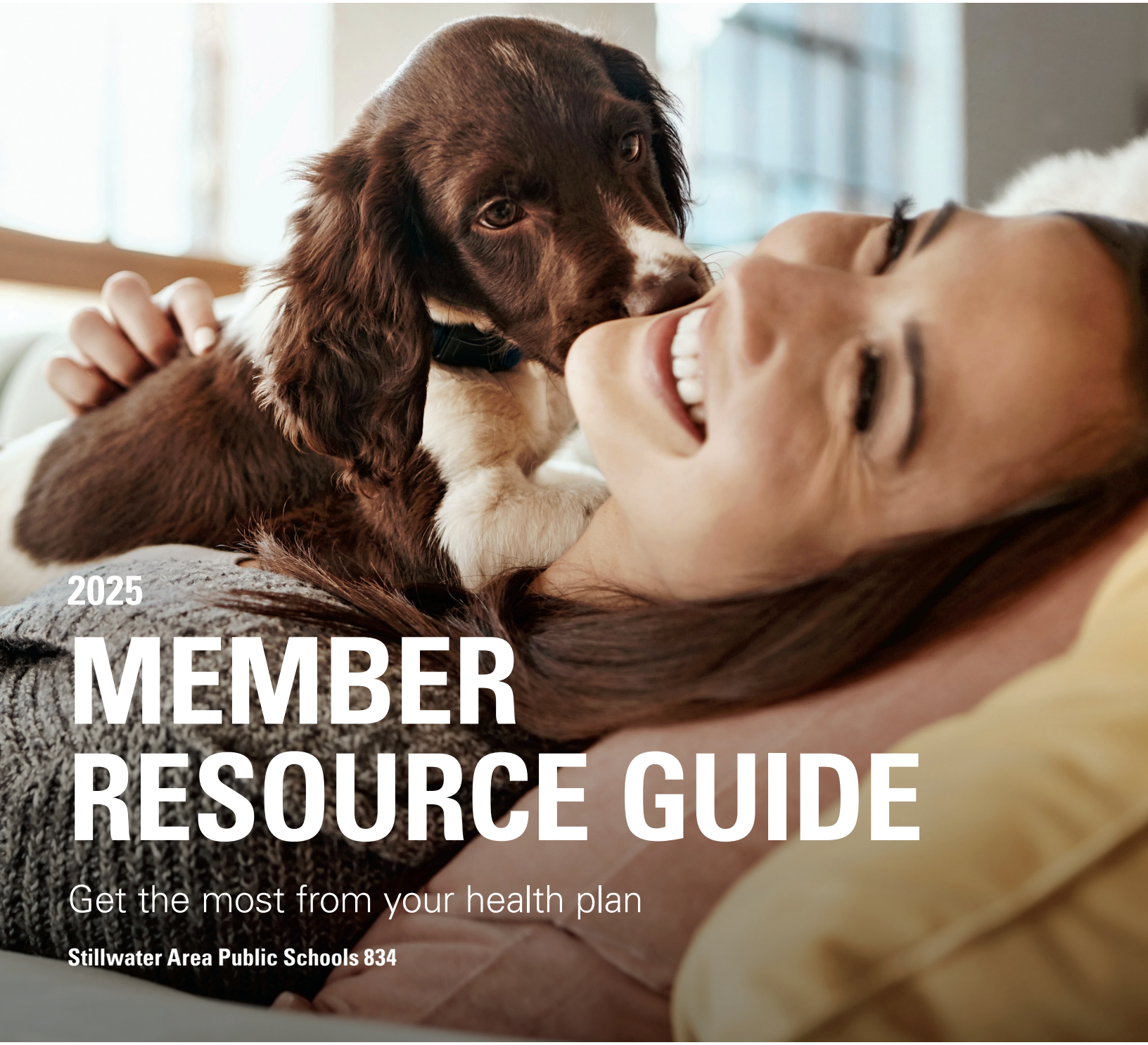
BlueCross BlueShield Minnesota



2025

MEMBER RESOURCE GUIDE

Get the most from your health plan

Stillwater Area Public Schools 834

Stillwater AREA PUBLIC SCHOOLS

CUSTOMER SERVICE

Toll free at **1-866-873-5943** TTY toll free **711**

Monday through Friday,
7 a.m. to 8 p.m. Central Time
We will provide interpreter services, if needed

FIND A DOCTOR

- Log in at **bluecrossmn.com/BCA** to find providers in your specific network
- Not a member? Visit **bluecrossmn.com/FindADoctor** and select the network: National BlueCard®

