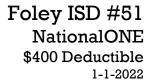




The following is a general outline of the coverage that would be provided by this plan. Exact coverage terms and conditions will be set forth in the plan.

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	Care from an out-of-
	provider	network provider
Deductibles and Out-of-Pocket Limits		
Lifetime maximum	Unlimited	Unlimited
Calendar year individual deductible - Traditional (embedded)	\$400	\$800
Calendar year family deductible - Traditional (embedded)	\$800	\$1,600
Calendar year individual out-of-pocket limit - Traditional (embedded)	\$1,700	\$3,400
Calendar year family out-of-pocket limit - Traditional (embedded)	\$3,400	\$6,800
Calendar year separate individual out-of-pocket limit for pharmacy services	\$1,000	
Calendar year separate family out-of-pocket limit for pharmacy services	\$2,000	
Preventive Health Care		
Routine physical exams	100%	60% after deductible
Routine eye exams	100%	60% after deductible
Postnatal care	100%	60% after deductible
Prenatal care	100%	100%
Well-child care	100%	100%
Immunizations	100%	60% after deductible
Office Visits		
Illness or injury	\$35 copay	60% after deductible
Mental health	\$35 copay	60% after deductible
Chemical health	\$35 copay	60% after deductible
Physical, occupational & speech therapy	\$35 copay	60% after deductible
Chiropractic care	\$35 copay	60% after deductible
Allergy injections	\$2 copay	60% after deductible
Convenience Care		
Convenience clinics (retail clinics)	\$35 copay	60% after deductible
E-visits	\$35 copay	60% after deductible
virtuwell	\$35 copay	Not covered
Free Visits		
Free visits for virtuwell only	3	None
Emergency Care		
Urgently needed care at an urgent care clinic or medical	\$35 copay	Same as in-network benefit
center Emergency care at a hospital emergency room	\$100 copay	Same as in-network benefit
Ambulance	90% after deductible	Same as in-network benefit
Inpatient Hospital Care	50% after deductible	Same as in-network benefit
Illness or injury	90% after deductible	60% after deductible
Mental health	90% after deductible	60% after deductible
Chemical health	90% after deductible	60% after deductible
Chemical Health	50% arter deductible	00% after deductible





Plan highlights	In-network: Open Access	Out-of-Network	
Outpatient Care			
Scheduled outpatient procedures	90% after deductible	60% after deductible	
Outpatient MRI and CT scan	90% after deductible	60% after deductible	
Durable Medical Equipment			
Durable medical equipment & prosthetics	90% after deductible	60% after deductible	
Diagnostic Imaging			
Preventive diagnostic imaging	100%	60% after deductible	
Non-preventive diagnostic imaging	90% after deductible	60% after deductible	
Lab Services			
Preventive lab services	100%	60% after deductible	
Non-preventive lab services	90% after deductible	60% after deductible	
Pharmacy	Pharmacy benefits do not include all drug classes.		
PreferredRx formulary	See plan materials for additional information.		
31-day supply; 90-day supply mail order			
Retail	Participating Pharmacies	Non-Participating	
		Pharmacies	
Retail generic formulary	\$15 copay	60% after deductible	
Retail brand formulary	\$30 copay	60% after deductible	
Retail generic non-formulary	\$55 copay	60% after deductible	
Retail brand non-formulary	\$55 copay	60% after deductible	
Mail order	Participating Pharmacies	Non-Participating	
		Pharmacies	
Generic formulary from HealthPartners mail order pharmacy	\$45 copay	Not covered	
Brand formulary from HealthPartners mail order pharmacy	\$90 copay	Not covered	
Generic non-formulary from HealthPartners mail order pharmacy	\$165 copay	Not covered	
Brand non-formulary from HealthPartners mail order			
pharmacy	\$165 copay	Not covered	
Specialty	Participating Pharmacies	Non-Participating	
		Pharmacies	
Specialty generic formulary	70% (\$300 maximum)	60% after deductible	
Specialty brand formulary	70% (\$300 maximum)	60% after deductible	
Specialty generic non-formulary	70% (\$300 maximum)	60% after deductible	
Specialty brand non-formulary	70% (\$300 maximum)	60% after deductible	
See specialty drug list on healthpartners.com.			