

2024

# MEMBER RESOURCE GUIDE

Get the most from your health plan

Jordan Public Schools



## 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: National  
BlueCard® and 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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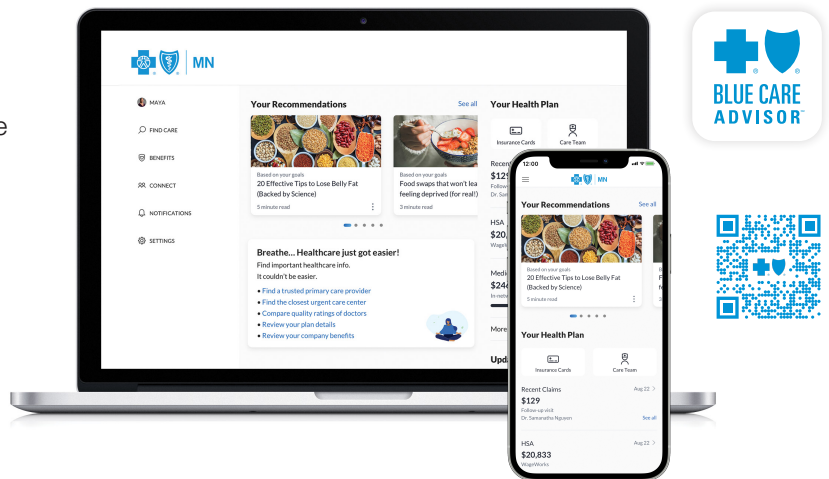
\*Individual, Small Group, Large Group data: NAIC enrollment reported for year-end  
2021; Self-insured enrollment: EMMA financial statement filings and publicly available  
information.

## YOUR PLAN INFO AT YOUR FINGERTIPS

### A digital front door for health

Blue Care Advisor<sup>SM</sup> connects you to everything you need to easily manage your healthcare. Access your personal plan information, resources and tools online at [bluecrossmn.com/BCA](https://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 Health Care Benefits (EOBs)
- Chat online with customer service
- View, print, email or order member ID cards
- Check health financial account balances (if applicable)

Blue Care Advisor<sup>SM</sup> 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	\$	\$	0-2583
Svc Type	XXX	Fam OOP	\$	\$	0-0820
Care Type	XXXX				2-0343
RxBIN	XXXXXX				1-4795
RxPCN	XXX				2-0900
					2-5155

SYMBOLS PRINT HERE

### Group number

This identifies your employer's plan.

### Plan details

### Questions?

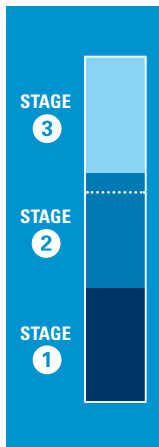
Contact information is on the back of your ID card.

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](https://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.

## 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](https://bluecrossmn.com/BCA) to search providers in your specific network. Not a member? Visit [bluecrossmn.com/FindADoctor](https://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](https://bluecrossmn.com/BCA) to search providers in your specific network. Not a member? Visit [bluecrossmn.com/FindADoctor](https://bluecrossmn.com/FindADoctor).

### National and international networks

- **National BlueCard® and BlueCard® PPO** – Access to more than 1.8 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.

**High Value Network** — A network of providers throughout Minnesota. Some of the care systems included are HealthEast, Children's, Allina Health, CentraCare Health, M Health Fairview, Lakewood, Sanford Health, Gundersen Health, and Winona Health.

## 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 (see glossary). 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 drug list 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 RX

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

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

**Jordan Public Schools**  
**\$1,600 Non-Embedded Deductible - HRA – Aware Network**  
**July 1, 2024**

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The Omada program is from Omada Health, Inc., an independent company providing digital intensive behavioral counseling program.



