

Dakota County's 2024 Medical Plans Summary Comparison

| | Dakota Advantage | | | Dakota Select | | | Dakota HSA Open Access Non Union and unions | | |
|--|--|--|--|--|--|--|--|----------------------------------|--|
| | HRA Contribution: Single - \$175; Single + 1 - \$350; Family - \$525 | | | HRA Contribution: Single - \$375; Single + 1 - \$750; Family - \$1,125 | | | HSA Contribution: \$800 single; \$1,600 family FSA: Use is limited to dental/vision only by HSA regulations HRA Left over: Use is limited to dental/vision only by HSA | | |
| | In Network – Tier 1 | In Network – Tier 2 | Out-of-Network (charges above U&C NOT apply) | In Network – Tier 1 | In Network – Tier 2 | Out-of-Network (charges above U&C NOT apply) | In Network – Tier 1 | In Network – Tier 2 | Out of Network (charges above U&C NOT apply) |
| Lifetime Maximum | Unlimited | Unlimited | Unlimited | Unlimited | | Unlimited | Unlimited | Unlimited | Unlimited |
| Calendar year medical deductible | \$350 single; \$700 single + one; \$1,050 family | | \$1,000 single; \$2,000 single + one; \$3,000 family | \$750 single; \$1,500 single + one; \$2,250 family | | \$1,500 per person; \$3,000 single +1; \$4,500 per family | \$1600 single; \$3200 family (non -singles must satisfy full family deductible) | | |
| Annual medical out-of-pocket maximum | \$2,000 per person; \$4,000 per family; combined Tier 1 & Tier 2. | | \$4,000 per person; \$8,000 per family | \$1,500 per person; \$3,000 single +1; \$4,500 per family; combined Tier 1 & Tier 2. | | \$3,000 per person; \$6,000 single +1; \$9,000 per family; | \$3200 single; \$6400 family (Single + One, family enrollees must satisfy full family max) | | |
| Preventive health care | 100% coverage (Includes laboratory and radiology costs) | | 70% coverage after deductible | 100% coverage (Includes laboratory and radiology costs) | | 70% coverage after deductible | 100% coverage | | 65% coverage after deductible |
| Office visits includes Physical & Occupational Therapy | 90% coverage after deductible | 80% coverage after deductible | 70% after deductible | 90% coverage after deductible | 80% coverage after deductible | 70% after deductible | 85% coverage after deductible | 75% coverage after deductible | 65% coverage after deductible |
| Teladoc* | *Unlimited Teladoc | | | *Unlimited Teladoc | | | *Teladoc \$54 | | |
| Convenience Care | 90% after deductible | | 70% after deductible | 90% after deductible | | 70% after deductible | 85% coverage after deductible | 75% coverage after deductible | 65% coverage after deductible |
| Chiropractic Care | 80% after deductible | | 70% after deductible | 80% after deductible | | 70% after deductible | 85% coverage after deductible | 75% coverage after deductible | 65% coverage after deductible |
| Mental/Chemical Health Outpatient | 90% after deductible | | 70% after deductible | 90% after deductible | | 70% after deductible | 85% coverage after deductible | 75% coverage after deductible | 65% coverage after deductible |
| Hospital - Inpatient care | 90% after deductible | 80% after deductible | 70% after deductible | 90% after deductible | 80% after deductible | 70% after deductible | 85% coverage after deductible | 75% coverage after deductible | 65% coverage after deductible |
| Hospital - Outpatient care | 90% after deductible | 80% after deductible | 70% after deductible | 90% after deductible | 80% after deductible | 70% after deductible | 85% coverage after deductible | 75% coverage after deductible | 65% coverage after deductible |
| Ultrasound, Lab and X-ray | 90% after deductible | | 70% after deductible | 90% after deductible | | 70% after deductible | 85% coverage after deductible | 75% coverage after deductible | 65% coverage after deductible |
| MRI/CT Scan | 90% after deductible | | 70% after deductible | 90% after deductible | | 70% after deductible | 85% coverage after deductible | 75% coverage after deductible | 65% coverage after deductible |
| Urgent care | 90% after deductible | | 70% after deductible | 90% after deductible | | 70% after deductible | 85% coverage after deductible | 75% coverage after deductible | 65% coverage after deductible |
| Emergency care at Hospital ER | 90% after deductible | | 90% after in-network deductible | 90% after deductible | | 90% after in-network deductible | 85% coverage after deductible | | |
| Ambulance | 90% after deductible | | 90% after in-network deductible | 90% after deductible | | 90% after in-network deductible | 85% coverage after deductible | | |
| Durable Medical Equip | 90% after deductible | | 70% after deductible | 90% after deductible | | 70% after deductible | 85% coverage after deductible | 85% coverage after deductible | 65% coverage after deductible |
| Prescription drugs | \$25 generic; \$48 brand name; \$63 non-formulary; \$48 Specialty. | | 70% after deductible | Co-pay after Medical Deductible Met: \$25 generic; \$48 brand name; \$63 non-formulary; \$48 Specialty.. | | 70% after deductible | 85% coverage after Medical Deductible Meet | | 65% coverage after deductible |

* Teladoc is for common illnesses 24/7 at 1-800-835-2362 or www.Teladoc.com.