

HIOS Issuer ID*	85654	Health Partners Insurance Company
Issuer State*	MN	Individual
Market Coverage*	Individual	
Dental Only Plan*	No	
TIN*	41-1683523	

HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*
85654MN0220041	Peak Catastrophic \$6350-100%	85654MN022	7821091056	MNN002	MNS002
85654MN0220042	Peak \$6350-100%	85654MN022	7821091056	MNN002	MNS002
85654MN0220043	Peak \$2300-80%	85654MN022	7821091056	MNN002	MNS002
85654MN0220044	Peak HDHP \$6300-100%	85654MN022	7821091056	MNN002	MNS002
85654MN0220045	Peak HDHP \$3650-100%	85654MN022	7821091056	MNN002	MNS002
85654MN0220046	Compass Catastrophic \$6350-100%	85654MN022	7821091056	MNN001	MNS001
85654MN0220047	Compass Open Access \$6350-100%	85654MN022	7821091056	MNN001	MNS001
85654MN0220048	Compass Open Access \$2000-80%	85654MN022	7821091056	MNN001	MNS001
85654MN0220049	Compass OA HDHP \$6350-100%	85654MN022	7821091056	MNN001	MNS001
85654MN0220050	Compass OA HDHP \$2850-90%	85654MN022	7821091056	MNN001	MNS001

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HIOS Plan ID* (Standard Component)	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*
85654MN0220041	MNF004	New	PPO	Catastrophic	No
85654MN0220042	MNF007	New	PPO	Bronze	Yes
85654MN0220043	MNF014	New	PPO	Silver	Yes
85654MN0220044	MNF007	New	PPO	Bronze	Yes
85654MN0220045	MNF007	New	PPO	Silver	Yes
85654MN0220046	MNF004	New	PPO	Catastrophic	No
85654MN0220047	MNF007	New	PPO	Bronze	Yes
85654MN0220048	MNF014	New	PPO	Silver	Yes
85654MN0220049	MNF013	New	PPO	Bronze	Yes
85654MN0220050	MNF012	New	PPO	Silver	Yes

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HIOS Plan ID* (Standard Component)	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*
85654MN0220041	Off the Exchange	No	No
85654MN0220042	Off the Exchange	No	No
85654MN0220043	Off the Exchange	No	No
85654MN0220044	Off the Exchange	No	No
85654MN0220045	Off the Exchange	No	No
85654MN0220046	Off the Exchange	No	No
85654MN0220047	Off the Exchange	No	No
85654MN0220048	Off the Exchange	No	No
85654MN0220049	Off the Exchange	No	No
85654MN0220050	Off the Exchange	No	No

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HIOS Plan ID* (Standard Component)	Specialist(s) Requiring a Referral	Plan Level
85654MN0220041		
85654MN0220042		
85654MN0220043		
85654MN0220044		
85654MN0220045		
85654MN0220046		
85654MN0220047		
85654MN0220048		
85654MN0220049		
85654MN0220050		

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HIOS Plan ID* (Standard Component)	Limited Cost Sharing Plan Variation - Est Advanced Payment	HSA Eligible*
85654MN0220041	\$0.00	No
85654MN0220042	\$0.00	No
85654MN0220043	\$0.00	No
85654MN0220044	\$0.00	Yes
85654MN0220045	\$0.00	Yes
85654MN0220046	\$0.00	No
85654MN0220047	\$0.00	No
85654MN0220048	\$0.00	No
85654MN0220049	\$0.00	Yes
85654MN0220050	\$0.00	Yes

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HIOS Plan ID*(Standard Component)	HSA/HRA Employer Contribution	HSA/HRA Employer Contribution Amount
85654MN0220041		
85654MN0220042		
85654MN0220043		
85654MN0220044		
85654MN0220045		
85654MN0220046		
85654MN0220047		
85654MN0220048		
85654MN0220049		
85654MN0220050		

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HIOS Plan ID* (Standard Component)	Child-Only Offering*	Child Only Plan ID	Wellness Program Offered*
85654MN0220041	Allows Adult and Child-Only		No
85654MN0220042	Allows Adult and Child-Only		No
85654MN0220043	Allows Adult and Child-Only		No
85654MN0220044	Allows Adult and Child-Only		No
85654MN0220045	Allows Adult and Child-Only		No
85654MN0220046	Allows Adult and Child-Only		No
85654MN0220047	Allows Adult and Child-Only		No
85654MN0220048	Allows Adult and Child-Only		No
85654MN0220049	Allows Adult and Child-Only		No
85654MN0220050	Allows Adult and Child-Only		No

