

Medical	In-network	Out-of-network
Lifetime maximum medical benefits	Unlimited	Unlimited
You pay...		
Annual deductible	\$300/person; \$900/family	\$800/person; \$2,050/family
Annual medical out-of-pocket maximum	\$2,500/person \$7,500/family	\$5,000/person
Wellness		
Preventive care/immunizations	\$0	40% after deductible
Office/routine care		
MNPS Employee & Family Healthcare Center visits	\$0	
Primary care visits/convenient care clinics	\$30	40% after deductible
Mental health/substance abuse office visit	\$0	40% after deductible
Specialist visits	\$40	40% after deductible
Lab and x-ray in physician's office	\$0	40% after deductible
Urgent care facility	\$30	\$30
Chiropractic (up to 24 visits/year)	\$40	Not covered
Physical, occupational and speech therapy	10% after deductible	40% after deductible
Durable medical equipment	10% after deductible	40% after deductible
Maternity/fertility		
Prenatal care	You pay \$30 copay for initial visit	40% after deductible
Delivery	10% after deductible	40% after deductible
Fertility	Call 1-855-507-6311	Not covered
Hospital care/outpatient facility		
Inpatient hospitalization	10% after deductible	40% after deductible
Outpatient surgery	10% after deductible	40% after deductible
Outpatient/diagnostic facility	10% after deductible	40% after deductible
Emergency (copay waived if admitted)	\$150, then 10% after deductible	
Ambulance	10% after deductible	
Skilled nursing facility	10% after deductible	40% after deductible
Home health care	10% after deductible	40% after deductible
Mental health and substance abuse		
Inpatient treatment	\$0	40% after deductible
Outpatient therapy (individual and group)	\$0	40% after deductible