St. Michael-Albertville HealthPartners Health Insurance Plans Effective July 2026

Services	VEBA Plan	HSA and Hybrid Plans	MVP Plan
Annual Deductible (*combined in- and out-of-network*)	$1,850 individual $3,700 family	$4,250 individual $8,500 family	$6,350 individual (*$8,250 out of network*) $12,700 family *($16,500 out of network*)
Out-of-Pocket Maximum (*in-network*)	$1,850 individual $3,700 family	$4,250 individual $8,500 family	$6,350 individual $12,700 family
Out-of-Pocket Maximum (*out-of-network*)	$3,500 individual $6,500 family	$4,375 individual $8,750 family	$10,000 individual $20,000 family
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Preventive Care (*i.e. well baby, prenatal care, routine physicals, etc.)* **Children's eye exam**	100%	100%	100%
Physician services (*i.e. illness, injury visits*) **Diagnostic tests** (*x-rays, blood work, imaging*) **Outpatient surgery** **Urgent and emergency care** **Inpatient services** **Mental health** **Behavioral health** **Substance use services** **Childbirth/delivery services** **Home health care** **Medical equipment**	100% after deductible*	100% after deductible*	100% after deductible*
Prescription Drugs (*patient pays the difference if name brand is selected and generic is available*)	100% after deductible for 31-day supply (*retail*) or 93-day supply (*mail order*)* *No coverage for drugs not on the preferred list*	100% after deductible for 31-day supply (*retail*) or 93-day supply (*mail order*)* *No coverage for drugs not on the preferred list*	100% after deductible for 31-day supply (*retail*) or 93-day supply (*mail order*)* *No coverage for drugs not on the preferred list*

All plans are offered through HealthPartners Open Access Network of providers.

**Percentages of coverage may vary if out-of-network services are used.*
This document is created for comparison purposes only. Please see appropriate Summary of Benefits & Coverage for each plan for full details.