

Your health plan

2020 Open Enrollment



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Here to be your partner

We are 26,000 partners strong, working together to support your health every day. For you, it's a top-rated Member Services team – here to help you understand your plan and answer your questions. It's a plan you can understand, benefits that benefit you, and a commitment to lower costs. Partnership – it means we're in this together.



Getting started

The more you know about your plan, the easier it is to make good decisions for your health and wallet. We're happy you're trusting HealthPartners. Here are some tips.

Understand your costs

You'll likely see these terms during enrollment and throughout the year. Knowing how these costs work with your plan will help you avoid unexpected charges.

- **Premium** – how much you pay for your plan.
- **Deductible** – the amount you're responsible to pay for care before your plan helps cover costs, not including your premium.
- **Copay** – a set amount you pay each time you visit the doctor or get a prescription.
- **Coinsurance** – a percent of the bill you pay. Your plan covers the rest.
- **Out-of-pocket maximum** – the most you'll pay for covered care each year.
- **Summary of Benefits and Coverage (SBC)** – lists out the specific costs for your plan.

Check out your extras

Your health plan does more than just process claims. Read on to learn more about some of the services, resources and discounts you have available to help you live your best life.

Use your online account

With a *myHealthPartners* account, you can shop, plan and feel confident when you choose care. We'll also send you tips to save money and live healthier. Log on or create an account at **healthpartners.com**.

- Search for doctors in your network.
- Get cost estimates for care.
- Check your deductible or out-of-pocket maximum spending.
- Compare prescription costs.
- Manage your health with the myHP mobile app

Everyone's health and financial situation is a little different. Call **952-883-5000** or **800-883-2177** and we'll help you make choices you'll feel good about.



I'm thankful I had someone to help me understand my own health insurance. I can walk you through your plan now, so you're prepared when you use it later.

Ciara, Member Services

Copay/Deductible plan with the Open Access network

Avoid being surprised by your bill. You'll pay a flat cost for a visit to the doctor. And you'll have no problem finding your favorite from one of our largest networks.

What you'll pay

Copay

Something like an office visit to a specialist, chiropractor or therapist costs a copay (a set dollar amount).

Deductible, then coinsurance

Things like X-rays or a hospital stay cost you the full amount up to a certain point (your deductible).

After you hit that point, you pay coinsurance (a portion of the bill). For example, you might pay 20 percent, and your plan would pay the rest.

Out-of-pocket maximum

After you reach a limit, called your out-of-pocket maximum, you don't pay any more. All in-network care is paid for by your health plan.

Your plan helps pay for

- Preventive care (no cost to you)
- Convenience care and online care
- Specialty care (no referrals needed)
- Prescriptions

TIP: Get your yearly recommended checkup, vaccines and screenings. Your plan covers your care.

Plan highlights

Your plan covers most of the cost of primary, convenience, online and specialty care, as well as prescription drugs. Your member ID card clearly lists your copays so you can easily know your share of the bill.

Where you can get care

Choose from one of the biggest networks of doctors and clinics. Check for your doctor or find a new one at healthpartners.com/openaccess.

For more details check your Summary of Benefits and Coverage (SBC) in your enrollment materials. Or give us a call at **952-883-5000 or 800-883-2177**.

HSA Rx Plus plan with the Open Access network

Set aside pretax money in a health savings account (HSA) to cover your medical bills. Plus, get lower costs on prescriptions and access to a large network of doctors.

What you'll pay

Deductible, then coinsurance

This plan has a deductible. That's a set amount you pay before your plan helps cover costs. After you reach your deductible, you may pay coinsurance which is a percent of the bill.

Out-of-pocket maximum

Once you reach the out-of-pocket maximum, your health plan pays for all in-network care for the rest of the year.

Preventive drug coverage

For prescriptions on our preventive drug list, you'll pay a set amount (a copay) or possibly nothing at all – even if you haven't hit your deductible. See the list at healthpartners.com/formularies.

What your plan pays for

Even before you've paid your deductible, your plan fully pays for in-network preventive care.

After you hit your deductible, your plan helps cover things like:

- Convenience care and online care
- Specialty care (no referrals needed)
- Prescriptions

Where you can get care

You can pick where you want to go from one of the biggest networks of doctors and clinics. Search the Open Access network at healthpartners.com/openaccess.

