



Your health plan

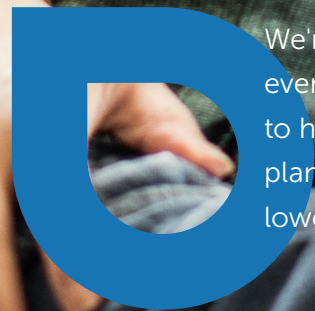
2024 Open Enrollment

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Your partner for goodSM



We're 26,000 partners strong, working together to support your health every day. You can rely on a top-rated Member Services team – here to help you understand your plan and answer your questions. It's a plan you can trust, benefits that benefit you and a commitment to lower costs. We're your partner for all of it. **Your partner for good.**

Copay/Deductible plan

Preventive care is covered 100%. And a flat cost lets you know what to expect to pay for other office visits.

What you'll pay

Copay

For something like an office visit to a specialist, chiropractor or therapist, you pay a set dollar amount. That's called a copay.

Deductible, then coinsurance

For things like X-rays or a hospital stay, you cover the cost up to a certain amount – your deductible.

Once you hit that amount, you only pay a portion of the bill. That's called coinsurance. For example, you might pay 20% and your plan would pay the other 80%.

Out-of-pocket maximum

After a limit, known as your out-of-pocket maximum, 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 telemedicine services
- Specialty care (no referrals needed)
- Prescriptions

TIP: Be sure to get your yearly recommended checkup, vaccines and screenings. They're included as part of your plan.

Plan highlights

Your plan pays the majority of the bill for primary, convenience, online and specialty care, as well as prescription drugs. You'll easily know your share of the cost – your copays are listed on your member ID card.

How to get more info

- **See plan details** in your **Summary of Benefits and Coverage (SBC)** in your enrollment materials
- **Call us** with questions at **952-883-5000 or 800-883-2177**

HSA Plus plan

Set aside pretax money in a health savings account (HSA) to pay medical bills. Plus, get lower costs on select medicines and care.

What you'll pay

Deductible, then coinsurance

This plan has a deductible – a set amount you pay before your plan helps cover costs for most kinds of care. After that, you may pay coinsurance, which is a percent of the bill.

Out-of-pocket maximum

Once you reach the max, your plan pays for in-network care the rest of the year.

What your plan pays for

Even before you reach your deductible, your plan helps cover the things you need most to stay healthy.

In-network preventive care

Your plan pays 100% of the bill.

Preventive drugs

For prescriptions on our HSA Basic preventive drug list, your plan pays some and you'll pay a set amount (a copay). See the list at healthpartners.com/basichsa.

Preventive care for chronic conditions

Your plan helps pay for certain services and equipment, such as lab work to monitor diabetes or liver disease.

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 and select over-the-counter 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
- Stay with you year after year, even if you switch jobs – you own the account

How to get more info

- **See plan details** in your **Summary of Benefits and Coverage (SBC)** in your enrollment materials
- **Call us** with questions 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

Get your first three doctor visits for free.

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, a behavioral health specialist, 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%, and your plan pays the other 80%.

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 virtual care
- Specialty care (no referrals needed)
- Prescriptions

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.

How to get more info

- **See plan details** in your **Summary of Benefits and Coverage (SBC)** in your enrollment materials
- **Call us** with questions at **952-883-5000 or 800-883-2177**

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.

Open AccessSM network and Achieve network

Get the most options from our largest network, or choose Achieve to get access to the best local doctors at the lowest cost.

Choosing Open Access

You can see any doctor in the Open Access network. With over one million network providers and 6,000 hospitals, you can see your favorite doctor or specialist, locally or nationally. Or you can pick one from the network on your own – no referral needed.

Search the Open Access network for your doctor or find a new one at healthpartners.com/openaccess

Choosing Achieve

We review patient surveys, claims info and overall health care data. The doctors in the Achieve network consistently have happier, healthier patients at a lower overall cost – and you can see any doctor in the network. If you need additional care, your primary care doctor can help you find a specialist. Or you can pick one from the network on your own – no referral needed.

