

Independent School District 196
Health Insurance Plan Comparison
2024- 2025

	HealthPartners Open Access Choice Copay Plan		HealthPartners Open Access Choice 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	You pay nothing	You pay nothing	You pay nothing	You pay 35% after deductible
Prenatal Postnatal Care	You pay nothing	You pay nothing	You pay nothing	You pay 35% after deductible
Office Visits				
Illness or injury	You pay \$25 per visit	You pay 25% after deductible	You pay 20% after deductible	You pay 35% after deductible
PT, OT & ST				
Chiropractic Services				
Mental Health				
Chemical Health				
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	You pay \$25 per visit	HealthPartners in-network benefit	You pay 20% after deductible	HealthPartners in-network benefit
Hospital ER	You pay \$100 per visit	HealthPartners in-network benefit	You pay 20% after deductible	HealthPartners in-network benefit
Ambulance	You pay 20%	HealthPartners in-network benefit	You pay 20% after deductible	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	\$ 8 copayment	You pay 25% after deductible	\$8 copayment	You pay 35% after deductible
Brand Preferred	\$20 copayment	You pay 25% after deductible	\$20 copayment	You pay 35% after deductible
NonPreferred	\$40 copayment	You pay 25% after deductible	\$40 copayment	You pay 35% after deductible
93-day supply - mail order				
Generic Preferred	\$16 copayment	You pay 25% after deductible	\$16 copayment	You pay 35% after deductible
Brand Preferred	\$40 copayment	You pay 25% after deductible	\$40 copayment	You pay 35% after deductible
NonPreferred	\$80 copayment	You pay 25% after deductible	\$80 copayment	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.