



Health Plan Comparison 2021 - without incentive

HENNEPIN COUNTY

PreferredOne website: Find the plan/network your doctor/facility is in	Advantage Plan Hennepin Healthcare/ NorthPoint		Advantage Plan HealthPartners/ Park Nicollet		Advantage Plan M Health Fairview/ North Memorial		Standard Plan	
Per paycheck premium	Single: \$9.65 Single + spouse: \$128.51 Single + child/ren: \$98.43 Family: \$132.69		Single: \$24.34 Single + spouse: \$171.60 Single + child/ren: \$131.44 Family: \$191.24		Single: \$24.46 Single + spouse: \$172.46 Single + child/ren: \$132.09 Family: \$192.20		Single: \$42.03 Single + spouse: \$224.45 Single + child/ren: \$171.93 Family: \$252.15	
Deductible per calendar year	In network \$0	Out of network Per person: \$1,500 Per family: \$4,500	In network Per person: \$300 Per family: \$600	Out of network Per person: \$1,500 Per family: \$4,500	In network Per person: \$300 Per family: \$600	Out of network Per person: \$1,500 Per family: \$4,500	Tier 1 / 2 / 3 Per person: \$300/\$350/\$375 Per family: \$600/\$700/\$750	Out of network Per person: \$1,500 Per family: \$4,500
Out-of-pocket maximum per calendar year	In network Per person: \$3,000 Per family: \$5,000	Out of network Per person: \$4,500 Per family: \$6,500	In network Per person: \$3,000 Per family: \$5,000	Out of network Per person: \$4,500 Per family: \$6,500	In network Per person: \$3,000 Per family: \$5,000	Out of network Per person: \$4,500 Per family: \$6,500	In network Per person: \$3,000 Per family: \$5,000	Out of network Per person: \$4,500 Per family: \$6,500
OFFICE VISITS – DEDUCTIBLES APPLY								
Office visit (illness, injury, physical/speech/occupational therapy)	In network HHC/North Point: \$15 All other: \$35	Out of network 70% coverage	In network \$35 copay	Out of network 70% coverage	In network \$35 copay	Out of network 70% coverage	Tier 1 / 2 / 3 \$35/\$40/\$55 copay	Out of network 70% coverage
Virtual office visit (telemedicine visit with provider)	In network HHC/North Point: \$10 All other: \$30	Out of network 70% coverage	In network \$30 copay	Out of network 70% coverage	In network \$30 copay	Out of network 70% coverage	Tier 1 / 2 / 3 \$30/\$35/\$50 copay	Out of network 70% coverage
Urgent care	In network HHC/North Point: \$15 All other: \$50	Out of network 75% coverage	In network \$50 copay	Out of network 75% coverage	In network \$50 copay	Out of network 75% coverage	Tier 1 / 2 / 3 \$50/\$55/\$55 copay	Out of network 75% coverage
Emergency room care	\$100 copay		\$100 copay		\$100 copay		\$100 copay	

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OUTPATIENT CARE – DEDUCTIBLES APPLY								
Outpatient visit (nonsurgical)	In network HHC/North Point: \$15 All other: \$35	Out of network 70% coverage	In network \$35 copay	Out of network 70% coverage	In network \$35 copay	Out of network 70% coverage	Tier 1 / 2 / 3 \$35/\$40/\$55 copay	Out of network 70% coverage
Scheduled outpatient surgeries	In network \$50 copay	Out of network 70% coverage	In network \$50 copay	Out of network 70% coverage	In network \$50 copay	Out of network 70% coverage	Tier 1 / 2 / 3 \$50/\$60/\$110 copay	Out of network 70% coverage
Outpatient MRI/CT/ Durable Medical Eqpt.	In network 80% coverage	Out of network 70% coverage	In network 80% coverage	Out of network 70% coverage	In network 80% coverage	Out of network 70% coverage	Tier 1 / 2 / 3 80% coverage	Out of network 70% coverage
SELECTED SERVICES – NO DEDUCTIBLES IN NETWORK								
Preventive care (physical, immunization, eye exam, pre/postnatal care)	In network 100% coverage – no deductible	Out of network 70% coverage after deductible	In network 100% coverage – no deductible	Out of network 70% coverage after deductible	In network 100% coverage – no deductible	Out of network 70% coverage after deductible	Tier 1 / 2 / 3 100% coverage – no deductible	Out of network 70% coverage after deductible
Online care Use the online providers listed for your plan	In network \$0 copay– no deductible MDLive HHC E-visits	Out of network N/A	In network \$0 copay– no deductible MDLive Virtuwell	Out of network N/A	In network \$0 copay– no deductible MDLive OnCare	Out of network N/A	Tier 1 / 2 / 3 \$0 copay– no deductible MDLive, OnCare, Virtuwell, HHC E-visits	Out of network N/A
Mental health / substance abuse office visit	\$0 copay – no deductible		\$0 copay – no deductible		\$0 copay – no deductible		\$0 copay – no deductible	
Allergy injections	In network 100% coverage– no deductible	Out of network 70% coverage after deductible	In network 100% coverage– no deductible	Out of network 70% coverage after deductible	In network 100% coverage– no deductible	Out of network 70% coverage after deductible	Tier 1 / 2 / 3 100% coverage– no deductible	Out of network 70% coverage after deductible
INPATIENT HOSPITAL CARE – DEDUCTIBLES APPLY								
Inpatient care (illness, injury, mental health/substance abuse)	In network \$125 copay	Out of network 70% coverage	In network \$125 copay	Out of network 70% coverage	In network \$125 copay	Out of network 70% coverage	Tier 1 / 2 / 3 \$125/\$135/\$260 copay	Out of network 70% coverage
PHARMACY – DEDUCTIBLES APPLY								
Retail pharmacy (up to 30-day supply) NOTE: CVS pharmacies are excluded from coverage	In network Generic: \$20 Brand name: \$50	Out of network 70% coverage after deductible	In network Generic: \$20 Brand name: \$50	Out of network 70% coverage after deductible	In network Generic: \$20 Brand name: \$50	Out of network 70% coverage after deductible	Tier 1 / 2 / 3 Generic: \$20 Brand name: \$50	Out of network 70% coverage after deductible
Mail order pharmacy (up to 90-day supply)	In network Generic: \$40 Brand name: \$100	Out of network 70% coverage after deductible	In network Generic: \$40 Brand name: \$100	Out of network 70% coverage after deductible	In network Generic: \$40 Brand name: \$100	Out of network 70% coverage after deductible	Tier 1 / 2 / 3 Generic: \$40 Brand name: \$100	Out of network 70% coverage after deductible