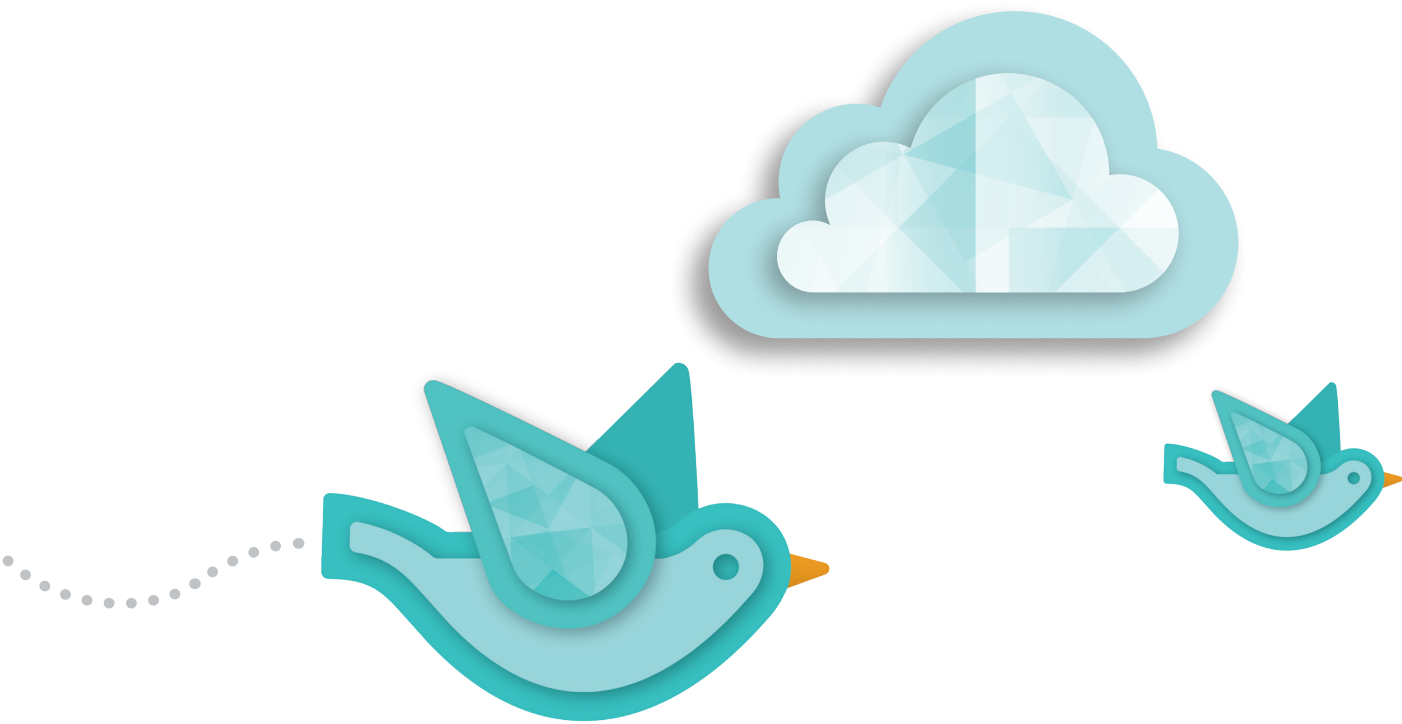




Plans for a healthier you



Welcome State of Minnesota Employees



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 11 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.



HIGHEST MEMBER SATISFACTION

We promise to give you an outstanding experience. Thanks to our members, HealthPartners has earned the highest overall member plan rating among Minnesota health plans for 10 straight years.**

*The source for data contained in this publication is Quality Compass® 2016 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2016 includes certain Consumer Assessment of Healthcare Providers and Systems® (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).

**According to the 2007-2016 CAHPS surveys.

State of Minnesota medical and dental plans



As a Member Services rep, I know how important it is to pick the health and dental plan that's best for you. As a State of Minnesota employee, you have access to HealthPartners medical and dental plans. If you choose both medical and dental, you get the added convenience of just one phone number, one member ID number and one website. We're here to help make things simple every step of the way.

Your medical plans

A health plan can help you be as healthy as you can be. Your plan includes:

- A large network of providers in Minnesota, western Wisconsin, South Dakota and North Dakota
- In-network specialty care, without referrals
- Direct access to contracted vision, chiropractic, OB/GYN, mental health and urgent care providers, with no referrals needed

Your dental plans

Oral care is closely linked to overall health. Your dental benefits let you:

- Pick from the largest dental network in Minnesota
- Choose any network dentist or specialist, at any time
- See a non-network dentist with lower benefit levels

What are some other perks?

