

HealthPartners Traditional

Comprehensive coverage,
large provider network and
award-winning customer service.

Area 1



A HealthPartners plan for
individuals and families

 HealthPartners®

Traditional Plan

Why should I choose Traditional?

The HealthPartners® Traditional Plan is a great fit for individuals or families looking for a comprehensive plan.

- **You have options.** Six deductible levels from \$2,000 to \$10,000 to meet any budget.
- **Coverage you need.** You and your family are covered for essentials like office and hospital visits, medications, emergency care, X-rays and lab work.
- **Choose your doctor.** With 700,000 providers and 5,800 hospitals nationwide, it's likely your favorite doctor is in our network. Plus, you're covered when you travel.
- **Get support.** In addition to award-winning customer service that makes your plan easy to use, you get perks to support your health goals, like fitness club and wellness discounts.

Prescription drug coverage

As a HealthPartners member, you'll have the advantage of our contracted discounts at more than 60,000 pharmacies nationwide. And with Traditional, drugs are covered after you reach your chosen plan deductible. Visit healthpartners.com/formulary and click on "PreferredRx Formulary" to see what drugs are covered.

Want more tools?

Visit healthpartners.com/smartshopper for drug and medical care cost calculators, as well as tools to help compare your plans and find your doctor in our network.



How does Traditional work?

Here's a typical scenario:

Rita, age 35, falls on an icy patch on the way to her car. (Ouch!) Her elbow continues to hurt a few days later, so she visits her doctor. Here are the total expenses:

Visit to primary care doctor	\$250
X-ray of elbow	\$150
Generic prescription for anti-inflammatory medicine	\$15
Total expenses	\$415

Before Rita has reached her deductible, here is what she will pay:

	Traditional 80%	Traditional 100%
Visit	\$250	\$250
X-ray	\$150	\$150
Generic prescription	\$15	\$15
Rita pays	\$415	\$415

Once Rita has reached her deductible, here is what she will pay:

	Traditional 80%	Traditional 100%
Visit	\$50	\$0
X-ray	\$30	\$0
Generic prescription	\$3	\$0
Rita pays	\$83	\$0

Note: These are examples. Your actual plan deductible and cost may vary.

The bottom line

Rita has the coverage she needs, and there is no maximum to the amount of health care she can receive in the network. This protects her from the high cost of catastrophic illnesses and accidents.

How does the family deductible work?

Individuals on your plan must meet the individual deductible before the plan starts paying. Bonus for large families: Once three people on your plan meet the individual deductible, the plan starts paying for all people on your plan.

Traditional Summary of Benefits

What's covered?

The following is an overview of the Traditional Plan coverage. For a detailed description of terms and conditions or other questions, our Individual Sales staff is ready to help: email individualsales@healthpartners.com or call 952-883-5599 or 877-838-4949.

	Traditional 80% Plan	Traditional 100% Plan
Calendar year deductible	A - \$2,000/person, \$6,000/family B - \$3,000/person, \$9,000/family C - \$4,000/person, \$12,000/family	A - \$5,000/person, \$15,000/family B - \$7,500/person, \$22,500/family C - \$10,000/person, \$30,000/family
Calendar year out-of-pocket maximum	A - \$3,500/person, \$10,500/family B - \$4,500/person, \$13,500/family C - \$5,500/person, \$16,500/family	A - \$5,000/person, \$15,000/family B - \$7,500/person, \$22,500/family C - \$10,000/person, \$30,000/family
Lifetime maximum per person	No maximum	No maximum
Coinsurance	You pay 20% after deductible is met	You pay nothing after deductible is met
Preventive care - Includes yearly check-ups and immunizations to stay healthy, and well-child services up to age six	You pay nothing	You pay nothing
Office visits - Coverage for illness or injury, chiropractic care, outpatient mental care and chemical dependency care (if elected)	You pay 20% after deductible is met, until out-of-pocket maximum is reached, then you pay nothing	You pay nothing after deductible is met
Emergency and urgent care Inpatient and outpatient hospital care Outpatient MRI and CT Laboratory services Physical, occupational and speech therapy Inpatient mental health care Durable medical equipment	You pay 20% after deductible is met, until out-of-pocket maximum is reached, then you pay nothing	You pay nothing after deductible is met
Prescription drugs - PreferredRx formulary	You pay 20% after deductible is met, until out-of-pocket maximum is reached, then you pay nothing	You pay nothing after deductible is met
Maternity	Prenatal care: You pay nothing Labor and delivery: No coverage for the first 18 months. Beginning with the 19th month of coverage: You pay 20% after deductible is met	Prenatal care: You pay nothing Labor and delivery: No coverage for the first 18 months. Beginning with the 19th month of coverage: You pay nothing after deductible is met
Home health care	You pay 20% after deductible is met, maximum of 120 visits per year	You pay nothing after deductible is met, maximum of 120 visits per year

See page 8 for more information on eligibility and pricing.

