

2023

MEMBER RESOURCE GUIDE

Get the most from your health plan

Jordan Public Schools

Contacts

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

Use the Find a Doctor tool on **bluecrossmn.com/findadoctor**

Select “National BlueCard and BlueCard PPO”

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

ONLINE CARE

Go to **doctorondemand.com/bluecrossmn**

PRESCRIPTION DRUGS

To find a retail or home delivery pharmacy in your network, log in to your member website

HEALTH AND WELLBEING RESOURCES

Log in to your member website to see a full list of resources and tools

Quitting tobacco and vaping

1-888-662-BLUE (2583)

Maternity management

1-866-489-6948

BLUE CROSS CENTERS

Get help in-person from the health plan experts. Visit bluecrossmn.com/centers to schedule an appointment.

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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.

Inside this guide you'll find information on:

- What to consider when choosing or learning about a plan
- Health and wellbeing resources and programs
- Answers to FAQs, basic terms and other helpful tips

QUESTIONS?

Call customer service or visit
bluecrossmn.com/contact.

*NAIC Blue Cross Blue Shield Association market insights data, 2021.

Your plan info at your fingertips

There's nothing more important than your health, and Blue Care AdvisorSM is the new way to guide you through your healthcare journey. Registering at your member website is the first step to getting personalized information about your health plan.

You can easily access your personal plan information, resources and tools on your member website. When your member ID card arrives (in the mail), go online and register at bluecrossmn.com/login. Once registered, you can:

- Find doctors, clinics, hospitals and pharmacies
- View claims and Explanations of Healthcare Benefits (EOBs)
- Send secure emails to customer service
- View, print, email or order member ID cards
- Check health financial accounts 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.

You'll need your member ID card to register.
Be sure to have it handy.

HOW TO REGISTER

- 1 Click "Register"
- 2 Fill out the registration fields using the information on your member ID card
- 3 Create your login ID and password
- 4 Validate your email address
- 5 Log in to see your personal information

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.

		In Ntwk	Out Ntwk
Ind Ded		\$	\$
Fam Ded		\$	\$
Ind OOP		\$	\$
Fam OOP		\$	\$

SYMBOLS PRINT HERE

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

Group number

This identifies your employer's plan.

Plan details

Questions?

Contact information is on the back of your ID card.

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

Understanding your costs

Having health insurance means you and a health plan share in paying your medical costs. The share you pay changes throughout your plan year as you receive medical care and pay costs. Here's how it works:

During your plan year, you'll have two groups of costs: health plan **fees** and **medical care costs**. The plan tracks what you pay in medical costs and applies eligible costs (see glossary) toward certain milestones (see deductible and out-of-pocket maximum on the next page). 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 are descriptions of health plan fees, medical costs and milestones:

HEALTH PLAN FEES



Premium

Your regular payment to your health plan (on a monthly, per paycheck, etc. basis)

Your employer may pay part of your premium.



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

MEDICAL COSTS



Copays (your plan may or may not have 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.



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.

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



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



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.

HEALTH PLAN MILESTONES AND STAGES



Deductible (your plan may or may not have a deductible)

When your plan begins, you are in the first stage where you pay for all covered medical services. When these costs hit a certain amount (the deductible), you move into the next stage.



Your deductible **counts toward** your out-of-pocket maximum.



Coinsurance

This stage starts after you hit your deductible. Now, 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.



Coinsurance **counts toward** your out-of-pocket maximum.



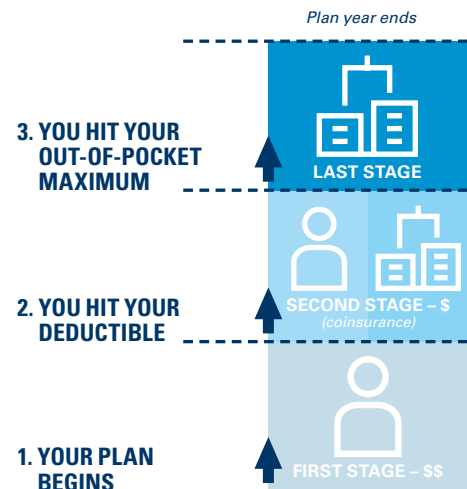
Out-of-pocket maximum

This is the last stage of your plan. When the medical costs you've paid reach a certain amount (the out-of-pocket maximum), the health plan pays all your covered medical costs for the plan year's remainder.*

*Covered medical costs up to the lifetime maximum.

