




The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, www.healthpartners.com/centracare or by calling 1-844-565-0629. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.cciio.cms.gov or call 1-844-565-0629 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p>\$2,800/Single or \$5,600/Family In-Network Tier I & II</p> <p>\$3,000/Single of \$6,000/Family Tier III, OON</p> <p>Note: These are combined deductibles and will apply to satisfy Tier III deductible</p> <p>Employer HSA contribution of \$850 (single)/\$1,000 (family), helps cover the cost of the deductible</p>	<p>Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u>, each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u>.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. <u>Preventive care</u> services are covered before you meet your <u>deductible</u>.</p>	<p>This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u>. See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other deductibles for specific services?</p>	<p>No</p>	<p>None</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>\$4,000/Single or \$8,000/Family In-Network Tier I & II</p> <p>\$5,000/Single or \$10,000/Family Tier III, OON</p> <p>Pharmacy Benefit: Cost goes toward deductible</p>	<p>The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u>, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p><u>Copayments</u> for certain services, <u>premiums</u>, <u>balance-billing</u> charges,</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>

	and health care this <u>plan</u> doesn't cover.	
Will you pay less if you use a <u>network provider</u>?	Yes. See www.healthpartners.com/centracare or call 1-800-565-0629 for a list of <u>network providers</u> .	This <u>plan</u> uses a provider <u>network</u> . You will pay less if you use a <u>provider</u> in the plan's <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the provider's charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u>?	No. You do not need a referral to see a specialist	You can see the <u>specialist</u> you choose without permission from this <u>plan</u> . If you choose to see a Tier II or III provider, you will be responsible for the difference in the deductible, coinsurance, and out-of-pocket maximum amounts.
		All <u>copayment</u> and <u>coinsurance</u> costs shown in this chart are after your <u>deductible</u> has been met, if a <u>deductible</u> applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's office</u> or <u>clinic</u>	Primary care visit to treat an injury or illness	Tier I: 20% <u>coinsurance</u> after deductible Tier II: 30% <u>coinsurance</u> after deductible	Tier III: 40% <u>coinsurance</u> after deductible	None
	<u>Specialist</u> visit	Tier I: 20% <u>coinsurance</u> after deductible Tier II: 30% <u>coinsurance</u> after deductible	Tier III: 40% <u>coinsurance</u> after deductible	None
	<u>Preventive care/screening/immunization</u>	Tier I & II: 100% covered	Tier III: 40% <u>coinsurance</u> after deductible	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are preventive. Then check what your <u>plan</u> will pay for. Routine hearing and vision exams covered 1 per calendar year.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Tier I: 20% <u>coinsurance</u> after deductible	Tier III: 40% <u>coinsurance</u> after deductible	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
		Tier II: 30% <u>coinsurance</u> after deductible		
	Imaging (CT/PET scans, MRIs)	Tier I: 20% <u>coinsurance</u> after deductible Tier II: 30% <u>coinsurance</u> after deductible	Tier III: 40% <u>coinsurance</u> after deductible	
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.healthpartners.com/centracare	Generic drugs	Tier I: 20% <u>coinsurance</u> after deductible. Preventive Rx: 100% covered Tier II: 30% <u>coinsurance</u> after deductible	Tier III: No Coverage	Covers up to a 34-day supply / 102 day supply retail Non-formulary drugs require step therapy and prior authorization in order to be covered. Then Formulary drug benefit would apply
	Formulary Brand drugs	Tier I: 20% <u>coinsurance</u> after deductible. Preventive Rx: 100% covered Tier II: 30% <u>coinsurance</u> after deductible	Tier III: No Coverage	
	Non-Formulary Generic & Brand drugs	No Coverage	No coverage	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<u>Specialty drugs</u>	<p>Tier I: 20% <u>coinsurance</u> after deductible</p> <p>Tier II: 30% <u>coinsurance</u> after deductible</p>	Tier III: No Coverage	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	<p>Tier I: 20% <u>coinsurance</u> after deductible</p> <p>Tier II: 30% <u>coinsurance</u> after deductible</p>	Tier III: 40% <u>coinsurance</u> after deductible	None
	Physician/surgeon fees	<p>Tier I: 20% <u>coinsurance</u> after deductible</p> <p>Tier II: 30% <u>coinsurance</u> after deductible</p>	Tier III: 40% <u>coinsurance</u> after deductible	None
If you need immediate medical attention	<u>Emergency room care</u>	Tier I & II: 20% <u>coinsurance</u> after deductible	Tier III: 20% <u>coinsurance</u> after in-network deductible	None
	<u>Emergency medical transportation</u>	Tier I & II: 20% <u>coinsurance</u> after deductible	Tier III: 20% <u>coinsurance</u> after in-network deductible	
	<u>Urgent care</u>	Tier I & II: 20% <u>coinsurance</u> after deductible	Tier III: 20% <u>coinsurance</u> after in-network deductible	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	Tier I: 20% <u>coinsurance</u> after deductible Tier II: 30% <u>coinsurance</u> after deductible	Tier III: 40% <u>coinsurance</u> after deductible	None
	Physician/surgeon fees	Tier I: 20% <u>coinsurance</u> after deductible Tier II: 30% <u>coinsurance</u> after deductible	Tier III: 40% <u>coinsurance</u> after deductible	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Tier I: 20% <u>coinsurance</u> after deductible Tier II: 30% <u>coinsurance</u> after deductible	Tier III: 40% <u>coinsurance</u> after deductible	None
	Inpatient services	Tier I: 20% <u>coinsurance</u> after deductible Tier II: 30% <u>coinsurance</u> after deductible	Tier III: 40% <u>coinsurance</u> after deductible	
If you are pregnant	Prenatal Exams & Well-child Exams, (birth to age 6)	Tier I & II: 100% covered	Tier III: 40% <u>coinsurance</u> after deductible	<u>Cost sharing</u> does not apply to certain <u>preventive services</u> . Depending on the type of services, <u>coinsurance</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	Tier I: 20% <u>coinsurance</u> after deductible Tier II: 30% <u>coinsurance</u> after deductible	Tier III: 40% <u>coinsurance</u> after deductible	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Childbirth/delivery facility services	Tier I: 20% <u>coinsurance</u> after deductible Tier II: 30% <u>coinsurance</u> after deductible	Tier III: 40% <u>coinsurance</u> after deductible	
If you need help recovering or have other special health needs	<u>Home health care</u>	Tier I: 20% <u>coinsurance</u> after deductible Tier II: 30% <u>coinsurance</u> after deductible	Tier III: 40% <u>coinsurance</u> after deductible	None
	<u>Rehabilitation services</u>	Tier I: 20% <u>coinsurance</u> after deductible Tier II: 30% <u>coinsurance</u> after deductible	Tier III: 40% <u>coinsurance</u> after deductible	None
	<u>Habilitation services</u>	Tier I: 20% <u>coinsurance</u> after deductible Tier II: 30% <u>coinsurance</u> after deductible	Tier III: 40% <u>coinsurance</u> after deductible	None
	<u>Skilled nursing care</u>	Tier I: 20% <u>coinsurance</u> after deductible Tier II: 30% <u>coinsurance</u> after deductible	Tier III: 40% <u>coinsurance</u> after deductible	120 visits per calendar year