Search the Achieve network for your doctor or find a new one at healthpartners.com/achieve

How to get more info

- **See plan details** in your **Summary of Benefits and Coverage (SBC)** in your enrollment materials
- **Call us** with questions at **952-883-5000** or **800-883-2177**

PerformSM network

We do the work to find the best local doctors at the lowest cost so you can achieve better health.

More options at a lower cost

With the Perform network, choose from a wide variety of doctors, while paying less overall.

Choose your favorite doctor

You can see any doctor in the Perform network. With over one million network providers and 6,000 hospitals, you can see your favorite doctor or specialist, locally or nationally. Or you can pick one from the network on your own – no referral needed.

How to get more info

- **See plan details** in your **Summary of Benefits and Coverage (SBC)** in your enrollment materials
- **Call us** with questions at **952-883-5000** or **800-883-2177**
- **Search the network** for your doctor or find a new one at **healthpartners.com/perform**

Fast, easy, affordable care

Skip a trip to the clinic. Save time and money by getting treated for common conditions from your smartphone, tablet or computer. Your plan covers telemedicine care.

Questions about benefits?

We can help. Call Member Services at **952-883-5000 or 800-883-2177**

Virtuwell®

Your 24/7 online clinic

Get better faster. Start your visit any time with any device – no appointments, video or downloads needed. Answer a few questions online to get treatment for more than 60 common conditions. Nurse practitioners give you a diagnosis, treatment plan and prescription – all in about an hour. If for any reason you can't be treated, there's no charge. Plus follow-up care about your treatment are free.

Use your member ID to find your cost, view FAQs and get started at **virtuwell.com/cost/healthpartners**.

Doctor On Demand

Live video visits with a doctor include assessment, diagnosis and prescriptions, plus urgent care for cold and flu, skin conditions and allergies. When you create a free member account, your cost is always shown up front, without any surprise bills later. Register at **doctorondemand.com**.

Teladoc

Fill out a brief medical history to connect with medical experts by phone, video or mobile app. Whether it's a prescription sent to the pharmacy of your choice, guidance on next steps or a review of a preexisting condition, they're ready to help. Get started at **teladoc.com**.



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

Julie, RN, nurse navigator

Find the best plan with Plan for MeSM

This online tool helps you compare your plan options and potential costs – all based on your unique situation.

Questions about benefits?

Call **952-883-5000** or **800-883-2177** to get help and understand your options.

How it works

- Enter the age and gender for you and anyone else you want your plan to cover.
- Check to see if your doctor, clinic or hospital is in the network.
- Enter any medicines you're taking and see how they'll be covered.
- Pick from a list of common health conditions, medical events and care visits.
- You'll get an estimate of your out-of-pocket costs and can compare available plans.
- Once you have the information you want, print out a summary or email it to yourself.

Get started

It's easy. Go to **healthpartners.com/planforme**

You'll need this information:

- Group number **706**
- Site number **0**
- Effective date (plan start date) **1/1/2024**

To get the best comparison, it's also helpful to know:

- Doctors, clinics or hospitals you use
- Medicines you're taking



Plan for Me is awesome for comparing plans. Make sure you check out your Summary of Benefits and Coverage (SBC) also to see all your plan details before making your final choice.

Jodi, Member Services

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% 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% in network 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

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.

How to get more info

- **See plan details** in your **Summary of Benefits (SOB)** in your enrollment materials
- **Call us** with questions at **952-883-5000 or 800-883-2177**
- **Search the network** for your dentist or find a new one at **healthpartners.com/dentalopenaccess**

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.

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.