UNDERSTANDING PLAN MILESTONES AND STAGES

1. When your plan begins, you're in the first stage. You pay for all your covered medical costs until you hit the **deductible**.
2. After hitting your deductible, you enter the next stage. You now pay only a percentage of your medical costs and the health plan pays the rest. This is the **coinsurance** stage of your plan.
3. The coinsurance stage lasts until you reach the **out-of-pocket maximum**. At that point, the plan starts paying for all covered medical costs for the rest of the plan year.



HOW YOUR CLAIMS ARE PROCESSED

1

You go to your healthcare provider.



2

Your provider files the claim (in network).



3

You receive an Explanation of Healthcare Benefits (EOB). (This is not a bill.)



4

You receive a statement from your provider. Make sure it matches your EOB.



5

You pay your provider for your portion of the costs.



Understanding your networks

NETWORKS

A network is a group of medical providers (doctors, clinics and hospitals) with which the health plan has an agreement. The agreement means you get a discount on medical care when you go to these providers. If you have providers you prefer, you'll want to check if they're in the network you're considering. (You can see if a provider is in your network using the Find a Doctor tool on your member website.)

Network types

Preferred provider organization (PPO) – With this type of network, you can see any doctor in your network — no referral required.

NATIONAL AND INTERNATIONAL NETWORK

- **National BlueCard® and BlueCard® PPO** – Access to more than 1.7 million providers nationwide
- **Blue Cross Blue Shield Global® Core** – Access to coverage in 190 countries and territories worldwide

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.

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, Centracare Health, M Health Fairview, Lakewood, Sanford Health, Gundersen Health, and Winona Health. Visit bluecrossmn.com and use the Find a Doctor tool to find in-network providers.

PREVENTIVE CARE

Most preventive visits are covered at

 **100%**

when you see a doctor in network

(Check your benefit booklet on your member website.)

IS A PROVIDER IN THE NETWORK?

To see if a doctor, clinic or hospital is in a specific network, log in at bluecrossmn.com/findadoctor and use the Find a Doctor tool or call customer service.

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. Also, think about your financial situation and if it’s important to you to keep your current providers.



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.)

DO YOU (AND YOUR DEPENDENTS) EXPECT TO:

See a doctor regularly?

☐ Yes

☐ No

Need regular prescriptions, specialty drugs or medical equipment?

☐ Yes

☐ No

Have surgery, childbirth or other major medical care?

☐ Yes

☐ No



	IF MORE “YES” BOXES CHECKED...	IF MORE “NO” BOXES CHECKED...
Recommended plan type	Higher-premium/ lower-deductible plan	Lower-premium/ higher-deductible plan
Why is this recommended?	If you pay more for your premium, your out-of-pocket costs will be less when you get care.	If you don’t expect to need much medical care, you can choose to pay less for your premium.
Cautions	Be sure you can afford the higher premium because you will pay this regularly.	Be sure you can afford out-of-pocket medical costs if you should need care unexpectedly.



Is keeping your current doctor important to you?

If yes, be sure to check if that doctor is in the network you’re considering. If the provider isn’t in the network, it will cost you more to see this doctor. Find out if a provider is in network by calling customer service or visit bluecrossmn.com/findadoctor and use the Find a Doctor tool.

Jordan Public Schools
\$1,500 Non-Embedded Deductible - HRA – Aware Network
July 1, 2023

Coinsurance reflects member responsibility.

	In network* MN Network: Aware National Network: Blue Card PPO	Out of network**
Plan-year deductible The in- and out-of-network deductibles cross apply. Deductible carryover does not apply.	Medical and prescription combined \$1,500 single \$3,000 family	
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Omada® diabetes and cardiovascular disease prevention program	0%	No coverage
Physician services - e-visits - retail health clinic (office visit) - physician office visits - office and outpatient lab services - office and outpatient lab diagnostic imaging - allergy injections and serum - Urgent Care professional services	First 5 visits 0%, subsequent visits 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
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Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit bluecrossmnonline.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.)

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

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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8/2/2021



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\$1,500 Non-Embedded Deductible HSA – Aware Network
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\$3,750 Embedded Deductible HRA – Aware Network
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Plan-year out-of-pocket maximum 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 \$3,750 individual \$7,500 family	Medical and prescription combined \$5,000 individual \$10,000 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 age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations	0% 0% 0% 0% 0% 0%	0% 0% Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Omada® • diabetes and cardiovascular disease prevention program	0%	No coverage
Physician services • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient lab diagnostic imaging • allergy injections and serum • Urgent Care professional services	First 5 visits 0%, subsequent visits 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
Other professional services • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy)	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
Hospital Inpatient services	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Hospital Outpatient services • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services)	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: High Value Network National Network: Blue Card PPO	Out of network**
Emergency care • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	
Durable Medical Equipment	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Behavioral health (mental health and substance abuse services) • inpatient professional services • outpatient professional services (office visits) • outpatient hospital/facility services	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Prescription drugs – Classic Network • retail (31-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand • 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand • 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand	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 bluecrossmnonline.com and select “Prescriptions,” then see “frequently asked questions.”	

