



ACHIEVE

YOUR BEST HEALTH

Your Guide to the PreferredHealth
2020 Individual & Family Plans

PreferredOne.com

PreferredOne[®]

About PreferredHealth for Individuals

Health insurance means you can live your life securely, knowing you have the financial support and exceptional doctors you need to recover from unexpected illnesses or injuries. When you need us, know that PreferredOne and your PreferredHealth plan stand ready to help you understand your care options and coverage so you can focus on feeling better and living a healthier life.

Open Enrollment Information

2020 Open Enrollment for individual and family health plans is November 1 through December 15, 2019.

Plans are available to residents of the following counties: **Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne and Washington.**

PreferredHealth Provider Network

Choose from more than 5,000 doctors, 1,300 clinics and 12 hospitals across the metropolitan area plus urgent, convenience and online care. M Health and North Memorial Health are in the network, along with the University of Minnesota Medical Center and the University of Minnesota Masonic Children's Hospital. Many other providers are also part of this network including online care through Oncare. For a complete list visit **PreferredOne.com/PH**.

PreferredHealth includes a dedicated service team to coordinate your care. The team can help you schedule appointments with network providers.



Member Assistance Program:

Your PreferredHealth plan also includes a member assistance program, which includes these and other services:

- 3 free counseling appointments per person/per episode
- 24/7 counselor access for urgent needs
- Legal services
- Financial assistance
- Family and marital concerns
- Work/life balance
- Anxiety
- Depression
- Elder care concerns

Your Health Plan is with you 24/7 with:

- OnCare - Virtual clinic that never closes
- Nurse Line - Speak with a Registered Nurse

Save Money on Prescription Medications:

Rx Savings Solutions researches your prescriptions to find the lowest priced medications and pharmacies. You get notified by text or email whenever a less expensive option is available.

Coverage Highlights **Deductible Plans**

The information below provides a summary of benefits and is not all-inclusive.

	IN-NETWORK		OUT-OF-NETWORK
PLAN NAME	PreferredHealth Silver 26	PreferredHealth Expanded Bronze 27	
PLAN TYPE	HSA qualified	HSA qualified	
NETWORK	PreferredHealth	PreferredHealth	
DEDUCTIBLE	\$3,000 individual or \$6,000 family (\$3,000 per family member)	\$6,000 individual or \$12,000 family (\$6,000 per family member)	\$15000 individual or \$25000 family
COINSURANCE (% YOU PAY AFTER DEDUCTIBLE)	20%	30%	50%
OUT-OF-POCKET MAXIMUM	\$6,900 individual or \$13,800 family (\$6,900 per family member)	\$6,900 individual or \$13,800 family (\$6,900 per family member)	Unlimited
PREVENTIVE HEALTH CARE SERVICES, SUCH AS: PREVENTIVE EXAMS, PRENATAL/ POSTNATAL, IMMUNIZATIONS, CANCER SCREENINGS AND MEDICATIONS ON PIC'S PREVENTIVE DRUG LIST.	Covered 100% You pay nothing		Not covered
PEDIATRIC VISION CARE - EXAM (1 PER YEAR, UNDER AGE 19)			
OFFICE VISITS	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after Deductible
CONVENIENCE CARE OR ONLINE CARE			
MENTAL HEALTH/CHEMICAL DEPENDENCY (OUTPATIENT)			
MENTAL HEALTH/CHEMICAL DEPENDENCY (INPATIENT)			
HOSPITAL SERVICES, INPATIENT AND OUTPATIENT			
MATERNITY			
LAB AND X-RAY			
URGENT CARE			
CHIROPRACTIC			
PHYSICAL, OCCUPATIONAL & SPEECH THERAPY			
DURABLE MEDICAL EQUIPMENT			Not covered
SKILLED NURSING, HOME HEALTH, HOSPICE			
PEDIATRIC VISION (1 PAIR GLASSES OR CONTACTS PER YEAR, CHILDREN UNDER AGE 19)			
EMERGENCY OR AMBULANCE			True emergency, paid the same as in network benefits
PRESCRIPTION DRUG COVERAGE CLOSED FORMULARY, 31 DAY SUPPLY ONLY *NO COVERAGE FOR NON-FORMULARY	Generic: 20% after deductible Brand formulary: 20% after deductible Specialty: 50% after deductible	Generic: 30% after deductible Brand formulary: 30% after deductible Specialty: 50% after deductible	Not covered
INSULIN ON FORMULARY	\$25 copay	\$25 copay	

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, please visit PreferredOne.com. Plans do not include pediatric dental.**

Coverage Highlights Copay Plans

The information below provides a summary of benefits and is not all-inclusive.

