Waconia School District ISD #110 \$500 Deductible CMM July 1, 2022

*Coinsurance reflects member responsibility

	In network* MN Network – Aware National Network: BlueCard Traditional	Out of network**
Plan-year deductible The deductible for all networks cross apply. Deductible carryover applies	Medical \$500 single \$1,000 family	
Coinsurance	Deductible then 20% coinsurance	Deductible then 20% coinsurance
Plan-year out-of-pocket maximum The in- and out-of-pocket maximums cross apply. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical \$750 single \$1,500 family Prescription: \$300 per person; \$500 per 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 • 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	0% 0% 0% 0% 0% 0%	0% 0% 0% 0% 0%
Omada® • diabetes and cardiovascular disease prevention program	0%	No coverage
Physician services • e-visits	First 5 e-visits 0%, subsequent visits Deductible then 20% coinsurance	Deductible then 20% coinsurance
 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 20% coinsurance	Deductible then 20% coinsurance
Other professional services	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Inpatient hospital services	Deductible then 20% coinsurance	Deductible then 20% coinsurance
Outpatient hospital services • facility diagnostic imaging • facility lab services • chemotherapy and radiation therapy • physical, occupational and speech therapy • scheduled outpatient surgery • urgent care (hospital-based)	Deductible then 20% coinsurance	Deductible then 20% coinsurance

	In network* MN Network – Aware National Network: BlueCard Traditional	Out of network**
Emergency care emergency room physician charges ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance	
Medical supplies	Deductible then 20% coinsurance	Deductible then 20% coinsurance
Behavioral health (mental health and chemical dependency care) • inpatient care • outpatient care • professional care	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% 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 OddayPry Pateil pharmacy (00 day limit)	\$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). 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-nocket costs depend on the network status of your provider. To		

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.

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 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 bluecrossmnonline.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.

^{*}Lowest out-of-pocket costs: in-network providers

^{**}Higher out-of-pocket costs: out-of-network participating providers