



**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.**

<b>Plan highlights</b>	<b>In-network: Open Access</b>	<b>Out-of-Network</b>
Partial listing of covered services	Care from a network provider	Care from an out-of-network provider
<b>Deductibles and Out-of-Pocket Limits</b>		
Lifetime maximum	Unlimited	Unlimited
Calendar year individual deductible - Traditional (embedded)	\$3,850	\$7,700
Calendar year family deductible - Traditional (embedded)	\$7,700	\$15,400
Calendar year individual out-of-pocket limit - Traditional (embedded)	\$3,850	\$11,550
Calendar year family out-of-pocket limit - Traditional (embedded)	\$7,700	\$23,100
<b>Preventive Health Care</b>		
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
<b>Office Visits</b>		
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
<b>Convenience Care</b>		
Convenience clinics (retail clinics)	100% after deductible	80% after deductible
E-visits	100% after deductible	80% after deductible
virtuwell	100% after deductible	Not covered
<b>Emergency Care</b>		
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
<b>Inpatient Hospital Care</b>		
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
<b>Outpatient Care</b>		
Scheduled outpatient procedures	100% after deductible	80% after deductible
Outpatient MRI and CT scan	100% after deductible	80% after deductible
<b>Durable Medical Equipment</b>		
Durable medical equipment & prosthetics	100% after deductible	80% after deductible
<b>Diagnostic Imaging</b>		
Preventive diagnostic imaging	100%	80% after deductible



Plan highlights	In-network: Open Access	Out-of-Network
Non-preventive diagnostic imaging	100% after deductible	80% after deductible
<b>Lab Services</b>		
Preventive lab services	100%	80% after deductible
Non-preventive lab services	100% after deductible	80% after deductible
<b>Pharmacy</b> <b>PreferredRx formulary</b> <b>31-day supply; 93-day supply mail order</b>	<i>Pharmacy benefits do not include all drug classes.            See plan materials for additional information.</i>	
<b>Retail</b>	<b>Participating Pharmacies</b>	<b>Non-Participating Pharmacies</b>
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
<b>Mail order</b>	<b>Participating Pharmacies</b>	<b>Non-Participating Pharmacies</b>
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
<b>Preventive drugs</b>	<b>Participating Pharmacies</b>	<b>Non-Participating Pharmacies</b>
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
<b>Specialty</b>	<b>Participating Pharmacies</b>	<b>Non-Participating Pharmacies</b>
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
<i>See specialty drug list on <a href="http://healthpartners.com">healthpartners.com</a>.</i>		