

	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 • 90dayRx – Mail order pharmacy (93-day limit) FlexRx Open • generic • preferred brand	\$15 copay \$30 copay \$30 copay \$60 copay	No coverage 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.”	

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 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

