



Plan Number	Plan Description	Subscriber	Family
AWARE NETWORK Deductible Copay Plans			
MHC18001	\$0 Deductible, 90% coinsurance, \$2,500/\$5,000 out of pocket maximum, \$15/50/100 Rx Copay, \$25 Office Visit Copay, Aware Network		
MHC18032	\$500/\$1,000 Deductible, 80% coinsurance, \$2,000/\$4,000 out of pocket maximum, \$15/50/100 Rx Copay, \$25 Office Visit Copay, Aware Network		
MHC18046	\$1,000/\$2,000 Deductible, 80% coinsurance, \$3,000/\$6,000 out of pocket maximum, \$15/50/100 Rx Copay, \$25 Office Visit Copay, Aware Network		
MHC18049	\$1,500/\$3,000 Deductible, 80% coinsurance, \$3,500/\$7,000 out of pocket maximum, \$15/50/100 Rx Copay, \$25 Office Visit Copay, Aware Network		
MHC18050	\$2,000/\$4,000 Deductible, 70% coinsurance, \$4,000/\$8,000 out of pocket maximum, \$15/50/100 Rx Copay, \$35 Office Visit Copay, Aware Network		
MHC18051	\$2,500/\$5,000 Deductible, 80% coinsurance, \$5,000/\$10,000 out of pocket maximum, \$15/50/100 Rx Copay, \$35 Office Visit Copay, Aware Network		
AWARE NETWORK HRA Plans			
MHC18078	\$1,000/\$2,000 Deductible, 80% coinsurance, \$3,300/\$6,600 out of pocket maximum, \$15/50/150 Rx Copay, \$25 Office Visit Copay, Aware Network		
MHC18079	\$2,500/\$5,000 Deductible, 80% coinsurance, \$7,350/\$14,700 out of pocket maximum, \$15/50/150 Rx Copay, \$25 Office Visit Copay, Aware Network		
MHC18080	\$3,000/\$6,000 Deductible, 80% coinsurance, \$7,350/\$14,700 out of pocket maximum, \$15/50/150 Rx Copay, \$25 Office Visit Copay, Aware Network		
AWARE NETWORK Deductible with Rx Copay Plans			
MHC18002	\$500/\$1,000 Deductible, 80% coinsurance, \$2,000/\$4,000 out of pocket maximum, \$15/50/100 Rx Copay, Aware Network		
MHC18066	\$1,000/\$2,000 Deductible, 70% coinsurance, \$3,000/\$6,000 out of pocket maximum, \$15/50/100 Rx Copay, Aware Network		
MHC18006	\$1,500/\$3,000 Deductible, 80% coinsurance, \$3,500/\$7,000 out of pocket maximum, \$15/50/100 Rx Copay, Aware Network		
AWARE NETWORK Optimized Plans			
MHC18027	\$4,000/\$8,000 Deductible, 70% coinsurance, \$7,350/\$14,700 out of pocket maximum, \$15/50/100 Rx Copay, \$35 Office Visit Copay, Aware Network		
MHC18036	\$5,000/\$10,000 Deductible, 70% coinsurance, \$7,350/\$14,700 out of pocket maximum, \$15/50/100 Rx Copay, Aware Network		
MHC18042**	\$7,350/\$14,700 Deductible, 100% coinsurance, \$7,350/\$14,700 out of pocket maximum, Rx subject to deductible, Minimum Value, Aware Network		
AWARE NETWORK HSA Compatible Plans			
MHC18030*	\$2,000/\$2,000 Deductible, 100% coinsurance, \$2,000/\$2,000 out of pocket maximum, Rx 100% after deductible, HSA qualified, Aware Network		
MHC18017	\$2,700/\$5,400 Deductible, 100% coinsurance, \$2,700/\$5,400 out of pocket maximum, Rx 100% after deductible, HSA qualified, Aware Network		
MHC18075	\$3,000/\$6,000 Deductible, 100% coinsurance, \$3,000/\$6,000 out of pocket maximum, Rx 100% after deductible, HSA qualified, Aware Network		
MHC18068	\$3,500/\$7,000 Deductible, 100% coinsurance, \$3,500/\$7,000 out of pocket maximum, Rx 100% after deductible, HSA qualified, Aware Network		
MHC18081	\$4,000/\$8,000 Deductible, 100% coinsurance, \$4,000/\$8,000 out of pocket maximum, Rx 100% after deductible, HSA qualified, Aware Network		
MHC18069	\$4,500/\$9,000 Deductible, 100% coinsurance, \$4,500/\$9,000 out of pocket maximum, Rx 100% after deductible, HSA qualified, Aware Network		
MHC18083	\$5,000/\$10,000 Deductible, 100% coinsurance, \$5,000/\$10,000 out of pocket maximum, Rx 100% after deductible, HSA qualified, Aware Network		
MHC18015**	\$6,000/\$12,000 Deductible, 100% coinsurance, \$6,000/\$12,000 out of pocket maximum, Rx 100% after deductible, HSA qualified, Aware Network		
MHC18062**	\$6,350/\$12,700 Deductible, 100% coinsurance, \$6,350/\$12,700 out of pocket maximum, Rx 100% after deductible, HSA qualified, Aware Network		