Or call **1-800-810-BLUE (2583)**
(Also applies to Blue Cross Blue Shield Global® Core)



Welcome to Minnesota's #1 health plan*

With Blue Cross and Blue Shield of Minnesota, you get a name you trust, coverage you can count on, and peace of mind knowing your plan is here to help you every step of the way.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

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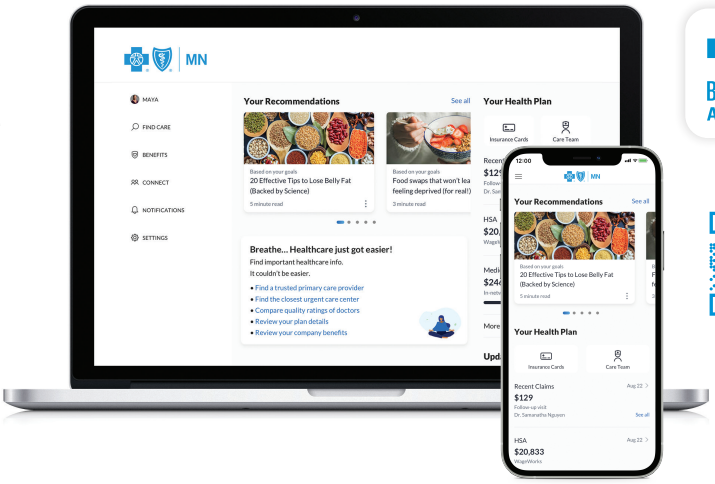
*Individual, Small Group, Large Group: NAIC enrollment reported for year-end 2023; Self-insured enrollment: ASO enrollment from internal sources, SEC, EMMA financial statement filings and publicly available information.

YOUR PLAN INFO AT YOUR FINGERTIPS

A digital front door for health

Blue Care Advisor[SM] connects you to everything you need to easily manage your healthcare. Access your personal plan information, resources and tools online at **bluecrossmn.com/BCA** or by downloading the Blue Care Advisor app from your favorite app store.

When your member ID card arrives in the mail, go online or on the app and register to get started.





Once registered, you can:

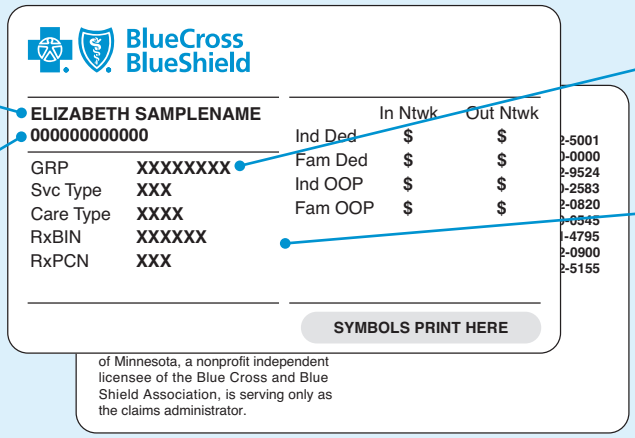
- Find doctors, clinics and hospitals
- Compare costs for different services and procedures
- View claims and Explanations of Benefits (EOBs)
- Chat online with customer service
- View, print, email or order member ID cards
- Check health financial account balances (if applicable)

Blue Care Advisor[SM] is an offering of Blue Cross and Blue Shield of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association.

UNDERSTANDING YOUR MEMBER ID CARD

Member name
Each family member covered by your plan will have an ID card. This includes minor children.

Member ID number
Your member ID number helps providers look up your plan details. We also use it to track expenses.



Group number
This identifies your employer's plan.

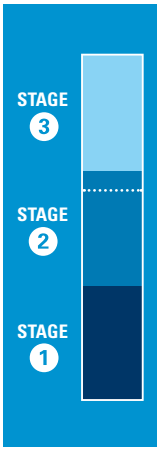
Plan details

Questions?
Contact information is on the back of your ID card.

The sample shown is a guide only. The information and the format of your card may vary.

UNDERSTANDING YOUR HEALTH PLAN

Having health insurance means you and a health plan share in paying your medical costs. The plan tracks what you pay in medical costs and applies eligible costs toward certain milestones. When your costs hit these milestones, you move into the next stage of your plan. Your share of costs becomes less as you reach each stage. Here's how it works:



Stage 1: Deductible

Each year, you pay for all covered medical services until you meet your deductible.

Stage 2: Coinsurance

Then, the health plan starts sharing a percentage of your costs until you reach your out-of-pocket maximum. Example: 80/20 coinsurance means the plan pays 80 percent and you pay 20 percent.

