## Polaris Industries Inc. Pre 65 January 1, 2025

January 1, 2025	In network*	Out of network**
Calendar year deductible	Bluecard PPO  Medical	Medical
The in- and out-of-network maximums accumulate		
together.	\$250 individual	\$250 individual
	\$500 family	\$500 family
Coinsurance	Deductible then you pay 20% coinsurance	Deductible then you pay 30% coinsurance
Calendar year Out-of-pocket maximum The in- and out-of-network out-of-pocket	Medical	Medical
maximums accumulate together.	\$2,000 individual	\$2,000 individual
Non-covered charges and charges in excess of the	\$4,000 family	\$4,000 family
allowed amount do not apply to the out-of-pocket maximum.	Pharmacy	
	\$500 individual	
	\$1,000 family	
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Benefit payment levels	Payment for participating network	If nonparticipating provider services are
	providers as described. Most payments are based on allowed amount.	covered, you are responsible for the difference between the billed charges and
	are based on allowed amount.	allowed amount. Most payments are based
		on allowed amount.
Preventive care		
<ul><li>well-child care to age 6</li><li>prenatal care</li></ul>	100%	100%
preventive medical evaluations age 6 and older	100%   100%	100% 100%
cancer screening	100%	100%
<ul> <li>preventive hearing and vision exams</li> </ul>	100%	100%
immunizations and vaccinations	100%	100%
Omede®		
Omada® • diabetes and cardiovascular disease		
diabotics and saidievassaid, discuss	100%	No coverage
Physician services		
• e-visits	Deductible then you pay 20% coinsurance	No coverage
in-hospital medical visits	Deductible then you pay 20% coinsurance	Deductible then you pay 30% coinsurance
<ul><li>surgery and anesthesia</li><li>professional lab services</li></ul>	Deductible then you pay 20% coinsurance	Deductible then you pay 30% coinsurance
office visits due to illness or injury	Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance	Deductible then you pay 30% coinsurance Deductible then you pay 30% coinsurance
Specialist office visit	Deductible then you pay 20% coinsurance	Deductible then you pay 30% coinsurance
urgent care (clinic-based)	Deductible then you pay 20% coinsurance	Deductible then you pay 30% coinsurance
retail health clinic     professional diagnostic imaging	Deductible then you pay 20% coinsurance	Deductible then you pay 30% coinsurance
<ul><li>professional diagnostic imaging</li><li>allergy injections and serum</li></ul>	Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance	Deductible then you pay 30% coinsurance Deductible then you pay 30% coinsurance
	2 5 3 3 5 3 5 4 5 4 5 4 5 4 5 6 6 6 6 6 6 6 6 6 6 6	2 Saudible then you pay 50 /6 comsurance
Other professional services  • chiropractic manipulation	Deductible then you pay 20% coinsurance	Deductible then you pay 30% coinsurance
chiropractic therapy	Deductible then you pay 20% coinsurance	Deductible then you pay 30% coinsurance
home health care	Deductible then you pay 20% coinsurance	Deductible then you pay 30% coinsurance
<ul> <li>physical therapy, occupational therapy, speech therapy</li> </ul>	Deductible then you pay 20% coinsurance	Deductible then you pay 30% coinsurance
Inpatient hospital services	Deductible then you pay 20% coinsurance	Deductible then you pay 30% coinsurance
Outpatient hospital services		
facility diagnostic imaging	Deductible then you pay 20% coinsurance	Deductible then you pay 30% coinsurance
facility lab services	Deductible then you pay 20% coinsurance	Deductible then you pay 30% coinsurance
chemotherapy and radiation therapy	Deductible then you pay 20% coinsurance	Deductible then you pay 30% coinsurance
• physical acquiretional and appeals thereas:		Libertustible them you now 200/ estimationes
<ul><li>physical, occupational and speech therapy</li><li>scheduled outpatient surgery</li></ul>	Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance	Deductible then you pay 30% coinsurance Deductible then you pay 30% coinsurance

	In network* Bluecard PPO	Out of network**
Emergency care     emergency room     physician charges     ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	Deductible then you pay 20% coinsurance	
Medical supplies	Deductible then you pay 20% coinsurance	Deductible then you pay 30% coinsurance
Bariatric surgery	Deductible then you pay 20% coinsurance	Deductible then you pay 30% coinsurance
Reproduction treatments	Deductible then you pay 20% coinsurance	Deductible then you pay 30% coinsurance
Behavioral health (mental health and chemical dependency care)  • inpatient care  • outpatient care  • professional care	Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance	Deductible then you pay 30% coinsurance Deductible then you pay 30% coinsurance Deductible then you pay 30% coinsurance
Prescription drugs –Select Network  • retail (31-day limit) FlexRx Open  • generic  • brand	\$15 copay \$30 copay	No coverage
90dayRx - Mail order pharmacy (93-day limit) FlexRx Open     generic     preferred brand	\$30 copay \$60 copay	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 drug list uses a step therapy program. Sign in at bluecrossmnonline.com and select "Prescriptions," then see "frequently asked questions."	
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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.

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



<sup>\*</sup>Lowest out-of-pocket costs: In network providers.

<sup>\*\*</sup>Higher out-of-pocket costs: Out of network participating providers