

Better Health Collective Smart Plan SHSA1 Aware

Benefit Summary | Effective Dates January 1, 2025 – December 31, 2025

| Key Benefits | In network* MN Network: Aware National Network: Bluecard PPO | Out of network** |
|--|--|--|
| What you will pay | 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. |
| Your deductible The amount you pay per Calendar-year before your health plan starts to pay. Amounts paid out of network cross apply to in-network deductible. | Medical & Rx Combined \$1,650 individual \$3,300 family | Medical & Rx Combined \$3,300 individual \$6,600 family |
| Deductible Type | Non-embedded - The plan begins paying benefits that require cost sharing when the entire family deductible is met. The deductible can be met by one or a combination of several family members. The individual deductible applies to single coverage only. | |
| Your coinsurance The percent of the allowed amount that you pay after your deductible is met. | 0% | 20% |
| Your out-of-pocket maximum The maximum amount you pay per Calendar-year in medical and prescription drug deductibles, coinsurance, and copays. Amounts paid out of network cross apply to the in-network out-of-pocket maximum. | Medical & Rx Combined \$1,650 individual \$3,300 family | Medical & Rx Combined \$4,950 individual \$9,900 family |
| Preventive care <ul style="list-style-type: none">well-child care to age 6prenatal carepreventive medical evaluations age 6 and older; cancer screening; preventive hearing and vision exams; immunizations and vaccinations | 0% 0% 0% | 0% 0% 20% after the deductible |
| Physician services <ul style="list-style-type: none">e-visitsretail health clinic (office visit)physician office visitsoffice and outpatient lab servicesoffice and outpatient lab diagnostic imagingallergy injections and serumspecialist office visitsspecialist office and outpatient lab servicesUrgent Care professional services | 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% 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 20% after the deductible 20% after the deductible 20% after the deductible |
| Other professional services <ul style="list-style-type: none">chiropractic manipulation (office visit)chiropractic therapyhome health carephysical therapy, occupational therapy, speech therapy (office visit)physical therapy, occupational therapy, speech therapy (therapy) | 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible | 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible |
| Inpatient Facility Services | 0% after the deductible | 20% after the deductible |
| Outpatient Facility Services <ul style="list-style-type: none">facility lab servicesfacility diagnostic imagingsurgery and anesthesiaurgent care services (facility services) | 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible | 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible |
| Emergency care <ul style="list-style-type: none">emergency room (facility charges)professional chargesambulance (medically necessary transport to the nearest facility equipped to treat the condition) | 0% after the deductible 0% after the deductible 0% after the deductible | |

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|---|--|--|
| Durable Medical Equipment | 0% after the deductible | 20% after the deductible |
| Behavioral health (mental health and substance abuse services) <ul style="list-style-type: none"> • inpatient professional services • outpatient professional services (office visits/office therapy) • outpatient professional service (all other services) • outpatient hospital/facility services | 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible | 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible |
| Prescription drugs –Select Network <ul style="list-style-type: none"> • retail (31-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> • closed plan design • preferred generic • preferred brand Specialty drug list <ul style="list-style-type: none"> • Specialty preferred <ul style="list-style-type: none"> • 90dayRx – Mail order pharmacy (93-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> • closed plan design • preferred generic • preferred brand <ul style="list-style-type: none"> • 90dayRx – Retail pharmacy (93-day limit) FlexRx preferred drug list <ul style="list-style-type: none"> • closed plan design • preferred generic • preferred brand | 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible | 20% after the deductible 20% after the deductible No coverage No coverage No coverage No coverage |
| Preventive drug benefit <ul style="list-style-type: none"> • preferred generic • preferred brand | 0% \$50 copay | 0% \$50 copay |
| Important Information About Your Pharmacy Benefits | 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 bluecrossmn.com . Medicare Part D Creditability: Creditable | |

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.