



Duluth Joint Powers Enterprise Trust
Comprehensive Hospital-Medical
Benefit Plan 3A
Effective January 1, 2012



The following is an overview of your coverage. For exact coverage terms and conditions, consult your plan materials, or call Member Services at (952) 883-5000 or 1-800-883-2177.

Plan Highlights	In-Network	Out-of-Network±
Partial listing of covered services	Care from a network provider (Open Access Network)	Care from an out-of-network provider
Deductible and Lifetime/Out-of-Pocket Maximums		
Lifetime Maximum	Unlimited	\$2,000,000
Calendar year deductible	\$250 per person; \$500 per family	
Calendar year medical out-of-pocket maximum	\$1,250 per person; \$2,500 per family	
Preventive Health Care		
Routine physical exam*	100% coverage	100% coverage
Routine cancer screening*	100% coverage	100% coverage
Routine eye exam*	100% coverage	100% coverage
Routine hearing exam*	100% coverage	100% coverage
Lab and x-ray services	100% coverage	100% coverage
Immunizations	100% coverage	100% coverage
Prenatal and postnatal care	100% coverage	100% coverage
Well-child care	100% coverage	100% coverage
One routine physical, cancer screening, eye and hearing exam per calendar year will be covered under preventive health care. Subsequent physicals, cancer screenings, eye and hearing exams will be treated as a physician office visit.		
Physician Office Visits		
Illness or injury (including lab and x-ray services, and outpatient surgery)	80% coverage after deductible	80% coverage after deductible
Allergy-related services	80% coverage after deductible	80% coverage after deductible
Physical, occupational & speech therapy	80% coverage after deductible	80% coverage after deductible
Chiropractic care (neuromusculo-skeletal conditions only)	80% coverage after deductible	80% coverage after deductible
Behavioral Health Care (Inpatient and Outpatient Services)		
Mental health care	80% coverage after deductible	80% coverage after deductible
Chemical dependency health care	80% coverage after deductible	80% coverage after deductible
Convenience Care		
Convenience clinics (e.g., Retail / Minute Clinics)	80% coverage	80% coverage
eVisits	80% coverage	80% coverage
virtuwell – Online care	80% coverage	80% coverage



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Emergency Care		
Urgent Care	80% coverage after deductible	80% coverage after deductible
Emergency care at a hospital Emergency Room	80% coverage after deductible	80% coverage after deductible
Ambulance	80% coverage after deductible	80% coverage after deductible
Hospital Care (Inpatient and Outpatient Services)		
Illness or Injury (including lab and x-ray services, and surgery)	80% coverage after deductible	80% coverage after deductible
Scheduled inpatient and outpatient procedures	80% coverage after deductible	80% coverage after deductible
Outpatient MRI and CT scan	80% coverage after deductible	80% coverage after deductible
Durable Medical Equipment		
Durable medical equipment	80% coverage after deductible	80% coverage after deductible
Prosthetics	80% coverage after deductible	80% coverage after deductible
Medical Supplies	80% coverage after deductible	80% coverage after deductible
Outpatient Prescription Drug Benefits administered through ClearScript		
The following is an overview of your prescription drug benefit coverage. For exact coverage terms and conditions, consult your plan materials, call Customer Service at 1-800-546-5677 or visit www.clearscript.com.		
Tier One	Generic Drugs	\$0 Co-payment
Tier Two	Preferred Brand Name Drugs	\$15 Co-payment
Tier Three	Non-Preferred Brand Name Dugs Specialty Drugs	30% Co-insurance (\$30 minimum/\$100 maximum)

± Members using out-of-network providers may be responsible for filing their own claims and for any charges that exceed the HealthPartners allowed amount. These amounts are not applied to the out-of-pocket maximum. Additionally, out-of-network providers and facilities may not take care of notification requirements. Please refer to your health plan summary document or contact HealthPartners Member Services for a description of charges that are your responsibility.

Additionally, you must call CareCheck® at (952) 883-5800 or 1-800-942-4872 to receive maximum benefits when using out-of-network providers for in-patient hospital stays; same-day surgery; new or experimental or reconstructive outpatient technologies or procedures; durable medical equipment or prosthetics costing more than \$3,000; home health services after your visits exceed 30; and skilled nursing facility stays. HealthPartners will review your proposed treatment plan, determine length of stay, approve additional days when needed and review the quality and appropriateness of the care you receive. ***Please note, benefit payments may result in a reduction of the maximum coverage available to you under the Plan if CareCheck® is not notified.***