



Your health plan

2021 Open Enrollment

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**Welcome State of Minnesota
Employees**



Here to be your partner

We are 26,000 partners strong, working together to support your health every day. For you, it's a top-rated Member Services team – here to help you understand your plan and answer your questions. It's a plan you can understand, benefits that benefit you, and a commitment to lower costs. Partnership – it means we're in this together.



State of Minnesota medical and dental plans

We're here to help make things simple every step of the way. If you choose a HealthPartners medical and HealthPartners dental plan, you get the extra convenience of just one member ID number, one phone number and one website.

Questions about benefits?

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**.

Your medical plan

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

- A large network of providers in Minnesota, Wisconsin, South Dakota and North Dakota
- Direct access to contracted vision, chiropractic, OB/GYN, mental health and urgent care providers, with no referrals needed
- Free visits to Virtuwell® and Doctor On Demand (Minnesota Advantage Plan only)

Your extra 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.

Your online account

A *myHealthPartners* online account and the myHP app give you convenient tools 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/segip.

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 out-of-pocket costs.
- Get discounts on orthodontics

Getting started

The more you know about your plan, the easier it is to make good decisions for your health and wallet. We're happy you're trusting HealthPartners. Here are some tips.

Understand your costs

You'll likely see these terms during enrollment and throughout the year. Knowing how these costs work with your plan will help you avoid unexpected charges.

- **Premium** – how much you pay for your plan, usually taken out of your paycheck.
- **Deductible** – the amount you're responsible to pay for care before your plan helps cover costs, not including your premium.
- **Copay** – a set amount you pay each time you visit the doctor.
- **Coinsurance** – a percent of the bill you pay. Your plan covers the rest.
- **Out-of-pocket maximum** – the most you'll pay for covered care each year.
- **Summary of Benefits and Coverage (SBC)** – lists out the specific benefit costs for your plan.

Check out your extras

Your health plan does more than just process claims. Read on to learn more about some of the services, resources and discounts you have available to help you live your best life.

Use your online account

With an online account, you can get up-to-date personal health plan information in one simple place.

- See claims and how much you could owe.
- Search for doctors in your network.
- Check your deductible or out-of-pocket maximum spending.
- View your member ID card.
- Get cost estimates for care.
- Manage your health on the go with the myHP mobile app.

What to do next

- **Call us** with questions at **952-883-7900 or 888-343-4404**
- **Sign in** or create an account at **healthpartners.com/segip**

We can help you make choices you'll feel good about.

Care today for a healthy tomorrow

Prevent problems before they start so you can enjoy the things you love. Your health plan covers in-network preventive care at 100%; you don't pay anything.

Protect your health with routine visits

Even if you're not sick, it's smart to go in for regular checkups and screenings. If there are any issues, you can catch them early – when treatment is most effective.

Preventive care includes:

- Alcohol, tobacco and weight screenings
- Blood pressure, diabetes and cholesterol tests
- Colorectal, breast and cervical cancer screenings
- Routine pre- and post-natal care
- Vaccines
- Well-child visits
- And more!

Visit healthpartners.com/preventive to find out what care is recommended for you.

Questions about benefits?

Member Services can answer your benefits and coverage questions.

Call us at **952-883-7900** or **888-343-4404**



I always encourage members to go in for their screenings. If you're ever wondering whether a service counts as routine preventive care, give us a call.

Renae, Member Services

Dental Open Access plan

A healthy mouth may help decrease the risk of diabetes, heart attacks and strokes. That's why your dental plan covers 100% of all in-network preventive care.

What your plan pays for

Preventive care is covered at no cost to you when you see a network dentist. It also helps cover:

- HealthPartners MouthWise Matters – extra exams, gum care and cleaning covered 100% if you're pregnant, or if you have diabetes and are at risk of gum disease
- The cost of other dental care at the amounts shown in your Summary of Benefits

Plan highlights

The Open Access network is where we negotiated lower fees for you. Plus, it's where you'll get the highest level of coverage.

TIP: You'll pay less if you see a dentist in the Open Access network, more for an out-of-network dentist.

How to get more info

- **See plan details** in your **Summary of Benefits (SOB)** in your enrollment materials
- **Call us** with questions at **952-883-7900 or 888-343-4404**
- **Search the network** for your dentist or find a new one at **healthpartners.com/segip**

What you'll pay

Deductible or coinsurance

Things like getting a cavity filled might cost a deductible – the amount you have to pay before your plan helps with the cost. There's also coinsurance, which is a percent of the bill.

Annual maximum

Your dental plan max is a bit different than your medical plan. It's the most your plan will pay for dental care each year. You're in charge of the rest.

Where you can get care

You pick where you want to go, and you get to choose from our largest network of dentists and clinics.

Save on braces

Your HealthPartners dental plan comes with great discounts, especially for orthodontics.

Discount highlights

It's time to smile with savings on braces. As a HealthPartners member you get great savings at several of the leading orthodontic clinics in the Twin Cities. Whether your child or you are ready for a great smile, you'll save money.

