

Sanford Health Plan (formerly Sioux Valley Health Plan)



Benefits 2008

State: SD

Plan facts	Member services Member services hours Web address Product name	(800) 752-5863 Annual enrollment information: (800) 752-5863 Mon-Fri: 7:30 AM-5:00 PM CT www.sanfordhealthplan.com Sanford Health Plan
Your medical expenses	Office visits Maternity care prenatal office visits Inpatient hospitalization Outpatient surgical care Outpatient lab and X-ray Emergency room care Urgent care facility	\$15 (PCP) or \$25 (specialist) copay per visit Covered at 100% \$500 copay per admission \$200 copay for hospital care. Office visit copay applies in physician's office \$25 copay per visit \$50 copay/visit (waived if admitted) \$15 copay/visit
Your prescription drug expenses	Retail	\$10 copay (generic), \$20 copay (preferred brand), \$40 copay (non-preferred brand) per prescription up to 30-day supply
	Mail order	Not covered
Preventive care	Routine physical and GYN exam Routine vision exam Well-child care and immunizations Routine mammography	\$15 copay per visit. Limits apply. Contact plan for details. Specialist copay may apply Not covered Covered at 100%. Visit limits apply. Contact plan for details \$15 copay per visit. Specialist copay may apply. Visit limits apply
Mental health	Inpatient Outpatient	\$500 copay per admission. Unlimited days \$25 copay per visit. Group therapy typically not covered
Substance abuse	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	\$500 copay per admission. Limit 30 days/consecutive 6-month period and 90 days/lifetime combined with inpatient rehab \$500 copay per admission. Limit 30 days/consecutive 6-month period and 90 days per lifetime combined with inpatient detox \$25 copay per visit. Limit 30 visits/consecutive 6-month period combined with outpatient rehab. Group therapy not covered. \$25 copay per visit. Limits 30 visits/consecutive 6-month period combined with outpatient detox. Contact plan for details. Group therapy not covered
Other professional care	Outpatient physical/speech/occupational therapy Chiropractic care	\$25 copay per visit. Limit 30 visits per therapy per calendar year \$25 copay per visit. Limit 20 visits per calendar year
Out-of-network coverage	Out-of-network non-emergency care	Not covered
Key facts	NCQA status: PCP referral required for specialist: Lifetime Maximum Benefit: Provider Network:	Excellent Domestic partner coverage available: No Domestic partner children coverage avail.: \$2,000,000 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.