

2017 MSHO Supplemental Benefits

Benefit	Description	Category
Additional Hearing Aid Coverage	One hearing aid set per member per calendar year, or coverage for one hearing aid per ear per member per calendar year.	Claims
CareLine	CareLine Service employs a staff of registered nurses who are available by phone to assist members in assessing their need for medical care and to coordinate after-hours care.	N/A
Dental – Adult Fluoride		Claims
Dental – Periodic exams		Claims
Dental – Scaling and root planing	Coverage for periodontal services includes scaling and root planing.	Claims
Dental – Periodontal maintenance	Coverage for periodontal services includes periodontal maintenance.	Claims
Dental – Tissue Conditioning	Coverage for prosthetics includes tissue conditioning.	Claims
Dental – Additional Coverage for Root Canals on Molars	Coverage for endodontics includes root canals on molars.	Claims
Dental – Crowns coverage	Coverage for restorative services includes coverage for porcelain crowns limited to \$2,500 maximum. Network providers only.	Claims
Electronic toothbrush and replacement heads	Coverage for one electric toothbrush kit including replacement heads per member per calendar year.	Request
First Aid Kit	Coverage for one first aid kit per member per year.	Pushed
Food Scale	Coverage for one food scale per member per year	Request
Foot Care visits	Services includes: soaking, filing, nail clipping, debridement and education around prevention/management. Network providers only.	Claims
Health Education Classes	Members receive tools and guidance in a group setting from professionals for better eating, activity and thinking. Classes may be provided by registered dietitians, physical therapists, occupational therapists, and/or behavioral health specialists.	Other
Home Delivery Meals	Home delivery of meals immediately following surgery or an inpatient hospital stay.	Claims

In-home bathroom safety devices and installation	\$1000 maximum plan benefit coverage amount only applies to the In-Home Bathroom Safety Devices and Installation benefit	Claims
Light Therapy Lamp	One light therapy lamp per member per year.	Request
Personal Emergency Response System	Coverage for an in-home device used to notify appropriate personnel of an emergency.	Claims
Pocket hearing amplifiers	Coverage for one pocket hearing amplifier per member per year to amplify sound, improve independent living skills and improve ability to hear and understand health care providers, caregivers and care coordinators.	Request
Silver&Fit	Participating fitness facilities only. No health club activation fee, no fee to switch health club, no fee for an orientation session to the facility and equipment, and no monthly membership dues. Members may switch between in network facilities on a monthly basis. Two home fitness kits are available per year.	S&F/ Transportation
Tablets	Coverage of tablet for members with diabetes, heart disease, or depression. Tablet will be preloaded with health education, health engagement, and wellness applications relevant for the member's conditions, as well as the HealthPartners application, which supports the transmission of data/health information to the care team that may result in action needing to be taken by the physician or other health care professionals involved.	Other
Tints and Coating	Coverage for upgrades includes tints and coatings on eyeglasses.	Claims
Transportation to/from Supplemental Benefit covered services	Roundtrip transportation to locations of covered supplemental benefits including Silver&Fit, Health Education Classes, weight management program, and Alcoholics Anonymous or Narcotics Anonymous meetings. Transportation must be coordinated through RideCare.	S&F/ Transportation
virtuwell		Claims
Weight Management Program	Coverage of weight management program that offers weekly in-person or online programming.	Other
Part B Buy Down	\$17.50	Other

Continuing supplemental benefit from 2016
Supplemental benefit offered previously (not 2016)
Brand new supplemental benefit