

HealthPartners Side-By-Side Plan Comparison

July 1, 2023 to June 30, 2024

| Open Access In-Network Services | Traditional \$500 - \$30 Copay | Three for Free \$1000 |
|---|---|---|
| Preventive Care | 100% coverage | 100% coverage |
| Office Visits | \$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 are subject to the deductible and co-insurance. |
| Convenience Clinic | 100% coverage | |
| Virtuwell | 100% coverage | 100% coverage for first 3 visits |
| Deductible <i>Calendar year</i> | \$500/individual Capped at \$1000/family | \$1000/individual Capped at \$3000/family |
| Co-insurance | 80% coverage after deductible is met | 75% coverage after deductible is met |
| Out-of-Pocket Maximum <i>Calendar year</i> | \$1500/individual Capped at \$5000/family | \$3000/individual Capped at \$6000/family |
| Retail Prescriptions | Generic: \$12 Brand: \$35 Non-Formulary: \$50 | Generic: \$12 Brand: \$35 Non-Formulary: \$50 |
| Single Rate | \$799.00 | \$699.00 |
| Family Rate | \$2,182.00 | \$1,910.00 |

Single and Family rates above represent the total monthly premiums
Please refer to your employment agreement for district contribution amounts