$6,450 individual \$12,900 family	Medical and Prescription \$6,450 individual \$12,900 family
Coinsurance Level The percent you pay after your deductible is met.	0%	0%
Plan-year out-of-pocket maximum The in- and out-of-pocket maximums accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and Prescription \$6,450 individual \$12,900 family	Medical and Prescription \$6,450 individual \$12,900 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations	0% 0% 0% 0% 0% 0%	0% 0% 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible
Physician services • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient diagnostic imaging • allergy injections and serum • Urgent Care professional services	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible
Other professional services • chiropractic manipulation (office visit) • chiropractic therapy • home health care • hospice • physical therapy, occupational therapy (office visit) • speech therapy (office visit) • physical therapy, occupational therapy (therapy) • speech therapy (therapy)	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	Not covered Not covered 0% after the deductible Not covered Not covered 0% after the deductible Not covered 0% after the deductible
Inpatient Facility Services	0% after the deductible	0% after the deductible
Outpatient Facility Services • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services)	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible
Emergency care • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	0% after the deductible 0% after the deductible 0% after the deductible	
Durable Medical Equipment	0% after the deductible	0% after the deductible

Key Benefits	In network* MN Network: Aware National Network: BlueCard Traditional	Out of network**
Behavioral health (mental health and substance abuse services) - inpatient professional services - outpatient professional services (office visits) - outpatient hospital/facility services	0% after the deductible 0% after the deductible 0% after the deductible	0% after the deductible 0% after the deductible 0% after the deductible
Prescription drugs –Select Network - retail (31-day limit) FlexRx preferred drug list open plan design - preferred generic - non-preferred generic - preferred brand - non-preferred brand Specialty drug list - Specialty preferred - Specialty non-preferred 90dayRx – Mail order pharmacy (93-day limit) FlexRx preferred drug list open plan design - preferred generic - non-preferred generic - preferred brand - non-preferred brand 90dayRx – Retail pharmacy (93-day limit) FlexRx preferred drug list open plan design - preferred generic - non-preferred generic - preferred brand - non-preferred brand	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage
	90dayRx applies to participating retail and/or mail service pharmacy only. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available. The drug list uses a step therapy program. Sign in at bluecrossmn.com for more information.	

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.

***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 coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

This plan is not Medicare Part D creditable.

Embedded deductible – The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.

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 or call Blue Cross customer service at the number on the back of your member ID card.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licenses of the Blue Cross and Blue Shield Association

HEALTH AND WELLBEING RESOURCES

From lowering stress and managing weight, to finding the right care or comparing treatment options, you have the tools and resources you need to put better health within your reach. To learn more, log in to your member website.

Online care

Access board-certified doctors, psychiatrists and psychologists with Doctor on Demand® via smartphone, tablet or computer.

- Visit doctorondemand.com/bluecrossmn

Doctor On Demand® by Included Health is an independent company providing telehealth services.

Health assessment

Complete a short, confidential health assessment. Based on your results, you'll receive personalized recommendations including helpful tips and programs available to you.

- Log in at bluecrossmn.com/BCA

Blue Care AdvisorSM is an offering of Blue Cross and Blue Shield of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association.

Wellness discount marketplace

Get significant savings on personal care, fitness and wellness goods and services from Blue365®.

- Visit blue365deals.com/bcbismn

Blue365® is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

Get Active program

Earn rewards by tracking daily steps or your favorite activity.

- Log in at bluecrossmn.com/BCA

Blue Care AdvisorSM is an offering of Blue Cross and Blue Shield of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association.

Maternity management

Receive support and guidance from a maternity case manager.

- Call 1-800-793-6916

Quitting tobacco and vaping

Take advantage of personalized guidance in making a quit plan and receive ongoing support from a wellness coach.

- Visit bluecrossmn.com or call 1-888-662-BLUE (2583), TTY 711

Diabetes and heart disease prevention

Get professional health coaching online and supportive tools and resources, including a digital scale, through Omada® to help prevent diabetes and heart disease.