Stage 3: Out-of-pocket maximum

At this point, the health plan pays all your covered medical costs for the rest of the plan year.*

*Covered medical costs up to the lifetime maximum.

Your deductible and coinsurance **count toward** your out-of-pocket maximum.

Learn more health plan basics at **bluecrossmn.com/EmployerPlans**

Knowing some common health plan terms regarding costs can help you make more informed decisions and get more from your plan. See glossary for additional terms.

Premium

The regular payment you make throughout the year to keep your plan active

Your employer may pay part of your premium.

Your premium **does not count toward** your deductible or out-of-pocket maximum.

Covered medical costs

The medical services your plan covers

"Covered" means your plan pays for some or all of the costs. These are different in each plan.

Your covered costs **usually count toward** your deductible and out-of-pocket maximum.

Over-the-allowed-amount costs

The health plan and in-network providers have agreed to an "allowed amount" (the most a provider can charge you). If you receive a covered service from a nonparticipating provider who charges over the allowed amount, this additional cost is your responsibility.

Costs over the allowed amount **do not count toward** your deductible and out-of-pocket maximum.

Non-covered services

"Non-covered" refers to medical services not covered by your plan

If you receive these services, you pay in full.

Services not covered by your plan **do not count toward** your deductible and out-of-pocket maximum.

NETWORKS

A network is a group of doctors, clinics, hospitals and other healthcare providers that have contracted with a health plan to provide your care at a lower cost. Check to see if your preferred providers are in network. Log in at **bluecrossmn.com/BCA** to search providers in your specific network. Not a member? Visit **bluecrossmn.com/FindADoctor**.

National and international networks

- **National BlueCard® –** Access to more than 2 million providers nationwide
- **Blue Cross Blue Shield Global® Core –** Access to coverage in 190 countries and territories worldwide

Aware® Network — The largest Blue Cross network featuring access to nearly every physician and hospital in Minnesota.

PREVENTIVE CARE

Most preventive visits are covered at

100%

when you see a doctor in network

Check your benefit booklet on your member website.

Each Blue Cross and/or Blue Shield plan is an independent licensee of the Blue Cross and Blue Shield Association. Each healthcare provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services. Blue Cross Blue Shield Global Core is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

PHARMACY BENEFITS

Blue Cross works with Prime Therapeutics to provide you a pharmacy network (pharmacies that have an agreement with Blue Cross) and a formulary (drug list). Using your pharmacy network and formulary drugs can help you save money.

To find an in-network retail pharmacy and check to see if a drug is covered, log in to your member website.

- **Pharmacy search:** ***Your pharmacy network name is listed on your benefit chart.*** If you go to an out-of-network pharmacy, you may pay the full cost of the prescription.
- **Drug search:** ***The name of your formulary or drug list is listed on your benefit chart.*** Drugs not on your formulary may cost you more.

Log in to your member website to learn more about pharmacy benefits, including 90-day prescriptions, specialty pharmacies, retail and home delivery.



- Stay within your pharmacy network
- Choose drugs on your formulary
- Opt for generic drugs

Prime Therapeutics LLC is an independent company providing pharmacy benefit management services.
Each pharmacy is an independent company that provides pharmaceutical services.

Stillwater ISD #834
$2,000 Deductible CMM Plan
July 1, 2025

	In network* MN Network – Aware National Network – BlueCard Traditional	Out of network**
Plan-year deductible Deductible carryover applies.	Medical $2,000 single $3,500 family	
Coinsurance	Deductible then 0% coinsurance	Deductible then 0% coinsurance
Plan-year out-of-pocket maximum Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and pharmacy combined $2,000 single $3,500 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 • 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%	
Omada® • diabetes and cardiovascular disease prevention program	0%	No coverage
Physician services • e-visits • in-hospital medical visits • surgery and anesthesia • professional lab services • office visits due to illness or injury • urgent care (clinic-based) • retail health clinic • professional diagnostic imaging • allergy injections and serum	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 0% coinsurance Deductible then 0% coinsurance	
Other professional services • chiropractic manipulation • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	
• **Inpatient hospital services**	Deductible then 0% coinsurance	
Outpatient hospital services • facility diagnostic imaging • facility lab services • chemotherapy and radiation therapy • physical, occupational and speech therapy • scheduled outpatient surgery • urgent care (hospital-based)	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	

