

HealthPartners Just Right Plan

When it comes to health care, one-size-fits-all health plans aren't right for everyone. With HealthPartners Just RightSM plan, you decide what's best for you and your health—we'll help!

What is HealthPartners Just RightSM plan?

HealthPartners Just RightSM plan is all about choices. Instead of fitting into a plan that's too big or too small for your health care needs and budget, you pick a plan based on you—a plan that's just right. Here's how it works:

1. Your employer decides how much they're going to contribute

When you pay your monthly premium, you're only paying a portion of the fees your employer pays to the health plan. With this plan, your employer gives you a set amount to spend on your premium and you decide how you want to use that money. For example:

If your employer is going to contribute

\$75

But the plan you want costs

\$100

Then your monthly costs would be

\$25

2. We'll help you choose a plan

With HealthPartners Just RightSM you have three different plan types to choose from—a Health Savings Account (HSA) plan, a Three for Free plan and a copay plan. Each plan works differently and has different costs associated with it. Here's a basic explanation of how the costs work:

Type of plan	Your premium cost	Your share of health care costs
HSA plan	\$	\$\$\$
Three for Free plan	\$\$	\$\$
Copay plan	\$\$\$	\$

If you don't use health care very often, you might want a lower premium and higher out-of-pocket costs. If you go to the doctor frequently or want to protect yourself from unknown costs, a plan with a higher premium and lower out-of-pocket costs might be right for you.

3. Take the quiz

To help you find the right plan, we've created a short quiz. With your results, we'll suggest one of the plans. In the end it's your decision, but this quiz will give you an idea of where you might fit.

4. Choose your plan and benefit level

Under each of the plans, you'll have options as to which benefits fit you best. This includes your deductible, coinsurance, office visit costs and out-of-pocket maximum. There are three benefit levels to choose from under each type of plan!

For more information and help deciding which plan is best for you, please read the following plan overviews and take a short quiz.

Just Right Plan – Quiz

Take this simple seven question quiz to see which plan could be just right for you. For each question, choose the best answer and then tally your score at the bottom.

1. About how many times do you visit the doctor every year? If you need family coverage, what's the average number of times each person visits the doctor every year?
 - a. 0-2
 - b. 3-5
 - c. 6 or more
2. How comfortable are you budgeting, planning and managing your finances?
 - a. Very comfortable
 - b. Kind of comfortable
 - c. Not comfortable
3. How many prescription medicines do you take? If you have a family, how many prescription medicines does each person take on average?
 - a. 0-2
 - b. 3-5
 - c. 6 or more
4. Do you think you'll have to go to the hospital this year, like for a surgery or pregnancy?
 - a. No, it's not likely
 - b. It's possible
 - c. Yes, definitely
5. If you had a medical emergency where your medical costs were \$3,000, would you be able to cover the expenses (could be with your checking/savings, credit card, personal loan, etc.)?
 - a. I could definitely cover the expenses
 - b. I may be able to cover the expenses, but it would be tight
 - c. I wouldn't be able to cover the expenses
6. Do you like to shop around for doctors or health care services based on price and quality before you go in?
 - a. Yes
 - b. Sometimes
 - c. No
7. What's *most* important to you:
 - a. Saving money on your taxes
 - b. Taking more money home in your paycheck
 - c. Protecting yourself from unwanted medical expenses

Now, tally your score. Here's what probably makes the most sense for you:

Mostly As = HSA plan

Mostly Bs = Three for Free plan

Mostly Cs = Copay plan



Copay Plan

Key plan features

- **Preventive care** — Routine preventive care is typically covered at 100 percent. Please check your Summary of Benefits for exact coverage information.
- **Access** — You can see any network doctor you choose. You don't need a referral to see a specialist in the network.
- **Family friendly** — Family members can visit any doctor or clinic in the network.

