

Abbey Care, Inc

2025 Summary of Benefits Blue Cross Minnesota - open access

The following is an overview of your new Blue Cross MN coverage. Please review the Summary of Coverage for what these plans covers and cost examples.

Medical Plan Highlights		Plan 1 BASE PLAN	Plan 2 BUY UP
*Partial listing of covered services, see full SPD		\$4500 - 25% 24100P Aware	\$2000 Ded Co-pay 24050
Your Cost Per Paycheck Pre-Tax		\$50.00 Per Check	\$72.00 Per Check
Deductible and Out-of-Pocket		United Health Care Choice Open Access	
Individual Annual Deductible		\$4,500 Individual Deductible	\$2000 Individual Deductible
Annual out-of-pocket maximum		\$9,000 Annual Out Pocket	\$6,000 Annual Out of Pocket
Preventive Health Care			
Annual Physical		no charge	no charge
Colonoscopy		no charge	no charge
Immunizations		no charge	no charge
Routin Mammogram		no charge	no charge
Office Visits			
Virtual Visits - Virtuwel		5 Free after deductible	First 5 Free
Illness or injury		After Deductible you pay 25%	\$40 Co-pay
Physical, occupational and speech therapy		After Deductible you pay 25%	\$40 Co-pay
Convenience clinics: Do not use ER unless emergency			
		Use Minute Clinics or Virtwell	Use Minute Clinics or Virtwell
Emergency Care			
Urgent Care Visit		After Deductible you pay 25%	\$40 Co-pay
Emergency Room		After Deductible you pay 25%	After Deductible you pay 30%
Inpatient Hospital Care			
Illness or injury		After Deductible you pay 25%	After Deductible you pay 30%
Outpatient Care			
Scheduled outpatient procedures		After Deductible you pay 25%	After Deductible you pay 30%
Outpatient MRI and CT scan		After Deductible you pay 25%	After Deductible you pay 30%
CVS EXCLUDED / Walgreens Primary and others		Plan 1	Plan 2
Tier 1 , Tier 2, Tier 3 Preventive 100% H S A		After Deductible you pay 25%	\$20/\$50/\$75 /\$120 Co-pay
Dental Insurance Freedom Network		INCLUDED \$39.71	INCLUDED \$39.71
Individual Deductible		\$50	\$50
Calendar Year Benefit		\$1,500	\$1,500
Diagnostic Services Oral Exam, Lab, Radiographs		100%	100%
Preventitive Services Cleanings, Sealants, Florida		100%	100%
Basic Services Fillings, Extractions, General Services		80%	80%
Major Services *no waiting period		50%	50%
Diagnostic Services Oral Exam, Lab, Radiographs		100%	100%
Preventitive Services Cleanings, Sealants, Florida		100%	100%
VISION Insurance * See benfit summary		INCLUDED \$4.38	INCLUDED 4.38
Co-Pays Exam, Eyglasses, Contact Lenses		\$10/\$25/\$25	\$10/\$25/\$25
Frames		Up to \$180	Up to \$180
Benefit Frequency		Once Every 12 months	Once Every 12 months