How it works

Just show your HealthPartners member ID card. If you're a HealthPartners dental plan member you'll save 15%. If you have our health insurance, but not our dental insurance, you're eligible for 10% savings!

- **Dental plan members** – Save 15% at the top orthodontic clinics in Minnesota: HealthPartners Orthodontics, Three Rivers Orthodontics, and The Dental Specialists Orthodontics.
- **Health plan-only members** – If you have our health insurance, you can save 10% at HealthPartners Orthodontics or Three Rivers Orthodontics.

Where you can get care

Visit the clinic websites to find your convenient location.

HealthPartners Orthodontics – healthpartners.com/orthodontics

Three Rivers Orthodontics – healthpartners.com/threerivers

The Dental Specialists Orthodontics – smiletds.com

How to get more info

- **See plan details** in your **Summary of Benefits (SOB)** in your enrollment materials
- **Call us** with questions at **952-883-7900** or **888-343-4404**

Skip the clinic trip with online care

Save time and money by getting treated right from your smartphone, tablet or computer. Your plan covers two options.

Questions about benefits?

Your health plan may pay for some or all of your online care. Call Member Services at **952-883-7900** or **888-343-4404** to find out.

Virtuwell® (online questionnaire)

- **Easy.** Answer a few questions at **virtuwell.com** anytime, anywhere.*
- **Fast.** Within 60 minutes get a treatment plan and prescription. Nurse practitioners treat more than 60 common conditions.
- **Free.**** Your medical plan pays for your visits. Plus, unlimited followup calls about your treatment are always free.

Doctor On Demand (video chat)

- **Convenient.** Get started when and where it works for you at **doctorondemand.com**. Video capabilities are required.
- **Quick.** See a doctor in minutes. Live video visits include assessment, diagnosis and prescriptions when necessary.
- **Free.**** Your medical plan pays for your visits.



The next time you're sick, your health plan has affordable options to help you get better, faster.
Julie, RN, Nurse Navigator

*Available anywhere in the U.S. to residents of AZ, CA, CO, CT, IA, MI, MN, NY, ND, PA, SD, VA and WI.

**Virtuwell® and Doctor on Demand are free for Minnesota Advantage Plan members only.

Get the right care at the right price

Your health plan covers lots of options when you need care. Knowing the differences between the options can help you choose where to get care at the best cost.

Log on to your account at healthpartners.com/segip or download the **myHP** app to find in-network doctors and clinics.

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 	CareLine SM service Call 24/7 at 612-339-3663 or 800-551-0859	Free	15 minutes
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	Free**	15 minutes
	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	\$\$	30 minutes
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	\$\$\$	45 minutes
Help in an emergency, such as: <ul style="list-style-type: none"> Chest pain or shortness of breath Head injury 	Emergency room	\$\$\$\$	60 minutes



Still not sure where to go? We'll help you figure out the best place based on your symptoms. Call us at **612-339-3663** or **800-551-0859**.
Shacole, CareLine assistant

*Available anywhere in the U.S. to residents of AZ, CA, CO, CT, IA, MI, MN, NY, ND, PA, SD, VA and WI.

** virtuwell and Doctor On Demand are free for Minnesota Advantage Plan members only.

Take charge of your health plan

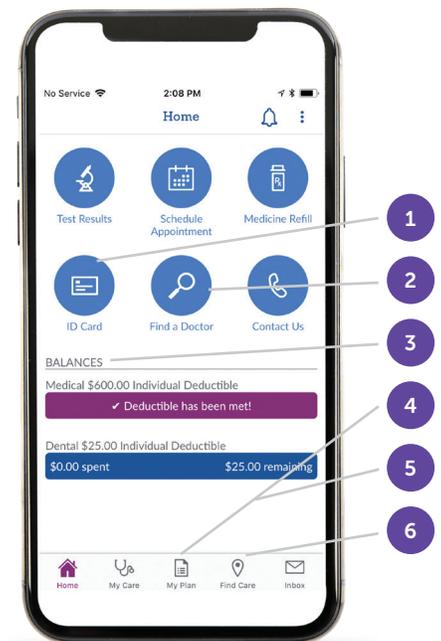
You go online to research, plan and follow up on big decisions. A *myHealthPartners* account makes it just as easy to stay on top of your health care and insurance.

Get personalized information when and where you need it

With an online account, you have real-time access to your personal health plan information in one place. No more guessing or waiting until business hours to get answers to your questions.

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. Search for doctors near you in your plan's network.
3. 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).
4. Compare pharmacy costs to find the best place to get your medicines.
5. See recent claims, what your plan covered and how much you could owe.
6. Get cost estimates for treatments and procedures specific to your plan.



Sign in to your account

Manage your health and your plan at healthpartners.com/segip.

Don't have an account yet? It's quick and easy to sign up— you'll just need your member ID card.



I love directing members to their online accounts and the mobile app. You can easily get your health plan info, even when I'm not in the office.
Marissa, Member Services

Here for you, 24/7

Call us at one of these numbers if you have questions about your health or what your plan covers. We're ready to help.

