## Health Summary - Group 10416258

9/1/2020 - 12/31/2021

Carti Summary Group 10410230		9/1/2020 12/31/2021
	In network* Aware	Out of network**
Calendar-year deductible No fourth quarter carryover Embedded deductible	\$5,000 individual \$10,000 family	
Coinsurance	Deductible then 100% coinsurance	Deductible then 80% 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	\$5,500 individual \$11,000 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	100% 100% 100% 100% 100%	100% 100% Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance
Omada® • diabetes • diabetes and cardiovascular disease	100% 100%	No coverage No coverage
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 100% coinsurance	Deductible then 80% coinsurance
Other professional services	Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance	Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance
Inpatient hospital services	Deductible then 100% coinsurance	Deductible then 808% 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 100% coinsurance	Deductible then 80% coinsurance
Emergency care  emergency room  physician charges  ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance	
Medical supplies	Deductible then 100% coinsurance	Deductible then 80% coinsurance
Bariatric surgery	No coverage	
Reproduction treatments	No coverage	

	In network* Aware	Out of network**	
Behavioral health (mental health and chemical dependency care)			
inpatient care	Deductible then 100% coinsurance	Deductible then 80% coinsurance	
outpatient care     professional care	Deductible then 100% coinsurance Deductible then 100% coinsurance	Deductible then 80% coinsurance Deductible then 80% coinsurance	
Prescription drugs – Classic Network retail (31-day limit) KeyRx preferred drug list	Deductible then 100% coinsurance	No coverage	
• 90dayRx – Mail order pharmacy (90-day limit) KeyRx preferred drug list closed plan design • Tier 1 • Tier 2 • Tier 3  • 90dayRx – Retail pharmacy (90-day limit) KeyRx preferred drug list closed plan design • Tier 1 • Tier 2 • Tier 3	Deductible then 100% coinsurance  Deductible then 100% coinsurance	No Coverage  No Coverage	
• Hel 3	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.

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.



<sup>\*</sup>Lowest out-of-pocket costs: in-network providers

<sup>\*\*</sup>Higher out-of-pocket costs: out-of-network participating providers