2020 Health Promotion Program | **Benefit Plan Option**

$1,650/$3,300 Direct Primary Care (DPC): Active Employees and Retirees Under Age 65	
Lifetime Maximum	Unlimited
Deductible	$1,650 Single / $3,300 Family
Health Reimbursement Account (City Funded Deductible-deductible reimbursement amount is based on employee/spouse participation in wellness program)	$1,650 Single / $3,300 Family
Wellness Package	Refer to Assumption section for details (page 2)
Coinsurance	100%
Coinsurance Out-of-Pocket Limit	N/A
Maximum Out-of-Pocket Limit (includes deductible, coinsurance and copays)	$2,650 Single / $5,300 Family
Emergency Room (waived if admitted)	100% after $250 copay
Ambulance	100% after deductible
Surgical Services	100% after deductible
Office Visits: Primary Care	100% at DPC facility 100% after $30 copay at non-DPC facility
Office Visits: Chiropractic	100% after $30 copay
Office Visits: Obstetrics	100% after $30 copay- limited to one copay
Office Visits: Gynecology	100% at DPC facility 100% after $30 copay at non-DPC facility
Physical, Speech, Occupational Therapy	100% after $30 copay
Office Visits: Preventive Care	100% at DPC facility 100% after $30 copay at non-DPC facility
Office Visits: Specialist Care	100% after $10 copay with DPC referral 100% after $30 copay without DPC referral
Office Visits: Urgent Care	100% at DPC facility 100% after $50 copay at non-DPC facility
Teladoc	100%
Immunizations	100%
Lab & X-Ray (in clinic setting)	100%
Optical Exams	100%
Home Health Care	100% after $30 copay
Hospice Care	100% after deductible
Oral Surgery	100% after deductible
Organ Transplant Service	100% after deductible
Kidney Disease Treatment	100% after deductible
Hospital Inpatient Services	100% after deductible
Scheduled Surgical Services (performed in hospital inpatient/outpatient or surgery center)	100% after $250 copay and deductible (copay waived with DPC approval)
Hospital Outpatient - Diagnostic Services (except for imaging services described below)	100% after deductible
Non-Inpatient Imaging Services	100% after $100 copay (maximum 2 copays per visit) Including the following: MRAs, MRIs, PET Scans, CAT Scans, CTAs Additional cost varies based on provider selected See imaging addendum for details
Skilled Nursing Facilities/Services (30 day limit)	100% after deductible
Mental Health/AODA	100%
Prescription Drugs (limited to a 31-day supply per drug/refill 90-day supply if the drug is on the maintenance list)	$5 Preferred Generic/$35 Preferred Brand 50% Non-Preferred/Non-Formulary Drugs to a maximum of $80 per fill Insulin, syringes, test strips for treatment of diabetes paid at 100%
Durable Medical Equipment (including insulin pumps, continuous glucose monitors and related supplies)	100% after $30 copay and deductible
Prosthetics	100% after $30 copay and deductible
TMJ Services (non-surgical max $1,250) Office Visits Appliances & Therapy	100% after $30 copay 100% after deductible
Dependency Criteria	To age 26; end of month
Network*	SolidaritUS DPC Clinic and Standard GHC Network

* Provider Network Note: Mayo Clinic, St. Mary's and Methodist Hospital in Rochester, Minnesota are available to GHC members only after receiving a prior authorization by their local provider and the health plan.