



2025

# MEMBER RESOURCE GUIDE

Get the most from your health plan

Abbey Care, Inc.

## CUSTOMER SERVICE

Toll free at **1-866-873-5943** TTY toll free **711**

Monday through Friday,  
7 a.m. to 8 p.m. Central Time  
We will provide interpreter services,  
if needed

## FIND A DOCTOR

- Log in at **bluecrossmn.com/BCA** to find providers in your specific network
- Not a member?  
Visit **bluecrossmn.com/FindADoctor** and select the network: BlueCard® PPO

Or call **1-800-810-BLUE (2583)**  
(Also applies to Blue Cross Blue Shield Global® Core)



# Welcome to Minnesota's #1 health plan\*

With Blue Cross and Blue Shield of Minnesota, you get a name you trust, coverage you can count on, and peace of mind knowing your plan is here to help you every step of the way.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

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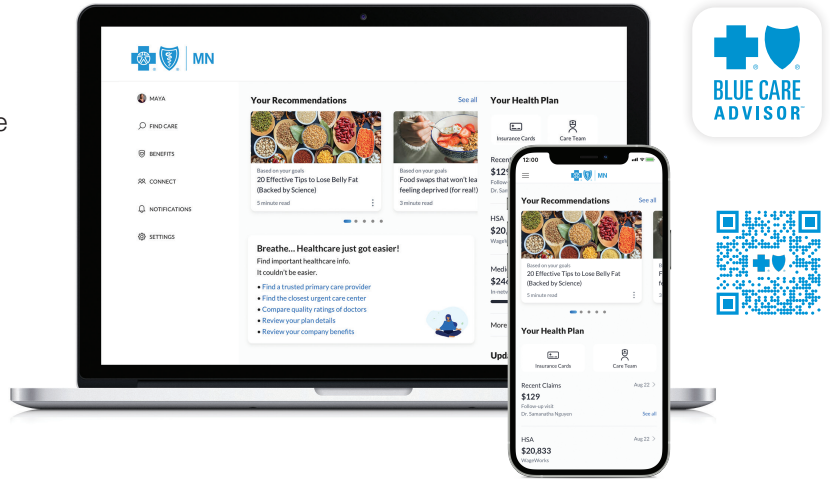
\*Individual, Small Group, Large Group: NAIC enrollment reported for year-end 2023; Self-insured enrollment: ASO enrollment from internal sources, SEC, EMMA financial statement filings and publicly available information.

# YOUR PLAN INFO AT YOUR FINGERTIPS

## A digital front door for health

Blue Care Advisor<sup>SM</sup> connects you to everything you need to easily manage your healthcare. Access your personal plan information, resources and tools online at [bluecrossmn.com/BCA](http://bluecrossmn.com/BCA) or by downloading the Blue Care Advisor app from your favorite app store.

When your member ID card arrives in the mail, go online or on the app and register to get started.



Once registered, you can:

- Find doctors, clinics and hospitals
- Compare costs for different services and procedures
- View claims and Explanations of Benefits (EOBs)
- Chat online with customer service
- View, print, email or order member ID cards
- Check health financial account balances (if applicable)

Blue Care Advisor<sup>SM</sup> is an offering of Blue Cross and Blue Shield of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association.


# UNDERSTANDING YOUR MEMBER ID CARD

### Member name

Each family member covered by your plan will have an ID card. This includes minor children.

### Member ID number

Your member ID number helps providers look up your plan details. We also use it to track expenses.



<b>ELIZABETH SAMPLENAME</b>		In Ntwk	Out Ntwk	
<b>000000000000</b>		Ind Ded	\$	2-5001
GRP	XXXXXXX	Fam Ded	\$	0-0000
Svc Type	XXX	Ind OOP	\$	0-9524
Care Type	XXXX	Fam OOP	\$	0-2583
RxBIN	XXXXXX			2-0820
RxPCN	XXX			2-0345
				1-4795
				2-0900
				2-5155

SYMBOLS PRINT HERE

of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association, is serving only as the claims administrator.

### Group number

This identifies your employer's plan.

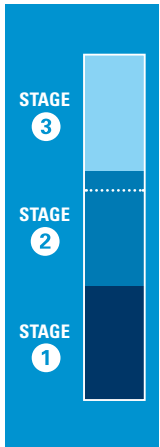
### Plan details

*Questions?*  
Contact information is on the back of your ID card.

The sample shown is a guide only. The information and the format of your card may vary.

## UNDERSTANDING YOUR HEALTH PLAN

Having health insurance means you and a health plan share in paying your medical costs. The plan tracks what you pay in medical costs and applies eligible costs toward certain milestones. When your costs hit these milestones, you move into the next stage of your plan. Your share of costs becomes less as you reach each stage. Here's how it works:



### Stage 1: Deductible

Each year, you pay for all covered medical services until you meet your deductible.

Your deductible and coinsurance **count toward** your out-of-pocket maximum.

### Stage 2: Coinsurance

Then, the health plan starts sharing a percentage of your costs until you reach your out-of-pocket maximum. Example: 80/20 coinsurance means the plan pays 80 percent and you pay 20 percent.

### Stage 3: Out-of-pocket maximum

At this point, the health plan pays all your covered medical costs for the rest of the plan year.\*

\*Covered medical costs up to the lifetime maximum.

Learn more health plan basics at [bluecrossmn.com/EmployerPlans](https://bluecrossmn.com/EmployerPlans)

Knowing some common health plan terms regarding costs can help you make more informed decisions and get more from your plan. See glossary for additional terms.