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**Jordan Public Schools**  
**\$1,600 Non-Embedded Deductible HSA – Aware Network**  
**July 1, 2024**

Coinurance reflects member responsibility

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**Jordan Public Schools**  
**\$4,000 Embedded Deductible HRA – Aware Network**  
**July 1, 2024**

Coinsurance reflects member responsibility

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<b>Hospital Inpatient services</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Hospital Outpatient services</b> <ul style="list-style-type: none"> <li>• facility lab services</li> <li>• facility diagnostic imaging</li> <li>• chemotherapy and radiation therapy</li> <li>• scheduled outpatient surgery</li> <li>• urgent care services (facility services)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance



	In network* MN Network: Aware National Network: BlueCard PPO		Out of network**
<b>Emergency care</b> <ul style="list-style-type: none"> <li>• emergency room (facility charges)</li> <li>• professional charges</li> <li>• ambulance (medically necessary transport to the nearest facility equipped to treat the condition)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance		
<b>Durable Medical Equipment</b>	Deductible then 0% coinsurance		Deductible then 20% coinsurance
<b>Behavioral health (mental health and substance abuse services)</b> <ul style="list-style-type: none"> <li>• inpatient professional services</li> <li>• outpatient professional services (office visits)</li> <li>• outpatient hospital/facility services</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance		Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Prescription drugs – Classic Network</b> <ul style="list-style-type: none"> <li>• <b>retail</b> (31-day limit) <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>• closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> </ul> </li> <li>• <b>90dayRx – Mail order pharmacy</b> (90-day limit) <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>• closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> </ul> </li> <li>• <b>90dayRx – Retail pharmacy</b> (90-day limit) <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>• closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> </ul> </li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance Deductible then 0% coinsurance		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 <a href="http://bluecrossmn.com">bluecrossmn.com</a> and select "Prescriptions," then see "frequently asked questions."		

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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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**Jordan Public Schools**  
**\$4,000 Embedded Deductible HRA – High Value Network**  
**July 1, 2024**

Coinsurance reflects member responsibility

	In network* MN Network: High Value Network National Network: BlueCard PPO	Out of network**
<b>Plan-year deductible</b> The in- and out-of-network deductibles accumulate separately. Deductible carryover does not apply.	Medical and prescription combined \$4,000 individual \$8,000 family	Medical and prescription combined \$4,000 individual \$8,000 family
<b>Coinsurance Level – What the member pays</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Plan-year out-of-pocket maximum</b> The in- and out-of-network 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 combined \$4,000 individual \$8,000 family	Medical and prescription combined \$6,000 individual \$12,000 family
<b>Benefit payment levels</b>	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.
<b>Preventive care</b> <ul style="list-style-type: none"> <li>• well-child care to age 6</li> <li>• prenatal care</li> <li>• preventive medical evaluations age 6 and older</li> <li>• cancer screening</li> <li>• preventive hearing and vision exams</li> <li>• immunizations and vaccinations</li> </ul>	0% 0% 0% 0% 0% 0%	0% 0% Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Omada®</b> <ul style="list-style-type: none"> <li>• diabetes and cardiovascular disease prevention program</li> </ul>	0%	No coverage
<b>Physician services</b> <ul style="list-style-type: none"> <li>• e-visits</li> <li>• retail health clinic (office visit)</li> <li>• physician office visits</li> <li>• office and outpatient lab services</li> <li>• office and outpatient lab diagnostic imaging</li> <li>• allergy injections and serum</li> <li>• Urgent Care professional services</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Other professional services</b> <ul style="list-style-type: none"> <li>• chiropractic manipulation (office visit)</li> <li>• chiropractic therapy</li> <li>• home health care</li> <li>• physical therapy, occupational therapy, speech therapy (office visit)</li> <li>• physical therapy, occupational therapy, speech therapy (therapy)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance  Deductible then 20% coinsurance
<b>Hospital Inpatient services</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Hospital Outpatient services</b> <ul style="list-style-type: none"> <li>• facility lab services</li> <li>• facility diagnostic imaging</li> <li>• chemotherapy and radiation therapy</li> <li>• scheduled outpatient surgery</li> <li>• urgent care services (facility services)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance

	In network*		Out of network**
	MN Network: High Value Network National Network: BlueCard PPO		
<b>Emergency care</b> <ul style="list-style-type: none"> <li>• emergency room (facility charges)</li> <li>• professional charges</li> <li>• ambulance (medically necessary transport to the nearest facility equipped to treat the condition)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance		
<b>Durable Medical Equipment</b>	Deductible then 0% coinsurance		Deductible then 20% coinsurance
<b>Behavioral health (mental health and substance abuse services)</b> <ul style="list-style-type: none"> <li>• inpatient professional services</li> <li>• outpatient professional services (office visits)</li> <li>• outpatient hospital/facility services</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance		Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Prescription drugs – Classic Network</b> <ul style="list-style-type: none"> <li>• <b>retail</b> (31-day limit) <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>• closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> </ul> </li> <li>• <b>90dayRx – Mail order pharmacy</b> (90-day limit) <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>• closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> </ul> </li> <li>• <b>90dayRx – Retail pharmacy</b> (90-day limit) <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>• closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> </ul> </li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance Deductible then 0% coinsurance		No coverage No coverage  No coverage No coverage  No coverage No coverage
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**Jordan Public Schools**  
**\$4,000 Embedded Deductible HSA – Aware Network**  
**July 1, 2024**

Coinsurance reflects member responsibility

	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
<b>Plan-year deductible</b> The in- and out-of-network deductibles cross apply. Deductible carryover applies.	Medical and prescription combined \$4,000 individual \$8,000 family	Medical and prescription combined \$4,000 individual \$8,000 family
<b>Coinsurance Level – What the member pays</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Plan-year out-of-pocket maximum</b> The in- and out-of-network out-of-pocket maximums cross apply Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$4,000 individual \$8,000 family	Medical and prescription combined \$6,000 individual \$12,000 family
<b>Benefit payment levels</b>	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.
<b>Preventive care</b> <ul style="list-style-type: none"> <li>• well-child care to age 6</li> <li>• prenatal care</li> <li>• preventive medical evaluations age 6 and older</li> <li>• cancer screening</li> <li>• preventive hearing and vision exams</li> <li>• immunizations and vaccinations</li> </ul>	0% 0% 0% 0% 0% 0%	0% 0% Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Omada®</b> <ul style="list-style-type: none"> <li>• diabetes and cardiovascular disease prevention program</li> </ul>	0%	No coverage
<b>Physician services</b> <ul style="list-style-type: none"> <li>• e-visits</li> <li>• retail health clinic (office visit)</li> <li>• physician office visits</li> <li>• office and outpatient lab services</li> <li>• office and outpatient lab diagnostic imaging</li> <li>• allergy injections and serum</li> <li>• Urgent Care professional services</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Other professional services</b> <ul style="list-style-type: none"> <li>• chiropractic manipulation (office visit)</li> <li>• chiropractic therapy</li> <li>• home health care</li> <li>• physical therapy, occupational therapy, speech therapy (office visit)</li> <li>• physical therapy, occupational therapy, speech therapy (therapy)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance  Deductible then 20% coinsurance
<b>Hospital Inpatient services</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Hospital Outpatient services</b> <ul style="list-style-type: none"> <li>• facility lab services</li> <li>• facility diagnostic imaging</li> <li>• chemotherapy and radiation therapy</li> <li>• scheduled outpatient surgery</li> <li>• urgent care services (facility services)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Emergency care</b> <ul style="list-style-type: none"> <li>• emergency room (facility charges)</li> <li>• professional charges</li> <li>• ambulance (medically necessary transport to the nearest facility equipped to treat the condition)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	

	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
<b>Durable Medical Equipment</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Behavioral health (mental health and substance abuse services)</b> <ul style="list-style-type: none"> <li>• inpatient professional services</li> <li>• outpatient professional services (office visits)</li> <li>• outpatient hospital/facility services</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Prescription drugs – Classic Network</b> <ul style="list-style-type: none"> <li>• <b>retail</b> (31-day limit) <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>• closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> </ul> </li> <li>• <b>90dayRx – Mail order pharmacy</b> (90-day limit) <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>• closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> </ul> </li> <li>• <b>90dayRx – Retail pharmacy</b> (90-day limit) <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>• closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> </ul> </li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance Deductible then 0% coinsurance	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 <b>bluecrossmn.com</b> and select "Prescriptions," then see "frequently asked questions."	