- Visit omadahealth.com/plsas. See your plan materials for details.

The Omada program is from Omada Health, Inc., an independent company providing digital care programs.

Diabetes management

Get personalized support from a certified diabetes care and education specialist (CDCES), a digital scale and glucose monitor to help you manage your diabetes with Omada®.

- Visit omadahealth.com/plsas. See your plan materials for details.

The Omada program is from Omada Health, Inc., an independent company providing digital care programs.

Hypertension management

Get personalized support from a certified hypertension specialist, a connected digital scale and blood pressure monitor and cuff to help you manage your hypertension with Omada®.

- See your plan materials for details.

The Omada program is from Omada Health, Inc., an independent company providing digital care programs.

Musculoskeletal (MSK) Condition Management program

Get guided physical therapy from the convenience of your home from Hinge Health. Hinge Health provides comprehensive one-on-one care from prevention to post-surgical recovery.

- Visit hingehealth.com/bcbismnfinder or call 1-855-902-2777, TTY 711

Hinge Health is an independent company providing musculoskeletal services.

Gender Care Services

Connect with the Gender Services Team to discuss gender-related care options, health plan coverage and providers.

- Visit bluecrossmn.com/GenderCare or call 1-866-694-9361

HEART-HEALTHY TIPS

These simple tips for living a healthy lifestyle can help lower your risk for high blood pressure, heart disease and stroke:

- Limit salt in your diet
- Exercise regularly
- Manage your weight
- Stress less
- Get more sleep

KNOW WHERE TO GO FOR CARE

Knowing where to go for the right care can help save you time and money. Get familiar with your options now, before you need care.

WHEN YOU NEED	USE	ACCESS/AVAILABILITY	WAIT TIME	COST
 MEDICAL/ MENTAL HEALTH ADVICE	Common medical and mental health concerns addressed by phone	Call your clinic for availability.	 short to medium	\$0 – \$
 CARE QUICKLY	Online care Colds, cough or flu, bladder infections, mental health*	Visit doctorondemand.com/ bluecrossmn 24 hours a day, seven days a week or check with your provider.	 short	\$
 CARE TODAY	Convenience clinic Minor illnesses or injuries, screenings and vaccinations	No appointment necessary. Often available nights and weekends.	 short	\$\$
 CARE SOON	Office visit Preventive care, screenings and vaccines, mental health therapy or referrals to specialty care	Call your clinic to schedule an appointment. Days and hours vary.	 varies	\$\$ – \$\$\$
 CARE NOW	Urgent care Minor cuts, sprains and burns, skin rashes, fever and flu, X-rays and lab testing	No appointment necessary. Available seven days a week, but specific hours vary.	 varies	\$\$\$\$
 CARE IMMEDIATELY	Emergency room (ER) Chest pain, shortness of breath, uncontrolled bleeding, poisoning, risk of harming yourself or others, or other life-threatening illnesses or injuries	Immediately call 911 or go to your nearest ER anytime.	 longer, unless life-threatening	\$\$\$\$\$

Please note: The conditions listed are for example only and not a complete list.

988

If you or someone you know is in emotional distress or in suicidal crisis, help is available 24 hours a day, seven days a week by calling or texting 988 for the Suicide and Crisis Lifeline.

*Mental health visits are by appointment only, 7 a.m. to 10 p.m. local time.

Doctor On Demand® by Included Health is an independent company providing telehealth services.

Make sure your doctor and clinic/hospital are in your network before receiving care. This will ensure you receive the highest level of benefits. Each healthcare provider is an independent contractor and not our agent.

bluecrossmn.com

GLOSSARY — TERMS TO KNOW

Allowed amount: The amount Blue Cross has agreed to pay a specific provider for a covered service.

Coinsurance: This payment structure starts after meeting your deductible. In coinsurance, you and the plan each pay a percentage for covered services. Example: 80/20 coinsurance means the plan pays 80 percent and you pay 20 percent.