Plan Number	Plan Description	Subscriber	Family
AWARE NETWORK HSA Compatible Plans with Preventive Rx Pack			
MHC18030P*	\$2,000/\$2,000 Deductible, 100% coinsurance, \$2,000/\$2,000 out of pocket maximum, Rx 100% after deductible, HSA qualified, with Preventive Rx Pack, Aware Network		
MHC18017P	\$2,700/\$5,400 Deductible, 100% coinsurance, \$2,700/\$5,400 out of pocket maximum, Rx 100% after deductible, with Preventive Rx Pack, HSA qualified, Aware Network		
MHC18075P	\$3,000/\$6,000 Deductible, 100% coinsurance, \$3,000/\$6,000 out of pocket maximum, Rx 100% after deductible, with Preventive Rx Pack, HSA qualified, Aware Network		
MHC18068P	\$3,500/\$7,000 Deductible, 100% coinsurance, \$3,500/\$7,000 out of pocket maximum, Rx 100% after deductible, with Preventive Rx Pack, HSA qualified, Aware Network		
MHC18081P	\$4,000/\$8,000 Deductible, 100% coinsurance, \$4,000/\$8,000 out of pocket maximum, Rx 100% after deductible, with Preventive Rx Pack HSA qualified, Aware Network		
MHC18069P	\$4,500/\$9,000 Deductible, 100% coinsurance, \$4,500/\$9,000 out of pocket maximum, Rx 100% after deductible, with Preventive Rx Pack, HSA qualified, Aware Network		
MHC18083P	\$5,000/\$10,000 Deductible, 100% coinsurance, \$5,000/\$10,000 out of pocket maximum, Rx 100% after deductible, with Preventive Rx Pack, HSA qualified, Aware Network		
MHC18015P**	\$6,000/\$12,000 Deductible, 100% coinsurance, \$6,000/\$12,000 out of pocket maximum, Rx 100% after deductible, with Preventive Rx Pack, HSA qualified, Aware Network		
MHC18062P**	\$6,350/\$12,700 Deductible, 100% coinsurance, \$6,350/\$12,700 out of pocket maximum, Rx 100% after deductible, with Preventive Rx Pack, HSA qualified, Aware Network		
HIGH VALUE NETWORK Deductible Copay Plans			
MHC18034	\$500/\$1,000 Deductible, 80% coinsurance, \$2,000/\$4,000 out of pocket maximum, \$15/50/100 Rx Copay, \$25 Office Visit Copay, High Value Network		
MHC18047	\$1,000/\$2,000 Deductible, 80% coinsurance, \$3,000/\$6,000 out of pocket maximum, \$15/50/100 Rx Copay, \$25 Office Visit Copay, High Value Network		
MHC18076	\$1,500/\$3,000 Deductible, 80% coinsurance, \$3,500/\$7,000 out of pocket maximum, \$15/50/100 Rx Copay, \$25 Office Visit Copay, High Value Network		
MHC18077	\$2,000/\$4,000 Deductible, 70% coinsurance, \$4,000/\$8,000 out of pocket maximum, \$15/50/100 Rx Copay, \$35 Office Visit Copay, High Value Network		
MHC18052	\$2,500/\$5,000 Deductible, 80% coinsurance, \$5,000/\$10,000 out of pocket maximum, \$15/50/100 Rx Copay, \$35 Office Visit Copay, High Value Network		
HIGH VALUE NETWORK Deductible with Rx Copay Plans			
MHC18033	\$500/\$1,000 Deductible, 80% coinsurance, \$2,000/\$4,000 out of pocket maximum, \$15/50/100 Rx Copay, High Value Network		
MHC18035	\$1,000/\$2,000 Deductible, 70% coinsurance, \$3,000/\$6,000 out of pocket maximum, \$15/50/100 Rx Copay, High Value Network		
MHC18031	\$1,500/\$3,000 Deductible, 80% coinsurance, \$3,500/\$7,000 out of pocket maximum, \$15/50/100 Rx Copay, High Value Network		
HIGH VALUE NETWORK Optimized Plans			
MHC18028	\$4,000/\$8,000 Deductible, 70% coinsurance, \$7,350/\$14,700 out of pocket maximum, \$15/50/100 Rx Copay, \$35 Office Visit Copay, High Value Network		
MHC18037	\$5,000/\$10,000 Deductible, 70% coinsurance, \$7,350/\$14,700 out of pocket maximum, \$15/50/100 Rx Copay, High Value Network		
MHC18043**	\$7,350/\$14,700 Deductible, 100% coinsurance, \$7,350/\$14,700 out of pocket maximum, Rx subject to deductible, Minimum Value, High Value Network		
HIGH VALUE NETWORK HSA Compatible Plans			
MHC18038*	\$2,000/\$2,000 Deductible, 100% coinsurance, \$2,000/\$2,000 out of pocket maximum, Rx 100% after deductible, HSA qualified, High Value Network		
MHC18040	\$2,700/\$5,400 Deductible, 100% coinsurance, \$2,700/\$5,400 out of pocket maximum, Rx 100% after deductible, HSA qualified, High Value Network		
MHC18041	\$3,000/\$6,000 Deductible, 100% coinsurance, \$3,000/\$6,000 out of pocket maximum, Rx 100% after deductible, HSA qualified, High Value Network		
MHC18072	\$3,500/\$7,000 Deductible, 100% coinsurance, \$3,500/\$7,000 out of pocket maximum, Rx 100% after deductible, HSA qualified, High Value Network		
MHC18082	\$4,000/\$8,000 Deductible, 100% coinsurance, \$4,000/\$8,000 out of pocket maximum, Rx 100% after deductible, HSA qualified, High Value Network		
MHC18073	\$4,500/\$9,000 Deductible, 100% coinsurance, \$4,500/\$9,000 out of pocket maximum, Rx 100% after deductible, HSA qualified, High Value Network		
MHC18084	\$5,000/\$10,000 Deductible, 100% coinsurance, \$5,000/\$10,000 out of pocket maximum, Rx 100% after deductible, HSA qualified, High Value Network		
MHC18044**	\$6,000/\$12,000 Deductible, 100% coinsurance, \$6,000/\$12,000 out of pocket maximum, Rx 100% after deductible, HSA qualified, High Value Network		
MHC18063**	\$6,350/\$12,700 Deductible, 100% coinsurance, \$6,350/\$12,700 out of pocket maximum, Rx 100% after deductible, HSA qualified, High Value Network		



