Plans for a healthier you

2017 Open Enrollment

Medical plan 3
Extra support 11
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.
Hello!

I’m a Member Services rep and mother of two. I know how important it is to pick the health plan that’s best for you. I always tell my friends and family to think about these three things when signing up for a health plan:

1. **When it comes to cost, what are my best and worst case scenarios?**

   **Best case** — you only pay your premium. That’s how much you pay each month for your health plan. It comes out of your paycheck, whether or not you get care.

   **Worst case** — you hit your out-of-pocket maximum. That’s the most you’ll pay on your own each year. Once you reach that limit, your plan covers the rest. Premium + out-of-pocket maximum = the most you’ll spend all year for care your plan covers.

2. **What will I have to pay when I get care? You may have a ...**

   **Copay** — a set amount you pay each time you go to the doctor or get a prescription.

   **Deductible** — the amount you have to pay before your plan pitches in. If your deductible is $3,000, your plan will kick in once you’ve paid $3,000.

   **Coinsurance** — a portion of the cost you’re in charge of paying. It’s different for each plan. For example, you might be responsible for 20 percent and your plan would cover the rest.

3. **How much care will my family and I need?**

   If you don’t need a lot of care, a higher deductible plan makes most sense. You’ll pay less on your premium, but more if you need care. That means a lower premium carries more risk. But the reward is that you’ll keep more money in your pocket all year long if you stay healthy.

Remember, we’re here to help. Give us a call at 952-883-5000 or 800-883-2177. Picking the right plan is just the first way we’ll help you become the healthiest you.

**WHAT ELSE SHOULD YOU ASK?**

- Can I see my favorite doctor and get the best deal?
- How much will I pay for my medicines, and where can I get them?
- What discounts and other perks will I get?
What if I told you that an inpatient hospital stay would cost you coinsurance, but only after you’ve met your deductible? ... Sound like gibberish? I know it can be tricky to understand. Trust me – you’re not alone.

When people call me with questions, I explain it like this:

**How much will you pay?**

It’s all based on what kind of care you get. For things like an office visit to a specialist, chiropractor or therapist, you’ll pay a set amount. That’s called a copay.

On the other hand, for something like a stay at a hospital, you pay costs up to a certain amount – your deductible. You cover costs up to that amount, and after that you’ll pay a portion of the bill. That’s called coinsurance. For example, you might pay 20 percent and your plan would pay the other 80 percent.

**What will your plan help pay for?**

Preventive care is covered at no cost to you. So you can still get your yearly checkup, vaccines or screenings without having to worry about costs.

Here are a few other things your plan covers:

• Convenience and online care
• Specialty care, without referrals
• Prescriptions

Find how much you’ll pay and what your plan will cover in your Summary of Benefits and Coverage (SBC). And remember, we’re here to help. Call us at **952-883-5000** or **800-883-2177**.
I love helping members use their plans to be healthier. When you’re a HealthPartners member, that’s what you can expect from me and everyone on my team. We want to help you spend less time trying to figure out how your plan works and more time doing what you love.

So let’s talk about a deductible plan, starting with the obvious question.

**What’s a deductible?**
A deductible is a set amount you’re in charge of paying before your plan kicks in. You cover costs up to that amount.

After that, your plan will split the bill with you. That’s called coinsurance. For example, you might pay 20 percent and your plan would cover 80 percent.

**What will your plan help pay for?**
Some services are covered at no cost to you. They’re called preventive care. You can get your yearly checkup, vaccines or screenings without having to worry about paying your deductible.

Here are a few things your plan will help with after you reach your deductible:
- Convenience and online care
- Specialty care, without referrals
- Prescriptions

Find how much you’ll pay and what your plan will cover in your Summary of Benefits and Coverage (SBC). And remember, we’re here to help. Call us at **952-883-5000** or **800-883-2177**.
A lot of things are better local. Fruit, veggies, sports … and even health care.

Living in the Midwest, I love how loyal we are to our hometown sports, summers on the lake and hotdishes.

With the CentraChoice network, you get to be hometown loyal by getting care in your community from doctors you trust.

Where can you get care?

You have access to a nationwide network. It’s split into two tiers. It’s easy to find high quality care at the lowest cost – visit healthpartners.com/coborns to find a doctor.

We’ll help you find the best care at the right price.
Call us at 952-883-5000 or 800-883-2177.
You’re not the only one wondering. Knowing if your health plan will cover your medicine and how much you’ll pay is important. Have no fear – I’m here with some tips to help you get the most from your medicine.

**Start by checking your drug list**

Step one is checking your formulary. That’s just a fancy word for a list of covered drugs. Your drug list is called PreferredRx. Searching the list is pretty easy. Go to healthpartners.com/preferredrx. Search by the name or type of medicine.

If you can’t find your medicine on the list, you can always give us a call. We’ll help you find it or an alternative that’s on the formulary.

**So, you’ve got the list. Now what?**

We’ve got an easy-to-follow guide to help you read your formulary. When you search the list, there’s an icon next to each medicine. It might be F (formulary), NF (non-formulary) or E (excluded). Formulary drugs are covered, excluded medicines aren’t covered, and non-formulary medicines might be covered but will cost you more.

**Want to save money?**

Try taking a generic medicine. Generics are the same as a brand name medicine, but cost a lot less. Here’s how to tell:

- **generic** will be in all lowercase italics
- **BRAND** oral contraceptives and Accutane generics will be in all CAPS
- Specialty drugs will be shown as

**Where to get the best deal**

Pharmacies are divided into two tiers. It’s easy for you to choose a pharmacy with the lowest cost – just go somewhere in tier one. Some of these pharmacies are:

- Coborn’s pharmacies
- Cash Wise pharmacies
- MarketPlace by Coborn’s pharmacies
- CentraCare pharmacies

But you can get your medicines at other places too. Go to healthpartners.com/coborns to find a pharmacy near you.

