

**The following is a general outline of the coverage that would be provided by this plan. Exact coverage terms and conditions will be set forth in the plan.**

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		
Lifetime maximum	Unlimited	Unlimited
Calendar year individual deductible - Traditional (embedded)	\$850	\$1,700
Calendar year family deductible - Traditional (embedded)	\$1,700	\$3,400
Calendar year individual out-of-pocket limit - Traditional (embedded)	\$2,600	\$5,200
Calendar year family out-of-pocket limit - Traditional (embedded)	\$5,200	\$10,400
Calendar year separate individual out-of-pocket limit for pharmacy services	\$1,250	
Calendar year separate family out-of-pocket limit for pharmacy services	\$2,500	
Preventive Health Care		
Routine physical exams	100%	50% after deductible
Routine eye exams	100%	50% after deductible
Postnatal care	100%	50% after deductible
Prenatal care	100%	100%
Well-child care	100%	100%
Immunizations	100%	50% after deductible
Office Visits		
Illness or injury	\$40 copay	50% after deductible
Mental health	\$40 copay	50% after deductible
Chemical health	\$40 copay	50% after deductible
Physical, occupational & speech therapy	\$40 copay	50% after deductible
Chiropractic care	\$40 copay	50% after deductible
Allergy injections	\$2 copay	50% after deductible
Convenience Care		
Convenience clinics (retail clinics)	\$40 copay	50% after deductible
E-visits	\$40 copay	50% after deductible
virtuwell	\$40 copay	Not covered
Free Visits		
Free visits for virtuwell only	3	None
Emergency Care		
Urgently needed care at an urgent care clinic or medical center	\$40 copay	Same as in-network benefit
Emergency care at a hospital emergency room	\$125 copay	Same as in-network benefit
Ambulance	85% after deductible	Same as in-network benefit
Inpatient Hospital Care		
Illness or injury	85% after deductible	50% after deductible
Mental health	85% after deductible	50% after deductible
Chemical health	85% after deductible	50% after deductible



Foley ISD #51  
NationalONE  
\$850 Deductible  
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Plan highlights	In-network: Open Access	Out-of-Network
<b>Outpatient Care</b>		
Scheduled outpatient procedures	85% after deductible	50% after deductible
Outpatient MRI and CT scan	85% after deductible	50% after deductible
<b>Durable Medical Equipment</b>		
Durable medical equipment & prosthetics	85% after deductible	50% after deductible
<b>Diagnostic Imaging</b>		
Preventive diagnostic imaging	100%	50% after deductible
Non-preventive diagnostic imaging	85% after deductible	50% after deductible
<b>Lab Services</b>		
Preventive lab services	100%	50% after deductible
Non-preventive lab services	85% after deductible	50% after deductible
<b>Pharmacy</b> <b>PreferredRx formulary</b> <b>31-day supply; 90-day supply mail order</b>	Pharmacy benefits do not include all drug classes. See plan materials for additional information.	
<b>Retail</b>	<b>Participating Pharmacies</b>	<b>Non-Participating Pharmacies</b>
Retail generic formulary	\$25 copay	50% after deductible
Retail brand formulary	\$45 copay	50% after deductible
Retail generic non-formulary	\$70 copay	50% after deductible
Retail brand non-formulary	\$70 copay	50% after deductible
<b>Mail order</b>	<b>Participating Pharmacies</b>	<b>Non-Participating Pharmacies</b>
Generic formulary from HealthPartners mail order pharmacy	\$75 copay	Not covered
Brand formulary from HealthPartners mail order pharmacy	\$135 copay	Not covered
Generic non-formulary from HealthPartners mail order pharmacy	\$210 copay	Not covered
Brand non-formulary from HealthPartners mail order pharmacy	\$210 copay	Not covered
<b>Specialty</b>	<b>Participating Pharmacies</b>	<b>Non-Participating Pharmacies</b>
Specialty generic formulary	70% (\$300 maximum)	50% after deductible
Specialty brand formulary	70% (\$300 maximum)	50% after deductible
Specialty generic non-formulary	70% (\$300 maximum)	50% after deductible
Specialty brand non-formulary	70% (\$300 maximum)	50% after deductible
See specialty drug list on <a href="http://healthpartners.com">healthpartners.com</a> .		