

# Your #1-in- satisfaction partner >

Complete satisfaction. It doesn't come easy. But for our plan members, having 26,000 trusted partners makes all the difference in the world. J.D. Power ranked HealthPartners as #1 in Member Satisfaction among Commercial Health Plans in the Minnesota/Wisconsin Region – and we couldn't be prouder. We're here for your health with care and coverage that's simple and affordable.



# 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.

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## What to do next

- **Call us** with questions at **952-883-5000 or 800-883-2177**
- **Sign in** or create an account at **healthpartners.com**

We can help you make choices you'll feel good about.

## 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, usually taken out of your paycheck.
- **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 benefit 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 an online account, you can get up-to-date personal health plan information in one simple place.

- See claims and how much you could owe.
- Search for doctors in your network.
- Check your deductible or out-of-pocket maximum spending.
- View your member ID card.
- Get cost estimates for care.
- Compare prescription costs.
- Manage your health on the go with the myHP mobile app.



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.

**Lauren, Member Services**

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# 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

Other 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% 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 telemedicine services
- Specialty care (no referrals needed)
- Prescriptions

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

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## 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 and out-of-pocket maximum so you can easily know your share of the bill.

## Where you can get care

The Open Access network lets you choose from one of the biggest networks of doctors and clinics.

## 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/openaccess**

# 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.

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## Questions about benefits?

Member Services can answer your benefits and coverage questions. Call us at **952-883-5000** or **800-883-2177**

### Virtuwell® (online questionnaire)

- **Easy.** In fact, 99% of Virtuwell users say it's simple and 98% highly recommend it. Answer a few questions at **virtuwell.com** anytime, anywhere.\*
- **Fast.** Get a treatment plan and prescription from a nurse practitioner. They can help with more than 60 common conditions, and it usually takes just one hour.
- **Guaranteed.** You get three free visits for each family member as part of your medical plan. It only counts if Virtuwell can treat you. Plus, follow-up calls about your treatment are free. If you need to be seen in person, we'll let you know – but it's not usually needed.

### 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.** A visit to treat conditions like colds, the flu and allergies\*\* costs less than a clinic visit. It's free to sign up and easy to check your coverage when you register.



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

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\*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.

# 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  
Navigator<sup>SM</sup>  
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**

## CareLine<sup>SM</sup> 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. **NEW!** Access your Living Well dashboard to check your program progress, take the health assessment and complete activities.
3. View your HealthPartners member ID card and fax it to your doctor's office.
4. 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).
5. Compare pharmacy costs to find the best place to get your medicines.
6. Search for doctors and get cost estimates for treatments and procedures specific to your plan.



## Sign in to your account

Manage your health and your plan at [healthpartners.com](https://healthpartners.com).

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.  
**Marissa, Member Services**

# 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.

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## Questions about benefits?

Member Services can answer your benefits and coverage questions. Call us at **952-883-5000** or **800-883-2177**

## 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](https://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](https://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](https://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.

**Kerry, Pharmacy Navigator**

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# 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.

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**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.

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## How to get started

- Call **800-591-0011**
- Visit **healthpartners.com/mailorder**



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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**

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# 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.

## Find in-network care

Manage your health and your plan at [healthpartners.com](http://healthpartners.com).

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

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

# 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.

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## See where you can save

Visit [healthpartners.com/discounts](https://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
- Orthodontics
- Pet insurance
- Swim lessons
- And more!

### Discounts on gym memberships

#### GlobalFit's Gym Network 360

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



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.

**Dan, Member Services**

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## Living healthier just got a little less expensive

Get paid to work out. Go to the gym at least 12 times each month and you can save up to \$20 on your gym membership.

### How it works

1. Find a gym near you. Participating gyms\* include:
  - Anytime Fitness
  - LA Fitness
  - Life Time Fitness
  - Snap Fitness
  - And more!
2. Sign up. Show your member ID card at the front desk.
3. Work out at least 12 times each month.
4. Get paid – your gym membership account will be reimbursed six to eight weeks after your monthly workouts.

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### We're here for you

Visit [healthpartners.com/frequentfitness](https://healthpartners.com/frequentfitness) or call Member Services at **952-883-5000** or **800-883-2177** to find a gym near you.

\*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.

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!

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### How to get started

- Download your **Assist America ID card** at [healthpartners.com/getcareeverywhere](https://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**

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## 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 care guidelines 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 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](https://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.

## Conducting medical necessity reviews

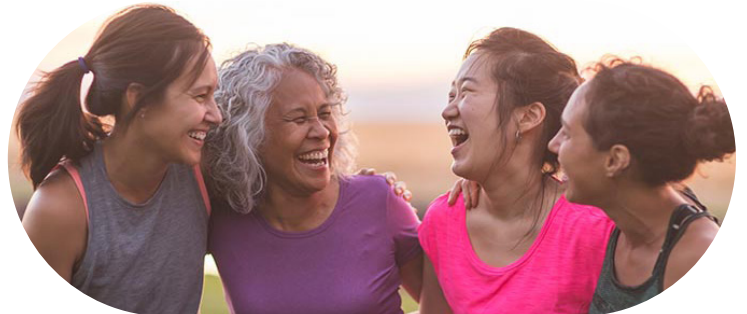
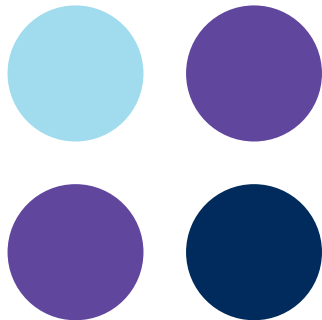
HealthPartners conducts medical necessity reviews for select services. These reviews ensure our members receive safe and effective care that aligns with the coverage outlined in the member's contract. Medical necessity reviews can be conducted pre-service, before the service takes place; post-service, 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.

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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](http://healthpartners.com) or call Member Services at **952-883-5000** or **800-883-2177**.

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# 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.

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## Member Services

**952-883-5000** or **800-883-2177**

Monday – Friday, 7 a.m. to 6 p.m., CT

**healthpartners.com**