

# Sanford Health Plan



State: SD, Parts of MN & IA

Benefits 2012

		In-Network Coverage		
<b>Plan facts</b>	Member services	(800) 752-5863 Annual enrollment information: (800) 752-5863		
	Member services hours	Mon-Fri: 7:30 AM-5:00 PM CT		
	Web address	www.sanfordhealthplan.com		
	Product name	Sanford Health Plan		
<b>Your medical expenses</b>	Annual deductible	\$500 (individual) / \$1,000 (family max)		
	Out-of-pocket maximum (includes deductible)	\$3,000 (individual) / \$6,000 (family max) per calendar year		
	Office visits	Covered at 90% after deductible		
	Maternity care prenatal office visits	Covered at 90% after deductible		
	Inpatient hospitalization	Covered at 90% after deductible		
	Outpatient surgical care	Covered at 90% after deductible		
	Outpatient lab and X-ray	Covered at 90% after deductible		
	Emergency room care	\$100 copay/visit (waived if admitted)		
<b>Your prescription drug expenses</b>	Retail	\$10 copay (generic), \$20 copay (preferred brand), \$40 copay (non-preferred brand) per prescription up to 30-day supply		
	Mail order	\$30 copay (generic), \$60 copay (preferred brand name), \$120 copay (non-preferred brand name) per prescription up to 90-day supply		
<b>Preventive care</b>	Routine physical and GYN exam	Covered at 100%, no deductible. Limits apply		
	Routine vision exam	Covered at 100%, no deductible. Limit 1 exam per 24 months		
	Well-child care and immunizations	Covered at 100%, no deductible. Limits apply. Contact Plan for details		
	Routine mammography	Covered at 100%, no deductible. Limits apply		
<b>Mental health</b>	Inpatient	Covered at 90% after deductible		
	Outpatient	Covered at 90% after deductible		
<b>Substance abuse</b>	Inpatient detoxification	Covered at 90% after deductible		
	Inpatient rehabilitation	Covered at 90% after deductible		
	Outpatient detoxification	Covered at 90% after deductible		
	Outpatient rehabilitation	Covered at 90% after deductible		
<b>Other professional care</b>	Outpatient physical/speech/occupational therapy	Covered at 90% after deductible. Limit 60 visits per year for physical, speech and occupational therapy combined		
	Chiropractic care	Covered at 90% after deductible. Limit 20 visits per year		
	Infertility	Diagnosis: Covered at 90% after deductible. Treatment/Artificial Insemination/In vitro: Not covered. Contact Plan for details		
<b>Out-of-network coverage</b>	Out-of-network non-emergency care	Not covered		
<b>Key facts</b>	NCQA status:	Excellent	Domestic partner coverage available:	Yes
	PCP referral required for specialist:	No	Domestic partner children coverage available:	Yes
	Lifetime maximum benefit:	NA		
	Provider network:	See website for details		

\* Indicates a benefit change

The information contained in this summary is for comparative purposes and does not include all benefits, limitations, and exclusions.