2019 SPPS Medical Plan Benefit Summary		HealthPartners Copay Plan In-Network Benefits		Empower HRA National One In-Network Benefits		Empower HSA National One In-Network Benefits	
Plan Feature		Enhanced*	Standard	Enhanced*	Standard	Enhanced*	Standard
Open Access Monthly Premium	Single	$751.00		$648.00		$534.00	
	Single + 1	$1,690.00		$1,423.00		$1,199.00	
	Family	$1,960.00		$1,661.00		$1,391.00	
SmartCare ACO Monthly Premium	Single	$676.00		$588.00		$481.00	
	Single + 1	$1,521.00		$1,287.00		$1,080.00	
	Family	$1,764.00		$1,503.00		$1,252.00	
Lifetime Maximum		Unlimited		Unlimited		Unlimited	
HRA Plan Benefit *(applied to deductible)*	Single	N/A		$500		N/A	
	Single +1	N/A		$750		N/A	
	Family	N/A		$1,000		N/A	
Calendar Year Deductible	Per person	N/A	$100*	$2,000	$2,500	$3,000	$4,000
	Per family	N/A	$200*	$4,000	$5,000	$6,000	$7,500
Annual Out-of-Pocket Maximum	Per person	$1,000	$2,500	$2,500	$3,500	$3,000	$4,000
	Per family	$3,000	$4,500	$5,000	$6,500	$6,000	$7,500
Preventive Health Care	Routine physicals	100% covered		100% covered		100% covered	
	Prenatal/postnatal care	100% covered		100% covered		100% covered	
Office Visit	Primary care visit	$20 copay		90% covered after deductible		100% covered after deductible	
	Specialist visit	$30 copay		90% covered after deductible		100% covered after deductible	
	Retail/convenience clinic	$20 copay		90% covered after deductible		100% covered after deductible	
	Mental and chemical health	$20 copay		90% covered after deductible		100% covered after deductible	
	Chiropractic	$30 copay		90% covered after deductible		100% covered after deductible	
Other Services	Online care via virtuwell	First 3 visits free then convenience clinic copay applies		First 3 visits free then 90% covered after deductible		100% covered after deductible	
	MRI/CTs	80% covered		90% covered after deductible		100% covered after deductible	
	Lab work	100% covered		90% covered after deductible		100% covered after deductible	
Hospital Care	Inpatient facility per admit	100% covered		90% covered after deductible		100% covered after deductible	
	Outpatient facility per visit	100% covered		90% covered after deductible		100% covered after deductible	
Emergency Care	Urgent care	$30 copay		90% covered after deductible		100% covered after deductible	
	Emergency room	$75 copay		90% covered after deductible		100% covered after deductible	
	Ambulance	80% covered		90% covered after deductible		100% covered after deductible	
Prescription Drugs	Generic	$12 copay		$12 copay		100% covered after deductible	
	Brand name	$24 copay		$24 copay		100% covered after deductible	
OUT OF NETWORK BENEFITS							
Calendar Year Deductible	Per person	$300	$400	$2,500	$3,000	$4,000	$5,000
	Per family	$900	$1,200	$5,000	$6,000	$8,000	$9,500
Annual Out-of-Pocket Maximum**	Per person	$1,000	$2,500	$3,000	$4,000	$5,000	$6,000
	Per family	$3,000	$4,500	$6,000	$7,500	$10,000	$11,500
Preventive Health Care	Routine physicals	No coverage		No coverage		No coverage	
	Prenatal/postnatal care	70% covered after deductible		70% covered after deductible		70% covered after deductible	
All Other Services		70% covered after deductible		70% covered after deductible		70% covered after deductible	

NOTE: You and any covered spouse needed to complete the wellness program requirements by October 19, 2018 in order to receive the enhanced benefit for 2019. Anyone hired after July 1, 2018 will receive the enhanced benefit in 2019.

* Deductible applies to all services except preventive care and prescription drugs. In case of services with a copay (e.g., office visit) member is responsible for deductible and the applicable copay.

** Lifetime maximum for non-essential health benefits is $1,000,000 per person.

This is a summary of your benefits. Not all benefits are listed. For more details, contact HealthPartners Member Services at (952) 883-5000 or 1-800-883-2177.