

Health

HealthPartners	Plan A – \$2,500-90%		Plan B – \$1,500-90%	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Employee	\$2,500	\$5,000	\$1,500	\$4,000
Family	\$5,000	\$10,000	\$3,000	\$8,000
Out-of-Pocket Maximum				
Employee Only	\$5,000	\$10,000	\$3,500	\$9,000
Family	\$10,000	\$20,000	\$7,000	\$18,000
Coinsurance	90%	70%	90%	70%
Office Visits				
Primary Care Physician	Deduct & Coins	Deduct & Coins	Deduct & Coins	Deduct & Coins
Specialist Care Physician	Deduct & Coins	Deduct & Coins	Deduct & Coins	Deduct & Coins
Routine / Preventive Care	Covered based on Preventive Care Guidelines	Deduct & Coins	Covered based on Preventive Care Guidelines	Deduct & Coins
Hospital Visits				
Inpatient	Deduct & Coins	Deduct & Coins	Deduct & Coins	Deduct & Coins
Outpatient	Deduct & Coins	Deduct & Coins	Deduct & Coins	Deduct & Coins
Urgent Care	Deduct & Coins	Deduct & Coins	Deduct & Coins	Deduct & Coins
Emergency Room	Deduct & Coins	Deduct & Coins	Deduct & Coins	Deduct & Coins
Prescription Coverage				
Generic	Deductible & Coinsurance		Deductible & Coinsurance	
Preferred Brand Name	Deductible & Coinsurance		Deductible & Coinsurance	
Non-Preferred Brand Name	Deductible & Coinsurance		Deductible & Coinsurance	

This is a summary of benefits and features offered by the Unity School District and HealthPartners. All benefits are subject to the limitations, and exclusions set forth in the Summary Plan Description

Payroll Rates (24 Pay Period)	PLAN A RATES	PLAN B RATES
	Employee/District	Employee/District
Employee	\$31.55 / \$231.40	\$49.92 / \$243.74
Family	\$80.78 / \$592.36	\$127.80 / \$623.96

Payroll Rates (20 Pay Period)	PLAN A RATES	PLAN B RATES
	Employee/District	Employee/District
Employee	\$37.86 / \$277.68	\$59.91 / \$292.49
Family	\$96.93 / \$710.84	\$153.36 / \$748.75

Payroll Rates (18 Pay Period)	PLAN A RATES	PLAN B RATES
	Employee/District	Employee/District
Employee	\$42.07 / \$308.53	\$66.56 / \$324.98
Family	\$107.20 / \$789.82	\$170.40 / \$831.95