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

<table>
<thead>
<tr>
<th>Partial listing of covered services</th>
<th>In-network: Open Access</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Care from a network provider</td>
<td>Care from an out-of-network provider</td>
</tr>
</tbody>
</table>

### Deductibles and Out-of-Pocket Limits

<table>
<thead>
<tr>
<th>Deductibles and Out-of-Pocket Limits</th>
<th>In-network: Open Access</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Calendar year individual deductible - Traditional (embedded)</td>
<td>$4,150</td>
<td>$8,300</td>
</tr>
<tr>
<td>Calendar year family deductible - Traditional (embedded)</td>
<td>$8,300</td>
<td>$16,600</td>
</tr>
<tr>
<td>Calendar year individual out-of-pocket limit - Traditional (embedded)</td>
<td>$6,150</td>
<td>$18,450</td>
</tr>
<tr>
<td>Calendar year family out-of-pocket limit - Traditional (embedded)</td>
<td>$12,300</td>
<td>$36,900</td>
</tr>
</tbody>
</table>

### Preventive Health Care

<table>
<thead>
<tr>
<th>Preventive Health Care</th>
<th>In-network: Open Access</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine physical exams</td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Routine eye exams</td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Postnatal care</td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Prenatal care</td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Well-child care</td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Immunizations</td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
</tbody>
</table>

### Office Visits

<table>
<thead>
<tr>
<th>Office Visits</th>
<th>In-network: Open Access</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illness or injury</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Mental health</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Chemical health</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Physical, occupational &amp; speech therapy</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Chiropractic care</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Allergy injections</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
</tbody>
</table>

### Convenience Care

<table>
<thead>
<tr>
<th>Convenience Care</th>
<th>In-network: Open Access</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convenience clinics (retail clinics)</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>E-visits</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>virtuwell</td>
<td>100%</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### Free Visits

<table>
<thead>
<tr>
<th>Free Visits</th>
<th>In-network: Open Access</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free visits for Virtuwell only</td>
<td>3</td>
<td>None</td>
</tr>
</tbody>
</table>

### Emergency Care

<table>
<thead>
<tr>
<th>Emergency Care</th>
<th>In-network: Open Access</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgently needed care at an urgent care clinic or medical center</td>
<td>80% after deductible</td>
<td>Same as in-network benefit</td>
</tr>
<tr>
<td>Emergency care at a hospital emergency room</td>
<td>80% after deductible</td>
<td>Same as in-network benefit</td>
</tr>
<tr>
<td>Ambulance</td>
<td>80% after deductible</td>
<td>Same as in-network benefit</td>
</tr>
</tbody>
</table>

### Inpatient Hospital Care

<table>
<thead>
<tr>
<th>Inpatient Hospital Care</th>
<th>In-network: Open Access</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illness or injury</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Mental health</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Chemical health</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
</tbody>
</table>

### Outpatient Care

<table>
<thead>
<tr>
<th>Outpatient Care</th>
<th>In-network: Open Access</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled outpatient procedures</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Outpatient MRI and CT scan</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
</tbody>
</table>

### Durable Medical Equipment

<table>
<thead>
<tr>
<th>Durable Medical Equipment</th>
<th>In-network: Open Access</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durable medical equipment &amp; prosthetics</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
</tbody>
</table>
## Plan highlights

<table>
<thead>
<tr>
<th>Service</th>
<th>In-network: Open Access</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic Imaging</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive diagnostic imaging</td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Non-preventive diagnostic imaging</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td><strong>Lab Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive lab services</td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Non-preventive lab services</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
</tbody>
</table>
| **Pharmacy**             |                         | Pharmacy benefits do not include all drug classes.  
  See plan materials for additional information. |
| Preferred Rx formulary   |                         |               |
| 31-day supply; 93-day supply mail order |               |               |
| **Retail**               |                         |               |
| 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              |               |
| Retail brand non-formulary | Not covered              |               |
| 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 |
| **Mail order**           |                         |               |
| 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 |
| 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  |                         |               |
| Specialty generic formulary | 80% after deductible     | 60% after deductible |
| Specialty brand formulary | 80% after deductible     | 60% after deductible |
| Specialty generic non-formulary | Not covered              |               |
| Specialty brand non-formulary | Not covered              |               |
| Non-Participating Pharmacies |                       |               |

*See specialty drug list on healthpartners.com.*