

HealthPartners Retiree National Choice Plan Overview

St. Olaf – 2023

Benefit/Service within U.S.	Plan 1	Plan 2	Plan 3
Lifetime maximum	Unlimited	Unlimited	Unlimited
Annual deductible	\$100	\$150	\$200
Monthly premium	2022: \$274.10 2023: \$274.10	2022: \$210.90 2023: \$210.90	2022: \$173.10 2023: \$173.10
Annual out-of-pocket maximum	\$1,750 (Medical only)	\$3,000 (Medical only)	\$5,000 (Medical only)
Preventive Health Care			
Routine physical, eye and hearing exams	100% coverage	100% coverage	100% coverage
Immunizations	100% coverage	100% coverage	100% coverage
Office Visits			
For illness or injury	\$15 Primary/ \$30 Specialty	\$20 Primary /\$40 Specialty	\$25 Primary/ \$45 Specialty
Chiropractic care	\$30 copay	\$40 copay	\$45 copay
Mental health care	\$30 copay	\$40 copay	\$45 copay
Podiatry	\$30 copay	\$40 copay	\$45 copay
E-visits	100% coverage	100% coverage	100% coverage
Inpatient Hospital Care			
For illness or injury	\$100 copay	\$200 copay	\$500 copay
Mental health care	\$100 copay	\$200 copay	\$500 copay
Chemical health care	\$100 copay	\$200 copay	\$500 copay
Skilled nursing facility	100% coverage	100% coverage	100% coverage

Emergency Care	Plan 1	Plan 2	Plan 3
Emergency room in the U.S.	\$50 copay	\$50 copay	\$100 copay
Emergency room outside the U.S.	80% coverage	80% coverage	80% coverage
Urgently needed care in the U.S.	\$30 copay	\$40 copay	\$50 copay
Urgently needed care outside the U.S.	80% coverage	80% coverage	80% coverage
Ambulance in the U.S.	100% coverage	90% coverage	80% coverage
Ambulance outside the U.S.	80% coverage	80% coverage	80% coverage
Outpatient Medical Services			
Physical/occupational therapy	100% coverage	\$15 copay	\$50 copay
Speech/language therapy	\$30 copay	\$40 copay	\$50 copay
Durable medical equipment	90% coverage	90% coverage	80% coverage
Prosthetics	90% coverage	90% coverage	80% coverage
Diabetes self-monitoring training, nutrition	100% coverage	100% coverage	100% coverage
Diabetes supplies	90% coverage	90% coverage	80% coverage
Diagnostic tests, radiology, lab services	100% coverage	100% coverage	80% coverage
Drug Benefit	Includes gap coverage	Member experiences coverage gap	
Preferred Generic drugs	\$10 copay	\$10 copay	\$15 copay
Generic drugs	\$10 copay	\$15 copay	\$20 copay
Preferred brand drugs	\$20 copay	\$45 copay	\$50 copay
Non-preferred brand drugs	\$40 copay	\$65 copay	\$90 copay
Specialty drugs	25% coinsurance	25% coinsurance	33% coinsurance
Other			
Medicare Part B drugs	80% coverage	80% coverage	80% coverage
Hearing aids	\$99/\$199/\$499 copay per aid per year*	\$99/\$199/\$499 copay per aid per year*	\$99/\$199/\$499 copay per aid per year*

*Copay levels are related to technology, colors, styles, feature differences. Member chooses copay level and must use TruHearing Network.

This benefit information here is not a comprehensive listing of benefits. Evidence of Coverage is considered as final and complete level of benefits. For employer group only – not for distribution to retirees/employees.