IN-NETWORK					OUT-OF-NETWORK
PLAN NAME	PreferredHealth Gold 28	PreferredHealth Silver 29	PreferredHealth Silver 31	PreferredHealth Expanded Bronze 30	
PLAN TYPE	Copay	Copay	Copay	Copay	
NETWORK	PreferredHealth	PreferredHealth	PreferredHealth	PreferredHealth	
DEDUCTIBLE	\$1,500 individual or \$3,000 family (\$1,500 per family member)	\$3,600 individual or \$7,200 family (\$3,600 per family member)	\$4,500 individual or \$9,000 family (\$4,500 per family member)	\$8,150 individual or \$16,300 family (\$8,150 per family member)	\$15000 individual or \$25000 family
COINSURANCE (% YOU PAY AFTER DEDUCTIBLE)	20%	30%	25%	0%	50%
OUT-OF-POCKET MAXIMUM	\$7,100 individual or \$14,200 family (\$7,100 per family member)	\$8,000 individual or \$16,000 family (\$8,000 per family member)	\$8,150 individual or \$16,300 family (\$8,150 per family member)	\$8,150 individual or \$16,300 family (\$8,150 per family member)	Unlimited
PREVENTIVE HEALTH CARE SERVICES, SUCH AS: PREVENTIVE EXAMS, PRENATAL/ POSTNATAL, IMMUNIZATIONS, CANCER SCREENINGS AND MEDICATIONS ON PIC'S PREVENTIVE DRUG LIST.	Covered 100% You pay nothing				Not covered
PEDIATRIC VISION CARE - EXAM (1 PER YEAR, UNDER AGE 19)					
OFFICE VISITS	\$25 copay	\$40 copay	\$50 copay	\$75 copay	You pay 50% after deductible
MENTAL HEALTH/CHEMICAL DEPENDENCY (OUTPATIENT)					
SPECIALIST OFFICE VISITS	\$50 copay	\$60 copay	\$75 copay	\$100 copay	
CONVENIENCE CARE OR ONLINE CARE	Covered 100% you pay nothing	Covered 100% you pay nothing	Covered 100% you pay nothing	Covered 100% you pay nothing	
MENTAL HEALTH/CHEMICAL DEPENDENCY (INPATIENT)	You pay 20% after deductible	You pay 30% after deductible	You pay 25% after deductible	You pay nothing after deductible	
HOSPITAL SERVICES, INPATIENT AND OUTPATIENT					
MATERNITY					
LAB AND X-RAY					
URGENT CARE					
CHIROPRACTIC	See office visits				Not covered
PHYSICAL, OCCUPATIONAL & SPEECH THERAPY					
DURABLE MEDICAL EQUIPMENT	You pay 20% after deductible	You pay 25% after deductible	You pay 25% after deductible	You pay nothing after the deductible	
SKILLED NURSING, HOME HEALTH, HOSPICE					
PEDIATRIC VISION (1 PAIR GLASSES OR CONTACTS PER YEAR, CHILDREN UNDER AGE 19)					
EMERGENCY OR AMBULANCE	\$500 copay for the first visit per member. You pay 20% after deductible	\$500 copay for the first visit per member. You pay 30% after deductible	\$500 copay for the first visit per member. You pay 25% after deductible	\$500 copay for the first visit per member. You pay nothing after deductible	True emergency, paid the same as in network benefits
PRESCRIPTION DRUG COVERAGE CLOSED FORMULARY, 31 DAY SUPPLY ONLY *NO COVERAGE FOR NON-FORMULARY	Generic: \$5 copay Brand formulary: 40% after deductible Specialty: 50% after deductible	Generic: \$25 copay Brand formulary: 30% after deductible Specialty: 50% after deductible	Generic: \$15 copay Brand formulary: 25% after deductible Specialty: 50% after deductible	Generic: \$35 copay Brand formulary: you pay nothing after deductible	Not covered
INSULIN ON FORMULARY	\$25 copay	\$25 copay	\$25 copay	\$25 copay	

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Staying Healthy on the Go

PreferredOne gives every member access to view plan information and out of pocket balances through My Account a secure online log in. My Account includes several tools to support your journey in achieving your best health. Access My Account at PreferredOne.com to take advantage:

- **Member Assistance Program**
- **Nurse Line 24/7**
- **Online Health Risk Assessment**
- **Online Interactive Lifestyle Improvement Programs**
- **Online Health and Wellness Tools**
- **Tobacco Cessation Program - Quit for Life®**
- **Member Discounts** Robust discount programs through BenefitHub
- **Online Fitness Program** Wellbeats Virtual Fitness provides fitness classes, workout plans and fitness assessments.

Supplemental Accident Only Contract

Purchase an additional layer of financial protection by adding our Supplemental Accident Only Contract. The plan works with your PreferredOne Health Insurance benefits to help pay some of your medical out of pocket costs (i.e your deductible) when you have an accident.

Benefit amounts available are \$2,500 or \$5,000 with a \$250 deductible. The benefit is paid directly to you when medical expenses are incurred due to an accidental injury.

Information about PreferredHealth

If you'd like more details or need a question answered, call your broker/agent or PreferredOne at 763.847.3020; Monday-Friday, 8:00 a.m.– 4:30 p.m. or email us at IndividualSales@PreferredOne.com

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