



Welcome to PreferredOne®

PreferredOne®

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 and provider networks. 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 350 employees is located in Golden Valley, MN and we are committed to support you in your time of need.

Open Enrollment Information

The 2015 Open Enrollment for individuals and family health plans will be held *November 15, 2014 to February 15, 2015* for effective dates starting *January 1, 2015*. See 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

With PreferredOne, you can choose the network of providers that make the most sense for you. 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 Virtuwel, Zipnosis and MDLIVE.

Choice Network (Statewide Network)

This is the best choice if you want easy access and flexibility of PreferredOne's statewide network including hospitals in the metro area and throughout the state of Minnesota.



Select Network (Twin Cities Metro)

If you want to save money on your monthly premiums, the Select Network offers convenient open access to more than 6,000 top primary care and specialty doctors throughout the metro area. The Select Network is available to residents living in the following counties: Anoka, Carver, Chisago, Dakota, Hennepin, Ramsey, Scott, Sherburne and Washington. Providers include:

- Fairview Clinics (includes University of Minnesota Physicians and University of Minnesota Childrens Hospital)
- HealthEast Care Systems
- Hennepin Healthcare System (HCMC clinics)
- North Memorial Clinics
- Northwest Family Physicians
- North Clinics

Lakes Area Network

(Residents of Grant and Otter Tail County)

The Lakes Area Network consists of more than 270 local providers, two hospital systems, 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, 7:00 a.m. - 7:00 p.m. during open enrollment. Monday-Friday, 8:00 a.m. - 4:30 p.m. outside of open enrollment.
- Email: IndividualSales@PreferredOne.com

PREFERREDONE COPAY AND 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.

	Copay Plans		Deductible Plans							
Plan Name	Aspire Plus (Silver)	Afford Plus (Bronze)	Signature (Gold)	Savers (Silver)	Afford (Bronze)	Summit (Bronze)				
Plan Type	5 Office Visit Copay	2 Office Visit Copay	HSA Qualified							
Available Network Options (based on county of residence)	Choice Select Lakes Area	Choice Select Lakes Area	Choice Select Lakes Area	Choice Select Lakes Area	Choice Select Lakes Area	Choice Select Lakes Area				
Deductible Type*	Non-Embedded	Non-Embedded	Non-Embedded	Non-Embedded	Non-Embedded	Embedded				
In-Network Coinsurance (% Coverage)	100%		100%							
In-Network Deductible/Out-of-Pocket Maximum	\$3,850 Individual or \$7,700 Family	\$6,600 Individual or \$13,200 Family	\$1,950 Individual or \$3,900 Family	\$3,350 Individual or \$6,700 Family	\$5,600 Individual or \$11,200 Family	\$6,300 Individual or \$12,600 Family (\$6,300 per family member)				
Preventive Health Care Services , as defined by PIC and required by the Affordable Care Act and its amendments or rules to coverages such as: preventive exams, prenatal/postnatal, immunizations and cancer screenings.	100% of eligible charges (no deductible)		100% of eligible charges (no deductible)							
Pediatric Preventive Dental (one visit every six months, children under age 19)										
Pediatric Vision Care - Exam (one per year, children under age 19)										
Office Visits or Urgent Care	\$35/visit for the first 5 visits, then 100% after deductible	\$50/visit first 2 visits, then 100% after deductible	100% after deductible							
Chiropractic										
Mental Health/Chemical Dependency (Outpatient)										
Convenient Care and Web-Based Care	\$10/visit first 3 visits, then 100% after deductible									
Prescription Drugs Generic, Brand Formulary, Non-Formulary Brand and Specialty Drugs: Up to a 31 day supply. Mail Up to a 93 day supply.	\$10 Generic, \$75 Brand Formulary or ***** Non-formulary brand, specialty drugs and formulary injectables 100% after deductible									
Hospital Services, Inpatient and Outpatient	100% after deductible									
Maternity (delivery & hospital)										
Lab and X-ray										
Mental Health/Chemical Dependency (Inpatient)										
Durable Medical Equipment										
Emergency or Ambulance Services										
Pediatric Services: Dental (basic, intermediate and orthodontic, children under age 19)										
Pediatric Services - Vision (one pair of glasses or contacts per year, children under age 19) *No Coverage Out-of-Network										
Health Club Discount	Receive up to \$20 credit towards your membership fees at participating health clubs. See details on page 5.									
Out-of-Network Services	For out-of-network providers, in addition to any deductible or coinsurance, you pay all charges that exceed the PIC out-of network provider reimbursement value. Please refer to the individual contract for complete details.									
Plan Name	Aspire Plus	Afford Plus	Signature	Savers	Afford	Summit				
Out-of-Network Deductible	\$7,200 individual or \$14,400 family	\$12,700 individual or \$25,400 family	\$4,000 Individual or \$8,000 Family	\$7,000 Individual or \$14,000 Family	\$11,400 Individual or \$22,800 Family	\$12,700 Individual or \$25,400 Family (\$12,700 per Family Member)				
Out-of-Network Coinsurance (% Coverage)	60%									
Out-of-Network/Out-of-Pocket Maximum	Unlimited									
Out-of-Network Emergency Room Services	Same as in-network provider benefits									

*The Non-Embedded deductible plans pay at the coinsurance level indicated once the entire family deductible is met. The family deductible can be met by one or a combination of family members. The individual deductible applies to single coverage only.

The Embedded deductible plan (Summit) 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.

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

Once you have enrolled with PreferredOne Insurance Company, you will receive a new member packet that will include your ID card. These plan options do not cover all health care expenses. A brief summary of excluded or limited benefits includes, but is not limited to: cosmetic surgery, weight loss surgery and associated prescription drugs, service or procedures which are experimental, investigative or are not medically necessary. Pediatric orthodontic services subject to a 24 month waiting period. Your contract will explain your coverage terms and conditions in detail.

For information on rates and plans, please visit [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:



- **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

Save with PreferredOne's Select Provider Network (Twin Cities Metro)

The Select Network offers convenient and open access to over 6,000 primary care and specialist doctors in the Metro area. Clinics include Fairview Clinics, HealthEast Care Systems, HCMC Clinics, North Memorial Clinics, Northwest Family Physicians, North Clinics and many more.

In case of an accident

One way to lower your monthly rate is to choose a PreferredOne plan with a high deductible. For an additional layer of financial protection consider adding PreferredOne's Supplemental Accident Only Contract to your individual medical plan. In the event of an accident, PreferredOne pays 100% of covered medical expenses with only a \$250 deductible. To learn more visit 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 waiting period)



For more information: Call 763.847.3020 or 1.855.717.5267 or visit PreferredOne.com