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**Jordan Public Schools**  
**\$4,000 Embedded Deductible HSA – High Value Network**  
**July 1, 2024**

Coinsurance reflects member responsibility

	In network* MN Network: High Value Network National Network: BlueCard PPO	Out of network**
<b>Plan-year deductible</b> The in- and out-of-network deductibles accumulate separately. Deductible carryover does not apply.	Medical and prescription combined \$4,000 individual \$8,000 family	Medical and prescription combined \$4,000 individual \$8,000 family
<b>Coinsurance Level – What the member pays</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Plan-year out-of-pocket maximum</b> The in- and out-of-network 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 combined \$4,000 individual \$8,000 family	Medical and prescription combined \$6,000 individual \$12,000 family
<b>Benefit payment levels</b>	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.
<b>Preventive care</b> <ul style="list-style-type: none"> <li>• well-child care to age 6</li> <li>• prenatal care</li> <li>• preventive medical evaluations age 6 and older</li> <li>• cancer screening</li> <li>• preventive hearing and vision exams</li> <li>• immunizations and vaccinations</li> </ul>	0% 0% 0% 0% 0% 0%	0% 0% Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Omada®</b> <ul style="list-style-type: none"> <li>• diabetes and cardiovascular disease prevention program</li> </ul>	0%	No coverage
<b>Physician services</b> <ul style="list-style-type: none"> <li>• e-visits</li> <li>• retail health clinic (office visit)</li> <li>• physician office visits</li> <li>• office and outpatient lab services</li> <li>• office and outpatient lab diagnostic imaging</li> <li>• allergy injections and serum</li> <li>• Urgent Care professional services</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Other professional services</b> <ul style="list-style-type: none"> <li>• chiropractic manipulation (office visit)</li> <li>• chiropractic therapy</li> <li>• home health care</li> <li>• physical therapy, occupational therapy, speech therapy (office visit)</li> <li>• physical therapy, occupational therapy, speech therapy (therapy)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance  Deductible then 20% coinsurance
<b>Hospital Inpatient services</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Hospital Outpatient services</b> <ul style="list-style-type: none"> <li>• facility lab services</li> <li>• facility diagnostic imaging</li> <li>• chemotherapy and radiation therapy</li> <li>• scheduled outpatient surgery</li> <li>• urgent care services (facility services)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Emergency care</b> <ul style="list-style-type: none"> <li>• emergency room (facility charges)</li> <li>• professional charges</li> <li>• ambulance (medically necessary transport to the nearest facility equipped to treat the condition)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	



	In network* MN Network: High Value Network National Network: BlueCard PPO	Out of network**
<b>Durable Medical Equipment</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Behavioral health (mental health and substance abuse services)</b> <ul style="list-style-type: none"> <li>• inpatient professional services</li> <li>• outpatient professional services (office visits)</li> <li>• outpatient hospital/facility services</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Prescription drugs – Classic Network</b> <ul style="list-style-type: none"> <li>• <b>retail</b> (31-day limit) <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>• closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> </ul> </li> <li>• <b>90dayRx – Mail order pharmacy</b> (90-day limit) <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>• closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> </ul> </li> <li>• <b>90dayRx – Retail pharmacy</b> (90-day limit) <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>• closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> </ul> </li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance Deductible then 0% coinsurance	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 <b>bluecrossmn.com</b> and select "Prescriptions," then see "frequently asked questions."	

