

**Jackson County Central
Western MN
July 1, 2019**

	In network* MN network: Western MN National network: Blue Card PPO	Out of network**
Calendar-year embedded deductible All network deductibles accumulate separately. Deductible carryover does not apply	Medical and prescription combined \$2,500 individual \$5,000 family	Medical and prescription combined \$5,000 individual \$10,000 family
Coinsurance	Deductible then 80% coinsurance	Deductible then 50% coinsurance
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums 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 \$20,000 individual \$40,000 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 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 <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 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 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 No coverage Deductible then 50% coinsurance
Chronic Condition Management (medical) Evidence-based lab/x-ray and other services required to manage condition. <ul style="list-style-type: none"> • diabetes • high blood pressure 	100% 100%	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

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Bariatric surgery	Deductible then 80% coinsurance	Deductible then 50% coinsurance
Reproduction treatments	Deductible then 80% coinsurance	Deductible then 50% coinsurance
Behavioral health (mental health and chemical dependency care) • 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
Chronic condition management (pharmacy) • diabetes (drugs and supplies) • high blood pressure • cholesterol lowering	100% 100% 100%	No coverage No coverage No coverage
Prescription drugs – Select Network Retail (31-day limit) GEN Rx Drug List • Preferred generic • Preferred brand	Deductible then 80% coinsurance Deductible then 80% coinsurance	Deductible then 50% coinsurance Deductible then 50% coinsurance
Specialty Medications (31-day limit)	Deductible then 80% coinsurance	No coverage
90dayRx - Mail Order Pharmacy (90-day limit) GEN Rx Drug List • Preferred generic • Preferred Brand	Deductible then 80% coinsurance Deductible then 80% coinsurance	No coverage No coverage No coverage
90dayRx - Retail Pharmacy (90-day limit) GEN Rx Drug List • Preferred generic • Preferred Brand	Deductible then 80% coinsurance Deductible then 80% coinsurance	No coverage No coverage No coverage
Important Information About Your Pharmacy Benefits	<p>90dayRx applies to participating retail and/or mail service pharmacy only.</p> <p>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).</p> <p>The patient will pay the difference if a brand-name drug is selected when a generic drug is available.</p> <p>The drug list uses a step therapy program. View the Prescription Drug section of westernbluecrossmn.com for more details.</p>	

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit westernbluecrossmn.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.)

Non embedded

This plan is creditable for Medicare Part D.

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

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.

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