



As your
partner,
we'll help
you
deliver

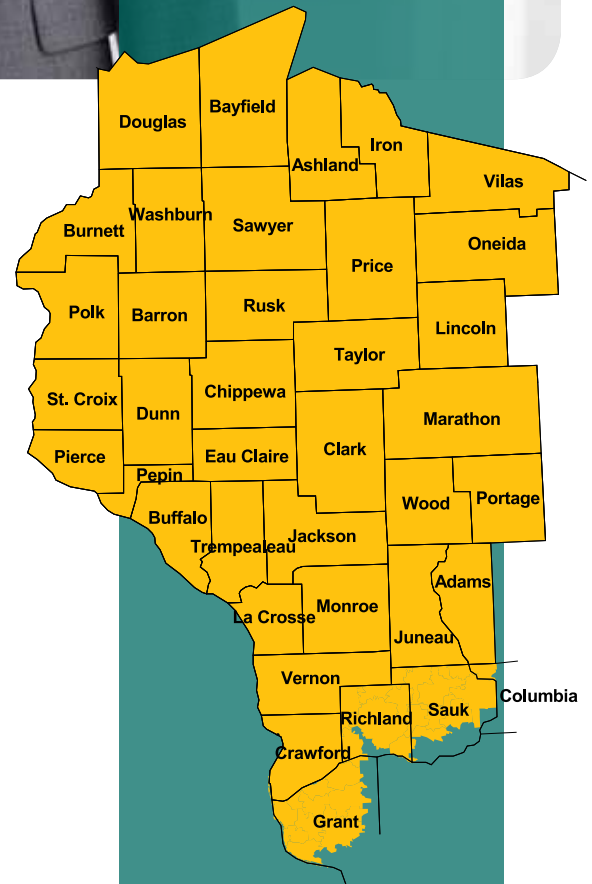
Deliver Award-winning Results with HealthPartners

According to the 2008 *U.S. News & World Report/NCQA* America's Best Health Plans rankings, HealthPartners is 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.



Open Access Plans										
	Network						Out-of-Network			
Plan Options	Small Group Factor	Calendar-year Deductible	Office Visit/ Urgent Care Copay	ER Copay	IP/HP Copay	Out-of-pocket Maximum	Deductible	Co-ins.	Out-of-pocket Maximum	ER
20-100	1.0000	\$0	\$20	\$100	100%	\$1500/\$3000	\$300/\$600	60%	\$2750/\$5500	Same as In-network benefit
20-80	0.9174	\$0	\$20	\$100	80%	\$1500/\$3000	\$300/\$600	60%	\$2750/\$5500	
35-80	0.8760	\$0	\$35	\$100	80%	\$2000/\$4000	\$300/\$600	60%	\$3750/\$7500	
250-20	0.8834	\$250/\$500	\$20	\$100	80%after ded.	\$1750/\$3500	\$500/\$1000	60%	\$3250/\$6500	
250-30	0.8511	\$250/\$500	\$30	\$100	80%after ded.	\$2250/\$4500	\$500/\$1000	60%	\$4250/\$8500	
250-40	0.8230	\$250/\$500	\$40	\$100	80%after ded.	\$2750/\$5500	\$500/\$1000	60%	\$5250/\$10500	
500-20	0.8575	\$500/\$1000	\$20	\$100	80%after ded.	\$2000/\$4000	\$1000/\$2000	60%	\$3250/\$6500	
500-30	0.8264	\$500/\$1000	\$30	\$100	80%after ded.	\$2500/\$5000	\$1000/\$2000	60%	\$4250/\$8500	
500-40	0.7990	\$500/\$1000	\$40	\$100	80%after ded.	\$3000/\$6000	\$1000/\$2000	60%	\$5250/\$10500	
750-20	0.8351	\$750/\$1500	\$20	\$100	80%after ded.	\$2250/\$4500	\$1500/\$3000	60%	\$3250/\$6500	
750-30	0.8048	\$750/\$1500	\$30	\$100	80%after ded.	\$2750/\$5500	\$1500/\$3000	60%	\$4250/\$8500	
750-40	0.7781	\$750/\$1500	\$40	\$100	80%after ded.	\$3250/\$6500	\$1500/\$3000	60%	\$5250/\$10500	
1000-20	0.8146	\$1000/\$2000	\$20	\$100	80%after ded.	\$2500/\$5000	\$2000/\$4000	60%	\$3250/\$6500	
1000-30	0.7850	\$1000/\$2000	\$30	\$100	80%after ded.	\$3000/\$6000	\$2000/\$4000	60%	\$4250/\$8500	
1000-40	0.7589	\$1000/\$2000	\$40	\$100	80%after ded.	\$3500/\$7000	\$2000/\$4000	60%	\$5250/\$10,500	
1500-40/60	0.7348	\$1500/\$3000	\$40/\$60	\$100	80%after ded.	\$3250/\$6500	\$3000/\$6000	60%	\$6500/\$13,000	
2000-40	0.7239	\$2000/\$4000	\$40	\$100	80%after ded.	\$3500/\$7000	\$4000/\$8000	60%	\$6500/\$13,000	
2500-40	0.7002	\$2500/\$5000	\$40	\$100	80%after ded.	\$4000/\$8000	\$5000/\$10,000	60%	\$7500/\$15,000	

