

Blue Cross Choices Turn-Key Plan 2017
T17069 Aware \$4,500 Deductible Plan
January 1, 2017

| | In network* MN network – Aware National network – BlueCard PPO | Out of network** |
|--|---|--|
| Calendar-year deductible All network deductibles accumulate separately. Deductible carryover does not apply. | Medical and prescription combined \$4,500 single \$9,000 family | Medical and prescription combined \$6,000 single \$12,000 family |
| Coinsurance | Deductible then 100% coinsurance | Deductible then 50% coinsurance |
| Calendar-year out-of-pocket maximum The out-of-pocket maximums for all networks accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum. | Medical and prescription combined \$4,500 single \$9,000 family | Medical and prescription combined \$12,000 single \$24,000 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 • 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 | 100% 100% 100% 100% 100% 100% | 100% 100% Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance |
| Physician services • 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 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% 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 • chiropractic manipulation • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy | Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance | Deductible then 50% coinsurance Deductible then 50% coinsurance No coverage Deductible then 50% coinsurance |
| Inpatient hospital services | Deductible then 100% coinsurance | Deductible then 50% 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 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% 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 • emergency room • physician charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition) | | Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance |
| Medical supplies | Deductible then 100% coinsurance | Deductible then 50% coinsurance |
| 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% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance | Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance |
| Prescription drugs Select network • retail (31-day limit) FlexRx preferred drug list • open plan design • preferred generic • preferred brand • non-preferred • specialty • 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list • open plan design • preferred generic • preferred brand • non-preferred • 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list • open plan design • preferred generic • preferred brand • non-preferred | Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance | No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage |
| | 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. Sign in at bluecrossmnonline.com and select "Prescriptions," then see "frequently asked questions s." | |

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 typically lower than the amount billed by the provider.)

This is only a summary. Read your Certificate of Coverage 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.

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 member.



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Envirosystems USA Inc.
\$4,500 Deductible Aware Plan
January 1, 2018

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|---|--|--|
| Calendar-year deductible All network deductibles accumulate separately. Deductible carryover does not apply. | Medical and prescription combined \$4,500 Individual \$9,000 Family | Medical and prescription combined \$9,000 Individual \$18,000 Family |
| Coinsurance | Deductible then 100% coinsurance | Deductible then 50% coinsurance |
| Calendar-year out-of-pocket maximum The out-of-pocket maximums for all networks accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum. | Medical and prescription combined \$4,500 Individual \$9,000 Family | Medical and prescription combined \$13,500 Individual \$27,000 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 • 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 | 100% 100% 100% 100% 100% 100% | 100% 100% Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance |
| Preventive care and online coaching diabetes and cardiovascular disease | 100% | No Coverage |
| Physician services • 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 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% 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 • chiropractic manipulation • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy | Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance | Deductible then 50% coinsurance Deductible then 50% coinsurance No Coverage Deductible then 50% coinsurance |
| Inpatient hospital services | Deductible then 100% coinsurance | Deductible then 50% 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 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% 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 • emergency room • physician charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition) | | Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance |
| Medical supplies | Deductible then 100% coinsurance | Deductible then 50% coinsurance |
| Bariatric surgery | No Coverage | |
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| Behavioral health (mental health and chemical dependency care) • inpatient care • outpatient care • professional care | Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance | Deductible then 50% coinsurance Deductible then 50% coinsurance Deductible then 50% coinsurance |
| Prescription drugs Classic Pharmacy Network Retail (31-day limit) FlexRx Open Preferred Drug List • preferred generic • preferred brand • nonpreferred Specialty Medications (31-day limit) | Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance | No Coverage No Coverage No Coverage No Coverage No Coverage |
| 90dayRx - mail order pharmacy (90-day limit) FlexRx Open Preferred Drug List • preferred generic • preferred brand • nonpreferred | Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance | No Coverage No Coverage No Coverage |
| 90dayRx - retail pharmacy (90-day limit) FlexRx Open Preferred Drug List • preferred generic • preferred brand • nonpreferred | Deductible then 100% coinsurance Deductible then 100% coinsurance Deductible then 100% coinsurance | No Coverage No Coverage No Coverage |
| Important Information About Your Pharmacy Benefits | 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 Drug section of bluecrossmnonline.com for more details. | |

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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.

This plan is creditable for Medicare Part D.

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

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