### Premium

**The regular payment you make throughout the year to keep your plan active**

Your employer may pay part of your premium.

Your premium **does not count toward** your deductible or out-of-pocket maximum.



### Covered medical costs

**The medical services your plan covers**

"Covered" means your plan pays for some or all of the costs. These are different in each plan.

Your covered costs **usually count toward** your deductible and out-of-pocket maximum.

### Over-the-allowed-amount costs

The health plan and in-network providers have agreed to an "allowed amount" (the most a provider can charge you). If you receive a covered service from a nonparticipating provider who charges over the allowed amount, this additional cost is your responsibility.

Costs over the allowed amount **do not count toward** your deductible and out-of-pocket maximum.



### Non-covered services

**"Non-covered" refers to medical services not covered by your plan**

If you receive these services, you pay in full.

Services not covered by your plan **do not count toward** your deductible and out-of-pocket maximum.



### Copays

**A set cost you pay every time you get medical care or a prescription**

Copays can vary based on where you get care (virtual, clinic, urgent care, etc.).

Your copays do not count toward your deductible but **do count toward** your out-of-pocket maximum.

## CHOOSING A PLAN: THINK ABOUT YOUR NEEDS

When choosing a plan, think about how much medical care, including prescriptions, you (and your dependents) expect to need within the plan year.

### Higher-premium plan with lower deductibles

This type of plan may be a good option if you (and your dependents):

- See a doctor regularly
- Need regular prescription drugs, specialty drugs or medical equipment
- Are expecting to have surgery, give birth or other major medical care

You'll pay more for your premium, but generally your out-of-pocket costs will be less when you get care. Be sure you can afford the higher premium because you will pay this regularly.

### Lower-premium plan with higher deductibles

This type of plan may be a good option if you (and your dependents):

- Don't expect to need much medical care
- Don't need regular prescription drugs, specialty drugs or medical equipment

You'll pay less for your premium, but generally your out-of-pocket costs will be higher when you get care. Be sure you can afford out-of-pocket medical costs if you need care unexpectedly.



#### IN GENERAL:

- **Higher premium =**  
Lower out-of-pocket costs
- **Lower premium =**  
Higher out-of-pocket costs

#### Out-of-pocket costs include:

- Deductible
- Copays
- Coinsurance
- Non-covered services
- Over-the-allowed-amount costs

See glossary for definitions.



### Stay in network

You can save money on your healthcare costs by making sure you choose an in-network provider. These are doctors, hospitals and clinics within your network. If keeping your current doctor is important to you, be sure to check if that doctor is in the network you're considering. If the provider isn't in the network, it may cost you more.

Log in at [bluecrossmn.com/BCA](https://bluecrossmn.com/BCA) to search providers in your specific network. Not a member? Visit [bluecrossmn.com/FindADoctor](https://bluecrossmn.com/FindADoctor) and select the network you are considering.

## NETWORKS

A network is a group of doctors, clinics, hospitals and other healthcare providers that have contracted with a health plan to provide your care at a lower cost. Check to see if your preferred providers are in network. Log in at [bluecrossmn.com/BCA](https://bluecrossmn.com/BCA) to search providers in your specific network. Not a member? Visit [bluecrossmn.com/FindADoctor](https://bluecrossmn.com/FindADoctor).

### National and international networks

- **BlueCard® PPO** – Access to more than 2 million providers nationwide
- **Blue Cross Blue Shield Global® Core** – Access to coverage in 190 countries and territories worldwide

**Aware® Network** — The largest Blue Cross network featuring access to nearly every physician and hospital in Minnesota.

## PREVENTIVE CARE

**Most preventive visits are covered at**

 **100%**

**when you see a doctor in network**

Check your benefit booklet on your member website.

Each Blue Cross and/or Blue Shield plan is an independent licensee of the Blue Cross and Blue Shield Association. Each healthcare provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services. Blue Cross Blue Shield Global Core is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

## PHARMACY BENEFITS

Blue Cross works with Prime Therapeutics to provide you a pharmacy network (pharmacies that have an agreement with Blue Cross) and a formulary (drug list). Using your pharmacy network and formulary drugs can help you save money.

To find an in-network retail pharmacy and check to see if a drug is covered, log in to your member website.

- **Pharmacy search:** *Your pharmacy network name is listed on your benefit chart.* If you go to an out-of-network pharmacy, you may pay the full cost of the prescription.
- **Drug search:** *The name of your formulary or drug list is listed on your benefit chart.* Drugs not on your formulary may cost you more.

Log in to your member website to learn more about pharmacy benefits, including 90-day prescriptions and specialty pharmacies.



### 3 WAYS TO SAVE ON PRESCRIPTION DRUGS

- Stay within your pharmacy network
- Choose drugs on your formulary
- Opt for generic drugs

Prime Therapeutics LLC is an independent company providing pharmacy benefit management services. Each pharmacy is an independent company that provides pharmaceutical services.