Remember: You will get the highest benefit level and lowest out-of-pocket costs when you see a network provider for your care. For out-of-network costs and deductibles, please contact Individual Sales.

Other deductible options are available. Please contact Individual Sales for more information.

Understanding Your Plan

Health insurance terms can be confusing

Here are some words to know:

Coinsurance: The share of the service costs that you're responsible for paying. For example, with an 80 percent – \$3,000 plan, you pay 20 percent of the cost of care after you've reached your \$3,000 deductible.

Deductible: The amount you pay before your coverage starts. Use this to determine the plan level you can afford. For example, if you can afford to cover \$5,000 in medical expenses, you could choose a plan with a \$5,000 or lower deductible.

Premium: What you pay each month for health coverage. Rates for each plan are different, and your total premium will be based on your age, where you live, your tobacco use and whether you request chemical dependency coverage.

Preventive care: Yearly checkups, screenings and vaccinations that help prevent health issues before they start are considered preventive care. And preventive care is covered 100 percent on HealthPartners plans.

Network and out-of-network: These refer to providers or hospitals. If your provider is "network," he or she is covered by your plan. If your provider is "out-of-network," you may end up paying more for services provided by that person.

Out-of-pocket maximum: The most you will pay for health care during the year. There are typically different maximums for network and out-of-network care.

Ask questions

While looking over your plan options, here are some questions you should ask:

How much will my medical costs be?

You should know how much you pay for the health care services you need, like going to the doctor or filling a prescription. Understanding your health care needs and estimated costs for the year will help you decide which plan is right for you.

What will my monthly costs be?

In general, your monthly premium depends on how much your plan covers. Typically, if your premium is higher, your out-of-pocket medical costs will be lower throughout the year. If you chose a plan with a lower monthly premium, you may pay more out-of-pocket medical costs during the year.

Where can I get care?

If you have a favorite doctor or hospital, you should make sure they are covered in the plan's network. With HealthPartners, you can choose from more than 700,000 doctors and other care providers, and 5,800 hospitals throughout the United States. Plus, you're covered when you travel in the United States. You can see any specialist in the network, with no referrals needed.

How does your plan support my health?

A health plan can and should support you and your health goals. HealthPartners helps with special programs and discounts on health products and services. Plus, we're here to help when you're making decisions about your health care and coverage.

Will I get the help I need when I need it?

Using your health plan when you need it should be easy, and, if you have questions, you should be able to get them answered — quickly. HealthPartners has award-winning Member Services that will not only answer your questions, but also help you make the most of your plan.



Help when you have questions

HealthPartners offers the personal support you need, when you need it. Contact us when you have questions about your coverage or your health — we're here to help.

Before you enroll, if you have questions about...	Call	Go Online
<ul style="list-style-type: none"> • Plan details • Enrollment process 	<p>Individual Sales</p> <p>Available Monday through Friday, 8 a.m. to 6 p.m., CST</p> <p>Call 952-883-5599, 877-838-4949 or 952-883-5127 (TTY).</p>	<p>Visit healthpartners.com/individual</p>
Once you're a member, if you have questions about ...	Call	Go Online
<ul style="list-style-type: none"> • Your coverage, claims or account balances • Finding a doctor, dentist or specialist • Health plan services 	<p>Member Services</p> <p>Available Monday through Friday, 7 a.m. to 7 p.m., CST</p> <p>Call the Member Services phone number listed on the back of your Member ID card. Or call 952-883-5000, 800-883-2177 or 952-883-5127 (TTY).</p> <p>Español: 952-883-7050 o 866-398-9119.</p> <p>Interpreters are available if you need one.</p>	<p>Log on to healthpartners.com</p>
<ul style="list-style-type: none"> • Whether you should see a doctor • Home treatment options • A medicine you are taking 	<p>CareLineSM Service</p> <p>Available 24/7, 365 days a year</p> <p>Call 612-339-3663, 800-551-0859 or 952-883-5474 (TTY).</p>	<p>Visit healthpartners.com/healthlibrary</p>
<ul style="list-style-type: none"> • Understanding your health care and benefits • How to choose a treatment option 	<p>HealthPartners[®] Nurse NavigatorSM Program</p> <p>Available Monday through Friday, 7 a.m. to 7 p.m., CST</p> <p>Call 952-883-5000, 800-883-2177 or 952-883-5127 (TTY).</p>	<p>Visit healthpartners.com/decisionsupport</p>
<ul style="list-style-type: none"> • Your pregnancy • The contractions you are having • Your new baby 	<p>BabyLine Phone Service</p> <p>Available 24/7, 365 days a year</p> <p>Call 612-333-2229 or 800-845-9297.</p>	<p>Visit healthpartners.com/healthlibrary</p>
<ul style="list-style-type: none"> • Finding a mental or chemical health care professional in your network • Your behavioral health benefits 	<p>Behavioral Health Personalized Assistance Line (PAL)</p> <p>Available Monday through Friday, 7:30 a.m. to 5 p.m., CST</p> <p>Call 952-883-5811 or 888-638-8787.</p>	<p>Log on to healthpartners.com</p>

