

**HIOS Issuer ID:\*** 85654      **HealthPartners Ins Co.**  
**Issuer State:\*** MN      **Small Group**

<b>Service Area ID*</b>	<b>Service Area Name*</b>	<b>State*</b>	<b>County Name</b>	<b>Partial County</b>
MNS001	Minnesota	Yes		