



As your
partner,
we'll help
you
deliver

Deliver Award-winning Results with HealthPartners

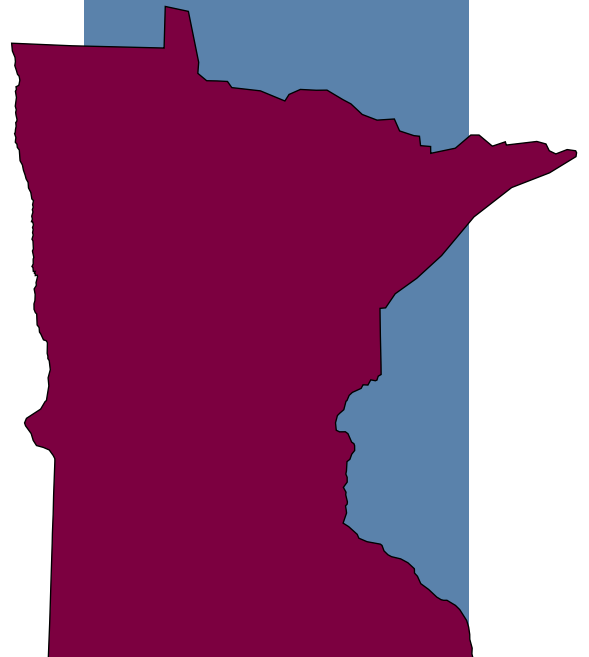
According to the 2008 *U.S. News & World Report/NCQA* America's Best Health Plans rankings, HealthPartners is the top-ranked commercial health plan in Minnesota and among the top 50 commercial health plans in the nation at No. 33.

HealthPartners gives your clients' employees access to:

- 650,000 network providers coast-to-coast
- 31,000 regional network providers
- Access to excellent healthcare – no referrals necessary
- Competitive provider discounts
- Superior member service 24/7
- Convenient online tools for total health and plan management

Our position as the region's No. 1 health plan in delivering the best cost, care and service comes from our approach of partnering with brokers, members, employers and providers. Talk to your clients about HealthPartners.

We've earned our spot at the top!



Minnesota Pricing Guide
Effective January 1, 2010

Open Access Plans*

Plan Options	Network						Out-of-Network			
	Small Group Factor	Deductible	Office Visit/ Urgent Care Copay	ER Copay	IP/HP Copay	Out-of-pocket Maximum	Deductible	Coinsurance	Out-of-pocket Maximum	ER
15-100	1.0000	\$0	\$15	\$75	100%	\$1500/\$4500	\$500/\$1500	60%	\$5000	See in-network benefit
20-100	0.9880	\$0	\$20	\$75	100%	\$1750/\$5250	\$500/\$1500	60%	\$5000	
15-80	0.9252	\$0	\$15	\$75	80%	\$1500/\$4500	\$500/\$1500	60%	\$5000	
20-80	0.9086	\$0	\$20	\$75	80%	\$1750/\$5250	\$500/\$1500	60%	\$5000	
25-80	0.8940	\$0	\$25	\$75	80%	\$2000/\$6000	\$500/\$1500	60%	\$5000	
35-80	0.8670	\$0	\$35	\$75	80%	\$2500/\$6000	\$500/\$1500	60%	\$5000	
300-15	0.8903	\$300/\$900	\$15	80%after ded.	80%after ded.	\$1500/\$4500	\$750/\$2250	60%	\$5000	
300-25	0.8571	\$300/\$900	\$25	80%after ded.	80%after ded.	\$2000/\$6000	\$750/\$2250	60%	\$5000	
300-40	0.8247	\$300/\$900	\$40	80%after ded.	80%after ded.	\$2500/\$6000	\$750/\$2250	60%	\$5000	
500-15	0.8537	\$500/\$1500	\$15	80%after ded.	80%after ded.	\$2000/\$6000	\$1000/\$3000	60%	\$5000	
500-25	0.8251	\$500/\$1500	\$25	80%after ded.	80%after ded.	\$2500/\$6000	\$1000/\$3000	60%	\$5000	
500-40	0.7951	\$500/\$1500	\$40	80%after ded.	80%after ded.	\$3000/\$6000	\$1000/\$3000	60%	\$5000	
750-25	0.8082	\$750/\$2250	\$25	80%after ded.	80%after ded.	\$2500/\$6000	\$1000/\$3000	60%	\$5000	
750-40	0.7775	\$750/\$2250	\$40	80%after ded.	80%after ded.	\$3000/\$6000	\$1000/\$3000	60%	\$5000	
1000-25	0.7806	\$1000/\$3000	\$25	80%after ded.	80%after ded.	\$3000/\$6000	\$1500/\$4500	60%	\$5000	
1000-40	0.7640	\$1000/\$3000	\$40	80%after ded.	80%after ded.	\$3000/\$6000	\$1500/\$4500	60%	\$5000	
1000	0.6939	\$1000/\$3000	80%after ded.	80%after ded.	80%after ded.	\$3000/\$6000	\$1500/\$4500	60%	\$5000	
1000-HRA/105	0.7554	\$1000/\$3000	80%after ded.	80%after ded.	80%after ded.	\$3000/\$6000	\$1500/\$4500	60%	\$5000	
Compliance Plans***										
Copay	0.7617	\$0	\$15 + 80%	\$50 + 80%	\$300 + 80%	\$3000/\$6000	N/A	N/A		
Deductible	0.5830	\$2250/\$4500	80%after ded.	80%after ded.	80%after ded.	\$3000/\$6000	N/A			