Save money on your health and wellness

Want to save money while doing something great for your health? HealthPartners plans offer special discounts to support your goals. Save on health club memberships and at popular retailers.

Frequent Fitness


Work out 12 or more times per month and you'll save \$20 on your health club membership each month. We have more than 7,000 participating locations nationwide, so you can find a gym close to your home or work.

Participating health clubs include:

- Anytime Fitness
- Curves
- LA Fitness
- Life Time Fitness
- Snap Fitness
- YWCA and YMCA
- Local community centers

Save money with Healthy DiscountsSM

Use your HealthPartners Member ID card to get discounts at more than 40 popular local and national retailers of health and wellness products and services. Participating services include:

- Eyewear 
- Fitness, yoga and wellness classes
- Healthy eating programs and delivery services
- Recreational equipment
- Weight loss programs
- Orthodontics
- Swim lessons

How do I get retail discounts?

Once you're enrolled, simply show your HealthPartners Member ID card at participating companies and save.



EyeMed discount

You can save up to 35 percent on eyeglasses. Plus, get great deals on contact lenses and more at thousands of retailers like LensCrafters, Pearl Vision and the optical centers at Sears, Target and JCPenney.



For a list of participating companies and details on discounts, go to healthpartners.com/discounts.

Frequent Fitness eligibility is limited to members, age 18 years or older, of HealthPartners senior or individual medical plans and members of participating employer groups. Limit of two workout contract incentives per household. Some restrictions apply. Termination of club membership may result in forfeiture of any unpaid incentive. See participating club locations for incentive program details. HealthPartners reserves the right to modify or discontinue its incentive programs at any time.

Online tools and care

At home, at work or on the go, you're in control of your health care with online and mobile tools. Here's a look at some of the tools you'll have access to once you're a member:

myHealthPartners

Once enrolled, you can sign up for a *myHealthPartners* account at **healthpartners.com**. From there you can:

- Search for doctors and specialists by name, clinic, language, gender and more
- Look up cost and quality ratings for doctors and clinics
- See your claims and benefit details
- Sign up for online delivery of health plan documents
- Order a new Member ID card

Plus, if you decide to get care at a HealthPartners Clinic, you can use your account to look up clinic locations, make appointments online and correspond with your provider via secure web mail.

Healthy can be convenient

At **healthpartners.com/healthyliving**, you have resources to help you live healthy:

- Tools, tips, discounts and mobile apps on health and wellness topics that fit your goals
- Virtual health coaching
- Useful health topics and tools in the Health Information Library

Be mobile

Visit **m.healthpartners.com** from your smart phone once enrolled, and you can:

- Search for a clinic, urgent care location or hospital by ZIP code. If your phone is GPS enabled, it can search based on your current location.
- Show your Member ID card to your provider from your mobile phone. Plus, if your doctor needs a copy, you can fax the card right from your phone.
- Call the free 24/7 CareLineSM service any time of day to talk to a nurse about your symptoms and get advice so you can feel better quickly.

Visit **virtuwell**® – and get well

virtuwell is a convenient online clinic to treat everyday medical conditions such as colds, coughs, sinus infections, pink eye or urinary tract infections without leaving your home. It gives 24/7 access to nurse practitioners, available from any computer with no appointment necessary. After a quick online interview, you receive a personalized diagnosis, treatment plan and, if needed, a prescription sent to the pharmacy of your choice.

Not only is it convenient, virtuwell is kind to your budget: all visits are \$40 or less and count towards your plan deductible. Visit **virtuwell.com** to learn more.



