

## Sourcewell NationalONE Empower HSA Smart Plan 1- \$1,500 HSA/VEBA with Rx Plus-OA

1-1-2023

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.

Partial listing of covered services  Deductibles and Out-of-Pocket Limits  Lifetime maximum  Calendar year individual deductible - Contract (non-embedded) Calendar year family deductible - Contract (non-embedded) Calendar year family deductible - Contract (non-embedded) Calendar year individual out-of-pocket limit - Contract (non-embedded) Calendar year family out-of-pocket limit - Contract (non-embedded) Calendar year family out-of-pocket limit - Contract (non-embedded) Calendar year family out-of-pocket limit - Contract (non-embedded) Preventive Health Care Routine physical exams 100% 80% after deductible Postnatal care 100% 80% after deductible Postnatal care 100% 80% after deductible Postnatal care 100% 80% after deductible Prenatal care 100% 80% after deductible Immunizations 100% 80% after deductible Immunizations 100% after deductible 80% after deductible Postnatal health 100% after deductible 80% after deductible Physical, occupational & speech therapy 100% after deductible Physical, occupational & speech therapy 100% after deductible Chiropractic care Convenience Care Conveni	Plan highlights	In-network: Open Access	Out-of-Network
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Scheduled outpatient procedures 100% after deductible 80% after deductible	Chemical health	100% after deductible	80% after deductible
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Durable Medical Equipment	Durable Medical Equipment		
Durable medical equipment & prosthetics 100% after deductible 80% after deductible	Durable medical equipment & prosthetics	100% after deductible	80% after deductible



## Sourcewell NationalONE Empower HSA Smart Plan 1- \$1,500 HSA/VEBA with Rx Plus-OA

1-1-2023

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	Pharmacy benefits do not include all drug classes.		
PreferredRx formulary	See plan materials for additional information.		
31-day supply; 93-day supply mail order			
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	
Rxpreventive drugsgeneric	\$0 copay	80% after deductible	
Rxpreventive drugsbrand	\$50 copay	80% after deductible	
Rxpreventive mail order drugsgeneric	\$0 copay	Not covered	
Rxpreventive mail order drugsbrand	\$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.			