Compass plan

Why should I choose Compass?

The HealthPartners® CompassSM plan is a great fit for individuals and families who need a balance between upfront benefits and affordability.

- Coverage you need—and then some. You have 100 percent coverage for preventive care, copays for each family member's first four office or urgent care visits and unlimited virtuwell® visits. Plus, the first emergency visit each year is covered after a \$250 copay.
- Choose your doctor. With 700,000 providers and 6,000 hospitals nationwide, it's likely your favorite doctor is in our network. Plus, you and your family are covered when you travel.
- Get support. In addition to award-winning customer service, you get perks like fitness club and well-being discounts. Plus, Compass members have access to our Member Assistance Program (MAP), which helps with everything from finding child and elder care to assisting with personal concerns such as stress management and legal issues.

What is virtuwell?

virtuwell is a 24/7 online clinic that treats everyday medical conditions. With Compass, your whole family has unlimited free visits! See pages 8-9 for more online tools.

How does Compass work?

Here are a couple of typical scenarios:

Theresa's family has the Compass 80% plan with generic prescription coverage and a \$6,000 family deductible. Her 7-year-old son, Max, picks up pink eye at school. She visits **virtuwell.com** and answers some simple questions about his symptoms. Within 30 minutes she has a prescription ready at the pharmacy closest to her house. Convenient! Her total expenses are:

Actual cost	What Theresa pays
\$40 virtuwell® visit	\$0 (she has unlimited free visits)
\$15 generic antibiotic	\$10
\$55	\$10

Later that year, Theresa's 11-year-old daughter Kate breaks her arm while riding her bike. Ouch! She visits the emergency room for an X-ray and cast. Her total expenses are:

Actual cost	What Theresa pays
\$400 ER visit, \$40 X-ray and \$250 casting	\$250 (she pays \$250 copay for the first ER visit)
\$100 follow-up office visit	\$20 copay (first four office visits have a copay)
\$790	\$270

Note: These are examples. Your actual plan deductible and copay may vary.

The bottom line

Theresa and her family have the coverage they need for minor illnesses and injuries, and are protected from the high cost of more serious illnesses and accidents.

You have options!

With Compass, you have a choice when it comes to your prescription and behavioral health coverage:

Prescription coverage	Behavioral health (includes mental health and chemical dependency)
Generic coverage only. You pay \$10 for generics and pay out of pocket for brand medicines.	This plan includes mental health and chemical dependency coverage, but you can opt to remove
Generic and brand coverage. Generic and brand medicines will both be covered under your deductible.	coverage from your plan. Removing it would reduce your monthly premium payment.

Remember, your selections are not tied together. For example, you could choose increased prescription coverage (generic and brand) with no behavioral health coverage, or vice versa. It's up to you and your family, depending on what best meets your needs.



Compass Summary of Benefits

For a detailed description of terms and conditions or other questions, our Individual Sales staff is ready to help: email individualsales@healthpartners.com or call 952-883-5599 or 877-838-4949.

	Compass 80% plan	Compass 100% plan
Calendar year deductible - Family deductible is shared among family members. Once family deductible is met, the plan will start paying.	A - \$2,000/single, \$4,000/family B - \$3,000/single, \$6,000/family C - \$5,000/single, \$10,000/family D - \$7,000/single, \$14,000/family E - \$10,000/single, \$20,000/family F - \$15,000/single, \$30,000/family	A - \$2,000/single, \$4,000/family B - \$3,000/single, \$6,000/family C - \$5,000/single, \$10,000/family D - \$7,000/single, \$14,000/family E - \$10,000/single, \$20,000/family F - \$15,000/single, \$30,000/family
Calendar year out-of-pocket maximum	A - \$4,500/single, \$9,000/family B - \$5,500/single, \$11,000/family C - \$7,500/single, \$15,000/family D - \$9,500/single, \$19,000/family E - \$12,500/single, \$25,000/family F - \$17,500/single, \$35,000/family	A - \$2,000/single, \$4,000/family B - \$3,000/single, \$6,000/family C - \$5,000/single, \$10,000/family D - \$7,000/single, \$14,000/family E - \$10,000/single, \$20,000/family F - \$15,000/single, \$30,000/family
Lifetime maximum per person	No maximum	No maximum
Coinsurance	You pay 20% after deductible is met	You pay nothing after deductible is met
Preventive care - Includes checkups and immunizations for you and your family to stay healthy	You pay nothing	You pay nothing
Convenience care and office visits* - Illness or injury - Urgent care	First four convenience care/office visits per person per year have a copay: A - $$10/20 C - $$15/30 E - $$25/50 B - $$10/20 D - $$20/40 F - $$25/50 Then you pay 20% after deductible is met	First four convenience care/office visits per person per year have a copay: A - $$10/20 C - $$15/30 E - $$25/50 B - $$10/20 D - $$20/40 F - $$25/50 Then you pay nothing after deductible is met
virtuwell® - Online treatment for everyday medical conditions such as colds, coughs, ear pain, pink eye or urinary tract infections	Unlimited free visits	Unlimited free visits
Emergency room visits*	You pay \$250 for your first ER visit each year, then you pay 20% after deductible is met for additional visits	You pay \$250 for your first ER visit each year, then you pay nothing after deductible is met for additional visits
Prescription medicines - You can choose generic only for basic coverage, or increase your coverage with generic and brand coverage	Generic coverage only. You pay \$10 for generics and 100% for brand medicines at HealthPartners discounted rate. Your costs do not count toward the deductible or out-of-pocket maximum. Generic and brand coverage. You pay 20% or nothing (depending on your plan) for all generic and brand medicines after the deductible is met.	
Inpatient and outpatient hospital care Outpatient MRI and CT Laboratory services Durable medical equipment	You pay 20% after deductible is met	You pay nothing after deductible is met
Behavioral health - Mental health and chemical health	Your first four office/convenience care visits per year are covered as described under Office Visits; then you pay 20% or nothing (depending on your plan) after deductible is met.	
services	This plan automatically includes behavioral health coverage, but you can choose to exclude these services from your plan. If you choose to do so, opting out would reduce your monthly premiums.	
Maternity	Pre- and postnatal care: You pay nothing Labor and delivery: No coverage	Pre- and postnatal care: You pay nothing Labor and delivery: No coverage

^{*}Copays for convenience care (such as CVS or Target clinics), office visits and emergency room visits do not apply towards the deductible or out-of-pocket limit.

See the Compass Rate Guide for more information on eligibility and pricing. Remember that you will get the highest benefit level and lowest out-of-pocket costs when you see a network provider for your care. For out-of-network costs and deductibles, please contact Individual Sales. Other deductible options are available. Please contact Individual Sales for more information.

