

Copay Health Plan

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

Plan highlights	In-network: Open Access	Out-of-Network
Partial listing of covered services	Care from a network provider	Care from an out-of-network provider
Deductibles and Out-of-Pocket Limits		
Lifetime maximum	Unlimited	Unlimited
Calendar year individual deductible	\$400	\$800
Calendar year family deductible	\$1,000	\$2,000
Calendar year individual out-of-pocket limit	\$700	\$1,050
Calendar year family out-of-pocket limit	\$1,400	\$2,100
Calendar year separate individual out-of-pocket limit for pharmacy services	\$500	
Calendar year separate family out-of-pocket limit for pharmacy services	\$750	
Preventive Health Care		
	Plan Pays	Plan Pays
Routine physical exams	100%	80% after deductible
Routine eye exams	100%	80% after deductible
Postnatal care	100%	80% after deductible
Prenatal care	100%	80% after deductible
Well-child care	100%	80% after deductible
Immunizations	100%	80% after deductible
Office Visits		
Illness or injury	Primary: \$35 copay (\$55*) Specialty: \$35 copay (\$55*)	80% after deductible
Mental health	\$35 copay (\$55*)	80% after deductible
Chemical health	\$35 copay (\$55*)	80% after deductible
Physical, occupational & speech therapy	Primary: \$35 copay (\$55*) Specialty: \$35 copay (\$55*)	80% after deductible
Chiropractic care	\$35 copay (\$55*)	80% after deductible
Allergy injections	\$2 copay	80% after deductible
Convenience Care		
Convenience clinics (retail clinics)	100%	80% after deductible
E-visits	100%	80% after deductible
virtuwell	100%	Not covered
Emergency Care		
Urgently needed care at an urgent care clinic or medical center	\$35 copay (\$55*)	Same as in-network benefit
Emergency care at a hospital emergency room	\$75 copay	Same as in-network benefit
Ambulance	100% after deductible	Same as in-network benefit
Inpatient Hospital Care		
Illness or injury	100% after deductible	80% after deductible
Mental health	100% after deductible	80% after deductible
Chemical health	100% after deductible	80% after deductible

Plan highlights	In-network: Open Access	Out-of-Network
Outpatient Care	Plan Pays	Plan Pays
Scheduled outpatient procedures	100% after deductible	80% after deductible
Outpatient MRI and CT scan	100% after deductible	80% after deductible
Durable Medical Equipment		
Durable medical equipment & prosthetics	100% after deductible	80% after deductible
Diagnostic Imaging		
Preventive diagnostic imaging	100%	80% after deductible
Non-preventive diagnostic imaging	100%	80% after deductible
Lab Services		
Preventive lab services	100%	80% after deductible
Non-preventive lab services	100%	80% after deductible
Pharmacy	<i>Pharmacy benefits do not include all drug classes. See plan materials for additional information.</i>	
PreferredRx formulary 34-day supply ; 102-day		
Retail	Participating Pharmacies	Non-Participating Pharmacies
Retail generic formulary	\$8 copay	80% after deductible
Retail brand formulary	\$20 copay	80% after deductible
Retail generic non-formulary	\$40 copay	80% after deductible
Retail brand non-formulary	\$40 copay	80% after deductible
Mail order	Participating Pharmacies	Non-Participating Pharmacies
Generic formulary from HealthPartners mail order pharmacy	\$16 copay	Not covered
Brand formulary from HealthPartners mail order pharmacy	\$40 copay	Not covered
Generic non-formulary from HealthPartners mail order pharmacy	\$80 copay	Not covered
Brand non-formulary from HealthPartners mail order pharmacy	\$80 copay	Not covered
Specialty	Participating Pharmacies	Non-Participating Pharmacies
Specialty generic formulary	\$40 copay	80% after deductible
Specialty brand formulary	\$40 copay	80% after deductible
Specialty generic non-formulary	\$40 copay	80% after deductible
Specialty brand non-formulary	\$40 copay	80% after deductible
<i>See specialty drug list on healthpartners.com.</i>		

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