

Polaris Industries Inc. Copay Plan
January 1, 2023

	In network* Bluecard PPO	Out of network**
Calendar year deductible The in- and out-of-network maximums accumulate together. Carryover deductible does not apply	Medical only \$800 individual \$1,600 family	Medical only \$1,600 individual \$3,200 family
Coinsurance	Deductible then you pay 20% coinsurance	Deductible then you pay 40% coinsurance
Calendar year Out-of-pocket maximum The in- and out-of-network out-of-pocket maximums accumulate together. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and Pharmacy \$4,350 individual \$8,700 family	Medical and Pharmacy \$8,700 individual \$17,400 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 <ul style="list-style-type: none"> 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 	100% 100% 100% 100% 100% 100%	Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance
Physician services <ul style="list-style-type: none"> e-visits in-hospital medical visits surgery and anesthesia professional lab services office visits due to illness or injury specialist office visit urgent care (clinic-based) retail health clinic professional diagnostic imaging allergy injections and serum 	\$25 copay; deductible waived Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance \$25 copay; deductible waived \$25 copay; deductible waived \$25 copay; deductible waived \$25 copay; deductible waived \$25 copay; deductible waived Deductible then you pay 20% coinsurance 100%; deductible waived	No coverage Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance
Other professional services <ul style="list-style-type: none"> chiropractic manipulation chiropractic therapy home health care physical therapy, occupational therapy, speech therapy 	\$25 copay; deductible waived Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance	Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance
Inpatient hospital services	Deductible then you pay 20% coinsurance	Deductible then you pay 40% coinsurance
Outpatient hospital services <ul style="list-style-type: none"> facility diagnostic imaging facility lab services chemotherapy and radiation therapy physical, occupational and speech therapy scheduled outpatient surgery urgent care (hospital-based) 	Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance	Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance
Emergency care <ul style="list-style-type: none"> emergency room physician charges ambulance (medically necessary transport to the nearest facility equipped to treat the condition) 	\$150 copay; then 100% Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance	
Medical supplies	Deductible then you pay 20% coinsurance	Deductible then you pay 40% coinsurance
Bariatric surgery	Blue Distinction Center: Deductible then you pay 20% coinsurance	Non Blue Distinction Center: Deductible then you pay 40% coinsurance

	In network* Bluecard PPO	Out of network**
		Out-of-network: No coverage
Reproduction treatments	Deductible then you pay 20% coinsurance	Deductible then you pay 40% coinsurance
Behavioral health (mental health and chemical dependency care) <ul style="list-style-type: none"> • inpatient care • outpatient care • professional care 	Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance \$25 copay; deductible waived	Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance
Prescription drugs – Select Network / FlexRx Open Formulary <ul style="list-style-type: none"> • retail (34-day limit) <ul style="list-style-type: none"> • generic • preferred brand • non-preferred • Specialty • 90dayRx – Mail order pharmacy (102-day limit) <ul style="list-style-type: none"> • Generic • preferred brand • non-preferred 	You pay 20% coinsurance; minimum copay of \$15 and a maximum copay of \$40 You pay 20% coinsurance; minimum copay of \$30 and a maximum copay of \$70 You pay 25% coinsurance; minimum copay of \$45 and a maximum copay of \$120 You pay 25% coinsurance to \$150 You pay 20% coinsurance; minimum copay of \$30 and a maximum copay of \$80 You pay 20% coinsurance; minimum copay of \$60 and a maximum copay of \$140 You pay 25% coinsurance; minimum copay of \$90 and a maximum copay of \$240	No coverage No coverage
	90dayRx applies to participating retail and/or mail service pharmacy only. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The drug list uses a step therapy program. Sign in at bluecrossmnonline.com and select “Prescriptions,” then see “frequently asked questions.”	

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit bluecrossmnonline.com.

***Lowest out-of-pocket costs:** In network providers.

****Higher out-of-pocket costs:** Out of network participating 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.)

This is only a summary. Read your benefit booklet 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.

For more information, visit bluecrossmnonline.com or call Blue Cross customer service at the number on the back of your member ID card.

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.

