

Insurance meets assurance

2019 HEALTHPARTNERS ATLAS PLANS

For individuals and families who buy their own insurance





For every smile

Simple things like smiles have the power to change someone's day, and possibly their life. At HealthPartners, we believe that it's the little touches – a helpful voice on the phone, an understanding nod in the waiting room, or a simple experience online – that make us not just a health plan, but a health partner.

We are 26,000 partners working together to support your health every day. You can depend on us for exceptional care and coverage, delivered simply and with a smile.

Hello!



“I’m a Sales Manager by day and a mom 24/7. It’s my job to keep my family healthy, and help our members do the same. But I know understanding health insurance can be overwhelming. So, I want to help.”

SARA W.

The more you know about your plan, the easier it is to make good decisions for your health and your wallet. Here are the two big ways I break it down for my friends and family:

What you might have to pay

- **Premium** (you can expect this one) – how much you pay for your plan.
- **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 (not counting your premiums). If your deductible is \$1,000, you’re responsible to pay this amount before the plan starts to cover your medical costs.
- **Coinsurance** – a percent of the cost you’re in charge of paying. For example, you might be responsible for 20 percent of an X-ray’s cost and your plan will cover the remaining 80 percent.
- **Out-of-pocket maximum** – the most you’ll pay for your care each year. Once you reach your max, your plan pays for the rest of your care.

HELPFUL TIP: You can look up your plan’s specific amounts in a separate document called an SBC, or Summary of Benefits and Coverage.

Estimating your costs before you see the doctor

Just like comparing gas prices, you can compare health care costs. A myHealthPartners account can help you shop, plan and feel confident when you need care. You can:

- Search for doctors in your network
- Get cost estimates for care
- Find out where you’re at with your deductible or out-of-pocket maximum
- Compare pharmacy costs

We’re here to help. Give us a call at **952-883-5599** or **877-838-4949**. Understanding your health plan is just the first way we’ll help you become your healthiest you.

All about Atlas

Lower costs, high-quality health care

If you live in western Wisconsin and want to save money, Atlas plans are the perfect choice. You'll have a smaller network of top care providers at HealthPartners family of care clinics and hospitals and other high quality providers in western Wisconsin.

What is the Atlas network?

The Atlas network is for people who live in western Wisconsin who prefer to pay less each month and access a smaller network. All Atlas providers are covered in-network and do not require a referral. If you need care that's medically necessary and it can't be delivered by the Atlas network, your provider will work with us to get you the care you need.

It includes any HealthPartners family of care clinic or hospital in Wisconsin and Minnesota, like:

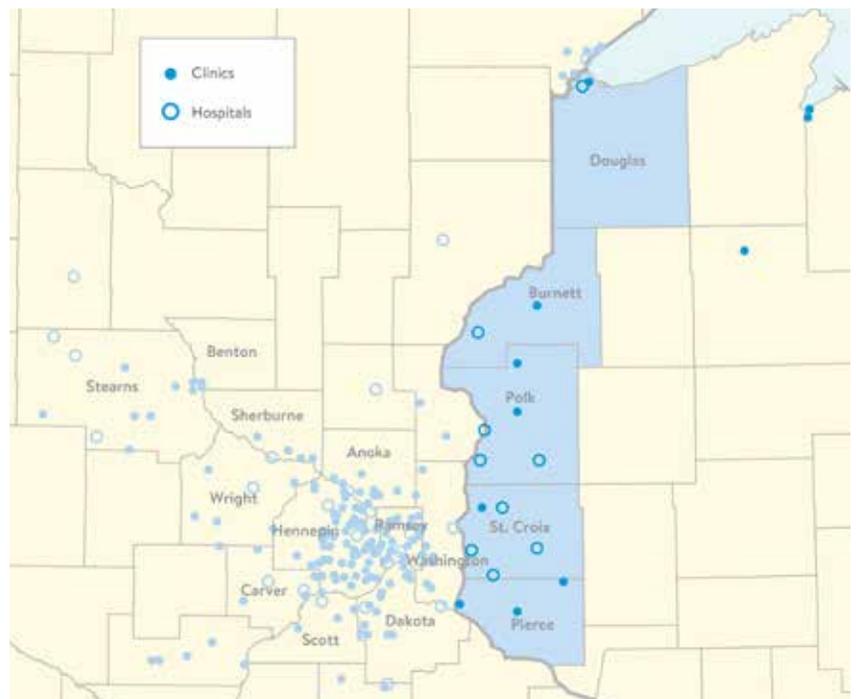
- Amery Hospital & Clinic
- Hudson Hospital & Clinic
- Lakeview Hospital
- Methodist Hospital
- North Suburban Family Physicians
- Park Nicollet Clinic
- Physicians Neck & Back Center
- Regions Hospital
- Riverway Clinic
- Stillwater Medical Group
- Westfields Hospital & Clinic

