Ames Construction
HSA $3,300 Deductible 80% Coinsurance Plan
October 1, 2025

BlueCross BlueShield Minnesota

Coinsurance reflects member responsibility.

Key benefits	In network* National Network: BlueCard PPO MN Network: Aware®; Utah Network: National BlueCard	Out of network**
Plan-year deductible The in- and out-of-network maximums cross apply.	Medical and prescription combined $3,300 individual $6,600 family	Medical and prescription combined $3,300 individual $6,600 family
Coinsurance Level The percent you pay after your deductible is met.	Deductible then 20% coinsurance	Deductible then 30% coinsurance
Plan-year out-of-pocket maximum 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 $4,000 individual $8,000 family	Medical and prescription combined $4,000 individual $8,000 family
Benefit payment levels	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.
Preventive care • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations	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
Physician services • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient lab diagnostic imaging • allergy injections and serum • specialist office visits • urgent care office visits	0% (deductible waived) 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% 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 30% after the deductible
Other professional services • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy)	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible	30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible
Inpatient facility services	20% after the deductible	30% after the deductible
Outpatient facility services • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services)	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible	30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible
Emergency care • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	20% after the deductible 20% after the deductible 20% after the deductible	

Key benefits	In network* MN Network: Aware® National Network: BlueCard PPO	Out of network**
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 20% after the deductible 20% after the deductible 20% after the deductible	30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible
Prescription Drugs (CVS Carve Out PBM) Preferred Generic Preferred Brand Non-Preferred Generic Non-Preferred Brand Specialty	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible	Not covered Not covered Not covered Not covered Not covered

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**.

*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.)

This plan is not Medicare Part D creditable.

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** or call Blue Cross customer service at the number on the back of your member ID card.

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