

## 2016 COPAY AND DEDUCTIBLE PLANS

Health Insurance for Individuals & Families

Welcome to PreferredOne®

PreferredOne®

[PreferredOne.com](http://PreferredOne.com)

## Your Health, Your Choice, Many Options

At PreferredOne, our name says it all...“you and your family are our preferred ones.” Our goal is to make your healthcare experience the best it can be. We offer a range of coverage choices. We invite you to learn about the many programs we have to keep you healthy and well.

## Why PreferredOne?

For 30 years we have served Minnesota in delivering high-quality health insurance. We cover many of the largest employers. But it's our customer service that truly sets us apart. PreferredOne's staff of more than 300 employees is located in Golden Valley, MN and we are committed to supporting you in your time of need.



## Open Enrollment Information

The 2016 Open Enrollment for individuals and family health plans will be held *November 1, 2015 to January 31, 2016* for effective dates starting *January 1, 2016*. See [PreferredOne.com](http://PreferredOne.com) to learn more about how effective dates are determined during open enrollment.

## It's YOUR choice

Choose from a variety of plan options that include:

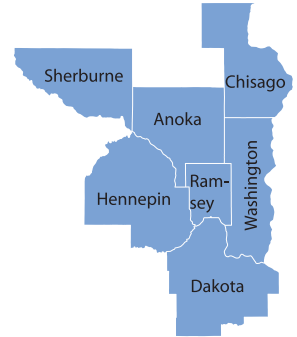
- Guaranteed coverage with no pre-existing condition limitations.
- 100% coverage for preventive care, including routine checkups, immunizations, prenatal care, pediatric preventive dental/vision coverage.
- Pharmacy benefits with convenient retail pharmacies and a mail service option.
- \$20/month discount on your fitness club dues at participating health clubs.
- Special coverage for children under 19 years including eye exams, glasses/contacts and dental coverage.

## PreferredOne Provider Networks

Our 2016 individual products are only available to residents of the counties in the following network maps. Our provider networks include primary care physicians, specialists, hospitals, clinics, convenience care clinics and urgent care centers. You can even go online 24/7 through Zipnosis and North eCare.

### Select Network (Twin Cities Metro)

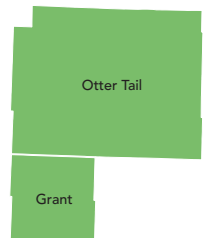
The Select Network offers convenient open access to more than 5,000 top primary care and specialty doctors throughout the metro area. The Select Network is available to residents living in the following counties: Anoka, Chisago, Dakota, Hennepin, Ramsey, Sherburne and Washington. Providers include:



- Fairview Clinics (includes University of Minnesota Physicians and University of Minnesota Masonic Children's Hospital)
- HealthEast Care Systems
- North Memorial Clinics
- Northwest Family Physicians
- North Clinics

### Lakes Area Network (Residents of Grant and Otter Tail County)

The Lakes Area Community Healthplan Network consists of more than 270 local providers, three hospitals: Lake Region Healthcare, Perham Health and Prairie Ridge Hospital. In addition, the Lakes Area Network has numerous outpatient treatment facilities, urgent care centers, chiropractors, and pharmacies.



## For more information about PreferredOne

If you'd like more details or need a question answered, call your broker/agent or PreferredOne at:

- Twin Cities Metro Area: 763.847.3020
- Outside Metro Area: 1.855.717.5267
- TTY: 763.847.4013
- Monday-Friday, 8:00 a.m. - 5:00 p.m. during open enrollment. Monday-Friday, 8:00 a.m. - 4:30 p.m. outside of open enrollment.
- Email: [Individual.Sales@PreferredOne.com](mailto:Individual.Sales@PreferredOne.com)

# PREFERREDONE COPAY PLAN HIGHLIGHTS

The information below provides a summary of benefits and is not all-inclusive. The Individual Contract includes a complete description of benefits and exclusions.

