

Your health plan

2021 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.

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.

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% 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

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

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**

Copay/Deductible plan with the AchieveSM network

Find a great doctor near you by choosing from the best local options. Plus, you'll pay a flat cost for office visits, making it easier to plan and budget.

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/achieve**

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: Get your yearly recommended checkup, vaccines and screenings. You don't ever have to worry about paying out of pocket.

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.

Where you can get care

The Achieve network helps you choose from the best local doctors, clinics and hospitals in the Twin Cities and St. Cloud areas, featuring Park Nicollet, HealthPartners and other high-quality, low-cost doctors. Plus thousands more choices across the country.

HSA Plus plan with the Open Access network

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

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**

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

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 preventive drug list, your plan pays some and you'll pay a set amount (a copay). See the list at **healthpartners.com/formularies**.

Preventive care for chronic conditions

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

Where you can get care

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

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
- Roll over year after year, even if you switch jobs

HSA Plus plan with the AchieveSM network

Use a health savings account (HSA) to set aside pretax money and pay for medical bills. Plus, get lower costs on select medicines and care, with access to the best doctors.

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/achieve**

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

What you'll pay

Deductible, then coinsurance

First, you'll pay for most types of care until you reach a set amount called a deductible. After that, you may pay a percent of the bill called coinsurance.

Out-of-pocket maximum

This limits your costs for the year. After the max, your plan pays for all in-network care.

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 preventive drug list, your plan pays some and you'll pay a set amount (a copay). See the list at **healthpartners.com/formularies**.

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Where you can get care

The Achieve network helps you choose from the best local doctors, clinics and hospitals in the Twin Cities and St. Cloud areas, featuring Park Nicollet, HealthPartners and other high-quality, low-cost doctors. Plus, access thousands more choices across the country.

EmpowerSM HSA plan highlights

This plan allows you to save money in 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
- Roll over year after year, even if you switch jobs

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.

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.** 99% of Virtuwell users say it's simple and 98% highly recommend it. Answer a few questions at **virtuwell.com** anytime, anywhere.*
- **Fast.** In about one hour, get a treatment plan and prescription. Nurse practitioners treat more than 60 common conditions. You could save an average of 2.5 hours by using Virtuwell and avoiding in-person visits.
- **Guaranteed.** You are only charged if Virtuwell can treat you, plus unlimited follow up calls about your treatment are free. If you need to come in person, we will let you know, but it's not usually necessary.
- **Affordable.** Use your member ID card to check your cost at **virtuwell.com/cost/healthpartners**. Visits are free for most medical plans. Some plans cover Virtuwell at 100% after you pay your deductible, until then it costs just \$59.

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 \$59 or less.**



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

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 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.
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 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
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

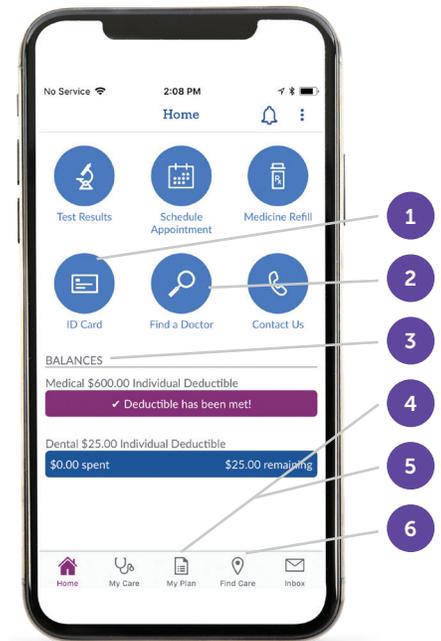
You go online to research, plan and follow up on big decisions. A *myHealthPartners* account makes it just as easy to stay on top of your health care and insurance.

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.

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.



Sign in to your account

Manage your health and your plan at 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.

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.
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.



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

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.

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

The screenshot shows the HealthPartners Prescription Shopping tool interface. At the top, there's a search bar with "MEMANTINE HCL 10 MG TABLET" and "55124" entered. Below the search bar, there's a section for "MEMANTINE HCL® (MEMANTINE HCL)" with a "NO IMAGE AVAILABLE" placeholder and a brief description. The interface includes a table with columns for "YOUR PRICE", "PLAN SHARE", "STATUS", and "MAIL ORDER". The current price is \$7 (\$0.23 per day) with a plan share of \$2.06. Below this, there's a "Save with Similar Drugs" section showing a lower price of \$10.90 (\$0.36 per day) at Walgreens #2661. The interface also includes a "Fill Here" button and a "Display only Preferred Pharmacies" checkbox.

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 WellDyneRx.

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 ten days.

TIP: Getting your medicine through mail order often costs less than retail pharmacies.

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

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.

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 	Virtuwell ^{®*} 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"> 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

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

Move more, pay less

Achieve your fitness goals without breaking the bank. Get on-demand fitness classes or discounts on gym memberships, just by being a HealthPartners member.

Free online fitness classes

Wellbeats

Offers fitness classes anytime, anywhere on-demand. This activity will be available to you through your health and well-being experience.

Discounts on gym memberships

GlobalFit's Gym Network 360

Provides discounts on memberships at more than 9,000 fitness centers, weight loss programs and wellness brands.

The Active&Fit Direct™ program

Offers more than 9,000 fitness centers nationwide for a flat monthly fee.

We're here for you

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.

TIP: After you sign in to your HealthPartners online account, get started by selecting the *Living Well* tab. If you need help, give us a call at **800-311-1052**.

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 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.

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://www.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.

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 or call Member Services at **952-883-5000** or **800-883-2177**.



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