

Blue Cross Custom Plan 2023
HVN HSA \$6,000 Deductible 0% Coinsurance VBBD Plan
January 1, 2023

Coinsurance reflects member responsibility

	In network* MN Network: High Value Network National Network: BlueCard PPO	Out of network**
Calendar-year deductible The in- and out-of-network maximums accumulate separately.	Medical \$6,000 individual \$12,000 family	Medical \$10,000 individual \$20,000 family
Coinsurance Level – What the member pays	Deductible then 0% coinsurance	Deductible then 50% coinsurance
Calendar-year out-of-pocket maximum The in- and 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 \$20,000 individual \$40,000 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 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Physician services <ul style="list-style-type: none"> • 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 • specialist office visits • 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 0% 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 <ul style="list-style-type: none"> • 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 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Hospital Inpatient services	Deductible then 0% coinsurance	Deductible then 50% coinsurance
Hospital outpatient services <ul style="list-style-type: none"> • 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 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Emergency care <ul style="list-style-type: none"> • 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 50% coinsurance
Bariatric surgery	No coverage	

	In network* MN Network: High Value Network National Network: BlueCard PPO	Out of network**
Assisted fertilization	No coverage	
Behavioral health (mental health and substance abuse services) <ul style="list-style-type: none"> • inpatient professional services • outpatient professional services (office visits) • outpatient professional services (office – other services) • outpatient hospital/facility services 	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Prescription drugs – Classic Network Retail (31-day limit) KeyRx drug list <ul style="list-style-type: none"> • Tier 1 – Preferred generics • Tier 2 – Non-preferred generics • Tier 3 – Preferred brands • Tier 4 – Non-preferred brands Specialty drug list 90dayRx – Mail order pharmacy (90-day limit) or Retail pharmacy (90-day limit) KeyRx drug list <ul style="list-style-type: none"> • Tier 1 – Preferred generics • Tier 2 – Non-preferred generics • Tier 3 – Preferred brands • Tier 4 – Non-preferred brands 	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 0% Coinsurance Deductible then 0% Coinsurance	No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage
Value Based Benefit Design (preventive Rx) Drug coverage for the following conditions: diabetes (drugs and supplies), high blood pressure, cholesterol lowering, anti-coagulants/anti-platelets, respiratory, osteoporosis	100%	No Coverage
Important Information About Your Pharmacy Benefits	<p>90dayRx applies to participating retail and/or mail service pharmacy only.</p> <p>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).</p> <p>The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available.</p> <p>The drug list uses a step therapy program. Sign in at bluecrossmn.com and select "Prescriptions," then see "frequently asked questions."</p>	

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 **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 plan is not Medicare Part D creditable.

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.

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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