

City of Marshall
Aware HSA \$2,800 Deductible Non-embedded 0% Coinsurance



Benefit Summary | January 1, 2026 – December 31, 2026

	In network* MN Network: Aware National Network: Blue Card PPO	Out of network**
What you will pay	You will pay the least when seeing an in-network provider.	You will pay the most when seeing an out-of-network or non-participating provider.
Your deductible The amount you pay per calendar year before your health plan starts to pay. Amounts paid out of network DO NOT apply to the in-network deductible	Medical and prescription combined \$2,800 individual \$5,600 family	Medical and prescription combined \$4,000 individual \$8,000 family
Deductible Type	Non-embedded – 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.	
Your coinsurance The percent of the allowed amount that you pay after your deductible is met.	0%	50%
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums cross apply. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$2,800 individual \$5,600 family	Medical and prescription combined \$6,000 individual \$12,000 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 	0% 0% 0% 0% 0% 0%	0% 0% 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible
Omada® diabetes and cardiovascular disease prevention program (Generic Program)	0%	No coverage
Physician services <ul style="list-style-type: none"> • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient lab diagnostic imaging • office and outpatient allergy injections and serum • specialist office visits • urgent care professional services 	0% after the deductible 0% after the deductible	50% after the deductible 50% after the deductible
Other professional services <ul style="list-style-type: none"> • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy) 	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible

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Hospital Inpatient services	0% after the deductible	50% after the deductible
Hospital outpatient services <ul style="list-style-type: none"> • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services) 	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible
Emergency care <ul style="list-style-type: none"> • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition) 	0% after the deductible 0% after the deductible 0% after the deductible	
Durable Medical Equipment	0% after the deductible	50% after the deductible
Bariatric surgery	0% after the deductible	No coverage
Assisted fertilization	No coverage	No coverage
Behavioral health (mental health and substance abuse services) <ul style="list-style-type: none"> • inpatient professional services • outpatient professional services (office visits) • outpatient hospital/facility services 	0% after the deductible 0% after the deductible 0% after the deductible	50% after the deductible 50% after the deductible 50% after the deductible
Prescription drugs – Classic Network <ul style="list-style-type: none"> • retail (31-day limit) KeyRx drug list <ul style="list-style-type: none"> • Tier 1 – Preferred generics • Tier 2 – Non-preferred generics • Tier 3 – Preferred brands • Tier 4 – Non-preferred brands Specialty drug list <ul style="list-style-type: none"> • Tier 1 • Tier 2 • Tier 3 • Tier 4 <ul style="list-style-type: none"> • 90dayRx – Mail order/Retail pharmacy (90-day limit) KeyRx drug list <ul style="list-style-type: none"> • Tier 1 – Preferred generics • Tier 2 – Non-preferred generics • Tier 3 – Preferred brands • Tier 4 – Non-preferred brands 	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage
	<p>90dayRx applies to participating retail and/or mail service pharmacy only.</p> <p>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).</p> <p>The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available.</p> <p>The drug list uses a step therapy program. Sign in at bluecrossmnonline.com and select "Prescriptions," then see "frequently asked questions."</p>	

This is only a summary of covered benefits. For detailed information about what is and isn't covered refer to plan benefit booklet or visit bluecrossmn.com. Members can also call Blue Cross customer service at the number on the back of their member ID card.

Each healthcare 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.