

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) 883-7500 or 1-866-270-5434.

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	
Plan year deductible	\$100 per person; \$200 per family	
Plan year medical out-of-pocket maximum	\$1,000 per person; \$2,000 per family	
Plan year prescription out-of-pocket maximum	\$300 per person; \$500 per family	
Preventive Health Care		
▪ Routine physical & eye examinations, Well-child care, Immunizations	100% coverage	100% coverage after deductible \$500 annual maximum
▪ Prenatal & postnatal care	100% coverage	100% coverage after deductible
Office Visits		
▪ Illness or injury	\$25 copayment	90% coverage after deductible
▪ Allergy injections	\$25 copayment	90% coverage after deductible
▪ Physical, occupational & speech therapy	\$25 copayment	90% coverage after deductible
▪ Chiropractic care (neuromusculo-skeletal conditions only)	\$25 copayment	90% coverage after deductible
▪ Mental health care	\$25 copayment	90% coverage after deductible
▪ Chemical health care	\$25 copayment	90% coverage after deductible
Convenience Care		
▪ Convenience clinics (retail clinics)	\$15 copayment	90% coverage after deductible
Emergency Care		
▪ Urgently needed care at an urgent care Clinic or medical center	\$25 copayment	90% coverage after deductible
▪ Emergency care at a hospital ER	90% coverage after deductible	90% coverage after deductible
▪ Ambulance	90% coverage after deductible	90% coverage after deductible
Inpatient Hospital Care		
▪ Illness or injury	90% coverage after deductible	90% coverage after deductible
▪ Mental health care	90% coverage after deductible	90% coverage after deductible
▪ Chemical health care	90% coverage after deductible	90% coverage after deductible
Outpatient Care		
▪ Scheduled outpatient procedures	90% coverage after deductible	90% coverage after deductible
▪ Outpatient Magnetic Resonance Imaging (MRI) and Computing Tomography (CT)	100% coverage	90% coverage after deductible
Durable Medical Equipment		
▪ Durable medical equipment & prosthetic devices	90% coverage after deductible	90% coverage after deductible
Prescription Drugs <i>(31-day supply; 3 cycles of oral contraceptives; 90-day supply for mail order)</i>	HealthPartners Participating Pharmacy Benefit	Non Participating Pharmacy Benefit
Retail Pharmacy Copayment for 31 day supply		
▪ Generic Preferred	\$10 copayment	90% coverage after deductible
▪ Brand Preferred	\$25 copayment	90% coverage after deductible
▪ NonPreferred	\$40 copayment	90% coverage after deductible
HealthPartners Mail Order Pharmacy Copayment for a 90 day supply		
▪ Generic Preferred	\$20 copayment	
▪ Brand Preferred	\$50 copayment	
▪ NonPreferred	\$80 copayment	