# 25050 Aware® \$2,000 Deductible 30% Coinsurance



Benefit Summary | January 1, 2025 – December 31, 2025

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association

Key benefits	In network MN Network: Aware® National Network: BlueCard® PPO	Out of network
<b>What you will pay</b>	You will pay the least when seeing an in-network provider.	You will pay the most when seeing an out-of-network or non-participating provider.
<b>Your deductible</b> The amount you pay per calendar year before your health plan starts to pay. Amounts paid out of network DO NOT apply to the in-network deductible.	Medical deductible only \$2,000 \$6,000	Medical deductible only \$5,000 \$10,000
<b>Deductible type</b>	Embedded - 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.	
<b>Your coinsurance</b> The percent of the allowed amount that you pay after your deductible is met.	30%	50%
<b>Your out-of-pocket maximum</b> The maximum amount you pay per calendar year in medical and prescription drug deductibles, coinsurance and copays. Amounts paid out of network DO NOT apply to the in-network out-of-pocket maximum.	Medical & Rx combined \$4,500 \$9,000	Medical & Rx combined \$10,000 \$20,000
<b>Preventive care</b> <ul style="list-style-type: none"> <li>well-child care to age 6</li> <li>prenatal care</li> <li>preventive medical evaluations age 6 and older; cancer screening; preventive hearing and vision exams; immunizations and vaccinations</li> </ul>	0% 0% 0%	0% 0% 50% after the deductible
<b>Physician services</b> <ul style="list-style-type: none"> <li>e-visits</li> <li>retail health clinic (office visit)</li> <li>physician office visits</li> <li>office and outpatient lab services</li> <li>office and outpatient lab diagnostic imaging</li> <li>office and outpatient allergy injections and serum</li> <li>specialist office visits</li> <li>urgent care professional services</li> </ul>	First five E-visits are 0% (no deductible); subsequent E-visits are \$20 copay, 0% (no deductible) \$40 copay \$40 copay 30% after the deductible 30% after the deductible 30% after the deductible \$40 copay \$40 copay	50% after the deductible  50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible  50% after the deductible 50% after the deductible
<b>Other professional services</b> <ul style="list-style-type: none"> <li>chiropractic manipulation (office visit)</li> <li>chiropractic therapy</li> <li>home health care</li> <li>physical therapy, occupational therapy, speech therapy (office visit)</li> <li>physical therapy, occupational therapy, speech therapy (therapy)</li> </ul>	\$40 copay 30% after the deductible 30% after the deductible \$40 copay 30% after the deductible	50% after the deductible 50% after the deductible No Coverage 50% after the deductible 50% after the deductible
<b>Inpatient facility services</b>	30% after the deductible	50% after the deductible

Key benefits	In network MN Network: Aware® National Network: BlueCard® PPO	Out of network
<b>Outpatient facility services</b> <ul style="list-style-type: none"> <li>• facility lab services</li> <li>• facility diagnostic imaging</li> <li>• surgery and anesthesia</li> <li>• urgent care services (facility services)</li> </ul>	30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible	50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible
<b>Emergency care</b> <ul style="list-style-type: none"> <li>• emergency room (facility charges)</li> <li>• professional charges</li> <li>• ambulance (medically necessary transport to the nearest facility equipped to treat the condition)</li> </ul>	30% after the deductible 30% after the deductible 30% after the deductible	
<b>Durable Medical Equipment</b>	30% after the deductible	50% after the deductible
<b>Bariatric surgery</b>	No Coverage	
<b>Reproductive treatment</b>	No Coverage	
<b>Behavioral health (mental health and substance abuse services)</b> <ul style="list-style-type: none"> <li>• inpatient professional services</li> <li>• outpatient professional services (office visits/office therapy)</li> <li>• outpatient professional services (all other services)</li> <li>• outpatient hospital/facility services</li> </ul>	30% after the deductible \$40 copay 30% after the deductible 30% after the deductible	50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible
<b>Prescription drugs – Classic Pharmacy Network Retail (31-day limit)</b> <b>KeyRx drug list</b> <ul style="list-style-type: none"> <li>• Tier 1 – Preferred generics</li> <li>• Tier 2 – Non-preferred generics</li> <li>• Tier 3 – Preferred brands</li> <li>• Tier 4 – Non-preferred brands</li> </ul> <b>Specialty drug list</b>	\$20 copay \$50 copay \$75 copay \$120 copay  30% to a maximum of \$550 per prescription	No Coverage No Coverage No Coverage No Coverage  No Coverage
<b>90dayRx – Mail order pharmacy (90-day limit) or Retail pharmacy (90-day limit)</b> <b>KeyRx drug list</b> <ul style="list-style-type: none"> <li>• Tier 1 – Preferred generics</li> <li>• Tier 2 – Non-preferred generics</li> <li>• Tier 3 – Preferred brands</li> <li>• Tier 4 – Non-preferred brands</li> </ul>	\$60 copay \$150 copay \$225 copay \$360 copay	No Coverage No Coverage No Coverage No Coverage
<b>Important information about your pharmacy benefits</b>	The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available. The drug list uses a step therapy program. More information about prescription drug coverage is available at <a href="http://bluecrossmn.com">bluecrossmn.com</a> .	

This is only a summary of covered benefits. For detailed information about what is and isn't covered refer to plan benefit booklet or visit [bluecrossmn.com](http://bluecrossmn.com). Members can also call Blue Cross customer service at the number on the back of their member ID card.

