YOUR PLAN AT YOUR FINGERTIPS

Manage your plan, cut costs and feel confident when you get care

Your dental plan benefits . . . . . . . . . . . 3
Tools and resources . . . . . . . . . . . . . . . . . . 5
Your Empower FSA plan . . . . . . . . . . . . . . . . . . 8
Health and well-being . . . . . . . . . . . . . . . . . . 11
Using your plan . . . . . . . . . . . . . . . . . . . . . . 12
Give your smile the care it deserves with a dental plan. After all, a healthier smile can equal a healthier you.

ABOUT YOUR PLAN
Dental care can be expensive, but a HealthPartners dental plan will help you get the care you need at a price you can afford. With your plan, you’ll get:

• 100 percent coverage for preventive dental services in Benefit Level 1.
• Extra exams, cleanings and more if you’re pregnant or have diabetes, and are at risk for gum disease. These are covered at 100 percent when you see a network dentist.
• Discounts on braces at three of the top orthodontic providers in the Twin Cities Metro.

HOW YOUR PLAN WORKS
Choose what’s important to you when it comes to your dental care with HealthPartners Distinctions Dental plan. With this plan you get two network options.

• Benefit Level 1 - smaller network
  This benefit level might be for you if you want to keep your costs low. You’ll pay the least with a Benefit Level 1 dentist, but you’ll have a smaller network of dentists to choose from. Visit any dentist at HealthPartners Dental Group and Park Dental clinics in the Twin Cities area.

• Benefit Level 2 - large network
  This benefit level is great if you want more options and are willing to pay a little more for services. You’ll pay more with a Benefit Level 2 dentist, but you’ll have the largest regional network of dentists to choose from. Choose from more than 2,200 dentists in Minnesota and 56,000 dentists at more than 140,000 locations nationwide.

FIND A DENTIST IN YOUR NETWORK
Seeing if your dentist is in the network is easy. Just visit healthpartners.com/hennepin and search the HealthPartners Distinctions Dental Network. Search for dentists by name, clinic name, city or ZIP code.

Learn more about your dental plan by visiting healthpartners.com/hennepin.
# Dental Plan Highlights

The following provides an overview of your HealthPartners coverage. For exact coverage details consult a Group Membership Contract or Summary Plan Description or call Member Services at 952-883-5000 or 1-800-883-2177.

<table>
<thead>
<tr>
<th>Dental Plan Highlights</th>
<th>Benefit Level 1</th>
<th>Benefit Level 2</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Maximum and Deductible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Maximum</td>
<td>$1,000 per calendar year</td>
<td>$1,000 per calendar year</td>
<td>$500 per calendar year</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>None</td>
<td>$25 per person; $75 per family per calendar year</td>
<td>$50 per person; $150 per family per calendar year</td>
</tr>
<tr>
<td>Implant Maximum</td>
<td>$500 per calendar year</td>
<td>$500 per calendar year</td>
<td>No Coverage</td>
</tr>
</tbody>
</table>

## Preventive and Diagnostic Care

- Teeth cleaning, exams, dental x-rays & fluoride treatments
  - 100% coverage
  - 80% coverage after deductible
  - 80% coverage after deductible

## Basic Care

- Fillings (Amalgam and anterior composite)
  - 70% coverage

- Posterior composite (white) fillings
  - 50% coverage

- Simple extractions

- Non-surgical periodontics

- Endodontics (root canal therapy)
  - 60% coverage

- Surgical periodontics

- Complex oral surgery

## Special Care

- Restorative crowns & onlays
  - 50% coverage
  - 50% coverage after deductible
  - No Coverage

## Prosthetics

- Bridges, dentures & partial dentures
  - 50% coverage
  - 50% coverage after deductible
  - No Coverage

- Dental implants
  - 50% coverage
  - 50% coverage after deductible
  - No Coverage

## Orthodontia

- Orthodontics up to age 19
  - 50% coverage up to $1,000
  - Lifetime maximum
  - No coverage
  - No coverage
Want a reason to smile? A discount on orthodontic services (braces) should help! You’ll get this discount at three of the top orthodontic clinics in Minnesota—HealthPartners Dental Clinics, WOW Orthodontics® and Orthodontic Care Specialists, LTD. This benefit is for all HealthPartners dental members, no matter your age. Now’s the perfect time to get the beautiful smile you’ve always wanted.

