

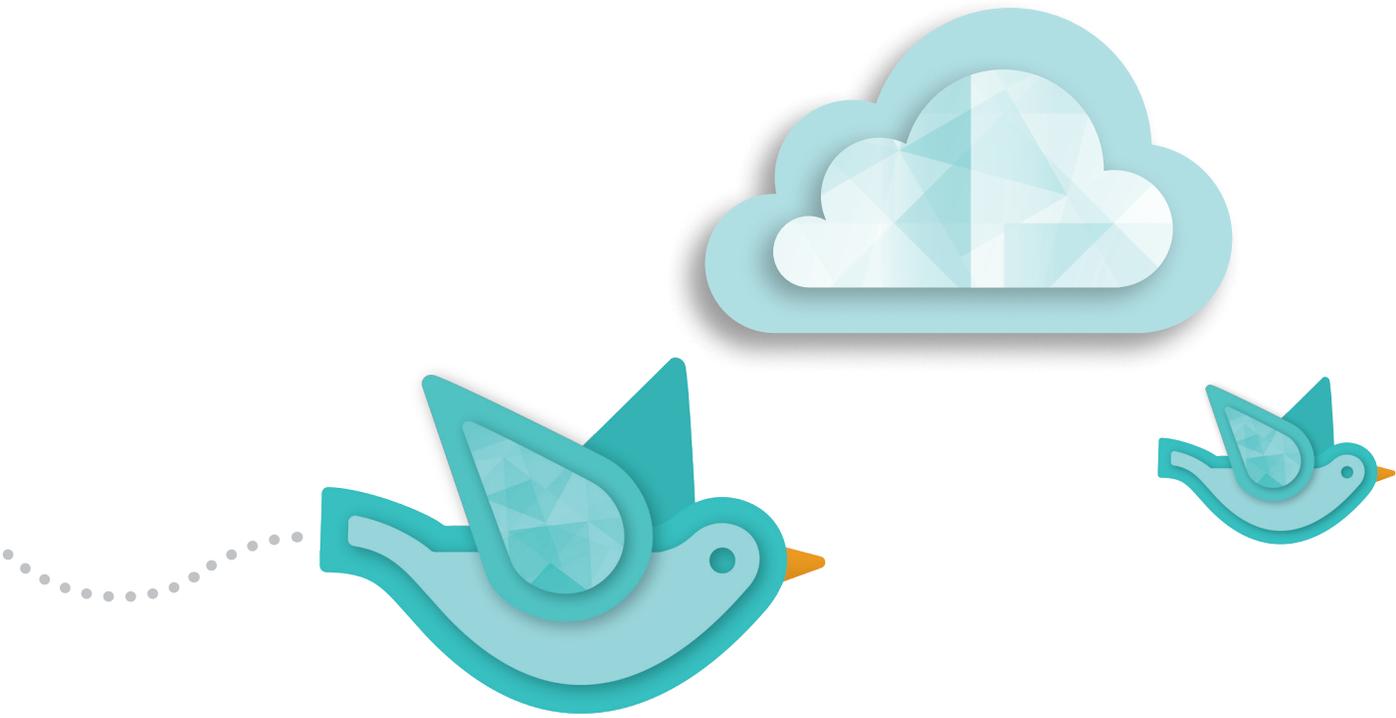


Plans for a healthier you



2017 Open Enrollment





We all need a partner.

Someone to count on for support. Someone who's always there for you.

At HealthPartners, we're 23,000 people dedicated to caring for our plan members and patients the way we would our closest friends and family. This commitment has helped us deliver the best health outcomes 10 years running.*

**Our team is ready to help you navigate your care and coverage.
We'll answer your questions and be there for you at every step.
We're not just a health organization, we're HealthPartners.**

Let's make good happen together.

*The source for data contained in this publication is Quality Compass® and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2015 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).



HIGHEST MEMBER SATISFACTION

We promise to give you an outstanding experience. Thanks to our members, J.D. Power awarded HealthPartners the “Highest Member Satisfaction among Commercial Health Plans in the Minnesota/Wisconsin Region.”

HealthPartners received the highest numerical score among commercial health plans in Minnesota/Wisconsin in the J.D. Power 2016 U.S. Member Health Plan Study, based on 31,867 responses from 8 plans measuring experiences and perceptions of members surveyed October-December 2015. Your experiences may vary. Visit jdpower.com

We're here for you



Call us at one of the numbers below if you have questions about your health or what your plan covers. We're here to help.

