



Medical Plan Offerings— Blue Cross Blue Shield of Minnesota 2024*

*Carrier availability is based on client headquartered location, as well as client selection.

Information shown in this document does not include all plan details or changes. Refer to the Carrier Certificate on TriNet ([login.TriNet.com](https://login.trinet.com)).

CHOICES THAT MATTER

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CHOICES THAT MATTER

Blue Cross Blue Shield of Minnesota Plan Details: [New Plan](#)

BCBS of MN Aware HDHP 3500

NEW for 2024

The [new](#) Blue Cross Blue Shield of Minnesota plan for the 2024 benefits plan year is listed on the following page.



Benefits	Aware HDHP 3500
Network Name	Aware Network
Single Deductible	\$3,500
Family Deductible	\$7,000
Single Deductible Out-of-Network	\$7,000
Family Deductible Out-of-Network	\$14,000
Single Out-of-Pocket Max	\$3,500
Family Out-of-Pocket Max	\$7,000
Single Out-of-Pocket Max Out-of-Network	\$13,000
Family Out-of-Pocket Max Out-of-Network	\$26,000
Co-Insurance	0%
Co-Insurance Out-of-Network	50%
Doctor Visits	0% after ded
Specialist Visits	0% after ded
Lab & X-Ray	0% after ded
Emergency Room Visits	0% after ded
Urgent Care Visits	0% after ded
Outpatient Facility	0% after ded
Outpatient Surgery	0% after ded
Hospital Inpatient	0% after ded
Rx Deductible (Non-Generic)	Integrated w/Med
Generic Rx (Tier 1)	0% after ded
Brand Rx (Tier 2)	0% after ded
Non-Formulary Rx (Tier 3)	0% after ded

Blue Cross Blue Shield of Minnesota Plan Details: Current Plans

BCBS of MN Aware HDHP 2000	Current Plan for 2024
BCBS of MN Aware HDHP 5000	Current Plan for 2024
BCBS of MN Aware HDHP 7000	Current Plan for 2024
BCBS of MN Aware PPO 500/80	Current Plan for 2024
BCBS of MN Aware PPO 1000/80	Current Plan for 2024
BCBS of MN Aware PPO 2000	Current Plan for 2024
BCBS of MN HVN PPO 2000	Current Plan for 2024
BCBS of MN Aware HDHP 5000 MA	Current Plan for 2024
BCBS of MN Aware PPO 500/80 MA	Current Plan for 2024
BCBS of MN Aware PPO 1000/80 MA	Current Plan for 2024
BCBS of MN Aware PPO 2000 MA	Current Plan for 2024

The current Blue Cross Blue Shield of Minnesota plans for the 2024 benefits plan year are listed on the following pages.



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



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



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

Blue Cross Blue Shield of Minnesota: Eliminated Plan

For 2024, the following plan will no longer be offered:

BCBS of MN HDHP Aware HDHP 3000	ELIMINATED for 2024
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