

# 2025 Pre-65 Retiree Medical Plan Options

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

## \$1000 Deductible Plan (Aware®/BlueCard® PPO Network or NetworkBlue\*)

	In-Network*	Out-of-Network*
<b>Annual Deductible</b> <ul style="list-style-type: none"> <li>Deductibles and out-of-pocket maximums do <u>not</u> crossapply</li> </ul>	\$1,000 individual; \$2,000 family.	\$2,000 individual; \$4,000 family.
<b>Annual Out-of-Pocket Maximum (OOP)</b> <ul style="list-style-type: none"> <li>Deductibles and out-of-pocket maximums do <u>not</u> cross apply.</li> <li>Includes deductible, coinsurance, and copays</li> </ul>	\$3,000 individual; \$6,000 family. Includes prescription drugs	\$6,000 individual; \$12,000 family. Includes prescription drugs
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>routine physicals, immunizations, vaccinations, cancer screenings, well-childcare up to age 6, preventive vision and hearing exam</li> </ul>	0%	50% after deductible
<b>Physician Services</b> <ul style="list-style-type: none"> <li>primary care office visits</li> <li>specialist office visits</li> <li>urgent care</li> <li>inpatient and outpatient professional services</li> <li>diagnostic imaging/X-ray</li> <li>Lab Services</li> <li>telehealth visits with Doctor on Demand (DoD)</li> </ul>	0% after \$35 copay 0% after \$55 copay 0% after \$55 copay 20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible 0%, deductible waived	50% after deductible  50% after deductible  50% after deductible 50% after deductible 50% after deductible 50% after deductible
<b>Other Provider Services</b> <ul style="list-style-type: none"> <li>chiropractic care</li> <li>speech, occupational and physical therapy</li> <li>home health care</li> </ul>	20% after deductible 0% after \$35 copay 20% after deductible	50% after deductible 50% after deductible 50% after deductible
<b>Medical Equipment and Supplies</b>	20% after deductible	50% after deductible
<b>Inpatient Hospital Services</b>	20% after deductible	50% after deductible
<b>Outpatient Hospital Services</b> <ul style="list-style-type: none"> <li>outpatient surgery, preadmission tests, radiation, therapy, chemotherapy or kidney dialysis</li> <li>lab or X-rays</li> </ul>	20% after deductible  20% after deductible	50% after deductible  50% after deductible
<b>Emergency Care</b> <ul style="list-style-type: none"> <li>emergency room and physician charges</li> </ul>	20% after deductible	
<b>Ambulance Services</b>	20% after deductible	
<b>Behavioral Health (mental health and chemical dependency)</b> <ul style="list-style-type: none"> <li>inpatient</li> <li>outpatient facility</li> <li>professional</li> </ul>	20% after deductible 20% after deductible 0% after \$35 copay	50% after deductible 50% after deductible 50% after deductible
<b>Prescription Drugs**</b> <ul style="list-style-type: none"> <li>Retail (31-day supply)</li> <li>Mail order or 90dayRx retail</li> </ul>	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
<b>Specialty Pharmacy Drugs</b> <ul style="list-style-type: none"> <li>Does not apply towards deductible but will apply toward out-of-pocket maximum</li> </ul>	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.

