

Mayo Clinic College of Medicine and Science
Aware® PPO w/Rx - Student Plan
\$300 Deductible 20% Coinsurance



Benefit Summary July 1, 2026 – June 30, 2027

Key benefits	In network* MN Network: Aware National Network: BlueCard PPO	Out of network**
Calendar-year deductible Combined in- and out-of-network deductible.	Medical Only \$300 individual \$600 family	
Coinsurance Level The percent you pay after your deductible is met.	20%	30%
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$2,000 individual \$4,000 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% No coverage No coverage No coverage No coverage
Physician services <ul style="list-style-type: none"> • Doctor on Demand • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient diagnostic imaging • allergy injections and serum • Urgent Care professional services 	0% \$20 copay \$20 copay \$20 copay 20% after the deductible 20% after the deductible 20% after the deductible \$50 copay	30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible 30% 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) 	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible	30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible
Inpatient facility services	\$50 copay	30% after the deductible
Outpatient facility 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) 	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible \$50 copay	30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible

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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) 		20% after \$100 copay/visit 20% after the deductible 20% after the deductible
Durable Medical Equipment		20% after the deductible
Behavioral health (mental health and substance abuse services) <ul style="list-style-type: none"> • Doctor on Demand • e-visits, Telephone consultations • inpatient professional services • outpatient professional services (office visits) • outpatient professional services (office – other services) • outpatient professional services (hospital/facility) • outpatient hospital/facility services 	0% \$20 copay 20% after the deductible \$20 copay 20% after the deductible 20% after the deductible 20% after the deductible	30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible 30% after the deductible
Chronic condition management (Pharmacy) <ul style="list-style-type: none"> • diabetes (drugs and supplies) • high blood pressure • cholesterol lowering • anti-coagulants/anti-platelets • respiratory • osteoporosis 	0% 0% 0% 0% 0% 0%	No coverage No coverage No coverage No coverage No coverage No coverage
Preventive drug benefit	0%	No coverage
Prescription drugs – Classic Network Retail (31-day limit) KeyRx drug list <ul style="list-style-type: none"> • Tier 1 • Tier 2 • Tier 3 • Tier 4 90dayRx – Mail order pharmacy (90-day limit) or Retail pharmacy (90-day limit) KeyRx drug list <ul style="list-style-type: none"> • Tier 1 • Tier 2 • Tier 3 • Tier 4 	\$15 copay \$70 copay \$40 copay \$70 copay \$45 copay \$300 copay \$150 copay \$300 copay	No coverage No coverage No coverage No coverage No coverage No coverage No coverage No coverage
Important Information About Your Pharmacy Benefits	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 patient will pay the difference if a brand-name drug is dispensed when a generic drug is available. Sign in at bluecrossmn.com for more information.	

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

***Lowest out-of-pocket costs:** in-network 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.)

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.

This is only a summary. Read your benefit booklet for more information about what is and isn't covered.

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

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