It also includes top-notch providers in Burnett, Douglas, Pierce, Polk and St. Croix County, like:

- Burnett Medical Center
- Essentia Health
- Hudson Physicians
- St. Luke's Health System
- Vibrant Health Family Clinics
- And more!

And remember, you get unlimited* free virtuell® 24/7 online clinic visits, which are always in the network!

When you need care, search the Atlas network 24/7 by visiting healthpartners.com/atlasnetwork or call Member Services.



*Excludes Catastrophic plan and HSA-qualified plans

Choosing your plan



“I play a lot of volleyball. On the court, you have to expect the unexpected. The same goes for your health care. It’s important to be prepared and think ahead. Just like a good coach, the metal levels below can guide you in choosing the best plan for you.”

DORIS, MEMBER SERVICES

AtlasSM Gold plan

Perfect if:

- You expect your family to visit the doctor six or more times per person, per year.
- You’re comfortable paying a higher monthly premium and want lower costs when you get care.

And you want:

- Unlimited copays for convenience care and office visits.
- Generic medicines with copays for as low as \$5. Find your medicine on the formulary to see how much you’ll pay.
- Unlimited free virtuwell[®] visits. You’ll feel better faster with this 24/7 online clinic.

AtlasSM Silver plan

Perfect if:

- You expect your family to visit the doctor less than six times per person, per year.
- You’d rather pay a higher premium each month and less when you get care.

And you want:

- Unlimited free virtuwell[®] visits. You’ll feel better faster with this 24/7 online clinic.
- Three primary care office visits per year for a copay.
- Convenience care at CVS Minute Clinic or Target Clinic for the low cost of your copay.

AtlasSM Bronze plan

Perfect if:

- You and your family are pretty healthy and you don’t expect to visit the doctor much. You want protection against major illnesses or accidents.
- You’d rather pay a lower monthly premium and more when you get care.

And you want:

- Unlimited free virtuwell[®] visits. You’ll feel better faster with this 24/7 online clinic.

AtlasSM Catastrophic plan

Perfect if:

- You’re under 30 years old or have an Affordability or Hardship Certificate of Exemption. Find the form at healthpartners.com/atlas.
- You’re very healthy and only need protection against major illnesses or accidents.
- You’d rather pay a little each month and higher costs when you receive care.

And you want:

- Three primary care office visits per year for a copay.
- To use your three visits at virtuwell[®] for free. The 24/7 online clinic will take care of you from the comfort of your home.



Another option: HSA plans

Here's what's great about an HSA plan

A health savings account (HSA) puts you in control of your health plan. With an HSA, you can set aside pre-tax money for unexpected health care costs. And saving is easy, too, with lower premiums to pay each month.

It works like this

HSA plans usually have lower premiums – that's the amount you pay for your plan, whether or not you get care. But the trade-off is a higher deductible. So while your paycheck doesn't take as big a hit, you'll have to pay more for care before your plan kicks in.

HERE'S THE TRICK: Put some of the money you're saving on premiums in your HSA. Then use your HSA to pay your deductible. And your share of coinsurance after that, if you have it.

Here's some of what your plan helps pay for:

- Preventive care (no cost to you)
- Convenience and online care
- Specialty care (no referrals needed)
- Prescriptions

You can use your HSA money for:

- Doctor visits
- Lab fees
- Prescription medicines
- Dental care and braces
- Vision care and LASIK surgery
- Medical equipment you use at home

They're perfect if:

- You want a bronze or silver level plan.
- You're great at managing your finances and want to save money on your taxes.

