

ACA Health Plan

This is an overview of the HealthPartners coverage. For exact terms and conditions, consult your plan materials at www.myhealthpartners.com or call HealthPartners Member Services at (952) 883-5000 or 1-800-883-2177.

Plan highlights	In-network: Open Access	Out-of-Network
Partial listing of covered services	Care from a network provider	Care from an out-of-network provider
Deductibles and Out-of-Pocket Limits Deductible and Out of Pocket Year: July to June (*HWB Program Not Completed)		
Lifetime maximum	Unlimited	Unlimited
Plan year individual deductible	\$6,400 (\$6,650*)	\$6,800 (\$7,050*)
Plan year family deductible	\$12,800 (\$13,300*)	\$13,600 (\$14,100*)
Plan year individual out-of-pocket limit	\$6,400 (\$6,650*)	\$9,950 (\$10,200*)
Plan year family out-of-pocket limit	\$12,800 (\$13,300*)	\$19,900 (\$20,400*)
Preventive Health Care	Plan Pays	Plan Pays
Routine physical exams	100%	100%
Routine eye exams	100%	100%
Postnatal care	100%	100%
Prenatal care	100%	100%
Well-child care	100%	100%
Immunizations	100%	100%
Office Visits		
Illness or injury	100% after deductible	80% after deductible
Mental health	100% after deductible	80% after deductible
Chemical health	100% after deductible	80% after deductible
Physical, occupational & speech therapy	100% after deductible	80% after deductible
Chiropractic care	100% after deductible	80% after deductible
Allergy injections	100% after deductible	80% after deductible
Convenience Care		
Convenience clinics (retail clinics)	100% after deductible	80% after deductible
E-visits	100% after deductible	80% after deductible
virtuwell	100% after deductible	Not covered
Emergency Care		
Urgently needed care at an urgent care clinic or medical center	100% after deductible	80% after deductible
Emergency care at a hospital emergency room	100% after deductible	Same as in-network benefit
Ambulance	100% after deductible	Same as in-network benefit
Inpatient Hospital Care		
Illness or injury	100% after deductible	80% after deductible
Mental health	100% after deductible	80% after deductible
Chemical health	100% after deductible	80% after deductible
Outpatient Care		
Scheduled outpatient procedures	100% after deductible	80% after deductible
Outpatient MRI and CT scan	100% after deductible	80% after deductible
Durable Medical Equipment		
Durable medical equipment & prosthetics	100% after deductible	80% after deductible
Diagnostic Imaging		
Preventive diagnostic imaging	100%	80% after deductible
Non-preventive diagnostic imaging	100% after deductible	80% after deductible

Plan highlights	In-network: Open Access	Out-of-Network
Lab Services	Plan Pays	Plan Pays
Preventive lab services	100%	80% after deductible
Non-preventive lab services	100% after deductible	80% after deductible
Pharmacy PreferredRx formulary 31-day supply; 93-day supply mail order	<i>Pharmacy benefits do not include all drug classes. See plan materials for additional information.</i>	
Retail	Participating Pharmacies	Non-Participating Pharmacies
Retail generic formulary	100% after deductible	80% after deductible
Retail brand formulary	100% after deductible	80% after deductible
Retail generic non-formulary	Not covered	Not covered
Retail brand non-formulary	Not covered	Not covered
Mail order	Participating Pharmacies	Non-Participating Pharmacies
Generic formulary from HealthPartners mail order pharmacy	100% after deductible	Not covered
Brand formulary from HealthPartners mail order pharmacy	100% after deductible	Not covered
Generic non-formulary from HealthPartners mail order pharmacy	Not covered	Not covered
Brand non-formulary from HealthPartners mail order pharmacy	Not covered	Not covered
Specialty	Participating Pharmacies	Non-Participating Pharmacies
Specialty generic formulary	100% after deductible	80% after deductible
Specialty brand formulary	100% after deductible	80% after deductible
Specialty generic non-formulary	Not covered	Not covered
Specialty brand non-formulary	Not covered	Not covered
<i>See specialty drug list on healthpartners.com.</i>		

***HWB (Health and Well-Being) is the District's wellness incentive program. Completing the wellness incentive program results in the Preferred Benefit. More information at www.isd622.org/wellness**