**CALL AND SHOW YOUR DENTAL MEMBER ID CARD AT ANY OF THE LOCATIONS BELOW TO SAVE 15 PERCENT ON ORTHODONTIC SERVICES.**

<table>
<thead>
<tr>
<th>HEALTHPARTNERS ORTHODONTICS LOCATIONS</th>
<th>ORTHODONTIC CARE SPECIALISTS, LTD. LOCATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple Valley</td>
<td>Blaine</td>
</tr>
<tr>
<td>Arden Hills</td>
<td>651-523-8545</td>
</tr>
<tr>
<td>651-523-8545</td>
<td>763-757-2550</td>
</tr>
<tr>
<td>Bloomington</td>
<td>Brooklyn Center</td>
</tr>
<tr>
<td>651-523-8545</td>
<td>763-535-6010</td>
</tr>
<tr>
<td>Como (St. Paul)</td>
<td>Coon Rapids</td>
</tr>
<tr>
<td>651-523-8545</td>
<td>763-786-9457</td>
</tr>
<tr>
<td>Inver Grove Heights</td>
<td>Eden Prairie</td>
</tr>
<tr>
<td>651-523-8545</td>
<td>952-937-8733</td>
</tr>
<tr>
<td>Maplewood</td>
<td>Farmington</td>
</tr>
<tr>
<td>651-523-8545</td>
<td>651-463-2800</td>
</tr>
<tr>
<td>White Bear Lake</td>
<td>Hudson</td>
</tr>
<tr>
<td>651-523-8545</td>
<td>715-381-1110</td>
</tr>
<tr>
<td>Woodbury</td>
<td>Maple Grove</td>
</tr>
<tr>
<td>651-523-8545</td>
<td>763-494-6612</td>
</tr>
<tr>
<td>WOW ORTHODONTICS LOCATIONS</td>
<td>Plymouth</td>
</tr>
<tr>
<td>Anoka</td>
<td>763-551-8911</td>
</tr>
<tr>
<td>763-421-9292</td>
<td>Prior Lake</td>
</tr>
<tr>
<td>Champlin</td>
<td>952-447-7578</td>
</tr>
<tr>
<td>763-493-6393</td>
<td>Rosemount</td>
</tr>
<tr>
<td>Elk River</td>
<td>651-423-6302</td>
</tr>
<tr>
<td>763-441-7597</td>
<td>Shakopee</td>
</tr>
<tr>
<td>Princeton</td>
<td>952-746-8996</td>
</tr>
<tr>
<td>763-389-5890</td>
<td>St. Louis Park</td>
</tr>
</tbody>
</table>

For a full list of locations, visit [healthpartners.com](http://healthpartners.com), [wowortho.com](http://wowortho.com) or [orthodonticcarespecialists.com](http://orthodonticcarespecialists.com).
If you’re pregnant or diabetic, your teeth may need extra care.

**GIVING YOU MORE**

Good oral health can lead you to better overall health. This is especially true if you’re diabetic or pregnant. With this special benefit, you can get additional coverage for dental care. This helps members who are more at risk for problems related to periodontal (gum) disease. When you go to a network dentist, you’ll get 100 percent coverage for services such as:
- Extra exams
- Extra cleanings
- Scaling and root planing

Best of all—you don’t have to pay a deductible or coinsurance. Plus, there’s no annual dollar limit on this care.

**WHY GET EXTRA CARE?**

This type of extra care is important because gum disease can affect your whole body. For example:
- Research shows that pregnant women with gum disease are seven times more likely to have a baby that’s born too early or with low birth weight.
- People with type 2 diabetes are more likely to have gum disease. If you have gum disease, you’re more likely to lose teeth.
- Diabetics with gum disease have a harder time controlling their blood sugar. This can lead to other serious health problems.

**LOWER YOUR MEDICAL COSTS**

Did you know that extra care for your teeth can help you save money? Recent national studies found that early care for gum disease lowered total medical costs by more than 20 percent for people with diabetes! They had fewer visits to the hospital and doctor and needed fewer prescriptions.
As a HealthPartners member, you have personal support when you need it. Contact us when you have questions about your coverage or health — we’re here to help.

