

## 2010 Federal Employee Three for Free Plan

<b>Benefit</b>	<b>Open Access Three for Free Standard Option</b>
<b>Network</b>	<b>HealthPartners Federal Open Access Network</b>
<b>Enrollment Codes:</b>	<b>Single V34 / Family V35</b>

<b>Preventive Care</b>	<b>You Pay:</b>
Immunizations, routine hearing, vision screenings and exams	You pay nothing
Annual Out of Pocket	\$4,000 Self    \$8,000 Family
Annual Deductible	\$950 Self    \$1,900 Family

<b>Office Visits</b>	<b>You Pay:</b>
Illness or Injury	<b>Three visits free per member per year,*</b> then 20% after deductible
Convenience Clinics	
Mental/Chemical Health outpatient	
Chiropractic Services	20% after deductible

<b>Prescriptions</b>	<b>You Pay:</b>
Filled at Contracted Pharmacy	\$6 co-payment for generic formulary \$30 co-payment for brand name formulary after deductible \$60 co-payment for non-formulary after deductible
Specialty Drugs	25% up to \$200 co-payment per prescription
Mail order (90 day supply)	\$12 co-payment for generic formulary drugs and brand name oral contraceptives \$60 co-payment for brand name formulary after deductible \$120 co-payment for non-formulary drugs after deductible

<b>Lab and Diagnostic Services</b>	<b>You Pay:</b>
MRI/CT (Scheduled outpatient or office)	20% after deductible
Other than MRI/CT	20% after deductible

<b>Hospital Care</b>	<b>You Pay:</b>
Inpatient Care	20% after deductible
Outpatient Care	20% after deductible
Mental/Chemical Health inpatient	20% after deductible

<b>Emergency Services</b>	<b>You Pay:</b>
Emergency Room	20% after deductible
Urgent Care	20% after deductible
Emergency Care while traveling — Worldwide	20% after deductible
<b>Preventive Dental Care</b>	All charges

<b>Rates:</b>	Single	Family
<b>Biweekly Non Postal Employee pays:</b>	\$35.20	\$80.96
<b>Biweekly Postal Employee pays:</b>	\$20.42	\$46.96

Wellness incentive. Receive up to \$100 for completing an online health assessment in 2010 and an eligible online wellness course. Plus your covered spouse can also earn \$100.

This is a summary, or brief description of the features of the HealthPartners Federal Benefit plans. Before making a final decision, please read the Plan's Federal brochure RI 73-009.

All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochure.

\* Each family member may receive up to a combined total of three office and urgent care visits each year where the physician's services are covered at 100%. All charges for office procedures, laboratory, radiology, day treatment services, group visit, chiropractic care, physical, occupational and speech therapy services are subject to the deductible and coinsurance.