How your plan works

The copay plan gives you the freedom to see any network doctor at any time. It's that simple. When you visit the doctor you will pay a copay for your visit. Depending on the benefit level you choose, an annual deductible will also apply.

Also, you have network access to many services like:

- Office visits
- Convenience and online care
- Urgent and emergency care
- Hospital care
- Specialty care
- Prescription medicines

Your Open Access network

- Choose from more than 700,000 doctors and other care providers, plus 6,000 hospitals in the United States.
- Find a doctor by visiting **healthpartners.com** and searching the Open Access network.
 - » Search for doctors by name, clinic name, specialty, language, gender, hours of business, parking and more.
 - » Learn how doctors rate on cost and quality.

Understanding your plan

- **Routine preventive care** includes screenings, check-ups and counseling to prevent illness, disease or other health problems before you have symptoms. For more information, visit **healthpartners.com/preventive**.
- **Copay** is the amount you will pay for medical services. It is usually a flat amount such as \$25 for each office visit (\$25 copay).
- **Coinsurance** is the share of the service costs that you are responsible for paying. It is listed as a percentage. If you have 80 percent coverage, that means you pay 20 percent of the total cost.
- Your **deductible** is the amount you pay before your coverage starts. It is usually listed as an "annual" amount.
- Your **out-of-pocket maximum** is the most you will pay for your health care during the plan year.



For more information and help deciding which plan is best for you, check out the Just Right plan quiz.

Three For Free Plan

Key plan features

- **Preventive care** — Routine preventive care is typically covered at 100 percent. Please check your Summary of Benefits for exact coverage information.
- **Access** — You can see any network doctor you choose. You don't need a referral to see a specialist in the network.
- **Family friendly** — Each family member gets three free visits per year, and family members can visit any doctor or clinic in the network.

How your plan works

So what does “free” really mean? HealthPartners pays the doctor’s fees for your first three office, urgent care or convenience clinic visits. You are responsible for other services you receive during the office visit like lab tests, X-rays, MRIs, CT scans and some types of therapy. For these expenses, you are responsible for all costs up to your annual deductible.

After the first three visits, office visits are subject to deductible and coinsurance. If you reach your annual deductible, you pay a percentage of all costs up to your out-of-pocket maximum. Once you reach your out-of-pocket maximum, you pay nothing.

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Understanding your plan

- **Routine preventive care** includes screenings, check-ups and counseling to prevent illness, disease or other health problems before you have symptoms. For more information, visit **healthpartners.com/preventive**.
- **Coinsurance** is the share of the service costs that you are responsible for paying. It is listed as a percentage. Depending on your benefit level, you have 70 or 75 percent coverage, which means you pay 25 or 30 percent of the total cost.
- Your **deductible** is the amount you pay before your coverage starts. It is usually listed as an "annual" amount.
- Your **out-of-pocket maximum** is the most you will pay for your health care during the plan year.
- **Copay** is the amount you will pay for medical services. It is usually a flat amount such as \$25 for each office visit (\$25 copay).

Here are some common examples of how the Three for Free plan works:

Type of care received	Cost of care	What you pay per service	Your total cost
Leslie went to the doctor and was diagnosed with pinkeye.	\$100 doctor fee	No cost to you	\$12
	\$22 eye drops	\$12 generic copay	
Jack has had stomach pains for more than a month. The doctor orders basic blood work and a CT scan of the abdomen.	\$100 doctor fee	No cost to you	\$265
	\$15 blood work	\$15	
	\$250 CT scan	\$250	
Mark’s active lifestyle has worn down his knee. He decides to have damaged cartilage removed from his knee.	\$4,000 surgery	\$1,000 (deductible) + \$750 (25% coinsurance)	\$1,750

This is an example to help you understand your plan. Actual medical costs, copays and coinsurances may vary.

