

**EMERITI INSURANCE PLAN OPTIONS IN MINNESOTA COMPARISON CHART  
(UNDERWRITTEN BY HEALTHPARTNERS)**

One benefits solution, up to four options to provide a range of coverages and costs to meet your health insurance needs in retirement.

Plans I and II: Comprehensive major medical insurance that builds on the foundations of Medicare Parts A and B, plus enhanced Medicare-approved Part D prescription drug coverage.

Featuring:

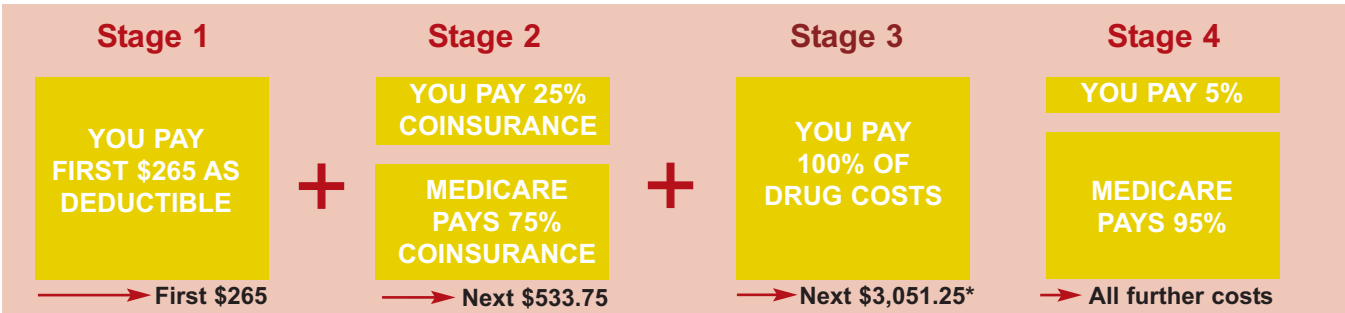
- Group retiree medical plans priced more favorably than individual plans
- Open access network includes most Minnesota doctors and hospitals and Mayo Clinic for speciality care without a referral
- Extended Absence benefit while away from Minnesota for up to nine months per year
- Coverage for emergency and urgently needed care anywhere in the world
- Comprehensive preventive care covered at 100%
- A members-only website to help you manage your care on [www.healthpartners.com](http://www.healthpartners.com)
- 24/7 health information from a registered nurse

**2007 Standard Medicare-Approved Part D Prescription Drug Benefit Plan**

**An Overview of How it Works**

The standard plan design includes several stages of cost sharing by the individual enrollees and the plan. Enrollees will pay a monthly premium for the coverage, an annual deductible (Stage 1) and an initial level of coinsurance until their prescription drug costs reach a certain level (Stage 2). At that point, if they have additional prescription drug costs in that year, they pay 100% of the costs (Stage 3), called “the Gap,” until their total True Out-of-Pocket expenses (the amounts paid by the individual in Stages 1, 2 and 3) reach \$3,850 (called TrOOP). If that level is reached, the plan provides catastrophic benefits of 95% , with the enrollee paying 5% for the rest of the year (Stage4).

The following chart illustrates the Stages of the 2007 standard Part D plan, with the typical deductible and coinsurance amounts. (The Emeriti Part D benefits in Plans I and II (available in Minnesota) work differently.



\*At the end of Stage 3, you will have paid \$3,850 in True Out-of-Pocket (TrOOP) expenses (Stage 1+2+3), after which the catastrophic Stage 4 begins.

## WHAT'S NOT COVERED

These plans do not cover all health care expenses and include exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally **not covered**. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased.

- All medical or hospital services not specifically covered in, or which are limited or excluded in plan documents
- Charges related to any eye surgery mainly to correct refractive errors
- Cosmetic surgery, including breast reduction
- Custodial care
- Dental care and X-rays
- Donor egg retrieval
- Experimental and investigational procedures
- Immunizations for travel or work
- Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents
- Non-medically necessary services or supplies
- Orthotics
- Over-the-counter medications and supplies
- Reversal of sterilization

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial description of plan benefits or programs and does not constitute a contract. HealthPartners arranges for the provision of health care services.

The availability of a plan or program may vary by geographic service area and by plan design. These plans contain exclusions and some benefits are subject to limitations or visit maximums. Consult the plan documents to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. While this material is believed to be accurate as of the print date, it is subject to change.



