

2022 Blue Cross and Blue Shield PPO Plan

Available with Blue Card PPO network to eligible employees living in AK, AL, AR, AZ, CA, CT, DE, IA, ID, IL, IN, KY, LA, MA, ME, MI, MN, MS, MT, NC, ND, NE, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TX, VA, VT, WA, WV, WY

Available with Blue Cross Select networks to eligible employees living in DC, FL, GA, MD, NH, WI

Plan highlights	In network	Out of network
Calendar-year deductible <ul style="list-style-type: none"> Maximum of two separate deductibles per family 	\$500/member \$1,000/family	\$700/member \$1,400/family
Calendar-year out-of-pocket maximum <ul style="list-style-type: none"> Includes the deductible, copays, coinsurance and prescription drug copays and coinsurance. Does not allow ineligible charges or expenses in excess of the allowed amount. 	\$4,000/member \$8,000/family	\$8,000/member \$16,000/family
Lifetime maximum	Unlimited	
Preventive, well-baby and well-child care <ul style="list-style-type: none"> Routine physical exams, hearing and vision exams, certain immunizations and lab services as defined by the U.S. Preventive Care Taskforce, cancer screening, diabetic routine care 	100%	60% after deductible
Pregnancy and maternity care <ul style="list-style-type: none"> Prenatal care Postnatal care Inpatient hospital physician services and ancillary services 	100% \$25 copay 80% after deductible	60% after deductible 60% after deductible
Physician services <ul style="list-style-type: none"> Online care (Doctor On Demand) Medtronic Mounds View Clinic Convenience care visit (retail clinic) Urgent care Primary care Specialty care Lab/Diagnostic tests and imaging 	100% coverage, you pay nothing 100% coverage, you pay nothing \$40 copay \$40 copay \$25 copay \$40 copay 80% after deductible	60% after deductible Not applicable 60% after deductible 60% after deductible 60% after deductible 60% after deductible 60% after deductible
Emergency care Emergency room services and supplies (copay waived if admitted)	\$150 copay	
Hospital services <ul style="list-style-type: none"> Outpatient medical care and surgery Inpatient medical care, physician services, meals and ancillary services, lab and X-ray services 	80% after deductible 80% after deductible	60% after deductible 60% after deductible
Chiropractic care, physical, occupational and speech therapy <ul style="list-style-type: none"> Visits per individual per year: <ul style="list-style-type: none"> Chiropractic: 20 Speech and occupational therapy: 40 Physical: 50 	\$40 copay	60% after deductible
Home health care and home infusion therapy <ul style="list-style-type: none"> 40 visits per calendar year (four hours or less) 	80% after deductible	60% after deductible
Durable medical equipment (DME) and prosthetic devices <ul style="list-style-type: none"> Rental or purchase of DME Preauthorization recommended for purchases over \$1,000 	80% after deductible	60% after deductible
Mental health care and chemical dependency <ul style="list-style-type: none"> Inpatient care Outpatient care 	80% \$25 copay	60% after deductible 60% after deductible

kindbody

Fertility benefits - administered by Kindbody	In network	Out of network
Lifetime maximum benefit of three (3) fertility cycles (aka KindCycles), such as egg freezing, embryo freezing, or IVF, including related medication, labs and office visits	80% after deductible	No coverage
Log in to kindbody.com/medtronic-benefit to find an in-network provider and to access the fertility benefit		



Prescription drugs – administered by CVS Caremark	34-day Supply*		90-day Supply Choice Rx network or CVS Caremark mail order only
Certain prescribed generic medications	<ul style="list-style-type: none"> Prescribed generic contraceptive and tobacco cessation medications: \$0 copay Specific generic diabetes, high blood pressure and cholesterol medications: \$0 copay Certain Diabetic Supplies: Diabetic test strips, lancets, sensors and insulin: \$0 copay 		<ul style="list-style-type: none"> Prescribed generic contraceptive and tobacco cessation medications: \$0 copay Specific generic diabetes, high blood pressure and cholesterol medications: \$0 copay Certain Diabetic Supplies: Diabetic test strips, lancets, sensors and insulin: \$0 copay
	Choice Rx network	All other in-network pharmacies	Choice Rx network or CVS Caremark mail order
Generic	\$10 copay**	\$15 copay**	\$20 copay**
Brand formulary***	80% coinsurance. You pay a \$30 minimum, \$60 maximum		\$60 copay**
Brand non-formulary***	80% coinsurance. You pay a \$50 minimum, \$100 maximum		\$100 copay**
Specialty The CVS Exclusive Specialty Network must be used for obtaining specialty drugs	70% coinsurance unless enrolled in the PrudentRx Co-Pay Program, then 100% coverage		Not applicable

* Maintenance prescriptions must be filled through a Choice Rx network pharmacy or CVS Caremark mail order and will be filled at a 90-day supply.

** Or price of prescription, whichever is less

*** If a generic drug is available, you must choose the generic drug or you will be responsible for the brand drug copay, plus the difference in cost

Use any of the Choice Rx network pharmacies for lower cost and enhanced benefits. These pharmacies include:

- CVS stores
- Walmart stores (including Sam's Clubs)
- Kroger stores (all associated brand names: Kroger, Bakers, City Market, Dillons, Fred Meyer, Fry's, Gerbes, Jay C, King Soopers, Owens, QFC, Ralphs, Smith's, Pay Less)
- Community Pharmacy Rx Network (coalition of independent pharmacies)

For information about the Choice Rx network generic medications and network of pharmacies, please log in to your account at cvscaremark.medtronic.com.

Savings and Care Advocacy Opportunities

Rx Savings Solutions

Visit myrxss.com/medtronic to activate your account (after BCBS has been notified of coverage). Rx Savings Solutions will send you alerts whenever lower cost options for your prescription are available and help you move to the lower cost option.

Maternity Support Program

If you or your covered spouse/domestic partner sign up for the BCBS Maternity Support Program within the first trimester and complete the program, you are eligible for an additional two weeks of paid parental time off. (See the Parental Time Off Policy on the Medtronic Policy Portal for more details.)

Included Health

You and your family members have access to Included Health, a concierge service ready to assist with LGBTQ+ advocacy support and healthcare equality. Visit www.includedhealth.com/lookingforassistance.

- Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service at 1-866-455-8221 or visit bluecrossmn.com/mdt.
- 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.
- Doctor On Demand is an independent company providing telehealth services.
- Recognize! is an employee incentive program owned and run by Medtronic.
- CVS Caremark is an independent company providing pharmacy benefit management services. The CVS Caremark logo is a trademark and/or registered trademark of CVS Caremark and/or one of its affiliates.
- This is only a summary. Read your Summary Plan Description for more information about what is and isn't covered. Services that aren't covered include those that are cosmetic, investigative, not medically necessary or covered by workers' compensation or no-fault insurance. Preauthorization may be required for certain services.

NOTICE OF NONDISCRIMINATION PRACTICES

Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

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إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم
للتفاصيل النصي. 9123-569-866-1

اتصل
بالرقم
.711

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專(TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າ ກ່ອນ ກ່ອນ ກວາສາລາວໂດວ້ , ວິ
ມການບວ້ວການຊວ້ວຍເຫຼວ ອມາສາໃຫວ້ ເວ້ າມຣ.ໃຫວ້ ໂທຫາ
1-866-356-2423

ဝံနာဝံ ဝ. TTY, ဖဲာ် ဖဲာ် 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libheng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ပဲာ်နာဝံ ဝ. TTY, ဖဲာ် ဖဲာ် 711.
Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libheng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.
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