Once you're a member, log on to **healthpartners.com** from your computer. Or visit **m.healthpartners.com** from your mobile phone.

Price this plan and apply now

Pricing your plan is as easy as 1-2-3

1. Determine which rates you need: tobacco-free or tobacco user.
2. Determine which age brackets you and your spouse/dependents fall into.
3. Use the form on the right to calculate your total premium.

Want an even easier way to price this plan? Let us do the math for you!

Go to healthpartners.com/applynow and click “Start NEW Application.” Enter your information and you’ll get a list of premiums for your plan options. You can even price other HealthPartners plans at the same time.



The fine print

Here are some important things to know before you apply for the Traditional Plan:

- You must be age 19 to 64 to be a policyholder on this plan.
- Coverage is available to Minnesota residents only.
- If you want to cover dependents age 26 and under on this plan, select the child rate for each dependent. Premiums are charged per child on a family contract. A family contract covers at least one adult policyholder and one or more dependent.
- If you have a birthday that puts you in a new age bracket, your rate will be automatically adjusted on your bill the month after your birthday.
- Rates for chemical dependency coverage are available upon request.

If you need help estimating your rates, email Individual Sales at individualsales@healthpartners.com or call **952-883-5599** or **877-838-4949**. TTY **952-883-5127** or **800-443-0156**.

Estimating your total premium

Your chosen deductible level _____

Your rate \$ _____

Spouse rate (if applicable) \$ _____

Number of children: _____ x
child rate \$ _____ =

Total child rate \$ _____

Estimated monthly premium \$ _____

Visit healthpartners.com/applynow and click
“Start NEW Application” to get started!

Traditional Rates (per person)

Area 1

(Metro, most central MN and some northeastern MN counties)

Tobacco-free

Age	80% Plan			100% Plan		
	\$2,000	\$3,000	\$4,000	\$5,000	\$7,500	\$10,000
19-29	\$152.09	\$129.32	\$118.47	\$118.85	\$100.22	\$85.54
30-34	\$164.36	\$139.75	\$128.03	\$128.45	\$108.30	\$92.45
35-39	\$174.54	\$148.40	\$135.95	\$136.40	\$115.01	\$98.17
40-41	\$179.78	\$152.84	\$140.03	\$140.48	\$118.46	\$101.11
42-43	\$186.96	\$158.96	\$145.63	\$146.10	\$123.20	\$105.15
44-45	\$203.79	\$173.27	\$158.74	\$159.25	\$134.28	\$114.62
46-47	\$226.20	\$192.32	\$176.19	\$176.77	\$149.05	\$127.22
48-49	\$251.09	\$213.48	\$195.59	\$196.22	\$165.45	\$141.22
50-51	\$281.22	\$239.09	\$219.05	\$219.76	\$185.30	\$158.16
52-53	\$314.96	\$267.79	\$245.33	\$246.13	\$207.54	\$177.14
54-55	\$346.46	\$294.56	\$269.86	\$270.74	\$228.29	\$194.85
56-57	\$377.64	\$321.08	\$294.15	\$295.11	\$248.84	\$212.39
58-59	\$411.63	\$349.97	\$320.63	\$321.67	\$271.23	\$231.51
60-64	\$445.53	\$378.80	\$347.03	\$348.16	\$293.57	\$250.58

Dependent Children Rates

Per child	\$137.81	\$117.17	\$107.35	\$107.69	\$90.81	\$77.51
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Tobacco user

Age	80% Plan			100% Plan		
	\$2,000	\$3,000	\$4,000	\$5,000	\$7,500	\$10,000
19-29	\$202.79	\$172.42	\$157.96	\$158.47	\$133.62	\$114.05
30-34	\$219.15	\$186.33	\$170.70	\$171.26	\$144.40	\$123.26
35-39	\$232.72	\$197.86	\$181.27	\$181.86	\$153.35	\$130.89
40-41	\$239.70	\$203.79	\$186.71	\$187.31	\$157.94	\$134.81
42-43	\$249.28	\$211.94	\$194.17	\$194.80	\$164.26	\$140.20
44-45	\$271.72	\$231.02	\$211.65	\$212.33	\$179.04	\$152.82
46-47	\$301.60	\$256.42	\$234.92	\$235.69	\$198.73	\$169.63
48-49	\$334.79	\$284.64	\$260.78	\$261.62	\$220.60	\$188.29
50-51	\$374.96	\$318.79	\$292.06	\$293.01	\$247.07	\$210.88
52-53	\$419.95	\$357.05	\$327.11	\$328.17	\$276.72	\$236.19
54-55	\$461.94	\$392.74	\$359.81	\$360.98	\$304.38	\$259.80
56-57	\$503.52	\$428.10	\$392.20	\$393.48	\$331.78	\$283.19
58-59	\$548.84	\$466.63	\$427.51	\$428.89	\$361.64	\$308.68
60-64	\$594.04	\$505.06	\$462.71	\$464.21	\$391.42	\$334.10

Dependent Children Rates

Per child	\$183.75	\$156.22	\$143.13	\$143.59	\$121.08	\$103.34
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Rates are effective from April 1, 2011 through March 31, 2012.

