2024 Pre-65 Retiree Medical Plan Options

Medical and pharmacy plan resources can be found at bluecrossmn.com/associate or by calling customer service at (651) 662-8304, toll free at 1-800-469-1110.

$500 Deductible Plan (Aware®/BlueCard® PPO Network or NetworkBlue*)

	In-Network*	Out-of-Network*
Annual Deductible • Deductibles and out-of-pocket maximums do not cross apply	$500 individual; $1,000 family.	$1,000 individual; $2,000 family.
Annual Out-of-Pocket Maximum (OOP) • Deductibles and out-of-pocket maximums do not cross apply. • Includes deductible, coinsurance, and copays	$1,500 individual; $3,000 family. Includes prescription drugs	$3,000 individual; $6,000 family. Includes prescription drugs
Preventive Care • routine physicals, immunizations, vaccinations, cancer screenings, well-childcare up to age 6, preventive vision and hearing exam	0%	40% after deductible
Physician Services • primary care office visits and associated lab and X-ray services • specialist office visits and associated lab and X-ray services • urgent care • inpatient professional services • outpatient professional services • telehealth visits with Doctor on Demand (DoD)	20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible 0%, deductible waived	40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible
Other Provider Services • chiropractic care • speech, occupational and physical therapy • home health care	20% after deductible 20% after deductible 20% after deductible	40% after deductible 40% after deductible 40% after deductible
Medical Equipment and Supplies	20% after deductible	40% after deductible
Inpatient Hospital Services	20% after deductible	40% after deductible
Outpatient Hospital Services • outpatient surgery, preadmission tests, radiation, therapy, chemotherapy or kidney dialysis • lab or X-rays	20% after deductible 20% after deductible	40% after deductible 40% after deductible
Emergency Care • emergency room and physician charges	20% after deductible	
Ambulance Services	20% after deductible	
Behavioral Health (mental health and chemical dependency) • inpatient • outpatient facility • professional	20% after deductible 20% after deductible 20% after deductible	40% after deductible 40% after deductible 40% after deductible
Prescription Drugs** • Retail (31-day supply) • Mail order or 90dayRx retail	Tier 1 $15/Tier 2 $100/Tier 3 $50/Tier 4 $100 Tier 1 $45 /Tier 2 $300/Tier 3 $150/Tier 4 $300	No Coverage No Coverage
Specialty Pharmacy Drugs • Does not apply towards deductible but will apply toward out-of-pocket maximum	20% to maximum of $200 per script	No Coverage
	Only identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage. No coverage for identified specialty drugs purchased through a nonparticipating specialty pharmacy supplier.	

*If you live outside of the state of Florida, this plan uses the Aware® Network within MN and surrounding counties and BlueCard® PPO when traveling outside the service area. If you live in the state of Florida, your network is NetworkBlue for services obtained within the state of Florida and BlueCard® PPO when traveling outside the state of Florida. **The Pharmacy Network through Prime Therapeutics is the Essential Pharmacy Network (E). There is no drug coverage at out-of-network pharmacies. The Formulary (Drug List) is KeyRx and there is no coverage for drugs that are not on the KeyRx formulary. Review your Benefit Booklet about what is and is not covered.

$3,000 Deductible Plan (Aware®/BlueCard® PPO Network or NetworkBlue*)

	In-Network*	Out-of-Network*
Annual Deductible • Deductibles and out-of-pocket maximums do not cross apply	$3,000 individual; $6,000 family Includes prescription drugs.	$6,000 individual; $12,000 family Includes prescription drugs.
Annual Out-of-Pocket maximum (OOP) • Deductibles and out-of-pocket maximums do not cross apply	$4,000 individual; $8,000 family Includes prescription drugs.	$8,000 individual; $16,000 family Includes prescription drugs
Preventive Care • routine physicals, immunizations, vaccinations, cancer screenings, preventive vision and hearing exam	0%	30% after deductible
Physician Services • primary care office visits and associated lab and X-ray services • specialist office visits and associated lab and X-ray services • urgent care • inpatient professional services • outpatient professional services • telehealth visits with Doctor on Demand (DoD)	 10% after deductible 10% after deductible 10% after deductible 10% after deductible 10% after deductible 10% after deductible	 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible 30% after deductible
Other Provider Services • chiropractic care • speech, occupational and physical therapy • home health care	 10% after deductible 10% after deductible 10% after deductible	 30% after deductible 30% after deductible 30% after deductible
Medical Equipment and Supplies	10% after deductible	30% after deductible
Inpatient hospital services	10% after deductible	30% after deductible
Outpatient Hospital Services • outpatient surgery, preadmission tests, radiation therapy, chemotherapy, or kidney dialysis • lab or X-rays	 10% after deductible 10% after deductible	 30% after deductible 30% after deductible
Emergency Care • emergency room and physician charges	10% after deductible	
Ambulance Services	10% after deductible	
Behavioral Health (mental health and chemical dependency care) • inpatient • outpatient facility • professional	 10% after deductible 10% after deductible 10% after deductible	 30% after deductible 30% after deductible 30% after deductible
Prescription Drugs** • Retail (31-day supply) • Mail order or 90dayRx retail (in-network only) **Specialty Pharmacy Drugs**	 10% after deductible 10% after deductible for a 90-day supply; mail order available 10% after deductible for a 31-day supply.	 No Coverage No Coverage No Coverage
	10% after deductible for a 31-day supply. 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.	

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