And you want:

- Choices. You'll have two deductible options. Whether you're expecting a lot of trips to the doctor or just a few, you have the power to choose what fits your life.

HERE'S A HINT: Add up what you spent on these things last year to get an idea of how much you might need to put in your HSA in the coming year.

AtlasSM Gold plan

Summary of Benefits

BENEFIT	ATLAS GOLD PLAN
	Atlas \$1000 w/Copay Gold
Calendar year deductible <ul style="list-style-type: none"> This is what you pay before your plan starts paying 	\$1,000 per person \$2,000 family maximum Out of network: \$20,000 per person, \$40,000 family maximum
Coinsurance <ul style="list-style-type: none"> This is what you pay after your deductible is met 	You pay 20% Out of network: You pay 50%
Calendar year out-of-pocket maximum <ul style="list-style-type: none"> You'll never have to pay more than this amount 	\$7,400 per person \$14,800 family maximum Out of network: No maximum
Preventive care <ul style="list-style-type: none"> Includes checkups and immunizations for you and your family to stay healthy 	You pay nothing
Convenience care and office visits* <ul style="list-style-type: none"> Illness or injury Urgent care 	Unlimited number of visits per person, per year have a copay: \$30 office visits \$15 convenience care \$30 urgent care
Behavioral health <ul style="list-style-type: none"> Mental health and chemical health services 	Unlimited number of visits per person, per year have a copay: \$30 office visit
virtuwell® <ul style="list-style-type: none"> Online treatment for everyday medical conditions like colds, coughs, ear pain, pink eye and more 	Unlimited free visits
Emergency room visits	You pay 20% after deductible
Prescription medicines	\$5 low cost generic formulary \$25 high cost generic formulary You pay 20% after deductible for Brand formulary You pay 50% after deductible for non-formulary
Laboratory services	You pay nothing
Inpatient and outpatient hospital care Outpatient MRI and CT Durable medical equipment	You pay 20% after deductible
Maternity	

* Copays for convenience care (such as CVS Minute Clinic® or Target Clinic®) and office visits do not apply towards the deductible. See the Atlas Rate Guide for more information on eligibility and pricing. Remember that you will get the highest benefit level and lowest out-of-pocket costs when you see a network provider for your care. For other deductible options and out-of-network costs and deductibles, please contact Individual Sales.

AtlasSM Silver plans

Summary of Benefits

BENEFIT	ATLAS SILVER PLANS
	Atlas \$3000 Plus Silver
Calendar year deductible <ul style="list-style-type: none"> This is what you pay before your plan starts paying 	\$3,000 per person \$6,000 family maximum Out of network: \$20,000 per person, \$40,000 family maximum
Coinsurance <ul style="list-style-type: none"> This is what you pay after your deductible is met 	You pay 20% Out of network: You pay 50%
Calendar year out-of-pocket maximum <ul style="list-style-type: none"> You'll never have to pay more than this amount 	\$7,400 per person \$14,800 family maximum Out of network: No maximum
Preventive care <ul style="list-style-type: none"> Includes checkups and immunizations for you and your family to stay healthy 	You pay nothing
Convenience care and office visits* <ul style="list-style-type: none"> Illness or injury Urgent care 	First three visits per person, per year have a copay:** \$30 office visits (does not apply to Behavioral health office visit) \$15 convenience care \$30 urgent care Then you pay 20% after deductible
Behavioral health <ul style="list-style-type: none"> Mental health and chemical health services 	You pay 20% after deductible
virtuwell® <ul style="list-style-type: none"> Online treatment for everyday medical conditions like colds, coughs, ear pain, pink eye and more 	Unlimited free visits
Emergency room visits	You pay \$250 for your first visit each year* Then you pay 20% after deductible for additional visits
Prescription medicines	\$5 low cost generic formulary \$25 high cost generic formulary You pay 20% after deductible for Brand formulary You pay 50% after deductible for non-formulary
Laboratory services	You pay 20% after deductible
Inpatient and outpatient hospital care	
Outpatient MRI and CT	
Durable medical equipment	
Maternity	

* Copays for convenience care (such as CVS Minute Clinic® or Target Clinic®), office visits and emergency room visits do not apply towards the deductible. See the Atlas Rate Guide for more information on eligibility and pricing. Remember that you will get the highest benefit level and lowest out-of-pocket costs when you see a network provider for your care. For other deductible options and out-of-network costs and deductibles, please contact Individual Sales.

