



U Classic Plus

The University of Minnesota

2009

The following is an overview of your HealthPartners coverage. For exact coverage terms and conditions, consult your plan materials, or call Member Services at (952) 883-5000 or 1-800-883-2177.

Plan highlights Partial listing of covered services	In-network Care from a network provider	Out-of-network Care from an out-of-network provider
Deductible and Out-of-Pocket		
Lifetime maximum	\$5,000,000 combined in and out-of-network	
Calendar year deductible	None	\$500 per Person
Calendar year medical out-of-pocket maximum	\$2,500 per person; \$4,000 per family	
Preventive Health Care		
▪ Routine physical & eye examinations, well-child care	100% coverage	70% coverage after deductible
▪ Prenatal & postnatal care	100% coverage	70% coverage after deductible
▪ Immunizations	100% coverage	70% coverage after deductible
Office Visits		
▪ Illness or injury	\$10 copayment	70% coverage after deductible
▪ Allergy injections	100% coverage	70% coverage after deductible
▪ Physical, occupational & speech therapy	\$10 copayment	70% coverage after deductible
▪ Chiropractic care (neuromusculo-skeletal conditions only)	\$10 copayment	70% coverage after deductible
▪ Mental health care	\$10 copayment	70% coverage after deductible
▪ Chemical health care	\$10 copayment	70% coverage after deductible
Emergency Care		
▪ Urgently needed care at an urgent care Clinic or medical center	\$10 copayment	80% coverage of 1st \$2,000 then 100%
▪ Emergency care at a hospital ER	\$50 copayment	80% coverage of 1st \$2,000 then 100%
▪ Ambulance	80% coverage	HealthPartners in-network benefit
Inpatient Hospital Care		
▪ Illness or injury	100% coverage	70% coverage after deductible
▪ Mental health care	100% coverage	70% coverage after deductible
▪ Chemical health care	100% coverage	70% coverage after deductible
Outpatient Care		
▪ Scheduled outpatient procedures	100% coverage	70% coverage after deductible
▪ Outpatient Magnetic Resonance Imaging (MRI) and Computing Tomography (CT)	100% coverage	70% coverage after deductible
Durable Medical Equipment		
▪ Durable medical equipment & prosthetic devices	80% coverage	70% coverage after deductible
Prescription Drugs (30-day supply; 1 cycle of oral contraceptives; 90-day supply for mail order)	HealthPartners Participating Pharmacy Benefit	Non Participating Pharmacy Benefit
■ Retail Pharmacy Copayment for 1-month supply		
▪ Generic Preferred	\$8 copayment	
▪ Brand Preferred	\$20 copayment	
▪ NonPreferred	\$35 copayment	
■ HealthPartners Mail Order Pharmacy Copayment for 3-month supply		
▪ Generic Preferred	\$16 copayment	
▪ Brand Preferred	\$40 copayment	
▪ NonPreferred	\$70 copayment	

Summary of utilization management programs

HealthPartners 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:

- Inpatient concurrent review and care coordination to support timely care and ensure a safe and timely transition from the hospital
- “Best practice” care guidelines for selected kinds of care
- Outpatient case management to provide care coordination
- The CareCheck® program to coordinate out-of-network hospitalizations and certain services.

We require prior approval for a small number of services and procedures. For a complete list, go to healthpartners.com or call Member Services. You must call CareCheck® at (952) 883-5800 or 1-800-942-4872 to receive maximum benefits when using out-of-network providers for in-patient hospital stays; same-day surgery; new or experimental or reconstructive outpatient technologies or procedures; durable medical equipment or prosthetics costing more than \$3,000; home health services after your visits exceed 30; and skilled nursing facility stays. We will review your proposed treatment plan, determine length of stay, approve additional days when needed and review the quality and appropriateness of the care you receive. Benefits will be reduced by 20 percent if CareCheck® is not notified.

Our approach to protecting personal information

HealthPartners complies with federal and state laws regarding the confidentiality of medical records and personal information about our members and former members. Our policies and procedures help ensure that the collection, use and disclosure of information complies with the law. When needed, we get consent or authorization from our members (or an approved 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 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 privacy notice, please visit healthpartners.com or call Member Services at 952-883-5000 or 1-800-883-2177. Please contact your provider for a copy of the HealthPartners privacy notice.

Appropriate use and coverage of prescription medications

We provide our members with coverage for high quality, safe and cost-effective medications. To help us do this, we use:

- A preferred list of prescription drugs that has been reviewed and approved for coverage based on quality, safety, effectiveness and value.
- A special program that helps members who use many different medications avoid unintended drug interactions.

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

Services not covered

After you enroll, you will receive a Group Membership Contract or Summary Plan Description that explain exact coverage terms and conditions. *This plan does not cover all health care expenses.* In general, services not provided or directed by a licensed physician are not covered. The following is a *summary* of excluded or limited items:

- Treatment, services or procedures which are experimental, investigative or are not medically necessary
- Dental care or oral surgery†
- Non-rehabilitative chiropractic services
- Eyeglasses, contact lenses, hearing aids and their fittings
- Private-duty nursing; rest, respite and custodial care†
- Cosmetic surgery†
- Vocational rehabilitation; recreational or educational therapy
- Sterilization reversal and artificial conception processes†
- Physical, mental or substance-abuse examinations done for, or ordered by third parties†
- Out-of-network coverage may also exclude preventive health care services

† *except as specifically described in your Group Membership Contract or Summary Plan Description.*

**THIS PLAN MAY NOT COVER ALL YOUR HEALTH CARE EXPENSES.
READ YOUR GROUP MEMBERSHIP CONTRACT OR SUMMARY PLAN DESCRIPTION CAREFULLY TO
DETERMINE WHICH EXPENSES ARE COVERED.**

For details about benefits and services, call Member Services at (952) 883-5000 or 1-800-883-2177.

Our mission is to improve the health of our members, our patients and the community.