

**St. Olaf College**  
**\$1,700 Blue Performance Regional**  
**September 1, 2023**

	Tier 1 Blue Performance Regional National Network – BlueCard PPO	Tier 2 Blue Performance Regional National Network – BlueCard PPO	Out of network**
<b>Deductible runs from 9.1.2023-12.31.2024</b> The deductibles for all networks cross apply.	Medical \$1,700 single \$3,400 family	Medical \$2,400 single \$4,800 family	Medical \$5,000 single \$10,000 family
<b>Coinsurance</b> – What the member pays	Deductible then 25% coinsurance.	Deductible then 45% coinsurance.	Deductible then 50% coinsurance.
<b>Out-of-pocket maximum runs from 9.1.2023-12.31.2024</b> 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 & prescription combined \$5,400 single \$10,800 family	Medical & prescription combined \$6,700 single \$13,400 family	Medical & prescription combined \$7,500 single \$15,000 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> <ul style="list-style-type: none"> <li>• well-child care to age 6</li> <li>• prenatal care</li> <li>• preventive medical evaluations age 6 and older</li> <li>• cancer screening</li> <li>• preventive hearing and vision exams</li> <li>• immunizations and vaccinations</li> </ul>	100% 100% 100%  100% 100% 100%	100% 100% 100%  100% 100% 100%	Deductible then 50% coinsurance. Deductible then 50% coinsurance. Deductible then 50% coinsurance.  Deductible then 50% coinsurance. Deductible then 50% coinsurance. Deductible then 50% coinsurance.
<b>Physician services</b> <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 25% coinsurance. Deductible then 25% coinsurance. Deductible then 25% coinsurance. Deductible then 25% coinsurance. Deductible then 25% coinsurance. Deductible then 25% coinsurance. Deductible then 25% coinsurance. Deductible then 25% coinsurance. Deductible then 25% coinsurance.	Deductible then 45% coinsurance. Deductible then 45% coinsurance. Deductible then 45% coinsurance. Deductible then 45% coinsurance. Deductible then 45% coinsurance. Deductible then 45% coinsurance. Deductible then 45% coinsurance. Deductible then 45% coinsurance. Deductible then 45% coinsurance.	Deductible then 50% coinsurance. Deductible then 50% coinsurance. Deductible then 50% coinsurance. Deductible then 50% coinsurance. Deductible then 50% coinsurance. Deductible then 50% coinsurance. Deductible then 50% coinsurance. Deductible then 50% coinsurance. Deductible then 50% coinsurance.
<b>Other professional services</b> <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 25% coinsurance. Deductible then 25% coinsurance. Deductible then 25% coinsurance. Deductible then 25% coinsurance.	Deductible then 45% coinsurance. Deductible then 45% coinsurance. Deductible then 45% coinsurance. Deductible then 45% coinsurance.	Deductible then 50% coinsurance. Deductible then 50% coinsurance. Deductible then 50% coinsurance. Deductible then 50% coinsurance.
<b>Inpatient hospital services</b>	Deductible then 25% coinsurance.	Deductible then 45% coinsurance.	Deductible then 50% coinsurance.
<b>Outpatient hospital services</b> <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 25% coinsurance. Deductible then 25% coinsurance. Deductible then 25% coinsurance. Deductible then 25% coinsurance.  Deductible then 25% coinsurance. Deductible then 25% coinsurance.	Deductible then 45% coinsurance. Deductible then 45% coinsurance. Deductible then 45% coinsurance. Deductible then 45% coinsurance.  Deductible then 45% coinsurance. Deductible then 45% coinsurance.	Deductible then 50% coinsurance. Deductible then 50% coinsurance. Deductible then 50% coinsurance. Deductible then 50% coinsurance.  Deductible then 50% coinsurance. Deductible then 50% coinsurance.
<b>Emergency care</b> <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 25% coinsurance. Deductible then 25% coinsurance. Deductible then 25% coinsurance.		
<b>Medical supplies</b>	Deductible then 25% coinsurance.	Deductible then 45% coinsurance.	Deductible then 50% coinsurance.

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<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 25% coinsurance. Deductible then 25% coinsurance. Deductible then 25% coinsurance.	Deductible then 45% coinsurance. Deductible then 45% coinsurance. Deductible then 45% coinsurance.	Deductible then 50% coinsurance. Deductible then 50% coinsurance. Deductible then 50% coinsurance.
<b>Prescription drugs – Select Network</b> <ul style="list-style-type: none"> <li><b>retail</b> (31-day limit) <b>GenRx 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> </li> <li>specialty preferred</li> <li>specialty non-preferred</li> <li><b>90dayRx – Mail order pharmacy</b> (90-day limit) <b>GenRx 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> </li> <li><b>90dayRx – Retail pharmacy</b> (90-day limit) <b>GenRx 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> </li> </ul>	\$10 copay \$50 copay \$100 copay  Member pays 20% to a maximum of \$200 per prescription  Member pays 40%  \$20 copay \$100 copay \$200 copay  \$20 copay \$100 copay \$200 copay	\$10 copay \$50 copay \$100 copay  Member pays 20% to a maximum of \$200 per prescription  Member pays 40%  \$20 copay \$100 copay \$200 copay  \$20 copay \$100 copay \$200 copay	\$10 copay \$50 copay \$100 copay  No Coverage  No Coverage  No Coverage No Coverage No Coverage  No Coverage No Coverage No Coverage
	90dayRx applies to participating retail and/or mail service pharmacy only. 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 dispensed when a generic drug is available. The drug list uses a step therapy program. Sign in at <a href="http://bluecrossmn.com">bluecrossmn.com</a> for more information.		

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 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.

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 members

