



The following is a general outline of the coverage that would be provided by this plan. Exact coverage terms and conditions will be set forth in the plan.

Plan highlights	In-network: Open Access	Out-of-Network
Partial listing of covered services	Care from a network provider	Care from an out-of-network provider
Deductibles and Out-of-Pocket Limits		
Lifetime maximum	Unlimited	Unlimited
Calendar year individual deductible - Traditional (embedded)	\$3,000	\$6,000
Calendar year family deductible - Traditional (embedded)	\$6,000	\$12,000
Calendar year individual out-of-pocket limit - Traditional (embedded)	\$5,000	\$15,000
Calendar year family out-of-pocket limit - Traditional (embedded)	\$10,000	\$30,000
Preventive Health Care		
Routine physical exams	100%	60% after deductible
Routine eye exams	100%	60% after deductible
Postnatal care	100%	60% after deductible
Prenatal care	100%	60% after deductible
Well-child care	100%	60% after deductible
Immunizations	100%	60% after deductible
Office Visits		
Illness or injury	80% after deductible	60% after deductible
Mental health	80% after deductible	60% after deductible
Chemical health	80% after deductible	60% after deductible
Physical, occupational & speech therapy	80% after deductible	60% after deductible
Chiropractic care	80% after deductible	60% after deductible
Allergy injections	80% after deductible	60% after deductible
Convenience Care		
Convenience clinics (retail clinics)	80% after deductible	60% after deductible
E-visits	80% after deductible	60% after deductible
virtuwell	100% after deductible	Not covered
Emergency Care		
Urgently needed care at an urgent care clinic or medical center	80% after deductible	Same as in-network benefit
Emergency care at a hospital emergency room	80% after deductible	Same as in-network benefit
Ambulance	80% after deductible	Same as in-network benefit
Inpatient Hospital Care		
Illness or injury	80% after deductible	60% after deductible
Mental health	80% after deductible	60% after deductible
Chemical health	80% after deductible	60% after deductible
Outpatient Care		
Scheduled outpatient procedures	80% after deductible	60% after deductible
Outpatient MRI and CT scan	80% after deductible	60% after deductible
Durable Medical Equipment		
Durable medical equipment & prosthetics	80% after deductible	60% after deductible
Diagnostic Imaging		
Preventive diagnostic imaging	100%	60% after deductible



Plan highlights	In-network: Open Access	Out-of-Network
Non-preventive diagnostic imaging	80% after deductible	60% after deductible
Lab Services		
Preventive lab services	100%	60% after deductible
Non-preventive lab services	80% after deductible	60% after deductible
Pharmacy PreferredRx formulary 31-day supply; 93-day supply mail order		
<i>Pharmacy benefits do not include all drug classes. See plan materials for additional information.</i>		
Retail	Participating Pharmacies	Non-Participating Pharmacies
Retail generic formulary	80% after deductible	60% after deductible
Retail brand formulary	80% after deductible	60% after deductible
Retail generic non-formulary	Not covered	Not covered
Retail brand non-formulary	Not covered	Not covered
Mail order	Participating Pharmacies	Non-Participating Pharmacies
Generic formulary from HealthPartners mail order pharmacy	80% after deductible	Not covered
Brand formulary from HealthPartners mail order pharmacy	80% after deductible	Not covered
Generic non-formulary from HealthPartners mail order pharmacy	Not covered	Not covered
Brand non-formulary from HealthPartners mail order pharmacy	Not covered	Not covered
Preventive drugs	Participating Pharmacies	Non-Participating Pharmacies
Rx--preventive drugs--generic	\$0 copay	60% after deductible
Rx--preventive drugs--brand	\$50 copay	60% after deductible
Rx--preventive mail order drugs--generic	\$0 copay	Not covered
Rx--preventive mail order drugs--brand	\$100 copay	Not covered
Specialty	Participating Pharmacies	Non-Participating Pharmacies
Specialty generic formulary	80% after deductible	60% after deductible
Specialty brand formulary	80% after deductible	60% after deductible
Specialty generic non-formulary	Not covered	Not covered
Specialty brand non-formulary	Not covered	Not covered
<i>See specialty drug list on healthpartners.com.</i>		