**A total of three visits per person, per year between office visits and convenience care.

AtlasSM Bronze plan

Summary of Benefits

BENEFIT	ATLAS BRONZE PLAN
	Atlas \$6000 Plus Bronze
Calendar year deductible <ul style="list-style-type: none"> This is what you pay before your plan starts paying 	\$6,000 per person \$12,000 family maximum Out of network: \$20,000 per person, \$40,000 family maximum
Coinsurance <ul style="list-style-type: none"> This is what you pay after your deductible is met 	You pay 20% Out of network: You pay 50%
Calendar year out-of-pocket maximum <ul style="list-style-type: none"> You'll never have to pay more than this amount 	\$7,900 per person \$15,800 family maximum Out of network: No maximum
Preventive care <ul style="list-style-type: none"> Includes checkups and immunizations for you and your family to stay healthy 	You pay nothing
Convenience care and office visits* <ul style="list-style-type: none"> Illness or injury Urgent care 	First three visits per person, per year have a copay:** \$30 office visits (does not apply to Behavioral health office visit.) \$15 convenience care \$30 urgent care Then you pay 20% after deductible
Behavioral health <ul style="list-style-type: none"> Mental health and chemical health services 	You pay 20% after deductible
virtuwell® <ul style="list-style-type: none"> Online treatment for everyday medical conditions like colds, coughs, ear pain, pink eye and more 	Unlimited free visits
Emergency room visits	You pay \$250 for your first visit each year.* Then you pay 20% after deductible for additional visits
Prescription medicines	\$5 low cost generic formulary \$25 high cost generic formulary You pay 20% after deductible for Brand formulary You pay 50% after deductible for non-formulary
Laboratory services	You pay 20% after deductible
Inpatient and outpatient hospital care	
Outpatient MRI and CT	
Durable medical equipment	
Maternity	

* Copays for convenience care (such as CVS Minute Clinics® and Target Clinic®), office visits and emergency room visits do not apply towards the deductible. See the Atlas Rate Guide for more information on eligibility and pricing. Remember that you will get the highest benefit level and lowest out-of-pocket costs when you see a network provider for your care. For other deductible options and out-of-network costs and deductibles, please contact Individual Sales.

**A total of three visits per person, per year between office visits and convenience care.

AtlasSM Catastrophic plan

Summary of Benefits

BENEFIT	ATLAS CATASTROPHIC PLAN
	Atlas \$7900 Catastrophic
Calendar year deductible <ul style="list-style-type: none"> This is what you pay before your plan starts paying 	\$7,900 per person \$15,800 family maximum Out of network: \$20,000 per person, \$40,000 family maximum
Coinsurance <ul style="list-style-type: none"> This is what you pay after your deductible is met 	You pay nothing Out of network: You pay 50%
Calendar year out-of-pocket maximum <ul style="list-style-type: none"> You'll never have to pay more than this amount 	\$7,900 per person \$15,800 family maximum Out of network: No maximum
Preventive care <ul style="list-style-type: none"> Includes checkups and immunizations for you and your family to stay healthy 	You pay nothing
Convenience care and office visits* <ul style="list-style-type: none"> Illness or injury Urgent care 	First three primary care visits per person, per year have a copay: \$30 office visits \$15 convenience care Then you pay nothing after deductible You pay nothing after deductible for urgent care
Behavioral health <ul style="list-style-type: none"> Mental health and chemical health services 	You pay nothing after deductible
virtuwell® <ul style="list-style-type: none"> Online treatment for everyday medical conditions like colds, coughs, ear pain, pink eye and more 	Your first three visits are free Then you pay nothing after deductible
Emergency room visits	You pay nothing after deductible
Prescription medicines	
Laboratory services	
Inpatient and outpatient hospital care	
Outpatient MRI and CT	
Durable medical equipment	
Maternity	

You must be under 30 years old or have an Affordability or Hardship Certificate of Exemption to enroll in a catastrophic plan.

