

In-Network Summary of Health Care Benefits Effective 10/12/14

State Health Plan (SHP) PPO			
Deductibles, co-payments and dollar maximums	Hired Pre 4/1/10 SHP	Hired on or after 4/1/10 NSHP	Effective 10/12/14 ¹
Office Visits, Consultations, Urgent Care	\$15	\$20	\$20
Chiropractic	\$15	\$20	\$20
ER if not admitted	\$50	\$200	\$200
Rx Generic	\$10	\$10	\$10
Rx Brand Name	\$20	\$30	\$30
Rx Brand Name Non-Formulary	\$40	\$60	\$60
<u>Deductible</u> - Employee Only	\$300	\$400	\$400
<u>Deductible</u> - Full Family	\$600	\$800	\$800
<u>Out of Pocket Max</u> - Emp only	\$1,000	\$1,500	\$2,000
<u>Out of Pocket Max</u> - Full Family	\$2,000	\$3,000	\$4,000
Services covered at:			
Annual Physical	100%	100%	100%
Annual Gynecological Exam	100%	100%	100%
Well-baby Visits	100%	100%	100%
Immunizations/Flu Shot	100%	100%	100%
Fecal Occult Blood Screening	100%	100%	100%
Colonoscopy	100%	100%	100%
Prostate Screening	100%	100%	100%
Mammography	100%	100%	100%
Childhood Immunizations	100%	100%	100%
Hospice Care	100%	100%	100%
Specific Organ Transplants	100%	100%	100%
Bone Marrow	100%	100%	100%
Durable Medical Equipment support program	100%	100%	100%
Prosthetic & Orthotic Appliances	100%	100%	100%
Inpatient Mental Health Benefits	100%	100%	100%
Inpatient Alcohol/Chemical Dependency Benefits	100%	100%	100%
Private Duty Nursing	90%	80%	80%
Acupuncture	90%	80%	80%
<u>Coinsurance</u> - Most other services	0%	10%	10%

Health Maintenance Organizations (HMOs)			
Deductibles, co-payments and dollar maximums	Hired Pre 4/1/10	Hired on or after 4/1/10	Effective 10/12/14 ¹
Office Visits, Consultations, Urgent Care	\$10	\$20	\$20
Chiropractic	varies by plan		
ER if not admitted	\$50	\$200	\$200
Rx Generic	\$5	\$10	\$10
Rx Brand Name	\$10	\$30	\$30
Rx Brand Name Non-Formulary	\$10	\$60	\$60
<u>Deductible</u> - Employee Only	\$0	\$0	\$125
<u>Deductible</u> - Full Family	\$0	\$0	\$250
<u>Out of Pocket Max</u> - Emp only	None	None	\$2,000
<u>Out of Pocket Max</u> - Full Family	None	None	\$4,000
Services covered at:			
Annual Physical	100%	100%	100%
Annual Gynecological Exam	100%	100%	100%
Well-baby Visits	100%	100%	100%
Immunizations/Flu Shot	100%	100%	100%
Fecal Occult Blood Screening	100%	100%	100%
Colonoscopy	100%	100%	100%
Prostate Screening	100%	100%	100%
Mammography	100%	100%	100%
Childhood Immunizations	100%	100%	100%
Hospice Care	100%	100%	100%
Specific Organ Transplants	100%	100%	100%
Bone Marrow	100%	100%	100%
Durable Medical Equipment	100%	100%	100%
Prosthetic & Orthotic Appliances	100%	100%	100%
Inpatient Mental Health Benefits	varies by plan		
Inpatient Alcohol/Chemical Dependency Benefits	varies by plan		
Private Duty Nursing	100%	100%	100%
Acupuncture	varies by plan		

Effective 10/12/14 Autism benefits will be covered by the State Health Plan PPO subject to the plan deductible and coinsurance. Coverage is already provided by HMOs as required by law.

Mail Order Rx: 3-month supply is 2 times the applicable co-pays shown above.

¹ Does not apply to MSP Troopers and Sergeants.

Services highlighted in will change effective 10/12/14
 Services highlighted in represent the new plan design