IF YOU HAVE QUESTIONS ABOUT:	CONTACT:
<ul style="list-style-type: none">• Your coverage, claims or account balances• Finding a doctor or specialist in your network• Finding care when you're away from home• Health plan services, programs and discounts	<p>Member Services</p> <p>Monday – Friday, 7 a.m. – 7 p.m., CT Call the number on the back of your member ID card, 952-883-5144 or 877-435-7613.</p> <p>Español: 866-398-9119 Interpreters are available if you need one.</p> <p>healthpartners.com/3M</p>
<ul style="list-style-type: none">• Understanding your health care and benefits• How to choose a treatment	<p>Nurse NavigatorSM program</p> <p>Monday – Friday, 8 a.m. – 5 p.m., CT Call the Member Services number on the back of your member ID card.</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 Navigators</p> <p>Monday – Friday, 8 a.m. – 5 p.m., CT 888-638-8787</p>

Health advocates— at your service



Navigating health care can be difficult – but you don’t have to go it alone.

Your health advocate is a nurse and a key part of your health advocate team – and is specially trained to work with 3M members. In much the same way that a financial planner helps you manage your money and investments, your nurse health advocate can help you understand and manage your health care, your health care benefits and can connect you to other 3M resources like your Employee Assistance Program, health coaches or registered dietitians, and more. They help you see the big picture and manage all the little details.

Think of your nurse health advocate as your personal health advisor. Your nurse health advocate gives you personal, confidential support for real life challenges like:

Understanding your benefits	<ul style="list-style-type: none">• What’s covered?• How much will I pay?• Do I need a referral or prior approval?• What doctors are in my network?
Getting care and treatment	<ul style="list-style-type: none">• I need to do something about my knee pain – is physical therapy or surgery my best option?• What type of doctor do I need to see for my low back pain?• Can you help me find a provider in my network?• How do I coordinate care with multiple providers for my child who has a complex condition?• What preventive care is appropriate for my age, gender and health status?
Managing your health	<ul style="list-style-type: none">• How do I manage my health risks – like cholesterol, blood pressure, weight and diabetes on a daily basis?• I’d like support during my pregnancy – can you help?• Can you help me manage my medications?• Should I continue working while I have chemotherapy?
Preparing for and recovering from hospital stays or surgery	<ul style="list-style-type: none">• How do I prepare for a doctor visit or surgery?• How do I find the surgeon or hospital that’s best for me?• What if I have questions when I get home from the hospital?• How can I help prepare my caregivers for my return home?

As close as your phone

To reach your nurse health advocate, simply call **877-435-7613 (toll free)**, Monday – Friday from 7 a.m. – 7 p.m. CT. Once you begin a relationship, you’ll talk with the same person each time you call.

“This program made managing my family’s health care needs easier than ever. Talking to a real nurse whenever I had a question gave me the confidence and knowledge I needed to make decisions for my family. ”

- **Health advocate participant**

Manage your health on the go



Life doesn't always operate on business hours. Sometimes you have a question at 9 p.m. on a Friday or 6 a.m. before you need to leave for work. That's where your *myHealthPartners* account and the myHP mobile app come in.

Want to check on a claim? Need to find an urgent care near your house, NOW?

These are just a couple of the things we help members with every day. We love directing members to their online account and mobile app, especially since it means they can get help when we're not in the office.



Aly

Member Services

There's so much more you can do. Signing up is easy!
Learn more at healthpartners.com/signupnow.



Top 5 ways to use your online account and mobile app:

- 1 See recent claims and how much you owe for your health care.
- 2 Search for doctors in your network or near your current location.
- 3 Get cost estimates for treatments and procedures, specific to your plan.
- 4 Check your balances, including how much you owe before your plan starts paying (deductible) and the most you'll have to pay (out-of-pocket maximum).
- 5 View your HealthPartners member ID card and fax it to your doctor's office.

Know where to go



"I need care, but who should I see?"

What a tough question, right? I spend a lot of my day answering this. I tell people it's tempting to rush to the emergency room when you need care now, but online care might be faster and cost less.



Balqis
Registered Nurse

Use my notes below to help you decide where to go for help.

WHEN YOU NEED	GO TO	AVERAGE COST	AVERAGE TIME SPENT
Treatment and prescriptions for minor medical issues, like: <ul style="list-style-type: none"> • Bladder infection • Pink eye • Upper respiratory infections 	virtuwell® or Doctor On Demand* (24/7 online care) or Convenience clinics (found in retail and grocery stores)	\$	
A regular checkup or special care during the day for things like: <ul style="list-style-type: none"> • Diabetes management • Vaccines 	Primary care clinics	\$\$	
Care for urgent problems when your doctor's office is closed, like: <ul style="list-style-type: none"> • Cuts that need stitches • Headaches 	Urgent care clinics	\$\$\$	
Help in an emergency, such as: <ul style="list-style-type: none"> • Chest pain or shortness of breath • Head injury 	Emergency room	\$\$\$\$	

*virtuwell is available for residents of AZ, CA, CO, CT, IA, MI, MN, NY, ND, PA, VA and WI. Doctor On Demand is available in all states except AR.

virtuwell® – your 24/7 online clinic



Who has time to be sick? Between work, errands and activities, I know it's hard to fit in a trip to the doctor. But you don't have to. I've got an easy way for you to get back to normal ASAP.

