

CITY OF SAINT PAUL 2017 PLAN COMPARISON

HEALTH SERVICE	OPEN ACCESS CHOICE PLAN WITH DEDUCTIBLE		DISTINCTIONS	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime maximum	Unlimited	\$1,000,000	Unlimited	\$1,000,000
Calendar Year Deductible (applies to Medical OOP Max)	\$2,500 per person \$3,500 per family	\$3,000 per person \$5,500 per family	None	\$300 per person \$900 per family
Calendar Year Out of Pocket Maximum (once OOP Max is met coverage is 100%)	\$3,500 per person \$3,500 per family	\$5,000 per person \$7,000 per family	\$3,000 single \$5,000 family	\$4,000 per person \$6,000 per family
Calendar year Prescription Out-of-Pocket Maximum (once OOP Max is met coverage is 100%)	Combined with Medical Out-of-pocket Maximum		\$500 per person;\$1,000 per family Combined in and out-of-network	
Preventive Health Care	100% coverage	No Coverage	100% coverage	No Coverage
Office Visits Illness or Injury Therapies: Physical, Occupational, Speech	80% after deductible	65% after deductible	\$35 copay for Benefit Level 1 \$50 copay for Benefit Level 2	65% after deductible
Chiropractic Services	80% after deductible	65% after deductible	\$50 copayment	65% after deductible
Mental Health Chemical Health	80% after deductible	65% after deductible	\$35 copayment	65% after deductible
Inpatient Hospital Care	80% after deductible	65% after deductible	100% coverage	65% after deductible
Outpatient Hospital Care	80% after deductible	65% after deductible	100% coverage	65% after deductible
MRI/CT	80% after deductible	65% after deductible	80% coverage	65% after deductible
Convenience Care	80% after deductible	65% after deductible	\$15 copayment	65% after deductible
Virtuwell (online care)	First 3 visits -Free; 80% coverage thereafter	No Coverage	First 3 visits -Free; \$15 copayment thereafter	No Coverage
Emergency Care Urgent Care Hospital ER Ambulance	80% after deductible	HealthPartners in-network Emergency Care benefit	\$50 copayment \$55 copayment 80% coverage	HealthPartners in-network Emergency Care
		HealthPartners in-network benefit		HealthPartners in-network benefit
Prescription Drugs	\$10 generic formulary drugs; \$35 brand formulary drugs	65% after deductible	\$10 generic formulary drugs; \$20 brand formulary drugs	65% after deductible
Specialty Drugs	80% coverage; member pays a maximum copayment of \$200 per prescription per month	65% after deductible	80% coverage; member pays a maximum copayment of \$200 per prescription per month	65% after deductible
Preventive Dental	100% coverage	No Coverage	100% coverage	No coverage
Special Oral Surgery	80% after deductible	65% after deductible	80% coverage	65% after deductible
Rates <ul style="list-style-type: none"> Single Family 	\$611.67 \$1599.12		\$754.76 \$1973.70	