## High Value HSA Silver \$4,600 Plan 555



Benefit summary for small businesses | January 1, 2024 – December 31, 2024



Your deductible         \$4,600 single         \$10,000 single           starts to pay. Amounts paid out of network DD NOT apply to the innetwork deductible.         \$4,600 single         \$20,000 family           Non-embedded: The family pays all cost from providers up to the family deductible amount before the pinh begins to single overage only.         \$4,600 single         \$20,000 single           Your colnsurance         0%         \$0%         \$0%           The percent you pay after your deductible is met.         \$4,600 single         \$20,000 single           Your colnsurance         \$4,600 single         \$20,000 single           Your colnsurance         \$50%         \$50%           The percent you pay after your deductible is met.         \$4,600 single         \$20,000 single           Your colnsurance         \$50% infer deductible         \$50% after deductible           Your colnsurance (including vision screening)         \$6%, find deductible)         \$6%, find deductible           Ye single coverage only.         \$50% after deductible         \$50% after deductible           Ye after deductible         \$50% after deductible         \$50% after deductible           Ye after deductible         \$50% after deductible         \$50% after deductible           Ye after deductible         \$50% after deductible         \$50% after deductible           Ye after deductible	Key benefits	In network	Out of network
the family deductible applies to pay.       0%       50%         Your coinsurance       0%       50%         The percent you pay after your deductible is met.       0%       50%         Your out-of-pocket maximum       54,600 single       \$30,000 single         She present you pay after your deductible is met.       54,600 single       \$20,000 family         She pay to the in-reflect out-of-pocket maximum.       50% after deductible       50% after deductible         Non-embeddet. The family pay and applicable cost sharing up to the in-reflect out-of-pocket maximum.       50% after deductible       50% after deductible         Well bay care (ages to 6, including vision screening)       0% (no deductible)       0% (no deductible)       0% (no deductible)         Wist so:       - health care provider's office       0% after deductible       50% after deductible       50% after deductible         0% after deductible       0% after deductible       50% after deductible       50% after deductible       50% after deductible         0% after deductible       0% after deductible       50% after deductible       50% after deductible       50% after deductible         0% after deductible       0% after deductible       50% after deductible       50% after deductible       50% after deductible         0% after deductible       0% after deductible       50% after deductible <td>The amount you pay per calendar year before your health plan starts to pay. Amounts paid out of network DO NOT apply to</td> <td>-</td> <td>_</td>	The amount you pay per calendar year before your health plan starts to pay. Amounts paid out of network DO NOT apply to	-	_
The percent you pay after your deductible is met.         0.00         0.00           Your auto-fopaciet maximum         \$4.600 single         \$30,000 single           Standard Standard Standard Version medical and prevention of network 100 NOT apply to the in-network out-0-pocket maximum.         \$4.600 single         \$30,000 single           Normand Standard Standard Version Screening)         0% (no deductible)         0% (no deductible)         0% (no deductible)           Preventive care (including vision screening)         0% (no deductible)         0% (no deductible)         0% (no deductible)           Visits to:         nendal health clinic         0% after deductible         50% after deductible           Visits to:         standard Standard Imaging         0% after deductible         50% after deductible           0% after deductible         0% after deductible         50% after deductible         50% after deductible           0% after deductible         0% after deductible         50% after deductible         50% after deductible           0% after deductible         0% after deductible         50% after deductible         50% after deductible           0% after deductible         0% after deductible         50% after deductible         50% after deductible           0% after deductible         0% after deductible         50% after deductible         50% after deductible           <	the family deductible amount before the plan begins to pay.		
The maximum anount you gay per calendar year in medical and generating of the decidables and columance. Amounts paid out of network 50 NOT apply to the in-network out-of-pocket maximum applets to single-decidables and columance. Amounts paid out of network out-of-pocket maximum applets to single-decidables and columnation of the decidables and columnation of the decidables and columnation. The single-aut-of-pocket maximum applets to single-decidables and columnation of the decidables and columnation of the decidable and decidable and columnation and the decidable and decidable and columnation and the decidable and decidables and decida		0%	50%
family out-space maximum means the single out-space main means of the single out-space main means out-space main means out-space main	The maximum amount you pay per calendar year in medical and prescription drug deductibles and coinsurance. Amounts paid out of network DO NOT apply to the in-network out-of-pocket maximum.	_	-
Well baby care (ages 0 to 6, including vision screening)       0% (no deductible)       0% (no deductible)         Prenatal care       0% (no deductible)       0% (no deductible)         Visits to:       0% after deductible       50% after deductible         • health or substance abuse provider's office       0% after deductible       50% after deductible         • retail health or substance abuse provider's office       0% after deductible       50% after deductible         • retail health or substance abuse provider's office       0% after deductible       50% after deductible         • retail health clinc       0% after deductible       50% after deductible         0% after deductible       0% after deductible       50% after deductible         0% after deductible       50% after deductible       50% after deductible         0% after deductible       50% after deductible       50% after deductible         Tier 1 = drugs on the BasicRx       Tier 1: 0% (no deductible)       No coverage         Tier 1 = drugs on the BasicRx preventive drug list for the following selected categories: diabetes medication, diabeti       Tier 3: 0% after deductible       No coverage         Tier 1 = drugs on the BasicRx       Tier 5: 0% after deductible       50% after deductible       No coverage         Maternity (labor, delivery and post-delivery care)       0% after deductible       50% after deductible	family out-of-pocket maximum. The single out-of-pocket maximum		