	In network* MN Network – Aware National Network – BlueCard Traditional	Out of network**
Emergency care • emergency room • physician charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	0% after $100 copay 0% Deductible then 0% coinsurance	
• **Medical supplies**	Deductible then 0% coinsurance	
Behavioral health (mental health and chemical dependency care) • inpatient care • outpatient care • professional care	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	
Prescription drugs – Select Pharmacy Network • **retail** (34-day or 100 units supply limit whichever is greater) **FlexRx preferred drug list** • closed plan design • preferred generic • preferred brand • **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	 0% after $20 copay 0% after $30 copay 0% after $40 copay 0% after $60 copay 0% after $40 copay 0% after $60 copay	 0% after $20 copay 0% after $30 copay No coverage No coverage 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 patient will pay the difference if a brand-name drug is dispensed when a generic drug is available.	

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.

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.

HEALTH AND WELLBEING RESOURCES

From lowering stress and managing weight, to finding the right care or comparing treatment options, you have the tools and resources you need to put better health within your reach. To learn more, log in to your member website.

Online care

Access board-certified doctors, psychiatrists and psychologists with Doctor on Demand® via smartphone, tablet or computer.

- Visit doctorondemand.com/bluecrossmn

Doctor On Demand® by Included Health is an independent company providing telehealth services.

Wellness discount marketplace

Get significant savings on personal care, fitness and wellness goods and services from Blue365®.

- Visit blue365deals.com/bcbsmn

Blue365® is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

Maternity management

Receive support and guidance from a maternity case manager.

- Call 1-800-793-6916

Quitting tobacco and vaping

Take advantage of personalized guidance in making a quit plan and receive ongoing support from a wellness coach.

- Visit bluecrossmn.com or call 1-888-662-BLUE (2583), TTY 711

Diabetes and heart disease prevention

Get professional health coaching online and supportive tools and resources, including a digital scale, through Omada® to help prevent diabetes and heart disease.

- Visit omadahealth.com/BCBSMN1. See your plan materials for details.

The Omada program is from Omada Health, Inc., an independent company providing digital care programs.

Diabetes management

Get personalized support from a certified diabetes care and education specialist (CDCES), a digital scale and glucose monitor to help you manage your diabetes with Omada®.

- Visit omadahealth.com/BCBSMN1. See your plan materials for details.

The Omada program is from Omada Health, Inc., an independent company providing digital care programs.

Autism program

Connect with an autism navigator to discuss a new diagnosis, care options, health plan coverage and support.

- Call the number on the back of your member ID card

Eating disorder program

Get one-on-one support from a behavioral health case manager for you or a family member recovering from an eating disorder.

- Call the number on the back of your member ID card

Opioid use program

Get assistance from a behavioral health case manager to identify underlying conditions that contribute to substance use and help finding appropriate care to support recovery.

- Call the number on the back of your member ID card

Peer Support Specialist

Get specialized support for mental health challenges or substance use from someone with real-life experience.

- Visit bluecrossmn.com/FindADoctor or call the number on the back of your member ID card

Gender Care Services

Connect with the Gender Services Team to discuss gender-related care options, health plan coverage and providers.

- Visit bluecrossmn.com/GenderCare or call 1-866-694-9361

HEART-HEALTHY TIPS

These simple tips for living a healthy lifestyle can help lower your risk for high blood pressure, heart disease and stroke:

- Limit salt in your diet
- Exercise regularly
- Manage your weight
- Stress less
- Get more sleep

KNOW WHERE TO GO FOR CARE

Knowing where to go for the right care can help save you time and money. Get familiar with your options now, before you need care.

WHEN YOU NEED	USE	ACCESS/AVAILABILITY	WAIT TIME	COST
MEDICAL/ MENTAL HEALTH ADVICE	Common medical and mental health concerns addressed by phone	Call your clinic for availability.	short to medium	**$0 – $**
CARE QUICKLY	**Online care** Colds, cough or flu, bladder infections, mental health*	Visit **doctorondemand.com/ bluecrossmn** 24 hours a day, seven days a week or check with your provider.	short	**$**
CARE TODAY	**Convenience clinic** Minor illnesses or injuries, screenings and vaccinations	No appointment necessary. Often available nights and weekends.	short	**$$**
CARE SOON	**Office visit** Preventive care, screenings and vaccines, mental health therapy or referrals to specialty care	Call your clinic to schedule an appointment. Days and hours vary.	varies	**$$ – $$$**
CARE NOW	**Urgent care** Minor cuts, sprains and burns, skin rashes, fever and flu, X-rays and lab testing	No appointment necessary. Available seven days a week, but specific hours vary.	varies	**$$$$**
CARE IMMEDIATELY	**Emergency room (ER)** Chest pain, shortness of breath, uncontrolled bleeding, poisoning, risk of harming yourself or others, or other life-threatening illnesses or injuries	Immediately call 911 or go to your nearest ER anytime.	longer, unless life-threatening	**$$$$$**

Please note: The conditions listed are for example only and not a complete list.

