

This health plan offering will be available beginning January 2010 to employees whose benefit plans follow the Commissioner's and Managerial Plans. This qualified consumer directed health plan will be accompanied by an employer contribution to a Health Savings Account (HSA).

This plan is being offered pursuant to state legislation enacted in 2007. Please note you are not required to enroll in Advantage CDHP and that the Minnesota Advantage Plan is still available to you.

Advantage Consumer-Directed Health Plan Design (ACDHP)				
2010 – 11 Benefit Provisions	Cost Level 1	Cost Level 2	Cost Level 3	Cost Level 4
Preventive Care Services	Plan Pays 100% of Covered Services			
Annual Deductible (single/family)	\$1,500/\$3,000			
Annual Out-of-Pocket Maximum (includes deductible)	\$3,000/\$6,000			
Office Visits*	5% after deductible	10% after deductible	15% after deductible	25% after deductible
Convenience Clinics	5% after deductible	10% after deductible	15% after deductible	25% after deductible
Emergency (emergency care received in a hospital emergency room)	5% after deductible	10% after deductible	15% after deductible	25% after deductible
Inpatient Hospital	5% after deductible	10% after deductible	15% after deductible	25% after deductible
Outpatient Surgery	5% after deductible	10% after deductible	15% after deductible	25% after deductible
Hospice and Skilled Nursing Facility	5% after deductible	10% after deductible	15% after deductible	25% after deductible
Prosthetics and Durable Medical Equipment; Lab, Pathology, and X-ray; MRI/CT Scans; Other (e.g., Ambulance, Home Health Care, Outpatient Hospital (non-surgical))	5% after deductible	10% after deductible	15% after deductible	25% after deductible
Prescription Drugs**	After deductible is met, \$10 Tier 1 / \$16 Tier 2 / \$36 Tier 3			

*Office visits for illness/injury, for outpatient physical, occupational or speech therapy, and urgent care within the service area, including outpatient visits in a physician's office, chiropractic services, outpatient mental health and chemical dependency.

**30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs, including insulin; or a 3-cycle supply of oral contraceptives.

Emergency care or urgent care at a hospital emergency room or urgent care center out of the plan's service area or out of network: after payment of the deductible, the plan covers 80% of the first \$2000 of eligible charges, then 100% per calendar year.

This chart applies only to in-network coverage. Out-of-Network coverage is available only for members whose permanent residence is outside the State of Minnesota and outside the service areas of the health plans participating in ACDHP. This category includes employees temporarily residing outside Minnesota on temporary assignment or paid leave [including sabbatical leaves] and all dependent children, including college students, and spouses living out of area. These members pay a \$1500 single or \$3000 family deductible and 30% coinsurance to the \$3000/\$6000 out-of-pocket maximums described above.