Your plans come with perks that will save you money and keep things simple. You'll get discounts on things like eyewear, gym equipment, fitness classes and more. There are also convenient tools at healthpartners.com/segip that will help you check your balances, find a doctor or even get your ID card.



Member Services

Remember, we're here to help. We have a team of Member Services reps dedicated to State of Minnesota employees. Give us a call at **952-883-7900** or **888-343-4404**.

Dental Open Access plan



Doesn't smiling just make you feel good? Give it a try – you'll see what I mean. Smiling is proven to make you feel good, seem more approachable and improve your health.

I love to help people smile bright. Members call me about their dental plan, wanting to know what's covered and how often they can go.

What expenses are covered?

With the HealthPartners® Dental Open Access plan you get:

- Preventive dental services covered 100 percent
- Extra exams and cleanings covered 100 percent if you're pregnant or have diabetes and are at risk for gum disease

What does it cost to see a dentist?

Well, preventive care is covered at no cost to you. But if you need extra work, like getting a cavity filled, you may pay a deductible or coinsurance. Check your Summary of Benefits (SOB) to see what those amounts might be.

And remember that your dental plan has an annual maximum. It's a bit different than your medical plan. Your dental plan maximum is the most your plan will pay for your dental care each year. You're in charge of the rest.

Keep in mind that you'll pay less if you see a dentist in the Open Access network and more for an out-of-network dentist. With the largest network of dentists and clinics, you've got lots of choices. Go to healthpartners.com/segip to find one.



A handwritten signature in black ink that reads "D. Jones". The signature is written in a cursive style with a horizontal line underneath the name.

Member Services

We're here to help keep your teeth healthy all year long. If you have questions about your dental plan, we can answer them. Just give us a call at **952-883-7900** or **888-343-4404**.

The straight truth on savings



You knew this day would come. The day your child needs braces. Or maybe you're finally getting that smile you've always wanted. Either way, we'll help you save 15 percent at any of these locations. Visit the websites to find more locations and the one that works best for you.

HEALTHPARTNERS ORTHODONTICS

healthpartners.com/orthodontics

Apple Valley	651-523-8545
Arden Hills	651-523-8545
Bloomington	651-523-8545
Como (St. Paul)	651-523-8545
Inver Grove Heights	651-523-8545
Maplewood	651-523-8545
Plymouth	651-523-8545
White Bear Lake	651-523-8545
Woodbury/Lake Elmo	651-523-8545

THREE RIVERS ORTHODONTICS

healthpartners.com/orthodontics

Anoka	763-421-9292
Champlin	763-421-9292
Elk River	763-421-9292
Stillwater	651-439-1966

ORTHODONTIC CARE SPECIALISTS, LTD.

orthodonticcarespecialists.com

Blaine	763-757-2550
Brooklyn Center	763-535-6010
Coon Rapids	763-786-9457
Eden Prairie	952-937-8733
Edina	952-920-1373
Farmington	651-463-2800
Maple Grove	763-494-6612
Rosemount	651-423-6302
Shakopee	952-746-8996
St. Louis Park	952-920-1373

THE DENTAL SPECIALISTS ORTHODONTICS

smiletds.com

Blaine	763-201-6960
Burnsville	952-241-2496
Coon Rapids	763-201-2496
Eden Prairie	952-653-0475
Edina	952-926-7766
Maple Grove	763-657-2515
Roseville	763-657-2515



David

Dentist

Call Member Services at **952-883-7900** or **888-343-4404** with any questions on your dental plan and braces. We're here to help.

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 dental member.

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:

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



Saa

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.



You can save up to 35 percent on eyewear at thousands of places and get great deals on contacts too!

Here for you, 24/7



One thing I love about my job is how my team helps people 24/7.

Like this: a man called because his chest felt heavy, his skin felt clammy, and he wasn't sure what to do. Scary, right?

The CareLineSM service nurse told him to hang up and call 911 immediately – he was having a heart attack. He was rushed to the hospital for emergency surgery. Afterward, he called us to say thank you. He didn't realize how serious the situation was until he called and was so grateful that we were there to give him advice.



Rachel

Registered Nurse

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, dentist 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, 952-883-7900 or 888-343-4404.</p> <p>Español: 866-398-9119 Interpreters are available if you need one.</p> <p>healthpartners.com/segip</p>
<ul style="list-style-type: none"> Whether you should see a doctor Home remedies A medicine you're taking 	<p>CareLineSM service nurse line</p> <p>24/7, 365 days a year 612-339-3663 or 800-551-0859</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"> Your pregnancy The contractions you're having Your new baby 	<p>BabyLine phone service</p> <p>24/7, 365 days a year 800-845-9297</p>

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 when it's between "ouch" and "OMG." If you're still not sure, a CareLineSM service nurse can help.

