

| | In network* MN network — Aware National network — BlueCard PPO | Out of network** |
|--|---|---|
| Emergency care • emergency room • physician services • ambulance (medically necessary transport to the nearest facility) | | Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. |
| Medical supplies | Deductible then 100% coins. | Deductible then 80% coins. |
| Bariatric surgery | No coverage | |
| Reproduction treatments | No coverage | |
| Behavioral health (mental health and chemical dependency care) • inpatient care • outpatient care • professional care | Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. | Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. |
| Prescription Drugs • retail (31-day limit) FlexRx preferred drug list • open plan design • preferred generic • preferred brand • non-preferred • specialty • 90dayRx FlexRx preferred drug list • open plan design • preferred generic • preferred brand • non-preferred | Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. | Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. |
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| | 90dayRx applies to participating and/or mail service pharmacy. 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 www.bluecrossmn.com for more details. | |

Your out-of-pocket costs depend on the network status of your provider. To check the status of a provider, call Blue Cross and Blue Shield of Minnesota customer service or visit bluecrossmn.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 Summary Plan Description 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 non-fault insurance. Preexisting conditions may not be covered for a limited period of time for age 19 and older. This limit is reduced by prior continuous coverage and doesn't apply to pregnancy, newborns, adopted children, individuals under 19 or handicapped dependents. Consumer Price Index Annual Adjustment: the deductible, copay and out-of-pocket maximum amounts are subject to annual adjustments. These adjustments are based on the medical care component of the Consumer Price Index (CPI) published by the U.S. Department of Labor. These annual adjustments are effective on the annual renewal date.

For more information, visit bluecrossmn.com or call Blue Cross customer service at (651) 662-5001 and 1-800-531-6676.



For the health of all.

Blue Cross® and Blue Shield® of Minnesota is a merged/interdependent licensee of the Blue Cross and Blue Shield Association.