EmpowerSM HSA plan highlights

This plan allows you to contribute money to an HSA before taxes are taken out. Add up what you spent on health care expenses last year to get an idea of how much to put in next year.

Use your HSA to pay for things like:

- Doctor visits and lab fees
- Prescription medicines
- Dental care and braces
- Vision care and LASIK surgery

HSA money can:

- Earn interest or be invested
- Pay for medical expenses before or after you reach your deductible
- Roll over year after year, even if you switch jobs

For more details check your Summary of Benefits and Coverage (SBC) in your enrollment materials. Or give us a call at **952-883-5000 or 800-883-2177**.

TIP: Put some of the money you're saving on premiums into your HSA on your own or through direct deposit.

Three for Free plan with the Open Access network

Get your first three doctor visits for free. And find a doctor you love with one of the largest networks.

What you'll pay

\$0 for the first three visits

With this plan, you get your first three doctor visits for free – even if you haven't reached your deductible. You can go to a primary or specialty doctor, urgent care or convenience clinic. Even better, everyone on your plan gets their own three free visits, too.

Deductible, then coinsurance

For other services and additional doctor visits, you pay the full cost until you reach a set amount, called your deductible.

After that, your plan splits the bill with you. That's called coinsurance. For example, you might pay 20 percent, and your plan pays the other 80 percent.

Out-of-pocket maximum

Once you reach a limit, called an out-of-pocket maximum, you don't pay any more. Your plan pays for all other in-network care.

Your plan helps pay for

- Preventive care (no cost to you)
- Convenience care and online care
- Specialty care (no referrals needed)
- Prescriptions

TIP: Get your yearly recommended checkup, vaccines and screenings. In-network preventive care is covered by your plan and doesn't count toward your three visits.

Plan highlights

You can save around \$100 for each of your first three visits. If there are extra costs, like lab work, X-rays or other therapy, you'll pay your deductible or coinsurance.

Get this	It costs	You pay
Doctor visit	\$100	\$0
Blood work	\$15	\$15
CT Scan	\$250	\$250
Total	\$365	\$265

This is an example. Your actual costs and savings may vary.

Where you can get care

You choose where you get care from one of the biggest networks of doctors and clinics. Find one at healthpartners.com/openaccess.

For more details check your Summary of Benefits and Coverage (SBC) in your enrollment materials. Or give us a call at **952-883-5000 or 800-883-2177**.

Skip the clinic trip with online care

Save time and money by getting treated right from your smartphone, tablet or computer. Your plan covers two options.

Your health plan may pay for some or all of your online care. Call Member Services at **952-883-5000** or **800-883-2177** to find out.

virtuwell® (online questionnaire)

- **Easy.** Answer a few questions at **virtuwell.com** anytime, anywhere.*
- **Fast.** Within 30 minutes get a treatment plan and prescription. Nurse practitioners treat more than 60 common conditions.
- **Guaranteed.** You're only charged if virtuwell can treat you, plus unlimited follow-up calls about your treatment are free. A visit is never more than \$49. Use your member ID card to check your cost at **virtuwell.com/cost/healthpartners**.

Doctor On Demand (video chat)

- **Convenient.** Get started when and where it works for you at **doctorondemand.com**. Video capabilities are required.
- **Quick.** See a doctor in minutes. Live video visits include assessment, diagnosis and prescriptions when necessary.
- **Affordable.** Starting in 2020, a visit to treat conditions like colds, the flu and allergies never costs more than \$59.**



The next time you're sick, your health plan has affordable options to help you get better, faster.

Julie, RN, Nurse Navigator

*Available anywhere in the U.S. to residents of AZ, CA, CO, CT, IA, MI, MN, NY, ND, PA, SD, VA and WI.

**The cost for behavioral health services varies depending on the services provided and duration of service.

Dental Open Access plan

A healthy mouth may help decrease the risk of diabetes, heart attacks and strokes. That's why your dental plan covers 100 percent of all in-network preventive care.

What your plan pays for

Preventive care is covered at no cost to you when you see a network dentist. It also helps cover:

- HealthPartners MouthWise Matters – extra exams, gum care and cleaning covered 100 percent if you're pregnant, or if you have diabetes and are at risk of gum disease
- The cost of other dental care at the amounts shown in your Summary of Benefits

What you'll pay

Deductible or coinsurance

Things like getting a cavity filled might cost a deductible – the amount you have to pay before your plan helps with the cost. There's also coinsurance, which is a percent of the bill.