FOR MORE INFORMATION ABOUT  
EMERITI HEALTH SOLUTIONS, CALL:  
1-866-685-6565 (INSTITUTIONS)  
1-866-EMERITI (INDIVIDUALS)  
OR VISIT [WWW.EMERITIHEALTH.ORG](http://WWW.EMERITIHEALTH.ORG)

## EMERITI HEALTH INSURANCE PLAN OPTIONS IN MINNESOTA FOR 2007

		Option I	Option II	
<p><b>Prescription Drug Benefits (Building on Medicare Part D)</b></p> <p>*A formulary is a catalog of the prescription medications covered on a preferred basis. A closed formulary means your pharmacy benefit covers drugs that are on the formulary, and does not generally cover drugs that are not included on the formulary unless your doctor obtains a medical exception from HealthPartners. You may view the formulary at <a href="http://www.healthpartners.com">www.healthpartners.com</a>.</p> <p>**Step therapy is a process where in certain cases one or more clinically equivalent drugs must be tried before the prescribed drug is approved. Step Therapy is generally required when a prescribed drug is more expensive or has more serious potential side effects than other clinically equivalent drugs.</p>	Formulary*	Closed	Closed	
	Annual Deductible Paid by Participant (Stage 1)	\$0	\$0	
	*Initial Coinsurance Paid by Participant (Balance paid by Plan) (Stage 2)	<ul style="list-style-type: none"> <li>■ \$12 generic drugs for 30 days/\$24 generic drugs for 90 days supply (through Mail Order), ■ \$24 brand drugs for 30 days/\$48 brand drugs for 90-days supply (through Mail Order), ■ 25% coinsurance for 1-month supply of formulary specialty drugs</li> </ul>	<ul style="list-style-type: none"> <li>■ \$12 generic drugs for 30 days/\$24 generic drugs for 90 days supply (through Mail Order), ■ \$31 brand drugs for 30 days/\$62 brand drugs for 90-days supply (through Mail Order), ■ 25% coinsurance for 1-month supply of formulary specialty drugs</li> </ul>	
	=Total Cost Paid by Participant and Plan in Stages 1+2	\$2,400	\$2,400	
	+Secondary Coinsurance in "the Gap" Paid by Participant (Balance Paid by Plan) (Stage 3)	<ul style="list-style-type: none"> <li>■ \$12 generic drugs for 30 days/\$24 generic drugs for 90 days supply (through Mail Order), ■ \$24 brand drugs for 30 days/\$48 brand drugs for 90-days supply (through Mail Order), ■ 25% coinsurance for 1-month supply of formulary specialty drugs</li> </ul>	100%	
	=True Out-of-Pocket (TrOOP) Expenses Paid by Participant (Stages 1+2+3) to Reach Catastrophic Threshold	\$3,850	\$3,850	
	Then, Catastrophic Coverage begins (Amount the Participant Pays When "the Gap" is Met). The Participant Pays:	Greater of \$2.15 generic drugs/\$5.35 brand drugs or 5% coinsurance	Greater of \$2.15 generic drugs/\$5.35 brand drugs or 5% coinsurance	
	Step Therapy**	Included	Included	
<p><b>Medical Benefits (Building on Medicare Parts A and B)***</b></p> <p>***Expenses the participant pays to meet Medicare Part A and B deductibles are eligible for reimbursement under the Emeriti Health Insurance Plan Options.</p>	Preventive Care Services	No copay	No copay	
	Annual Deductible Paid by Participant	\$0	\$0	
	Coinsurance Paid by Participant (Balance Paid by Plan)	<ul style="list-style-type: none"> <li>■ General and Special Office Visits</li> <li>■ Urgent Care Services</li> <li>■ Foreign Travel</li> <li>Emergency Benefits</li> </ul>	<ul style="list-style-type: none"> <li>\$15 copay</li> <li>\$15 copay</li> <li>20%</li> </ul>	<ul style="list-style-type: none"> <li>\$20 copay</li> <li>\$20 copay</li> <li>20%</li> </ul>
	Inpatient Hospital	\$100 per benefit period	\$100 per benefit period	
	Skilled Nursing and Hospice Care	No copay	No copay	
	Total Copay + Coinsurance Paid by Participant to Reach Catastrophic Threshold	\$1,500	\$3,000	