

	In network*	Out of network**
Calendar-year deductible	\$2,500 individual \$5,000 family	
Coinsurance	Deductible then 80% coinsurance	Deductible then 60% coinsurance
Calendar-year out-of-pocket maximum Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	\$5,000 individual \$10,000 family Prescriptions: \$750 individual \$1,500 family	\$6,000 individual \$12,000 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 <ul style="list-style-type: none"> • 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 	100% 100% 100% 100% 100% 100%	100% 100% Deductible then 60% coinsurance Deductible then 60% coinsurance Deductible then 60% coinsurance Deductible then 60% coinsurance
Omada® <ul style="list-style-type: none"> • diabetes • diabetes and cardiovascular disease 	100% 100%	No coverage No coverage
Physician services <ul style="list-style-type: none"> • 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 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance	Deductible then 60% coinsurance Deductible then 60% coinsurance Deductible then 60% coinsurance Deductible then 60% coinsurance Deductible then 60% coinsurance Deductible then 60% coinsurance Deductible then 60% coinsurance Deductible then 60% coinsurance Deductible then 60% coinsurance Deductible then 60% coinsurance
Other professional services <ul style="list-style-type: none"> • chiropractic manipulation • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy 	Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance	Deductible then 60% coinsurance Deductible then 60% coinsurance Deductible then 60% coinsurance Deductible then 60% coinsurance
Inpatient hospital services	Deductible then 80% coinsurance	Deductible then 60% coinsurance
Outpatient hospital services <ul style="list-style-type: none"> • facility diagnostic imaging • facility lab services • chemotherapy and radiation therapy • physical, occupational and speech therapy • scheduled outpatient surgery • urgent care (hospital-based) 	Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance	Deductible then 60% coinsurance Deductible then 60% coinsurance Deductible then 60% coinsurance Deductible then 60% coinsurance Deductible then 60% coinsurance Deductible then 60% coinsurance
Emergency care <ul style="list-style-type: none"> • emergency room • physician charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition) 	Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance	
Medical supplies	Deductible then 80% coinsurance	Deductible then 60% coinsurance
Bariatric surgery	Deductible then 80% coinsurance	Deductible then 60% coinsurance
Reproduction treatments	No coverage	

	In network*	Out of network**
Behavioral health (mental health and chemical dependency care) <ul style="list-style-type: none"> inpatient care outpatient care professional care 	Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance	Deductible then 60% coinsurance Deductible then 60% coinsurance Deductible then 60% coinsurance
Prescription drugs –Select Network <ul style="list-style-type: none"> retail (31-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> closed plan design preferred generic preferred brand specialty 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> Closed plan design preferred generic preferred brand 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> Closed plan design preferred generic preferred brand 	100% after 25% coinsurance 100% after 25% coinsurance 100% after 25% coinsurance 100% after 25% coinsurance 100% after 25% coinsurance 100% after 25% coinsurance	100% after 25% coinsurance 100% after 25% coinsurance 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. 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

****Higher out-of-pocket costs:** out-of-network participating providers

Highest out-of-pocket costs: out-of-network **nonparticipating** providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

This 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.

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

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