Annual maximum

Your dental plan max is a bit different than your medical plan. It's the most your plan will pay for dental care each year. You're in charge of the rest.

Plan highlights

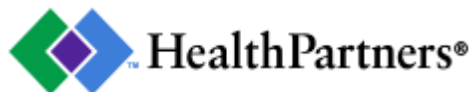
The Open Access network is where we negotiated lower fees for you. Plus, it's where you'll get the highest level of coverage.

TIP: You'll pay less if you see a dentist in the Open Access network, more for an out-of-network dentist.

Where you can get care

You pick where you want to go, and you get to choose from our largest network of dentists and clinics. Go to healthpartners.com/dentalopenaccess to check for your dentist or find a new one.

For more details check your Summary of Benefits (SOB) in your enrollment materials. Or call us at **952-883-5000 or 800-883-2177**.



Open Access Choice Dental Plan

The following is an overview of your HealthPartners coverage. For exact coverage terms and conditions, consult your plan materials, or call Member Services at 952-883-5000 or 800-883-2177.

Plan highlights Partial listing of covered services	In-network Care from a network provider	Out-of-Network Care from an out-of-network provider*
Annual Maximum	Annual maximums are combined across all tiers	
Annual maximum	Plan pays \$1,500 per calendar year	Plan pays \$1,500 per calendar year
Deductible	Deductibles are combined across all tiers	
- Applies to Basic Care, Special Care & Prosthetics	None	\$50 per person \$150 per family per calendar year
Preventive and Diagnostic Care		
- Teeth cleaning, exams, dental x-rays and fluoride treatments	You pay nothing	You pay 20%
- Sealants	You pay nothing	You pay 20%
Basic Care		
Basic Care I		
- Fillings (amalgam and anterior composite)	You pay 20%	You pay 50%
- Posterior composite (white fillings)	You pay 20%	You pay 50%
- Simple extractions	You pay 20%	You pay 50%
- Non-surgical periodontics	You pay 20%	You pay 50%
- Endodontics (root canal therapy)	You pay 20%	You pay 50%
Basic Care II		
- Surgical periodontics	You pay 20%	You pay 50%
- Complex oral surgery	You pay 20%	You pay 50%
Special Care		
- Restorative crowns & onlays	You pay 40%	You pay 50%
Prosthetics		
- Bridges, dentures & partial dentures	You pay 40%	You pay 50%
- Dental implants	You pay 40%	You pay 50%
Orthodontic Services	Orthodontic lifetime maximums are combined in and out-of-network	
- Orthodontic care for dependents under age 19	You pay 50% with a Lifetime maximum benefit of \$1,500 paid by the plan	You pay 50% with a Lifetime maximum benefit of \$1,500 paid by the plan

* If your out-of-network dentist charges more than the maximum allowable amount, you may be responsible for the difference.

Emergency Care

Refer to the Group Dental Member Contract for coverage of emergency dental services.

Little PartnersSM Benefit: Services for children 12 years old and under will be covered at 100% without deductible, annual maximum, or frequency limitations, when provided by a HealthPartners network dentist. Excluded services: Orthodontics, dental implants, and services that are not covered for all members.

Diabetes and Pregnancy: Additional periodontal services (exams, cleanings, scaling and root planing, and debridement) for our members who are diabetic and/or pregnant are covered at 100% in-network. Deductibles, annual maximums, and frequency limitations will be waived on these specific services for members referred into the program by a HealthPartners network dentist.

Benefit Limitations

- Coverage for dental exams limited to twice each calendar year.
- Coverage for dental cleanings (prophylaxis or periodontal maintenance) limited to twice each calendar year.
- Sealants limited to one application per tooth every three years.
- Coverage for professionally applied topical fluoride limited to once each calendar year, for members under age 19.
- Coverage for bitewing x-rays limited to once each calendar year.
- Full mouth or panoramic x-rays limited to once every three years.
- Oral hygiene instruction limited to once per enrollee per lifetime.
- Coverage for space maintainers limited to replacement of prematurely lost primary teeth for dependent members under age 19.
- Replacement of crowns and fixed or removable prosthetic appliances limited to once every five years.
- Certain limitations apply to repair, rebase and relining of dentures.
- Dental services related to the replacement of any missing teeth prior to the member's effective date are covered when services are performed by a provider in the HealthPartners Dental Open Access Network.
- Non-surgical and surgical periodontics limited to once in two years.