The following is an overview of your HealthPartners coverage. For exact coverage terms and conditions, consult your plan materials.		
Plan highlights	In-network	Out-of-Network
Partial listing of covered services	Care from a network provider	Care from an out-of-network provider *
Dental Plan Parameters	Annual Maximums & Deductibles are combined across all tiers	
- Annual maximum	\$1,500 per calendar year	\$1,500 per calendar year
- Individual Deductible (Applies to Basic Care, Special Care & Prosthetics)	None	\$50
- Family Deductible (Applies to Basic Care, Special Care & Prosthetics)	None	\$150
Implant maximum <i>included in annual maximum</i>	Unlimited	Unlimited
Preventive and Diagnostic Care		
- Teeth cleaning, exams, dental x-rays and fluoride treatments	100%	80%
- Sealants	100%	80%
Basic Care		
Basic Care I		
- Fillings (amalgam and anterior composite)	80%	50%
- Posterior composite (white fillings)	80%	50%
- Simple extractions	80%	50%
- Non-surgical periodontics	80%	50%
- Endodontics (root canal therapy)	80%	50%
Basic Care II		
- Surgical periodontics	80%	50%
- Complex oral surgery	80%	50%
Special Care		
- Restorative crowns & onlays	60%	50%
Prosthetics		
- Bridges, dentures & partial dentures	60%	50%
- Dental implants	60%	50%
Orthodontic Services		
	Orthodontic lifetime maximums are combined in and out-of-network	
- Orthodontic care for dependents age 18 or under	Plan pays 50% up to \$1500 lifetime Maximum	Plan pays 50% up to \$1500 lifetime Maximum

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

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.

Emergency Care: Refer to the Group Dental Member Contract for coverage of emergency dental services

Little PartnersSM dental benefit

100% 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% of the cost.

What's covered

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

- Get dental services covered 100% 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 to get more info

- **See plan details** in your **Summary of Benefits (SOB)** in your enrollment materials
- **Call us** with questions at **952-883-5000 or 800-883-2177**

How it works

Just add your kids to your dental plan and set up their first appointment with a network dentist. Please note that the Little Partners dental benefit excludes orthodontia.



Establishing proper dental habits for kids is critical to maintaining good oral health throughout life. We've been committed to helping ensure kids get the care they need to keep their smiles healthy for years to come.

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.

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 with the prescription shopping tool 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.

Questions about benefits?

We can help. Call Member Services at **952-883-5000** or **800-883-2177**



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.

Kerry, Pharmacy Navigator

Find the best medicine cost

Shopping for the lowest price medicine is easier than comparing prices for airline travel.

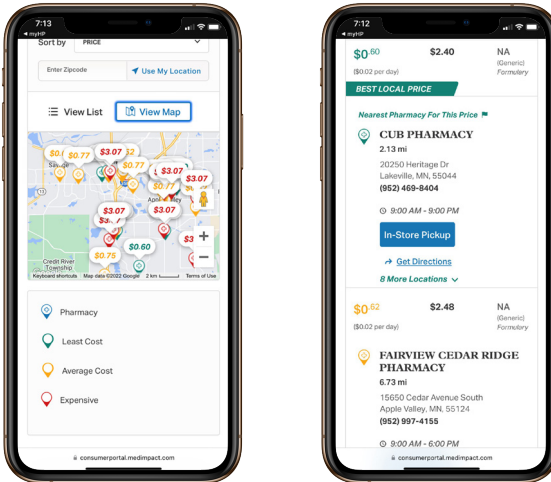
Multiple ways to save on medicines, in one online tool

The prescription shopping tool helps you find the lowest cost for medicines, based on your current health plan. Find other options to save money too, like when a lower price alternative is available.

Sign in to your account

Manage your health and your plan 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.



You can use the prescription shopping tool to:

- Find the lowest cost for your medicine
- Compare current prices at pharmacies near you
- Understand what medicines are covered by your health plan
- Transfer prescriptions to the lowest cost pharmacy
- Know if you have available refills
- See if you have a prior authorization and when it expires
- Download tax reports of what you spent last year

Medicine delivered to your door

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

5 great things about mail order

1. You'll never pay for standard shipping.
2. Refilling your medicine online or with our mobile app is easy.
3. All orders are sent in a tamper resistant, plain package to make it more private.
4. Safety is important. You'll get the best quality medicine.
5. You'll get your medicine delivered within seven to 10 days.