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<u>Durable medical equipment</u>	Tier I & II: 20% <u>coinsurance</u> after deductible	Tier III: 20% <u>coinsurance</u> after deductible	Excludes vehicle modifications, home modifications, exercise, and bathroom equipment.
	<u>Hospice services</u>	Tier I: 20% <u>coinsurance</u> after deductible Tier II: 30% <u>coinsurance</u> after deductible	Tier III: 40% <u>coinsurance</u> after deductible	None
If your child needs dental or eye care	Children's eye exam	Tier I & II: Covered at 100%	Tier III: 40% <u>coinsurance</u> after deductible	Coverage limited to one exam/year.
	Children's glasses	No Coverage	No Coverage	No coverage for these services
	Children's dental check-up	No Coverage	No Coverage	No coverage for these services

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)
<ul style="list-style-type: none"> • Cosmetic Surgery • Dental Care • Long Term Care • Private Duty Nursing

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)
<ul style="list-style-type: none"> • Acupuncture (if prescribed for rehabilitation purposes) • Bariatric Surgery • Chiropractic Care • Transplant Services • Weight Loss Programs • Infertility Treatment – AI/IUI procedures: \$10,000 combined Medical/RX Lifetime Maximum

Your Rights to Continue Coverage: Additional information on your right to continue coverage can be found in the 2022 Employee Benefit Guide or by contacting Human Resources at (320) 25-AskHR (27547).

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also

provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact HealthPartners at 1-844-565-0629. Additional information can be found in your HealthPartners Summary Plan Description.

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al 1-866-398-9119

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-844-565-0629

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-844-565-0629

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-844-565-0629

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*—————

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$5,600
- The [plan's](#) HSA contribution \$1,700
- [Specialist coinsurance](#) 20%
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$5,600
Copayments	\$0
Coinsurance	\$1,440
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$5,400

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$2,800
- The [plan's](#) HSA contribution \$850
- [Specialist coinsurance](#) 20%
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles*	\$2,800
Copayments	\$0
Coinsurance	\$920
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$2,930

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$2,800
- The [plan's](#) HSA contribution \$850
- [Specialist coinsurance](#) 20%
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles*	\$1,900
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,050