<table>
<thead>
<tr>
<th>If you have questions about</th>
<th>Call</th>
<th>Go online</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Your coverage, claims or account balances</td>
<td><strong>Member Services</strong></td>
<td>Log on to healthpartners.com/hennepin</td>
</tr>
<tr>
<td>• Finding a dentist or specialist in your network</td>
<td>Monday – Friday, 7 a.m. – 7 p.m., CST</td>
<td></td>
</tr>
<tr>
<td>• Dental plan services</td>
<td>Call the number on the back of your Member ID card or <strong>952-883-5000 (800-883-2177 toll-free)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Español: <strong>952-883-7050 o 866-398-9119</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interpreters are available if you need one.</td>
<td></td>
</tr>
<tr>
<td>• Whether you should see a dentist</td>
<td><strong>CareLine℠ Service — Nurse line</strong></td>
<td>Visit healthpartners.com/healthlibrary</td>
</tr>
<tr>
<td>• Home treatment options</td>
<td>24/7, 365 days a year</td>
<td></td>
</tr>
<tr>
<td>• Toothaches and other dental issues</td>
<td>Call <strong>612-339-3663, 800-551-0859</strong> or <strong>952-883-5474 (TTY)</strong></td>
<td></td>
</tr>
<tr>
<td>• Your dental health during pregnancy</td>
<td><strong>BabyLine Phone Service</strong></td>
<td>Visit healthpartners.com/healthlibrary</td>
</tr>
<tr>
<td>• Your new baby</td>
<td>24/7, 365 days a year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Call <strong>612-333-2229 or 800-845-9297</strong></td>
<td></td>
</tr>
</tbody>
</table>

When your 5-year-old wakes up with a toothache at 2 a.m., call CareLine℠ Service for help. The nurses will be there to help you find a way to make your child more comfortable, even in the middle of the night.
ABOUT YOUR FLEXIBLE SPENDING ACCOUNT (FSA)

With HealthPartners Empower™ FSA, you can put pretax money aside to pay for eligible health care costs. This special spending account is a great way for you and your family to save.

HOW YOUR FSA WORKS

Think of your FSA as a special spending account for health expenses. You decide how much of your paycheck you want to direct deposit into your FSA each pay period. Then you can use your FSA dollars to help pay for health care costs.

It’s easy! When you have an eligible health care cost, just pay yourself back using our simple online system. Once you’ve used all the money in your FSA, you’re responsible for paying any remaining expenses out of pocket.

Use your health care FSA to pay for things like:
- Copays, coinsurance and deductibles
- X-rays, prescription medicines, and surgery
- Contact lenses and eyeglasses

<table>
<thead>
<tr>
<th>EXAMPLE</th>
<th>WITH THE FSA</th>
<th>WITHOUT THE FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household income</td>
<td>$40,000</td>
<td>$40,000</td>
</tr>
<tr>
<td>Your FSA contribution</td>
<td>-$2,500</td>
<td>$0</td>
</tr>
<tr>
<td>Taxable income</td>
<td>$37,500</td>
<td>$40,000</td>
</tr>
<tr>
<td>Taxes</td>
<td>-$4,755</td>
<td>-$5,130</td>
</tr>
<tr>
<td>Expenses paid after taxes</td>
<td>$0</td>
<td>$2,500</td>
</tr>
<tr>
<td>Remaining income</td>
<td>$32,745</td>
<td>$32,370</td>
</tr>
<tr>
<td>Your savings</td>
<td>$375</td>
<td>$0</td>
</tr>
</tbody>
</table>

This is an example. Your actual medical costs may vary.

UNDERSTANDING YOUR FSA DETAILS

As you plan for your health care needs, consider the following:

- **Figure out your FSA amount** — Add up what you spent last year on health care costs. Based on what you spent, choose the amount you’d like to put in your FSA. If you need more help, you can estimate your costs with HealthPartners cost calculators at healthpartners.com/smartshopper. The maximum amount you can contribute to your FSA is $2,500 per plan year.
- **Use it or lose it** — Estimate carefully as you’ll lose any money left in your FSA at the end of the grace period.

How your FSA works

You see your network provider, pick up a prescription or have a medical expense.

The claim is sent to HealthPartners.

We send you money out of your FSA by check or direct deposit.

