

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 800-883-2177.

Plan highlights	In-network: Open Access Care from a network provider	Out-of-network Care from an out-of-network provider
Partial listing of covered services		
Deductible and Out-of-Pocket		
Lifetime maximum	Unlimited	Unlimited
Calendar Plan year deductible	\$1,250 per person; \$2,500 per family	\$2,000 per person; \$4,000 per family
Calendar Plan year medical out-of-pocket maximum	\$3,000 per person; \$6,000 per family	\$5,000 per person; \$10,000 per family
Preventive Health Care		
- Routine physical, eye exams & postnatal care	You pay nothing	You pay 40% after deductible
- Prenatal & well-child care	You pay nothing	HealthPartners in-network benefit
- Immunizations	You pay nothing	You pay 40% after deductible
Office Visits		
- Primary Care illness or injury, mental/chemical health	You pay \$50 per visit for primary care providers	You pay 40% after deductible
- Specialty Care illness or injury, chiropractic care	You pay \$100 per visit for specialty care providers	You pay 40% after deductible
- Physical, occupational, speech therapy	You pay \$50 per visit for primary care providers You pay \$100 per visit for specialty care providers <i>(where care is received i.e. outpatient hospital \$100 copay will apply)</i>	You pay 40% after deductible
- Allergy injections	You pay nothing	You pay 40% after deductible
Convenience Care		
- Convenience clinics (retail clinics), eVisits	You pay \$15 per visit	You pay 40% after deductible
- On-Line Care - virtuwell	First three visits free, then same as Convenience Care benefit	You pay 100% - No coverage
Emergency Care		
- Urgently needed care at an urgent care clinic or medical center	You pay \$50 per visit	You pay 40% 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
Inpatient Hospital Care		
- Illness or injury, mental/chemical health	You pay 25% after deductible	You pay 40% after deductible
Outpatient Care		
- Scheduled outpatient procedures	You pay 25% after deductible	You pay 40% after deductible
- Outpatient MRI and CT scan	You pay 25% after deductible	You pay 40% after deductible
Durable Medical Equipment		
- Durable medical equipment & prosthetics	You pay 25% after deductible	You pay 40% after deductible
Pharmacy PreferredRx formulary (31-day supply; 93-day supply for mail order)		
Participating Pharmacies		
<i>Pharmacy benefits do not include all drug classes. See plan materials for additional information.</i>		
Non Participating Pharmacies		
- Retail Copayment for 1-month supply		
- Generic from the formulary	You pay \$25	You pay 40% after deductible
- Brand from the formulary	You pay \$50	You pay 40% after deductible
- Medications not on the formulary	You pay \$100	You pay 40% after deductible
- HealthPartners Mail Order Copayment for 3-month supply		
- Generic from the formulary	You pay \$50	
- Brand from the formulary	You pay \$100	
- Medications not on the formulary	You pay \$200	
- Specialty	See Specialty Drug list on healthpartners.com	
- Specialty Drugs	You pay 25% \$200 maximum per prescription/month	You pay 40% after deductible

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 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 or call Member Services at 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, 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:

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| - 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 | - All drugs for sexual dysfunction and non-sedating oral antihistamines for which there are over-the-counter alternatives* |
| - 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 GenericsAdvantageRx 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 800-883-2177.

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