Empower HSA Plan

Key plan features

- **Access** — You can choose any network doctor. You don't need a referral to see a specialist in the network.
- **Preventive care** — Routine preventive care is typically covered at 100 percent. Please check your Summary of Benefits for exact coverage information.
- **Tax savings** — Money you put into your HSA is tax free. If you're 55 or older, you can make an extra "catch-up contribution" of \$1,000 each year until age 65.
- **Control** — You decide how much money to put into your HSA and how it's used.
- **Options** — Use your HSA to pay for current eligible medical expenses or save for future needs.
- **Family friendly** — You can use your HSA to pay for eligible expenses for your spouse and dependent children, even if they aren't covered by your medical plan.
- **Take it with you** — Any money in your HSA is yours. If you retire or change employers, you take your unused HSA dollars with you.

How this plan works

This plan combines a health savings account (HSA) with a high-deductible health plan (HDHP) to give you full coverage. Plus, the lower monthly premiums help you save money all year.

Think of an HSA as your bank account for medical costs. The money in your HSA is yours to keep, even if you change employers.

The HDHP provides you with the benefits you need to manage your health. This plan includes a deductible and an out-of-pocket maximum. Check your Summary of Benefits for details.

Also, you have network access to many services like:

- Office visits
- Convenience and online care
- Urgent and emergency care
- Hospital care
- Specialty care
- Prescription medicines

Using an HSA

You can use the money in your HSA to pay for expenses like:

- Plan deductible or coinsurance
- Dental care
- Braces
- Vision care and LASIK surgery
- Hearing aids
- Tools to help you quit smoking

How does money get into my HSA?

There are a couple of ways to put money into your HSA:

- Deductions from your paycheck
- Direct deposits that are allowed until April 15 of the next year

None of the money you put into your HSA is taxed. As this amount grows over time, you can save it or spend it on eligible medical expenses — tax free!



Your Open Access network

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Understanding your plan

- **Routine preventive care** includes screenings, check-ups and counseling to prevent illness, disease or other health problems before you have symptoms. For more information, visit healthpartners.com/preventive.
- **Coinsurance** is the share of the service costs that you are responsible for paying. It is listed as a percentage. If you have 80 percent coverage, that means you pay 20 percent of the total cost.
- Your **deductible** is the amount you pay before your coverage starts. It is usually listed as an "annual" amount.
- Your **out-of-pocket maximum** is the most you will pay for your health care during the plan year.
- **Copay** is the amount you will pay for medical services. It is usually a flat amount such as \$25 for each office visit (\$25 copay).



Let's take a closer look

Joanne selected the family Empower HSA plan to cover herself, her husband and her two children.

- The plan has a \$5,000 deductible with no coinsurance. That means all medical expenses will be covered at 100 percent after the \$5,000 deductible is reached.
- Routine preventive care is typically covered 100 percent before the deductible.

Year one

Joanne deposited \$1,000 into her HSA. During the year, the family made a few trips to the doctor for cold and flu treatment. These visits cost \$400, so \$400 was deducted from Joanne's HSA. At the end of the year, \$600 remained in her HSA and it carried over to the next year.

Year two

Joanne deposited another \$1,000 into her HSA, raising her balance to \$1,600. During the year, the family made a couple of trips to the doctor for cold and flu treatment, and Joanne received treatment for her high cholesterol. These charges totaled \$700, so \$700 was deducted from Joanne's HSA. At the end of the year, \$900 was left in Joanne's HSA and carried over to the next year.

This chart shows how the HSA helped Joanne and her family pay for their health care expenses.

Example

	Year One	Year Two
HDHP		
Deductible	\$5,000	\$5,000
Coinsurance after deductible	0%	0%
HSA		
Member contributions to HSA	\$1,000	\$1,000
Medical expenses outside of preventive care	\$400	\$700
Charges deducted from HSA balance	\$400	\$700
End-of-year HSA balance/rollover	\$600*	\$900**
(amount is saved to start the next year)		
* \$1,000 yearly member HSA deposit less \$400 medical charges		
** \$1,000 yearly member HSA deposit, plus \$600 carryover, minus \$700 in medical charges		

For illustration purposes only. Actual costs may vary.

