

St Michael Albertville ISD
\$1,850 Aware VEBA
July 1, 2025

Coinsurance reflects member responsibility

	In network MN Network: Aware National Network: BlueCard Traditional	Out of network
Calendar-year embedded deductible Deductible carryover applies.	Medical and prescription combined \$1,850 individual \$3,700 family	
Coinsurance Level – What the member pays	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums cross apply. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$1,850 individual \$3,700 family	Medical and prescription combined \$3,500 individual \$6,500 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 <ul style="list-style-type: none"> • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations 	0% 0% 0% 0% 0% 0%	0% 0% Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Physician services <ul style="list-style-type: none"> • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab diagnostic imaging • allergy injections and serum • Urgent Care professional services 	First 5 visits 0%, subsequent visits 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 Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Other professional services <ul style="list-style-type: none"> • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy) 	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 Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Hospital Inpatient services	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Hospital Outpatient services <ul style="list-style-type: none"> • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services) 	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 Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance

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Emergency care <ul style="list-style-type: none"> • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition) 		Deductible then 0% coinsurance Deductible then 0% coinsurance 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) <ul style="list-style-type: none"> • 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 drug list – Closed plan design <ul style="list-style-type: none"> • Preferred generic • Preferred brand • Nonpreferred 	Deductible then 0% coinsurance Deductible then 0% coinsurance No coverage	Deductible then 0% coinsurance Deductible then 0% coinsurance No coverage
Specialty Preferred Drug List	Deductible then 0% coinsurance	No coverage
• 90dayRx – Mail order pharmacy (90-day limit) FlexRx drug list – Closed plan design <ul style="list-style-type: none"> • Preferred generic • Preferred brand • Nonpreferred 	Deductible then 0% coinsurance Deductible then 0% coinsurance No coverage	No coverage No coverage No coverage
• 90dayRx – Retail pharmacy (90-day limit) FlexRx drug list – Closed plan design <ul style="list-style-type: none"> • Preferred generic • Preferred brand • Nonpreferred 	Deductible then 0% coinsurance Deductible then 0% coinsurance No coverage	No coverage No coverage No coverage
	<p>90dayRx applies to participating retail and/or mail service pharmacy only.</p> <p>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).</p> <p>The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available.</p>	

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit bluecrossmn.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 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.

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.

