Medical Insurance

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Blue Cross Blue Shield

BENEFITS YOU RECEIVE

To provide employees and their families with the most suitable coverage, the Company offers three (3) medical options from which to choose:

- High Deductible Health Plan 4500 (with employer HSA match)
- Copay 4000
- Copay 2500

In addition to the three plan options available, each plan has two (2) networks available:

- Aware Network Blue Cross Blue Shield Full Network
- High Value Network Limited Network Available to Minnesota and Western Wisconsin Residents.

NETWORK DECISIONS

Choose the network that best fits your needs. You can't change your network once the plan year starts, so it's important to choose the best network for you and your family's needs at enrollment time. Please refer to the Blue Cross Blue Shield Health Plan Resource Guide for more network details.

WHY IS IT IMPORTANT TO SEE NETWORK PROVIDERS?

A network is a group of medical providers (doctors, clinics, and hospitals) with which the health plan has a contract. If you have providers you prefer, you will want to check if they are in the network you are considering. When you use "in-network" providers, you pay less. If you use an out-of-network provider, you may pay more.

WHAT NETWORK OPTIONS DO I HAVE IN 2024?

Aware Network – Open-access network that offers extensive access to providers and hospitals providing stability and discounts. Largest network is U.S. no referrals needed, includes 98% of doctors, includes 100% of hospitals.*

High Value Network – A statewide-focused network featuring access to high-quality, low-cost care and some of Minnesota's largest health systems.*

NATIONAL NETWORK

When you enroll in any Blue Cross Blue Shield network (Aware or High Value) you also gain access to their national BlueCard network – giving you access to more than 91 percent of doctors and 96 percent of hospitals in the United States.

IS YOUR PROVIDER IN THE NETWORK?

There are two easy ways to find out:

- Use the "Find a Doctor" web tool on www.bluecrossmn.com (Select your network: Aware or High Value. For care outside of Minnesota, select BlueCard PPO)
- · Call 1-800-810-BLUE (2583)

DO I NEED A REFERRAL?

You do not need a referral to see a specialist in your network (listed in the Find a Doctor web tool) or you can call customer service at **1-866-873-5943**.

For more information, consult the Blue Cross Blue Shield Enrollment Guide titled "Understanding your Health Plan"





The table below summarizes the key features that you pay when you use your medical coverage. Please refer to the official plan documents for additional information on coverage and exclusions.

In-Network Benefits	Copay 2500	Copay 4000	HDHP 4500
Network	Aware/High Value	Aware/High Value	Aware/High Value
Preventive Care	0%	0%	0%
Office Visit (Illness or Injury)	0% after \$40 copay	0% after \$40 copay	20% after deductible
Lab Work and X-Rays	20% after deductible	30% after deductible	20% after deductible
Urgent Care	0% after \$40 copay	0% after \$40 copay	20% after deductible
Emergency Room	20%	30%	20% after deductible
In or Outpatient Hospital	20% after deductible	30% after deductible	20% after deductible
Prescription Drug (90 day RX) Non-preferred generic drugs Preferred brand drugs Non-preferred brand drugs Specialty Drugs	\$40 copay \$100 copay \$140 copay 40% coinsurance	\$40 copay \$100 copay \$140 copay 40% coinsurance	20% coinsurance 20% coinsurance 40% coinsurance refer to drug cost sharing
Plan Year Deductible Individual Family	\$2,500 \$5,000	\$4,000 \$8,000	\$4,500 \$9,000
Coinsurance	20%	30%	20%
Plan Year Out-of-Pocket Maximum Individual Family	\$6,500 \$13,000	\$8,150 \$16,300	\$6,900 \$13,800
Out-of-Network Benefits	Copay 2500	Copay 4000	HDHP 4500
Plan Year Deductible Individual Family	\$5,000 \$10,000	\$8,000 \$16,300	\$6,750 \$13,500
Coinsurance	40%	50%	40%
Plan Year Out-of-Pocket Maximum Individual	\$13,000 \$26,000	\$16,300 \$32,600	\$13,800 \$27,600



Network Options and Weekly Premium

	Copay 2500	Copay 4000	HDHP 4500
BCBS Aware Network	Your weekly Premiums for the BCBS Aware Value Network If you live outside of Minnesota and western Wisconsin, the BCBS Aware Network is required.		
Employee Only	\$90.00	\$48.00	\$22.00
Employee + Spouse	\$228.00	\$153.00	\$106.00
Employee + Child	\$163.00	\$106.00	\$69.00
Employee + Child(ren)	\$208.00	\$117.00	\$80.00
Employee + Family	\$348.00	\$218.00	\$160.00
BCBS High Value	Your weekly Premiums for the BCBS High Value Network If you do NOT live in Minnesota and western Wisconsin, you cannot elect this network		
Employee Only	\$83.00	\$37.00	\$14.00
Employee + Spouse	\$208.00	\$132.00	\$84.00
Employee + Child	\$149.00	\$84.00	\$48.00
Employee + Child(ren)	\$191.00	\$95.00	\$58.00
Employee + Family	\$319.00	\$186.00	\$127.00





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