Three for Free Plans* **

Plan Options	Network						Out-of-Network			
	Small Group Factor	Deductible	Coinsurance	Office Visit*	Other Services and Care	Out-of-pocket Maximum	Deductible	Out-of-pocket Maximum	Coinsurance	ER
500-75%	0.7488	\$500/\$1500	75%	75%	75%	\$3000/\$6000	\$1500/\$3000	\$5000 Individual	50%	See in-network benefit
500-50%	0.6835	\$500/\$1500	50%	50%	50%	\$3000/\$6000	\$1500/\$3000	\$5000 Individual	50%	
750-75%	0.7142	\$750/\$2250	75%	75%	75%	\$3250/\$6000	\$2250/\$6750	\$5000 Individual	50%	
750-50%	0.6597	\$750/\$2250	50%	50%	50%	\$3250/\$6000	\$2250/\$6750	\$5000 Individual	50%	
1000-75%	0.6875	\$1000/\$3000	75%	75%	75%	\$3500/\$6000	\$3000/\$9000	\$5000 Individual	50%	
1500-70%	0.6409	\$1500/\$4500	70%	70%	70%	\$3750/\$7500	\$4500/\$13500	\$10000 Individual	50%	
2500-70%	0.5942	\$2500/\$7500	70%	70%	70%	\$4250/\$8500	\$7,500/\$20000	\$10000 Individual	50%	

*Rx is covered at \$12/\$35/\$50. Specialty drugs are covered in-network at 80% coverage up to a member out of pocket maximum of \$200 per prescription per month.

** **Three for Free:** Each family member may receive up to three provider visits (office, urgent care, scheduled telephone, e-visit or convenience care) each year where the physician's services are covered at 100%. Charges for day treatment services, group visits, laboratory, radiology and other ancillary services are subject to the deductible and coinsurance.

*** Members have 50% pharmacy coinsurance on all plans.

Distinctions Plans*								
Distinctions	Small Group Factor	Network Office Visit			Network Inpatient Hospital copay			Out-of-pocket max.
		Benefit 1	Benefit 2	Benefit 3	Benefit 1	Benefit 2	Benefit 3	
15-30-50	0.9082	\$15	\$30	\$50	\$250	\$500	\$1000	\$2500/\$6000
20-40-60	0.8387	\$20	\$40	\$60	80%	70%	60%	\$2250/\$6750

Empower HSA compatible high-deductible health plan						
Plan Options	Plan Type	Small Group Factor	Additional Funding Factor (UL)	Deductible	Out-of-pocket Maximum	Other Expenses
1200-100	Deductible	0.7983	0.8569	\$1200/\$2400	\$1200/\$2400	100%
1500-100	Deductible	0.7487	0.8155	\$1500/\$3000	\$1500/\$3000	100%
2000-100	Deductible	0.6814	0.7571	\$2000/\$4000	\$2000/\$4000	100%
2500-100	Deductible	0.6267	0.7084	\$2500/\$5000	\$2500/\$5000	100%
2750-100	Deductible	0.6030	0.6870	\$2750/\$5500	\$2750/\$5500	100%
3000-100	Deductible	0.5811	0.6672	\$3000/\$6000	\$3000/\$6000	100%
5600-100	Deductible	0.4324	0.5244	\$5600/\$11200	\$5600/\$11200	100%
1200-80*	Deductible	0.6955	0.7694	\$1200/\$2400	\$2400/\$4800	80%
1500-80*	Deductible	0.6482	0.7276	\$1500/\$3000	\$3000/\$6000	80%
2000-80*	Deductible	0.5855	0.6714	\$2000/\$4000	\$4000/\$8000	80%
2500-80*	Deductible	0.5374	0.6266	\$2500/\$5000	\$5000/\$10000	80%
2750-80*	Deductible	0.5173	0.6074	\$2750/\$5500	\$5500/\$11000	80%
3000-80*	Deductible	0.5030	0.5936	\$3000/\$6000	\$5600/\$11200	80%
2400-100	Embedded	0.6610	0.7389	\$2400/\$4800	\$2400/\$4800	100%
2500-100	Embedded	0.6511	0.7302	\$2500/\$5000	\$2500/\$5000	100%
2500-80	Embedded	0.5637	0.6514	\$2500/\$5000	\$5000/\$10000	80%
2750-100	Embedded	0.6293	0.7107	\$2750/\$5500	\$2750/\$5500	100%
2750-80	Embedded	0.5447	0.6335	\$2750/\$5500	\$5500/\$11000	80%
3000-100	Embedded	0.6078	0.6913	\$3000/\$6000	\$3000/\$6000	100%
3000-80	Embedded	0.5305	0.6200	\$3000/\$6000	\$5600/\$11200	80%
2000	Tiered	0.6333	NA	\$2000/\$4000	\$4000/\$8000	Benefit L1= 100%
						Benefit L2= 90%
						Benefit L3= 80%