Always remember – we’re here to help. Give Member Services a call at 952-883-5000 or 800-883-2177. And of course you can check your Summary of Benefits and Coverage (SBC), too.
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!

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 get three FREE visits for each family member as part of your Base or Buy-Up Plan. And, it only counts if we can treat you. If you need care from virtuwell after you’ve used your free visits, you’ll never pay more than $45. Member Services can help determine how much you’ll pay. Call them at 952-883-5000 or 800-883-2117.

The next time you get sick, my team is ready and waiting to get you better. Try virtuwell.com.
“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](http://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 **952-883-5000** or **800-883-2177**.

**Remember that you’ve got Doctor On Demand next time you need it. Get started at** [doctorondemand.com](http://doctorondemand.com).

*Doctor On Demand is available in all states except AK and AR.*
Growing up, my mom was a stickler about making our routine doctor and dentist appointments. Looking back, I’m so glad she was. I’m the same way today!

Getting regular preventive care helps keep you healthy. In fact, people who get the preventive care that’s recommended for them are more likely to stay healthy for years to come.

**What counts as preventive care?**

- Alcohol, tobacco and weight screenings
- Blood pressure, diabetes and cholesterol tests
- Breast, cervical and colorectal cancer screenings
- Routine pre- and post-natal care
- Vaccines
- Well-child visits

**What’s recommended for you?**

Your doctor can always tell you what you should be checked for. But you can also visit healthpartners.com/preventive to find out.

Recommended preventive care is covered at no cost to you. If you have questions on what’s covered or where you should go, call us at 952-883-5000 or 800-883-2177. We’re here to help.
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 CareLine℠ 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.

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.
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.

There’s so much more you can do. Signing up is easy! Learn more at [healthpartners.com/signupnow](http://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.
"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.

**Know where to go**

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 CareLine℠ service nurse can help.

### WHEN YOU NEED

| Health advice from a nurse for:  
| Where to go for care  
<table>
<thead>
<tr>
<th>At-home remedies</th>
<th><strong>GO TO</strong></th>
<th><strong>AVERAGE COST</strong></th>
<th><strong>AVERAGE TIME SPENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>CareLine℠ service</strong></td>
<td>Free</td>
<td>(check mark)</td>
</tr>
<tr>
<td></td>
<td>Call 24/7 at <strong>612-339-3663</strong> or <strong>800-551-0859</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Treatment and prescriptions for minor medical issues, like:  
| Bladder infection  
| Pink eye  
<table>
<thead>
<tr>
<th>Upper respiratory infections</th>
<th><strong>GO TO</strong></th>
<th><strong>AVERAGE COST</strong></th>
<th><strong>AVERAGE TIME SPENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>virtuwell® or Doctor On Demand®</strong></td>
<td>$</td>
<td>(check mark)</td>
</tr>
</tbody>
</table>
|                   | (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:  
| Diabetes management  
<table>
<thead>
<tr>
<th>Vaccines</th>
<th><strong>GO TO</strong></th>
<th><strong>AVERAGE COST</strong></th>
<th><strong>AVERAGE TIME SPENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Primary care clinics</strong></td>
<td>$$</td>
<td>(check mark)</td>
</tr>
</tbody>
</table>

| Care for urgent problems when your doctor’s office is closed, like:  
| Cuts that need stitches  
<table>
<thead>
<tr>
<th>Headaches</th>
<th><strong>GO TO</strong></th>
<th><strong>AVERAGE COST</strong></th>
<th><strong>AVERAGE TIME SPENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Urgent care clinics</strong></td>
<td>$$$</td>
<td>(check mark)</td>
</tr>
</tbody>
</table>

| Help in an emergency, such as:  
| Chest pain or shortness of breath  
<table>
<thead>
<tr>
<th>Head injury</th>
<th><strong>GO TO</strong></th>
<th><strong>AVERAGE COST</strong></th>
<th><strong>AVERAGE TIME SPENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Emergency room</strong></td>
<td>$$$</td>
<td>(check mark)</td>
</tr>
</tbody>
</table>

*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 AK and AR.
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.

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

<table>
<thead>
<tr>
<th>IF YOU’D LIKE TO:</th>
<th>VISIT OR CALL:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Find information on your health condition, helpful topics and tools.</td>
<td>healthpartners.com/healthlibrary</td>
</tr>
<tr>
<td>Get help making decisions about your health and find tools to walk you through making a choice that’s right for you.</td>
<td>healthpartners.com/decisionsupport</td>
</tr>
<tr>
<td>Interact with a virtual coach to reach your health goals.</td>
<td>healthpartners.com/letstalk</td>
</tr>
<tr>
<td>Find out what services or doctors are covered by your plan.</td>
<td>Member Services 952-883-5000 or 800-883-2177</td>
</tr>
<tr>
<td>Talk with a nurse about your health condition.</td>
<td>952-883-5469 or 800-871-9243 healthpartners.com/healthsupport</td>
</tr>
<tr>
<td>Get your questions answered by a nurse 24/7.</td>
<td>CareLineSM service 612-339-3663 or 800-551-0859</td>
</tr>
</tbody>
</table>
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.

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

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

Healthy choices = hefty 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 visit requirements.
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 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 or call Member Services at 952-883-5000 or 800-883-2177.

Appropriate use and coverage of prescription medications

We provide our members with coverage for high quality, safe and cost-effective medications.

To help us do this, we use:

- A formulary (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, 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.

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 952-883-5000 or 800-883-2177.
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.