



**HealthPartners Health Plan
for Individuals & Families**
Summary of Benefits



The following summarizes your HealthPartners coverage. For exact terms and conditions, consult a HealthPartners Membership Contract, or call Member Services at (952) 883-5000 or 1-800-883-2177 (outside the Twin Cities metro area) If you are hearing impaired and have access to a TDD telecommunications device, call (952) 883-5127.

Calendar year deductible option	per person	\$250	\$500	\$1,000
	per family	\$500	\$1,000	\$2,000
Annual out-of-pocket maximum	per person	\$1,000	\$1,000	\$2,000
	per family	\$3,000	\$3,000	\$5,000
Lifetime maximum	Unlimited			

Service	HealthPartners Network
	<i>When care is provided by or authorized by your HealthPartners personal physician.</i>

Preventive Health Care

- ◆ **Routine physical & eye examinations, well-child care** 100% coverage
- ◆ **Prenatal care** 100% coverage

Office Visits

- ◆ **Illness or injury** 80% coverage, after deductible
- ◆ **Physical & occupational therapy** 80% coverage, after deductible
- ◆ **Chiropractic care** (neuromusculo-skeletal conditions only) 80% coverage, after deductible
- ◆ **Mental health care** 80% coverage, after deductible
- ◆ **Chemical health care** 80% coverage, after deductible

Inpatient Care

- ◆ **Illness or injury** 80% coverage, after deductible
365 days per confinement
- ◆ **Mental health care** 80% coverage, after deductible
365 days per confinement
- ◆ **Chemical health care** 80% coverage, after deductible
365 days per confinement

Outpatient Care

- ◆ **Scheduled outpatient procedures** 80% coverage, after deductible

Emergency Care

- ◆ **Urgently needed within HealthPartners urgent care network** 80% coverage, after deductible
- ◆ **Emergency care at a network hospital ER** 80% coverage, after deductible
- ◆ **Emergency and urgently needed care outside the HealthPartners network:** 75% coverage, after deductible
(Call Member Services within 48 hours of emergency admission.)
- ◆ **Ambulance** 80% coverage, after deductible

Service	HealthPartners Network <i>When care is provided by or authorized by your HealthPartners personal physician.</i>
Prescription Drugs	
◆ Up to a 30-day supply, or one vial or box of cartridges of insulin.	\$12 copayment per prescription when it is prescribed by a Plan professional, is part of the Plan's formulary and is filled at a network pharmacy.
◆ Mail Order Pharmacy	Order a maximum of a three-month supply of prescription drugs for two copayments per prescription.
◆ Tobacco Cessation	\$12 copayment up to 30 day maximum supply; 60 days per calendar year
◆ Allergy injections	80% coverage, after deductible
◆ Immunizations	100% coverage
Home Health Care	
	80% coverage, after deductible 120 visits per calendar year
Durable Medical Equipment	
◆ Prosthetic devices	80% coverage, after deductible
◆ Durable medical equipment	80% coverage, after deductible
Dental Care	
◆ Treatment to restore damage done to sound, natural teeth as a result of accidental injury.	
- Care provided by a Plan provider	80% coverage, after deductible
- Care provided by a non-Plan provider	75% coverage, after deductible to \$300 maximum benefit
Health Education	
◆ A range of health education programs are available free or at a discount. Call the HealthPartners Center for Health Promotion for more information.	
HealthPartners' Expanded Provider Network (EPN)	
◆ When you enroll in this plan, you're eligible to purchase HealthPartners' Expanded Provider Network (EPN) option at an additional monthly cost. The EPN option offers an additional network of allied health care professionals: audiologists, chiropractors, mental health providers, optometrists, podiatrists, occupational, physical and speech therapists, and others.	
◆ You may see these EPN providers for a \$15 office visit copayment, with prior authorization and subject to the coverage, limitations and exclusions described in the Membership Contract.	
◆ EPN information is available by calling (952) 883-7222 or Member Services at (952) 883-5000 or 1-800-883-2177.	

The following services and supplies are not covered:

For details about benefits and services, call Member Services at (952) 883-5000 or (800) 883-2177.

After you enroll, you will receive identification cards, a Member Handbook and a Membership Contract, which explains exact coverage terms and conditions. This health care plan does not cover all health care expenses. In general, any service not provided by or under the direction of a licensed physician is not covered. The following is a summary of items which are excluded or limited:

- ◆ Treatment, services or procedures which are experimental, investigative or are not medically necessary
- ◆ Dental care or oral surgery†
- ◆ Non-rehabilitative chiropractic services
- ◆ Eyeglasses, contact lenses, hearing aids and their fittings
- ◆ Private-duty nursing; rest, respite and custodial care†
- ◆ Cosmetic surgery†
- ◆ Vocational rehabilitation; recreational or educational therapy
- ◆ Sterilization reversal and artificial conception processes†
- ◆ Physical, mental or substance-abuse examinations done for or ordered by third parties

† *except as specifically described in the Membership Contract*

Service Area: The HealthPartners service area and network of medical providers continues to grow in order to meet the needs of our members. Please call our Member Services staff for updated lists.

**THIS HEALTH CARE PLAN MAY NOT COVER ALL YOUR HEALTH CARE EXPENSES;
READ YOUR CONTRACT CAREFULLY TO DETERMINE WHICH EXPENSES ARE COVERED.**

HealthPartners negotiates with some providers to pay discounted rates. In those cases, coinsurance (a specific percentage of the charge) is based on that discounted amount.

Copayments (flat amounts specified in advance for categories of service, such as office visits or prescriptions) are based on an aggregate of billed charges for that type of service.

Notice: This disclosure is required by Minnesota law.

This policy or certificate is expected to return on average 79.9% of your premium dollar for health care. The lowest percentage permitted by state law for this policy or certificate is 72%.



Our mission is to improve the health of our members and our community.

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7/00 benefits

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