

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	Unlimited	\$1,000,000
Plan year deductible	None	\$300 per person; \$900 per family
Plan year medical out-of-pocket maximum	\$1,500 per person; \$5,000 per family; combined for the HealthPartners network and out-of-network	
Preventive Health Care		
▪ Routine physical & eye exams, well-child care	100% coverage	No coverage
▪ Prenatal & postnatal care	100% coverage	75% coverage after deductible
▪ Immunizations	100% coverage	No coverage
Office Visits		
▪ Illness or injury	\$15 copayment	75% coverage after deductible
▪ Allergy injections	100% coverage	75% coverage after deductible
▪ Physical, occupational & speech therapy	\$15 copayment	75% coverage after deductible
▪ Chiropractic care (neuromusculo-skeletal conditions only)	\$15 copayment	75% coverage after deductible
▪ Mental health care	\$15 copayment	75% coverage after deductible
▪ Chemical health care	\$15 copayment	75% coverage after deductible
Convenience Care		
▪ Convenience clinics (retail clinics), eVisits	\$5 copayment	75% coverage after deductible
Emergency Care		
▪ Urgently needed care at an urgent care clinic or medical center	\$15 copayment	80% coverage of 1st \$2,500 then 100%
▪ Emergency care at a hospital ER	\$55 copayment	80% coverage of 1st \$2,500 then 100%
▪ Ambulance	80% coverage	80% coverage
Inpatient Hospital Care		
▪ Illness or injury	100% coverage	75% coverage after deductible
▪ Mental health care	100% coverage	75% coverage after deductible
▪ Chemical health care	100% coverage	75% coverage after deductible
Outpatient Care		
▪ Scheduled outpatient procedures	\$15 copayment	75% coverage after deductible
▪ Outpatient MRI and CT	100% coverage	75% coverage after deductible
Durable Medical Equipment		
▪ Durable medical equipment & prosthetics	80% coverage	75% coverage after deductible
Prescription Drugs <i>(30-day supply; 1 cycle of oral contraceptives; 90-day supply for mail order)</i>		
	HealthPartners Participating Pharmacy Benefit	Non Participating Pharmacy Benefit
▪ Specialty Drugs	80% coverage; member will pay a maximum copayment of \$200 per prescription per month	75% coverage after deductible
▪ Retail Pharmacy Copayment for 1-month supply		
▪ Preferred	\$11 copayment	75% coverage after deductible
▪ NonPreferred	\$26 copayment	75% coverage after deductible
▪ HealthPartners Mail Order Pharmacy Copayment for 3-month supply		
▪ Preferred	\$22 copayment	
▪ NonPreferred	\$52 copayment	