You pay the bill from your doctor if you didn’t pay at the time of your visit.
HOW YOUR FSA WORKS

Think of your FSA as a special spending account for dependent care or adoption expenses. You decide how much of your paycheck you want to direct deposit into your FSA each pay period. Then you can use your FSA dollars to help pay for dependent care or adoption costs.

It's easy! When you have a dependent care or adoption cost, just pay yourself back using our simple online system. Once you’ve used all the money in your FSA, you’re responsible for paying any remaining expenses out of pocket.

You can use your dependent care FSA to pay for expenses for children under 13 and/or a spouse or dependent who can’t care for themselves. Eligible expenses include:

- In-home child care, licensed day care and preschool facilities
- Before or after school programs
- Elder care

You can use your adoption assistance FSA to pay for expenses related to adoption. Eligible expenses include:

- Adoption fees
- Attorney fees and court costs
- Travel expenses related to adoption
- Medical expenses for child prior to being placed for adoption

UNDERSTANDING YOUR FSA DETAILS

As you plan for your dependent care needs, consider the following:

- **Figure out your FSA amount** — Add up what you spent last year on day care costs. Based on that, choose the amount you’d like to put in your FSA. The maximum amount you can contribute to your dependent care FSA is $5,000 for a single person or married filing jointly and $2,500 for a person married but filing separately. The maximum amount you can contribute to your adoption assistance FSA is $12,000.

- **Use it or lose it** — Estimate carefully as you’ll lose any money left in your FSA at the end of the grace period.

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**How your FSA works**

1. You pay your bill directly.
2. You send your reimbursement form to HealthPartners.
3. We send you money out of your FSA by check or direct deposit.
4. You check your FSA balance online or on your phone, so you always know where you’re at with your account.
ABOUT YOUR FLEXIBLE SPENDING ACCOUNT (FSA)

Transportation or parking costs can really add up! With HealthPartners Empower™ FSA, you can put pretax money aside to pay for eligible transportation or parking costs. This special spending account is a great way to help you save more.

HOW YOUR FSA WORKS

Think of your FSA as a special spending account for transportation or parking expenses. You decide how much of your paycheck you want to direct deposit into your FSA. Then you can use your FSA dollars to help pay for transportation or parking costs.

It’s easy! When you have an eligible work-related transportation or parking cost, just pay yourself back using our simple online system. Once you’ve used all the money in your FSA, you’re responsible for paying any remaining expenses out of pocket.

Use your transportation or parking FSA to pay for things like:

- Bus passes, commuter van, light rail, train and subway fares
- Parking ramps

EXAMPLE

<table>
<thead>
<tr>
<th>WITH THE FSA</th>
<th>WITHOUT THE FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household income</td>
<td>$40,000</td>
</tr>
<tr>
<td>Your FSA contribution</td>
<td>-$1,000</td>
</tr>
<tr>
<td>Taxable income</td>
<td>$39,000</td>
</tr>
<tr>
<td>Taxes</td>
<td>-$5,001</td>
</tr>
<tr>
<td>Expenses paid after taxes</td>
<td>$0</td>
</tr>
<tr>
<td>Remaining income</td>
<td>$33,999</td>
</tr>
<tr>
<td>Your savings</td>
<td>$129</td>
</tr>
</tbody>
</table>

This is an example. Your actual costs may vary.

UNDERSTANDING YOUR FSA DETAILS

As you plan for your transportation or parking needs, consider the following:

- **Figure out your FSA amount** — Add up what you spent last year on transportation or parking costs. Based on that, choose the amount you’d like to put in your FSA. The maximum amount you can contribute to your transportation or parking FSA is $245 monthly.

- **Unused Parking and Transportation Deposits** — Any unused money left in your account at the end of a given calendar month will roll forward to the next calendar month. Also, any amount remaining at the end of the calendar year will roll forward to the next calendar year.

How your FSA works

You pay your transportation or parking fee directly.

You send your reimbursement form to HealthPartners.

We send you money out of your FSA by check or direct deposit.

You check your FSA balance online or on your phone, so you always know where you’re at with your account.
Get healthy savings

Want to save money while doing something great for your health? Get special discounts just for being a HealthPartners member and save at popular retailers.

