

St. Olaf College
\$4,000 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**
Deductible runs from 9.1.2023-12.31.2024 The deductibles for all networks cross apply.	Medical & prescription combined \$4,000 single \$8,000 family	Medical & prescription combined \$4,300 single \$8,600 family	Medical & prescription combined \$5,000 single \$10,000 family
Coinsurance – What the member pays	Deductible then 20% coinsurance.	Deductible then 40% coinsurance.	Deductible then 50% coinsurance.
Out-of-pocket maximum runs from 9.1.2023-12.31.2024 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
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% coinsurance. 0% coinsurance. 0% coinsurance. 0% coinsurance. 0% coinsurance. 0% coinsurance.	0% coinsurance. 0% coinsurance. 0% coinsurance. 0% coinsurance. 0% coinsurance. 0% 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.
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 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	Deductible then 40% coinsurance. Deductible then 40% coinsurance. Deductible then 40% coinsurance. Deductible then 40% coinsurance. Deductible then 40% coinsurance. Deductible then 40% coinsurance. Deductible then 40% coinsurance. Deductible then 40% coinsurance. Deductible then 40% coinsurance. Deductible then 40% 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. Deductible then 50% 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 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance	Deductible then 40% coinsurance. Deductible then 40% coinsurance. Deductible then 40% coinsurance. Deductible then 40% coinsurance.	Deductible then 50% coinsurance. Deductible then 50% coinsurance. Deductible then 50% coinsurance. Deductible then 50% coinsurance.
Inpatient hospital services	Deductible then 20% coinsurance	Deductible then 40% coinsurance.	Deductible then 50% 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 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance	Deductible then 40% coinsurance. Deductible then 40% coinsurance. Deductible then 40% coinsurance. Deductible then 40% coinsurance. Deductible then 40% coinsurance. Deductible then 40% 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.
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 20% coinsurance. Deductible then 20% coinsurance. Deductible then 20% coinsurance.	

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Medical supplies	Deductible then 20% coinsurance.	Deductible then 40% coinsurance.	Deductible then 50% coinsurance.
Behavioral health (mental health and chemical dependency care) <ul style="list-style-type: none"> inpatient care outpatient care professional care 	Deductible then 20% coinsurance. Deductible then 20% coinsurance. Deductible then 20% coinsurance.	Deductible then 40% coinsurance. Deductible then 40% coinsurance. Deductible then 40% coinsurance.	Deductible then 50% coinsurance. Deductible then 50% coinsurance. Deductible then 50% coinsurance.
Prescription drugs – Select Network <ul style="list-style-type: none"> retail (31-day limit) GenRx preferred drug list <ul style="list-style-type: none"> open plan design preferred generic preferred brand non-preferred specialty preferred specialty non-preferred 90dayRx – Mail order pharmacy (90-day limit) GenRx preferred drug list <ul style="list-style-type: none"> open plan design preferred generic preferred brand non-preferred 90dayRx – Retail pharmacy (90-day limit) GenRx preferred drug list <ul style="list-style-type: none"> open plan design preferred generic preferred brand non-preferred 	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 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. 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. No Coverage No Coverage No Coverage No Coverage No Coverage No Coverage No Coverage No Coverage
Preventive Drug Benefit	0% coinsurance.	0% coinsurance.	0% coinsurance.
	<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 dispensed when a generic drug is available.</p> <p>The drug list uses a step therapy program. Sign in at bluecrossmn.com for more information.</p>		

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 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 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

