# Advantage High Deductible Health Plan (HDHP)

| 2020-2021 Benefit Provisions | Cost Level 1-You Pay | Cost Level 2-You Pay | Cost Level 3-You Pay | Cost Level 4-You Pay |
|---|---|---|---|---|
| Preventive Care Services | Nothing | Nothing | Nothing | Nothing |
| Annual First Dollar Deductible *<br><br>Combined Medical/Pharmacy (**single coverage**)<br><br>Combined Medical/Pharmacy (**family coverage**) | $1,500<br><br>$2,800 per family member<br>$3,000 per family | $2,000<br><br>$3,200 per family member<br>$4,000 per family | $3,000<br><br>$4,800 per family member<br>$6,000 per family | $4,000<br><br>$6,400 per family member<br>$8,000 per family |
| Annual Out-of-Pocket Maximum** (including prescription drugs) | $3,000<br><br>$5,000 per family member<br>$6,000 per family | $3,000<br><br>$5,000 per family member<br>$6,000 per family | $4,000<br><br>$6,900 per family member<br>$8,000 per family | $5,000<br><br>$6,900 per family member<br>$10,000 per family |
| Office Visits*** | $45 copay per visit after deductible | $55 copay per visit after deductible | $105 copay per visit after deductible | $130 copay per visit after deductible |
| In-network Convenience Clinics and Online Care | $0 after deductible | $0 after deductible | $0 after deductible | $0 after deductible |
| Emergency (emergency care received in a Hospital emergency room) | $150 copay after deductible | $150 copay after deductible | $150 copay after deductible | 50% coinsurance after deductible |
| Inpatient Hospital | $400 copay after deductible | $650 copay after deductible | $1,500 copay after deductible | 50% coinsurance after deductible |
| Outpatient Surgery | $250 copay after deductible | $400 copay after deductible | $800 copay after deductible | 50% coinsurance after deductible |
| Hospice and Skilled Nursing Facility | Nothing after annual deductible | Nothing after annual deductible | Nothing after annual deductible | Nothing after annual 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)) | 20% coinsurance after deductible | 25% coinsurance after deductible | 30% coinsurance after deductible | 50% coinsurance after deductible |
| Prescription Drugs**** | $30 / $50 / $75 after deductible | $30 / $50 / $75 after deductible | $30 / $50 / $75 after deductible | $30 / $50 / $75 after deductible |

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**The family Deductible is the **maximum amount** that a family has to pay in deductible expenses in any one calendar year. The family Deductible is **not** the amount of expenses a family must incur before any family member can receive benefits. Individual family members only need to satisfy their individual deductible once to be eligible for benefits. Once the family Deductible has been met, deductible expenses for the family are waived for the balance of the year.*

***The family Out-of-Pocket Maximum is the **maximum amount** that a family has to pay in any one calendar year. The per-family member embedded Out-of-Pocket Maximum is the maximum amount that a family has to pay in any one calendar year on behalf of any individual family member.*

****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.*

*This chart applies only to in-network coverage. Point of Service (POS) 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 the Advantage HDHP. This category includes employees temporarily residing outside Minnesota on temporary assignment or paid leave [including sabbatical leaves] and college students. It is also available to dependent children and spouses permanently residing outside the service area. These Members pay a $1500 single or $3000 family Deductible and 30% Coinsurance to the $3000/$6000 Out-of-Pocket Maximums described above. This benefit must be requested.*

Updated September 6, 2019