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# 25100P Aware® HSA \$4,500 Deductible 25% Coinsurance with VBBD



Benefit Summary | January 1, 2025 – December 31, 2025

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Key benefits	In network MN Network: Aware® National Network: BlueCard® PPO	Out of network
<b>What you will pay</b>	You will pay the least when seeing an in-network provider.	You will pay the most when seeing an out-of-network or non-participating provider.
<b>Your deductible</b> The amount you pay per calendar year before your health plan starts to pay. Amounts paid out of network DO NOT apply to the in-network deductible.	Medical & Rx combined \$4,500 \$9,000	Medical & Rx combined \$7,500 \$15,000
<b>Deductible type</b>	Embedded - 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.	
<b>Your coinsurance</b> The percent of the allowed amount that you pay after your deductible is met.	25%	50%
<b>Your out-of-pocket maximum</b> The maximum amount you pay per calendar year in medical and prescription drug deductibles, coinsurance and copays. Amounts paid out of network DO NOT apply to the in-network out-of-pocket maximum.	Medical & Rx combined \$8,300 \$16,600	Medical & Rx combined \$12,500 \$25,000
<b>Preventive care</b> <ul style="list-style-type: none"> <li>• well-child care to age 6</li> <li>• prenatal care</li> <li>• preventive medical evaluations age 6 and older; cancer screening; preventive hearing and vision exams; immunizations and vaccinations</li> </ul>	0% 0% 0%	0% 0% 50% after the deductible
<b>Physician services</b> <ul style="list-style-type: none"> <li>• e-visits</li> <li>• retail health clinic (office visit)</li> <li>• physician office visits</li> <li>• office and outpatient lab services</li> <li>• office and outpatient lab diagnostic imaging</li> <li>• office and outpatient allergy injections and serum</li> <li>• specialist office visits</li> <li>• urgent care professional services</li> </ul>	First five E-visits are 0% after deductible: subsequent E-visits are 25% after the deductible 25% after the deductible 25% after the deductible 25% after the deductible 25% after the deductible 25% after the deductible 25% after the deductible 25% after the deductible	50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible
<b>Other professional services</b> <ul style="list-style-type: none"> <li>• chiropractic manipulation (office visit)</li> <li>• chiropractic therapy</li> <li>• home health care</li> <li>• physical therapy, occupational therapy, speech therapy (office visit)</li> <li>• physical therapy, occupational therapy, speech therapy (therapy)</li> </ul>	25% after the deductible 25% after the deductible 25% after the deductible 25% after the deductible 25% after the deductible	50% after the deductible 50% after the deductible No Coverage 50% after the deductible 50% after the deductible
<b>Inpatient facility services</b>	25% after the deductible	50% after the deductible

Key benefits	In network MN Network: Aware® National Network: BlueCard® PPO	Out of network
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<b>Emergency care</b> <ul style="list-style-type: none"> <li>• emergency room (facility charges)</li> <li>• professional charges</li> <li>• ambulance (medically necessary transport to the nearest facility equipped to treat the condition)</li> </ul>	25% after the deductible 25% after the deductible 25% after the deductible	
<b>Durable Medical Equipment</b>	25% after the deductible	50% after the deductible
<b>Bariatric surgery</b>	No Coverage	
<b>Reproductive treatment</b>	No Coverage	
<b>Behavioral health (mental health and substance abuse services)</b> <ul style="list-style-type: none"> <li>• inpatient professional services</li> <li>• outpatient professional services (office visits/office therapy)</li> <li>• outpatient professional services (all other services)</li> <li>• outpatient hospital/facility services</li> </ul>	25% after the deductible 25% after the deductible 25% after the deductible 25% after the deductible	50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible
<b>Prescription drugs – Classic Pharmacy Network Retail (31-day limit)</b> <b>KeyRx drug list</b> <ul style="list-style-type: none"> <li>• Tier 1 – Preferred generics</li> <li>• Tier 2 – Non-preferred generics</li> <li>• Tier 3 – Preferred brands</li> <li>• Tier 4 – Non-preferred brands</li> </ul> <b>Specialty drug list</b>	25% after the deductible 25% after the deductible 25% after the deductible 25% after the deductible  25% after the deductible	No Coverage No Coverage No Coverage No Coverage  No Coverage
<b>90dayRx – Mail order pharmacy (90-day limit) or Retail pharmacy (90-day limit)</b> <b>KeyRx drug list</b> <ul style="list-style-type: none"> <li>• Tier 1 – Preferred generics</li> <li>• Tier 2 – Non-preferred generics</li> <li>• Tier 3 – Preferred brands</li> <li>• Tier 4 – Non-preferred brands</li> </ul>	25% after the deductible 25% after the deductible 25% after the deductible 25% after the deductible	No Coverage No Coverage No Coverage No Coverage
<b>Value Based Benefit Design (preventive Rx)</b> Drug coverage for the following conditions: diabetes (drugs and supplies), high blood pressure, cholesterol lowering, anti-coagulants/anti-platelets, respiratory, osteoporosis	0% (no deductible) for Tier 1 and Tier 3 drugs. Tier 2 drugs pay as retail drugs.	No Coverage
<b>Important Information About Your Pharmacy Benefits</b>	The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available. The drug list uses a step therapy program. More information about prescription drug coverage is available at <a href="http://bluecrossmn.com">bluecrossmn.com</a> .	

This is only a summary of covered benefits. For detailed information about what is and isn't covered refer to plan benefit booklet or visit [bluecrossmn.com](http://bluecrossmn.com). Members can also call Blue Cross customer service at the number on the back of their member ID card.

