

2021-22 Medical Plan Comparison

	TRADITIONAL/CORE PLAN			HIGH DEDUCTIBLE HEALTH PLAN		
	Tier 1	Tier 2	Out of Network	Tier 1	Tier 2	Out of Network
Deductible <i>per plan year</i>	\$1,000/single \$2,000/family	\$1,500/single \$3,000/family	\$2,000/single \$4,000/family	\$2,800/single \$5,600/family	\$3,000/single \$6,000/family	\$4,000/single \$8,000/family
Out of Pocket Max <i>per plan year</i>	\$3,500/single \$7,000/family	\$4,500/single \$9,000/family	\$6,000/single \$12,000/family	\$3,500/single \$7,000/family	\$4,500/single \$9,000/family	\$6,000/single \$12,000/family
Physician Services <i>Office visits, Urgent Care Clinic, Retail Clinics, Chiropractic Manipulation</i>	You pay 25% after deductible	You pay 45% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 50% after deductible
Preventive Services <i>Well child, Immunizations, Prenatal, Screening</i>	You pay \$0	You pay \$0	You pay 50% after deductible	You pay \$0	You pay \$0	You pay 50% after deductible
Mental/ Behavioral/ Substance Use <i>Outpatient</i>	You pay 25% after deductible	You pay 45% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 50% after deductible
Ambulance	You pay 25% after deductible	You pay 45% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 50% after deductible
Hospital	You pay 25% after deductible	You pay 45% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 50% after deductible
Prescription Drugs <i>Retail (31 day supply)</i> Generic Preferred Brand Non-Preferred Brand	GenRx Formulary You pay \$10 You pay \$50 You pay \$100			GenRx Formulary You pay 20% after deductible		
Preventive Prescriptions	N/A – HDHP Only			You pay \$0		
Specialty Drugs Preferred Brand Non-Preferred Brand	You pay 20% to a maximum of \$200/script You pay 40% up to out of pocket maximum			You pay 20% after deductible		
90 dayRx / Mail Order Generic Preferred Brand Non-Preferred Brand	You pay \$20 You pay \$100 You pay \$200			You pay 20% after deductible		

Refer to your summary of benefits and coverage (SBC) for a more detailed explanation about your health plan benefits.

QUESTIONS? Call customer service at: [1-866-873-5943](tel:1-866-873-5943) or [1-800-810-BLUE](tel:1-800-810-BLUE) or call the phone number on the back of your ID card or visit www.bluecrossmnonline.com.