	COPAY PLANS		
	IN-NETWORK BENEFITS		OUT-OF-NETWORK BENEFITS
Plan Name	Balance Plus	Dimension Plus	
Plan Type	3 office visit copay	2 PCP office visit copay	
Available Network Options (based on county of residence)	Select or Lakes Area		
Deductible	\$3,000 individual or \$6,000 family (\$3,000 per family member)	\$6,150 individual or \$12,300 family (\$6,150 per family member)	\$10,000 individual or \$20,000 family
Coinsurance (% Coverage)	80%	50%	50%
Out-of-Pocket Maximum	\$6,000 individual or \$12,900 family (\$6,000 per family member)	\$6,850 individual or \$13,700 family (\$6,000 per family member)	Unlimited
Preventive Health Care Services, as defined by PIC and required by the Affordable Care Act and its rules or amendments to coverages such as: preventive exams, prenatal/postnatal, immunizations and cancer screenings.	100% of eligible charges (no deductible)		No coverage
Pediatric Preventive Dental (one visit every 6 months, children under age 19)			
Pediatric Vision Care - Exam (one per year, children under age 19)			
Office Visits	\$25 PCP/\$45 specialist first 3 visits combined, then 80% after deductible	\$50 PCP visit first 2 visits, then 50% after deductible Specialist 50% after deductible	50% after deductible
Mental Health/Chemical Dependency (Outpatient)			
Hospital Services, Inpatient and Outpatient			
Mental Health/Chemical Dependency (Inpatient)			
Maternity	80% after deductible	50% after deductible	
Lab and X-ray			
Urgent Care			
Emergency or Ambulance			
Chiropractic	See office visits		No coverage
Physical Therapy, Occupational Therapy and Speech Therapy			
Durable Medical Equipment			
Skilled Nursing, Home Health, Hospice		50% after deductible	
Pediatric Services - Dental (basic, intermediate, orthodontic: children under age 19) *2-year waiting period for orthodontic*	80% after deductible		
Pediatric Services - Vision (1 pair glasses or contacts per year, children under age 19) *No Out-of-Network Coverage			
Convenience Care or Online Care Zipnosis & North eCare	\$10 copay first 3 visits, then 80% after deductible	\$10 copay first 3 visits, then 50% after deductible	
Prescription Drug Coverage Closed Formulary, 31 Day Supply Only *No coverage for Non-Formulary	Generic drugs tier 1: \$10 copay Generic drugs tier 2: \$30 copay Brand formulary drugs: 80% after deductible Specialty drugs: 50% after deductible	Generic drugs tier 1: \$25 copay Generic drugs tier 2: \$50 copay Brand formulary & specialty drugs: 50% after deductible	
Routine Eye Exam Adults	No coverage		
Out-of-Country Non-Emergency Care	No coverage		
Health Club Discount (Fitness Advantage)	Receive a \$20 credit toward your membership fees at participating health clubs every month you work out 12 or more times. Members with family coverage may add one covered dependent (18 years or older) to qualify for a total monthly credit up to \$40 per month.		

Office Visit Primary Care Physician (PCP) & Specialist: Only the office visit applies to the copay, all other modalities or charges are applied to deductible and coinsurance.

Copayments for office visits and prescription drugs apply toward the out-of-pocket limit (for eligible charges only).

PreferredOne will send you a new member packet and ID card(s) once you are enrolled. These plans do not cover all health care expenses. A summary of excluded or limited benefits includes, but is not limited to: cosmetic or weight loss surgery and associated prescription drugs, experimental, investigative or non-medically necessary services.

For information on rates and plans, please visit [PreferredOne.com](http://PreferredOne.com).

# PREFERREDONE DEDUCTIBLE PLAN HIGHLIGHTS

The information below provides a summary of benefits and is not all-inclusive. The Individual Contract includes a complete description of benefits and exclusions.