Empower HRA – Large Group EZ Plans*										
Plan Options	Network							Out-of-Network		
	Small Group Factor	Large Group Factor	Preventive Care	Deductible	All Other Expenses	Rx Copay	Out-of-pocket Maximum	Deductible	Coinsurance	Out-of-pocket Maximum (per person)
1000-80	N/A	0.7746	100%	\$1000/\$2000	80% after ded.	\$12/\$35/\$50	\$2000/\$4000	\$3000/\$6000	60%	\$6000/\$12000
1500-100	N/A	0.7728	100%	\$1500/\$3000	100% after ded.	\$12/\$35/\$50	\$2000/\$4000	\$3000/\$6000	60%	\$6000/\$12000
1500-80	N/A	0.7066	100%	\$1500/\$3000	80% after ded.	\$12/\$35/\$50	\$3000/\$6000	\$3000/\$6000	60%	\$6000/\$12000
2000-100	N/A	0.7250	100%	\$2000/\$4000	100% after ded.	\$12/\$35/\$50	\$2500/\$5000	\$4000/\$8000	60%	\$8000/\$16000
2000-80	N/A	0.6556	100%	\$2000/\$4000	80% after ded.	\$12/\$35/\$50	\$4000/\$8000	\$4000/\$8000	60%	\$8000/\$16000
3000-80	N/A	0.5957	100%	\$3000/\$6000	80% after ded.	\$12/\$35/\$50	\$5000/\$10000	\$6000/\$12000	60%	\$10000/\$12000

*Specialty drugs are covered in-network at 80% coverage, up to a member out of pocket maximum of \$200 per prescription per month.

Notes for all plans:

- EZ products are required on all non-62L large groups up to 100 employees
- To estimate the change in premium, divide the factor for the plan you want by the factor for the plan you have. Example: For a small group moving from a 20-80 plan to a 500-40 plan, take .7951 divided by .9086 = .875, for an approximate 12.5% decrease.
- These rates are approximate relationships for estimating purposes only. Exact rates are determined by HealthPartners Underwriting.
- Refer to HealthPartners coverage requirements for more details. Price relativities subject to change.

Notes for all HSA and HRA plans:

- HealthPartners has a preferred pricing relationship with Wells Fargo for HSA administration. Other vendors may also be used.
- HSAs: Calendar / plan-year rules: When offering an HSA as a standalone product, benefit administration can be either calendar or plan-year. When offering an HSA alongside another plan, benefit administration for both plans must match.
- There is no HRA plan available through HealthPartners for small groups. Small groups may purchase an HDHP from HealthPartners and HRA services through a third-party provider. To determine the rate, use the additional funding factor.
- There is no coverage for non-preferred drugs on HSA plans.

Notes for all non-HSA plans:

- Rx coverage = \$12/\$35/\$50 for generic/preferred brand/non-preferred. Specialty drugs are covered in-network at 80%, up to a member out-of-pocket maximum of \$200 per prescription, per month.

Product Considerations:

Participation Requirements:

- Dual-option plans: Any two plans may be offered if a small group has five (5) or more enrolled employees and a rate table of less than 1.25.
- EZ groups with 51 to 100 enrolled employees can have three products.
- National plans: Small groups can have up to 50% of employees outside of the service area. Large groups have more flexibility. Contact your sales executive for details.

Three for Free:

- Each family member may receive up to a combined total of three office and urgent care visits each year where the physician's services are covered at 100%.
- All charges for office procedures, laboratory, radiology, day treatment services, group visit, chiropractic care, physical, occupational and speech therapy services are subject to the deductible and coinsurance.
- Convenience care visits (convenience clinics, scheduled telephone visits, and e-visits) count toward the three visits.

Additional Pricing:

- EAP Essentials Cost: \$1.00 PEPM
- HRA Cost: \$4.00 PEPM for large groups
- FSA Cost: Varies by group size

Questions? Call us!

When you need critical account information quickly – call us. We have the information you need and we're ready to assist you.

HealthPartners Sales Team:

952-883-5200 or 1-800-298-4235

Membership Accounting: 952-883-7700
for billing-related issues.

The Broker VIP Line

The Broker VIP Line is your direct connection to quick, accurate information Monday through Friday from 8:00 a.m. to 5:00 p.m.

The VIP Line features:

- Materials fulfillment
- Eligibility information

Broker VIP Line: 952-883-6700 or 1-800-828-1159

