Polaris Industries Inc. High Deductible Health Plan January 1, 2023

	In network* Bluecard PPO	Out of network**
Calendar year deductible – Non Embedded The in- and out-of-network maximums accumulate together.	Medical and Pharmacy \$1,600 individual \$3,200 family	Medical and Pharmacy \$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. Benefit payment levels	Medical and Pharmacy \$4,350 individual \$8,700 family Individual max in family contract is \$6,900 Payment for participating network providers as described. Most payments are based on allowed amount.	Medical and Pharmacy \$4,350 individual \$8,700 family If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based
Preventive care • 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%	Deductible then you pay 40% coinsurance
Physician services e 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	Deductible then you pay 20% coinsurance	No coverage Deductible then you pay 40% coinsurance
Other professional services chiropractic manipulation chiropractic therapy home health care physical therapy, occupational therapy, speech therapy	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
Inpatient hospital services	Deductible then you pay 20% coinsurance	Deductible then you pay 40% coinsurance
Outpatient hospital services • 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 40% coinsurance
Emergency care • emergency room • physician charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition)	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	Non Blue Distinction Center: Deductible then you pay 40% coinsurance

	In network* Bluecard PPO	Out of network**	
	Sussaid 1 7 0	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) • inpatient care • outpatient care • professional care 2020 FlexRx Preventive Drug List (see PDF on Find Medicines under Helpful documents): • Drug coverage for the following conditions only: Heart, Blood Pressure, Cholesterol, Diabetes, Osteoporosis, Respiratory	Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance Deductible then you pay 20% coinsurance 100%	Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance Deductible then you pay 40% coinsurance No coverage	
Prescription drugs –Select Network/ FlexRx Open Formulary			
retail (34-day limit) generic preferred brand non-preferred	Subject to deductible; you pay 20% coinsurance	No coverage	
90dayRx – Mail order pharmacy (102-day limit) generic preferred brand non-preferred	Subject to deductible; you pay 20% coinsurance	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.

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.

Non-embedded deductible – 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



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

^{**}Higher out-of-pocket costs: Out of network participating providers .