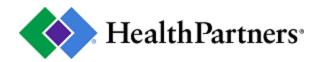


## Sourcewell NationalONE Empower HSA Smart Plan 3-\$3,200 HSA/VEBA with Rx+ OA 1-1-2024

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.

conditions will be set forth in the plan.		
Plan highlights	In-network: Open Access	Out-of-Network
Partial listing of covered services	Care from a network	Care from an out-of-
	provider	network provider
Deductibles and Out-of-Pocket Limits		
Lifetime maximum	Unlimited	Unlimited
Calendar year individual deductible - Traditional (embedded)	\$3,200	\$6,400
Calendar year family deductible - Traditional (embedded)	\$6,400	\$12,800
Calendar year individual out-of-pocket limit - Traditional (embedded)	\$3,200	\$9,600
Calendar year family out-of-pocket limit - Traditional (embedded)	\$6,400	\$19,200
Preventive Health Care		
Routine physical exams	100%	80% after deductible
Routine eye exams	100%	80% after deductible
Postnatal care	100%	80% after deductible
Prenatal care	100%	80% after deductible
Well-child care	100%	80% after deductible
Immunizations	100%	80% after deductible
Office Visits		00/0 0.00. 0.00.00.00
Illness or injury	100% after deductible	80% after deductible
Mental health	100% after deductible	80% after deductible
Chemical health	100% after deductible	80% after deductible
Physical, occupational & speech therapy	100% after deductible	80% after deductible
Chiropractic care	100% after deductible	80% after deductible
Allergy injections	100% after deductible	80% after deductible
Convenience Care		
Convenience clinics (retail clinics)	100% after deductible	80% after deductible
E-visits	100% after deductible	80% 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	100% after deductible	Same as in-network benefit
Emergency care at a hospital emergency room	100% after deductible	Same as in-network benefit
Ambulance	100% after deductible	Same as in-network benefit
Inpatient Hospital Care		
Illness or injury	100% after deductible	80% after deductible
Mental health	100% after deductible	80% after deductible
Chemical health	100% after deductible	80% after deductible
Outpatient Care		
Scheduled outpatient procedures	100% after deductible	80% after deductible
Outpatient MRI and CT scan	100% after deductible	80% after deductible
Durable Medical Equipment		
Durable medical equipment & prosthetics	100% after deductible	80% after deductible



## Sourcewell NationalONE Empower HSA Smart Plan 3-\$3,200 HSA/VEBA with Rx+ OA 1-1-2024

Plan highlights	In-network: Open Access	Out-of-Network	
Diagnostic Imaging			
Preventive diagnostic imaging	100%	80% after deductible	
Non-preventive diagnostic imaging	100% after deductible	80% after deductible	
Lab Services			
Preventive lab services	100%	80% after deductible	
Non-preventive lab services	100% after deductible	80% 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	100% after deductible	80% after deductible	
Retail brand formulary	100% after deductible	80% 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	100% after deductible	Not covered	
Brand formulary from HealthPartners mail order pharmacy	100% after deductible	Not covered	
Generic non-formulary from HealthPartners mail order	Not covered	Not covered	
pharmacy	Not covered	Not covered	
Brand non-formulary from HealthPartners mail order	Not covered	Not covered	
pharmacy	Not covered	Not covered	
Preventive drugs	Participating Pharmacies	Non-Participating	
		Pharmacies	
Rxpreventive drugsgeneric	\$0 copay	80% after deductible	
Rxpreventive drugsbrand	\$50 copay	80% after deductible	
Rxpreventive mail order drugsgeneric	\$0 copay	Not covered	
Rxpreventive mail order drugsbrand	\$100 copay	Not covered	
Specialty	Participating Pharmacies	Non-Participating	
		Pharmacies	
Specialty generic formulary	100% after deductible	80% after deductible	
Specialty brand formulary	100% after deductible	80% 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.			