THIS IS A BENEFIT SUMMARY SHEET ONLY. THIS DENTAL PLAN MAY NOT COVER ALL YOUR DENTAL CARE EXPENSES. FOR COMPLETE INFORMATION ABOUT BENEFITS AND SERVICES, ASK YOUR EMPLOYER OR CALL THE MEMBER SERVICES INFORMATION LINE AT (952) 883-5000 OR CALL TOLL FREE AT 1-800-883-2177.

Our mission:

We seek to improve health and well-being in partnership with our members, patients and community.

LITTLE PARTNERSSM DENTAL BENEFIT

100 percent dental coverage for kids

Your kids are less likely to have future dental problems when they see a dentist early. The Little Partners dental benefit helps by covering 100 percent of the cost.

What's covered

Your dental plan includes the Little Partners benefit for children 12 and under.

- Get dental services covered 100 percent at an in-network dentist
- Pay nothing at the dental office – not even a deductible or coinsurance
- Relax, there's no limit on dental care for your kids, so they can get the care they need

How it works

Just add your kids to your dental plan and set up their first appointment with a network dentist.

Check your Summary of Benefits (SOB) in your enrollment materials for more details.

Or call us at **952-883-5000** or **800-883-2177**.



When kids get the care they need early on, we're convinced that it starts them on the right path to better oral health as an adult. It starts with the first tooth.

David, Dentist

HEALTHPARTNERS MOUTHWISE MATTERS

Extra dental care for your gums

We share tips to keep your teeth healthy and help you feel your best. You also get important benefits, like those that help pregnant women and people with diabetes.

What it covers

If you're living with diabetes or are pregnant and at risk of gum disease, MouthWise Matters covers:

- 100 percent of services to help control or prevent gum disease
- Extra dental checkups and cleanings
- Root planing and scaling – a deep cleaning for your teeth

All other services, like fillings and root canals, are covered according to your Summary of Benefits.

How it works

It's easy to get the care you need to stay healthy:

- Visit a network dentist
- Get 100 percent coverage on medically necessary gum treatment

When gum treatment is needed, there's no coinsurance or deductible. Plus, your plan will pay even if you've reached your annual maximum for the year.

Check your Summary of Benefits (SOB) in your enrollment materials for more details.

Or call us at **952-883-5000**
or **800-883-2177**.



As a dentist, I see how oral health affects overall health. MouthWise Matters helps pregnant women and people with diabetes maintain their health affordably.

David, Dentist

Get the most from your meds

Knowing what you'll pay for your medicine is important. Use these tools and resources to understand your costs and get support if your medicine isn't working for you.

Call member services at **952-883-5000** or **800-883-2177** when you have prescription benefit questions.

Check your formulary

A formulary, also called a drug list, tells you what medicines are covered by your health plan and generally how much you'll pay. You'll also learn if there are any requirements before you can start a medicine.

Your formulary is called PreferredRx.

1. Go to **healthpartners.com/preferredrx**.
2. Search by the name or type of medicine.
3. Use your Summary of Benefits and Coverage (SBC) in your enrollment materials to understand how each type of medicine is covered.

Try generics

Generics are just as safe and effective as brand-name medicines, but cost a lot less. Talk to your doctor or pharmacist about switching to a generic medicine.

Search for the lowest cost

Medicine prices can change from pharmacy to pharmacy. Shop around. See what your costs are at different pharmacies. Members can get started at **healthpartners.com/pharmacy**.

Talk with a pharmacy navigator

One call will give you answers to your questions around benefits, coverage, costs, formularies and more. Call Member Services at the number on the back of your member ID card. Ask to talk with a pharmacy navigator.

Meet with a pharmacist

In a one-on-one visit, a pharmacist will review your medicines with you to make sure they're working and are right for you. Plus, it's free. Visit **healthpartners.com/mtminfo** to learn more.



