Better Health Collective Smart Plan SHSB7 High Value

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

Key Benefits	In network* MN Network: High Value 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. In and Out of Network deductible cross apply.	Medical & Rx Combined $6,400 individual $12,800 family	Medical & Rx Combined $12,800 individual $25,600 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.	0%	20%
Your out-of-pocket maximum The maximum amount you pay per Calendar-year in medical and prescription drug deductibles, coinsurance, and copays. In and Out of Network Out of Pocket Maximums cross apply.	Medical & Rx Combined $6,400 individual $12,800 family	Medical & Rx Combined $19,200 individual $38,400 family
Preventive care • 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% 20% after the deductible
Physician services • e-visits • 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% 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	 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Other professional services • 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	 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Inpatient Facility Services	0% after the deductible	20% after the deductible
Outpatient Facility Services • facility lab services • facility diagnostic imaging • surgery and anesthesia • urgent care services (facility services)	 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible

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Emergency care • 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	20% after the deductible
Behavioral health (mental health and substance abuse services) • inpatient professional services • outpatient professional services (office visits/office therapy) • outpatient professional service (all other services) • outpatient hospital/facility services	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible
Prescription drugs –Select Network • **retail** (31-day limit) **FlexRx preferred drug list** • closed plan design • preferred generic • preferred brand **Specialty drug list** • Specialty preferred • **90dayRx – Mail order pharmacy** (93-day limit) **FlexRx preferred drug list** • closed plan design • preferred generic • preferred brand • **90dayRx – Retail pharmacy** (93-day limit) **FlexRx preferred drug list** • closed plan design • preferred generic • preferred brand	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	20% after the deductible 20% after the deductible No coverage No coverage No coverage No coverage No coverage
Preventive drug benefit • preferred generic • preferred brand	0% $50 copay	0% $50 copay
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.** Medicare Part D Creditability: Not creditable	

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.