

Securian Financial Medical Plan Comparison

HealthPartners member services
952-883-7000 or 866-443-9352
Find your doctor by visiting
healthpartners.com/securian

The Company offers associates a choice of two medical plans: **Preferred Provider Organization (PPO)** and **High-deductible Health Plan (HDHP)**. The network is identical for both the PPO and HDHP, and there is no need to designate a Primary Care Physician or to obtain specialist referrals. View your doctor or find a new one at healthpartners.com/securian. This information is intended as a general description of health care coverage available to associates and is not an exclusive list. In all situations, the terms of each plan document will determine the benefits payable under the plan. Please refer to the Summary Plan Descriptions for detailed plan information.

Deductible

The amount you pay before your medical plan begins paying for health care expenses (except for preventive care).
Qualified preventive services are covered at 100%.

Coinsurance

The percentage of services that is your responsibility.
For example, the plan pays 80% for hospital inpatient and you pay 20% (once the deductible has been met).

Out-of-Pocket Limit

The maximum amount you will pay out-of-pocket for covered services under the Plan, within plan guidelines.

	PPO		HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Type	Embedded: Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible(\$650) until the total amount of deductible expenses paid by all family members meets the overall family deductible(\$1,625).		Non-embedded (contract): Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible (\$4,000) must be met before the plan begins to pay. For example, if one family member meets \$3,000 of the deductible and another family member meets \$1,000, the plan will begin to pay for all covered family members because the \$4,000 deductible has been satisfied.	
Individual	\$650		\$2,000	
Family	\$1,625		\$4,000	
Prescription included in Deductible:	No		Yes	
Out-of-Pocket Maximum				
Individual	\$3,250	\$9,750	\$4,000	\$12,000
Family	\$6,500	\$19,500	\$8,000	\$24,000
Out-of-pocket includes:	Deductible, coinsurance and prescription cost		Deductible, coinsurance and prescription cost	
Preventive Services				
Routine Preventive Care	100% coverage		60% coverage after deductible	
Eye/Ear exam				
Prenatal & Postnatal				
3D mammogram				
Physician Services				
Office Visits	80% coverage after deductible		60% coverage after deductible	
Specialist Office Visits				
Hospitalizations & surgery: Inpatient/Outpatient				
Mental health & Chemical health- office and outpatient	Prior authorization maybe required 80% coverage after deductible	Prior authorization is required 60% coverage after deductible	Prior authorization maybe required 80% coverage after deductible	Prior authorization is required 60% coverage after deductible
Mental health & chemical health inpatient				
Urgent Care, Emergency and Ambulance	80% coverage after deductible		80% coverage after deductible	
Infertility: Diagnosis and Treatment	80% coverage after deductible up to a lifetime maximum of \$25,000 per covered person Prescription drugs: 50% coverage up to a lifetime maximum of \$10,000 per covered person	Diagnosis coverage: 60% coverage after deductible Treatment: No coverage for out-of-network	80% coverage after deductible up to a lifetime maximum of \$25,000 per covered person Prescription drugs: 50% coverage up to a lifetime maximum of \$10,000 per covered person	Diagnosis coverage: 60% coverage after deductible Treatment: No coverage for out-of-network

	PPO		HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Other Health Services				
Physical, occupational and speech therapy	80% coverage after deductible	60% coverage after deductible - annual visit limitations apply	80% coverage after deductible	60% coverage after deductible - annual visit limitations apply
Labs & X-Ray (non-preventive)	80% coverage after deductible	60% coverage after deductible	80% coverage after deductible	60% coverage after deductible
Home health care and skilled nursing facility	Prior authorization is required 80% coverage for home health care and skilled nursing facility subject to annual maximum day limitations		Prior authorization is required 80% coverage for home health care and skilled nursing facility subject to annual maximum day limitations	
Chiropractic Care	80% coverage after deductible	60% coverage after deductible - up to 20 visits each plan year	80% coverage after deductible	60% coverage after deductible - up to 20 visits each plan year
Durable Medical Equipment	Prior authorization is required 80% coverage after deductible	Prior authorization is required 60% coverage after deductible	Prior authorization is required 80% coverage after deductible	Prior authorization is required 60% coverage after deductible
Telemedicine				
virtuwell visits	80% coverage after deductible	No coverage for out-of-network	80% coverage after deductible	No coverage for out-of-network
Doctor On Demand	Visit is \$49 or less		Visit is \$49 or less	
Prescription coverage				
Retail	75% coverage subject to min/max Generic: \$10 min/\$25 max Preferred: \$30 min/\$75 max Non-preferred: \$50 min/\$125 max 90 Day supply: Up to a 90-day supply and three copays with participating retail pharmacies.	50% coinsurance for prescriptions filled at a non-participating pharmacy. No minimum or maximum and no out-of-pocket maximum applies.	80% coverage after deductible A limited list of preventive medications are covered at 80% prior to meeting the deductible	50% coinsurance after deductible for prescriptions filled at a non-participating pharmacy. No minimum or maximum and no out-of-pocket maximum applies.
Specialty	Specialty drugs (e.g., drugs for multiple sclerosis, hemophilia, hepatitis, and rheumatoid arthritis): 90% coverage; \$175 max.	Plan pays 0% However, two out-of-network fills are allowed at in-network benefit to ensure no gaps in care	80% coverage after deductible	Plan pays 0% However, two out-of-network fills are allowed at in-network benefit to ensure no gaps in care
Mail order	Mail order copay: 75% coverage Generic: \$20 min/\$50 max Preferred: \$60 min/\$150 max Non-preferred: \$100 min/\$250 max Day supply: up to 90-day supply	N/A	80% coverage after deductible	N/A
Health Savings and Flexible Spending Accounts				
Health Savings Account (HSA)	Not available with PPO		Yes Company contribution: Single \$500/Family \$1,000 Associate contribution limit: Single \$3,100/Family \$6,200 Associate age 55+ catch-up: \$1,000	
Medical Flexible Spending Account	Contribution limit: \$2,750		Not available with HDHP	
Limited-use Flexible Spending Account	Not available with PPO		Contribution limit: \$2,750	