

Plan facts	Member services Member services hours Web address Product name	(800) 883-2177 Annual enrollment information: (800) 883-2177 Mon-Fri: 7:00 AM-7:00 PM CT www.healthpartners.com HealthPartners Primary Clinic Plan
Your medical expenses	Office visits Maternity care prenatal office visits Inpatient hospitalization Outpatient surgical care Outpatient lab and X-ray Emergency room care Urgent care facility	\$15 copay per visit (PCP or specialist) \$15 copay for initial visit, thereafter covered at 100% \$500 copay per admission \$15 copay per visit Covered at 100%. Specialized scanning and imaging covered at 80% \$55 copay/visit (waived if admitted). Out-of-area: Covered at 80% \$15 copay/visit. Out-of-area: Covered at 80% Contact plan for details
Your prescription drug expenses	Retail	\$10 copay (generic), \$20 copay (preferred brand), \$40 copay (non-preferred brand) per prescription up to 31-day supply (\$40 copay for non-preferred generic drugs)
	Mail order	\$20 copay (generic), \$40 copay (preferred brand), \$80 copay (non-preferred brand) per prescription up to 93-day supply (\$80 copay for non-preferred generic drugs)
Preventive care	Routine physical and GYN exam Routine vision exam Well-child care and immunizations Routine mammography	Covered at 100% Covered at 100% Covered at 100% Covered at 100%
Mental health	Inpatient Outpatient	\$500 copay per admission. Limited to 365 days per period of confinement \$15 (individual) or \$7.50 (group) copay per visit. Unlimited visits
Substance abuse	Inpatient detoxification Inpatient rehabilitation Outpatient detoxification Outpatient rehabilitation	\$500 copay per admission. Limited to 365 days per period of confinement combined with inpatient rehab \$500 copay per admission. Limited to 365 days per period of confinement combined with inpatient detox \$15 copay per visit. Unlimited visits* \$15 copay per visit. Unlimited visits*
Other professional care	Outpatient physical/speech/occupational therapy Chiropractic care	\$15 copay per visit. Limit 20 visits per year. Treatment plan is reviewed for future authorization \$15 copay per visit. Unlimited visits. Maintenance care is not covered
Out-of-network coverage	Out-of-network non-emergency care	Not covered
Key facts	NCQA status: PCP referral required for specialist: Lifetime Maximum Benefit: Provider Network:	Excellent Domestic partner coverage available: No Domestic partner children coverage avail.: NA See website for details

* Indicates a benefit change

The information contained in this summary is for comparative purposes and does not include all benefits, limitations, and exclusions.