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**July 1, 2024**

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	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
<b>Plan-year deductible</b> The in- and out-of-network deductibles cross apply. Deductible carryover does not apply.	Medical and prescription combined \$6,000 individual \$12,000 family	Medical and prescription combined \$8,250 individual \$16,500 family
<b>Coinsurance Level – What the member pays</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Plan-year out-of-pocket maximum</b> The in- and out-of-network out-of-pocket maximums cross apply Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$6,000 individual \$12,000 family	Medical and prescription combined \$10,000 individual \$20,000 family
<b>Benefit payment levels</b>	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.
<b>Preventive care</b> <ul style="list-style-type: none"> <li>• well-child care to age 6</li> <li>• prenatal care</li> <li>• preventive medical evaluations age 6 and older</li> <li>• cancer screening</li> <li>• preventive hearing and vision exams</li> <li>• immunizations and vaccinations</li> </ul>	0% 0% 0% 0% 0% 0%	0% 0% Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Omada®</b> <ul style="list-style-type: none"> <li>• diabetes and cardiovascular disease prevention program</li> </ul>	0%	No coverage
<b>Physician services</b> <ul style="list-style-type: none"> <li>• e-visits</li> <li>• retail health clinic (office visit)</li> <li>• physician office visits</li> <li>• office and outpatient lab services</li> <li>• office and outpatient lab diagnostic imaging</li> <li>• allergy injections and serum</li> <li>• Urgent Care professional services</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Other professional services</b> <ul style="list-style-type: none"> <li>• chiropractic manipulation (office visit)</li> <li>• chiropractic therapy</li> <li>• home health care</li> <li>• physical therapy, occupational therapy, speech therapy (office visit)</li> <li>• physical therapy, occupational therapy, speech therapy (therapy)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance  Deductible then 20% coinsurance
<b>Hospital Inpatient services</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Hospital Outpatient services</b> <ul style="list-style-type: none"> <li>• facility lab services</li> <li>• facility diagnostic imaging</li> <li>• chemotherapy and radiation therapy</li> <li>• scheduled outpatient surgery</li> <li>• urgent care services (facility services)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance



**Jordan Public Schools**  
**\$6,000 Embedded Deductible HRA – High Value Network**  
**July 1, 2024**

Coinsurance reflects member responsibility

	In network* MN Network: High Value Network National Network: BlueCard PPO	Out of network**
<b>Plan-year deductible</b> The in- and out-of-network deductibles accumulate separately. Deductible carryover does not apply.	Medical and prescription combined \$6,000 individual \$12,000 family	Medical and prescription combined \$8,250 individual \$16,500 family
<b>Coinsurance Level – What the member pays</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Plan-year out-of-pocket maximum</b> The in- and out-of-network 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 combined \$6,000 individual \$12,000 family	Medical and prescription combined \$10,000 individual \$20,000 family
<b>Benefit payment levels</b>	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.
<b>Preventive care</b> <ul style="list-style-type: none"> <li>• well-child care to age 6</li> <li>• prenatal care</li> <li>• preventive medical evaluations age 6 and older</li> <li>• cancer screening</li> <li>• preventive hearing and vision exams</li> <li>• immunizations and vaccinations</li> </ul>	0% 0% 0% 0% 0% 0%	0% 0% Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Omada®</b> <ul style="list-style-type: none"> <li>• diabetes and cardiovascular disease prevention program</li> </ul>	0%	No coverage
<b>Physician services</b> <ul style="list-style-type: none"> <li>• e-visits</li> <li>• retail health clinic (office visit)</li> <li>• physician office visits</li> <li>• office and outpatient lab services</li> <li>• office and outpatient lab diagnostic imaging</li> <li>• allergy injections and serum</li> <li>• Urgent Care professional services</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Other professional services</b> <ul style="list-style-type: none"> <li>• chiropractic manipulation (office visit)</li> <li>• chiropractic therapy</li> <li>• home health care</li> <li>• physical therapy, occupational therapy, speech therapy (office visit)</li> <li>• physical therapy, occupational therapy, speech therapy (therapy)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance  Deductible then 20% coinsurance
<b>Hospital Inpatient services</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Hospital Outpatient services</b> <ul style="list-style-type: none"> <li>• facility lab services</li> <li>• facility diagnostic imaging</li> <li>• chemotherapy and radiation therapy</li> <li>• scheduled outpatient surgery</li> <li>• urgent care services (facility services)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance



	In network*		Out of network**
	MN Network: High Value Network National Network: BlueCard PPO		
<b>Emergency care</b> <ul style="list-style-type: none"> <li>• emergency room (facility charges)</li> <li>• professional charges</li> <li>• ambulance (medically necessary transport to the nearest facility equipped to treat the condition)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance		
<b>Durable Medical Equipment</b>	Deductible then 0% coinsurance		Deductible then 20% coinsurance
<b>Behavioral health (mental health and substance abuse services)</b> <ul style="list-style-type: none"> <li>• inpatient professional services</li> <li>• outpatient professional services (office visits)</li> <li>• outpatient hospital/facility services</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance		Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Prescription drugs – Classic Network</b> <ul style="list-style-type: none"> <li>• <b>retail</b> (31-day limit) <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>• closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> </ul> </li> <li>• <b>90dayRx – Mail order pharmacy</b> (90-day limit) <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>• closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> </ul> </li> <li>• <b>90dayRx – Retail pharmacy</b> (90-day limit) <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>• closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> </ul> </li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance Deductible then 0% coinsurance		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 <a href="http://bluecrossmn.com">bluecrossmn.com</a> and select "Prescriptions," then see "frequently asked questions."		

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](http://bluecrossmn.com).

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

**Jordan Public Schools**  
**\$6,000 Embedded Deductible - HSA – Aware Network**  
**July 1, 2024**

Coinsurance reflects member responsibility

	In network* MN Network: Aware National Network: Blue Card PPO	Out of network**
<b>Plan-year deductible</b> The in- and out-of-network deductibles cross apply. Deductible carryover does not apply.	Medical and prescription combined \$6,000 individual \$12,000 family	Medical and prescription combined \$8,250 individual \$16,500 family
<b>Coinsurance Level – What the member pays</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Plan-year out-of-pocket maximum</b> The in- and out-of-network out-of-pocket maximums cross apply Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$6,000 individual \$12,000 family	Medical and prescription combined \$10,000 individual \$20,000 family
<b>Benefit payment levels</b>	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.
<b>Preventive care</b> <ul style="list-style-type: none"> <li>• well-child care to age 6</li> <li>• prenatal care</li> <li>• preventive medical evaluations age 6 and older</li> <li>• cancer screening</li> <li>• preventive hearing and vision exams</li> <li>• immunizations and vaccinations</li> </ul>	0% 0% 0% 0% 0% 0%	0% 0% Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Omada®</b> <ul style="list-style-type: none"> <li>• diabetes and cardiovascular disease prevention program</li> </ul>	0%	No coverage
<b>Physician services</b> <ul style="list-style-type: none"> <li>• e-visits</li> <li>• retail health clinic (office visit)</li> <li>• physician office visits</li> <li>• office and outpatient lab services</li> <li>• office and outpatient lab diagnostic imaging</li> <li>• allergy injections and serum</li> <li>• Urgent Care professional services</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Other professional services</b> <ul style="list-style-type: none"> <li>• chiropractic manipulation (office visit)</li> <li>• chiropractic therapy</li> <li>• home health care</li> <li>• physical therapy, occupational therapy, speech therapy (office visit)</li> <li>• physical therapy, occupational therapy, speech therapy (therapy)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance  Deductible then 20% coinsurance
<b>Hospital Inpatient services</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Hospital Outpatient services</b> <ul style="list-style-type: none"> <li>• facility lab services</li> <li>• facility diagnostic imaging</li> <li>• chemotherapy and radiation therapy</li> <li>• scheduled outpatient surgery</li> <li>• urgent care services (facility services)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Emergency care</b> <ul style="list-style-type: none"> <li>• emergency room (facility charges)</li> <li>• professional charges</li> <li>• ambulance (medically necessary transport to the nearest facility equipped to treat the condition)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	

