



Welcome State of
Minnesota Employees



Plans for a
healthier you



At HealthPartners, we're 25,000 people who are passionate about working with you to improve health and well-being for everyone. Thank you for considering us as your partner.

We're proud to provide State of Minnesota employees with affordable, high-quality care and coverage. And we're committed to caring for you the way we would our closest friends and family.

That means you can count on us to make things simple for you. When you choose us for your medical and dental plans, it's easy to manage your health with:

- **One member services team:** Our people act as personal advocates. They're here to answer your questions and explain how your medical and dental benefits work. You can even talk to the same person if you need to call back.
- **One mobile app:** Get easy access to your member ID cards, find a doctor or dentist near you, view your plan balances and more.
- **One online account:** See your plan balances, claims and explanations of benefits when you log on to your *myHealthPartners* account.

It's truly our privilege to serve you. We hope you choose to partner with us in 2018.

A handwritten signature in black ink that reads "Amanda N. Walsh". The signature is written in a cursive, flowing style.

President & CEO

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.”

JODI, MEMBER SERVICES

Your medical plan

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
- Direct access to contracted vision, chiropractic, OB/GYN, mental health and urgent care providers, with no referrals needed
- \$10 visits to virtuwell® and Doctor On Demand (Minnesota Advantage Plan only)

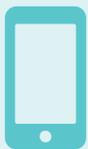
Your dental plan

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

- Pick from the largest dental network in Minnesota
- Access a large national dental network
- Choose any network dentist or specialist, at any time
- See a non-network dentist with lower benefit levels
- Get discounts on orthodontics

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.



Create an account or log on at healthpartners.com or the **myHP** mobile app. If you’re not a member yet or are looking at a new plan, Member Services can help too.

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



“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.”

DORIS, MEMBER SERVICES

Your plan pays for some great things

With your HealthPartners® dental plan you get:

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

It works like this

Preventive care is covered at no cost to you when you see a network dentist.

Extra work, like getting a cavity filled, might cost a deductible (an amount you have to pay before your plan helps with the cost) or coinsurance (a percent of the bill). Check your Summary of Benefits (SOB) for your specific amounts.

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

You pick your dentist

With the largest network of dentists and clinics (including nationally), you’ve got lots of choices. Go to healthpartners.com/segip to find one.

SAVINGS TIP! You’ll pay less if you see a dentist in the network. Out-of-network dentists cost more.

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**.

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

Extra dental care for your gums



“As a dentist, I want what’s best for all my patients. That’s why when a patient is pregnant or living with diabetes, they get extra support – from me and from their dental plan.”

DAVID, DENTIST

There’s a connection

People who are diabetic or pregnant are at greater risk of gum disease. And gum disease can make it harder to manage your diabetes or to have a healthy pregnancy.

You have free help

If you’re living with diabetes or are pregnant and at risk of gum disease, your dental plan covers 100 percent of services to help control or prevent gum disease. That includes root planing and scaling. Think of those services as a deep cleaning for your teeth. All other dental services, like a cavity and root canal, are covered according to your Summary of Benefits (SOB).

Here’s how it works

It’s easy to get the care you need to stay healthy:

- Visit a network dentist
- Pay nothing, not even a deductible or coinsurance for certain services
- Relax, your plan will pay even if you’ve reached your annual maximum for the year

You have support on your side to feel your best. To learn more about your dental benefits, give Member Services a call at **952-883-7900** or **888-343-4404**.

Why get extra dental care if you’re pregnant or diabetic?

Extra dental care can help you save time and money. If a dentist catches a disease early, it can be much easier to treat by your doctor. Isn’t that something to smile about?



Gum disease – Pregnancy increases a woman’s risk for developing gum inflammation and gingivitis.

Pre-term delivery – Studies show that pregnant women with gum disease are seven times more likely to have a baby that’s born too early or with a low birth weight.



Diabetes and renal disease – People with uncontrolled diabetes and uncontrolled gum disease are at much greater risk of kidney disease.

Blood sugar levels – People with dental pain and disease have a harder time keeping their blood sugar level in a controlled range.

Save on braces



“I love great perks. It always feels good to get something extra that can save you money. That’s something to smile about.”

DAVID, DENTIST

15 percent off

Your HealthPartners Dental plan comes with great discounts, especially for orthodontics. You’ll save 15 percent at any of these locations. Plus, it includes Invisalign®. 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
Lake Elmo	651-523-8545
Maplewood	651-523-8545
Plymouth	651-523-8545
St. Paul (Wabasha St.)	651-523-8545
White Bear Lake	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

THE DENTAL SPECIALISTS ORTHODONTICS

smiletds.com

Blaine	763-201-6960
Burnsville	952-241-2496
Coon Rapids	763-201-6960
Eden Prairie	952-653-0475
Edina	952-926-7766
Maple Grove	763-657-2515
Roseville	651-925-4177

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

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

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 loads of places

I get excited telling people about discounts you get as a HealthPartners medical or dental plan member. Just show your member ID card 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
- Pet insurance
- Recreational equipment
- Spa services
- 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 save big.



