

Get the most from your plan

Your guide to understanding your health plan

Healthcare can be confusing – but it doesn't have to be. This guide is designed to help you choose the health plan that's right for you and provide you with information about how health plan benefits work. If you need some more help, call Member Services at 952-883-5000 or 1-800-883-2177 or visit us at healthpartners.com.

What is most important in a health plan?

When choosing a health plan, you have to decide what is most important to you. Most health plans provide basic medical coverage, but the details usually differ. For each plan you are considering, find out how it covers:

- Preventive care, including annual physical examinations and health screenings
- Care by specialists
- Hospitalization and emergency care
- Ongoing care for chronic (long-term) diseases, conditions or disabilities

Still not sure? Visit healthpartners.com/smartshopper and use the online "Plan Comparison" tool to compare your options.

No health plan will cover every expense. To get a good idea of what your costs will be under a plan, you need to look at how much you will pay for your premium and other costs, such as:

- Is there a deductible I have to pay before the health plan begins to help cover my costs?
- Are there copayments or coinsurance I have to pay for certain services, such as doctor visits?
- If I use doctors outside the plan's network, how much more will I pay to get care?
- Are there any limits to how much I will have to pay out-of-pocket?
- Does the amount of coverage vary by the type of service, doctor or facility I use?

Understanding health plan terms

Deductible – This is the amount of money you must pay each year before your health plan will start covering part of your claims. For some services, the deductible does not apply.

Coinsurance – This is the amount you are required to pay for your medical care. Coinsurance is usually shown as a percentage. For example, if the coverage is listed as 80 percent, then you pay 20 percent of the cost as coinsurance and the health plan will pay for 80 percent of the cost. Remember to check and see if you need to meet a deductible before the plan starts to cover part of the cost.

Copayment or Copay – This is a flat fee you pay to use a service. For example, if it says \$50 copayment for an office visit, you will need to pay \$50 at your appointment. The health plan will pay for the rest of the service. Remember to check and see if you need to meet a deductible before the plan starts to cover part of the cost.

Out-of-Pocket Maximum – This is the most you will have to pay out of your pocket for your deductible, copayment and/or coinsurance each year before the health plan kicks in to cover all of your health plan expenses (up to your lifetime maximum — the most the health plan will pay during your life). This does not include the premiums you pay to your employer for your health plan.

Premium – This is the amount you pay your employer for health plan coverage. It is usually a monthly fee taken out of your paycheck when you sign up for coverage.



You might not know in advance exactly what your healthcare needs will be for the coming year. But, you know what services you and your family usually need. For help coming up with an estimate of your annual costs, use an online "Medical Cost Calculator" at healthpartners.com/smartshopper.