

HealthPartners Side-By-Side Plan Comparison

July 1, 2019 to June 30, 2020

Open Access In-Network Benefits	Traditional \$500 - \$30 Copay	Three for Free \$1000	Three for Free \$1500
Preventive Care	100% coverage	100% coverage	100% coverage
Office Visit	\$30 Copay	Each member receives up to a combined total of 3 office visits, convenience care, and urgent care visits each year where the physician's services are covered at 100%. All charges for visits 4 and above, office procedures, lab, radiology, chiropractic care, day treatment services, group visits, and physical, occupational, and speech therapy services are subject to the deductible and co-insurance.	
Convenience Clinic	100% coverage		
Deductible (Calendar year)	\$500 per individual capped at \$1000 per family	\$1000 per individual capped at \$3000 per family	\$1500 per individual capped at \$3000 per family
Hospital Services (Co-insurance)	80% coverage after deductible	75% coverage after deductible	75% coverage after deductible
Out-of-Pocket Maximum (Calendar year)	\$1500 per individual capped at \$5000 per family	\$3000 per individual capped at \$6000 per family	\$3000 per individual capped at \$6000 per family
Retail Prescriptions	Generic: \$12 Brand: \$35 Non-formulary: \$50	Generic: \$12 Brand: \$35 Non-formulary: \$50	Generic: \$12 Brand: \$35 Non-formulary: \$50
Single Rate	\$783.00	\$692.00	\$685.00
Family Rate	\$2,139.00	\$1,892.00	\$1,873.00

Single and Family rates above represent the total monthly premiums.
Please see your bargaining unit contract for district contribution amounts.