

Abbey Care, Inc

2026 Summary of Benefits Blue Cross Minnesota - High Value Network

The following is an overview of your new Blue Cross MN coverage. Please review the Summary of Coverage for what these plans covers and cost examples.

Medical Plan Highlights		Plan 1 BASE PLAN		Plan 2 BUY UP	
*Partial listing of covered services, see full SPD		\$4500 - 25% 24100P Aware		\$2000 Ded Co-pay 24050	
Your Cost Per Paycheck Pre-Tax		\$70.00 Per Check		\$93.00 Per Check	
Deductible and Out-of-Pocket		United Health Care Choice Open Access			
Individual Annual Deductible		\$4,500 Individual Deductible		\$2000 Individual Deductible	
Annual out-of-pocket maximum		\$9,000 Annual Out Pocket		\$6,000 Annual Out of Pocket	
Preventive Health Care					
Annual Physical		no charge		no charge	
Colonoscopy		no charge		no charge	
Immunizations		no charge		no charge	
Routin Mammogram		no charge		no charge	
Office Visits					
Virtual Visits -		5 Free deductible		First 5 Free	
Illness or injury		After Deductible you pay 25%		\$40 Co-pay	
Physical, occupational and speech therapy		After Deductible you pay 25%		\$40 Co-pay	
VIRTUAL VISITS First 5 are Free not Subject to Ded		See Virtual Flyer		See Virtual Flyer	
Emergency Care					
Urgent Care Visit		After Deductible you pay 25%		\$40 Co-pay	
Emergency Room		After Deductible you pay 25%		After Deductible you pay 30%	
Inpatient Hospital Care					
Illness or injury		After Deductible you pay 25%		After Deductible you pay 30%	
Outpatient Care					
Scheduled outpatient procedures		After Deductible you pay 25%		After Deductible you pay 30%	
Outpatient MRI and CT scan		After Deductible you pay 25%		After Deductible you pay 30%	
CVS EXCLUDED / Walgreens Primary a		Plan 1		Plan 2	
Tier 1 , Tier 2, Tier 3 Preventive 100% H S A		After Deductible you pay 25%		\$15/\$50/\$100 Co-pay	
Dental Insurance Freedom Network		INCLUDED \$39.71		INCLUDED \$39.71	
Individual Deductible		\$50		\$50	
Calendar Year Benefit		\$1,500		\$1,500	
Diagnostic Services Oral Exam, Lab, Radiographs		100%		100%	
Preventitive Services Cleanings,Sealants, Floride		100%		100%	
Basic Services Fillings, Extractions, General Services		80%		80%	
Major Services *no waiting period		50%		50%	
Diagnostic Services Oral Exam, Lab, Radiographs		100%		100%	
Preventitive Services Cleanings,Sealants, Floride		100%		100%	
VISION Insurance * See benfit summary		INCLUDED \$4.38		INCLUDED 4.38	
Co-Pays Exam, Eyglasses, Contact Lenses		\$10/\$25/\$25		\$10/\$25/\$25	
Frames		Up to \$180		Up to \$180	
Benefit Frequency		Once Every 12 months		Once Every 12 months	