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**2025 Blue Cross Dental**  
**DFM23204 Freedom Enhanced 100/80/50 with \$1,500 Annual Maximum**  
**and Orthodontics**



PLAN BENEFITS	IN NETWORK	OUT OF NETWORK
<b>Calendar year deductible</b> Deductible does not apply to preventive and diagnostic services or orthodontia	<b>Individual/Family:</b> \$50/\$150	
<b>Annual maximum per member</b>	\$1,500	
<b>Orthodontic lifetime maximum</b> Dependent children to age 19	\$1,500	
<b>Jr. Dental</b> 100% coverage for dependent children 12 and under with no deductible or annual plan maximum on all covered services except for orthodontic care	Included	
CLASS I: PREVENTIVE AND DIAGNOSTIC	IN NETWORK	OUT OF NETWORK
<b>Exams and cleanings</b>	100%	100%
<b>Fluoride treatments</b>	100%	100%
<b>X-rays (bitewings and full mouth)</b>	100%	100%
<b>Sealants</b>	100%	100%
CLASS II: BASIC RESTORATIVE		
<b>Amalgam (silver) and composite (white) fillings</b>	80%	80%
<b>Surgical/non-surgical periodontics</b> Includes treatment of gum disease	80%	80%
<b>Endodontics</b> Includes root canal	80%	80%
<b>Simple extractions</b>	80%	80%
<b>Complex oral surgery</b>	80%	80%
<b>General anesthesia</b>	80%	80%
<b>Repairs</b> Includes bridges and dentures	80%	80%
CLASS III: MAJOR		
<b>Inlays, onlays, crowns</b>	50%	50%
<b>Prosthetics</b> Includes bridges and dentures	50%	50%
<b>TMD (temporomandibular disorder)</b>	50%	50%
ORTHODONTICS		
<b>Diagnostic, active, retention, treatment</b>	50%	50%

When you receive services from nonparticipating providers, you are responsible for the difference between the allowed amount and the billed charge.

This plan provides dental coverage only. Your dental plan's benefit booklet will provide a detailed description of the coverage and contain more details on standard plan exclusions and frequency limitations. In the event of a discrepancy, the benefit booklet will supersede this summary.

Consult our online provider directory at [bluecrossmn.com/FindADentist](http://bluecrossmn.com/FindADentist) to search for a dentist. Dentists with a "\$SAVE!" symbol next to their name accept allowances for services not covered by the benefit plan, including services rendered after the annual maximum has been exceeded; not available in all areas.

Blue Cross Dental plans include coverage for certain pediatric dental services. This plan is not exchange-certified and does not qualify as the pediatric dental essential health benefit under the Affordable Care Act.

United Concordia Companies, Inc. is an independent company providing dental benefit management services and access to the Advantage Plus AXS network.

Each provider in the network is an independent contractor and is not our agent.

With the Jr. Dental benefit, orthodontic care is excluded. Standard plan limitations apply. Out of network services covered at 100%; may be subject to balance billing.

<b>BENEFIT CATEGORY</b>	<b>STANDARD FREQUENCY LIMITATIONS</b>
<b>CLASS I: PREVENTIVE AND DIAGNOSTIC</b>	
Exams	2 per calendar year
X-rays (bitewings only)	1 set every 12 months under age 19; 1 set every 18 months age 19 and over
X-rays (full mouth and panoramic)	1 every 5 years
Cleanings; fluoride treatment	3 per calendar year; 1 per calendar year under age 19
Space maintainers	1 every 5 years under age 14
Sealants	1 per tooth every 3 years to age 16 on permanent first and second molars
<b>CLASS II: BASIC RESTORATIVE</b>	
Amalgam (silver) and composite (white) fillings	Not within 24 months of previous placement. Includes coverage for anterior (front) and posterior (back) resins.
Endodontics	<ul style="list-style-type: none"> <li>• Pulpal therapy: primary teeth that have no permanent tooth to replace it</li> <li>• Root canal treatment: one per tooth per lifetime</li> </ul>
Non-surgical periodontics	<ul style="list-style-type: none"> <li>• Full mouth debridement: 1 per lifetime</li> <li>• Scaling and root planing: 1 per 24 months (per area of mouth)</li> <li>• Periodontal maintenance: 2 per calendar year (in addition to routine prophylaxis following active periodontal therapy)</li> </ul>
Surgical periodontics	<ul style="list-style-type: none"> <li>• Surgical periodontal procedures: 1 per 36 months (per area of mouth)</li> <li>• Guided tissue regeneration: 1 per tooth per lifetime</li> </ul>
General anesthesia	Limited to 60 minutes per session
<b>CLASS III: MAJOR</b>	
Inlays, onlays, crowns	Not within 5 years of previous placement
Prosthetics (bridges and dentures)	Not within 5 years of previous placement
<b>ORTHODONTICS</b>	
Dependent children to age 19	
<b>DEPENDENT ELIGIBILITY</b>	
Dependent children covered to age 26	