	DEDUCTIBLE PLANS			OUT-OF-NETWORK BENEFITS
	IN-NETWORK BENEFITS			
Plan Name	Secure	Achieve	Freedom	
Plan Type	HSA Qualified			
Available Network Options (based on county of residence)	Select or Lakes Area			
Deductible	\$3,900 individual or \$7,800 family (\$3,900 per family member)	\$4,500 individual or \$9,000 family (\$4,500 per family member)	\$5,500 individual or \$11,000 family (\$5,500 per family member)	\$10,000 individual or \$20,000 family
Coinsurance (% Coverage)	50%	60%	80%	50%
Out-of-Pocket Maximum	\$6,550 individual or \$13,100 family (\$6,550 per family member)	\$6,550 individual or \$13,100 family (\$6,550 per family member)	\$6,550 individual or \$13,100 family (\$6,550 per family member)	Unlimited
Preventive Health Care Services, as defined by PIC and required by the Affordable Care Act and its rules or amendments to coverages such as: preventive exams, prenatal/postnatal, immunizations and cancer screenings.	100% of eligible charges (no deductible)			No coverage
Pediatric Preventive Dental (one visit every 6 months, children under age 19)				
Pediatric Vision Care - Exam (one per year, children under age 19)				
Office Visits	50% after deductible	60% after deductible	80% after deductible	50% after deductible
Mental Health/Chemical Dependency (Outpatient)				
Hospital Services, Inpatient and Outpatient				
Mental Health/Chemical Dependency (Inpatient)				
Maternity				
Lab and X-ray	50% after deductible	60% after deductible	80% after deductible	No coverage
Urgent Care				
Emergency or Ambulance				
Chiropractic				
Physical Therapy, Occupational Therapy and Speech Therapy				
Durable Medical Equipment	50% after deductible	60% after deductible	80% after deductible	No coverage
Skilled Nursing, Home Health, Hospice				
Pediatric Services - Dental (basic, intermediate, orthodontic: children under age 19) *2-year waiting period for orthodontic*				
Pediatric Services - Vision (1 pair glasses or contacts per year, children under age 19) *No Out-of-Network Coverage	Generic, brand formulary and specialty: 50% after deductible	Generic and brand formulary: 60% after deductible; specialty: 50% after deductible	Generic and brand formulary: 80% after deductible; specialty: 50% after deductible	No coverage
Convenience Care or Online Care Zipnosis & North eCare				
Prescription Drug Coverage Closed Formulary, 31 Day Supply Only *No coverage for Non-Formulary	No coverage	No coverage	No coverage	No coverage
Routine Eye Exam Adults				
Out-of-Country Non-Emergency Care				
Health Club Discount (Fitness Advantage)	Receive a \$20 credit toward your membership fees at participating health clubs every month you work out 12 or more times. Members with family coverage may add one covered dependent (18 years or older) to qualify for a total monthly credit up to \$40 per month.			

The Deductible plans have embedded deductibles. The plan begins paying at the coinsurance level indicated for the first family member who meets the individual deductible. The family deductible must be met by one or more of the remaining family members before the plan pays at the coinsurance level for all covered family members. PreferredOne will send you a new member packet and ID card(s) once you are enrolled. These plans do not cover all health care expenses. A summary of excluded or limited benefits includes, but is not limited to: cosmetic or weight loss surgery and associated prescription drugs, experimental, investigative or non-medically necessary services.

For information on rates and plans, please visit [PreferredOne.com](http://PreferredOne.com).

# On Your Path to Staying Healthy and Well

Staying physically active, eating healthy and managing stress are important elements in maintaining your health. PreferredOne offers health information and programs to help you achieve your health goals. PreferredOne members have access to the following tools via your online My Account at [PreferredOne.com](https://PreferredOne.com):



## ■ Fitness Advantage

Receive a \$20 monthly credit when you work out 12 or more times a month at participating health clubs. Members with family coverage may add one covered dependent (must be 18 years or older) to qualify for a total monthly credit of up to \$40 per month.

## ■ Online Health Risk Assessment

## ■ Tobacco Cessation Program – Quit for Life®

## ■ Online Interactive Lifestyle Improvement Programs

## ■ Healthwise® Online Health Resources

## ■ Member Discount Programs - exercise equipment, weight loss programs, etc.

## Ways to SAVE

### In case of an accident

One way to lower your health insurance premium is to choose a higher deductible. For an additional layer of financial protection consider adding PreferredOne's Supplemental Accident Only Contract to your individual medical plan.

First choose your accident benefit amount: \$2,500 or \$5,000. In the event of an accident, the accident benefit less the \$250 deductible (per covered member, per accident) is paid directly to you to help cover your medical out-of-pocket expenses relating to accidental injuries.

The Supplemental Accident Only Contract is only available as a supplement to your PreferredOne individual health contract at initial enrollment or at renewal.

### See In-Network Providers for the Best Benefit

When you enroll in a PreferredOne Individual Medical plan, you will have access to network providers. You can receive the highest level of benefits and have the lowest out-of-pocket costs by using in-network providers. Verify if your doctor, clinic or hospital are in your network by using the Provider Search tool on [PreferredOne.com](https://PreferredOne.com).

### PreferredKids

With PreferredOne Individual and Family Plans your covered children (under age 19) will benefit from dental and vision care.

- Vision Exam 100% coverage
- Eye Glasses or Contacts - one set per year (subject to deductible)
- Preventive Dental Exams 100% coverage - one visit every six months (cleaning, x-rays, sealants)
- Dental Services (subject to deductible) (fillings, crowns, root canals)
- Orthodontia (subject to deductible and 2-year waiting period)



PreferredOne®  
INSURANCE COMPANY

For more information: Call 763.847.3020 or 1.855.717.5267 or visit [PreferredOne.com](http://PreferredOne.com)