Plan Number	Plan Description	Subscriber	Family
ACCESS NETWORK Deductible Copay Plans			
MHC18003	\$500/\$1,000 Deductible, 80% coinsurance, \$2,000/\$4,000 out of pocket maximum, \$15/50/100 Rx Copay, \$25 Office Visit Copay, Access Network		
MHC18004	\$1,000/\$2,000 Deductible, 80% coinsurance, \$3,000/\$6,000 out of pocket maximum, \$15/50/100 Rx Copay, \$25 Office Visit Copay, Access Network		
MHC18005	\$1,500/\$3,000 Deductible, 80% coinsurance, \$3,500/\$7,000 out of pocket maximum, \$15/50/100 Rx Copay, \$25 Office Visit Copay, Access Network		
MHC18007	\$2,000/\$4,000 Deductible, 70% coinsurance, \$4,000/\$8,000 out of pocket maximum, \$15/50/100 Rx Copay, \$35 Office Visit Copay, Access Network		
MHC18008	\$2,500/\$5,000 Deductible, 80% coinsurance, \$5,000/\$10,000 out of pocket maximum, \$15/50/100 Rx Copay, \$35 Office Visit Copay, Access Network		
ACCESS NETWORK Deductible with Rx Copay Plans			
MHC18009	\$500/\$1,000 Deductible, 80% coinsurance, \$2,000/\$4,000 out of pocket maximum, \$15/50/100 Rx Copay, Access Network		
MHC18010	\$1,000/\$2,000 Deductible, 70% coinsurance, \$3,000/\$6,000 out of pocket maximum, \$15/50/100 Rx Copay, Access Network		
MHC18011	\$1,500/\$3,000 Deductible, 80% coinsurance, \$3,500/\$7,000 out of pocket maximum, \$15/50/100 Rx Copay, Access Network		
ACCESS NETWORK Optimized Plans			
MHC18029	\$4,000/\$8,000 Deductible, 70% coinsurance, \$7,350/\$14,700 out of pocket maximum, \$15/50/100 Rx Copay, \$35 Office Visit Copay, Access Network		
MHC18039	\$5,000/\$10,000 Deductible, 70% coinsurance, \$7,350/\$14,700 out of pocket maximum, \$15/50/100 Rx Copay, Access Network		
MHC18045**	\$7,350/\$14,700 Deductible, 100% coinsurance, \$7,350/\$14,700 out of pocket maximum, Rx subject to deductible, Minimum Value, Access Network		
ACCESS NETWORK HSA Compatible Plans			
MHC18012*	\$2,000/\$2,000 Deductible, 100% coinsurance, \$2,000/\$2,000 out of pocket maximum, Rx 100% after deductible, HSA qualified, Access Network		
MHC18013	\$2,700/\$5,400 Deductible, 100% coinsurance, \$2,700/\$5,400 out of pocket maximum, Rx 100% after deductible, HSA qualified, Access Network		
MHC18014	\$3,000/\$6,000 Deductible, 100% coinsurance, \$3,000/\$6,000 out of pocket maximum, Rx 100% after deductible, HSA qualified, Access Network		
MHC18016	\$3,500/\$7,000 Deductible, 100% coinsurance, \$3,500/\$7,000 out of pocket maximum, Rx 100% after deductible, HSA qualified, Access Network		
MHC18018	\$4,000/\$8,000 Deductible, 100% coinsurance, \$4,000/\$8,000 out of pocket maximum, Rx 100% after deductible, HSA qualified, Access Network		
MHC18019	\$4,500/\$9,000 Deductible, 100% coinsurance, \$4,500/\$9,000 out of pocket maximum, Rx 100% after deductible, HSA qualified, Access Network		
MHC18023	\$5,000/\$10,000 Deductible, 100% coinsurance, \$5,000/\$10,000 out of pocket maximum, Rx 100% after deductible, HSA qualified, Access Network		
MHC18024**	\$6,000/\$12,000 Deductible, 100% coinsurance, \$6,000/\$12,000 out of pocket maximum, Rx 100% after deductible, HSA qualified, Access Network		
MHC18085**	\$6,350/\$12,700 Deductible, 100% coinsurance, \$6,350/\$12,700 out of pocket maximum, Rx 100% after deductible, HSA qualified, Access Network		