Three for Free Plans**										
	Network						Out-of-Network			
Plan Options	Small Group Factor	Deductible	Co-ins.	Office Visit*	Other Services and Care	Out-of-pocket Maximum	Deductible	Out-of-pocket Maximum	Co-ins.	ER
500-75%	0.7814	\$500/\$1,500	75%	75%	75%	\$2500/\$6000	\$1500/\$3000	\$6000/\$12,000	50%	See In-network benefit
500-50%	0.6960	\$500/\$1,500	50%	50%	50%	\$3000/\$6,000	\$1500/\$3000	\$6000/\$12,000	50%	
750-75%	0.7474	\$750/\$2,250	75%	75%	75%	\$2750/\$6000	\$2750/\$5500	\$6000/\$12,000	50%	
750-50%	0.6734	\$750/\$2,250	50%	50%	50%	\$3250/\$6000	\$2250/\$4000	\$6000/\$12,000	50%	
1000-75%	0.7186	\$1000/\$2000	75%	75%	75%	\$3000/\$6000	\$2000/\$4000	\$5500/\$11,000	50%	
1000-50%	0.6530	\$1000/\$2000	50%	50%	50%	\$3500/\$7000	\$2000/\$4000	\$6500/\$13,000	50%	

***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.

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

Empower® Plans					
Plan Options	HSA compatible high-deductible health plans				
	Plan Type	Small Group Factor	Deductible	Other Expenses	Out-of-pocket Maximum
1200-100	Deductible	.8051	\$1,200/\$2,400	100%	\$1,200/\$2,400
1500-100	Deductible	.7551	\$1,500/\$3,000	100%	\$1,500/\$3,000
1500-80*	Deductible	.6534	\$1,500/\$3,000	80%	\$3,000/\$6,000
2300-100	Deductible	.6526	\$2,300/\$4,600	100%	\$2,300/\$4,600
3000-100	Deductible	.5856	\$3,000/\$6,000	100%	\$3,000/\$6,000
3000-80*	Deductible	.5066	\$3,000/\$6,000	80%	\$5,600/\$11,200
5600-100	Deductible	.4354	\$5,600/\$11,200	100%	\$5,600/\$11,200
2400-100	Embedded	.6663	\$2,400/\$4,800	100%	\$2,400/\$4,800
2500-80*	Embedded	.5679	\$2,500/\$5,000	80%	\$5,000/\$10,000
3000-80*	Embedded	.5345	\$3,000/\$6,000	80%	\$5,600/\$11,200
3000-100	Embedded	.6126	\$3,000/\$6,000	100%	\$3,000/\$6,000

*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:

- 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 500-30 plan, take .8264 divided by .9174 = .901, an approximate 10% 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 ARE subject to change.

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.

Notes for all HSA 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 stand-alone product, benefit administration can be either calendar or plan-year. When offering an HSA alongside another plan, benefit administration for both plans must match.
- Non-preferred drugs will not be covered on HSA plans.

Product Considerations:

Participation Requirements:

- Dual-option plans: Groups must have five (5) or more enrolled employees and a rate table of less than 1.30.
- National plans: Small groups can have up to 50% of those employees participating outside of the service area. Large groups have more flexibility. Contact your sales executive for complete details.

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%.
- 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.

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



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Fully insured Wisconsin plans are underwritten and administered by HealthPartners Insurance Company.

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