988 If you or someone you know is in emotional distress or in suicidal crisis, help is available 24 hours a day, seven days a week by calling or texting 988 for the Suicide and Crisis Lifeline.

*Mental health visits are by appointment only, 7 a.m. to 10 p.m. local time.

Doctor On Demand® by Included Health is an independent company providing telehealth services.

Make sure your doctor and clinic/hospital are in your network before receiving care. This will ensure you receive the highest level of benefits. Each healthcare provider is an independent contractor and not our agent.

GLOSSARY — TERMS TO KNOW

Allowed amount: The amount Blue Cross has agreed to pay a specific provider for a covered service.

Coinsurance: This payment structure starts after meeting your deductible. In coinsurance, you and the plan each pay a percentage for covered services. Example: 80/20 coinsurance means the plan pays 80 percent and you pay 20 percent.

Convenience or retail clinic: These clinics treat a limited list of common illnesses. They are often located in or near a retail store.

Copay: A fee you pay every time you get care or a prescription. Copays can vary based on where you get care (virtual, clinic, urgent care, etc.).

Cost sharing: Refers to the member sharing medical costs with the health plan through copays, deductible and coinsurance.

Deductible: The dollar amount you must pay for most covered services each calendar year before the health plan begins to pay for benefits.

Eligible or covered services: Healthcare covered by your plan.

Explanation of Benefits (EOB): A letter you receive after getting care that shows costs, the amount the health plan is expected to pay and the amount you are expected to pay. You do not pay anything when you receive an EOB. An EOB is not a bill.

Formulary or drug list: A list of FDA-approved prescription drugs covered by your health plan. To help ensure you get the right drugs for your needs, some drugs may require prior authorization, step therapy, and/or quantity limits.

Health plan: Can refer to your health insurance company or your specific health plan.

In-network: Providers or pharmacies in your plan's network that give you the most coverage (lowest cost). Note: An in-network provider is not the same as a participating provider.

Member website: A secure website for accessing plan details and cost information as well as health and wellbeing tools.

Nonparticipating provider: A provider that does not have a contract with the health plan. You pay in full when using these providers. Note: A nonparticipating provider is not the same as an out-of-network provider.

Out-of-network: A provider or pharmacy that has a contract with the health plan but is not part of your plan's network. You may pay more when using these providers/pharmacies. Note: An out-of-network provider is not the same as a nonparticipating provider.

Out-of-pocket expense/cost: Refers to costs the member pays: premium, copay, deductible, coinsurance, and non-covered services or over-the-allowed-amount costs.

Out-of-pocket (OOP) maximum: This is the last milestone you hit by paying for covered medical services. Once you reach this amount, the plan pays for all covered in-network services for the plan year's remainder.

Participating provider: A provider that has a contract with the health plan, and may be in or out of your plan's network. Note: A participating provider is not the same as an in-network provider.

Premium: Your monthly payment, like a membership fee. Your employer may pay part of your premium. You may also be able to pay your premium pretax from your paycheck.

Provider: Refers to doctors, clinics, hospitals, pharmacies and other healthcare professionals.

Service (also called "care"): Medical procedures, treatment, and prescription drugs.

MEMBER ANNUAL NOTICE NEWSLETTER

Find valuable information in the Blue Cross Member Annual Notice newsletter, such as:

- Member rights and responsibilities
- Quality improvement program
- Information about case and condition/disease management
- Benefits and access to medical services
- Pharmacy benefit information, such as formulary, quantity limits and exception processes
- Use and disclosure of protected health information (PHI)
- Prior authorization decisions and benefit limitations
- How to request an independent review
- Transitioning from pediatric to adult care

Visit **bluecrossmn.com/QualityImprovement** to view the notice or call customer service to receive it by mail.

MEMBER PRIVACY RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule gives you the right to know what personal and health information is collected by insurance companies, why it's collected and what is done with it. To see our privacy policy, visit **bluecrossmn.com/Privacy** or call customer service and request a copy of the "Notice of Privacy Practices."

MEDICARE PART D CREDITABILITY

Medicare members should check their plan information or ask their employer to see if their plan is Medicare Part D creditable.

NOTES