

	In network* MN network – Aware National Network – Traditional	Out of network**
Emergency care • emergency room • physician charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)		Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance
Medical supplies		Deductible then 80% coinsurance
Bariatric surgery and infertility		Deductible then 80% coinsurance
Behavioral health (mental health and chemical dependency care) • inpatient care • outpatient care • professional care		Deductible then 80% coinsurance Deductible then 80% coinsurance Deductible then 80% coinsurance
Prescription drugs –Select Network • retail (31-day limit) FlexRx preferred drug list • open plan design • preferred generic • preferred brand • non-preferred • 90dayRx – Mail order pharmacy (90-day limit) FlexRx preferred drug list • open plan design • preferred generic • preferred brand • non-preferred • 90dayRx – Retail pharmacy (90-day limit) FlexRx preferred drug list • open plan design • preferred generic • preferred brand • non-preferred	100% after \$10 copay 100% after \$25 copay 100% after \$40 copay 100% after \$30 copay 100% after \$75 copay 100% after \$120 copay 100% after \$30 copay 100% after \$75 copay 100% after \$120 copay	100% after \$10 copay 100% after \$25 copay 100% after \$40 copay No coverage No coverage No coverage No coverage No coverage No coverage
	90dayRx applies to participating retail and/or mail service pharmacy only. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier).	

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit bluecrossmnonline.com.

***Lowest out-of-pocket costs:** in-network providers

****Higher out-of-pocket costs:** out-of-network participating providers

Highest out-of-pocket costs: out-of-network **nonparticipating** providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

This is only a summary. Read your benefit booklet for more information about what is and isn't covered. Services that aren't covered include those that are cosmetic, investigative, not medically necessary or covered by workers' compensation or no-fault insurance.

For more information, visit bluecrossmnonline.com or call Blue Cross customer service at the number on the back of your member ID card.

The Omada program is from Omada Health, Inc., an independent company providing digital intensive behavioral counseling program.