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Jordan Public Schools
\$3,750 Embedded Deductible HSA – Aware Network
July 1, 2023

Coinsurance reflects member responsibility

	In network* MN Network: Aware National Network: Blue Card PPO	Out of network**
Plan-year deductible The in- and out-of-network deductibles cross apply. Deductible carryover applies.	Medical and prescription combined \$3,750 individual \$7,500 family	Medical and prescription combined \$3,750 individual \$7,500 family
Coinsurance Level – What the member pays	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Plan-year out-of-pocket maximum 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 \$3,750 individual \$7,500 family	Medical and prescription combined \$5,000 individual \$10,000 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 age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations	0% 0% 0% 0% 0% 0%	0% 0% Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Omada® • diabetes and cardiovascular disease prevention program	0%	No coverage
Physician services • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient lab diagnostic imaging • allergy injections and serum • Urgent Care professional services	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
Other professional services • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy)	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
Hospital Inpatient services	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Hospital Outpatient services • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services)	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
Emergency care • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	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**
Durable Medical Equipment	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Behavioral health (mental health and substance abuse services) - inpatient professional services - outpatient professional services (office visits) - outpatient hospital/facility services	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Prescription drugs – Classic Network retail (31-day limit) FlexRx preferred drug list - closed plan design - preferred generic - preferred brand 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list - closed plan design - preferred generic - preferred brand 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list - closed plan design - preferred generic - preferred brand	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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	In network* MN Network: High Value Network National Network: Blue Card PPO	Out of network**
Plan-year deductible The in- and out-of-network deductibles accumulate separately. Deductible carryover does not apply.	Medical and prescription combined \$3,750 individual \$7,500 family	Medical \$3,750 individual \$7,500 family
Coinsurance Level – What the member pays	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Plan-year out-of-pocket maximum 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 \$3,750 individual \$7,500 family	Medical and prescription combined \$5,000 individual \$10,000 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 age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations	0% 0% 0% 0% 0% 0%	0% 0% Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Omada® • diabetes and cardiovascular disease prevention program	0%	No coverage
Physician services • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient lab diagnostic imaging • allergy injections and serum • Urgent Care professional services	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
Other professional services • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy)	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
Hospital Inpatient services	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Hospital Outpatient services • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services)	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
Emergency care • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	

	In network* MN Network: High Value Network National Network: Blue Card PPO	Out of network**
Durable Medical Equipment	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Behavioral health (mental health and substance abuse services) - inpatient professional services - outpatient professional services (office visits) - outpatient hospital/facility services	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Prescription drugs – Classic Network retail (31-day limit) FlexRx preferred drug list - closed plan design - preferred generic - preferred brand 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list - closed plan design - preferred generic - preferred brand 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list - closed plan design - preferred generic - preferred brand	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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\$6,000 Embedded Deductible HRA – Aware Network
July 1, 2023

Coinsurance reflects member responsibility

	In network* MN Network: Aware National Network: Blue Card PPO	Out of network**
Plan-year deductible 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
Coinsurance Level – What the member pays	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Plan-year out-of-pocket maximum 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
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% Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Omada® • diabetes and cardiovascular disease prevention program	0%	No coverage
Physician services • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient lab diagnostic imaging • allergy injections and serum • Urgent Care professional services	First 5 visits 0%, subsequent visits 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
Other professional services • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy)	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
Hospital Inpatient services	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Hospital Outpatient services • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services)	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

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Emergency care • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	
Durable Medical Equipment	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Behavioral health (mental health and substance abuse services) • inpatient professional services • outpatient professional services (office visits) • outpatient hospital/facility services	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Prescription drugs – Classic Network • retail (31-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand • 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand • 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand	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 bluecrossmnonline.com and select “Prescriptions,” then see “frequently asked questions.”	