WHEN YOU NEED	GO TO	AVERAGE COST	AVERAGE TIME SPENT
Health advice from a nurse for: <ul style="list-style-type: none"> • Where to go for care • At-home remedies 	CareLineSM service Call 24/7 at 612-339-3663 or 800-551-0859	Free	
Treatment and prescriptions for minor medical issues, like: <ul style="list-style-type: none"> • Bladder infection • Pink eye • Upper respiratory infections 	virtuwell[®] (a 24/7 online clinic) 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.

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.

Peace of mind for you and your baby



Are you pregnant or thinking about having a baby? As a mom and a nurse, I know what a wonderful yet uncertain time this is. I work with a team of nurses to support women who are pregnant or planning a pregnancy.

Whether this is your first, second or sixth baby, we're here to help. All support is confidential and available at no cost to you. Here are some of the ways we'll support you:

Pregnant or planning assessment

This online assessment helps us understand your needs and how we can help. Based on your answers, you may get a call from a nurse on my team. The nurse will work with you over the phone to answer your questions and give you advice when you're between visits with your doctor.

Phone support, whenever you need it

When you have a question at 3 a.m. – trust me, it happens – you can talk with a nurse any time. Just call the BabyLine phone service at **612-333-2229** or **800-845-9297**.

Email tips

After taking the assessment, you can sign up to get emails with tips about eating right, budgeting for child care and more.

Text tips

Sign up for free tips texted to your phone during your pregnancy and baby's first year. Just text **BABY** to 511411 (or **BEBE** for Spanish).

Online resources

Find the assessment and more resources on things like planning, parenting and infertility. Go to **healthpartners.com/pregnancysupport**.



Heidi

Registered Nurse

They say it takes a village to raise a child.
My team is here to help.

Living with a health condition



Between my family and work, it can be hard to find time to take care of me. But as a nurse, I know how incredibly important it is to do.

I also know that living with a health condition can sometimes get in the way of what matters most to you. My team of nurses wants to help you take care of you. That way you can feel good and still do the things you want.

Every day we support people with health conditions like asthma, depression, diabetes, heart disease and more. As part of your health plan, we can answer your questions, work with your doctor and give you tips when you're between doctor visits. All support is confidential and available at no cost to you.



Heidi

Registered Nurse

No matter what health condition you're living with, we're here to help care for you – the whole you.

IF YOU'D LIKE TO:	VISIT OR CALL:
Find information on your health condition, helpful topics and tools.	healthpartners.com/healthlibrary
Get help making decisions about your health and find tools to walk you through making a choice that's right for you.	healthpartners.com/decisionsupport
Interact with a virtual coach to reach your health goals.	healthpartners.com/letstalk
Find out what services or doctors are covered by your plan.	Member Services 952-883-7900 or 888-343-4404
Talk with a nurse about your health condition.	952-883-5469 or 800-871-9243 healthpartners.com/healthsupport
Get your questions answered by a nurse 24/7.	CareLineSM service 612-339-3663 or 800-551-0859

Face cancer with confidence



When you're dealing with something as serious as cancer, it can feel like your whole life centers around it. But you can feel strong and confident when you have a team to support you through your care.

I'm proud to work with nurses that help people who are living with cancer get the most from their care and treatment. We're here to answer your questions, give you support and connect you with resources when you're between visits with your doctor.

You need more than medical care. You need all the extras like help finding the right educational resources, making decisions about your care and lifestyle, and maybe just someone to listen. That's why our help is included as part of your health plan. You can talk to a nurse over the phone, or we can send you information in the mail. All support is confidential and available at no cost to you.



Heidi

Registered Nurse

Whether you've just been diagnosed or are currently being treated, we'll give you the support you need.

IF YOU'D LIKE TO:	VISIT OR CALL:
Find information on cancer, helpful topics and tools.	healthpartners.com/cancersupport
Get help making decisions about your health and find tools to walk you through making a choice that's right for you.	healthpartners.com/decisionsupport
Interact with a virtual coach to reach your health goals.	healthpartners.com/letstalk
Find out what services or doctors are covered by your plan.	Member Services 952-883-7900 or 888-343-4404
Talk with a nurse about your health.	952-883-5469 or 800-871-9243 healthpartners.com/healthsupport
Get your questions answered by a nurse 24/7.	CareLineSM service 612-339-3663 or 800-551-0859

Relief for your back pain



Back pain. Ugh. It's downright awful, and it makes even the simplest tasks hard to do. It's very common but different for everyone.

