



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

*Carrier will be eliminated as of October 1, 2024

**CHOICES
THAT
MATTER**



Carrier will be eliminated as of October 1, 2024

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



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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



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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



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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