

HealthPartners Retiree National Choice Plan Overview

St. Olaf – 2022

| Benefit/Service within U.S. | Plan 1 | Plan 2 | Plan 3 |
|---|---|---|---|
| Lifetime maximum | Unlimited | Unlimited | Unlimited |
| Annual deductible | \$100 | \$150 | \$200 |
| Monthly premium | 2021: \$263.60 2022: \$274.10 | 2021: \$202.80 2022: \$210.90 | 2021: \$166.40 2022: \$173.10 |
| Annual out-of-pocket maximum | \$1,750 (Medical only) | \$3,000 (Medical only) | \$5,000 (Medical only) |
| Preventive Health Care | | | |
| Routine physical, eye and hearing exams | 100% coverage | 100% coverage | 100% coverage |
| Immunizations | 100% coverage | 100% coverage | 100% coverage |
| Office Visits | | | |
| For illness or injury | \$15 Primary/ \$30 Specialty | \$20 Primary /\$40 Specialty | \$25 Primary/ \$45 Specialty |
| Chiropractic care | \$30 copay | \$40 copay | \$45 copay |
| Mental health care | \$30 copay | \$40 copay | \$45 copay |
| Podiatry | \$30 copay | \$40 copay | \$45 copay |
| E-visits | 100% coverage | 100% coverage | 100% coverage |
| Inpatient Hospital Care | | | |
| For illness or injury | \$100 copay | \$200 copay | \$500 copay |
| Mental health care | \$100 copay | \$200 copay | \$500 copay |
| Chemical health care | \$100 copay | \$200 copay | \$500 copay |
| Skilled nursing facility | 100% coverage | 100% coverage | 100% coverage |

| Emergency Care | Plan 1 | Plan 2 | Plan 3 |
|--|-------------------------------------|--|-------------------------------------|
| Emergency room in the U.S. | \$50 copay | \$50 copay | \$100 copay |
| Emergency room outside the U.S. | 80% coverage | 80% coverage | 80% coverage |
| Urgently needed care in the U.S. | \$30 copay | \$40 copay | \$50 copay |
| Urgently needed care outside the U.S. | 80% coverage | 80% coverage | 80% coverage |
| Ambulance in the U.S. | 100% coverage | 90% coverage | 80% coverage |
| Ambulance outside the U.S. | 80% coverage | 80% coverage | 80% coverage |
| Outpatient Medical Services | | | |
| Physical/occupational therapy | 100% coverage | \$15 copay | \$50 copay |
| Speech/language therapy | \$30 copay | \$40 copay | \$50 copay |
| Durable medical equipment | 90% coverage | 90% coverage | 80% coverage |
| Prosthetics | 90% coverage | 90% coverage | 80% coverage |
| Diabetes self-monitoring training, nutrition | 100% coverage | 100% coverage | 100% coverage |
| Diabetes supplies | 90% coverage | 90% coverage | 80% coverage |
| Diagnostic tests, radiology, lab services | 100% coverage | 100% coverage | 80% coverage |
| Drug Benefit | Includes gap coverage | Member experiences coverage gap | |
| Preferred Generic drugs | \$10 copay | \$10 copay | \$15 copay |
| Generic drugs | \$10 copay | \$15 copay | \$20 copay |
| Preferred brand drugs | \$20 copay | \$45 copay | \$50 copay |
| Non-preferred brand drugs | \$40 copay | \$65 copay | \$90 copay |
| Specialty drugs | 25% coinsurance | 25% coinsurance | 33% coinsurance |
| Other | | | |
| Medicare Part B drugs | 80% coverage | 80% coverage | 80% coverage |
| Hearing aids | \$199/\$499 copay per aid per year* | \$199/\$499 copay per aid per year* | \$199/\$499 copay per aid per year* |

*Copay levels are related to technology, colors, styles, feature differences. Member chooses copay level and must use TruHearing Network.

This benefit information here is not a comprehensive listing of benefits. Evidence of Coverage is considered as final and complete level of benefits. For employer group only – not for distribution to retirees/employees.