Need to replace your glasses?

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 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.

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

CARELINE SM SERVICE	MEMBER SERVICES	BABYLINE PHONE SERVICE
<p>For questions about:</p> <ul style="list-style-type: none"> • Whether you should see a doctor • Home remedies • A medicine you're taking 	<p>For questions about:</p> <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>For questions about:</p> <ul style="list-style-type: none"> • Your pregnancy • The contractions you're having • Your new baby
<p>24/7, 365 days a year 612-339-3663 or 800-551-0859</p>	<p>Monday – Friday, 7 a.m. – 7 p.m., CT</p> <p>Call the number on the back of your member ID card, 952-883-7900 or 888-343-4404.</p> <p>Interpreters are available if you need one. Español: 866-398-9119</p> <p>healthpartners.com/segip</p>	<p>24/7, 365 days a year 612-333-2229 or 800-845-9297</p>

MEMBER SERVICES CAN HELP YOU REACH:

NURSE NAVIGATOR SM PROGRAM	BEHAVIORAL HEALTH NAVIGATORS
<p>For questions about:</p> <ul style="list-style-type: none"> • Understanding your health care and benefits • How to choose a treatment 	<p>For questions about:</p> <ul style="list-style-type: none"> • Finding a mental or chemical health care professional in your network • Your behavioral health benefits
<p>Monday – Friday, 8 a.m. – 5 p.m., CT</p>	<p>Monday – Friday, 8 a.m. – 5 p.m., CT</p>

Manage your health on the go



“Life doesn’t always happen during business hours. Sometimes you have a question at 9 p.m. on a Friday when you 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 5 ways to use your online account and mobile app

1. See recent claims and how much you owe.
2. Search for doctors or dentists in your network or near you.
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 or dentist’s office.

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

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

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[®] or Doctor On Demand* 24/7 online care	\$	
	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, VA and WI. Doctor On Demand is available in all states except AR.

Skip the clinic trip



“Who has time to be sick? I know I don’t. That’s why I love telling people there’s a faster, easier way to get better, without squeezing in a trip to the doctor.”

JULIE, NURSE NAVIGATOR

Get treated online

Save time and money. Get care right from your smartphone, tablet or computer. Here are two options your Minnesota Advantage Plan offers. Take it from me, I’ve used them myself.

virtuwell.com

24/7 care from home, work or even in line for coffee

- **Easy.** Visit **virtuwell.com**. Answer a few questions – anytime, anywhere.
- **Fast.** In 30 minutes or less, a board-certified nurse practitioner emails and texts your treatment plan, including any prescriptions.
- **Guaranteed.** You’re only charged if we can treat you. Have questions about your treatment plan? Unlimited follow-up calls are free. In the end, you’ll never pay more than \$10.

Doctor On Demand

Video chat

- **Convenient.** Get started when and where it works for you at **doctorondemand.com**. Video capabilities required.
- **Quick.** See a doctor in minutes. Live video visits include assessment, diagnosis and prescriptions when necessary.
- **Affordable.** \$10 per visit.

Next time you get sick, turn to your computer or mobile device to get better, faster. Try virtuwell® or Doctor On Demand.

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 important it is to do.”

JILL, REGISTERED NURSE

Your personal nurse

Living with a health condition can get in the way of what matters most to you. My team wants to help, so you can feel good and still do the things you want. Every day we support people with asthma, depression, diabetes, heart disease, multiple sclerosis, rheumatoid arthritis and more.

It's confidential and available at no cost to you. We'll help:

- Focus on your goals and what matters most to you
- Answer any questions about your condition or treatment
- Work with you and your doctor to make sure everyone is in the loop with your care
- Connect you to resources to help you feel your best

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
Get connected with a nurse to talk about your health condition.	952-883-5469 or 800-871-9243 healthpartners.com/healthsupport
Find information on your health condition, helpful topics and tools.	healthpartners.com/healthlibrary
Learn about what services or doctors are covered by your plan.	Member Services 952-883-7900 or 888-343-4404
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
Get your questions answered by a nurse 24/7.	CareLineSM service 612-339-3663 or 800-551-0859
Interact with a virtual coach to reach your health goals.	healthpartners.com/letstalk

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 of people with you every step of the way.”