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HIOS Plan ID* (Standard Component)	Disease Management Programs Offered	EHB Apportionment for Pediatric Dental
85654MN0220041		
85654MN0220042		
85654MN0220043		
85654MN0220044		
85654MN0220045		
85654MN0220046		
85654MN0220047		
85654MN0220048		
85654MN0220049		
85654MN0220050		

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HIOS Plan ID* (Standard Component)	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs
85654MN0220041		
85654MN0220042		
85654MN0220043		
85654MN0220044		
85654MN0220045		
85654MN0220046		
85654MN0220047		
85654MN0220048		
85654MN0220049		
85654MN0220050		

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HIOS Plan ID* (Standard Component)

Maximum Number of Days for Charging an Inpatient Copay?

85654MN0220041
85654MN0220042
85654MN0220043
85654MN0220044
85654MN0220045
85654MN0220046
85654MN0220047
85654MN0220048
85654MN0220049
85654MN0220050

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HIOS Plan ID* (Standard Component)

Begin Primary Care Cost-Sharing After a Set Number of Visits?

85654MN0220041
85654MN0220042
85654MN0220043
85654MN0220044
85654MN0220045
85654MN0220046
85654MN0220047
85654MN0220048
85654MN0220049
85654MN0220050

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HIOS Plan ID* (Standard Component)	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?
85654MN0220041	
85654MN0220042	2
85654MN0220043	3
85654MN0220044	
85654MN0220045	
85654MN0220046	
85654MN0220047	3
85654MN0220048	3
85654MN0220049	
85654MN0220050	

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HIOS Plan ID* (Standard Component)	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*
85654MN0220041	1/1/2014	12/31/2014	Yes
85654MN0220042	1/1/2014	12/31/2014	Yes
85654MN0220043	1/1/2014	12/31/2014	Yes
85654MN0220044	1/1/2014	12/31/2014	Yes
85654MN0220045	1/1/2014	12/31/2014	Yes
85654MN0220046	1/1/2014	12/31/2014	Yes
85654MN0220047	1/1/2014	12/31/2014	Yes
85654MN0220048	1/1/2014	12/31/2014	Yes
85654MN0220049	1/1/2014	12/31/2014	Yes
85654MN0220050	1/1/2014	12/31/2014	Yes

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HIOS Plan ID* (Standard Component)	Out of Country Coverage Description	Out of Service Area Coverage*
85654MN0220041	Coverage for Emergency Services only	Yes
85654MN0220042	Coverage for Emergency Services only	Yes
85654MN0220043	Coverage for Emergency Services only	Yes
85654MN0220044	Coverage for Emergency Services only	Yes
85654MN0220045	Coverage for Emergency Services only	Yes
85654MN0220046	Coverage for Emergency Services only	Yes
85654MN0220047	Coverage for Emergency Services only	Yes
85654MN0220048	Coverage for Emergency Services only	Yes
85654MN0220049	Coverage for Emergency Services only	Yes
85654MN0220050	Coverage for Emergency Services only	Yes

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HIOS Plan ID* (Standard Component)	Out of Service Area Coverage Description	National Network*
85654MN0220041	Out of network benefits will be applied	Yes
85654MN0220042	Out of network benefits will be applied	Yes
85654MN0220043	Out of network benefits will be applied	Yes
85654MN0220044	Out of network benefits will be applied	Yes
85654MN0220045	Out of network benefits will be applied	Yes
85654MN0220046	Out of network benefits will be applied	Yes
85654MN0220047	Out of network benefits will be applied	Yes
85654MN0220048	Out of network benefits will be applied	Yes
85654MN0220049	Out of network benefits will be applied	Yes
85654MN0220050	Out of network benefits will be applied	Yes

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HIOS Plan ID* (Standard Component)	URL for Summary of Benefits & Coverage	URL for Enrollment Payment	Plan Brochure
85654MN0220041			
85654MN0220042			
85654MN0220043			
85654MN0220044			
85654MN0220045			
85654MN0220046			
85654MN0220047			
85654MN0220048			
85654MN0220049			
85654MN0220050			