## HealthPartners Open Access Choice with Deductible

<table>
<thead>
<tr>
<th>Service</th>
<th>HealthPartners Primary Clinic Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime maximum</td>
<td>Unlimited</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Calendar year deductible</td>
<td>$2,500 per person; $3,500 per family</td>
<td>$3,000 per person; $5,500 per family</td>
</tr>
<tr>
<td>Calendar year out-of-pocket maximum, medical and prescription combined</td>
<td>$3,500 per person; $3,500 per family</td>
<td>$5,500 per person; $7,000 per family</td>
</tr>
</tbody>
</table>

### 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 (neuromusculoskeletal 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
- Virtuwell (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; You pay 35% after deductible [365 days per period of confinement]
- Mental health care: You pay 20% after deductible; You pay 35% after deductible [365 days per period of confinement]
- Chemical health care: You pay 20% after deductible; You pay 35% after deductible [365 days per period of confinement]

### Outpatient Care
- Scheduled outpatient procedures: You pay 20% after deductible; You pay 35% after deductible
- Outpatient Magnetic Resonance Imaging (MRI) and Computed 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
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.

<table>
<thead>
<tr>
<th>Formulary Prescription Drugs</th>
<th>HealthPartners Participating Pharmacy Benefit</th>
<th>Non-Participating Pharmacy Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>(up to a 30-day supply; or one cycle of oral contraceptives; and up to a 90-day supply for mail order)</td>
<td>Tobacco cessation products are limited to coverage in-network and a 180-day supply per year</td>
<td></td>
</tr>
<tr>
<td>▪ Retail Pharmacy</td>
<td>▪ Generic</td>
<td>You pay $10</td>
</tr>
<tr>
<td></td>
<td>▪ Brand</td>
<td>You pay $20</td>
</tr>
<tr>
<td>▪ HealthPartners Mail Order Pharmacy</td>
<td>▪ Generic</td>
<td>You pay $20 - three-month supply</td>
</tr>
<tr>
<td></td>
<td>▪ Brand</td>
<td>You pay $40 - three-month supply</td>
</tr>
<tr>
<td>▪ Specialty Drugs</td>
<td></td>
<td>80% coverage up to a $200 maximum per prescription per month</td>
</tr>
<tr>
<td>▪ Allergy injections</td>
<td></td>
<td>You pay nothing</td>
</tr>
<tr>
<td>▪ Immunizations</td>
<td></td>
<td>You pay nothing</td>
</tr>
</tbody>
</table>

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.