

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 - Traditional (embedded)	\$5,000	\$10,000
Calendar year family deductible - Traditional (embedded)	\$10,000	\$20,000
Calendar year individual out-of-pocket limit - Traditional (embedded)	\$5,000	\$11,200
Calendar year family out-of-pocket limit - Traditional (embedded)	\$10,000	\$22,400
Preventive Health Care		
Routine physical exams	100%	50% after deductible
Routine eye exams	100%	50% after deductible
Postnatal care	100%	50% after deductible
Prenatal care	100%	100%
Well-child care	100%	100%
Immunizations	100%	50% after deductible
Office Visits		
Illness or injury	100% after deductible	50% after deductible
Mental health	100% after deductible	50% after deductible
Chemical health	100% after deductible	50% after deductible
Physical, occupational & speech therapy	100% after deductible	50% after deductible
Chiropractic care	100% after deductible	50% after deductible
Allergy injections	100% after deductible	50% after deductible
Convenience Care		
Convenience clinics (retail clinics)	100% after deductible	50% after deductible
E-visits	100% after deductible	50% 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	50% after deductible
Mental health	100% after deductible	50% after deductible
Chemical health	100% after deductible	50% after deductible
Outpatient Care		
Scheduled outpatient procedures	100% after deductible	50% after deductible
Outpatient MRI and CT scan	100% after deductible	50% after deductible
Durable Medical Equipment		
Durable medical equipment & prosthetics	100% after deductible	50% after deductible
Diagnostic Imaging		
Preventive diagnostic imaging	100%	50% after deductible



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Non-preventive diagnostic imaging	100% after deductible	50% after deductible
Lab Services		
Preventive lab services	100%	50% after deductible
Non-preventive lab services	100% after deductible	50% after deductible
Pharmacy PreferredRx formulary 31-day supply; 90-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	50% after deductible
Retail brand formulary	100% after deductible	50% after deductible
Retail generic non-formulary	100% after deductible	50% after deductible
Retail brand non-formulary	100% after deductible	50% after deductible
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	100% after deductible	Not covered
Brand non-formulary from HealthPartners mail order pharmacy	100% after deductible	Not covered
Specialty	Participating Pharmacies	Non-Participating Pharmacies
Specialty generic formulary	100% after deductible	50% after deductible
Specialty brand formulary	100% after deductible	50% after deductible
Specialty generic non-formulary	100% after deductible	50% after deductible
Specialty brand non-formulary	100% after deductible	50% after deductible
<i>See specialty drug list on healthpartners.com.</i>		