JILL, REGISTERED NURSE

More than medicine

Working with a nurse will give you all the extras. We’re here for you – lean on us for support. We’ll:

- Help you make decisions about your care and lifestyle
- Connect you with resources when you’re between doctor visits
- Just listen when you need someone to talk to

No extra costs

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.

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
Get connected with a nurse to talk about your health.	612-339-3663 healthpartners.com/healthsupport
Find information on cancer, helpful topics and tools.	healthpartners.com/cancersupport
Learn about what services or doctors are covered by your plan.	Member Services 952-883-7900 or 888-343-4404
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
Get your questions answered by a nurse 24/7.	CareLineSM service 612-339-3663 or 800-551-0859
Interact with a virtual coach to reach your health goals.	healthpartners.com/letstalk

Healthy baby, healthy you



“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 in this exciting stage of life.”

JILL, REGISTERED NURSE

Peace of mind for you and your baby

They say it takes a village to raise a child. 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 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. We'll work with you over the phone to answer 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. Call the BabyLine phone service at **612-333-2229** or **800-845-9297**.

Tips – by email and text

- Emails with tips about eating right, budgeting for child care and more.
- Tips texted to your phone during your pregnancy and baby's first year. 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**.



Earn up to \$50 in two easy steps:

1. Take the Healthy Pregnancy assessment and get a \$25 gift card
2. Finish the Healthy Pregnancy program and get another \$25 gift card

Travel anywhere worry free



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

DREW, 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:

- 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
- Coordinating transport to care facilities or back home

It’s easy to get started

Go online to healthpartners.com/getcareeverywhere. Use the reference number 01-AA-HPT-05133.

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.

2018 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 2018

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

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/segip or call Member Services at **952-883-7900** or **888-343-4404**.

Summary of utilization management programs for medical plans

Our 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:

- Concurrent inpatient review and care coordination to support safe, timely care and transition from the hospital
- Outpatient case management to provide care coordination
- Best practice care guidelines for certain kinds of care
- CareCheck® program

We require prior approval for a small number of services and procedures. For a complete list, go to healthpartners.com/segip 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.

Benefit limitations for dental plans

After you enroll, you'll receive plan materials that explain exact coverage terms and conditions. This plan doesn't cover all dental care expenses. In general, services not provided or directed by a licensed provider aren't covered.

HERE IS A SUMMARY OF EXCLUDED OR LIMITED ITEMS (THESE MAY VARY DEPENDING ON YOUR PLAN):

- 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

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 providers. All are designed to achieve that goal. Check with your individual provider to find out how they are paid.

ARRANGEMENTS USED FOR MEDICAL PLANS:

- **Fee-for-service** – the health plan pays the provider a certain set amount that corresponds to each type of service furnished by the provider.
- **Discount** – the provider sends us a bill, and we've already negotiated a reduced rate on behalf of our members. We pay a predetermined percentage of the total bill for services.
- **Case rate** – the provider receives a set fee for a selected set of services, 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.
- **Withhold** – a portion of the provider's payment is set aside until the end of the year. 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.
- **Basis of the diagnosis/per diem** – a set fee to treat certain kinds of conditions, sometimes based on the number of days the patient spent in the facility.
- **Ambulatory Payment Classifications (APCs)** – for outpatient services. We have a negotiated payment level based on the resources and intensity of the services provided. Hospitals are paid a set fee for certain kinds of services which is based on the resources utilized to provide that service.
- **Combination** – more than one of the methods described are used. For example, we may pay a case rate to a provider for a selected set of services, up to an agreed upon maximum amount of services, and pay that same provider on a fee-for-service basis for services not provided within the time period that exceed the maximum amount of services. We may also pay a provider such as a clinic using one type of reimbursement method, while that clinic may pay its employed providers using another reimbursement method.

ARRANGEMENTS USED FOR DENTAL PLANS:

- **Fee-for-service** – the health plan pays the provider a certain set amount that corresponds to each type of service furnished by the provider.
- **Discount** – the provider sends us a bill, and we've already negotiated a reduced rate on behalf of our members. We pay a predetermined percentage of the total bill for services.
- **Salary** – with a possible additional payment made based on performance criteria, such as quality of care and patient satisfaction measures.
- **Capitated** – the provider group receives a set fee for 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 required to manage the budget for their entire patient panel appropriately.
- **Combination** – more than one of the methods described are used. For example, 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. We may also pay a provider such as a clinic using one type of reimbursement method, while that clinic may pay its employed providers using another reimbursement method.

This plan may not cover all your health care expenses. Read your plan materials carefully to determine which expenses are covered. For details about benefits and services, call Member Services at 952-883-7900 or 888-343-4404.



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.