HEALTHY DISCOUNTS℠ PROGRAM
Use your HealthPartners Member ID card to get discounts at popular local and national retailers of health and well-being products and services. Discounts include:

• Eyewear
• Fitness and wellness classes
• Healthy eating programs and delivery services
• Orthodontics
• Recreational equipment
• Spa services
• Swim lessons
• Healthy mom and baby products

FOR YOUR EYES ONLY
Save up to 35 percent on eyeglasses. Plus, get great deals on contact lenses and more at thousands of retailers.

For a list of participating companies and details on discounts, go to healthpartners.com/discounts.
As a HealthPartners member, you have access to great tools and resources to help you get the most out of your dental plan or FSA. Get started with these three steps:

1. CREATE A myHEALTHPARTNERS ACCOUNT
With an online account, using your plan is simple! You can:
   • Look up your benefits information
   • See your claims
   • Search for dentists in your network
   • Sign up to get your plan documents delivered online

Registration is easy—just visit healthpartners.com/hennepin and make sure you have your Member ID card available.

2. MANAGE YOUR HEALTH CARE COSTS
Get help budgeting for your dental care costs at healthpartners.com/smartshopper. Here you can access great cost tools to:
   • Estimate how much your dental care will cost using the cost calculator.
   • Log on to your myHealthPartners account to check your plan balances, including your deductible and annual maximum.

Stay up-to-date on your plan balances with the HealthPartners iPhone app and mobile site.
Learn more at healthpartners.com/gomobile.

3. GET SUPPORT FOR YOUR HEALTH
Whether you’re looking to get healthy or stay healthy, HealthPartners is here to support you.
Visit healthpartners.com/healthyliving to:
   • See how you can get discounts at health and well-being retailers nationwide. Log on to your myHealthPartners account for details.
   • Check out the Health Information Library and Decision Support tools to help you make health care decisions based on what’s important to you.
   • Work with a virtual coach to get active, quit smoking, stress less and move more.
As a HealthPartners member, it’s easy to manage your plan and feel confident when you get dental care. Whatever your preference, you can stay connected—online, on your smartphone or via text.

<table>
<thead>
<tr>
<th>When you want to:</th>
<th>Find it:</th>
</tr>
</thead>
<tbody>
<tr>
<td>See your benefits and specific plan information</td>
<td>![Online]</td>
</tr>
<tr>
<td>See your claims</td>
<td>![Online]</td>
</tr>
<tr>
<td>Check your plan balances, including your deductible, annual maximum and more</td>
<td>![Online] ![Smartphone]</td>
</tr>
<tr>
<td>Search for dentists in your network</td>
<td>![Online]</td>
</tr>
<tr>
<td>Manage your dental care costs and plan for future expenses</td>
<td>![Online]</td>
</tr>
<tr>
<td>View your HealthPartners Member ID card and fax it to your dentist’s office</td>
<td>![Online] ![Smartphone]</td>
</tr>
<tr>
<td>Find tips for getting and staying healthy</td>
<td>![Online] ![Smartphone] ![Text]</td>
</tr>
</tbody>
</table>

CONNECT ONLINE
With a myHealthPartners online account, your specific benefits, claims and tips for living healthy are just a click away. Sign up at healthpartners.com/hennepin.

TEXT TO CONNECT
Get weekly eat better texts from HealthPartners yumPower by texting YUM to 77199.

CONNECT ON YOUR SMARTPHONE
Whether you’re at home or on-the-go, your plan information is right at your fingertips. HealthPartners iPhone app and mobile site makes using your plan easy wherever you are. Visit healthpartners.com/gomobile to learn more.

Looking for more? Download the HealthPartners yumPower iPhone app to find better-for-you meal options at restaurants near you.
Summary of utilization management programs for medical plans

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/hennepin 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.

Appropriate use and coverage of prescription medications for medical plans

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

- A formulary of prescription medications 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 medication interactions.
- The formulary is available at healthpartners.com/pharmacy, along with information on how medications are reviewed, the criteria used to determine which medications are added to the list and more. You may also get this information from Member Services.