* Copays for convenience care (such as CVS Minute Clinic® and Target Clinic®) and office visits do not apply towards the deductible. See the Atlas Rate Guide for more information on eligibility and pricing. Remember that you will get the highest benefit level and lowest out-of-pocket costs when you see a network provider for your care. For other deductible options and out-of-network costs and deductibles, please contact Individual Sales.

AtlasSM HSA plans

Summary of Benefits

BENEFIT	ATLAS HSA PLANS	
	Atlas \$3000 HSA Silver	Atlas \$6650 HSA Bronze
Calendar year deductible <ul style="list-style-type: none"> This is what you pay before your plan starts paying 	\$3,000 per person \$6,000 family maximum Out of network: \$20,000 per person, \$40,000 family maximum	\$6,650 per person \$13,300 family maximum Out of network: \$20,000 per person, \$40,000 family maximum
Coinsurance <ul style="list-style-type: none"> This is what you pay after your deductible is met 	You pay 15% Out of network: You pay 50%	You pay nothing Out of network: You pay 50%
Calendar year out-of-pocket maximum <ul style="list-style-type: none"> You'll never have to pay more than this amount 	\$6,650 per person \$13,300 family maximum Out of network: No maximum	\$6,650 per person \$13,300 family maximum Out of network: No maximum
Preventive care <ul style="list-style-type: none"> Includes checkups and immunizations for you and your family to stay healthy 	You pay nothing	You pay nothing
Convenience care and office visits <ul style="list-style-type: none"> Illness or injury Urgent care 	You pay 15% after deductible	You pay nothing after deductible
Behavioral health <ul style="list-style-type: none"> Mental health and chemical health services 		
virtuwell[®] <ul style="list-style-type: none"> Online treatment for everyday medical conditions like colds, coughs, ear pain, pink eye and more 	Unlimited free visits after deductible	Unlimited free visits after deductible
Emergency room visits	You pay 15% after deductible	You pay nothing after deductible
Prescription medicines		
Laboratory services		
Inpatient and outpatient hospital care		
Outpatient MRI and CT		
Durable medical equipment		
Maternity		

See the Atlas Rate Guide for more information on eligibility and pricing. Remember that you will get the highest benefit level and lowest out-of-pocket costs when you see a network provider for your care. For other deductible options and out-of-network costs and deductibles, please contact Individual Sales.

Personal dental plans



“Did you know the average person spends \$685 on dental care each year?*

There’s good news though. Your dental plan can help keep a lid on costs and help you stay healthy from teeth to toes”

DANIEL, MEMBER SERVICES

Here’s how it works

1. First, pick one of three plans:
 - **Maintenance** for regular checkups and fillings
 - **Major** for work like root canals and crowns – perfect if you already have preventive services through another plan
 - **Comprehensive** for preventive dental work and things like fillings and root canals
2. Then, explore the Open Access network. This large network gives you options to find a dentist right for you.

COVERAGE	MAINTENANCE PLAN		MAJOR PLAN		COMPREHENSIVE PLAN	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Preventive (check-ups and X-rays)	100%	80%	0%	0%	100%	80%
Sealants	100%	80%	100%	80%	100%	80%
Fillings	80%	50%	80%	50%	80%	50%
White fillings on back teeth	50%	50%	50%	50%	50%	50%
Basic services	0%	0%	50-80%	50%	50-80%	50%
Surgical services	0%	0%	AFTER SIX MONTHS			
			50%	50%	50%	50%
Major restorative (crowns, bridges, etc.)	0%	0%	AFTER 12 MONTHS			
			50%	25%	50%	25%
Annual benefit	\$1,250	\$750	\$1,250	\$750	\$1,250	\$750
Annual deductible	\$50	\$75	\$50	\$75	\$50	\$75

*Healthy Policy Institute, "The Per-Patient Cost of Dental Care, 2013: A Look Under the Hood," American Dental Association, March 2016.