# 2025 Blue Cross Vision Value Standard Exam and Eyewear – Option 1



	In-network benefit	Out-of-network reimbursements
<b>EYE EXAMS – One exam every 12 months</b>		
<b>Eye exam</b> Includes dilation when recommended by eye care professional	100% after \$10 copay	\$40
<b>PRESCRIPTION GLASSES – Benefit available for eyeglasses or contact lenses once every 12 months</b>		
<b>Lenses*</b> Single vision, lined bifocal, trifocal, lenticular	100% after \$25 copay	Single vision: \$40 Bifocal/progressive: \$60 Trifocal: \$80 Lenticular: \$100
<b>Frames</b>	1 every 12 months	\$50
<b>Davis Vision Exclusive Collection**</b> - Fashion level - Designer level - Premier level	100%; no copay 100%; no copay 100%; \$25 copay	
<b>Non-Davis Vision Exclusive Collection</b> - Visionworks stores  - Frames available from other participating retailers	No copay: plan pays up to \$180 plus 20% discount on remaining costs*** No copay: plan pays up to \$130 plus 20% discount on remaining costs***	
<b>EYE GLASS ENHANCEMENTS</b>		
- Tinting of plastic lenses	Member pays \$0	Not Covered
- Scratch-resistant coating	Standard: \$0 / Premium: \$30	
- Polycarbonate lenses - Dependent children, monocular patients and those with a prescription of +/-6.00 diopters or greater - Adults	Member pays \$0  Member pays \$30	
- Ultraviolet coating	Member pays \$12	
- Anti-reflective coating	Standard: \$35 / Premium: \$48 / Ultra: \$60 / Ultimate: \$85	
- Blue light filtering	Member pays \$15	
- Progressive lenses	Standard: \$50 / Premium: \$90 / Ultra: \$140 / Ultimate: \$175	
- High-index lenses	Member pays \$55 / \$120	
- Polarized lenses	Member pays \$75	
- Plastic photochromic lenses	Member pays \$65	
- Scratch protection plan	Single vision: \$20 / Multifocal vision: \$40	
<b>CONTACT LENSES – Benefit available for eyeglasses or contact lenses once every 12 months</b>		
<b>Collection contact lenses†</b> - Disposable - Planned replacement	up to 4 boxes up to 2 boxes	Not Applicable
- Evaluation, fitting and follow-up care	100% after \$25 copay	Not Applicable
<b>Non-collection contact lens allowance††</b>	Plan pays up to \$130 plus 15% discount on remaining costs***	\$105
- Evaluation, fitting and follow-up care for standard lenses - Evaluation, fitting and follow-up care for specialty lenses	100% after \$25 copay  \$25 copay; after copay, plan pays up to \$60 plus 15% discount on remaining costs***	Not Covered

\*Your plan covers a wide variety of lenses. Be sure the lenses you choose are covered by your plan. You'll have to pay the full cost for lenses your plan doesn't cover. Your eyecare/eyewear provider can assist you with this, or you can contact customer service at the number on your vision member ID card.

\*\*Davis Vision Exclusive Collection available at many participating independent provider offices. Collection is subject to change.

\*\*\*Additional discount not available at Costco, Walmart, Sam's Club or at participating online retail providers.

†Available at many participating independent provider offices. Collection is subject to change. Boxes must be ordered as part of a single transaction.

††Available at participating retail providers.

**This plan provides vision coverage only. Your vision plan's benefit booklet will contain more details on standard plan exclusions and frequency limitations. In the event of a discrepancy, the benefit booklet will supersede this summary.**

Davis Vision is an independent company providing vision benefit management services and access to their network. Each provider in the network is an independent contractor and is not our agent. If you receive services from a nonparticipating provider, you will be responsible for the difference between what Blue Cross will reimburse and what the provider bills.

## HEALTH AND WELLBEING RESOURCES

From lowering stress and managing weight, to finding the right care or comparing treatment options, you have the tools and resources you need to put better health within your reach. To learn more, log in to your member website.

### Online care

Access board-certified doctors, psychiatrists and psychologists with Doctor on Demand® via smartphone, tablet or computer.

- Visit [doctorondemand.com/bluecrossmn](http://doctorondemand.com/bluecrossmn)

Doctor On Demand® by Included Health is an independent company providing telehealth services.

### Online behavioral health programs

Living with substance use, stress, insomnia, depression, social anxiety, panic? Learn to Live offers online programs, including resilience, and is available anytime to help you work through it.

- Visit [learntolive.com/welcome/bcbsmn](http://learntolive.com/welcome/bcbsmn) and use code BCBSMN

Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support.

### Health assessment

Complete a short, confidential health assessment. Based on your results, you'll receive personalized recommendations including helpful tips and programs available to you.

- Log in at [bluecrossmn.com/BCA](http://bluecrossmn.com/BCA)

Blue Care Advisor<sup>SM</sup> is an offering of Blue Cross and Blue Shield of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association.

### Wellness discount marketplace

Get significant savings on personal care, fitness and wellness goods and services from Blue365®.

- Visit [blue365deals.com/bcbsmn](http://blue365deals.com/bcbsmn)

Blue365® is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

### Get Active program

Earn rewards by tracking daily steps or your favorite activity.

- Log in at [bluecrossmn.com/BCA](http://bluecrossmn.com/BCA)

Blue Care Advisor<sup>SM</sup> is an offering of Blue Cross and Blue Shield of Minnesota, a nonprofit independent licensee of the Blue Cross and Blue Shield Association.

## HEART-HEALTHY TIPS

These simple tips for living a healthy lifestyle can help lower your risk for high blood pressure, heart disease and stroke:

- Limit salt in your diet
- Exercise regularly
- Manage your weight
- Stress less
- Get more sleep

### Maternity management

Receive support and guidance from a maternity case manager.

- Call 1-800-793-6916

### Quitting tobacco and vaping

Take advantage of personalized guidance in making a quit plan and receive ongoing support from a wellness coach.

- Visit [bluecrossmn.com](http://bluecrossmn.com) or call 1-888-662-BLUE (2583), TTY 711

### Diabetes Prevention Program

Get help lowering your risk for Type 2 diabetes with the Diabetes Prevention Program (DPP). DPP provides lifestyle change support focused on healthy eating and physical activity. It is covered under your plan at no additional cost to you.

- Visit [cdc.gov/prediabetes/takethetest](http://cdc.gov/prediabetes/takethetest)

### Diabetes and heart disease prevention

Get professional health coaching online and supportive tools and resources, including a digital scale, through Omada® to help prevent diabetes and heart disease.

