Willmar Public School
Aware CMM HSA $3500 Deductible 0% Coinsurance
July, 1 2023

Coinsurance reflects member responsibility

	In network* MN Network: Aware National Network: BlueCard Traditional	Out of network**
Calendar-year deductible All network deductibles cross apply	Medical and prescription combined $3,500 individual $7,000 family	
Coinsurance Level – What the member pays	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Calendar-year out-of-pocket maximum Out-of-Network Out-of-pocket apply to In-Network OOP Maximum Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined $3,500 individual $7,000 family	Medical and prescription combined $3,625 individual $7,250 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care		
• well-child care to age 6	0%	0%
• prenatal care	0%	0%
• preventive medical evaluations age 6 and older	0%	Deductible then 20% coinsurance
• cancer screening	0%	Deductible then 20% coinsurance
• preventive hearing and vision exams	0%	Deductible then 20% coinsurance
• immunizations and vaccinations	0%	Deductible then 20% coinsurance
Omada® • diabetes and cardiovascular disease prevention program (Generic Program)	0%	No coverage
Physician services		
• e-visits	Deductible then 0% coinsurance	Deductible then 20% coinsurance
• retail health clinic (office visit)	Deductible then 0% coinsurance	Deductible then 20% coinsurance
• physician office visits	Deductible then 0% coinsurance	Deductible then 20% coinsurance
• office and outpatient lab services	Deductible then 0% coinsurance	Deductible then 20% coinsurance
• office and outpatient lab diagnostic imaging	Deductible then 0% coinsurance	Deductible then 20% coinsurance
• allergy injections and serum	Deductible then 0% coinsurance	Deductible then 20% coinsurance
• specialist office visits	Deductible then 0% coinsurance	Deductible then 20% coinsurance
• Urgent Care professional services	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Other professional services		
• chiropractic manipulation (office visit)	Deductible then 0% coinsurance	Deductible then 20% coinsurance
• chiropractic therapy	Deductible then 0% coinsurance	Deductible then 20% coinsurance
• home health care	Deductible then 0% coinsurance	Deductible then 20% coinsurance
• physical therapy, occupational therapy, speech therapy (office visit)	Deductible then 0% coinsurance	Deductible then 20% coinsurance
• physical therapy, occupational therapy, speech therapy (therapy)	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Hospital Inpatient services	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Hospital Outpatient services		
• facility lab services	Deductible then 0% coinsurance	Deductible then 20% coinsurance
• facility diagnostic imaging	Deductible then 0% coinsurance	Deductible then 20% coinsurance
• chemotherapy and radiation therapy	Deductible then 0% coinsurance	Deductible then 20% coinsurance
• scheduled outpatient surgery	Deductible then 0% coinsurance	Deductible then 20% coinsurance
• urgent care services (facility services)	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Emergency care		
• emergency room (facility charges)	Deductible then 0% coinsurance	
• professional charges	Deductible then 0% coinsurance	

• ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	Deductible then 0% coinsurance	
Durable Medical Equipment	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Bariatric surgery	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Assisted fertilization	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Behavioral health (mental health and substance abuse services) • inpatient professional services • outpatient professional services (office visits) • outpatient hospital/facility services	 Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	 Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Prescription drugs – Select Network • **retail** (31-day limit) **FlexRx preferred drug list** • closed plan design • preferred generic • preferred brand **Specialty drug list** • Specialty preferred • **90dayRx – Mail order pharmacy** (90-day limit) **FlexRx preferred drug list** • closed plan design • preferred generic • preferred brand • **90dayRx – Retail pharmacy** (90-day limit) **FlexRx preferred drug list** • closed plan design • preferred generic • preferred brand	 Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	 Deductible then 20% coinsurance Deductible then 20% coinsurance No coverage No coverage No coverage No coverage No coverage
Important Information About Your Pharmacy Benefits	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 patient will pay the difference if a brand-name drug is dispensed when a generic drug is available. The drug list uses a step therapy program. Sign in at **bluecrossmn.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
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 plan is Medicare Part D creditable.

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.

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 **bluecrossmn.com** or call Blue Cross customer service at the number on the back of your member ID card.

The Omada program is from Omada Health, Inc., an independent company providing digital intensive behavioral counseling program.

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