

\$900 BlueCard PPO HRA Plan

January 1, 2019

	In network*	Out of network**
Calendar-year deductible The deductibles for all networks cross apply.	Medical and Prescription combined \$900 per person \$1,800 family	Medical and Prescription combined \$1,800 per person \$3,600 family
Coinsurance	Deductible then 80% coinsurance	Deductible then 50% coinsurance
Calendar-year out-of-pocket maximum The out-of-pocket maximums for all networks cross apply. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and Prescription combined \$4,000 per person \$8,000 family	Medical and Prescription combined \$8,000 per person \$16,000 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 6 and older •cancer screening •preventive hearing and vision exams •immunizations and vaccinations 	100% 100% 100% 100% 100% 100%	Deductible then 50% coinsurance Deductible then 50% coinsurance 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 •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 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 Deductible then 50% 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 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Inpatient hospital services	Deductible then 80% coinsurance	Deductible then 50% 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 50% 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 •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 50% coinsurance
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 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance
Preventive drug benefit	Deductible is waived	Deductible is waived

	In network*	Out of network**
Prescription drugs •retail (31-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> • generic • preferred brand • non-preferred brand • specialty preferred • specialty non-preferred •90dayRx – Mail order or Retail pharmacy (90-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> • Generic • preferred brand • non-preferred brand 	No deductible, 30% up to \$50 max Deductible then 30% up to \$150 max Deductible then 30% up to \$250 max Deductible then 30% up to \$375 max Deductible then 30% up to \$625 max	No deductible, 30% up to \$50 max Deductible then 30% up to \$150 max Deductible then 30% up to \$250 max No coverage No coverage
	No deductible, 30% up to \$125 max Deductible then 30% up to \$375 max Deductible then 30% up to \$625 max	No coverage 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. Visit the Prescription Drugs section of bluecrossmnonline.com for more details.		

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

****Highest out-of-pocket costs:** out-of-network 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, 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, and not medically necessary or covered by workers' compensation or no-fault insurance.

See the glossary at the end of this document for term definitions.

For more information, visit bluecrossmnonline.com or call Blue Cross customer service at the number on the back of your member ID card.