

HealthPartners Open Access Choice with Deductible

PARTIAL LISTING OF COVERED SERVICE	HEALTHPARTNERS PRIMARY CLINIC NETWORK	OUT-OF-NETWORK
	<i>When care is provided by a HealthPartners Open Access provider.</i>	<i>When care is provided by an out-of-network provider</i>
Lifetime maximum	Unlimited	\$1,000,000
Calendar year deductible	\$2,500 per person; \$3,500 per family	\$3,000 per person; \$5,500 per family
Calendar year out-of-pocket maximum, medical and prescription combined	\$3,500 per person; \$3,500 per family	\$5,500 per person; \$7,000 per family
Preventive Health Care		
▪ Routine physical & eye examinations, well-child care	You pay nothing	No coverage
▪ Prenatal and postnatal care	You pay nothing	You pay 35% after deductible
Office Visits		
▪ Illness or injury	You pay 20% after deductible	You pay 35% after deductible
▪ Physical, occupational, & speech therapy	You pay 20% after deductible	You pay 35% after deductible 20 visits per year
▪ Chiropractic care (neuromusculo-skeletal conditions only)	You pay 20% after deductible	You pay 35% after deductible 20 visits per year
▪ Mental health care	You pay 20% after deductible	You pay 35% after deductible
▪ Chemical health care	You pay 20% after deductible	You pay 35% after deductible
Convenience Care		
▪ Convenience Care, Minute Clinic	You pay 20% after deductible	You pay 35% after deductible
▪ Virtuwel (online care)	First three visits free, then same as convenience care benefit	You pay 100% - No coverage
Inpatient Hospital Care		
▪ Illness or injury	You pay 20% after deductible 365 days per period of confinement	You pay 35% after deductible*
▪ Mental health care	You pay 20% after deductible 365 days per period of confinement	You pay 35% after deductible
▪ Chemical health care	You pay 20% after deductible 365 days per period of confinement	You pay 35% after deductible*
Outpatient Care		
▪ Scheduled outpatient procedures	You pay 20% after deductible	You pay 35% after deductible*
▪ Outpatient Magnetic Resonance Imaging (MRI) and Computing Tomography (CT)	You pay 20% after deductible	You pay 35% after deductible*
Emergency Care		
▪ Urgently needed care at an urgent care Clinic or medical center	You pay 20% after deductible	HealthPartners in-network Emergency Care benefit
▪ Emergency care at a hospital ER	You pay 20% after deductible	HealthPartners in-network Emergency Care benefit
▪ Ambulance	You pay 20% after deductible	HealthPartners in-network benefit
Home Health Care		
▪ Physical, speech, occupational, & respiratory therapy, & home health aides	You pay 20% after deductible 120 visits per year	You pay 35% after deductible 60 visits per year
Durable Medical Equipment		
▪ Durable medical equipment & prosthetic devices	You pay 20% after deductible	You pay 35% after deductible*
Dental Care		
▪ Treatment to restore damage done to sound, natural teeth as a result of accidental injury	You pay 20% after deductible	80% coverage after \$50 deductible up to a \$300 maximum
▪ Preventive care for all ages, x-rays, exams, cleaning, fluoride treatment	You pay nothing	No coverage
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*** CareCheck® Service**

*To receive maximum benefits for hospitalizations including medical emergencies and same-day surgeries outside the HealthPartners Network, you must notify CareCheck® at 952-883-5800 or 800-942-4872. A utilization management specialist 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. Please refer to a Group Membership Contract for further information.

Formulary Prescription Drugs (up to a 30-day supply; or one cycle of oral contraceptives; and up to a 90-day supply for mail order)	HealthPartners Participating Pharmacy Benefit	Non-Participating Pharmacy Benefit
Tobacco cessation products are limited to coverage in-network and a 180-day supply per year		
<ul style="list-style-type: none"> ▪ Retail Pharmacy <ul style="list-style-type: none"> ▪ Generic ▪ Brand 	<p>You pay \$10</p> <p>You pay \$20</p>	<p>You pay 35% after deductible*</p> <p>You pay 35% after deductible*</p>
<ul style="list-style-type: none"> ▪ HealthPartners Mail Order Pharmacy <ul style="list-style-type: none"> ▪ Generic ▪ Brand 	<p>You pay \$20 -three-month supply</p> <p>You pay \$40 - three-month supply</p>	
<ul style="list-style-type: none"> ▪ Specialty Drugs 	80% coverage up to a \$200 maximum per prescription per month	You pay 35% after deductible*
<ul style="list-style-type: none"> ▪ Allergy injections 	You pay nothing	You pay 35% after deductible*
<ul style="list-style-type: none"> ▪ Immunizations 	You pay nothing	You pay 35% after deductible*

2015 Rates for this Plan

Single coverage: \$76.50/month

Family coverage: \$199.99/month

As part of the Patient Protection and Affordable Care Act, HealthPartners is required to provide you with an easy-to-understand summary about their health plan’s benefits and coverage. The new regulation is designed to help you better understand and evaluate your health insurance choices.

The new summaries include:

- A short, plain language **Summary of Benefits and Coverage**, or **SBC**
- A uniform glossary of terms commonly used in health insurance coverage, such as "deductible" and "copayment"

To view the SBC, log onto BenefitReady.com, click on the “Knowledge Base” icon.