Head over to virtuwell.com. Our team of certified nurse practitioners can give you a diagnosis, treatment plan and even a prescription. All in about 30 minutes.

My favorite story is the time I helped someone whose daughter got pink eye on a family trip. She used virtuwell and answered the questions right on her phone. In 20 minutes, we sent a treatment plan to her inbox and a prescription to the pharmacy by their hotel. I followed up a few days later to make sure she was feeling better. Vacation saved!



We're real people,
giving you real
treatment, really fast.

How does it work?

- 1** It's **convenient**. We'll start with a simple question: What do you think you have? You'll answer online – anytime, anywhere.

Then, one of our nurses will create your treatment plan. You'll get a text or email when it's ready.
- 2** It's **safe**. We only treat conditions that we can do safely online, like sinus and bladder infections, pink eye and acne. Go to virtuwell.com/conditions to see what we can treat – there are more than 60.
- 3** It's **affordable**. You're only charged if we can treat you. In the end, you'll never pay more than \$45. Member Services can tell you if your plan will pay for some or all of your visit. Call them at **952-883-5144** or **877-435-7613**.



Juan
Certified Nurse
Practitioner

The next time you get sick, my team is ready and waiting to get you better. Try virtuwell.com.

Doctor On Demand



“My throat hurts! And all the clinics are closed. Help?!”

Not feeling well is never fun. If only there was a Dr. Mom that we could put on speed dial to take care of us at a moment’s notice. Well, Dr. Mom might not always be a phone call away, but there is a super convenient way to get care without leaving the couch. It’s called Doctor On Demand, and it’s literally just that: a doctor, on demand.

Board-certified physicians can look, listen and interact with you through the mobile app or the internet. Everyone on your plan can use it, any time, any day.

What can Doctor On Demand help with?

- Sore throat
- Cold and flu
- Bladder infection
- Rashes
- Allergies
- Sports injuries

See the full list of conditions at doctorondemand.com/medical.

How much does it cost?

It often costs less than a regular office visit. The most you’ll pay is \$40 per 15-minute visit with a medical doctor. Member Services can tell you if your plan will pay for some or all of your visit. Call us at **952-883-5144** or **877-435-7613**.



Katie
Member Services

Remember that you’ve got Doctor On Demand next time you need it. Get started at doctorondemand.com.

Here, your health matters



3M Healthy Living is here to help you be the best you.

1 Assess your health

Get started in January with the online health assessment. It's a great tool to help you evaluate your current health status and plan for a healthy future.

2 Complete your activities

Once you have a snapshot of your current health status, complete the activities on your path to earn up to \$480 off your 3M Medical Plan premium for 2018.

3 Be the best you

Make healthy habits stick. Take advantage of all that 3M Healthy Living has to offer year round, by visiting **3M Source**, or **JourneyWell.com/wellbeing/3Mhealthyliving**.

For spouses

If you have a spouse, invite them to take the online health assessment so they can also get a snapshot of their current health. Although they are not eligible to earn the discount, many of the 3M Healthy Living resources are also available for them.



Take advantage of all the resources, tools and support 3M Healthy Living has to offer. By improving your health, you can earn up to \$480 off your 3M Medical Plan premium for 2018.

We are committed to helping you achieve your best health. Incentives for participating in a wellness program are available to eligible employees. If you think you might be unable to meet the standards for receiving an incentive in the form of a discount on your 2018 3M medical premium under this wellness program, you might qualify for an opportunity to earn the same incentive through different means. Contact JourneyWell at **(877) 222-2054** (toll free) and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same incentive that is right for you in light of your health status.

A partnership of...



This document is not the official plan document for the plan, and in the event of any conflict, inconsistency or ambiguity between this information and the official plan documents, the terms of the official plan document will control. 3M reserves the right to modify, amend or terminate the benefit plan, in whole or in part, at any time. Neither receipt of this document nor its use of the term "you" indicate eligibility for the plan. Only those individuals who satisfy the eligibility requirements and other criteria contained in the official plan document are eligible to participate in the plan. © JourneyWell

Healthy choices = hefty savings



I know what a difference being healthy can make in your life, and how a little support – and savings – can be a big help. That’s why I’m excited to tell you about some great healthy discounts you get just for being a HealthPartners member.

Save money at your favorite gym

Work out 12 days or more each month and you’ll save up to \$20 per person on your monthly membership.

Participating gyms include:

- Anytime Fitness*
- Curves
- LA Fitness*
- Life Time Fitness
- Snap Fitness
- And more!

Go to healthpartners.com/frequentfitness to search for other participating gyms.

