



**2018-2019 Fridley ISD #14  
Group #3138**

The following provides an overview of your HealthPartners coverage. For exact coverage details consult a Group Membership Contract or Summary Plan Description or call Member Services at 952-883-5000 or 1-800-883-2177. To find a doctor in your network search here <https://www.healthpartners.com/hp/insurance/find-a-provider/group-medical/index.html> or call member services.

Medical Plan Highlights <small>Partial listing of covered services</small>	HP Classic Plan ME 100		HP Primary Clinic Plan 60		NationalONE Plan Open Access Nat 1		VEBA Contribution <small>(District Funded)</small>
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
<b>Deductible and Out-of-Pocket</b>							
Lifetime Maximum	Unlimited	\$1 Million	Unlimited	\$1 Million	Unlimited	\$2 Million	
Calendar year deductible	None	\$300/single \$900/family	None	\$300/single \$900/family	\$1,000/single \$1,500/single +1 \$2,000/family	\$2,000/single \$2,500/single +1 \$3,000/family	
Calendar year medical out-of-pocket maximum	\$1,000/single \$2,000/family	\$4,000/single \$6,000/family	\$1,000/single \$2,000/family	\$4,000/single \$6,000/family	\$2,000/single \$2,500/single +1 \$3,000/family	\$5,000/single \$6,000/single +1 \$7,000 family	
<b>Preventive Healthcare</b>							
Routine physical & eye exams, well-child care	100% Coverage	You pay 100%	100% Coverage	You pay 100%	100% coverage	35% after Deductible	
Prenatal & postnatal care		25% after Deductible		25% after Deductible			
Immunizations		You pay 100%		You pay 100%			
<b>Office Visits</b>							
Illness or injury	\$20 Copay	25% after Deductible	\$20 Copay	25% after Deductible	20% after Deductible	35% after Deductible	
Physical, occupational and speech therapy							
Chiropractic care							
Mental / Chemical health care							
Allergy Injections	100% Coverage		100% Coverage		You pay nothing after Deductible		
<b>Convenience Care</b>							
Convenience clinics (retail clinics), eVisits	\$10 Copay	25% after Deductible	\$10 Copay	25% after Deductible	20% after Deductible	35% after Deductible	
Online Care - Virtuwell	First three visits free, then same as Convenience Care benefit	You pay 100%	First three visits free, then same as Convenience Care benefit	You pay 100%	First three visits free, then same as Convenience Care benefit	You pay 100%	
<b>Emergency Care</b>							
Care at an urgent care clinic or medical center	\$20 Copay	HealthPartners in-network Emergency Care benefit	\$20 Copay	HealthPartners in-network Emergency Care benefit	20% after Deductible	35% after Deductible	
Emergency care at a hospital ER & Ambulance	\$75 Copay		\$75 Copay				
Ambulance	You pay 20%		You pay 20%				
<b>Inpatient Hospital Care</b>							
Illness or injury, mental/chemical health	\$100 per admission	25% after Deductible	\$100 per admission	25% after Deductible	20% after Deductible	35% after Deductible	
<b>Outpatient Care</b>							
Scheduled outpatient procedures	\$100 per admission	25% after Deductible	\$100 per admission	25% after Deductible	20% after Deductible	35% after Deductible	
Outpatient MRI and CT Scan	You pay 20%	25% after Deductible	You pay 20%	25% after Deductible			
<b>Durable Medical Equipment (DME)</b>							
DME & prosthetic devices	You Pay 20%	25% after Deductible	You Pay 20%	25% after Deductible	20% after Deductible	35% after Deductible	
<b>Pharmacy Highlights</b>							
<small>Partial listing of covered services</small>							
<b>Preferred Rx Formulary</b>	<b>Retail Pharmacy (up to a 30-day supply or one cycle of oral contraceptives)</b>		<b>Retail Pharmacy (up to a 30-day supply or one cycle of oral contraceptives)</b>		<b>Retail Pharmacy (up to a 30-day supply or one cycle of oral contraceptives)</b>		
Rx Specialty Drugs	80% coverage up to \$200	25% after Deductible	80% coverage up to \$200	25% after Deductible	80% coverage up to \$200	35% after Deductible	
Generic preferred	You pay \$10		You pay \$10		You pay \$10		
Brand preferred	You pay \$20		You pay \$20		You pay \$20		
	<b>HealthPartners Mail Order Pharmacy (up to a 90-day supply)</b>		<b>HealthPartners Mail Order Pharmacy (up to a 90-day supply)</b>		<b>HealthPartners Mail Order Pharmacy (up to a 90-day supply)</b>		
Generic preferred	You pay \$20	No coverage	You pay \$20	No coverage	You pay \$20	No coverage	
Brand preferred	You pay \$40		You pay \$40		You pay \$40		
<b>Cost</b>							
<small>(Monthly Premium)</small>	<b>Full Premium</b>	<b>Employee Cost</b>	<b>Full Premium</b>	<b>Employee Cost</b>	<b>Full Premium</b>	<b>Employee Cost</b>	
Single	\$779.60-\$779.60 =	\$0.00	\$820.65-\$779.60 =	\$41.05	\$680.95-\$680.95 =	\$0.00	\$98.65
Employee +1	\$1,395.60-\$1,130.44 =	\$265.16	\$1,469.10 - \$1,130.44 =	\$338.66	\$1,219.03-\$1,059.03 =	\$160.00	\$71.41
Family	\$2,003.88-\$1,482.87 =	\$521.01	\$2,109.33-\$1,482.87 =	\$626.46	\$1,750.31-\$1,391.08 =	\$359.23	\$91.79