

Independent School District 196 Health Insurance Plan Comparison 2022 - 2023

	HealthPartners Open Access Choice \$25 Copay Plan		HealthPartners Open Access Choice \$1,000 Deductible Plan	
	Open Access Network	Out-of-Network	Open Access Network	Out-of-Network
	In Network Benefits	Out-of-Network Benefits	In Network Benefits	Out-of-Network Benefits
Lifetime maximum	Unlimited	\$2,000,000	Unlimited	\$2,000,000
Annual Deductible	None	\$200 per person per calendar year \$600 per family per calendar year	\$1,000 per person per plan year \$2,000 per family per plan year	\$2,000 per person per plan year \$4,000 per family per plan year
Annual Out of Pocket Maximum	\$2,200 per person per calendar year \$4,400 per family per calendar year	\$3,200 per person per calendar year \$5,400 per family per calendar year	\$1,500 per person per plan year \$3,000 per family per plan year	\$3,500 per person per plan year \$5,500 per family per plan year
Preventive Health Care Routine Physicals Prenatal Postnatal Care	You pay nothing You pay nothing	You pay nothing You pay nothing	You pay nothing You pay nothing	You pay 35% after deductible You pay 35% after deductible
Office Visits Illness or injury PT, OT & ST Chiropractic Services Mental Health Chemical Health	You pay \$25 per visit	You pay 25% after deductible	You pay 20% after deductible	You pay 35% after deductible
Inpatient Hospital Care	\$100 copay per admission	You pay 25% after deductible	You pay 20% after deductible	You pay 35% after deductible
Outpatient Hospital Care	You pay \$25 per visit	You pay 25% after deductible	You pay 20% after deductible	You pay 35% after deductible
MRI/CT	You pay nothing	You pay nothing	You pay 20% after deductible	You pay 35% after deductible
Convenience Care	You pay \$10 per visit	You pay 25% after deductible	You pay 20% after deductible	You pay 35% after deductible
Emergency Care Urgent Care Hospital ER Ambulance	You pay \$25 per visit You pay \$100 per visit You pay 20%	HealthPartners in-network benefit HealthPartners in-network benefit HealthPartners in-network benefit	You pay 20% after deductible You pay 20% after deductible You pay 20% after deductible	HealthPartners in-network benefit HealthPartners in-network benefit HealthPartners in-network benefit
Durable Medical Equipment	You pay 20%	You pay 25% after deductible	You pay 20% after deductible	You pay 35% after deductible
Prescription Drugs 31-day supply - pharmacy Generic Preferred Brand Preferred NonPreferred	\$ 8 copayment \$20 copayment \$40 copayment	You pay 25% after deductible You pay 25% after deductible You pay 25% after deductible	\$8 copayment \$20 copayment \$40 copayment	You pay 35% after deductible You pay 35% after deductible You pay 35% after deductible
93-day supply - mail order Generic Preferred Brand Preferred NonPreferred	\$16 copayment \$40 copayment \$80 copayment	You pay 25% after deductible You pay 25% after deductible You pay 25% after deductible	\$16 copayment \$40 copayment \$80 copayment	You pay 35% after deductible You pay 35% after deductible You pay 35% after deductible

This chart is an overview of your HealthPartners coverage. For exact coverage terms and conditions, consult your plan materials, or call Member Services at (952) 883-5000 or 1-800-883-2177.