

**Ames Construction**  
**\$750 Deductible Plan**  
**October 1, 2025**



Coinsurance reflects member responsibility.

Key benefits	In network*		Out of network**
	National Network: BlueCard PPO MN Network: Aware®; Utah Network: National BlueCard		
<b>Plan-year deductible</b> The in- and out-of-network maximums cross apply.	Medical only \$750 individual \$1,500 family	Medical only \$750 individual \$1,500 family	
<b>Coinsurance Level</b> The percent you pay after your deductible is met.	Deductible then 20% coinsurance	Deductible then 30% coinsurance	
<b>Plan-year out-of-pocket maximum</b> The in- and out-of-pocket maximums cross apply. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$2,000 individual \$4,000 family	Medical and prescription combined \$2,000 individual \$4,000 family	
<b>Benefit payment levels</b>	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.	
<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</li><li>• cancer screening</li><li>• preventive hearing and vision exams</li><li>• immunizations and vaccinations</li></ul>	0% 0% 0% 0% 0% 0%	30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible 30% 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>• allergy injections and serum</li><li>• specialist office visits</li><li>• urgent care office visits</li></ul>	0% (deductible and copay waived) 0% after \$25 copay 0% after \$25 copay 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 0% after \$50 copay	30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible 30% 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 \$25 copay 20% after the deductible 20% after the deductible 0% after the \$25 copay  20% after the deductible	30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible  30% after the deductible	
<b>Inpatient facility services</b>	20% after the deductible	30% after the deductible	
<b>Outpatient facility services</b> <ul style="list-style-type: none"><li>• facility lab services</li><li>• facility diagnostic imaging</li><li>• chemotherapy and radiation therapy</li><li>• scheduled outpatient surgery</li><li>• urgent care services (facility services)</li></ul>	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 0% after \$50 copay	30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible 30% 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 \$150 copay 20% after the deductible 20% after the deductible		

Key benefits	In network*		Out of network**
	MN Network: Aware® National Network: BlueCard PPO		
Durable Medical Equipment	20% after the deductible	30% after the deductible	
Bariatric surgery	20% after the deductible	30% after the deductible	
Assisted fertilization	20% after the deductible	30% after the deductible	
Behavioral health (mental health and substance abuse services) • inpatient professional services • outpatient professional services (office visits) • outpatient professional services (office – other services) • outpatient hospital/facility services	20% after the deductible 0% after \$25 copay 20% after the deductible 20% after the deductible	30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible	
Pharmacy (CVS Carve Out PBM) Preferred Generic Preferred Brand Non-Preferred Generic Non-Preferred Brand Specialty	\$10 copay \$20 copay \$35 copay \$35 copay \$0 cost share if you enroll in Prudent Rx; or 30%, if not enrolled in the PrudentRx program	No coverage No coverage No coverage No coverage No coverage	

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit [bluecrossmn.com](http://bluecrossmn.com).

**\*Lowest out-of-pocket costs:** in-network 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.)

**Embedded deductible** – 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.

This is only a summary. Read your benefit booklet for more information about what is and isn't covered.

For more information, visit [bluecrossmn.com](http://bluecrossmn.com) or call Blue Cross customer service at the number on the back of your member ID card.

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