

Mesabi East ISD # 2711
\$250 Deductible CMM
July 01, 2016

	In network* MN network — Aware National network — BlueCard Traditional	Out of network**
Calendar-year deductible All network deductibles accumulate separately. Deductible carryover applies.	Medical \$250 single \$500 family	Medical \$250 single \$500 family
Coinsurance	Deductible then 80% coins.	Deductible then 80% coins.
Calendar-year out-of-pocket maximum The out-of-pocket maximums for all networks accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical \$1,000 single \$2,000 family Prescription: \$2,000 per person; \$4,000 per family	Medical \$1,000 single \$2,000 family Prescription: \$2,000 per person; \$4,000 per 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	100% 100% 100% 100% 100% 100%	100% 100% 100% 100% 100% 100%
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 80% coins. Deductible then 80% coins. Deductible then 80% coins. 100% Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. 100% Deductible then 80% coins.	Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. 100% Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. 100% Deductible then 80% coins.
Other professional services • chiropractic manipulation • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy	Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins.	Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins.
Inpatient hospital services	Deductible then 100% coins.	Deductible then 100% coins.
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 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 80% coins.	Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins. Deductible then 80% coins.
Emergency care • emergency room • physician charges • ambulance (medically necessary transport to the nearest facility equipped to treat condition)		Deductible then 100% coins. Deductible then 80% coins. Deductible then 80% coins.

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Medical supplies	Deductible then 80% coins.	Deductible then 80% coins.
Behavioral health (mental health and chemical dependency care) • inpatient care • outpatient care • professional care	Deductible then 100% coins. Deductible then 100% coins. Deductible then 100% coins.	Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins.
Prescription Drugs • retail (31-day limit) FlexRx preferred drug list • open plan design • preferred generic • non-preferred generic • preferred brand • non-preferred brand	\$15 copay \$25 copay \$15 copay \$25 copay	\$15 copay \$25 copay \$15 copay \$25 copay
• 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list • open plan design • preferred generic • non-preferred generic • preferred brand • non-preferred brand	\$30 copay \$50 copay \$30 copay \$50 copay	No coverage No coverage No coverage No coverage
• 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list • open plan design • preferred generic • non-preferred generic • preferred brand • non-preferred brand	\$30 copay \$50 copay \$30 copay \$50 copay	No coverage No coverage No coverage No coverage
<p>90dayRx applies to participating and/or mail service pharmacy. 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 selected when a generic drug is available. The drug list uses a step therapy program. Visit the prescription drugs section of www.bluecrossmn.com for more details.</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*

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 Summary Plan Description 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 non-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.