



# Empower HSA National ONE<sup>SM</sup>

## High Deductible Health Plan (HDHP) **Blue 2020**

This plan is intended to qualify as a high deductible health plan that may be paired with an HSA; however, you should check with your tax advisor for guidance on your particular situation.

**The following is an overview of your HealthPartners coverage. Where there is a flat dollar amount (\$) listed, this is a copayment. Where there is a percentage amount (%), this is coinsurance. For exact coverage terms and conditions, consult your plan materials, or call Member Services at 952-883-5000 or 800-883-2177.**

<b>Plan highlights</b> Partial listing of covered services	<b>In-network:</b> Open Access Care from a network provider	<b>Out-of-network</b> Care from an out-of-network provider
<b>Deductible and Out-of-Pocket</b>		
Lifetime maximum	Unlimited	Unlimited
Calendar year deductible	\$1,500 individual contract	\$2,500 individual contract
	\$3,000 family contract	\$5,000 family contract
Calendar year out-of-pocket maximum	\$3,000 individual contract	\$5,000 individual contract
	\$6,000 family contract	\$10,000 family contract
<b>Preventive Health Care</b>		
- Routine physical, eye exams & postnatal care	You pay nothing	You pay 25% after deductible
- Prenatal & well-child care	You pay nothing	You pay 25% after deductible
- Immunizations	You pay nothing	You pay 25% after deductible
<b>Office Visits</b>		
- Illness or injury, mental/chemical health care	You pay 25% after deductible	You pay 25% after deductible
- Physical, occupational and speech therapy	You pay 25% after deductible	You pay 25% after deductible
- Chiropractic care	You pay 25% after deductible	You pay 25% after deductible
- Allergy injections	You pay 25% after deductible	You pay 25% after deductible
<b>Convenience Care</b>		
- Convenience clinics (retail clinics), eVisits	You pay 25% after deductible	You pay 25% after deductible
- On-Line Care - virtuwell	Same as Convenience Care benefit	You pay 100% - No coverage
<b>Emergency Care</b>		
- Urgently needed care at an urgent care clinic or medical center	You pay 25% after deductible	You pay 25% after deductible
- Emergency care at a hospital ER	You pay 25% after deductible	HealthPartners in-network benefit
- Ambulance	You pay 25% after deductible	HealthPartners in-network benefit
<b>Inpatient Hospital Care</b>		
- Illness or injury, mental/chemical health	You pay 25% after deductible	You pay 25% after deductible
<b>Outpatient Care</b>		
- Scheduled outpatient procedures	You pay 25% after deductible	You pay 25% after deductible
- Outpatient MRI and CT scan	You pay 25% after deductible	You pay 25% after deductible
<b>Durable Medical Equipment</b>		
- Durable medical equipment & prosthetics	You pay 25% after deductible	You pay 25% after deductible
<b>Pharmacy</b> <i>PreferredRx formulary ( 31-day supply; 93-day supply for mail order)</i>		
	<b>Participating Pharmacies</b> <i>Pharmacy benefits do not include all drug classes. See plan materials for additional information.</i>	<b>Non Participating Pharmacies</b>
<b>Retail Copayment for 1-month supply of Select Preventive Medications</b>		
▪ Generic medications on the formulary	You pay \$12	You pay 25% after deductible
▪ Brand medications on the formulary	You pay \$45	You pay 25% after deductible
<b>HealthPartners Mail Order Copayment for 3-month supply of Select Preventive Medications</b>		
▪ Generic medications on the formulary	You pay \$24	
▪ Brand medications on the formulary	You pay \$90	
- <b>Retail Coinsurance</b>	You pay 25% after deductible	You pay 25% after deductible
- <b>HealthPartners Mail Order Coinsurance</b>	You pay 25% after deductible	
- <b>Specialty</b>	<b>See Specialty Drug list on <a href="http://healthpartners.com">healthpartners.com</a></b>	

### Summary of utilization management programs

HealthPartners utilization management programs help ensure effective, accessible and high quality health care. These programs are based on the most up-to-date medical evidence to evaluate appropriate levels of care and establish guidelines for medical practices. Our programs include activities to reduce the underuse, overuse and misuse of health services. These programs include: Inpatient concurrent review and care coordination to support timely care and ensure a safe and timely transition from the hospital, “Best practice” care guidelines for selected kinds of care, Outpatient case management to provide care coordination, The CareCheck® program to coordinate out-of-network hospitalizations and certain services.

