

Ames Construction
\$1,000 Deductible Plan
October 1, 2026



Coinsurance reflects member responsibility.

Key benefits	In network*		Out of network**
	National Network: BlueCard PPO MN Network: Aware® Utah Network: National BlueCard		
Plan-year deductible The in- and out-of-network maximums cross apply.	Medical only \$1,000 individual \$2,000 family	Medical only \$1,000 individual \$2,000 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 \$3,000 individual \$6,000 family	Medical and prescription combined \$3,000 individual \$6,000 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 (Doctor on Demand) • 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 and copay waived) 0% after \$25 copay 0% after \$25 copay 20% after the deductible 20% after the deductible 20% after the deductible 0% after the deductible 0% after \$40 copay 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	
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)	0% after \$40 copay 20% after the deductible 20% after the deductible 0% after the deductible 0% after the \$40 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	
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	

Key benefits				In network*		Out of network**	
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Emergency care • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)				0% after \$300 copay <i>(waived if admitted)</i> 20% after the deductible 20% after the deductible			
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 \$40 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)							
30-day supply							
Preferred Generic				\$10 copay		No coverage	
Preferred Brand				\$35 copay		No coverage	
Non-Preferred Generic				\$60 copay		No coverage	
Non-Preferred Brand				\$60 copay		No coverage	
Specialty				30% after the deductible		No coverage	
90-day supply							
Preferred Generic				\$30 copay		No coverage	
Preferred Brand				\$105 copay		No coverage	
Non-Preferred Generic				\$180 copay		No coverage	
Non-Preferred Brand				\$180 copay		No coverage	
Specialty				0% cost share if you enroll in PrudentRx; or 30% if not enrolled in the PrudentRx program.		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.

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

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