



St. Michael-Albertville BlueCross BlueShield Health Insurance Plans Effective October 2024

Services	VEBA Plan	HSA and Hybrid Plans	MVP Plan
Annual Deductible (combined in- and out-of-network)	\$1,850 individual \$3,700 family	\$4,000 individual \$8,000 family	\$6,350 individual (\$8,250 out of network) \$12,700 family (\$16,500 out of network)
Out-of-Pocket Maximum (in-network)	\$1,850 individual \$3,700 family	\$4,000 individual \$8,000 family	\$6,350 individual \$12,700 family
Out-of-Pocket Maximum (out-of-network)	\$3,500 individual \$6,500 family	\$4,125 individual \$8,250 family	\$10,000 individual \$20,000 family
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Preventive Care (i.e. well baby, prenatal care, routine physicals, etc.) Children's eye exam	100%	100%	100%
Physician services (i.e. illness, injury visits) Diagnostic tests (x-rays, blood work, imaging) Outpatient surgery Urgent and emergency care Inpatient services Mental health Behavioral health Substance use services Childbirth/delivery services Home health care Medical equipment	100% after deductible*	100% after deductible*	100% after deductible*
Prescription Drugs (patient pays the difference if name brand is selected and generic is available)	100% after deductible for 31-day supply (retail) or 90-day supply (mail order)* No coverage for drugs not on the preferred list	100% after deductible for 31-day supply (retail) or 90-day supply (mail order)* No coverage for drugs not on the preferred list	100% after deductible for 31-day supply (retail) or 90-day supply (mail order)* No coverage for drugs not on the preferred list

All plans are offered through BlueCross BlueShield of MN's Aware Network of providers.

*Percentages of coverage may vary if out-of-network services are used.

This document is created for comparison purposes only. Please see appropriate Summary of Benefits & Coverage for each plan for full details.