

MEDICAL PLAN HIGHLIGHTS

HEALTHPARTNERS		HDHP \$3,000 \$6,000	
Open Access		<i>In-Network</i>	<i>Out-of-Network</i>
Deductible			
Single		\$3,000	\$6,000
Family		\$6,000	\$12,000
Health Saving Account			
<i>Quarterly deposits are made to your account at HSA Bank, if enrolled in the district health insurance</i>			
Single		\$1,550 (\$387.50 x 4)	
Family		\$3,100 (\$775.00 x 4)	
Out-of-Pocket Maximum			
<i>Including Deductible and Rx Copays</i>			
Single		\$5,000	\$12,000
Family		\$10,000	\$24,000
Coinsurance		100%	70%
Lifetime Maximum		Unlimited	
Dependent Eligibility		To Age 26	
PHYSICIAN SERVICES			
Office Visit			
Primary Care Physician		Deductible, then 100%	Deductible, then 70%
Specialist		Deductible, then 100%	Deductible, then 70%
Routine / Preventive Care		Select Services Covered In Full	Deductible, then 70%
Teladoc		Deductible, then 100%	
Hospital Services			
Inpatient		Deductible, then 100%	Deductible, then 70%
Outpatient			
ER, Urgent Care and Walk-In Clinics			
		% After Deductible	% After Deductible
Walk-in Clinics		Deductible, then 100%	Deductible, then 70%
Urgent Care		Deductible, then 100%	Deductible, then 70%
Emergency Care		Deductible, then 100%	Deductible, then 100%
Retail Prescription Coverage			
		Retail – 31 Day Supply	Mail Order – 90 Day Supply (In-network)
Generic		\$5 copay after deductible	\$10 copay after deductible
Brand		\$25 copay after deductible	\$50 copay after deductible
Non-Preferred		\$50 copay after deductible	\$100 copay after deductible
Specialty		\$50 copay after deductible	\$100 copay after deductible

Please reference page (7) for premium information