Waconia School District ISD #110 Aware PPO Plan with \$20 copay July 1, 2022

*Coinsurance reflects member responsibility

	In network*	Out of potwork**
	MN Network – Aware National Network – BlueCard PPO	Out of network**
Plan-year deductible	Medical	Medical
The in- and out-of-network maximums accumulate	\$0 single	\$200 single
separately. Deductible carryover applies.	\$0 family	\$600 family
Coinsurance	0%	Deductible then 25% coinsurance
Plan-year out-of-pocket maximum	Medical	Medical
The in- and out-of-pocket maximums accumulate		
separately.	\$750 single	\$1,500 single
Non-covered charges and charges in excess of the	\$1,500 family	\$3,000 family
allowed amount do not apply to the out-of-pocket maximum.	Prescriptions: \$300 per person; \$500 per family	Prescriptions: \$300 per person; \$500 per family
Benefit payment levels	Payment for participating network providers as described. Most	If nonparticipating provider services are covered, you are responsible for
	providers as described. Most payments are based on allowed	the difference between the billed
	amount.	charges and allowed amount. Most
		payments are based on allowed
		amount.
Preventive care		
well-child care to age 6	0%	0%
 prenatal care preventive medical evaluations age 6 and older	0%	0% Deductible then 25% coinsurance
cancer screening	0%	Deductible then 25% coinsurance
 preventive hearing and vision exams 	0%	Deductible then 25% coinsurance
 immunizations and vaccinations 	0%	Deductible then 25% coinsurance
Omada®		
diabetes and cardiovascular disease prevention program	0%	No coverage
Physician services		
e-visits	0%	Deductible then 25% coinsurance
in-hospital medical visits	0%	Deductible then 25% coinsurance
• surgery and anesthesia	0%	Deductible then 25% coinsurance
professional lab services office visite due to illness existing	0%	Deductible then 25% coinsurance
 office visits due to illness or injury urgent care (clinic-based) 	0% after \$20 copay	Deductible then 25% coinsurance Deductible then 25% coinsurance
retail health clinic	0% after \$20 copay	Deductible then 25% coinsurance
professional diagnostic imaging	0%	Deductible then 25% coinsurance
 allergy injections and serum 	0%	Deductible then 25% coinsurance
Other professional services	0% -# #20	
 chiropractic manipulation 	0% after \$20 copay 0%	Deductible then 25% coinsurance
chiropractic therapy	0%	Deductible then 25% coinsurance
home health care	0% after \$20 copay	Deductible then 25% coinsurance
physical therapy, occupational therapy, speech therapy		Deductible then 25% coinsurance
Inpatient hospital services	Deductible then 0%	Deductible then 25% coinsurance
Outpatient hospital services		
 facility diagnostic imaging 	0%	Deductible then 25% coinsurance
· ··· · · ·	0%	Deductible then 25% coinsurance
facility lab services		D I (11) (1 0-0) ·
 chemotherapy and radiation therapy 	0%	Deductible then 25% coinsurance
		Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance

	In network* MN Network – Aware National Network – BlueCard PPO	Out of network**
 Emergency care emergency room physician charges ambulance (medically necessary transport to the nearest facility equipped to treat the condition) 	0% after \$40 copay 0% 0%	
Medical supplies	0%	Deductible then 25% coinsurance
Behavioral health (mental health and chemical dependency care) • inpatient care • outpatient care • professional care	0% 0% 0%	Deductible then 25% coinsurance Deductible then 25% coinsurance Deductible then 25% coinsurance
Prescription drugs – Select Network • retail (34-day limit) • FlexRx preferred drug list • Open plan design • preferred generic • preferred brand • non-preferred	\$15 copay \$25 copay \$40 copay	\$15 copay \$25 copay \$40 copay
 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list open plan design preferred generic preferred brand non-preferred 	\$30 copay \$50 copay \$80 copay	No coverage No coverage No coverage
 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list open plan design preferred generic preferred brand non-preferred 	\$30 copay \$50 copay \$80 copay	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).	
Your out of posket gets depend on the natural status of your provider. To	The patient will pay the difference if a brand-name drug is dispensed 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. *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 by inclusive the amount billed by the previder.) 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 bluecrossmonline.com or call Blue Cross customer service at the number on the back of your member ID card.

The Omada program is from Omada Health, Inc., an independent company providing 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.

