



Who is HealthPartners?

We're a plan you can trust.

The National Committee on Quality Assurance whose mission is to improve health care quality everywhere rates us "Excellent."

That means you'll get the highest quality care and fast, responsive customer service.

We're a nonprofit business

— and the only Minnesota health plan with a consumer-governed board — so you can be assured that we have your best interests at heart.

Our focus? Helping you be as healthy as possible so you can live the life you want!

HealthPartners Classic Plan

You're making a great choice with HealthPartners!

If you're looking for health care that puts you first, welcome to HealthPartners. We're here for you — with the tools, information and people you need to get and stay healthy. With our Classic Plan, you get the flexibility, choices and service you want:

- You select a primary care clinic but you can change clinics at any time and each family member can choose a different clinic
- *No referrals!* You don't need a referral to see a specialist in the network
- Your *wide-open network* lets you choose from more than 20,000 providers and 38 hospitals
- You have out-of-network benefits at a lower benefit level if you have a Classic Choice Plan

Need to find a doctor or hospital?

It's easy! Just log on to your personal page at healthpartners.com to look at your provider network. Or call Member Services at 952-883-5000 or email us at MemberServices@healthpartners.com. We're here to help.

Your easy-access network includes:

- Family medicine, internal medicine and pediatrics doctors
- Specialists
- Chiropractors
- Mental health and chemical dependency providers
- MRI/CT
- Urgent care
- Vision care
- Walk-in clinics
- Pharmacies

Not a member yet? You can log on to healthpartners.com as a visitor and view all networks.

Questions?

- Check us out online at *healthpartners.com*. You'll find a wealth of information — including the latest network changes, updated weekly.
- Call HealthPartners Member Services at 952-883-5000 or 1-800-883-2177 for answers to your questions about your medical or dental plans, benefits, claims and other plan information.
- Be sure to check your member handbook and plan documents for more detailed information about your plan.



Call us — we're here for you!

- **CareLineSM service** — Our registered nurses provide after-hours advice and guidance about appropriate care. 612-339-3663 or 1-800-551-0859
- **Nurse NavigatorsSM** — Registered nurses that can help you with complex coverage and care issues. 952-883-5000 or 1-800-883-2177
- **BabyLineSM service** — Connects you with OB/GYN nurses who focus on the special needs of expectant and new parents. 612-333-2229 or 1-800-845-9297
- **Behavioral Health Personalized Assistance Line (PAL)** — Our behavioral health line helps you find the right provider for you. 952-883-5811 or 1-888-638-8787

Helpful Health Care Terms

Health care can be confusing — so we've defined some common terms to help you make the most of your health care benefits.

Provider Network — A provider network consists of all the physicians, clinics, hospitals, urgent care centers and other facilities you can use.

Continuity of Care — When a provider leaves our network or an employer changes health plans, we want your move to a new provider to be smooth and hassle free. You may call us to request a short period of continuation of services from a provider who is not in your HealthPartners network if you:

- Are a female member in your second or third trimester of pregnancy
- Have an acute condition or illness
- Have a mental or physical disability that prevents you from doing major life activities
- Have a life-threatening mental or physical illness
- Have special cultural and/or language needs

Deductible — Amount you pay before benefits become payable.

Coinsurance — You pay part of the costs of covered services.

Copay — You pay a specified flat amount for a specific service (such as \$20 for an office visit or \$15 for each prescription drug).

Out-of-pocket — Portion of health services or health costs that must be paid by you, including deductibles, copays and coinsurance.

EOB — Explanation of benefits. The EOB tells you what expenses the health plan pays and what expenses you must pay.

COB — When more than one health plan or insurance carrier may be responsible for payment, you complete a Coordination of Benefits form.

Lifetime Maximum — Maximum dollar benefit that each insured member may receive for expenses incurred during his or her lifetime.



Helping You *Stay* Healthy.