Our team is here to support you. If you can't find your medicine on the formulary or shopping tool, give us a call. We'll help you find it or an alternative that's covered.

Annie, Pharmacy Navigator

Medicine delivered to your door

Skip the trip to the pharmacy. Get your prescriptions mailed to your home.

5 great things about mail order

1. Ninety-five percent of orders are shipped within five days.
2. You'll never pay for shipping. It's free.
3. Refilling your medicine online or with our mobile app is easy.
4. All orders are sent in a tamper resistant, plain package to make it more private.
5. Safety is important to us. You'll get the best quality medicine.

TIP: Most members on a copay plan get three months of their medicine for the price of two months. That's a savings of 33 percent!

To get started:

- Call **612-623-4002** or **800-591-0011**
- Visit **healthpartners.com/mailorder**



It's hard to get to the pharmacy each month. Mail order pharmacy delivers your meds quickly and easily to you, just like your favorite stores.

Karan, Pharmacist

Get the right care at the right price

Your health plan covers lots of options when you need care. Knowing the differences between the options can help you choose where to get care at the best cost.

Log on to your account at healthpartners.com or download the **myHP** app to find in-network doctors and clinics.

When you need	Go to	Average cost	Average time spent
Health advice from a nurse for: <ul style="list-style-type: none"> Where to go for care At-home remedies 	CareLine SM service Call 24/7 at 612-339-3663 or 800-551-0859 .	Free	15 minutes
Treatment and prescriptions for minor medical issues, like: <ul style="list-style-type: none"> Bladder infection Pink eye Upper respiratory infections 	virtuwell [®] * or Doctor On Demand 24/7 online care Convenience clinics (found in retail and grocery stores)	\$	15 minutes
A regular checkup or special care during the day for things like: <ul style="list-style-type: none"> Diabetes management Vaccines 	Primary care clinics	\$\$	30 minutes
Care for urgent problems when your doctor's office is closed, like: <ul style="list-style-type: none"> Cuts that need stitches Joint or muscle pain 	Urgent care clinics	\$\$\$	45 minutes
Help in an emergency, such as: <ul style="list-style-type: none"> Chest pain or shortness of breath Head injury 	Emergency room	\$\$\$\$	60 minutes



Still not sure where to go? We'll help you figure out the best place based on your symptoms. Call us at **612-339-3663 or 800-551-0859**.
Shacole, CareLine assistant

*Available anywhere in the U.S. to residents of AZ, CA, CO, CT, IA, MI, MN, NY, ND, PA, SD, VA and WI.

Here for you, 24/7

Call us at one of these numbers if you have questions about your health or what your plan covers. We have people ready to help.



One thing I love about my job is how my team helps people all day, every day.
Rachel, Registered Nurse, CareLine

Member Services

For questions about:

- Your coverage, claims or plan balances
- Finding a doctor, dentist or specialist in your network
- Finding care when you're away from home
- Health plan services, programs and discounts

Monday - Friday, 7 a.m. to 7 p.m. CT.
Call the number on the back of your member ID card.
952-883-5000 or 800-883-2177.
Interpreters are available if you need one.
Espanol: **866-398-9119**
healthpartners.com

Member Services can help you reach:

Nurse NavigatorSM program

For questions about:

- Understanding your health care and benefits
- How to choose a treatment

Monday - Friday,
7:30 a.m. to 5 p.m. CT

Pharmacy Navigators

For questions about:

- Your medicines or how much they cost
- Doctor approvals to take a medicine (prior authorization)
- Your pharmacy benefits
- Transferring medicine to a mail order pharmacy

Monday - Friday,
8 a.m. to 6 p.m. CT

Behavioral Health Navigators

For questions about:

- Finding a mental or chemical health care professional in your network
- Your behavioral health benefits

Monday - Friday,
8 a.m. to 5 p.m. CT

CareLineSM service nurse line

For questions about:

- Whether you should see a doctor
- Home remedies
- A medicine you're taking

24/7, 365 days a year at
612-339-3663 or 800-551-0859

BabyLine phone service

For questions about:

- Your pregnancy
- The contractions you're having
- Your new baby

24/7, 365 days a year
612-333-2229 or 800-845-9297

Take charge of your health plan

You go online to research, plan and follow up on big decisions. A myHealthPartners account makes it just as easy to stay on top of your health care and insurance.