RATES*					
MAINTENANCE PLAN		MAJOR PLAN		COMPREHENSIVE PLAN	
Open Access		Open Access		Open Access	
Under age 50	\$34.51	Under age 50	\$28.38	Under age 50	\$47.16
Age 50 and over	\$40.05	Age 50 and over	\$34.08	Age 50 and over	\$56.60
Dependent rates		Dependent rates		Dependent rates	
1 child	\$32.79	1 child	\$26.96	1 child	\$44.80
2 children	\$65.60	2 children	\$53.92	2 children	\$89.60
3 or more children	\$98.40	3 or more children	\$80.88	3 or more children	\$134.43

* Rates are effective January 1, 2019—December 31, 2019. See Summary of Benefits at healthpartners.com/personaldental for benefit and waiting period details.

Is my medicine covered?



“Knowing if your health plan will cover your medicine and how much you’ll pay is important. I’m here to help.”

ANNIE, PHARMACY NAVIGATOR

Start by checking your drug list

Step one is looking at your formulary. That’s just a fancy word for a list of covered drugs. Your drug list is called **GenericsAdvantageRx**. Searching the list is pretty easy.

1. Go to healthpartners.com/genericsadvantagerx
2. Search by the name or type of medicine

HELPFUL HINT: If you can’t find your medicine on the list, give us a call. We’ll help you find it or an alternative that is.

So, you’ve got the list. Now what?

We’ve got an easy-to-follow guide to help you read your drug list. When you search the list, there’s an icon next to each medicine. These are the icons you might see:

- **F** (formulary) – medicines covered by your plan
- **HF** (non-formulary) – medicines that might be covered but will cost you more
-  (excluded) – medicines that aren’t covered

Always remember – we’re here to help. Give Member Services a call at the number on the back of your member ID card. And, of course, you can check your Summary of Benefits and Coverage (SBC), too.

Save money on your meds

Try generics

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

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

Shop around

Medicine prices vary just like gas prices. So make sure you shop around. See how much your medicine will cost at different pharmacies. Visit healthpartners.com/pharmacy.

Members can log on to their myHealthPartners account and:

- Transfer a prescription from one pharmacy to another
- See how much they’ve spent on medicine so far this year
- Learn about other ways to save, like generic medicine

Here for you, 24/7



“One thing I love about my job is how my team helps people all day, every day.”

RACHEL, REGISTERED NURSE

Help is a phone call away

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 right away – he was having a heart attack. An ambulance rushed him to the hospital for emergency surgery. Afterward, he called us to say thanks. He didn't realize how serious the situation was and was so grateful that we were there to give him advice.

Our top-notch teams are ready to help if you have questions about your health or what your plan covers.

MEMBER SERVICES		
For questions about:		
<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 		Monday–Friday, 7 a.m.–7 p.m., CT
Member Services can help you reach:		
Nurse NavigatorSM program	For questions about: <ul style="list-style-type: none"> Understanding your health care and benefits How to choose a treatment 	Monday–Friday, 7 a.m.–7 p.m., CT
Pharmacy Navigators	For questions about: <ul style="list-style-type: none"> Your medicines or how much they cost Doctor approvals to take a medicine (prior authorization) Your pharmacy benefits Transferring medicine to a mail order pharmacy 	Monday–Friday, 8 a.m.–6 p.m., CT
Behavioral Health Navigators	For questions about: <ul style="list-style-type: none"> Finding a mental or chemical health care professional in your network Your behavioral health benefits 	Monday–Friday, 8 a.m.–5 p.m., CT
CARELINE SM SERVICE NURSE LINE		
For questions about:		
<ul style="list-style-type: none"> Whether you should see a doctor Home remedies A medicine you're taking 		24/7, 365 days a year
BABYLINE PHONE SERVICE		
For questions about:		
<ul style="list-style-type: none"> Your pregnancy The contractions you're having Your new baby 		24/7, 365 days a year

Manage your health on the go



“Life doesn’t always happen during business hours. You may have a question at 9 p.m. on a Friday and can’t reach my team. That’s where your myHealthPartners account and myHP mobile app come in.”