• health care provider's office       0% after deductible       50% after deductible         • mental health or substance abuse provider's office       0% after deductible       50% after deductible         • specialist       0% after deductible       50% after deductible         • urgent care       0% after deductible       50% after deductible         • e-visits       0% after deductible       50% after deductible         Ofter professional services in the office       0% after deductible       50% after deductible         • also, pathology, advanced and standard imaging       0% after deductible       50% after deductible         Prescription drugs       Tier 1: 0% (no deductible)       50% after deductible         Tier 1 = drugs on the BasicRx preventive drug list for the following selected categories: diabetes medication, diabetic Tier 4: 0% after deductible       Tier 5: 0% after deductible         Tier 5: 0% after deductible       Tier 4: 0% after deductible       50% after deductible         Tier 4: 0% diter deductible       Tier 5: 0% after deductible       No coverage         Tier 5: 0% after deductible       Tier 4: 0% after deductible       Tier 5: 0% after deductible         Tier 5: 0% after deductible       Tier 5: 0% after deductible       Tier 5: 0% after deductible         Tier 5: 0% after deductible       Tier 6: 0% after deductible       Tier 5: 0% after deductible	Well baby care (ages 0 to 6, including vision screening)	0% (no deductible)	0% (no deductible)
• lab, pathology, advanced and standard imaging       0% after deductible       50% after deductible         Prescription drugs       Tier 1: 0% (no deductible)       No coverage         Classic pharmacy network with BasicRx       Tier 2: 0% after deductible       No coverage         Tier 1 = drugs on the BasicRx preventive drug list for the following selected categories: diabetes medication, diabetis supplies, high blood pressure, high cholesterol, and antidepressants       No coverage         Maternity (labor, delivery and post-delivery care)       0% after deductible       50% after deductible         • physician       0% after deductible       50% after deductible         • facility       0% after deductible       50% after deductible         • physician	<ul> <li>health care provider's office</li> <li>mental health or substance abuse provider's office</li> <li>specialist</li> <li>retail health clinic</li> <li>urgent care</li> </ul>	0% after deductible 0% after deductible 0% after deductible 0% after deductible	50% after deductible 50% after deductible 50% after deductible 50% after deductible
Classic pharmacy network with BasicRx       The 1 : 0% after deductible       No coverage         Tier 1 = drugs on the BasicRx preventive drug list for the following selected categories: diabetes medication, diabetic supplies, high blood pressure, high cholesterol, and antidepressants       No coverage         Maternity (labor, delivery and post-delivery care)       0% after deductible       50% after deductible         Emergency care       0% after deductible       50% after deductible         • physician       0% after deductible       0% after deductible         Outpatient facility services       0% after deductible       50% after deductible         • physician       0% after deductible       50% after deductible         • facility       0% after deductible       50% after deductible         • facility       0% after deductible       50% after deductible         • physician       0% after deductible		0% after deductible	50% after deductible
Emergency care       0% after deductible         • physician       0% after deductible         Ambulance       0% after deductible         Outpatient facility services       0% after deductible         • physician       0% after deductible         • physician       0% after deductible         • physician       0% after deductible         • facility       0% after deductible         • physician       0% after deductible         • facility       0% after deductible         • physician       0% after deductible         • facility       0% after deductible         Skilled Nursing facility services       0% after deductible         120 days per period of confinement       0% after deductible         120 days per period of confinement       0% after deductible         120 days per period of confinement       0% after deductible         Hore Health Care       0% after deductible         Home Health Care       0% after	Classic pharmacy network with BasicRx Tier 1 = drugs on the BasicRx preventive drug list for the following selected categories: diabetes medication, diabetic supplies, high blood pressure, high cholesterol, and	Tier 2: 0% after deductible Tier 3: 0% after deductible Tier 4: 0% after deductible	No coverage
• physician0% after deductible• facility0% after deductibleAmbulance0% after deductibleOutpatient facility services0% after deductible• physician0% after deductible• facility0% after deductible• facility0% after deductible• facility0% after deductible• physician0% after deductible• facility0% after deductible• lab, pathology, advanced and standard imaging0% after deductible• physician0% after deductible• facility50% after deductible• facility0% after deductible<	Maternity (labor, delivery and post-delivery care)	0% after deductible	50% after deductible
Ambulance0% after deductibleOutpatient facility services0% after deductible50% after deductible• physician0% after deductible50% after deductible• facility0% after deductible50% after deductible• lab, pathology, advanced and standard imaging0% after deductible50% after deductibleInpatient facility services (including mental health and substance abuse)0% after deductible50% after deductible• physician0% after deductible50% after deductible50% after deductible• facility0% after deductible50% after deductible10% after deductible• facility0% after deductible50% after deductible10% after deductible• facility0% after deductible50% after deduc	• physician		
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Skilled Nursing facility services       0% after deductible       50% after deductible         120 days per period of confinement       0% after deductible       50% after deductible         Chiropractic, physical, occupational and speech therapy (habilitative and rehabilitative)       0% after deductible       50% after deductible         Hospice and Home Infusion Therapy       0% after deductible       No coverage         Home Health Care       100 visits are solved and speech therapy       100 visits are solved and speech therapy	substance abuse) <ul> <li>physician</li> </ul>		
120 days per period of confinement       0% after deductible       50% after deductible         Chiropractic, physical, occupational and speech therapy (habilitative and rehabilitative)       0% after deductible       50% after deductible         Hospice and Home Infusion Therapy       0% after deductible       No coverage         Home Health Care       100 visits are scleadedeese       100 visits are scleadedeese		0% ofter deductible	E0% ofter deductible
Hospice and Home Infusion Therapy     0% after deductible     No coverage       Home Health Care     400 visits are calculated areas     100 visits are calculated areas	· · ·		
Home Health Care	therapy (habilitative and rehabilitative)		
	• • • •	0% after deductible	No coverage
120 visits per calendar year 0% after deductible No coverage	120 visits per calendar year	0% after deductible	No coverage