Get personalized information when and where you need it

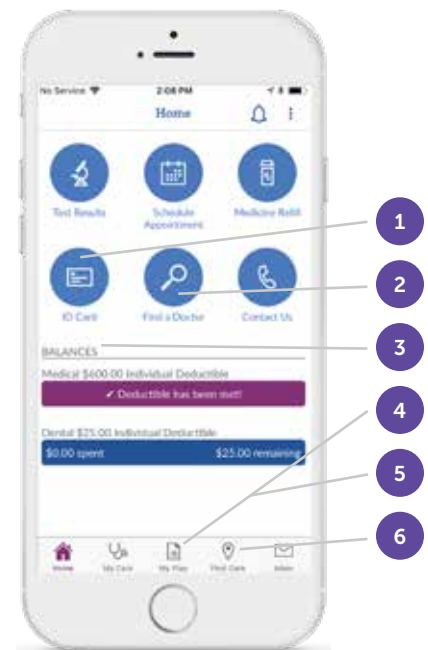
With an online account, you have real-time access to your personal health plan information in one place. No more guessing or waiting until business hours to get answers to your questions.

Log on to your account at healthpartners.com or the myHP app.

Don't have an account yet? It's quick and easy to sign up – you'll just need your member ID card.

Top 6 ways to use your online account and mobile app

1. View your HealthPartners member ID card and fax it to your doctor's office.
2. Search for doctors near you in your plan's network.
3. Check your balances, including how much you owe before your plan starts paying (deductible) and the most you'll have to pay (out-of-pocket maximum).
4. Compare pharmacy costs to find the best place to get your medicines.
5. See recent claims, what your plan covered and how much you could owe.
6. Get cost estimates for treatments and procedures specific to your plan.



I love directing members to their online accounts and the mobile app. You can easily get your health plan info, even when I'm not in the office.
Marissa, Member Services

Living healthier just got a little less expensive

Get special savings from handpicked retailers as a HealthPartners member. There are lots of great products and services available to you at a discounted rate – all designed to help you live healthy every day.

Save money at your favorite gym

Work out 12 or more days each month and save up to \$20 per person on your monthly membership.*

Participating gyms include:

- Anytime Fitness
- Curves
- LA Fitness
- Life Time Fitness
- Snap Fitness
- And more!

Get discounts at other places

Save big by showing your member ID card to participating retailers.

Save money on:

- Eyewear
- Exercise equipment
- Fitness and well-being classes
- Healthy eating delivery services
- Healthy mom and baby products
- Hearing aids
- Orthodontics
- Pet insurance
- Swim lessons
- And more!

Visit healthpartners.com/frequentfitness to find a gym near you.

Visit healthpartners.com/discounts to see all participating retailers and discounts.



Making healthy choices is easier when it doesn't break the bank. I always say – taking advantage of these discounts is a great way to make the most out of your health plan.

Lauren, Member Services

*Not all club locations apply. Some national clubs are owned by individual franchise owners and may not participate in the program. Frequent Fitness is limited to members, age 18 years or older, of certain HealthPartners medical plans and members of participating employer groups. Some restrictions apply. Termination of club membership may result in forfeiture of any unpaid incentive. See participating club locations for program details. Workout requirements and program eligibility may vary by employer. Please check with your employer or call Member Services to verify eligibility and visits requirements. Program payments will not exceed club dues.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Find balance with everyday support

Get support and resources to help you in a wide range of stressful situations. It's free and completely confidential.

Your EAP has your back 24/7

Whether you're facing a challenge at work or looking for options to support a sick parent, your EAP is always here to help.

Get support with:

- Adopting a child
- Finding child care
- Grieving
- Knowing your legal options
- Making a budget
- Managing stress
- And more!

Start using your EAP anytime in the way that works best for you:

- Call **866-326-7194**
- Text **919-324-5523**
- Log on to **hpeap.com** and chat through instant message (ask your employer or call your EAP to get your password)
- Download the **iConnectYou** mobile app (ask your employer or call your EAP to get your app passcode)



Members are often surprised how much support is available through their Employee Assistance Program. It's a great benefit I encourage everyone to take advantage of.

Jonathan, Member Services

HealthPartners Employee Assistance Program (EAP) services are provided by Workplace Options.

