2025 Pricing/month

Prog Sup & Non Class

*Blue Cross Blue Shield ***Aware*** Network "***open access***" (Mayo in network)

	Current Plan with 2025 Pricing *$3K PLAN Open Access		Current Plan with 2025 Pricing *$5K PLAN Open Access			Current Plan with 2025 Pricing *$7K PLAN Open Access		
	Single	Family	Single	Family		Single	Family	
Premium	$1,118.79	$2,807.22	$1,005.59	$2,523.20		$912.79	$2,290.35	
District Pays	$675.00	$1,650.00	$675.00	$1,650.00		$675.00	$1,650.00	
Employee pays	**$443.79**	**$1,157.22**	**$330.59**	**$873.20**		**$237.79**	**$640.35**	
					Cost after deductible			Cost after deductible
Deductible (in network)	$3,000	$6,000	$5,000	$10,000	20%	$7,000	$14,000	0%
Max out of pocket (in network)	$4,500	$9,000	$5,600	$11,200		$7,000	$14,000	
Deductible (out of network)	$4,500	$9,000	$6,500	$13,000	40%	$10,000	$20,000	40%
Max out of pocket (out of network)	$6,000	$12,000	$8,000	$16,000		$15,000	$30,000	

Blue Cross Blue Shield ***High Value* Network "***limited access***" - excludes ALL Mayo locations, VA, and other providers - see back for local list

	Current Plan with 2025 Pricing **$3K PLAN High Value Network		Current Plan with 2025 Pricing **$5K PLAN High Value Network			Current Plan with 2025 Pricing *$7K PLAN High Value Network		
	Single	Family	Single	Family		Single	Family	
Premium	$907.95	$2,278.21	$816.02	$2,047.53		$743.78	$1,866.28	
District Pays	$675.00	$1,650.00	$675.00	$1,650.00		$675.00	$1,650.00	
Employee pays	**$232.95**	**$628.21**	**$141.02**	**$397.53**		**$68.78**	**$216.28**	
					Cost after deductible			Cost after deductible
Deductible (in network)	$3,000	$6,000	$5,000	$10,000	20%	$7,000	$14,000	0%
Max out of pocket (in network)	$4,500	$9,000	$5,600	$11,200		$7,000	$14,000	
Deductible (out of network)	$5,000	$10,000	$6,500	$13,000	40%	$10,000	$20,000	40%
Max out of pocket (out of network)	$10,000	$20,000	$10,000	$20,000		$15,000	$30,000	

Notes:

In Network Preventative care and Omada (diabetes & cardiovascular prevention program) is 100% covered - no payment for you even if you have not met your deductible

In Network prescriptions - Deductible then 20% to 30% coinsurance

Out of Network preventative care - Deductible then 40% coinsurance

Out of Network Omada (diabetes & cardiovascular prevention program) - no coverage

Out of Network Prescription - no coverage

Emergency care/emergency treatments that are coded as an emergency are considered “in-network” at any provider. NOT all ER visits are coded as an "emergency".
- if treatment is coded as an emergency, payment is deductible then 20% coinsurance - counts towards your In network deductibles and In network maximum out of pocket

The In Network and Out of Network deductibles and maximums do NOT cross apply

Non-covered charges and charges in excess of the allowed amount do not apply to the out of pocket maximum

2025 Pricing/month *Blue Cross Blue Shield ***Aware*** Network "***open access***" (Mayo in network)

The ones below highlitghed in RED are out of network if you choose a High Value Plan.

Aware vs. High Value Network

Metro Region	Aware	High Value Network
METRO	Open Access	Limited Access
• Allina	X	X
• Avera	X	
• Centracare	X	X
• Children's Hospitals & Clinics	X	X
• Entira	X	X
• Fairview Health System/HealthEast	X	X
• HealthPartners Health System	X	
• Hennepin County Medical Center	X	
• Mankato Clinic Ltd	X	X
• Mayo Health System	X	
• North Memorial	X	X
• Northfield Hospital and Clinic	X	X
• Park Nicollet	X	
• Ridgeview	X	X
• St. Croix Regional Medical Center	X	X
• University of Minnesota Physicians	X	X
• Veterans Admin Medical Center	X	

Aware vs. High Value Network

Southeast Region	Aware	High Value Network
SOUTHEAST	Open Access	Limited Access
• Allina	X	X
• Children's Hospitals & Clinics	X	X
• Gundersen Health System	X	X
• Mankato Clinic LTD	X	X
• Mayo Health System	X	
• Northfield Hospital and Clinic	X	X
• Olmsted Medical Center	X	X
• Swift County Benson Health	X	X
• Veterans Admin Medical Center	X	
• Winona Health	X	X

If you are out of town or if you or your children don't live in the metro area nor in the southeast region, please call BCBS or go online to find in network doctors and clinics.

Phone Number: 1-866-873-5943 https://www.bluecrossmn.com/find-doctor

Dental Insurance - Blue Cross Blue Shield					
Low Plan					
		Single	**1+1**		**Family**
Premium		$29.60	$57.39		$94.98
District Contribution		$29.60	$29.60		$29.60
Employee Pays Per Month		$0.00	$27.79		$65.38

High Plan					
		Single	**1+1**		**Family**
Premium		$42.24	$83.76		$150.91
District Contribution		$29.60	$29.60		$29.60
Employee Pays Per Month		$12.64	$54.16		$121.31