

HealthPartners Side-By-Side Plan Comparison

July 1, 2024 to June 30, 2025

Open Access In-Network Services	Traditional \$500 - \$30 Copay	Three for Free \$1000
Preventive Care	100% coverage	100% coverage
Virtuwell	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	
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	\$863.00	\$755.00
Family Rate	\$2,357.00	\$2,063.00

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