ASSIST AMERICA®

Travel anywhere, worry-free

Whether you're traveling abroad or just out of town for the weekend, you can feel confident you're in good hands when the unexpected happens.

Get 24/7 help

Assist America provides all the support you need when you're more than 100 miles from home.

- Coordinating transport to care facilities or back home
- Filling lost prescriptions
- Finding good doctors
- Getting admitted to the hospital
- Pre-trip info, like immunization and visa requirements
- Tracking down lost luggage
- Translator referrals
- And more!

Download your Assist America ID card before you leave. Visit healthpartners.com/getcareeverywhere. Or get the Assist America app and enter HealthPartners reference number **01-AA-HPT-05133**.



The Assist America mobile app makes traveling much easier. You can make calls right from the app when you need support.
Jamie, Member Services

Our approach to protecting personal information

HealthPartners® complies with all applicable laws regarding privacy of health and other information about our members and former members. When needed, we get consent or authorization from our members (or an authorized member representative when the member is unable to give consent or authorization) for release of personal information. We give members access to their own information consistent with applicable law and standards. Our policies and practices support compliant, appropriate and effective use of information, internally and externally, and enable us to serve and improve the health of our members, our patients and the community, while being sensitive to privacy. For a copy of our Notice of Privacy Practices visit healthpartners.com or call Member Services at **952-883-5000 or 800-883-2177**.

Summary of utilization management programs for medical plans

Our utilization management programs help ensure effective, accessible and high-quality health care. These programs are based on the most up-to-date medical evidence to evaluate appropriate levels of care and establish guidelines for medical practices. Our programs include activities to reduce the underuse, overuse and misuse of health services.

THESE PROGRAMS INCLUDE:

- Progression of care review and care coordination to support safe, timely care and transition from the hospital.
- Evidence-based care guidelines for certain kinds of care.
- Outpatient case management to provide member support and coordination of care.
- CareCheck® – you must call CareCheck at **952-883-5800 or 800-942-4872** to receive maximum benefits when using out-of-network providers. Benefits may be reduced by 20 percent if CareCheck is not notified.
- Prior authorization of select services – we require prior approval for a small number of services and procedures. For a complete list, go to HealthPartners.com or call Member Services.

Benefit limitations for dental plans

After you enroll, you'll receive plan materials that explain exact coverage terms and conditions. This plan doesn't cover all dental care expenses. In general, services not provided or directed by a licensed provider aren't covered.

HERE IS A SUMMARY OF EXCLUDED OR LIMITED ITEMS (THESE MAY VARY DEPENDING ON YOUR PLAN):

- Coverage for dental exams limited to twice each calendar year.
- Coverage for dental cleanings (prophylaxis or periodontal maintenance) limited to twice each calendar year.
- Sealants limited to one application per tooth once every three years.
- Coverage for professionally applied topical fluoride limited to once each calendar year for members under age 19.
- Coverage for bitewing X-rays limited to once each calendar year.
- Full mouth or panoramic X-rays limited to once every three years.
- Oral hygiene instruction limited to once per enrollee per lifetime.
- Coverage for space maintainers limited to replacement of prematurely lost primary teeth for dependent members under age 19.
- Replacement of crowns and fixed or removable prosthetic appliances limited to once every five years.
- Certain limitations apply to repair, rebase and relining of dentures.
- Dental services related to the replacement of any teeth missing prior to the member's effective date are covered when services are performed by a provider in the HealthPartners dental network.
- Non-surgical and surgical periodontics limited to once every two years.

Appropriate use and coverage of prescription medicines for medical plans

We provide coverage for medicines that are safe, high-quality and cost-effective.

TO HELP US DO THIS, WE USE:

- A formulary (drug list). These prescription medicines are continually reviewed and approved for coverage based on quality, safety, effectiveness and value.
- A free, confidential one-on-one appointment (in person or over the phone) with an experienced clinical pharmacist. Our Medication Therapy Management (MTM) program helps members who use many different medicines get the results they need.
- An opioid management program to support members in managing their pain.
- A patient alert program that provides a seamless transition to our formulary. We allow coverage for a first-time fill of a qualifying non-preferred medicine within the first three months of becoming a member.

