

## Advantage Consumer-Directed Health Plan Design (ACDHP)

2016-2017 Benefit Provisions	Cost Level 1	Cost Level 2	Cost Level 3	Cost Level 4
Preventive Care Services	Plan Pays 100% of Covered Services			
Annual Deductible (single/family)	\$1,500/\$3,000			
Annual Out-of-Pocket Maximum (includes Deductible)	\$3,000/\$6,000			
Office Visits*	5% after Deductible	10% after Deductible	15% after Deductible	25% after Deductible
In-network Convenience Clinics and Online Care	5% after Deductible	10% after Deductible	15% after Deductible	25% after Deductible
Emergency (emergency care received in a Hospital emergency room)	5% after Deductible	10% after Deductible	15% after Deductible	25% after Deductible
Inpatient Hospital	5% after Deductible	10% after Deductible	15% after Deductible	25% after Deductible
Outpatient Surgery	5% after Deductible	10% after Deductible	15% after Deductible	25% after Deductible
Hospice and Skilled Nursing Facility	5% after Deductible	10% after Deductible	15% after Deductible	25% after Deductible
Prosthetics and Durable Medical Equipment; Lab, Pathology, and X-ray; MRI/CT Scans; Other (e.g., Ambulance, Home Health Care, Outpatient Hospital (non-surgical))	5% after Deductible	10% after Deductible	15% after Deductible	25% after Deductible
Prescription Drugs**	After Deductible is met, \$14 Tier 1 / \$25 Tier 2 / \$50 Tier 3			

\*Office visits for illness/injury, for outpatient physical, occupational or speech therapy, and urgent care within the service area, including outpatient visits in a physician's office, chiropractic services, outpatient mental health and chemical dependency.

\*\*30-day supply of Tier 1, Tier 2, or Tier 3 Prescription Drugs, including insulin; or a 3-cycle supply of oral contraceptive.

This chart applies only to in-network coverage. Point of Service (POS) coverage is available only for Members whose permanent residence is outside the State of Minnesota and outside the service areas of the health Plans participating in ACDHP. This category includes employees temporarily residing outside Minnesota on temporary assignment or paid leave [including sabbatical leaves] and college students. It is also available to dependent children and spouses permanently residing out of area. These Members pay a \$1500 single or \$3000 family Deductible and 30% Coinsurance to the \$3000/\$6000 Out-of-Pocket Maximums described above. This benefit must be requested.

A standard set of benefits is offered in all SEGIP Advantage Plans. There are still some differences from plan to plan in the way that benefits, including the transplant benefit, are administered, in the referral and diagnosis coding patterns of primary care clinics, and in the definition of Allowed Amount. Beginning in 2016, benefits for palliative care and for the treatment of autism have been added, and are fully described in the Advantage Summary of Benefits.