

Northfield School District #659
\$1,000 Deductible Plan
January 01, 2016

	In network* MN network — Aware National network — BlueCard PPO	Out of network**
Calendar-year deductible The deductibles for all networks cross apply. Deductible carryover applies.	Medical \$1,000 single \$3,000 family	Medical \$1,000 single \$3,000 family
Coinsurance	Deductible then 80% coins.	Deductible then 80% coins.
Calendar-year out-of-pocket maximum The out-of-pocket maximums for all networks cross apply. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical \$2,000 single \$4,000 family Prescription: \$750 per person; \$1000 per family	Medical \$2,000 single \$4,000 family Prescription: \$750 per person; \$1000 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. 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. 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.
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 80% coins.	Deductible then 80% 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 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. Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% 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 80% 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 80% coins. Deductible then 80% coins. Deductible then 80% coins.	Deductible then 80% coins. Deductible then 80% coins. Deductible then 80% coins.
Prescription Drugs • retail (31-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand • non-preferred brand • 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand • non-preferred brand • 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list • closed plan design • preferred generic • preferred brand • non-preferred brand	\$20 copay \$20 copay No Coverage	\$20 copay or 40% whichever is greater \$20 copay or 40% whichever is greater No Coverage
	\$40 copay \$40 copay No Coverage	No coverage No coverage No coverage
	\$40 copay \$40 copay No Coverage	No coverage No coverage No coverage
	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.	

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 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 non-fault insurance.