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Coinsurance Level – What the member pays	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Plan-year out-of-pocket maximum 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
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% Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Omada® • diabetes and cardiovascular disease prevention program	0%	No coverage
Physician services • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient lab diagnostic imaging • allergy injections and serum • Urgent Care professional services	First 5 visits 0%, subsequent visits 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
Other professional services • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy)	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
Hospital Inpatient services	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Hospital Outpatient services • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services)	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

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Emergency care • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	
Durable Medical Equipment	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Behavioral health (mental health and substance abuse services) • inpatient professional services • outpatient professional services (office visits) • outpatient hospital/facility services	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Prescription drugs – Classic Network • retail (31-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand • 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand • 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand	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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	In network* MN Network: Aware National Network: Blue Card PPO	Out of network**
Plan-year deductible 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
Coinsurance Level – What the member pays	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Plan-year out-of-pocket maximum 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
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% Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Omada® • diabetes and cardiovascular disease prevention program	0%	No coverage
Physician services • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient lab diagnostic imaging • allergy injections and serum • Urgent Care professional services	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
Other professional services • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy)	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
Hospital Inpatient services	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Hospital Outpatient services • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services)	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
Emergency care • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	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**
Durable Medical Equipment	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Behavioral health (mental health and substance abuse services) • inpatient professional services • outpatient professional services (office visits) • outpatient hospital/facility services	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Prescription drugs – Classic Network • retail (31-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand • 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand • 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand	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 bluecrossmnonline.com 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 bluecrossmnonline.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.)

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

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

8/2/2021



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

Jordan Public Schools
\$6,000 Embedded Deductible HSA – High Value Network
July 1, 2023

Coinsurance reflects member responsibility

	In network* MN Network: High Value Network National Network: Blue Card PPO	Out of network**
Plan-year deductible 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
Coinsurance Level – What the member pays	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Plan-year out-of-pocket maximum 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
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% Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Omada® • diabetes and cardiovascular disease prevention program	0%	No coverage
Physician services • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient lab diagnostic imaging • allergy injections and serum • Urgent Care professional services	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
Other professional services • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy)	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
Hospital Inpatient services	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Hospital Outpatient services • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services)	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
Emergency care • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	

	In network* MN Network: High Value Network National Network: Blue Card PPO	Out of network**
Durable Medical Equipment	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Behavioral health (mental health and substance abuse services) - inpatient professional services - outpatient professional services (office visits) - outpatient hospital/facility services	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Prescription drugs – Classic Network retail (31-day limit) FlexRx preferred drug list - closed plan design - preferred generic - preferred brand 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list - closed plan design - preferred generic - preferred brand 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list - closed plan design - preferred generic - preferred brand	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 bluecrossmnonline.com 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 bluecrossmnonline.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.)

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

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8/2/2021



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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 ADVICE	Common 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, 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 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.

How your pharmacy benefits work

Blue Cross works with Prime Therapeutics to provide you a pharmacy network (pharmacies that have an agreement with Blue Cross) and a formulary (a list of FDA-approved prescription drugs covered by your plan). Using your pharmacy network and formulary medications can help you save money.

Find an in-network pharmacy To find a retail pharmacy in your network, log in to your member website (located on the back of your member ID card). (Note: If you go to an out-of-network pharmacy, you may pay the full cost of the prescription.)

90-day prescriptions If you're taking a drug long term, you can save time by ordering up to a 90-day supply at participating in-network retail pharmacies or through mail order. To sign up for home delivery, log in to your member website.

Specialty pharmacies Specialty drugs for complex illnesses (like psoriasis, multiple sclerosis or hemophilia) generally cost more or require extra support and are only available through specialty pharmacies. Your plan requires you to use a pharmacy in the Blue Cross Specialty Pharmacy Network for these medications. Visit your member website or call customer service for information.

CHECK IF A DRUG IS COVERED

To see if a drug is on your formulary, log in to your member website. Drugs not on your drug list may cost you more.

UTILIZATION MANAGEMENT

Blue Cross has utilization management programs that help to ensure you get the right drugs for your needs.

- **Prior authorizations** – Ensures appropriate prescribing and use before a drug will be covered. Coverage may be approved after certain criteria are met.
- **Quantity limits** – The maximum amount of drug allowed for each fill. Quantity limits are based on the number of days or number of units (pills, capsules, ounces, etc.). Limits promote safe, cost-effective drug use.
- **Step therapy** – Requires trying another drug that may be more safe, clinically effective and, in some cases, less expensive before a more expensive drug is approved.

Your pharmacy network:
Classic Pharmacy Network

Your formulary:
FlexRx Closed



INSULIN COVERAGE

Tier 1 and Tier 2* insulin options will be included as a covered benefit with \$0 out-of-pocket cost.

*Tier 1 and Tier 2 are generally defined as consisting of preferred generic and brand drugs available through a plan's formulary.

To get more details about your pharmacy plan or formulary, log in to your member website or call customer service.

Prime Therapeutics LLC is an independent company providing pharmacy benefit management services.

Each pharmacy is an independent company that provides pharmaceutical services.

