$3,300/$6,600 BlueCard PPO HSA Plan
January 1, 2025

	In network* MN Network – Aware National Network- BlueCard PPO	Out of network**
Calendar-year deductible The deductibles for all networks cross apply.	Medical and Prescription Combined $3,300 per person $6,600 family	Medical and Prescription combined $4,000 per person $8,000 family
Coinsurance- What member pays	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Calendar-year out-of-pocket maximum The out-of-pocket maximums for all networks 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 $5,000 per person $10,000 family	Medical and Prescription combined $8,000 per person $16,000 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 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations	 0% 0% 0% 0% 0% 0%	 Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Physician services • e-visits • in-hospital medical visits • surgery and anesthesia • professional lab services • office visits due to illness or injury • urgent care (clinic-based) • retail health clinic • professional diagnostic imaging • allergy injections and serum	 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 Deductible then 20% coinsurance Deductible then 20% coinsurance	 Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Other professional services • chiropractic manipulation • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy	 Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance	 Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Inpatient hospital services	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Outpatient hospital services • facility diagnostic imaging • facility lab services • chemotherapy and radiation therapy • physical, occupational and speech therapy • scheduled outpatient surgery • urgent care (hospital-based)	 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 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Emergency care • emergency room • physician charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance	
Medical supplies	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Behavioral health (mental health and chemical dependency care) • inpatient care • outpatient care • professional care	 Deductible then 20% coinsurance Deductible then 20% coinsurance	 Deductible then 50% coinsurance Deductible then 50% coinsurance

	In network* MN Network – Aware National Network- BlueCard PPO	Out of network**
	Deductible then 20% coinsurance	Deductible then 50% coinsurance
Preventive drug benefit	Deductible is waived	Deductible is waived
Prescription drugs- Select Network • **retail** (31-day limit) **FlexRx preferred drug list** • preferred generic • preferred brand • non-preferred brand • specialty preferred • specialty non-preferred	 No deductible, 30% up to $50 max Deductible then 30% up to $150 max Deductible then 30% up to $250 max Deductible then 30% up to $375 max Deductible then 30% up to $625 max	 No deductible, 30% up to $50 max Deductible then 30% up to $150 max Deductible then 30% up to $250 max No coverage No coverage
• **90dayRx – Mail order or Retail pharmacy** (90-day limit) **FlexRx preferred drug list** • generic • preferred brand • non-preferred brand	 No deductible, 30% up to $125 max Deductible then 30% up to $375 max Deductible then 30% up to $625 max	 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 selected when a generic drug is available. The drug list uses a step therapy program. Visit the Prescription Drugs section of **bluecrossmn.com** for more details.	

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

This is only a summary. Read your Summary Plan Description for more information about what is and isn't covered. Services that aren't covered include those that are cosmetic, investigative, and not medically necessary or covered by workers' compensation or no-fault insurance.

See the glossary at the end of this document for term definitions.

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