Get discounts at other places too

Just use your HealthPartners member ID card to save money at loads of places to help you live a little healthier.

You can save money on:

- Eyewear
- Fitness and wellness classes
- Healthy eating programs and delivery services
- Healthy mom and baby products
- Recreational equipment
- Spa services
- Swim lessons
- And more!



Ada
Health Coach

Saving money is one more way we can help you live a healthier life. Go to healthpartners.com/discounts to see all the places where you can get big savings.



If you need to replace your glasses more often than most, you're going to love this! You can save up to 35 percent on eyewear at thousands of places and get great deals on contacts too!

*Not all locations apply. Frequent Fitness is limited to members, age 18 years or older, of HealthPartners senior or individual medical plans and members of participating employer groups. Some restrictions apply. Termination of club membership may result in forfeiture of any unpaid incentive. See participating club locations for program details. Workout requirements and program eligibility may vary by employer. Please check with your employer or call Member Services to verify eligibility and visits requirements.

Get quality care with the best benefit



No one wants to hear that they need surgery, but it can be the first step to a healthier, pain-free life. What are you missing out on because of an injury or pain?

One thing to consider when taking that first step is where you get your surgery. Getting high quality care at the best value is possible. Top-value facilities can give you great care, and you'll get a better benefit from your health plan. What's not to like about that?

What's a top-value facility?

In order to be considered top value, a facility needs to provide the best care, with their overall costs lower-than-average. That means your path to a healthier life will include a better experience with your surgery, and you'll pay less.

What procedures does it cover?

Orthopedic surgeries are part of the top-value benefit. These include:

- Arthroscopic knee*
- Arthroscopic shoulder*
- Back
- Carpal tunnel*
- Hip replacement
- Knee replacement
- Rotator cuff*

*Available at facilities in MN.

How much will I save?

When you get care at a top value facility, your plan covers a larger percentage of your surgery. Instead of paying 10 percent after you hit the deductible, you only pay five percent after your deductible.

So what does that look like? Here's an example of what you might pay for the facility charges when you use a top-value facility:

PRIME ADVANTAGE PLAN	TOP-VALUE FACILITY 95% COINSURANCE	IN-NETWORK FACILITY 90% COINSURANCE
Allowed amount	\$20,000	\$25,000
Deductible	\$1,500	\$1,500
Coinsurance you owe	\$925	\$2,350
You pay	\$2,425	\$3,850
Plan pays	\$17,575	\$21,150

Where can I find a facility?

Visit healthpartners.com/3M and log onto your myHealthPartners account. Select the *Find Care* tab and search by procedure. Top-value facilities are marked with a  symbol.



Steve
Member Services

Remember, we're here to help. Call our Member Services team at **952-883-5144** or **877-435-7613**. They can answer questions about finding a top-value facility or how your benefits work.

Travel anywhere – worry free



I get a lot of calls from people who are jet-setting across the world for the trip of a lifetime or just about to head out on a quick family getaway.

Wherever they're going, they all have something in common: they're thinking "What if?" What if my daughter gets sick and needs care, or what if I fall and sprain my ankle?

I remind folks all the time about our partnership with Assist America®. With Assist America, you can get the support you need if the unexpected happens. And it's really easy. Just go online to healthpartners.com/getcareeverywhere or use the Assist America mobile app to download your ID card on the go. Use the reference number **01-aa-hpt-05133** to get started.

Get help 24/7

When you're traveling away from home and have an emergency, Assist America can help you with:

- Filling lost prescriptions
- Finding quality care
- Hospital admission
- Pre-trip info, like immunizations you need
- Sending health updates home
- Tracking down lost luggage
- Translator referrals
- Medical transport to care facilities



Prea

Member Services

So keep making those travel plans and feel confident you have support no matter where you are.

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 certain kinds of care
- Outpatient case management to provide care coordination
- The CareCheck® program

We require prior approval for a small number of services and procedures. For a complete list, go to [healthpartners.com](https://www.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 inpatient 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. Benefits will be reduced by 20 percent if CareCheck is not notified.

Our approach to protecting personal information

HealthPartners complies with all applicable laws regarding privacy of health and other information about our members and former members. 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 compliant, 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 Notice of Privacy Practices, visit [healthpartners.com](https://www.healthpartners.com) or call Member Services at **952-883-5144** or **877-435-7613**.

THIS PLAN 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 **952-883-5144** or **877-435-7613**.

Provider reimbursement information for medical plans

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 providers. All are designed to achieve that goal.

- Some 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 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.
- Sometimes we have **case rate** arrangements with providers, 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 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.
 - » Occasionally our reimbursement arrangements with providers include some **combination** of the methods described above. For example, 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. In addition, although we may pay a provider such as a medical 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.



When you eat better, you feel 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. Get tips, recipes and more at yumpower.com. Your mind, body and taste buds will thank you.