LAUREN, MEMBER SERVICES

Your plan at your fingertips

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

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

Top 6 ways to use your online account and mobile app

1. View your HealthPartners member ID card and fax it to your doctor’s office.

2. See recent claims and how much you owe.

3. Compare pharmacy costs to find the best place to get your medicines.

4. Search for doctors in your network or near you.

5. 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).

6. Get cost estimates for treatments and procedures specific to your plan.



Know where to go



“It’s tempting to rush to the hospital when you need care now. But I’ve learned the hard way how much time and money that can cost. Use my notes below for help on where to go when it’s between ‘ouch’ and ‘OMG.’”

BALQISA, REGISTERED NURSE

How can I find covered care?

Finding the right doctor, clinic or hospital is important. It’s easier than ever to search the Atlas network for covered care:

- Visit healthpartners.com/atlasnetwork
- Call Member Services
- Log on to your *myHealthPartners* online account
- Use the myHP app

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	Free	
Treatment and prescriptions for minor medical issues, like: <ul style="list-style-type: none"> • Bladder infection • Pink eye • Upper respiratory infections 	virtuwell[®] 24/7 online care	Free*	
	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 • Joint or muscle pain 	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	\$\$\$\$	

PS: If you’re still not sure where to go, a CareLine service nurse can help. Just give us a call.

*virtuwell[®] is available anywhere in the United States to residents of AZ, CA, CO, CT, IA, MI, MN, NY, ND, PA, SD, VA and WI.
 **Doctor On Demand is available in all states except AR.

Travel anywhere worry free



“I enjoy traveling. But I don’t want life’s ‘what ifs’ getting in the way. What if I get sick? What if I sprain my ankle? That’s why I’m thankful for Assist America®. And why it’s important for members to know about it too.”

JAMIE, MEMBER SERVICES

Support for the unexpected

If you’re jet-setting across the world or just heading out of town for the weekend, you don’t have to worry. We’ve partnered with Assist America so you can get the support you need if the unexpected happens.

Get help anytime, anywhere

When you’re traveling more than 100 miles away from home and have an emergency, Assist America is available 24/7/365. They can help you with:

- Coordinating transport to care facilities or back home
- 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

It’s easy to get started

Go online to healthpartners.com/getcareeverywhere.

MY TIP: Use the Assist America mobile app to download your Assist America ID card on the go. It’ll save you time and give you one less thing to keep track of.

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

Healthy choices = hefty savings



“I’m a health coach with a home mortgage. I know what a difference being healthy can make in your life and how a little support – and savings – can be a big help.”

SARA, HEALTH COACH

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!

Get discounts at other places

Just show your member ID card to save money at many places to help you live a little healthier.

You can save money on:

- Eyewear
- Exercise equipment
- Fitness and wellness classes
- Healthy eating programs and delivery services
- Healthy mom and baby products
- Hearing aids
- Orthodontics
- Pet insurance
- Swim lessons
- And more!

Saving money is one more way we can help you live a healthier life.

Visit healthpartners.com/discounts to see all the places where you can get big savings.



Take care of your furry family

We treat our pets like family, so why not cover their health care costs? Save up to 12 percent on pet insurance. There are many coverage and cost levels to choose from, so pick the one that works best for your family.

*Not all club locations apply. Some national clubs are owned by individual franchise owners and may not participate in the program. Frequent Fitness is limited to members, age 18 years or older, of certain HealthPartners medical plans and members. Some restrictions apply. Termination of club membership may result in forfeiture of any unpaid incentive. See participating club locations for program details.

Find balance with everyday support



“What would you do in this situation? Your parents are needing more help. You’re worried about their health and living alone, but you can’t be with them. I’ve got an answer: start with your MAP.”

SARA, HEALTH COACH

Your Member Assistance Program has your back

No matter your situation, your Member Assistance Program (MAP) can help. Maybe a parent is sick, you don’t know how to handle a negative coworker or you’re looking to adopt. Your MAP can help with almost anything you can think of. The best part? It’s free and completely confidential.

