

Sanford Health Plan - New Plan Design



State: SD

Benefits 2009

		In-Network Coverage	
Plan facts	Member services Member services hours Web address Product name	(800) 752-5863 Mon-Fri: 7:30 AM-5:00 PM CT www.sanfordhealthplan.com Sanford Health Plan	Annual enrollment information: (800) 752-5863
Your medical expenses	Annual deductible Out-of-pocket maximum (includes deductible) Office visits Maternity care prenatal office visits Inpatient hospitalization Outpatient surgical care Outpatient lab and X-ray Emergency room care Urgent care facility	\$100 (individual) / \$200 (family max)* \$2,000 (individual) / \$4,000 (family max) per calendar year* Covered at 90% after deductible* Covered at 90% after deductible* Covered at 90% after deductible* Covered at 90% after deductible* Covered at 90% after deductible* Covered at 90% after deductible* \$50 copay/visit (waived if admitted) Covered at 90% after deductible*	
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	\$30 copay (generic), \$60 copay (preferred brand), \$120 copay (non-preferred brand) per prescription up to 90-day supply*	
Preventive care	Routine physical and GYN exam Routine vision exam Well-child care and immunizations Routine mammography	Covered at 100%, no deductible* Covered at 100%, no deductible. Limit 1 exam per 24 months* Covered at 100%, no deductible* Covered at 100%, no deductible*	
Mental health	Inpatient Outpatient	Covered at 90% after deductible* Covered at 90% after deductible*	
Substance abuse	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	Covered at 90% after deductible. Limit 30 days per year combined with inpatient rehab* Covered at 90% after deductible. Limit 30 days per year combined with inpatient detox* Covered at 90% after deductible. Limit 52 visits per year combined with outpatient rehab* Covered at 90% after deductible. Limit 52 visits per year combined with outpatient detox*	
Other professional care	Outpatient physical/speech/occupational therapy Chiropractic care Infertility	Covered at 90% after deductible. Limit 60 visits per year for physical, speech and occupational therapy combined* Covered at 90% after deductible. Limit 20 visits per year* Diagnosis: Covered at 90% after deductible. Treatment/Artificial Insemination/In vitro: Not covered. Contact plan for details*	
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 No NA*	Domestic partner coverage available: Yes Domestic partner children coverage avail.: Yes 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.