

St. Michael-Albertville ISD 885 BlueCross BlueShield Health Insurance Plans Effective October 2020

Services	H.S.A/HYBRID AWARE NETWORK	VEBA AWARE NETWORK	MVP AWARE NETWORK
Annual Deductible for In Network	\$3500 Single \$7000 Family	\$1850 Single \$3700 Family	\$6350 Single \$12700 Family
<i>Annual Deductible for Out of Network</i>	<i>\$4,000</i> <i>\$7,000</i>	<i>\$3,500</i> <i>\$6,500</i>	<i>\$8,250</i> <i>\$16,500</i>
Prescription Out of Pocket Maximum	Combined with Medical	Combined with Medical	Combined with Medical
Lifetime Max	Unlimited	Unlimited	Unlimited
Preventative Care Well baby, prenatal Routine Physicals, age 6 & up Routine Hearing and Eye exams Cancer Screenings	100%	100%	100%
Physician Services Illness, injury visits X-Ray, Labs, in Hospital	100% after Deductible*	100% after Deductible*	100% after Deductible*
Mental Health Chemical Dependency Chiropractic Care Home Health Care Inpatient Hospital Services Outpatient Hospital Services lab, X-Rays, surgery Non emergency/illness related Emergency Care			
Ambulance-Medically Necessary to transport to nearest facility			
Medical Supplies			
Prescription Drugs <i>Patient Pays the difference if name brand is selected and generic is available</i>	31 day Supply /90 Day Supply 100% after Deductible* No coverage for RX not on the Preferred List	31 day Supply /90 Day Supply 100% after Deductible* No coverage for RX not on the Preferred List	31 day Supply /90 Day Supply 100% after Deductible* No coverage for RX not on the Preferred List

*Percentages of Coverage may change between In Network & Out of Network plan- See Summary Sheets for more details

This is only a summary and is subject to the terms of the contract.

Revised 7/10/2020

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