For more information and help deciding which plan is best for you, check out the Just Right plan quiz.

HealthPartners Just Right Plan A—Benefit Comparison

	Copay Deductible Plan \$500-30	Three for Free Plan \$1000-75%	HSA Plan \$2500-100%
General Benefits			
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Annual deductible	\$500 per person \$1,000 per family	\$1,000 per person \$2,000 per family	\$2,500 per single contract \$5,000 per family contract
Annual medical out-of-pocket maximum	\$2,750 per person \$5,500 per family	\$3,250 per person \$6,500 per family	\$2,500 per single contract \$5,000 per family contract
Preventive health care	You pay nothing	You pay nothing	You pay nothing
Office visits	You pay \$30 per visit and you pay 20% for allergy injections	You pay \$25% after deductible*	You pay nothing after deductible
Convenience Care			
Convenience clinics (retail clinics, eVisits)	You pay \$15 per visit	You pay 25% after deductible	You pay nothing after deductible
Online care (virtuwell)	First three visits free, then same as convenience care benefit	First three visits free, then same as convenience care benefit	Same as convenience care benefit
Urgent and Emergency Care			
Urgent care clinic or medical center	You pay \$30 per visit	You pay 25% after deductible	You pay nothing after deductible
Hospital emergency room	You pay \$100 per visit	You pay 25% after deductible	You pay nothing after deductible
Ambulance	You pay 20% after deductible	You pay 25% after deductible	You pay nothing after deductible
Hospital Care			
Inpatient care	You pay 20% after deductible	You pay 25% after deductible	You pay nothing after deductible
Outpatient care	You pay 20% after deductible	You pay 25% after deductible	You pay nothing after deductible
Durable Medical Equipment			
Durable medical equipment	You pay 20% after deductible	You pay 25% after deductible	You pay nothing after deductible
Pharmacy			
Generics – GenericsPlusRx formulary (Generic/Brand/Non-preferred)	Copay for one month supply (31 day) \$12/\$45/\$90	Copay for one month supply (31 day) \$12/\$45/\$90	one month supply (31 day) Formulary medicines: you pay nothing after deductible Non-formulary medicines: you pay 100%
Mail order – GenericsPlusRx formulary (Generic/Brand/Non-preferred)	Copay for three month supply (93-day supply) \$24/\$90/\$180	Copay for three month supply (93-day supply) \$24/\$90/\$180	three month supply (93-day supply) Formulary medicines: you pay nothing after deductible Non-formulary medicines: you pay 100%
Specialty drugs	You pay 20% up to a \$200 maximum per prescription, per 31 day supply	You pay 20% up to a \$200 maximum per prescription, per 31 day supply	You pay nothing after deductible

*For in-network services, each family member may receive up to a combined total of three office visits, convenience care 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 visits, chiropractic care, physical, occupational, & speech therapy services are subject to the deductible and coinsurance.

Chart reflects In-network benefits.

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HealthPartners Just Right Plan B—Benefit Comparison