- Visit [omadahealth.com/BCBSMN1](http://omadahealth.com/BCBSMN1). See your plan materials for details.

The Omada program is from Omada Health, Inc., an independent company providing digital care programs.

### Diabetes management

Get personalized support from a certified diabetes care and education specialist (CDCES), a digital scale and glucose monitor to help you manage your diabetes with Omada®.

- Visit [omadahealth.com/BCBSMN2](http://omadahealth.com/BCBSMN2). See your plan materials for details.

The Omada program is from Omada Health, Inc., an independent company providing digital care programs.

### Hypertension management

Get personalized support from a certified hypertension specialist, a connected digital scale and blood pressure monitor and cuff to help you manage your hypertension with Omada®.

- See your plan materials for details.

The Omada program is from Omada Health, Inc., an independent company providing digital care programs.

### Wellness coaching

Get support to make positive, lasting changes. Our coaches are experienced with helping people build healthy habits around physical activity, healthy eating, weight management, stress or a combination of these.

- Call the number on the back of your member ID card

### Eating disorder program

Get one-on-one support from a behavioral health case manager for you or a family member recovering from an eating disorder.

- Call the number on the back of your member ID card

### Opioid use program

Get assistance from a behavioral health case manager to identify underlying conditions that contribute to substance use and help finding appropriate care to support recovery.

- Call the number on the back of your member ID card

## FOR A HEALTHIER TOMORROW, SCHEDULE YOUR PREVENTIVE VISIT TODAY

The best time to start thinking about your health is *before* you get sick, and routine checkups can catch health problems early.















Learn more at  
[bluecrossmn.com/Visits](https://bluecrossmn.com/Visits)

Check your benefit booklet on your member website for coverage details.



## KNOW WHERE TO GO FOR CARE

Knowing where to go for the right care can help save you time and money. Get familiar with your options now, before you need care.

WHEN YOU NEED	USE	ACCESS/AVAILABILITY	WAIT TIME	COST
 <b>MEDICAL/ MENTAL HEALTH ADVICE</b>	Common medical and mental health concerns addressed by phone	Call your clinic for availability.	 short to medium	\$0 – \$
 <b>CARE QUICKLY</b>	<b>Online care</b> Colds, cough or flu, bladder infections, mental health*	Visit <b>doctorondemand.com/ bluecrossmn</b> 24 hours a day, seven days a week or check with your provider.	 short	\$
 <b>CARE TODAY</b>	<b>Convenience clinic</b> Minor illnesses or injuries, screenings and vaccinations	No appointment necessary. Often available nights and weekends.	 short	\$\$
 <b>CARE SOON</b>	<b>Office visit</b> Preventive care, screenings and vaccines, mental health therapy or referrals to specialty care	Call your clinic to schedule an appointment. Days and hours vary.	 varies	\$\$ – \$\$\$
 <b>CARE NOW</b>	<b>Urgent care</b> Minor cuts, sprains and burns, skin rashes, fever and flu, X-rays and lab testing	No appointment necessary. Available seven days a week, but specific hours vary.	 varies	\$\$\$\$
 <b>CARE IMMEDIATELY</b>	<b>Emergency room (ER)</b> Chest pain, shortness of breath, uncontrolled bleeding, poisoning, risk of harming yourself or others, or other life-threatening illnesses or injuries	Immediately call 911 or go to your nearest ER anytime.	 longer, unless life-threatening	\$\$\$\$\$

Please note: The conditions listed are for example only and not a complete list.

**988** If you or someone you know is in emotional distress or in suicidal crisis, help is available 24 hours a day, seven days a week by calling or texting 988 for the Suicide and Crisis Lifeline.

### Looking for day-to-day online support for your emotional health?

Get convenient, confidential online support for stress and anxiety, depression, social anxiety, insomnia, substance use and more by visiting [learntolive.com/welcome/BCBSMN](https://learntolive.com/welcome/BCBSMN) (enter code BCBSMN), 24 hours a day, seven days a week. There is no additional cost to you.

Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support.

\*Mental health visits are by appointment only, 7 a.m. to 10 p.m. local time.

Doctor On Demand® by Included Health is an independent company providing telehealth services.

Make sure your doctor and clinic/hospital are in your network before receiving care. This will ensure you receive the highest level of benefits. Each healthcare provider is an independent contractor and not our agent.



# KEEP MORE \$\$ IN YOUR POCKET

## WHEN YOU STAY IN NETWORK

### Don't pay more for care than you should

You can save money on your healthcare costs by making sure you choose an in-network provider. These are doctors, hospitals and clinics within your network. If keeping your current doctor important is to you, be sure to check if that doctor is in the network you're considering. If the provider isn't in the network, it may cost you more.

To find out if a provider is in network, visit your member website to search or call customer service.

Each healthcare provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.

### BLUE CROSS DENTAL

As a Blue Cross Dental member, you'll have access to one of the nation's largest dental networks, United Concordia Advantage Plus AXS. You can see any dentist, but choosing a dentist in the network provides significant savings.

Visit [bluecrossmn.com/FindADentist](http://bluecrossmn.com/FindADentist) for more information and look for the "\$ave!" symbol for discounts on non-covered services.

United Concordia Companies, Inc. is an independent company providing dental benefit management services and access to the Advantage Plus AXS network. Each dental provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.