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. Blue Care Advisor helps you navigate all your benefits with timely, relevant information to help you understand your plan, get the care you need and stay on track with your health goals.

CARE OPTIONS

Blue Distinction Centers® (BDC)

Receive quality care from providers that have earned national recognition for high-quality, low-cost care.

- Look for the BDC designation in the Find a Doctor tool

Blue Distinction Centers (BDCs) met overall quality measures for patient safety and outcomes, developed with input from the medical community. Designation as a BDC means these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your plan at any facilities, please call the customer service number on the back of your member ID card before making an appointment, to verify the most current information on its network participation and Blue Distinction status.

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.

Online behavioral health programs

Concerned about substance use, stress, insomnia, depression or 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 and enter code BCBSMN

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



SUPPORT RESOURCES

Integrated health and wellbeing platform

Blue Care Advisor connects you to everything you need to easily manage your healthcare. Find in-network healthcare providers along with cost estimates on care. Access claims, medical spending and wellness tools in one convenient location. Plus, track your daily activities to help meet your health goals.

- 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/bcbsmn or log in to your member website

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

Health management

Receive professional support for managing chronic or serious health conditions. Includes education, treatment plan support and community resource information.

- Call the number on the back of your member ID card

Maternity management

Receive support and guidance from a maternity case manager.

- Call 1-866-489-6948

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 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/or heart disease.

- Visit omadahealth.com/BCBSMN1. See your plan materials for details.

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



FOR A HEALTHIER TOMORROW, SCHEDULE YOUR PREVENTIVE VISIT TODAY

The best time to start thinking about your health is *before* you get sick, and routine checkups can catch health problems early.

Learn more at bluecrossmn.com/visits.



ONLINE BEHAVIORAL HEALTH

EMOTIONS GETTING THE BEST OF YOU?

Learn to Live offers confidential, online help with substance use, insomnia, stress, excessive worry or depression.

Learn more today.

Top things to know — for understanding your plan

Q What's the difference between participating, nonparticipating, in network and out of network?

PARTICIPATING		NONPARTICIPATING
Provider/pharmacy has an agreement with your health plan		Provider/pharmacy DOES NOT have an agreement with your health plan
In-network provider/pharmacy	Out-of-network provider/pharmacy	AND Provider/pharmacy is NOT in your plan's network
\$	\$\$	\$\$\$

Each provider is an independent contractor and not our agent.

Q Who do I pay when my EOB says I owe money?	A Don't pay anything when you receive an EOB. You will receive a bill from the provider. This is what you pay.
Q Do I need prior authorization?	A Some procedures require approval prior to receiving services. This is called "prior authorization." A clinical team will review treatment recommendations to make sure the most appropriate care is provided at the right time. Call customer service to find out if your procedure requires prior authorization.
Q How do I know if a doctor, clinic or hospital is in my network?	A You can find out if a provider is in your network by using the Find a Doctor tool at bluecrossmn.com/findadoctor or by calling customer service.
Q How do I access the member website and what can I find there?	A Using your member ID card, register at bluecrossmn.com/login . Once registered, you can: • Find doctors, clinics, hospitals and pharmacies • View claims and Explanations of Healthcare Benefits (EOBs) • Send secure emails to customer service • View, print, email or order member ID cards • Check health financial accounts balances (if applicable) • Access health and wellbeing resources

Q What's the difference between an embedded and non-embedded deductible?

A Embedded and non-embedded deductibles apply to family plans.

Deductible (definition)

When your plan begins, you are in the first stage where you pay for all covered medical services. When these costs hit a certain amount (the deductible), you move into the next stage where the health plan pays for some of your medical costs (coinsurance).

Embedded deductible

When one family member hits the per-person deductible, the health plan begins paying some of that person's medical costs. When the family deductible is met, the plan pays some of the medical costs for all family members.

Non-embedded deductible

When the family deductible is met, the plan begins sharing costs for each member. The deductible can be met by one or a combination of family members.

Glossary — terms to know

Your health plan will make more sense if you know a few important terms.

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: (Your plan may or may not have copays.) 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.

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.

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.

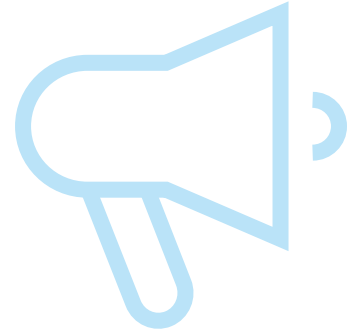
Service (also called "care"): Medical procedures, treatment, and prescription drugs.

Be in the know

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 ("Legal, Privacy & Privacy Notices" at the page's bottom) 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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Better together

You and BlueSM



| MN