The formulary is available at healthpartners.com/formulary, along with information on how medicines are reviewed, the criteria used to determine which medicines are added to the list and more. You may also get this information from Member Services.

Important information on provider reimbursement

Our goal in reimbursing providers is to provide affordable care for our members while encouraging quality care through best care practices and rewarding providers for meeting the needs of our members. Several different types of reimbursement arrangements are used with providers. All are designed to achieve that goal. Check with your individual provider to find out how they are paid.

ARRANGEMENTS USED FOR MEDICAL PLANS:

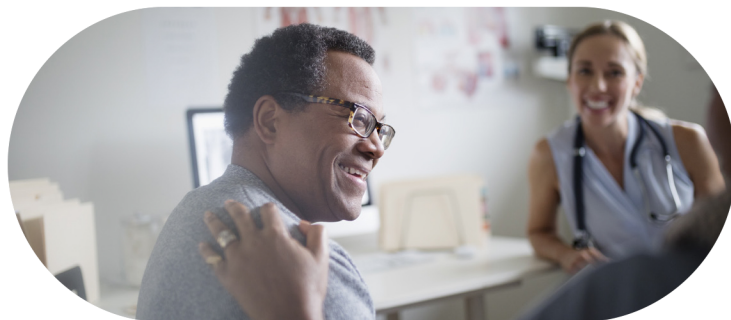
- **Fee-for-service** – the health plan pays the provider a certain set amount that corresponds to each type of service furnished by the provider.
- **Discount** – the provider sends us a bill, and we've already negotiated a reduced rate on behalf of our members. We pay a predetermined percentage of the total bill for services.
- **Case rate** – the provider receives a set fee for a selected set of services, up to an agreed upon maximum amount of services, for a designated period of time. Alternatively, we may pay a case rate to a provider for all of the selected set of services needed during an agreed upon period of time.
- **Withhold** – a portion of the provider's payment is set aside until the end of the year. Withholds are sometimes used to pay specialty, referral or hospital providers who furnish services to members. The provider usually receives all or a portion of the withhold based on performance of agreed upon criteria, which may include patient satisfaction levels, quality of care and/or care management measures.
- **Basis of the diagnosis/per diem** – a set fee to treat certain kinds of conditions, sometimes based on the number of days the patient spent in the facility.
- **Ambulatory Payment Classifications (APCs)** – for outpatient services. We have a negotiated payment level based on the resources and intensity of the services provided. Hospitals are paid a set fee for certain kinds of services which is based on the resources utilized to provide that service.
- **Combination** – more than one of the methods described are used. For example, we may pay a case rate to a provider for a selected set of services, up to an agreed upon maximum amount of services, and pay that same provider on a fee-for-service basis for services not provided within the time period that exceed the maximum amount of services. We may also pay a provider such as a clinic using one type of reimbursement method, while that clinic may pay its employed providers using another reimbursement method.

ARRANGEMENTS USED FOR DENTAL PLANS:

- **Fee-for-service** – the health plan pays the provider a certain set amount that corresponds to each type of service furnished by the provider.
- **Discount** – the provider sends us a bill, and we've already negotiated a reduced rate on behalf of our members. We pay a predetermined percentage of the total bill for services.
- **Salary** – with a possible additional payment made based on performance criteria, such as quality of care and patient satisfaction measures.
- **Capitated** – the provider group receives a set fee for each month for each member enrolled in the provider group's clinic, regardless of how many or what type of services the member actually receives. Provider groups are required to manage the budget for their entire patient panel appropriately.
- **Combination** – more than one of the methods described are used. For example, we may capitate a provider for certain types of care and pay that same provider on a fee-for-service basis for other types of care. We may also pay a provider such as a clinic using one type of reimbursement method, while that clinic may pay its employed providers using another reimbursement method.

This plan may not cover all your health care expenses. Read your plan materials carefully to determine which expenses are covered. For details about benefits and services, call Member Services at **952-883-5000 or 800-883-2177**.

Notes



Thanks for calling HealthPartners

Our Member Services team loves to help and there's no better time than now. Give us a call if you have questions about your plan or even if you just want to get to know your plan a little better. Making sure you understand your health plan is just the first way we help you stay healthy.

Member Services

952-883-5000 or 800-883-2177

Monday – Friday, 7 a.m. to 7 p.m., CT

healthpartners.com