

ST. CLOUD AREA SCHOOL DISTRICT 742

Deductible Plan

Administered by **HealthPartners**

SCHEDULE OF COVERAGE

Effective 10/01/2007

	SERVICES	IN-NETWORK	OUT-OF-NETWORK
A.	ELIGIBLE DEPENDENTS	Spouse & unmarried children to age 19 or up to age 25 if full-time student. Effective January 1, 2008, unmarried children to age 25.	
B.	LIFETIME MAXIMUM	Unlimited	\$1 Million
C.	DEDUCTIBLE	\$1,000 per person / \$3,000 per family	\$3,000 per person; \$6,000 per family
D.	OUT OF POCKET MAXIMUM Includes Prescriptions	\$2,000 per person / \$4,000 per family	\$3,000 per person; \$7,000 per family
E.	PREVENTIVE/ROUTINE CARE Physical & Eye exams, well-child care Prenatal & Postnatal care	100% coverage 100% coverage	No coverage 60% coverage after deductible
F.	OFFICE VISITS FOR ILLNESS OR INJURY MENTAL HEALTH CHEMICAL HEALTH CARE	75% after deductible 75% after deductible 75% after deductible	60% coverage after deductible 60% coverage after deductible 40 hours per calendar year 60% coverage after deductible 73 days per calendar year
G.	CHIROPRACTIC (Neuromusculo-skeletal conditions only) & PHYSICAL, SPEECH & OCCUPATIONAL THERAPY	75% after deductible	60% coverage after deductible; 20 visits per calendar year
H.	HOME HEALTH CARE: Physical, speech, occupational & respiratory therapy & home health aides	75% after deductible; 120 visits per calendar year	60% coverage after deductible; 60 visits per calendar year
I.	INPATIENT HOSPITAL: Illness or Injury Mental Health Care Chemical Health Care	75% after deductible; 365 days per period of confinement 75% after deductible; 365 days per period of confinement 75% after deductible; 365 days per period of confinement	60% after deductible; 365 days per period of confinement 60% after deductible; 30 days per calendar year 60% after deductible; 73 days per calendar year
J.	OUTPATIENT HOSPITAL Scheduled Outpatient Procedures	75% after deductible	60% coverage after deductible
K.	EMERGENCY ROOM: at a Hospital ER, or Urgent Care at Clinic or Medical Center	75% after deductible	75% coverage after in-network deductible

L.	AMBULANCE	75% after deductible	60% coverage after deductible
M	DURABLE MEDICAL EQUIPMENT & PROSTHETICS	75% after deductible	60% coverage after deductible
N.	PRESCRIPTION DRUGS Formulary drugs obtained at a pharmacy (up to a 30-day supply)	\$12.00 generic, \$35.00 brand name per prescription. Insulin now covered at one co-pay for 30 day supply.	60% after deductible
	MAIL ORDER OPTION	\$24.00 generic, \$70.00 brand name. Up to a 93 day supply	Not Applicable
	TOBACCO CESSATION PRODUCTS	\$12.00 generic, \$35.00 brand name, per prescription, up to 180 days maximum per calendar year	No coverage
	ALLERGY INJECTIONS	100% Coverage	60% after deductible
	IMMUNIZATIONS	100% Coverage	No coverage

*For questions in regards to HealthPartners you may call Greg Palattao at 1-800-298-4235. You may also call Diane Thole at 202-6835 in Benefits or Sandy Neutzling, Agent/Consultant for District 742 at 252-3460. **Changes are in bold.***

THE BENEFIT DESCRIPTION IS INTENDED TO BE A BRIEF DESCRIPTION OF COVERAGES. IF THERE IS A CONFLICT BETWEEN THIS DESCRIPTION AND THE CONTRACT, THE CONTRACT WILL PREVAIL.

HealthPartners also offers the following:

1. HealthPartners Frequent Fitness Program is available to all HealthPartners members. In the St. Cloud area we are contracted with the local YMCA, Gold's Gym, and Weight Watchers. Save up to \$40 per month on your family dues. **(12 Visits/month required)** (See program details)
2. The HealthPartners website offers a personalized member webpage that allows members to access benefits and claims history, refill mail order prescriptions, order ID cards, and utilize cost calculators. Visit www.healthpartners.com and login with your member ID number to explore these new tools.
3. CareLine*(1-800-551-0859), which offers around-the-clock access to registered nurses who will respond to your questions about medical concerns.
4. Get back to work quicker by making a same-day appointment at the HealthPartners Central Minnesota Clinic by calling (1-320-253-5220).