Rates are subject to change.

Personal dental Plans

Don't forget about your teeth!

While you're deciding on medical coverage, remember that HealthPartners offers affordable dental plans with big networks.

How the plan works

1. First, you pick one of three plans:
 - **Maintenance** for regular checkups and fillings
 - **Major** for work like root canals and crowns – perfect if you already have preventive services through another plan
 - **Comprehensive** for preventive dental work and things like fillings and root canals
2. Once you pick the plan that's best for you, then you choose a network. There are two choices:
 - **HealthPartners Dental Group** with 15 Twin Cities locations that focus on a treatment plan to meet your unique needs, and focus on preventing disease
 - **Open Access** has more than 2,000 providers in Minnesota
3. Find details or apply online at healthpartners.com/personaldental. Or give us a call at 952-883-5599 or 877-838-4949.

Coverage*	Maintenance Plan		Major Plan		Comprehensive Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic / preventive (routine check-ups)	100%	80%	0%	0%	100%	80%
Sealants	100%	80%	100%	80%	100%	80%
Fillings	50 – 80%	50%	50 – 80%	50%	50 – 80%	50%
Basic services	0%	0%	50 – 80%	50%	50 – 80%	50%
Surgical services	0%	0%	After six months			
			50%	50%	50%	50%
Major restorative (crowns, bridges, etc.)	0%	0%	After 12 months			
			50%	25%	50%	25%
Annual deductible (per person)	\$50	\$75	\$50	\$75	\$50	\$75
Annual plan maximum (per person)	\$1,250	\$750	\$1,250	\$750	\$1,250	\$750

Maintenance Plan		Major Plan		Comprehensive Plan	
HealthPartners Dental Group (15 locations)		HealthPartners Dental Group (15 locations)		HealthPartners Dental Group (15 locations)	
Under age 50	\$27.66	Under age 50	\$20.61	Under age 50	\$38.46
Age 50 and over	\$33.15	Age 50 and over	\$24.75	Age 50 and over	\$46.17
Dependent Rates		Dependent Rates		Dependent Rates	
1 Child	\$26.27	1 Child	\$19.58	1 Child	\$36.56
2 Children	\$52.56	2 Children	\$39.16	2 Children	\$73.12
3 or more Children	\$78.84	3 or more Children	\$58.74	3 or more Children	\$109.68
Open Access (2,100 providers)		Open Access (2,100 providers)		Open Access (2,100 providers)	
Under age 50	\$33.83	Under age 50	\$27.29	Under age 50	\$47.16
Age 50 and over	\$39.26	Age 50 and over	\$32.77	Age 50 and over	\$56.60
Dependent Rates		Dependent Rates		Dependent Rates	
1 Child	\$32.15	1 Child	\$25.92	1 Child	\$44.80
2 Children	\$64.30	2 Children	\$51.84	2 Children	\$89.60

* Rates are effective April 1, 2011 — March 31, 2012. See Summary of Benefits at healthpartners.com/personaldental for benefit and waiting period details.

Important Information about HealthPartners Individual plans

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 **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 **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 formulary is 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 Membership Contract that explains 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, including orthognathic[†]
- 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[†]

[†] except as specifically described in your Membership Contract.

READ YOUR MEMBERSHIP CONTRACT CAREFULLY TO DETERMINE WHICH EXPENSES ARE COVERED.

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

HealthPartners negotiates with some providers to pay discounted rates. In those cases, coinsurance (a specific percentage of the charge) is based on that discounted amount. Copayments (flat amounts specified in advance for categories of service, such as office visits or prescriptions) are based on an aggregate of billed charges for that type of service. Our mission is to improve the health of our members, our patients and the community.



Questions?

Call Individual Sales at **952-883-5599** or toll free **877-838-4949**.

Email us at **individualsales@healthpartners.com**.

Or go to **healthpartners.com/individual**.