Convenience or retail clinic: These clinics treat a limited list of common illnesses. They are often located in or near a retail store.

Copay: A fee you pay every time you get care or a prescription. Copays can vary based on where you get care (virtual, clinic, urgent care, etc.).

Cost sharing: Refers to the member sharing medical costs with the health plan through copays, deductible and coinsurance.

Deductible: The dollar amount you must pay for most covered services each calendar year before the health plan begins to pay for benefits.

Eligible or covered services: Healthcare covered by your plan.

Embedded deductible: Plan begins paying benefits that require cost sharing for the first family member who meets the per-person deductible. Once one or more of the remaining family members meet the family deductible the plan pays benefits for all covered family members.

Explanation of Benefits (EOB): A letter you receive after getting care that shows costs, the amount the health plan is expected to pay and the amount you are expected to pay. You do not pay anything when you receive an EOB. An EOB is not a bill.

Formulary or drug list: A list of FDA-approved prescription drugs covered by your health plan. To help ensure you get the right drugs for your needs, some drugs may require prior authorization, step therapy, and/or quantity limits.

Health plan: Can refer to your health insurance company or your specific health plan.

In-network: Providers or pharmacies in your plan's network that give you the most coverage (lowest cost). Note: An in-network provider is not the same as a participating provider.

Member website: A secure website for accessing plan details and cost information as well as health and wellbeing tools.

Nonparticipating provider: A provider that does not have a contract with the health plan. You pay in full when using these providers. Note: A nonparticipating provider is not the same as an out-of-network provider.

Out-of-network: A provider or pharmacy that has a contract with the health plan but is not part of your plan's network. You may pay more when using these providers/pharmacies. Note: An out-of-network provider is not the same as a nonparticipating provider.

Out-of-pocket expense/cost: Refers to costs the member pays: premium, copay, deductible, coinsurance, and non-covered services or over-the-allowed-amount costs.

Out-of-pocket (OOP) maximum: This is the last milestone you hit by paying for covered medical services. Once you reach this amount, the plan pays for all covered in-network services for the plan year's remainder.

Participating provider: A provider that has a contract with the health plan, and may be in or out of your plan's network. Note: A participating provider is not the same as an in-network provider.

Premium: Your monthly payment, like a membership fee. Your employer may pay part of your premium. You may also be able to pay your premium pretax from your paycheck.

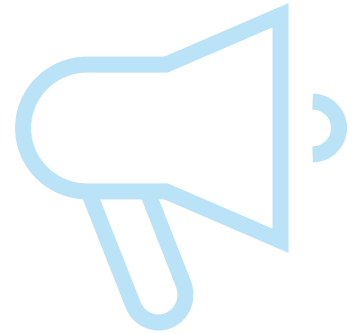
Provider: Refers to doctors, clinics, hospitals, pharmacies and other healthcare professionals.

Service (also called "care"): Medical procedures, treatment, and prescription drugs.

MEMBER ANNUAL NOTICE NEWSLETTER

Find valuable information in the Blue Cross Member Annual Notice newsletter, such as:

- Member rights and responsibilities
- Quality improvement program
- Information about case and condition/disease management
- Benefits and access to medical services
- Pharmacy benefit information, such as formulary, quantity limits and exception processes
- Use and disclosure of protected health information (PHI)
- Prior authorization decisions and benefit limitations
- How to request an independent review
- Transitioning from pediatric to adult care



Visit bluecrossmn.com/QualityImprovement to view the notice or call customer service to receive it by mail.

MEMBER PRIVACY RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule gives you the right to know what personal and health information is collected by insurance companies, why it's collected and what is done with it. To see our privacy policy, visit bluecrossmn.com/Privacy or call customer service and request a copy of the "Notice of Privacy Practices."

MEDICARE PART D CREDITABILITY

Medicare members should check their plan information or ask their employer to see if their plan is Medicare Part D creditable.

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