

2025 Pricing/month	*Blue Cross Blue Shield <b>Aware</b> Network " <b>open access</b> " (Mayo in network)								
Custodian	Current Plan with 2025 Pricing		Current Plan with 2025 Pricing			Current Plan with 2025 Pricing			
	<b>*\$3K PLAN Open Access</b>		<b>*\$5K PLAN Open Access</b>			<b>*\$7K PLAN Open Access</b>			
	Single	Family	Single	Family		Single	Family		
Premium	\$1,118.79	\$2,807.22	\$1,005.59	\$2,523.20		\$912.79	\$2,290.35		
District Pays	\$700.00	\$1,600.00	\$700.00	\$1,600.00		\$700.00	\$1,600.00		
Employee pays	<b>\$418.79</b>	<b>\$1,207.22</b>	<b>\$305.59</b>	<b>\$923.20</b>		<b>\$212.79</b>	<b>\$690.35</b>		
Married Couples (both custodians)		\$150.00		\$150.00			\$150.00		
		\$75 (custodian) + Couple amount from spouse's contract		\$75 (custodian) + Couple amount from spouse's contract			\$75 (custodian) + Couple amount from spouse's contract		
Married Couples (1 non-custodian)									
					Cost after deductible			Cost after deductible	
Deductible (in network)	\$3,000	\$6,000	\$5,000	\$10,000	20%	\$7,000	\$14,000	0%	
Max out of pocket (in network)	\$4,500	\$9,000	\$5,600	\$11,200		\$7,000	\$14,000		
Deductible (out of network)	\$4,500	\$9,000	\$6,500	\$13,000	40%	\$10,000	\$20,000	40%	
Max out of pocket (out of network)	\$6,000	\$12,000	\$8,000	\$16,000		\$15,000	\$30,000		
	**Blue Cross Blue Shield <b>High Value</b> Network " <b>limited access</b> " - excludes ALL Mayo locations, VA, and other providers - see back for local list								
	Current Plan with 2025 Pricing		Current Plan with 2025 Pricing			Current Plan with 2025 Pricing			
	<b>**\$3K PLAN High Value Network</b>		<b>**\$5K PLAN High Value Network</b>			<b>*\$7K PLAN High Value Network</b>			
	Single	Family	Single	Family		Single	Family		
Premium	\$907.95	\$2,278.21	\$816.02	\$2,047.53		\$743.78	\$1,866.28		
District Pays	\$700.00	\$1,600.00	\$700.00	\$1,600.00		\$700.00	\$1,600.00		
Employee pays	<b>\$207.95</b>	<b>\$678.21</b>	<b>\$116.02</b>	<b>\$447.53</b>		<b>\$43.78</b>	<b>\$266.28</b>		
Married Couples		\$150.00		\$150.00			\$150.00		
		\$75 (custodian) + Couple amount from spouse's contract		\$75 (custodian) + Couple amount from spouse's contract			\$75 (custodian) + Couple amount from spouse's contract		
Married Couples (1 non-custodian)									
					Cost after deductible			Cost after deductible until maximum out of pocket	
Deductible (in network)	\$3,000	\$6,000	\$5,000	\$10,000	20%	\$7,000	\$14,000	0%	
Max out of pocket (in network)	\$4,600	\$9,000	\$5,600	\$11,200		\$7,000	\$14,000		
Deductible (out of network)	\$5,000	\$10,000	\$6,500	\$13,000	40%	\$10,000	\$20,000	40%	
Max out of pocket (out of network)	\$10,000	\$20,000	\$10,000	\$20,000		\$15,000	\$30,000		
Notes:									
In Network Preventative care and Omada (diabetes & cardiovascular prevention program) is 100% covered - no payment for you even if you have not met your deductible									
In Network prescriptions - Deductible then 20% to 30% coinsurance									
Out of Network preventative care - Deductible then 40% coinsurance									
Out of Network Omada (diabetes & cardiovascular prevention program) - no coverage									
Out of Network Prescription - no coverage									
Emergency care/emergency treatments that are coded as an emergency are considered "in-network" at any provider. NOT all ER visits are coded as an "emergency". - if treatment is coded as an emergency, payment is deductible then 20% coinsurance - counts towards your In network deductibles and In network maximum out of pocket									
The In Network and Out of Network deductibles and maximums do NOT cross apply									
Non-covered charges and charges in excess of the allowed amount do not apply to the out of pocket maximum									
The ones below highlithgthed in RED are out of network if you choose a High Value Plan.									

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## Aware vs. High Value Network

Metro Region	Aware	High Value Network
METRO	Open Access	Limited Access
• Allina	X	X
• Avera	X	
• Centracare	X	X
• Children's Hospitals & Clinics	X	X
• Entira	X	X
• Fairview Health System/HealthEast	X	X
• HealthPartners Health System	X	
• Hennepin County Medical Center	X	
• Mankato Clinic Ltd	X	X
• Mayo Health System	X	
• North Memorial	X	X
• Northfield Hospital and Clinic	X	X
• Park Nicollet	X	
• Ridgeview	X	X
• St. Croix Regional Medical Center	X	X
• University of Minnesota Physicians	X	X
• Veterans Admin Medical Center	X	

## Aware vs. High Value Network

Southeast Region	Aware	High Value Network
SOUTHEAST	Open Access	Limited Access
• Allina	X	X
• Children's Hospitals & Clinics	X	X
• Gundersen Health System	X	X
• Mankato Clinic LTD	X	X
• Mayo Health System	X	
• Northfield Hospital and Clinic	X	X
• Olmsted Medical Center	X	X
• Swift County Benson Health	X	X
• Veterans Admin Medical Center	X	
• Winona Health	X	X

If you are out of town or if you or your children don't live in the metro area nor in the southeast region, please call BCBS or go online to find in network doctors and clinics.

Phone Number: 1-866-873-5943

<https://www.bluecrossmn.com/find-doctor>

### Dental Insurance (Blue Cross Blue Shield)

Low Plan				
	Single	1+1		Family
Premium	\$29.60	\$57.39		\$94.98
District Contribution	\$29.60	\$29.60		\$29.60
Employee Pays Per Month	\$0.00	\$27.79		\$65.38
High Plan				
	Single	1+1		Family
Premium	\$42.24	\$83.76		\$150.91
District Contribution	\$29.60	\$29.60		\$29.60
Employee Pays Per Month	\$12.64	\$54.16		\$121.31