We require prior approval for a small number of services and procedures. For a complete list, go to [healthpartners.com](http://healthpartners.com) or call Member Services. You must call CareCheck® at 952-883-5800 or 800-942-4872 to receive maximum benefits when using out-of-network providers for in-patient hospital stays; same-day surgery; new or experimental or reconstructive outpatient technologies or procedures; durable medical equipment or prosthetics costing more than \$3,000; home health services after your visits exceed 30; and skilled nursing facility stays. We will review your proposed treatment plan, determine length of stay, approve additional days when needed and review the quality and appropriateness of the care you receive. Benefits will be reduced by 20 percent if CareCheck® is not notified.

### Our approach to protecting personal information

HealthPartners complies with federal and state laws regarding the confidentiality of medical records and personal information about our members and former members. Our policies and procedures help ensure that the collection, use and disclosure of information complies with the law. When needed, we get consent or authorization from our members (or an approved member representative when the member is unable to give consent or authorization) for release of personal information. We give members access to their own information consistent with applicable law and standards. Our policies and practices support appropriate and effective use of information, internally and externally, and enable us to serve and improve the health of our members, our patients and the community, while being sensitive to privacy. For a copy of our privacy notice, please visit [healthpartners.com](http://healthpartners.com) or call Member Services at 952-883-5000 or 800-883-2177. Please contact your provider for a copy of the HealthPartners privacy notice.

### Appropriate use and coverage of prescription medications

A formulary is a preferred list of prescription drugs that has been reviewed and approved for coverage based on quality, safety, effectiveness and value. A special program that helps members who use many different medications avoid unintended drug interactions. The formulary is available on [healthpartners.com](http://healthpartners.com), along with information on how drugs are reviewed; the criteria used to determine which drugs are added to the list, and more. You may also get this information from Member Services.

### Services not covered

After you enroll, you will receive a Group Membership Contract that explains exact coverage terms and conditions. *This plan does not cover all health care expenses.* In general, services not provided or directed by a licensed physician are not covered. The following is a *summary* of excluded or limited items:

- |  |  |
|--|--|
| - Treatment, services or procedures which are experimental, investigative or are not medically necessary | - Vocational rehabilitation; recreational or educational therapy   |
| - Dental care or oral surgery  | - Sterilization reversal and artificial conception processes†  |
| - Non-rehabilitative chiropractic services   | - Physical, mental or substance-abuse examinations done for, or ordered by third parties†  |
| - Eyeglasses, contact lenses, hearing aids and their fittings  | - Drugs for acid reflux and stomach ulcers, non sedating antihistamines, infertility medications and erectile dysfunction medications* |
| - Private-duty nursing; rest, respite and custodial care†  |  |
| - Cosmetic Surgery†  |  |

† *except as specifically described in your Group Membership Contract or Summary Plan Description.*

*\*This exclusion only applies to groups electing the GenericsPlusRx Formulary*

**THIS PLAN MAY NOT COVER ALL YOUR HEALTH CARE EXPENSES. READ YOUR GROUP MEMBERSHIP CONTRACT OR SUMMARY PLAN DESCRIPTION CAREFULLY TO DETERMINE WHICH EXPENSES ARE COVERED. For details about benefits and services, call Member Services at 952- 883-5000 or 800-883-2177.**

*Our mission is to improve the health of our members, our patients and the community.*