



2010 U Classic Plus by HealthPartners

The following is an overview of your HealthPartners coverage. For exact coverage terms and conditions, consult your plan materials, or call Member Services at (952) 883-5000 or 1-800-883-2177.

Plan highlights Partial listing of covered services	In-network Care from a network provider	Out-of-network Care from an out-of-network provider
Deductible and Out-of-Pocket		
Lifetime maximum	\$5,000,000 combined in and out-of-network	
Calendar year deductible	None	\$500 per person; \$1,000 per family
Calendar year medical out-of-pocket maximum	\$2,500 per person; \$4,000 per family	
Preventive Health Care		
▪ Routine physical & eye exams, well-child care	100% coverage	70% coverage after deductible
▪ Prenatal & postnatal care	100% coverage	70% coverage after deductible
▪ Immunizations	100% coverage	70% coverage after deductible
Office Visits		
▪ Illness or injury	\$11 copayment	70% coverage after deductible
▪ Allergy injections	100% coverage	70% coverage after deductible
▪ Physical, occupational & speech therapy	\$11 copayment	70% coverage after deductible
▪ Chiropractic care (neuromusculo-skeletal conditions only)	\$11 copayment	70% coverage after deductible
▪ Mental health care	\$11 copayment	70% coverage after deductible
▪ Chemical health care	\$11 copayment	70% coverage after deductible
Convenience Care		
▪ Gopher Quick Clinic, QuickCare Clinic and Minute Clinic Only	\$5 copayment	70% coverage after deductible
▪ All other convenience care clinics	\$11 copayment	70% coverage after deductible
Emergency Care		
▪ Urgently needed care at an urgent care clinic or medical center	\$11 copayment	80% coverage of 1st \$2,000 then 100%
▪ Emergency care at a hospital ER	\$75 copayment	80% coverage of 1st \$2,000 then 100%
▪ Ambulance	80% coverage	70% coverage after deductible
Inpatient Hospital Care		
▪ Illness or injury	100% coverage	70% coverage after deductible
▪ Mental health care	100% coverage	70% coverage after deductible
▪ Chemical health care	100% coverage	70% coverage after deductible
Outpatient Care		
▪ Scheduled outpatient procedures	100% coverage	70% coverage after deductible
▪ Outpatient MRI and CT	\$25 copayment	70% coverage after deductible
Durable Medical Equipment		
▪ Durable medical equipment & prosthetics	80% coverage	70% coverage after deductible