

<b>Medical</b>	<b>In-network</b>	<b>Out-of-network</b>
<b>Lifetime maximum medical benefits</b>	<b>Unlimited</b>	<b>Unlimited</b>
<b>You pay...</b>		
Annual deductible	\$500/person \$1,500/family	\$800/person \$2,050/family
Annual medical out-of-pocket maximum	\$3,600/person \$7,500/family	\$7,200/person
<b>Wellness</b>		
Preventive care/immunizations	\$0	40% after deductible
<b>Office/routine care</b>		
MNPS Employee & Family Healthcare Center visits	\$0	
Primary care visits/convenient care clinics	\$35	40% after deductible
Mental health/substance abuse office visit	\$0	40% after deductible
Specialist visits	\$50	40% after deductible
Lab and x-ray in physician's office	\$0	40% after deductible
Urgent care facility	\$35	\$35
Chiropractic (up to 24 visits/year)	\$50	Not covered
Physical, occupational and speech therapy	15% after deductible	40% after deductible
Durable medical equipment	15% after deductible	40% after deductible
<b>Maternity/fertility</b>		
<b>Prenatal care</b>	You pay \$35 copay for initial visit	40% after deductible
<b>Delivery</b>	15% after deductible	40% after deductible
<b>Fertility</b>	Call 1-855-507-6311	Not covered
<b>Hospital care/outpatient facility</b>		
Inpatient hospitalization	15% after deductible	40% after deductible
Outpatient surgery	15% after deductible	40% after deductible
Outpatient/diagnostic facility	15% after deductible	40% after deductible
Emergency (copay waived if admitted)	\$150, then 15% after deductible	
Ambulance	15% after deductible	
Skilled nursing facility	15% after deductible	40% after deductible
Home health care	15% after deductible	40% after deductible
<b>Mental health and substance abuse</b>		
Inpatient treatment	\$0	40% after deductible
Outpatient therapy (individual and group)	\$0	40% after deductible