	In network* MN Network: Aware National Network: Blue Card PPO	Out of network**
<b>Durable Medical Equipment</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Behavioral health (mental health and substance abuse services)</b> <ul style="list-style-type: none"> <li>inpatient professional services</li> <li>outpatient professional services (office visits)</li> <li>outpatient hospital/facility services</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Prescription drugs – Classic Network</b> <ul style="list-style-type: none"> <li><b>retail (31-day limit)</b> <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>closed plan design</li> <li>preferred generic</li> <li>preferred brand</li> </ul> </li> <li><b>90dayRx – Mail order pharmacy (90-day limit)</b> <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>closed plan design</li> <li>preferred generic</li> <li>preferred brand</li> </ul> </li> <li><b>90dayRx – Retail pharmacy (90-day limit)</b> <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>closed plan design</li> <li>preferred generic</li> <li>preferred brand</li> </ul> </li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance Deductible then 0% coinsurance	No coverage No coverage  No coverage No coverage  No coverage No coverage
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8/2/2021

**Jordan Public Schools**  
**\$6,000 Embedded Deductible HSA – High Value Network**  
**July 1, 2024**

Coinsurance reflects member responsibility

	In network* MN Network: High Value Network National Network: BlueCard PPO	Out of network**
<b>Plan-year deductible</b> The in- and out-of-network deductibles accumulate separately. Deductible carryover does not apply.	Medical and prescription combined \$6,000 individual \$12,000 family	Medical and prescription combined \$8,250 individual \$16,500 family
<b>Coinsurance Level – What the member pays</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Plan-year out-of-pocket maximum</b> The in- and out-of-network 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 combined \$6,000 individual \$12,000 family	Medical and prescription combined \$10,000 individual \$20,000 family
<b>Benefit payment levels</b>	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.
<b>Preventive care</b> <ul style="list-style-type: none"> <li>• well-child care to age 6</li> <li>• prenatal care</li> <li>• preventive medical evaluations age 6 and older</li> <li>• cancer screening</li> <li>• preventive hearing and vision exams</li> <li>• immunizations and vaccinations</li> </ul>	0% 0% 0% 0% 0% 0%	0% 0% Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Omada®</b> <ul style="list-style-type: none"> <li>• diabetes and cardiovascular disease prevention program</li> </ul>	0%	No coverage
<b>Physician services</b> <ul style="list-style-type: none"> <li>• e-visits</li> <li>• retail health clinic (office visit)</li> <li>• physician office visits</li> <li>• office and outpatient lab services</li> <li>• office and outpatient lab diagnostic imaging</li> <li>• allergy injections and serum</li> <li>• Urgent Care professional services</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Other professional services</b> <ul style="list-style-type: none"> <li>• chiropractic manipulation (office visit)</li> <li>• chiropractic therapy</li> <li>• home health care</li> <li>• physical therapy, occupational therapy, speech therapy (office visit)</li> <li>• physical therapy, occupational therapy, speech therapy (therapy)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance  Deductible then 20% coinsurance
<b>Hospital Inpatient services</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Hospital Outpatient services</b> <ul style="list-style-type: none"> <li>• facility lab services</li> <li>• facility diagnostic imaging</li> <li>• chemotherapy and radiation therapy</li> <li>• scheduled outpatient surgery</li> <li>• urgent care services (facility services)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Emergency care</b> <ul style="list-style-type: none"> <li>• emergency room (facility charges)</li> <li>• professional charges</li> <li>• ambulance (medically necessary transport to the nearest facility equipped to treat the condition)</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	



	In network* MN Network: High Value Network National Network: BlueCard PPO	Out of network**
<b>Durable Medical Equipment</b>	Deductible then 0% coinsurance	Deductible then 20% coinsurance
<b>Behavioral health (mental health and substance abuse services)</b> <ul style="list-style-type: none"> <li>• inpatient professional services</li> <li>• outpatient professional services (office visits)</li> <li>• outpatient hospital/facility services</li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
<b>Prescription drugs – Classic Network</b> <ul style="list-style-type: none"> <li>• <b>retail</b> (31-day limit) <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>• closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> </ul> </li> <li>• <b>90dayRx – Mail order pharmacy</b> (90-day limit) <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>• closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> </ul> </li> <li>• <b>90dayRx – Retail pharmacy</b> (90-day limit) <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>• closed plan design</li> <li>• preferred generic</li> <li>• preferred brand</li> </ul> </li> </ul>	Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance Deductible then 0% coinsurance  Deductible then 0% coinsurance Deductible then 0% coinsurance	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 <b>bluecrossmn.com</b> and select "Prescriptions," then see "frequently asked questions."	

