

Crookston ISD
Aware HSA \$4,000 Deductible Plan
July 1, 2024

Coinsurance reflects member responsibility

	In network* MN network: Aware National network: BlueCard Traditional		Out of network**
Calendar-year embedded deductible Deductible carryover does not apply.	Medical and prescription combined \$4,000 individual \$8,000 family		
Coinsurance – what the member pays	Deductible then 0% coinsurance	Deductible then 20% coinsurance	
Calendar-year out-of-pocket maximum 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 \$4,000 individual \$8,000 family	Medical and prescription combined \$4,375 individual \$8,250 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	
Omada® <ul style="list-style-type: none"> • diabetes and cardiovascular disease prevention program (Generic Program) 	0%	No coverage	
Physician services <ul style="list-style-type: none"> • 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	Deductible then 20% 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 Deductible then 20% coinsurance Deductible then 20% coinsurance	
Other professional services <ul style="list-style-type: none"> • 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	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance	
Inpatient hospital services	Deductible then 0% coinsurance	Deductible then 20% coinsurance	
Outpatient hospital services <ul style="list-style-type: none"> • 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	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance	
Emergency care <ul style="list-style-type: none"> • emergency room • physician 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	
Reproduction treatments	Deductible then 0% coinsurance	Deductible then 20% coinsurance	

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Behavioral health (mental health and chemical dependency care) <ul style="list-style-type: none"> • inpatient care • outpatient care • professional care 	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 – Classic Pharmacy Network Retail (31-day limit) – Closed plan design GenRx Drug List <ul style="list-style-type: none"> • Preferred Generic • Preferred Brand • Nonpreferred Specialty Preferred Drug List	Deductible then 0% coinsurance Deductible then 0% coinsurance No coverage Deductible then 0% coinsurance	No coverage No coverage No coverage No coverage	
90dayRx - Mail Order Pharmacy (90-day limit) – Closed plan design GenRx Drug List <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) – Closed plan design GenRx Drug List <ul style="list-style-type: none"> • Preferred Generic • Preferred Brand • Nonpreferred Important Information About Your Pharmacy Benefits	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 selected when a generic drug is available.</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 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.)

Omada is from Omada Health, Inc., an independent company providing a 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.

This plan is creditable for Medicare Part D.

For more information, visit bluecrossmnonline.com or call Blue Cross customer service at the number on the back of your member ID card.

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.

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