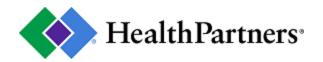


## 

The following is a general outline of the coverage that would be provided by this plan. Exact coverage terms and conditions will be set forth in the plan.

Plan highlights	In-network: Open Access	Out-of-Network
Train maningmes	Care from a network	Care from an out-of-
Partial listing of covered services	provider	network provider
Deductibles and Out-of-Pocket Limits	provider	Hetwork provider
Lifetime maximum	Unlimited	Unlimited
Calendar year individual deductible - Traditional (embedded)	\$3,200	\$6,400
Calendar year findividual deductible - Traditional (embedded)	\$6,400	\$12,800
Calendar year individual out-of-pocket limit - Traditional	30,400	\$12,800
(embedded)	\$5,200	\$15,600
Calendar year family out-of-pocket limit - Traditional	\$10,400	\$31,200
(embedded)	\$10,400	731,200
Preventive Health Care		
Routine physical exams	100%	60% after deductible
Routine eye exams	100%	60% after deductible
Postnatal care	100%	60% after deductible
Prenatal care	100%	60% after deductible
Well-child care	100%	60% after deductible
Immunizations	100%	60% after deductible
Office Visits		
Illness or injury	80% after deductible	60% after deductible
Mental health	80% after deductible	60% after deductible
Chemical health	80% after deductible	60% after deductible
Physical, occupational & speech therapy	80% after deductible	60% after deductible
Chiropractic care	80% after deductible	60% after deductible
Allergy injections	80% after deductible	60% after deductible
Convenience Care		
Convenience clinics (retail clinics)	80% after deductible	60% after deductible
E-visits	80% after deductible	60% after deductible
virtuwell	100% after deductible	Not covered
Free Visits		
Free visits for Virtuwell only	3	None
Emergency Care		
Urgently needed care at an urgent care clinic or medical center	80% after deductible	Same as in-network benefit
Emergency care at a hospital emergency room	80% after deductible	Same as in-network benefit
Ambulance	80% after deductible	Same as in-network benefit
Inpatient Hospital Care		
Illness or injury	80% after deductible	60% after deductible
Mental health	80% after deductible	60% after deductible
Chemical health	80% after deductible	60% after deductible
Outpatient Care		
Scheduled outpatient procedures	80% after deductible	60% after deductible
Outpatient MRI and CT scan	80% after deductible	60% after deductible
Durable Medical Equipment		
	80% after deductible	60% after deductible
Durable medical equipment & prosthetics	80% after deductible	60% after deductible



## Sourcewell NationalONE Empower HSA Smart Plan 4-\$3,200-80% HSA/VEBA with Rx+ OA

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Plan highlights	In-network: Open Access	Out-of-Network		
Diagnostic Imaging				
Preventive diagnostic imaging	100%	60% after deductible		
Non-preventive diagnostic imaging	80% after deductible	60% after deductible		
Lab Services				
Preventive lab services	100%	60% after deductible		
Non-preventive lab services	80% after deductible	60% after deductible		
Pharmacy	Pharmacy benefits do not include all drug classes.			
PreferredRx formulary	See plan materials for additional information.			
31-day supply; 93-day supply mail order				
Retail	Participating Pharmacies	Non-Participating		
		Pharmacies		
Retail generic formulary	80% after deductible	60% after deductible		
Retail brand formulary	80% after deductible	60% after deductible		
Retail generic non-formulary	Not covered	Not covered		
Retail brand non-formulary	Not covered	Not covered		
Mail order	Participating Pharmacies	Non-Participating		
		Pharmacies		
Generic formulary from HealthPartners mail order pharmacy	80% after deductible	Not covered		
Brand formulary from HealthPartners mail order pharmacy	80% after deductible	Not covered		
Generic non-formulary from HealthPartners mail order	Not covered	Not covered		
pharmacy Brand non-formulary from HealthPartners mail order				
pharmacy	Not covered	Not covered		
Preventive drugs	Participating Pharmacies	Non-Participating		
Freventive drugs	raiticipating ritarinacies	Pharmacies		
Rxpreventive drugsgeneric	\$0 copay	60% after deductible		
Rxpreventive drugsbrand	\$50 copay	60% after deductible		
Rxpreventive mail order drugsgeneric	\$0 copay	Not covered		
Rxpreventive mail order drugsbrand	\$100 copay	Not covered		
Specialty	Participating Pharmacies	Non-Participating		
Specialty	r articipating r narmacies	Pharmacies		
Specialty generic formulary	80% after deductible	60% after deductible		
Specialty brand formulary	80% after deductible	60% after deductible		
Specialty generic non-formulary	Not covered	Not covered		
Specialty brand non-formulary	Not covered	Not covered		
See specialty drug list on healthpartners.com.				