

Minnesota Service Cooperative 2009 VEBA Plans

VEBA 100 Plans

Plan Number	Calendar-year accum: 830 Plan-year accum: 834		Calendar-year accum: 831 Plan-year accum: 835		Calendar-year accum: 832 Plan-year accum: 836		Calendar-year accum: 833 Plan-year accum: 837		Calendar-year accum: 860 Plan-year accum: 865		Calendar year accum: 850 Plan-year accum: 855	
Network	MN Provider Network	Out-of-Network	MN Provider Network	Out-of-Network	MN Provider Network	Out-of-Network	MN Provider Network	Out-of-Network	MN Provider Network	Out-of-network	MN Provider Network	Out-of-Network
Preventive Care	100%	Deductible/ Coinsurance	100%	Deductible/ Coinsurance	100%	Deductible/ Coinsurance	100%	Deductible/ Coinsurance	100%	Deductible/ Coinsurance	100%	Deductible/ Coinsurance
Deductible	\$1200 Single/\$2400 Family		\$1850 Single/\$3700 Family		\$2250 Single/\$4500 Family		\$2600 Single/\$5200 Family		\$2900 Single/ \$5800 Family		\$5000 Single/\$10000Family	
Coinsurance (after ded.)	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%	100%	80%
Out of Pocket Maximum	\$1200 Single \$2400 Family	\$3500 Single \$6500 Family	\$1850 Single \$3700 Family	\$3500 Single \$6500 Family	\$2250 Single \$4500 Family	\$3500 Single \$6500 Family	\$2600 Single \$5200 Family	\$3500 Single \$6500 Family	\$2900 Single \$5800 Family	\$3500 Single \$6500 Family	\$5000 Single \$10000 Family	\$5000 Single \$10000 Family
Lifetime Max	\$5,000,000		\$5,000,000		\$5,000,000		\$5,000,000		\$5,000,000		\$5,000,000	

VEBA 80 Plans

Plan Number	Calendar-year accum: 821 Plan-year accum: 824		Calendar-year accum: 822 Plan-year accum: 825		Calendar-year accum: 823 Plan-year accum: 826	
Network	MN Provider Network	Out-of-Network	MN Provider Network	Out-of-Network	MN Provider Network	Out-of-Network
Preventive Care	100%	Deductible/ Coinsurance	100%	Deductible/ Coinsurance	100%	Deductible/ Coinsurance
Deductible	\$1850 Single/\$3700 Family		\$2250 Single/\$4500 Family		\$2600 Single/\$5200 Family	
Coinsurance (after ded.)	80%	60%	80%	60%	80%	60%
Out of Pocket Maximum	\$3500Single/\$6500 Family		\$3500 Single/\$6500 Family		\$3500 Single/\$6500 Family	
Lifetime Max	\$5,000,000		\$5,000,000		\$5,000,000	

VEBA 70 Plans

Plan Number	Calendar-year accum: 840 Plan-year accum 827		Calendar-year accum: 820 Plan-year accum: 828	
Network	MN Provider Network	Out-of-Network	MN Provider Network	Out-of-Network
Preventive Care	100%	Deductible/ Coinsurance	100%	Deductible/ Coinsurance
Deductible	\$600 Single/\$1200 Family		\$1200 Single/\$2400 Family	
Coinsurance (after ded.)	70%	60%	70%	60%
Out of Pocket Maximum	\$2100 Single/\$4200 Family		\$3500 Single/\$6500 Family	
Lifetime Max	\$5,000,000		\$5,000,000	

*This is only a general outline of plan benefits. The Summary Plan Description includes complete details of what is and is not covered.

** This chart reflects 2009 benefits. Deductible and or out of pocket levels will increase in accordance with federal guidelines for HSA's.

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NOTE: There are two alternative prescription drug benefit designs below, available for integration into each of the above plans. Inclusion of either plan B or C below will NOT allow automatic claims reimbursement (i.e. "crossover") with respect to prescription drug benefits. Plan B or C not available with Plan 850 or 855 Above. Plans 850 and 855 have Gen Rx Formulary. All other plans have Flex Rx.

Plan B - Greater of a \$14 copay or 25% copay up to a \$750 individual / \$1,000 family out of pocket

Plan C - 25% coinsurance up to a \$750 individual / \$1,000 family out of pocket

Please discuss these drug plans with your representative