TIP: You can track the status of your order every step of the way, from receipt and processing to shipping and delivery.

To check the status of your order, sign into your online account or call our automated phone system.

How to get started

- Call **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.

Dave, Pharmacist

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're ready to help.

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 6 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.
Español: **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 5 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
888-638-8787

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
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
800-845-9297



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

Rachel, Registered Nurse, CareLine

Take charge of your health plan

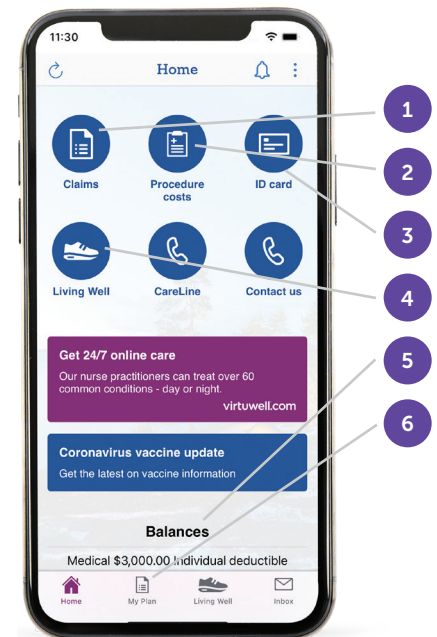
You go online to research, plan and follow up on big decisions. A HealthPartners online account makes it just as easy to stay on top of your health care and insurance.

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 simple place. No more guessing or waiting until business hours to get answers to your questions.

Top 6 ways to use your online account and mobile app

1. See recent claims, what your plan covered and how much you could owe.
2. Get cost estimates for treatments and procedures specific to your plan.
3. View your HealthPartners member ID card and fax it your doctor's office.
4. Access your Living Well dashboard to check your program progress, take the health assessment and complete activities.
5. 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).
6. Search for doctors and pharmacies covered by your plan.



Sign in to your account

Manage your health and your plan 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.



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.
Jarria, Member Services






Get the right care at the right price

Your health plan covers a range of options when you need care. Knowing the differences between the options can help you choose where to get care at the best cost. Search online to find an in-network option specifically covered by your plan.

Find in-network care

Manage your health and your plan 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.

When you need	Go to	Average cost	Average time spent
Health advice from a registered nurse for: <ul style="list-style-type: none"> • At-home remedies • When to go in for care 	CareLine SM service Call 24/7 at 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 	Virtual or convenience care	\$	 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 the urgency of your care needs. Call CareLine at **800-551-0859**.
Rachel, Registered Nurse, CareLine

Living healthier just got a little less expensive

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

See where you can save

Visit healthpartners.com/discounts for a list of participating retailers and discounts.

Save big by showing your member ID card to participating retailers

Save money on:

- Eyewear
- Exercise equipment
- Fitness and well-being classes
- Eating well
- Healthy mom and baby products
- Hearing aids
- Pet insurance
- And more!

Discounts on gym memberships

Husk Gym Network

Provides discounts on memberships at more than 11,000 fitness centers, weight loss programs and wellness brands

The Active&Fit Direct™ program

Offers more than 11,000 fitness centers nationwide for a flat monthly fee

Digital workouts

Wellbeats

Get access to free workout videos across all fitness levels, featuring top fitness brands and names



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.

Katie, Member Services

Quit for good

Quitting tobacco and vape may be one of the hardest things you'll ever do. You don't have to do it alone. We're here to help.

Get help from a health coach

Work with a health coach to set goals around tobacco use and vaping that fit your lifestyle. You'll get support and encouragement to reach your goals and live nicotine free. Plus, you can schedule phone calls or email your health coach when it works best for you.