Plan Number	Plan Description	Subscriber	Family
METRO MN (ALLINA NETWORK) OPTIONS			
MHC18021	\$500/\$1,000 Deductible, 80% coinsurance, \$2,000/\$4,000 out of pocket maximum, Rx: Allina: \$15G/\$45B, Select: \$25G/\$50B Rx, Metro MN Network		
MHC18022	\$1,000/\$2,000 Deductible, 80% coinsurance, \$3,250/\$6,500 out of pocket maximum, Rx: Allina: \$15G/\$45B, Select: \$25G/\$50B Rx, Metro MN Network		
MHC18020	\$2,700/\$5,400 Deductible, 80% coinsurance, \$5,400/\$10,800 out of pocket maximum, Rx subject to deductible and coinsurance, HSA qualified, Metro MN Network		
MHC18056	\$3,500/\$7,000 Deductible, 80% coinsurance, \$6,350/\$12,700 out of pocket maximum, Rx subject to deductible and coinsurance, HSA qualified, Metro MN Network		
MHC18064**	\$6,350/\$12,700 Deductible, 100% coinsurance, \$6,350/\$12,700 out of pocket maximum, Rx 100% after deductible, HSA qualified, Metro MN Network		
WESTERN MN (SANFORD NETWORK) OPTIONS			
MHC18070	\$500/\$1,000 Deductible, 80% coinsurance, \$2,000/\$4,000 out of pocket maximum, Rx: \$15/50 Rx, Western MN Network		
MHC18048	\$1,000/\$2,000 Deductible, 80% coinsurance, \$3,250/\$6,500 out of pocket maximum, Rx: \$15/50 Rx, Western MN Network		
MHC18026	\$2,700/\$5,400 Deductible, 80% coinsurance, \$5,400/\$10,800 out of pocket maximum, Rx subject to deductible and coinsurance, HSA qualified, Western MN Network		
MHC18057	\$3,500/\$7,000 Deductible, 80% coinsurance, \$6,350/\$12,700 out of pocket maximum, Rx subject to deductible and coinsurance, HSA qualified, Western MN Network		
MHC18065**	\$6,350/\$12,700 Deductible, 100% coinsurance, \$6,350/\$12,700 out of pocket maximum, Rx 100% after deductible, HSA qualified, Western MN Network		

Blue Cross Blue Shield standard plans are reevaluated annually to provide the most cost effective networks, formularies, and plan provisions. Selection of one of the above plans provides these annual updates to your members. Details will be provided at renewal.

* Specific plans designated as non-embedded per the IRS; all other plans are embedded.

** These plans are not Medicare Part D credible.