

IWCO Direct \$1500 Deductible PPO plan



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

Key Benefits	In network* MN Network: Aware National Network: BlueCard 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 and amounts paid in-network DO NOT apply to the out of network deductible.	Medical & Rx Combined \$1,500 individual \$3,000 family	Medical & Rx Combined \$2,250 individual \$4,250 family
Deductible Type	Embedded - 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.	
Your coinsurance The percent of the allowed amount that you pay after your deductible is met.	20%	40%
Your out-of-pocket maximum The maximum amount you pay per Calendar-year in medical and prescription drug deductibles, coinsurance, and copays. Amounts paid out of network DO NOT apply to the in-network out-of-pocket maximum and amounts paid in-network DO NOT apply to the out of network out-of-pocket maximum.	Medical & Rx Combined \$5,000 individual \$10,000 family	Medical & Rx Combined \$5,000 individual \$10,000 family
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%	40% after the deductible 40% after the deductible 40% after the deductible
Physician services <ul style="list-style-type: none">• Telehealth• retail health clinic (office visit)• physician office visits• office and outpatient lab services• office and outpatient lab diagnostic imaging• allergy injections and serum• specialist office visits• specialist office and outpatient lab services• Urgent Care professional services	0% for Doctor on Demand; \$35 copay for all other providers \$20 copay \$35 copay 20% after the deductible 20% after the deductible 20% after the deductible \$50 copay 20% after the deductible \$35 copay	40% after the deductible 40% 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)	\$50 copay 20% after the deductible 20% after the deductible \$50 copay 20% after the deductible	40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Inpatient Facility Services	20% after the deductible	40% after the deductible

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Outpatient Facility Services <ul style="list-style-type: none">• facility lab services• facility diagnostic imaging• surgery and anesthesia• urgent care services (facility services)	20% after the deductible 20% after the deductible 20% after the deductible \$35 copay	40% after the deductible 40% after the deductible 40% after the deductible 40% 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)		20% after the deductible 20% after the deductible 20% after the deductible
Durable Medical Equipment	20% after the deductible	40% after the deductible
Bariatric surgery		No coverage
Assisted fertilization – Lifetime Maximum/person		Medical and Prescription Drugs \$10,000
Behavioral health (mental health and substance abuse services) <ul style="list-style-type: none">• Doctor on Demand visits• inpatient professional services• outpatient professional services (office visits/office therapy)• outpatient professional service (all other services)• outpatient hospital/facility services	0% 20% after the deductible \$35 copay 20% after the deductible 20% after the deductible	No coverage 40% after the deductible 40% after the deductible 40% after the deductible 40% after the deductible
Prescription drugs –Select Network <ul style="list-style-type: none">• retail (31-day limit) KeyRx drug list<ul style="list-style-type: none">• Tier 1• Tier 2• Tier 3• Tier 4 Specialty drug list • 90dayRx – Mail order pharmacy and Retail pharmacy (90-day limit) KeyRx drug list<ul style="list-style-type: none">• Tier 1• Tier 2• Tier 3• Tier 4	\$15 copay \$100 copay \$50 copay \$100 copay 20% coinsurance to a max of \$300 per prescription \$30 copay \$200 copay \$100 copay \$200 copay	\$15 copay \$100 copay \$50 copay \$100 copay No coverage No coverage No coverage No coverage
Important Information About Your Pharmacy Benefits	The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available. The drug list uses a step therapy program. More information about prescription drug coverage is available at bluecrossmn.com .	

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.