



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 - Contract (non-embedded) | \$1,500 | \$3,000 |
| Calendar year family deductible - Contract (non-embedded) | \$3,000 | \$6,000 |
| Calendar year individual out-of-pocket limit - Contract (non-embedded) | \$1,500 | \$4,500 |
| Calendar year family out-of-pocket limit - Contract (non-embedded) | \$3,000 | \$9,000 |
| Preventive Health Care | | |
| Routine physical exams | 100% | 80% after deductible |
| Routine eye exams | 100% | 80% after deductible |
| Postnatal care | 100% | 80% after deductible |
| Prenatal care | 100% | 80% after deductible |
| Well-child care | 100% | 80% after deductible |
| Immunizations | 100% | 80% after deductible |
| Office Visits | | |
| Illness or injury | 100% after deductible | 80% after deductible |
| Mental health | 100% after deductible | 80% after deductible |
| Chemical health | 100% after deductible | 80% after deductible |
| Physical, occupational & speech therapy | 100% after deductible | 80% after deductible |
| Chiropractic care | 100% after deductible | 80% after deductible |
| Allergy injections | 100% after deductible | 80% after deductible |
| Convenience Care | | |
| Convenience clinics (retail clinics) | 100% after deductible | 80% after deductible |
| E-visits | 100% after deductible | 80% after deductible |
| virtuwell | 100% after deductible | Not covered |
| Emergency Care | | |
| Urgently needed care at an urgent care clinic or medical center | 100% after deductible | Same as in-network benefit |
| Emergency care at a hospital emergency room | 100% after deductible | Same as in-network benefit |
| Ambulance | 100% after deductible | Same as in-network benefit |
| Inpatient Hospital Care | | |
| Illness or injury | 100% after deductible | 80% after deductible |
| Mental health | 100% after deductible | 80% after deductible |
| Chemical health | 100% after deductible | 80% after deductible |
| Outpatient Care | | |
| Scheduled outpatient procedures | 100% after deductible | 80% after deductible |
| Outpatient MRI and CT scan | 100% after deductible | 80% after deductible |
| Durable Medical Equipment | | |
| Durable medical equipment & prosthetics | 100% after deductible | 80% after deductible |



| Plan highlights | In-network: Open Access | Out-of-Network |
|--|---------------------------------|-------------------------------------|
| Diagnostic Imaging | | |
| Preventive diagnostic imaging | 100% | 80% after deductible |
| Non-preventive diagnostic imaging | 100% after deductible | 80% after deductible |
| Lab Services | | |
| Preventive lab services | 100% | 80% after deductible |
| Non-preventive lab services | 100% after deductible | 80% 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 | 100% after deductible | 80% after deductible |
| Retail brand formulary | 100% after deductible | 80% 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 | 100% after deductible | Not covered |
| Brand formulary from HealthPartners mail order pharmacy | 100% 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 | 80% after deductible |
| Rx--preventive drugs--brand | \$50 copay | 80% 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 | 100% after deductible | 80% after deductible |
| Specialty brand formulary | 100% after deductible | 80% after deductible |
| Specialty generic non-formulary | Not covered | Not covered |
| Specialty brand non-formulary | Not covered | Not covered |
| See specialty drug list on healthpartners.com . | | |