**Dental and vision exams  
are essential to your  
overall health**

### BLUE CROSS VISION

As a Blue Cross Vision member, you'll receive savings on a broad selection of eyewear when you choose an in-network retailer or independent provider in the Davis Vision network. This includes designer frames and contact lenses. In addition, your frame allowance is enhanced at all Visionworks stores. You also get a comprehensive eye exam covered at 100 percent (after your copay) when you see a network provider as well as access to a large national network of eye care professionals.

Visit [bluecrossmn.com/FindAnEyeDoctor](http://bluecrossmn.com/FindAnEyeDoctor) for more information.

#### Easy online experience

The vision network also includes online retailers.

Visit [glasses.com](http://glasses.com), [1800contacts.com](http://1800contacts.com) or [befitting.com](http://befitting.com) to use your benefits online.

Davis Vision is an independent company providing vision benefit management services and access to the Davis network. Each vision provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.

When you enroll, you'll receive a dental and a vision member ID card to use when you receive care. These are separate from your medical plan member ID card.

## GLOSSARY — TERMS TO KNOW

**Allowed amount:** The amount Blue Cross has agreed to pay a specific provider for a covered service.

**Coinsurance:** This payment structure starts after meeting your deductible. In coinsurance, you and the plan each pay a percentage for covered services. Example: 80/20 coinsurance means the plan pays 80 percent and you pay 20 percent.

**Convenience or retail clinic:** These clinics treat a limited list of common illnesses. They are often located in or near a retail store.

**Copay:** A fee you pay every time you get care or a prescription. Copays can vary based on where you get care (virtual, clinic, urgent care, etc.).

**Cost sharing:** Refers to the member sharing medical costs with the health plan through copays, deductible and coinsurance.

**Deductible:** The dollar amount you must pay for most covered services each calendar year before the health plan begins to pay for benefits.

**Eligible or covered services:** Healthcare covered by your plan.

**Embedded deductible:** Plan begins paying benefits that require cost sharing for the first family member who meets the per-person deductible. Once one or more of the remaining family members meet the family deductible the plan pays benefits for all covered family members.

**Explanation of Benefits (EOB):** A letter you receive after getting care that shows costs, the amount the health plan is expected to pay and the amount you are expected to pay. You do not pay anything when you receive an EOB. An EOB is not a bill.

**Formulary or drug list:** A list of FDA-approved prescription drugs covered by your health plan. To help ensure you get the right drugs for your needs, some drugs may require prior authorization, step therapy, and/or quantity limits.

**Health plan:** Can refer to your health insurance company or your specific health plan.

**In-network:** Providers or pharmacies in your plan's network that give you the most coverage (lowest cost). Note: An in-network provider is not the same as a participating provider.

**Member website:** A secure website for accessing plan details and cost information as well as health and wellbeing tools.

**Embedded deductible:** Plan begins paying benefits that require cost sharing for the first family member who meets the per-person deductible. Once one or more of the remaining family members meet the family deductible the plan pays benefits for all covered family members.

**Nonparticipating provider:** A provider that does not have a contract with the health plan. You pay in full when using these providers. Note: A nonparticipating provider is not the same as an out-of-network provider.

**Out-of-network:** A provider or pharmacy that has a contract with the health plan but is not part of your plan's network. You may pay more when using these providers/pharmacies. Note: An out-of-network provider is not the same as a nonparticipating provider.

**Out-of-pocket expense/cost:** Refers to costs the member pays: premium, copay, deductible, coinsurance, and non-covered services or over-the-allowed-amount costs.

**Out-of-pocket (OOP) maximum:** This is the last milestone you hit by paying for covered medical services. Once you reach this amount, the plan pays for all covered in-network services for the plan year's remainder.

**Participating provider:** A provider that has a contract with the health plan, and may be in or out of your plan's network. Note: A participating provider is not the same as an in-network provider.

**Premium:** Your monthly payment, like a membership fee. Your employer may pay part of your premium. You may also be able to pay your premium pretax from your paycheck.

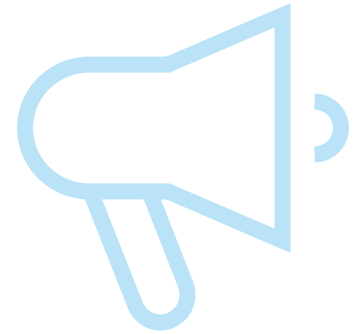
**Provider:** Refers to doctors, clinics, hospitals, pharmacies and other healthcare professionals.

**Service (also called "care"):** Medical procedures, treatment, and prescription drugs.

## MEMBER ANNUAL NOTICE NEWSLETTER

Find valuable information in the Blue Cross Member Annual Notice newsletter, such as:

- Member rights and responsibilities
- Quality improvement program
- Information about case and condition/disease management
- Benefits and access to medical services
- Pharmacy benefit information, such as formulary, quantity limits and exception processes
- Use and disclosure of protected health information (PHI)
- Prior authorization decisions and benefit limitations
- How to request an independent review
- Transitioning from pediatric to adult care



Visit [bluecrossmn.com/QualityImprovement](https://bluecrossmn.com/QualityImprovement) to view the notice or call customer service to receive it by mail.

## MEMBER PRIVACY RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule gives you the right to know what personal and health information is collected by insurance companies, why it's collected and what is done with it. To see our privacy policy, visit [bluecrossmn.com/Privacy](https://bluecrossmn.com/Privacy) or call customer service and request a copy of the "Notice of Privacy Practices."

## MEDICARE PART D CREDITABILITY

Medicare members should check their plan information or ask their employer to see if their plan is Medicare Part D creditable.