Depending on the type of pain you have, we have different support and resources for prevention, treatment and recovery. All support is confidential and available at no cost to you.

We'll help you get the care, tips and information you need for your specific case.

And our help is included as part of your health plan.



Heidi

Registered Nurse

My team is here to help make sure back pain doesn't keep you down. Give us a call or check out our online resources.

IF YOU'D LIKE TO:	VISIT OR CALL:
Find information, tools and resources on back pain and surgery.	healthpartners.com/backhealth
Get help making decisions about your back pain and find tools to walk you through making a choice that's right for you.	healthpartners.com/decisionsupport
Interact with a virtual coach to find relief.	healthpartners.com/letstalk
Find out what services or doctors are covered by your plan.	Member Services 952-883-7900 or 888-343-4404
Talk with a nurse about your back concerns.	952-883-5469 or 800-871-9243 healthpartners.com/healthsupport
Get your questions answered by a nurse 24/7.	CareLineSM service 612-339-3663 or 800-551-0859

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. You'll only pay your convenience care copay.



Juan
Certified Nurse
Practitioner

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

2017 Minnesota Advantage Health Plan Schedule of Benefits

2016 - 17 Benefit Provision	Cost Level 1 - You Pay	Cost Level 2 - You Pay	Cost Level 3 - You Pay	Cost Level 4 - You Pay
A. Preventive Care Services <ul style="list-style-type: none"> Routine medical exams, cancer screening Child health preventive services, routine immunizations Prenatal and postnatal care and exams Adult immunizations Routine eye and hearing exams 	Nothing	Nothing	Nothing	Nothing
B. Annual First Dollar Deductible (single/family)	\$150/300	\$250/500	\$550/1,100	\$1,250/2,500
C. Office visits for Illness/Injury, for Outpatient Physical, Occupational or Speech Therapy, and Urgent Care <ul style="list-style-type: none"> Outpatient visits in a physician's office Chiropractic services Outpatient mental health and chemical dependency Urgent Care clinic visits (in & out of network) 	\$25/30* copay per visit Annual deductible applies	\$ 30/35* copay per visit Annual deductible applies	\$60/65* copay per visit Annual deductible applies	\$80/85* copay per visit Annual deductible applies
D. In-network Convenience Clinics & Online Care (deductible waived)	\$10 copay	\$10 copay	\$10 copay	\$10 copay
E. Emergency Care (in or out of network) <ul style="list-style-type: none"> Emergency care received in a hospital emergency room 	\$100 copay Annual deductible applies	\$100 copay Annual deductible applies	\$100 copay Annual deductible applies	25% coinsurance Annual deductible applies
F. Inpatient Hospital Copay (waived for admission to Center of Excellence)	\$100 copay Annual deductible applies	\$200 copay Annual deductible applies	\$500 copay Annual deductible applies	25% coinsurance Annual deductible applies
G. Outpatient Surgery Copay	\$60 copay Annual deductible applies	\$120 copay Annual deductible applies	\$250 copay Annual deductible applies	25% coinsurance Annual deductible applies
H. Hospice and Skilled Nursing Facility	Nothing	Nothing	Nothing	Nothing
I. Prosthetics, Durable Medical Equipment	20% coinsurance	20% coinsurance	20% coinsurance	25% coinsurance Annual deductible applies
J. Lab (including allergy shots), Pathology, and X-ray (not included as part of preventive care and not subject to office visit or facility copayments)	5% coinsurance Annual deductible applies	5% coinsurance Annual deductible applies	20% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies
K. MRI/CT Scans	5% coinsurance Annual deductible applies	10% coinsurance Annual deductible applies	20% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies
L. Other expenses not covered in A-K above, including but not limited to: <ul style="list-style-type: none"> Ambulance Home Health Care Outpatient Hospital Services (non-surgical) <ul style="list-style-type: none"> Radiation/chemotherapy Dialysis Day treatment for mental health and chemical dependency Other diagnostic or treatment related outpatient services 	5% coinsurance Annual deductible applies	5% coinsurance Annual deductible applies	20% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies
M. Prescription Drugs 30-day supply of Tier 1, Tier 2, or Tier 3 prescription drugs, including insulin, or a 3-cycle supply of oral contraceptives Note: all Tier 1 generic and select branded oral contraceptives are covered at no cost.	\$14/25/50	\$14/25/50	\$14/25/50	\$14/25/50
N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs (excludes PKU, Infertility, growth hormones) (single/family)	\$800/1,600	\$800/1,600	\$800/1,600	\$800/1,600
O. Plan Maximum Out-of-Pocket Expense (excluding prescription drugs) (single/family)	\$1,200/2,400	\$1,200/2,400	\$1,600/3,200	\$2,600/5,200

*The level of the office visit copayment for the employee and his or her family is dependent upon whether the employee has completed the Health Assessment in each Open Enrollment period, and agreed to accept a health coach call. Employees who have completed the Health Assessment and accept a health coaching call are entitled to the lower copayment. Employees hired after the close of Open Enrollment will be entitled to the lower copayment.