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## 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](http://doctorondemand.com/bluecrossmn)

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

### Online behavioral health programs

Concerned about substance use, stress, insomnia, depression, social anxiety, panic or resilience? Learn to Live is an online program that's available anytime to help you work through it.

- Visit [learntolive.com/partners](http://learntolive.com/partners) and enter code BCBSMN

Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support.

### 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](http://bluecrossmn.com/BCA)

Blue Care Advisor<sup>SM</sup> 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/bcbssmn](http://blue365deals.com/bcbssmn)

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](http://bluecrossmn.com/BCA)

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### 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](http://bluecrossmn.com) or call 1-888-662-BLUE (2583). TTY users, call 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/BCBSMN1](http://omadahealth.com/BCBSMN1). See your plan materials for details.

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

### Autism program

Licensed professionals provide clinical and administrative assistance to get you and your family the support and treatment you need.

- Call 1-855-312-9107

### Eating disorder program

Get one-on-one support for you or a family member at risk of or recovering from an eating disorder.

- Call 1-855-312-9107

### Opioid use program

Get assistance identifying underlying conditions that contribute to substance use and find appropriate care to support recovery.

- Call 1-855-312-9107

### Gender Care Services

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

- Visit [bluecrossmn.com/GenderCare](http://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
 <b>MEDICAL/ MENTAL HEALTH ADVICE</b>	Common medical and mental health concerns addressed by phone	Call your clinic for availability.	 short to medium	\$0 – \$
 <b>CARE QUICKLY</b>	<b>Online care</b> Colds, cough or flu, bladder infections, mental health*	Visit <b>doctorondemand.com/ bluecrossmn</b> 24 hours a day, seven days a week or check with your provider.	 short	\$
 <b>CARE TODAY</b>	<b>Convenience clinic</b> Minor illnesses or injuries, screenings and vaccinations	No appointment necessary. Often available nights and weekends.	 short	\$\$
 <b>CARE SOON</b>	<b>Office visit</b> 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	\$\$ – \$\$\$
 <b>CARE NOW</b>	<b>Urgent care</b> 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	\$\$\$\$
 <b>CARE IMMEDIATELY</b>	<b>Emergency room (ER)</b> 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.

\*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 make sure you receive the highest level of benefits. Each healthcare provider is an independent contractor and not our agent.



# KEEP MORE \$\$ IN YOUR POCKET

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WHEN YOU STAY IN NETWORK

## **Don't pay more for care than you should**

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 important is 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.

To find out if a provider is in network, visit your member website to search or call customer service.

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.



## 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. Along with covered service costs, your copays (if your plan has them) may count toward your deductible.

**Deductible carryover:** Some costs that apply to your deductible may carry over to the next year. In most cases, these costs occur in the last three months of your plan year.

**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 Healthcare 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.

**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.

**Non-embedded deductible:** Plan begins paying benefits that require cost sharing once the entire family deductible is met. The deductible can be met by one or a combination of several family members. The single deductible applies to single coverage only.

**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.

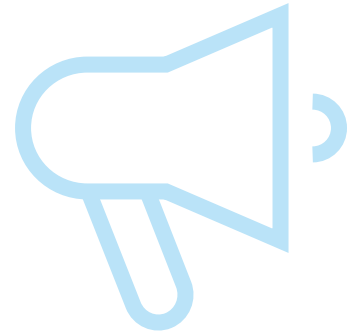
**Provider:** Refers to doctors, clinics, hospitals, pharmacies and other healthcare professionals.

**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](https://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](https://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.

## NOTES