## \$1,000 (frozen) Deductible Plan (Aware®/BlueCard® PPO Network or NetworkBlue\*) - Frozen

	In-Network*	Out-of-Network*
<b>Annual Deductible</b> <ul style="list-style-type: none"> <li>Deductibles and out-of-pocket maximums do <u>not</u> cross apply</li> </ul>	\$1,000 individual; \$2,000 family	\$2,000 individual; \$4,000 family
<b>Annual Out-of-Pocket Maximum (OOP)</b> <ul style="list-style-type: none"> <li>Deductibles and out-of-pocket maximums do <u>not</u> cross apply.</li> <li>Includes deductible, coinsurance, and copays</li> </ul>	\$2,000 individual; \$4,000 family Includes prescription drugs	\$4,000 individual; \$8,000 family. Includes prescription drugs
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>routine physicals, immunizations, vaccinations, cancer screenings, well-childcare up to age 6, preventive vision and hearing exam</li> </ul>	0%	40% after deductible
<b>Physician Services</b> <ul style="list-style-type: none"> <li>primary care office visits for sickness or injury and associated lab and X-ray services</li> <li>specialist office visits for sickness or injury and associated lab and X-ray services</li> <li>urgent care</li> <li>inpatient professional services</li> <li>outpatient professional services</li> <li>telehealth visits with Doctor on Demand (DoD)</li> </ul>	20% after deductible	40% after deductible
	20% after deductible	40% after deductible
	20% after deductible	40% after deductible
	20% after deductible	40% after deductible
	0%, deductible waived	40% after deductible
<b>Other provider Services</b> <ul style="list-style-type: none"> <li>chiropractic care</li> <li>speech, occupational and physical therapy</li> <li>home health care</li> </ul>	20% after deductible 20% after deductible 20% after deductible	40% after deductible 40% after deductible 40% after deductible
<b>Medical Equipment and Supplies</b>	20% after deductible	40% after deductible
<b>Inpatient Hospital Services</b>	20% after deductible	40% after deductible
<b>Outpatient Hospital Services</b> <ul style="list-style-type: none"> <li>outpatient surgery, preadmission tests, radiation therapy, chemotherapy or kidney dialysis</li> <li>lab or X-rays</li> </ul>	20% after deductible	40% after deductible
	20% after deductible	40% after deductible
<b>Emergency Care</b> <ul style="list-style-type: none"> <li>emergency room</li> <li>physician charges</li> </ul>	20% after deductible	
<b>Ambulance Services</b>	20% after deductible	
<b>Behavioral Health (mental health and chemical dependency)</b> <ul style="list-style-type: none"> <li>inpatient</li> <li>outpatient facility</li> <li>professional</li> </ul>	20% after deductible	40% after deductible
	20% after deductible	40% after deductible
	20% after deductible	40% after deductible
<b>Prescription Drugs**</b> <ul style="list-style-type: none"> <li>Retail (31-day supply)</li> <li>Mail order or 90dayRx retail (in-network only)</li> </ul>	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
	20% to maximum of \$200 per script	No Coverage
<b>Specialty Pharmacy Drugs</b>	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.	

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## \$3,500 Deductible Plan (Aware®/BlueCard® PPO Network or NetworkBlue\*)

	In-Network*	Out-of-Network*
<b>Annual Deductible</b> <ul style="list-style-type: none"> <li>Deductibles and out-of-pocket maximums do <u>not</u> cross apply</li> </ul>	\$3,500 individual; \$7,000 family Includes prescription drugs.	\$7,000 individual; \$14,000 family Includes prescription drugs.
<b>Annual Out-of-Pocket maximum (OOP)</b> <ul style="list-style-type: none"> <li>Deductibles and out-of-pocket maximums do <u>not</u> cross apply</li> </ul>	\$7,000 individual; \$14,000 family Includes prescription drugs.	\$14,000 individual; \$25,000 family Includes prescription drugs
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>routine physicals, immunizations, vaccinations, cancer screenings, preventive vision and hearing exam</li> </ul>	0%	40% after deductible
<b>Physician Services</b> <ul style="list-style-type: none"> <li>primary care office visits and associated lab and X-ray services</li> <li>specialist office visits and associated lab and X-ray services</li> <li>urgent care</li> <li>inpatient professional services</li> <li>outpatient professional services</li> <li>telehealth visits with Doctor on Demand (DoD)</li> </ul>	20% after deductible 20% after deductible 20% after deductible 20% after deductible 20% after deductible	40% after deductible 40% after deductible 40% after deductible 40% after deductible 40% after deductible
<b>Other Provider Services</b> <ul style="list-style-type: none"> <li>chiropractic care</li> <li>speech, occupational and physical therapy</li> <li>home health care</li> </ul>	20% after deductible 20% after deductible 20% after deductible	40% after deductible 40% after deductible 40% after deductible
<b>Medical Equipment and Supplies</b>	20% after deductible	40% after deductible
<b>Inpatient hospital services</b>	20% after deductible	40% after deductible
<b>Outpatient Hospital Services</b> <ul style="list-style-type: none"> <li>outpatient surgery, preadmission tests, radiation therapy, chemotherapy, or kidney dialysis</li> <li>lab or X-rays</li> </ul>	20% after deductible 20% after deductible	40% after deductible 40% after deductible
<b>Emergency Care</b> <ul style="list-style-type: none"> <li>emergency room and physician charges</li> </ul>	20% after deductible	
<b>Ambulance Services</b>	20% after deductible	
<b>Behavioral Health (mental health and chemical dependency care)</b> <ul style="list-style-type: none"> <li>inpatient</li> <li>outpatient facility</li> <li>professional</li> </ul>	20% after deductible 20% after deductible 20% after deductible	40% after deductible 40% after deductible 40% after deductible
<b>Prescription Drugs**</b> <ul style="list-style-type: none"> <li>Retail (31-day supply)</li> <li>Mail order or 90dayRx retail (in-network only)</li> </ul>	20% after deductible 20% after deductible for a 90-day supply; mail order available	No Coverage No Coverage
<b>Specialty Pharmacy Drugs</b>	20% after deductible for a 31-day supply.	No Coverage
	20% 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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