



The VEBA 70 Plan

For participating Service Cooperative members

An open-access health plan

Health plan solutions

Rising health care costs. Growing demand for more involvement in health care. The need for solutions is clear — which is why we've developed a high-deductible plan to pair with a personal health account. You're in control of costs; your employees are in control of their care. And it's from the participating Minnesota Service Cooperatives.

How this plan option works

The VEBA 70 Plan from the participating Minnesota Service Cooperatives is an open-access group health plan designed to work with a personal health account. Personal health accounts are funded through a separate arrangement, the Minnesota Service Cooperative VEBA Plan (the "VEBA Plan").

Members in the VEBA 70 Plan can see any health care provider of their choice for most covered services — without referrals. Amounts held in personal health accounts in the VEBA Plan may be used for the reimbursement of other medical expenses. For some services, the best benefits are available when members see providers in the Minnesota Provider Network, a network for participating Service Cooperative members. The network includes primary care clinics, specialists and hospitals.

Network providers mean savings

When members use network providers, they avoid hidden costs. All have agreed to accept the "allowed amount" as full payment for covered services.

If a member sees an out-of-network provider, they are responsible for any deductible, the coinsurance amount applied to the allowed amount, plus the difference between the actual bill and the allowed amount.



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PLAN HIGHLIGHTS	MINNESOTA PROVIDER NETWORK	EXTENDED/OUT OF NETWORK
Annual deductible options Employers choose one of two options. One deductible applies to services from all providers. Deductible amounts will increase annually to keep pace with inflation.	a \$600/person – \$1,200/family b \$1,200/person – \$2,400/family	
Out-of-pocket maximum	a \$2,100/person – \$4,200/family b \$3,500/person – \$6,500/family One out-of-pocket maximum applies to services from all providers	
Lifetime maximum	\$5 million for services from all providers	
Office visits <ul style="list-style-type: none"> • Illness or injury • Behavioral health care (mental health, chemical dependency, eating disorders, autism) • Chiropractic manipulation 	70% after deductible	60% after deductible
<ul style="list-style-type: none"> • In-office surgery/allergy-related services 	70% after deductible	60% after deductible (extended network only); <i>no benefits for services from out-of-network providers</i>
Preventive care <ul style="list-style-type: none"> • Well-child services • Prenatal care • Cancer screenings • Routine physicals and eye exams 	100%	60% after deductible
Lab and X-ray services	70% after deductible	60% after deductible
In- and outpatient hospital services <ul style="list-style-type: none"> • Facility services (includes behavioral health care) • Professional services (includes behavioral health care) 	70% after deductible	60% after deductible
Emergency care <ul style="list-style-type: none"> • Facility services • Professional services 	70% after deductible	70% after deductible
Ambulance services	70% after deductible	70% after deductible
Medical supplies	70% after deductible	60% after deductible for services from out-of-network providers
Therapy services <ul style="list-style-type: none"> • Chiropractic, occupational and physical therapy 	70% after deductible	60% after deductible (extended network only); <i>no benefits for services from out-of-network providers</i>
<ul style="list-style-type: none"> • Speech therapy 	70% after deductible	60% after deductible
Prescription drugs <ul style="list-style-type: none"> • Retail (31-day supply) • 90dayRx (90-day supply) 	70% after deductible	70% after deductible; you pay the pharmacy and file a claim. In addition to deductibles, members will be responsible for amounts in excess of the allowed amounts.
Note: There are three drug plans available Plan A: Drugs subject to deductible and coinsurance Plan B: Greater of a \$14 copay or 25% coinsurance up to a \$750 person/\$1,000 family drug out-of-pocket Plan C: 25% coinsurance up to a \$750 person/\$1,000 family drug out-of-pocket Please discuss these plans with your representative		

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Calendar year plan numbers **a** 840, **b** 820
 Plan year plan numbers **a** 827, **b** 828
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This is only an outline of plan benefits. The Summary Plan Description includes complete details of what is and isn't covered. Services not covered by the VEBA 70 Plan include eyeglasses, hearing aids, services that are cosmetic, experimental, not medically necessary, or covered by workers' compensation or no-fault auto insurance. Preexisting conditions may not be covered for a limited period of time. This limit is reduced by prior continuous coverage and doesn't apply to pregnancy, newborns, adopted children or handicapped dependents. We feature a large network of health care providers. Each provider is an independent contractor and is not our agent.

This benefit chart reflects 2009 benefits.