

# 26485P-A \$6,500-0% VBBD Embedded HSA



Benefit Summary | January 1, 2026 – December 31, 2026

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<br>MN Network: Aware®<br>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><br>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 and amounts paid in-network DO NOT apply to the out of network deductible.                                                                                                                                                        | Medical & Rx combined<br>\$6,500<br>\$13,000                                                                                                                                                                                                                                                | Medical & Rx combined<br>\$10,000<br>\$20,000                                                                                                                                                        |
| <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><br>The percent of the allowed amount that you pay after your deductible is met.                                                                                                                                                                                                                                                                                                       | 0%                                                                                                                                                                                                                                                                                          | 50%                                                                                                                                                                                                  |
| <b>Your out-of-pocket maximum</b><br>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 and amounts paid in-network DO NOT apply to the out of network out-of-pocket maximum.                                                                                | Medical & Rx combined<br>\$6,500<br>\$13,000                                                                                                                                                                                                                                                | Medical & Rx combined<br>\$15,000<br>\$30,000                                                                                                                                                        |
| <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%<br>0%<br>0%                                                                                                                                                                                                                                                                              | 0%<br>0%<br>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 0% after the deductible<br>0% after the deductible<br>0% after the deductible<br>0% after the deductible<br>0% after the deductible<br>0% after the deductible<br>0% after the deductible<br>0% after the deductible    | 50% after the deductible<br><br>50% after the deductible<br>50% after the deductible<br>50% after the deductible<br>50% after the deductible<br>50% after the deductible<br>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>                                                                | 0% after the deductible<br>0% after the deductible<br>0% after the deductible<br>0% after the deductible<br>0% after the deductible                                                                                                                                                         | 50% after the deductible<br>50% after the deductible<br>No Coverage<br>50% after the deductible<br>50% after the deductible                                                                          |
| <b>Inpatient facility services</b>                                                                                                                                                                                                                                                                                                                                                                            | 0% after the deductible                                                                                                                                                                                                                                                                     | 50% after the deductible                                                                                                                                                                             |

| Key benefits                                                                                                                                                                                                                                                                                                                                           | In network<br>MN Network: Aware®<br>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>                                                                                                             | 0% after the deductible<br>0% after the deductible<br>0% after the deductible<br>0% after the deductible                                                                                                                                      | 50% after the deductible<br>50% after the deductible<br>50% after the deductible<br>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>                                                                                               | 0% after the deductible<br>0% after the deductible<br>0% after the deductible                                                                                                                                                                 |                                                                                                                  |
| <b>Durable Medical Equipment</b>                                                                                                                                                                                                                                                                                                                       | 0% 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> | 0% after the deductible<br>0% after the deductible<br><br>0% after the deductible<br>0% after the deductible                                                                                                                                  | 50% after the deductible<br>50% after the deductible<br><br>50% after the deductible<br>50% after the deductible |
| <b>Prescription drugs – Classic Pharmacy Network Retail (31-day limit)</b><br><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><br><b>Specialty drug list</b>            | 0% after the deductible<br>0% after the deductible<br>0% after the deductible<br>0% after the deductible<br><br>0% after the deductible                                                                                                       | No Coverage<br>No Coverage<br>No Coverage<br>No Coverage<br><br>No Coverage                                      |
| <b>90dayRx – Mail order pharmacy (90-day limit) or Retail pharmacy (90-day limit)</b><br><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>                               | 0% after the deductible<br>0% after the deductible<br>0% after the deductible<br>0% after the deductible                                                                                                                                      | No Coverage<br>No Coverage<br>No Coverage<br>No Coverage                                                         |
| <b>Value Based Benefit Design (preventive Rx)</b><br>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 <b>bluecrossmn.com</b> . |                                                                                                                  |

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**. Members can also call Blue Cross customer service at the number on the back of their member ID card.

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.