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

Important information about your coverage

After you enroll, you will receive plan materials 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 provider are not covered. The following is a summary of excluded or limited items for dental plans:

**Dental Plan: Benefit Limitations**

- Coverage for dental exams limited to twice each calendar year
- Coverage for dental cleanings (prophylaxis or periodontal maintenance) limited to twice each calendar year
- Sealants limited to one application per tooth once every 3 years
- Coverage for professionally applied topical fluoride limited to once each calendar year, for members under age 19
- Coverage for bitewing x-rays limited to once each calendar year
- Full mouth or panoramic x-rays limited to once every three years
- Oral hygiene instruction limited to once per enrollee per lifetime
- Coverage for space maintainers limited to replacement of prematurely lost primary teeth for dependent members under age 19
- Replacement of crowns and fixed or removable prosthetic appliances limited to once every 5 years
- Certain limitations apply to repair, rebase and relining of dentures
- Dental services related to the replacement of any teeth missing prior to the member’s effective date are covered when services are performed by a provider in the HealthPartners dental network
- Non-surgical and surgical periodontics limited to once in 2 years

THESE PLANS MAY NOT COVER ALL YOUR HEALTH CARE EXPENSES. READ YOUR PLAN MATERIALS AND SUMMARY OF BENEFITS AND COVERAGE (SBC) CAREFULLY TO DETERMINE WHICH EXPENSES ARE COVERED.

For details about benefits and services, call Member Services at 952-883-5000 or 800-883-2177.
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 medical and dental providers. All are designed to achieve that goal.

Occasionally, our reimbursement arrangements with providers include some combination of the methods described below. For example, for a medical provider, we may pay a case rate to a provider for a selected set of services needed during an agreed upon period of time, or for services needed up to an agreed upon maximum amount of services, and pay that same provider on a fee-for-service basis for services that are not provided within the time period or that exceed the maximum amount of services. Or, for dental providers, we may capitate a provider for certain types of care and pay that same provider on a fee-for-service basis for other types of care. In addition, although we may pay a provider, such as a clinic, using one type of reimbursement method, that clinic may pay its employed providers using another reimbursement method. Check with your individual provider if you wish to know the basis on which he or she is paid.

Arrangements used for medical plans

Some medical providers are paid using "case rate" arrangements, which means that for a selected set of services the provider receives a set fee, or a "case rate," for services needed 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.

Sometimes we have "withhold" arrangements with medical providers, which means that a portion of the provider's payment is set aside until the end of the year. The year-end reconciliation can happen in one or more of the following ways:

- 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.
- Some providers—usually hospitals—are paid on the “basis of the diagnosis” that they are treating; in other words, they are paid a set fee to treat certain kinds of conditions. Sometimes we pay hospitals and other institutional providers a set fee, or "per diem," according to the number of days the patient spent in the facility.
- Some providers — usually hospitals — are paid according to Ambulatory Payment Classifications (APCs) for outpatient services. This means that we have negotiated a payment level based on the resources and intensity of the services provided. In other words, hospitals are paid a set fee for certain kinds of services and that set fee is based on the resources utilized to provide that service.

Some medical providers are paid on a “fee-for-service” basis, which means that the health plan pays the provider a certain set amount that corresponds to each type of service furnished by the provider. Some medical providers are paid on a "discount" basis, which means that when a provider sends us a bill, we have negotiated a reduced rate on behalf of our members. We pay a predetermined percentage of the total bill for services.

Arrangements used for dental plans

Some dental providers are paid a "salary" with a possible additional payment made based on performance criteria such as quality of care and patient satisfaction measures. We pay some groups of dental providers on a “capitated” basis, which means that the provider group receives a set fee each month for each member enrolled in the provider group’s clinic, regardless of how many or what type of services the member actually receives. Provider groups are, therefore, required to manage the budget for their entire patient panel appropriately. Some dental providers are paid on a "fee-for-service" basis, which means that the health plan pays the provider a certain set amount that corresponds to each type of service furnished by the provider. Some dental providers are paid on a "discount" basis, which means that when a provider sends us a bill, we have negotiated a reduced rate on behalf of our members. We pay a predetermined percentage of the total bill for services.

Notice of grandfathered medical plan

Your employer believes this medical plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to your employer. If you are on a plan subject to ERISA, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 866-444-3272 or dol.gov/ebisa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans. You may also contact the U.S. Department of Health and Human Services at healthreform.gov.
Want tips for eating better?

Check out HealthPartners yumPower—it’s all about finding tasty, good-for-you foods that power your body and help you live the best life possible. After all, when you eat better, you feel better! Get started at yumpower.com — your mind, body and taste buds will thank you.