

**Mesabi East ISD #2711**  
**\$6,350 Min Value Deductible Plan**  
**July 1, 2016**

|   | In network*<br>MN network – Aware<br>National network – BlueCard PPO   | Out of network**   |
|---|--|--|
| <b>Calendar-year deductible</b><br>All network deductibles accumulate separately.<br>Deductible carryover does not apply.   | Medical and prescription combined<br>\$6,350 individual<br>\$12,700 family   | Medical and prescription combined<br>\$8,250 individual<br>\$16,500 family   |
| <b>Coinsurance</b>  | Deductible then 100% coinsurance   | Deductible then 80% coinsurance  |
| <b>Calendar-year out-of-pocket maximum</b><br>The out-of-pocket maximums for all networks accumulate separately.<br>Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.  | Medical and prescription combined<br>\$6,350 individual<br>\$12,700 family   | Medical and prescription combined<br>\$16,500 individual<br>\$33,000 family  |
| <b>Benefit payment levels</b>   | 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.  |
| <b>Preventive care</b><br><ul style="list-style-type: none"> <li>• well-child care to age 18</li> <li>• prenatal care</li> <li>• preventive medical evaluations 18 and older</li> <li>• cancer screening</li> <li>• preventive hearing and vision exams</li> <li>• immunizations and vaccinations</li> </ul>  | 100%<br>100%<br>100%<br>100%<br>100%<br>100%   | 100%<br>100%<br>Deductible then 80% coinsurance<br>Deductible then 80% coinsurance<br>Deductible then 80% coinsurance<br>Deductible then 80% coinsurance   |
| <b>Physician services</b><br><ul style="list-style-type: none"> <li>• e-visits</li> <li>• in-hospital medical visits</li> <li>• surgery and anesthesia</li> <li>• professional lab services</li> <li>• office visits due to illness or injury</li> <li>• urgent care (clinic-based)</li> <li>• retail health clinic</li> <li>• professional diagnostic imaging</li> <li>• allergy injections and serum</li> </ul> | Deductible then 100% coinsurance<br>Deductible then 100% coinsurance<br>Deductible then 100% coinsurance<br>Deductible then 100% coinsurance<br>Deductible then 100% coinsurance<br>Deductible then 100% coinsurance<br>Deductible then 100% coinsurance<br>Deductible then 100% coinsurance<br>Deductible then 100% coinsurance<br>Deductible then 100% coinsurance | Deductible then 80% coinsurance<br>Deductible then 80% coinsurance<br>Deductible then 80% coinsurance<br>Deductible then 80% coinsurance<br>Deductible then 80% coinsurance<br>Deductible then 80% coinsurance<br>Deductible then 80% coinsurance<br>Deductible then 80% coinsurance<br>Deductible then 80% coinsurance<br>Deductible then 80% coinsurance |
| <b>Other professional services</b><br><ul style="list-style-type: none"> <li>• chiropractic manipulation</li> <li>• chiropractic therapy</li> <li>• home health care</li> <li>• physical therapy, occupational therapy, speech therapy</li> </ul>   | Deductible then 100% coinsurance<br>Deductible then 100% coinsurance<br>Deductible then 100% coinsurance<br>Deductible then 100% coinsurance   | Deductible then 80% coinsurance<br>Deductible then 80% coinsurance<br>Deductible then 80% coinsurance<br>Deductible then 80% coinsurance   |
| <b>Inpatient hospital services</b>  | Deductible then 100% coinsurance   | Deductible then 80% coinsurance  |
| <b>Outpatient hospital services</b><br><ul style="list-style-type: none"> <li>• facility diagnostic imaging</li> <li>• facility lab services</li> <li>• chemotherapy and radiation therapy</li> <li>• physical, occupational and speech therapy</li> <li>• scheduled outpatient surgery</li> <li>• urgent care (hospital-based)</li> </ul>  | Deductible then 100% coinsurance<br>Deductible then 100% coinsurance<br>Deductible then 100% coinsurance<br>Deductible then 100% coinsurance<br>Deductible then 100% coinsurance<br>Deductible then 100% coinsurance   | Deductible then 80% coinsurance<br>Deductible then 80% coinsurance<br>Deductible then 80% coinsurance<br>Deductible then 80% coinsurance<br>Deductible then 80% coinsurance<br>Deductible then 80% coinsurance   |
| <b>Emergency care</b><br><ul style="list-style-type: none"> <li>• emergency room</li> <li>• physician charges</li> <li>• ambulance (medically necessary transport to the nearest facility equipped to treat the condition)</li> </ul>   | Deductible then 100% coinsurance<br>Deductible then 100% coinsurance<br>Deductible then 100% coinsurance   |  |
| <b>Medical supplies</b>   | Deductible then 100% coinsurance   | Deductible then 80% coinsurance  |
| <b>Bariatric surgery</b>  | No coverage  |  |
| <b>Reproduction treatments</b>  | No coverage  |  |

|   | In network*<br>MN network – Aware<br>National network – BlueCard PPO  | Out of network**   |
|---|---|--|
| <b>Behavioral health (mental health and chemical dependency care)</b> <ul style="list-style-type: none"> <li>inpatient care</li> <li>outpatient care</li> <li>professional care</li> </ul>  | Deductible then 100% coinsurance<br>Deductible then 100% coinsurance<br>Deductible then 100% coinsurance  | Deductible then 80% coinsurance<br>Deductible then 80% coinsurance<br>Deductible then 80% coinsurance  |
| <b>Prescription drugs Select network</b> <ul style="list-style-type: none"> <li>retail (31-day limit)</li> </ul> <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>open plan design</li> <li>preferred generic</li> <li>preferred brand</li> <li>non-preferred</li> <li>specialty</li> </ul> <ul style="list-style-type: none"> <li>90dayRx – Mail order pharmacy (90-day limit)</li> </ul> <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>open plan design</li> <li>preferred generic</li> <li>preferred brand</li> <li>non-preferred</li> </ul> <ul style="list-style-type: none"> <li>90dayRx – Retail pharmacy (90-day limit)</li> </ul> <b>FlexRx preferred drug list</b> <ul style="list-style-type: none"> <li>open plan design</li> <li>preferred generic</li> <li>preferred brand</li> <li>non-preferred</li> </ul> | Deductible then 100% coinsurance<br>Deductible then 100% coinsurance<br>Deductible then 100% coinsurance<br>Deductible then 100% coinsurance<br><br>Deductible then 100% coinsurance<br>Deductible then 100% coinsurance<br>Deductible then 100% coinsurance<br><br>Deductible then 100% coinsurance<br>Deductible then 100% coinsurance<br>Deductible then 100% coinsurance  | Deductible then 80% coinsurance<br>Deductible then 80% coinsurance<br>Deductible then 80% coinsurance<br>No coverage<br><br>No coverage<br>No coverage<br>No coverage<br><br>No coverage<br>No coverage<br>No coverage |
|   | 90dayRx applies to participating retail and/or mail service pharmacy only.<br>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).<br>The patient will pay the difference if a brand-name drug is selected when a generic drug is available.<br>The drug list uses a step therapy program. Visit the Prescription Drugs section of <a href="http://bluecrossmn.com">bluecrossmn.com</a> for more details. |  |

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](http://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 Certificate of Coverage 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](http://bluecrossmn.com) or call Blue Cross customer service at the number on the back of your member ID card.

**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 member.