This chart applies only to in-network coverage. Point-of-Service (POS), coverage is available only for members whose permanent residence is outside the State of Minnesota and outside the service areas of the health plans participating in Advantage. This category includes employees temporarily residing outside Minnesota on temporary assignment or paid leave [including sabbatical] and college students. It is also available to dependent children and spouses permanently residing outside the service area. These members pay a \$350 single or \$700 family deductible and 30% coinsurance to the out-of-pocket maximum described in Section O above. Members pay the drug copayment described at Section M above to the out-of-pocket maximum described at Section N. This benefit must be requested.

A standard set of benefits is offered in all SEGIP Advantage Plans. There are still some differences from plan to plan in the way that benefits, including the transplant benefit, are administered, in the referral and diagnosis coding patterns of primary care clinics, and in the definition of Allowed Amount. Beginning in 2016, benefits for palliative care and for the treatment of autism have been added, and are fully described in the Advantage Summary of Benefits.

Dental Schedule of Benefits for 2016-2017

Annual Maximum per person (does not apply to Orthodontia) \$1500.		
Covered Services	In-network Benefits	Out-of-network Benefits
Diagnostic and preventive care		
Preventive care; examinations, x-rays, oral hygiene & teeth cleaning	100% coverage (deductible does not apply)	50% coverage of the allowed amount (deductible does not apply)
Fluoride treatment (to age 19)	100% coverage (deductible does not apply)	50% coverage of the allowed amount (deductible does not apply)
Space maintainers	100% coverage (deductible does not apply)	50% coverage of the allowed amount (deductible does not apply)
Annual Deductible	\$50 per person \$150 per family	\$125 per person
Restorative care and prosthetics		
Fillings (customary restorative materials)	80% coverage after deductible	50% coverage of the allowed amount after deductible
Sealants	80% coverage after deductible	50% coverage of the allowed amount after deductible
Oral surgery (simple extractions and root canals)	80% coverage after deductible	50% coverage of the allowed amount after deductible
Periodontics (gum disease therapy)	80% coverage after deductible	50% coverage of the allowed amount after deductible
Endodontics (root canal therapy)	80% coverage after deductible	50% coverage of the allowed amount after deductible
Inlays and overlays	80% coverage after deductible	50% coverage of the allowed amount after deductible
Restorative crowns	80% coverage after deductible	50% coverage of the allowed amount after deductible
Fixed or removable bridgework	50% coverage after deductible	50% coverage of the allowed amount after deductible
Full or partial dentures	50% coverage after deductible	50% coverage of the allowed amount after deductible
Dental relines or rebases	50% coverage after deductible	50% coverage of the allowed amount after deductible
Orthodontics - \$2400 Lifetime Maximum (does not start over if you change dental plans)	50% coverage (deductible does not apply). Coverage is limited to dependents under age 19.	50% coverage of the allowed amount (deductible does not apply). Coverage is limited to dependents under age 19.

Emergency services are covered at the same benefit level as non-emergency services.

See Certificate of Coverage for specific plan limitations

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 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, 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.

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 (drug list). These prescription medicines are continually reviewed and approved for coverage based on quality, safety, effectiveness and value.
- A free, confidential one-on-one appointment (in-person or telephonic) with an experienced clinical pharmacist. Our Medication Therapy Management (MTM) program helps members who use many different medications get the results they need from their medicines.
- A pain management program. Our opioid management program supports members in managing their pain.
- A pharmacy transition of care program. Our patient alert program provides seamless transition to our formulary. We allow coverage for a first time fill of a qualifying non-preferred medicine within the first three months of a member's time with HealthPartners.

The formulary is available at [healthpartners.com/pharmacy](https://www.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 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 Practice, visit [healthpartners.com](https://www.healthpartners.com) or call Member Services at **952-883-7900** or **888-343-4404**.

Benefit limitations

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:

- 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 three 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 five 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 every two 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 **952-883-7900** or **888-343-4404**.

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. 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 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.
- Sometimes we have **case rate** arrangements with medical 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 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.

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.
- Some groups of dental providers are paid 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.



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