Key benefits	In network	Out of network
Durable Medical Equipment	0% after deductible	50% after deductible
Eyewear for members age 18 and younger		
<ul> <li>lenses and one pair of standard collection frames or contact lenses</li> </ul>	0% after deductible	No coverage

Your out-of-pocket costs depend on the network status of your provider. This plan's network has a limited number of in-network providers. If you visit a provider or a location that's not in this plan's network, you will pay more for your care, and the costs associated with your care will not count towards your in-network cost sharing (for example, the in-network deductible and out-of-pocket maximum). Be sure to find out if your doctor is in this plan's network (note the network's name at the top of this document). To check status, use the "Find a doctor" web tool on **bluecrossmn.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

If you receive services from a nonparticipating provider, you will be responsible for any deductibles or coinsurance plus the DIFFERENCE between what Blue Cross would reimburse for the nonparticipating provider and the actual charges the nonparticipating provider bills. This difference does not apply to your out-of-pocket maximum. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Plus' allowed amount, which is typically lower than the amount billed by the provider.

This is only a summary. Your benefit book will provide a detailed description of what is and is not covered. Services not covered include custodial care or rest cures, bariatric surgery, infertility, adult eyewear, adult dental services, services that are experimental, not medically necessary or received while on military duty and certain services for the treatment of autism.

Each health care provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services. Blue Cross<sup>®</sup> and Blue Shield<sup>®</sup> of Minnesota and Blue Plus<sup>®</sup> are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

HMO Minnesota, dba Blue Plus, is an affiliate of Blue Cross and Blue Shield of Minnesota

This information is also available in other ways to people with disabilities. To reach customer service, call 1-888-279-4210 (toll-free).

For TTY call 711

Hours: 8 a.m. to 6 p.m., Central Time, Monday through Friday.

Attention. If you want free help translating this information, call the above number.

Atencion. Si desea recibir asistencia gratuita para traduca esta informacion, llame al numero que aparece mas arriba.

For more information, visit **bluecrossmn.com**.

For a list of drugs on your specified Preferred drug list, visit bluecrossmn.com/smallgrouphsadruglist2024 or contact Customer Service.

Rates are changed on an annual basis. Rates may also change during the year if the number of dependents covered under your contract changes, or if you move to a different premium rating area or change plans.

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