	Copay Deductible Plan \$1000-40	Three for Free Plan \$1500-75%	HSA Plan \$2500-90%
General Benefits			
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Annual deductible	\$1,000 per person \$2,000 per family	\$1,500 per person \$3,000 per family	\$2,500 per single contract \$5,000 per family contract
Annual out-of-pocket maximum	\$3,750 per person \$7,500 per family	\$3,750 per person \$7,500 per family	\$4,000 per person \$8,000 per family
Preventive health care	You pay nothing	You pay nothing	You pay nothing
Office visits*	You pay \$40 per visit and you pay 20% for allergy injections	You pay 25% after deductible*	You pay 10% after deductible
General Benefits			
Convenience clinics (retail clinics, eVisits)	You pay \$20 per visit	You pay 25% after deductible	You pay 10% after deductible
Online care (virtuwell)	First three visits free, then same as convenience care benefit	First three visits free, then same as convenience care benefit	Same as convenience care benefit
Urgent Care			
Urgent care clinic or medical center	You pay \$40 per visit	You pay 25% after deductible	You pay 10% after deductible
Hospital emergency room or ambulance	You pay \$100 per visit	You pay 25% after deductible	You pay 10% after deductible
Ambulance	You pay 20% after deductible	You pay 25% after deductible	You pay 10% after deductible
Emergency Care			
Inpatient care	You pay 20% after deductible	You pay 25% after deductible	You pay 10% after deductible
Outpatient care	You pay 20% after deductible	You pay 25% after deductible	You pay 10% after deductible
Durable Medical Equipment			
Durable medical equipment	You pay 20% after deductible	You pay 25% after deductible	You pay 10% after deductible
Pharmacy			
Generics – GenericsPlusRx formulary (Generic/Brand/Non-preferred)	Copay for one month supply (31 day) \$12/\$45/\$180	Copay for one month supply (31 day) \$12/\$45/\$90	one month supply (31 day) Formulary medicines: you pay 10% after deductible Non-formulary medicines: you pay 100%
Mail order – GenericsPlusRx formulary (Generic/Brand/Non-preferred)	Copay for one month supply (93 day supply) \$24/\$90/\$180	Copay for three month supply (93-day supply) \$24/\$90/\$180	three month supply (93-day supply) Formulary medicines: you pay 10% after deductible Non-formulary medicines: you pay 100%
Specialty drugs	You pay 20% up to a \$200 maximum per prescription, per 31 day supply	You pay 20% up to a \$200 maximum per prescription, per 31 day supply	You pay 10% after deductible up to a \$200 maximum per prescription, per 31 day supply

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Chart reflects In-network benefits.

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HealthPartners Just Right Plan C—Benefit Comparison

	Copay Deductible Plan \$2500-40	Three for Free Plan \$2500-75%	HSA Plan \$3000-80%
General Benefits			
Lifetime maximum	Unlimited	Unlimited	Unlimited
Annual deductible	\$2,500 per person \$5,000 per family	\$2,500 per person \$5,000 per family	\$3,000 per single contract \$6,000 per family contract
Annual out-of-pocket maximum	\$4,250 per person \$8,500 per family	\$4,250 single contract \$8,500 family contract	\$6,000 per person \$12,000 per family
Preventive health care	You pay nothing	You pay nothing	You pay nothing
Office visits	You pay \$40 per visit and you pay 20% for allergy injections	You pay 25% after deductible*	You pay 20% after deductible
Convenience Care			
Convenience clinics (retail clinics, eVisits)	You pay \$20 per visit	You pay 25% after deductible	You pay 20% after deductible
Online care (virtuwell)	First three visits free, then same as convenience care benefit	First three visits free, then same as convenience care benefit	Same as convenience care benefit
Emergency Care			
Urgent care clinic or medical center	You pay \$40 per visit	You pay 25% after deductible	You pay 20% after deductible
Hospital emergency room or ambulance	You pay \$100 per visit	You pay 25% after deductible	You pay 20% after deductible
Ambulance	You pay 20% after deductible	You pay 25% after deductible	You pay 20% after deductible
Hospital Care			
Inpatient care	You pay 20% after deductible	You pay 25% after deductible	You pay 20% after deductible
Outpatient care	You pay 20% after deductible	You pay 25% after deductible	You pay 20% after deductible
Durable Medical Equipment			
Durable medical equipment	You pay 20% after deductible	You pay 25% after deductible	You pay 20% after deductible
Pharmacy			
Generics – GenericsPlusRx formulary	Copay for one month supply (31 day) \$12/\$45/\$90	Copay for one month supply (31 day) \$12/\$45/\$90	one month supply (31 day) Formulary medicines: you pay 20% after deductible Non-formulary medicines: you pay 100%
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