Get 24/7 help

Here are just a few things your MAP can help with:

- Adopting a child
- Finding child care
- Grieving
- Knowing what your legal options are
- Making a budget
- Managing stress on the job
- Parenting tips and resources
- **And more!**

Connect how it’s best for you

No setup needed. Start using your MAP as soon as you’re ready:

- Over the phone
- Through instant message
- Online with articles and tips



The last thing you need when you’re stressed is more stress. Remember your Member Assistance Program is here to help.

Important Information about HealthPartners Individual plans

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 selected kinds of care
- Outpatient case management to provide care coordination
- The CareCheck® program to coordinate out-of-network hospitalizations and certain services.

We require prior approval for a small number of services and procedures. For a complete list, go to healthpartners.com or call Member Services. You must call CareCheck® program at **952-883-5800** or **800-942-4872** to receive maximum benefits when using out-of-network providers for in-patient hospital stays; same-day surgery; new or experimental or reconstructive outpatient technologies or procedures; durable medical equipment or prosthetics costing more than \$3,000; home health services after your visits exceed 30; and skilled nursing facility stays. We will review your proposed treatment plan, determine length of stay, approve additional days when needed and review the quality and appropriateness of the care you receive. Benefits will be reduced by 20 percent if CareCheck® is not notified.

Our approach to protecting personal information

HealthPartners complies with federal and state laws regarding the confidentiality of medical records and personal information about our members and former members. Our policies and procedures help ensure that the collection, use and disclosure of information complies with the law. When needed, we get consent or authorization from our members (or an approved member representative when the member is unable to give consent or authorization) for release of personal information. We give members access to their own information consistent with applicable law and standards. Our policies and practices support appropriate and effective use of information, internally and externally, and enable us to serve and improve the health of our members, our patients and the community, while being sensitive to privacy. For a

copy of our privacy notice, please visit healthpartners.com or call Member Services at **952-967-7540** or **866-232-1166**. Please contact your provider for a copy of the HealthPartners privacy notice.

Appropriate use and coverage of prescription medicines

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

- A formulary, which is a preferred list of prescription medicines that has been reviewed and approved for coverage based on quality, safety, effectiveness and value.
- A special program that helps members who use many different medicines avoid unintended medicine interactions.

The preferred medicine list is available on healthpartners.com, along with information on how medicines are reviewed, the criteria used to determine which medicines are added to the list, and more. You may also get this information from Member Services.

Services not covered

After you enroll, you will receive a Membership Contract that explains exact coverage terms and conditions. This plan does not cover all health care expenses. In general, services not provided or directed by a licensed physician are not covered. Services not covered include, but are not limited to:

- Treatment, services or procedures which are experimental, investigative or are not medically necessary
- Adult dental care or oral surgery, including orthognathict
- Non-rehabilitative chiropractic services
- Eyeglasses, contact lenses, hearing aids and their fittings
- Private-duty nursing, rest, respite and custodial caret
- Cosmetic surgery†
- Vocational rehabilitation, recreational or educational therapy
- Sterilization reversal and artificial conception processes†
- Physical, mental or substance-abuse examinations done for, or ordered by third parties†

† except as specifically described in your Membership Contract.

READ YOUR MEMBERSHIP CONTRACT CAREFULLY TO DETERMINE WHICH EXPENSES ARE COVERED.

For details about benefits and services, call Member Services at **952-967-7540** or **866-232-1166**.

HealthPartners negotiates with some providers to pay discounted rates. In those cases, coinsurance (a specific percentage of the charge) is based on that discounted amount. Copayments (flat amounts specified in advance for categories of service, such as office visits or prescriptions) are based on an aggregate of billed charges for that type of service. Our mission is to improve health and well-being in partnership with our members, patients and community.

This plan is subject to changes required by state and federal law, including changes to maintain a certain actuarial value or metal level. This and other factors may affect changes in premium rates.

To find additional HealthPartners Individual plans, please visit healthpartners.com or healthcare.gov.



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 11 years in a row.*

