



## Medical Plan Offerings– Blue Cross and Blue Shield of Minnesota 2024\*

**\*Carrier will be eliminated effective July 1, 2024**

**CHOICES THAT MATTER**

## Carrier will be eliminated effective July 1, 2024

### BCBS of Minnesota Plan Details: [Current Plans](#)

BCBS of MN Aware HDHP 2000	Current Plan for 2023
BCBS of MN Aware HDHP 3000	Current Plan for 2023
BCBS of MN Aware HDHP 5000	Current Plan for 2023
BCBS of MN Aware HDHP 7000	Current Plan for 2023
BCBS of MN Aware PPO 500/80	Current Plan for 2023
BCBS of MN Aware PPO 1000/80	Current Plan for 2023
BCBS of MN Aware PPO 2000	Current Plan for 2023
BCBS of MN HVN PPO 2000	Current Plan for 2023
BCBS of MN Aware HDHP 5000 MA	Current Plan for 2023
BCBS of MN Aware PPO 500/80 MA	Current Plan for 2023
BCBS of MN Aware PPO 1000/80 MA	Current Plan for 2023
BCBS of MN Aware PPO 2000 MA	Current Plan for 2023

The [current](#) BCBS of Minnesota plans for the 2023 benefits plan year are listed on the following pages.

# CHOICES THAT MATTER

Benefits	Aware HDHP 2000	Aware HDHP 3000	Aware HDHP 5000	Aware HDHP 7000	Aware PPO 500/80
Network Name	Aware Network	Aware Network	Aware Network	Aware Network	Aware Network
Single Deductible	\$2,000	\$3,000	\$5,000	\$7,000	\$500
Family Deductible	\$4,000	\$6,000	\$10,000	\$14,000	\$1,500
Single Deductible Out-of-Network	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Family Deductible Out-of-Network	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000
Single Out-of-Pocket Max	\$2,000	\$3,000	\$5,000	\$7,000	\$4,000
Family Out-of-Pocket Max	\$4,000	\$6,000	\$10,000	\$14,000	\$8,000
Single Out-of-Pocket Max Out-of-Network	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000
Family Out-of-Pocket Max Out-of-Network	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000
Co-Insurance	0%	0%	0%	0%	20%
Co-Insurance Out-of-Network	50%	50%	50%	50%	50%
Doctor Visits	0% after ded	0% after ded	0% after ded	0% after ded	\$40
Specialist Visits	0% after ded	0% after ded	0% after ded	0% after ded	\$40
Lab & X-Ray	0% after ded	0% after ded	0% after ded	0% after ded	20% after ded
Emergency Room Visits	0% after ded	0% after ded	0% after ded	0% after ded	20% after ded
Urgent Care Visits	0% after ded	0% after ded	0% after ded	0% after ded	\$40
Outpatient Facility	0% after ded	0% after ded	0% after ded	0% after ded	20% after ded
Outpatient Surgery	0% after ded	0% after ded	0% after ded	0% after ded	20% after ded
Hospital Inpatient	0% after ded	0% after ded	0% after ded	0% after ded	20% after ded
Rx Deductible (Non-Generic)	Integrated w/ Med	Integrated w/Med	Integrated w/Med	Integrated w/Med	N/A
Generic Rx (Tier 1)	0% after ded	0% after ded	0% after ded	0% after ded	\$15
Brand Rx (Tier 2)	0% after ded	0% after ded	0% after ded	0% after ded	\$50
Non-Formulary Rx (Tier 3)	0% after ded	0% after ded	0% after ded	0% after ded	\$100



Benefits	Aware PPO 1000/80	Aware PPO 2000	HVN PPO 2000	Aware HDHP 5000 MA	Aware PPO 500/80 MA
Network Name	Aware Network	Aware Network	High Value Network	Aware Network	Aware Network
Single Deductible	\$1,000	\$2,000	\$2,000	\$5,000	\$500
Family Deductible	\$3,000	\$6,000	\$6,000	\$10,000	\$1,500
Single Deductible Out-of-Network	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Family Deductible Out-of-Network	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000
Single Out-of-Pocket Max	\$5,000	\$4,500	\$4,500	\$5,000	\$4,000
Family Out-of-Pocket Max	\$10,000	\$9,000	\$9,000	\$10,000	\$8,000
Single Out-of-Pocket Max Out-of-Network	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000
Family Out-of-Pocket Max Out-of-Network	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000
Co-Insurance	20%	30%	30%	0%	20%
Co-Insurance Out-of-Network	50%	50%	50%	50%	50%
Doctor Visits	\$40	\$40	\$40	0% after ded	\$40
Specialist Visits	\$40	\$40	\$40	0% after ded	\$40
Lab & X-Ray	20% after ded	30% after ded	30% after ded	0% after ded	20% after ded
Emergency Room Visits	20% after ded	30% after ded	30% after ded	0% after ded	20% after ded
Urgent Care Visits	\$40	\$40	\$40	0% after ded	\$40
Outpatient Facility	20% after ded	30% after ded	30% after ded	0% after ded	20% after ded
Outpatient Surgery	20% after ded	30% after ded	30% after ded	0% after ded	20% after ded
Hospital Inpatient	20% after ded	30% after ded	30% after ded	0% after ded	20% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	Integrated w/Med	N/A
Generic Rx (Tier 1)	\$15	\$15	\$15	0% after ded	\$15
Brand Rx (Tier 2)	\$50	\$50	\$50	0% after ded	\$50
Non-Formulary Rx (Tier 3)	\$100	\$100	\$100	0% after ded	\$100

Benefits	Aware PPO 1000/80 MA	Aware PPO 2000 MA
Network Name	Aware Network	Aware Network
Single Deductible	\$1,000	\$2,000
Family Deductible	\$3,000	\$6,000
Single Deductible Out-of-Network	\$10,000	\$10,000
Family Deductible Out-of-Network	\$20,000	\$20,000
Single Out-of-Pocket Max	\$5,000	\$4,500
Family Out-of-Pocket Max	\$10,000	\$9,000
Single Out-of-Pocket Max Out-of-Network	\$20,000	\$20,000
Family Out-of-Pocket Max Out-of-Network	\$40,000	\$40,000
Co-Insurance	20%	30%
Co-Insurance Out-of-Network	50%	50%
Doctor Visits	\$40	\$40
Specialist Visits	\$40	\$40
Lab & X-Ray	20% after ded	30% after ded
Emergency Room Visits	20% after ded	30% after ded
Urgent Care Visits	\$40	\$40
Outpatient Facility	20% after ded	30% after ded
Outpatient Surgery	20% after ded	30% after ded
Hospital Inpatient	20% after ded	30% after ded
Rx Deductible (Non-Generic)	N/A	N/A
Generic Rx (Tier 1)	\$15	\$15
Brand Rx (Tier 2)	\$50	\$50
Non-Formulary Rx (Tier 3)	\$100	\$100