Medicine to support quitting

Your health plan might pay for medicines to help you quit. Visit healthpartners.com/formulary to view your formulary. Or, call our Member Services team at the number on the back of your member ID card.

How to get started

Sign up with a health coach at **800-311-1052**.

Work at your own pace to:

- Beat cravings
- Relieve stress
- Deal with tempting social situations
- Adjust to life without tobacco and vape
- Feel great



Maybe you've tried to quit on your own – more than once. Don't get down on yourself. Getting support from a coach can be just what you need to quit for good.

Sara, Health Coach

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!

Use your EAP anytime

- **Call 866-326-7194**
- **Log on to hpeap.com** using the password **hpeap** and chat through instant message
- **Download the iConnectYou** mobile app and use passcode **111032** when creating your account



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.

The HealthPartners family of health plans is underwritten and/or administered by HealthPartners Inc., Group Health Inc., HealthPartners Insurance Company or HealthPartners Administrators, Inc. Fully insured Wisconsin plans are underwritten by HealthPartners Insurance Company.

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!

How to get started

- Download your **Assist America ID card** at healthpartners.com/getcareeverywhere
- 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 our website or call Member Services.

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.
- Outpatient case management to provide member support and coordination of care.
- Evidence-based coverage policy criteria for certain kinds of care.
- Prior authorization of select services – we require prior approval for a small number of services and procedures. For a complete list, visit our website 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 transition program that provides a seamless move 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.

PROVIDER REIMBURSEMENT INFORMATION FOR MEDICAL PLANS

- **Fee-for-service** – Some providers are paid on a “fee-for-service” basis, which means that the health plan pays the provider a certain set amount that corresponds to each type of service furnished by the provider.
- **Discount** – Some providers are paid on a “discount” basis, which means that when a provider sends us a bill, we have negotiated a reduced rate on behalf of our members. We pay a predetermined percentage of the total bill for services.
- **Case rate** – Sometimes we have “case rate” arrangements with providers, which means that for a selected set of services the provider receives a set fee, or a “case rate,” for services needed 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.
- **Reconciliation** – Sometimes we have withhold arrangements with providers, which means that a portion of the provider’s payment is set aside until the end of the year. The year-end reconciliation can happen in a variety of ways.
- **Withhold Arrangements** – Sometimes we use withhold arrangements as part of provider payments which means that a portion of the provider’s payment is set aside until the end of the year. The year-end reconciliation can happen in a variety of ways.
- **Diagnosis** – Some providers — usually hospitals — are paid on the basis of the diagnosis that they are treating; in other words, they are paid a set fee to treat certain kinds of conditions. Sometimes we pay hospitals and other institutional providers a set fee, or “per diem,” according to the number of days the patient spent in the facility.
- **APCs** – Some providers — usually hospitals — are paid according to Ambulatory Payment Classifications (APCs) for outpatient services. This means that we have negotiated a payment level based on the resources and intensity of the services provided. In other words, hospitals are paid a set fee for certain kinds of services and that set fee is based on the resources utilized to provide that service.
- **Total Cost of Care** – Some providers — usually primary care medical groups — are paid based on how well they manage the total cost of care associated with a patient, as well as how well they manage the patient experience and the quality of care provided.

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.

Conducting medical necessity reviews

HealthPartners conducts medical necessity reviews for select services. These reviews ensure our members receive safe and effective care that aligns with the coverage outlined in the member’s contract. Medical necessity reviews can be conducted pre-service, before the service takes place; post-service, after the service has happened; or concurrently, while the service is taking place. Contracted providers are responsible for obtaining prior authorization from the health plan when it is required. Services that require prior authorization are listed on our website. Prior authorization is not required for emergency services. HealthPartners will inform both you and your provider of the outcome of our review.

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, go to [healthpartners.com](https://www.healthpartners.com) or call Member Services at **952-883-5000** or **800-883-2177**.
