

Medical Coverage

Did You Know?

Health care debt currently affects 1 in 4 individuals. Make sure you choose the correct health plan.



Commonwealth Fund, 2023 Health Care Affordability Survey, 2023

Medical Plan Offerings

New this year! SPSS is excited to announce that HealthPartners will be the new administrator of your medical plan. SPSS offers employees four comprehensive, high-quality medical plan options that include prescription drug coverage. Each of the four plans have different coverage networks, be sure to consider this when selecting your plan. The information below is a summary of coverage only. Visit spps.org/benefits for more information.

Any deductibles, copays, and coinsurance percentages shown in the chart below are amounts you are responsible, before any District Contribution.

PLAN TYPE		COPAY PLAN	COPAY PLAN	HSA PLAN	HSA PLAN
NETWORK		COPAY SELECT	COPAY OPEN ACCESS	HSA OPEN ACCESS	HSA SELECT
IN-NETWORK BENEFITS					
Monthly Premium	Single	\$849.88	\$975.88	\$831.48	\$616.24
	Single + 1	\$1,897.42	\$2,180.16	\$1,856.14	\$1,373.14
	Family	\$2,199.12	\$2,527.02	\$2,151.26	\$1,591.14
Overall Deductible		\$400 per person/\$800 per family in-network and \$6,000 per person/\$12,000 per family for out-of-network services	\$750 per person/\$1,500 per family in-network and \$4,000 per person/\$8,000 per family for out-of-network services	\$3,300 per person/\$6,600 per family in-network and \$6,600 per person/\$13,200 per family for out-of-network services	\$6,000 per person/\$12,000 per family in-network and \$12,000 per person/\$24,000 per family for out-of-network services
Out-of-Pocket Limit		\$2,500 per person/\$5,000 per family in-network and \$12,000 per person/\$24,000 per family for out-of-network services	\$3,000 per person/\$6,000 per family in-network and \$6,000 per person/\$12,000 per family for out-of-network services	\$4,300 per person/\$8,550 per family in-network and \$8,600 per person/\$17,200 per family for out-of-network services	\$7,500 per person/\$15,000 per family in-network and \$20,000 per person/\$40,000 per family for out-of-network services
IF YOU VISIT A HEALTH CARE PROVIDER'S OFFICE OR CLINIC					
Primary Care Visit		\$30 copay/visit. Deductible does not apply.	\$40 copay/visit. Deductible does not apply.	20% coinsurance	20% coinsurance
Chiropractic Visit		\$40 copay/visit. Deductible does not apply.	\$50 copay/visit. Deductible does not apply.	20% coinsurance	20% coinsurance
Retail Health Visit		\$30 copay/visit. Deductible does not apply.	\$40 copay/visit. Deductible does not apply.	20% coinsurance	20% coinsurance
Virtual Care		\$30 copay/visit. Deductible does not apply.	\$40 copay/visit. Deductible does not apply.	20% coinsurance	20% coinsurance
Specialist Visit		\$40 copay/visit. Deductible does not apply.	\$50 copay/visit. Deductible does not apply.	20% coinsurance	20% coinsurance
Preventive Care/Screening/Immunization		No charge. Deductible does not apply.	No charge. Deductible does not apply.	No charge. Deductible does not apply.	No charge. Deductible does not apply.
IF YOU HAVE A TEST					
Diagnostic Test - Lab		No charge. Deductible does not apply.	No charge. Deductible does not apply.	No charge. Deductible does not apply.	20% coinsurance
Diagnostic Test - X-ray		No charge. Deductible does not apply.	No charge. Deductible does not apply.	No charge. Deductible does not apply.	20% coinsurance
Imaging (CT/PET Scans, MRI)		20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
IF YOU NEED DRUGS TO TREAT YOUR ILLNESS OR CONDITION					
Generic Drugs		Retail: \$15/prescription. Deductible does not apply. Mail order: \$30/prescription. Deductible does not apply.	Retail: \$15/prescription. Deductible does not apply. Mail order: \$30/prescription. Deductible does not apply.	Preventive: Designated preventive drugs: No charge. Deductible does not apply. Retail: 20% coinsurance. Mail order: 20% coinsurance.	Preventive: Designated preventive drugs: No charge. Deductible does not apply. Retail: 20% coinsurance. Mail order: 20%.
Preferred Brand Drugs		Retail: \$40/prescription. Deductible does not apply. Mail order: \$80/prescription. Deductible does not apply.	Retail: \$40/prescription. Deductible does not apply. Mail order: \$80/prescription. Deductible does not apply.	Preventive: Designated preventive drugs: No charge. Deductible does not apply. Retail: 20% coinsurance. Mail order: 20% coinsurance.	Preventive: Designated preventive drugs: No charge. Deductible does not apply. Retail: 20% coinsurance. Mail order: 20% coinsurance.
Non-Preferred Brand Drugs		Retail: \$65/prescription. Deductible does not apply. Mail order: \$130/prescription. Deductible does not apply.	Retail: \$65/prescription. Deductible does not apply. Mail order: \$130/prescription. Deductible does not apply.	Preventive: Benefit does not apply. Retail: 20% coinsurance. Mail order: 20% coinsurance.	Preventive: Benefit does not apply. Retail: 20% coinsurance. Mail order: 20% coinsurance.
Specialty Drugs		Preferred: \$40 copay/prescription. Deductible does not apply. Non-Preferred: \$65 copay/prescription. Deductible does not apply.	Preferred: \$40 copay/prescription. Deductible does not apply. Non-Preferred: \$65 copay/prescription. Deductible does not apply.	Preferred: 20% coinsurance. Non-Preferred: 20% coinsurance.	Preferred: 20% coinsurance. Non-Preferred: 20% coinsurance.
IF YOU HAVE OUTPATIENT SURGERY					
Facility Fee (e.g., Ambulatory Surgery Center)		20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Physician/surgeon fees		20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
IF YOU NEED IMMEDIATE MEDICAL ATTENTION					
Emergency Room Care		\$150 copay/visit. Deductible does not apply.	\$200 copay/visit. Deductible does not apply.	20% coinsurance	20% coinsurance
Emergency Medical Transportation		20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Urgent Care		\$40 copay/visit. Deductible does not apply.	\$50 copay/visit. Deductible does not apply.	20% coinsurance	20% coinsurance

This is a summary of your benefits. Not all benefits are listed. For more details, contact HealthPartners Member Services at **800-883-2177**.

NOTE: Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service. You may obtain a list of preventive care services at spps.org/benefits.