Member Services

For questions about:

- Your coverage, claims or plan 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. to 7 p.m. CT
Call the number on the back
of your member ID card,
952-883-7900 or 888-343-4404
Interpreters are available if you
need one.
Español: **866-398-9119**
healthpartners.com/segip

Member Services can help you reach:

Nurse NavigatorSM program

For questions about:

- Understanding your health care and benefits
- How to choose a treatment

Monday – Friday,
7:30 a.m. to 5 p.m. CT

Pharmacy Navigators

For questions about:

- 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. to 6 p.m. CT

Behavioral Health Navigators

For questions about:

- Finding a mental or chemical health care professional in your network
- Your behavioral health benefits

Monday – Friday,
8 a.m. to 5 p.m. CT
888-638-8787

CareLineSM service nurse line

For questions about:

- Whether you should see a doctor
- Home remedies
- A medicine you're taking

24/7, 365 days a year
800-551-0859

BabyLine phone service

For questions about:

- Your pregnancy
- The contractions you're having
- Your new baby

24/7, 365 days a year
800-845-9297



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

Rachel, Registered Nurse, CareLine

Live your best life

We can help you get healthy and live better, no matter what your goals are. These programs and resources are free for HealthPartners members.

If you want to	You can	Here's how
Quit smoking	Talk with a health coach	Call 800-311-1052
Eat better	Find tasty recipes	Visit powerup4kids.org
Manage your weight	Talk with a health coach if you're an adult with a body mass index of 30 or greater	Call 952-883-7800
Save money	Get discounts on exercise equipment, eyeglasses and more	Visit healthpartners.com/discounts
Meet other people like you	Sign up for a class or group session for things like asthma, car seat clinics, weight loss and more	Visit healthpartners.com/classes
Get your health questions answered	Talk with a nurse 24/7	Call 800-551-0859
	Search health topics or use a symptom checker	Visit healthpartners.com/healthlibrary
Make sure you're getting the right care	Talk with a nurse to figure out what care is best for you	Call Member Services at the number on the back of your member ID card. Ask for a nurse navigator.
Make sure your medicine is working the way it should	Talk with a pharmacist	Visit healthpartners.com/mtminfo

Enjoy the life you want

Find even more support at **healthpartners.com/livingwell**



You're busy and it's hard to find time to do the healthy stuff you want. We get it. We can help.

Sara, Health Coach

Healthy baby, healthy you

If you're pregnant or thinking about it, we have lots of resources to support you – all available at no cost for HealthPartners members.

Planning and pregnancy support

Start by taking the online assessment at healthpartners.com/pregnancysupport. Based on your answers, you may choose to get a call from a nurse or sign up for educational emails. We'll work with you over the phone to answer questions and give advice when you're between doctor visits.

Pregnancy tips

Learn about budgeting for child care, eating healthy and more. After taking the online assessment, you can choose to sign up for educational emails. You can also get tips texted to your phone by texting BABY to **511411** (BEBE for Spanish).

myHealthyPregnancy app

Get important information and fun extras for every stage of pregnancy and beyond. Search myHealthyPregnancy to download the app.

Want to know more?

Visit healthpartners.com/pregnancysupport

24/7 phone support

Get help from a nurse whenever you need it – even at 3 a.m. Call the BabyLine at **612-333-2229** or **800-845-9297**.



Whether this is your first, second or sixth baby, we're here to help. Our support is confidential and no cost to you.
Jill, Registered Nurse

A resilient you

We're here to support the whole you – this includes your emotional health. Our programs will help you build your emotional resilience and cope with life's challenges.

Support on your schedule

You can access our online resources whenever it works for you. They're no cost for members, and any information you share is confidential.

Well-being activities

The Healthy Thinking and Tackle Stress activities on healthpartners.com can help you think positive thoughts and release stress in healthy ways.

Just sign in to your online account, click on the *Living Well* tab and choose "Go to your Well-being program." If you don't have an online account, create one at healthpartners.com/signupnow.

Building Emotional Resilience courses

These are short, three-session courses. Learn to improve your listening skills, boost your resilience at work and more. Leave with concrete skills you can use daily.

- Healthy Communication
- Find Purpose and Meaning
- Choose Civility
- Bring Your Best Self to Work

Find all of these courses at healthpartners.com/resilience.

TIP: Visit healthpartners.com/livingwell for more information and resources on emotional resilience.

Questions about benefits?

Behavioral health navigators can help. Call **952-883-5811** or **888-638-8787**.

Relief for your back pain

Our nurses can help make sure back pain doesn't keep you down. HealthPartners members get support and resources at no cost.

Personal nurse support

When you're dealing with back pain, it can be frustrating to feel like nothing works. Our nurses are here to listen and suggest personalized solutions to help you feel better.

How it works

Working with a HealthPartners nurse is a great addition to your health care team. Through phone calls and other communications, we'll support you in feeling your best and meeting your personal health goals. All support is confidential, and you can stop at any time.

Partnering with you

Most Americans will experience back pain at some point in their lives. Although it's common, there are many myths about the causes and treatment for back pain. Depending on your pain, we'll give you tips on prevention, exercises and options. We'll discuss questions like:

- What's working well for you right now?
- Where do you need more help?
- What are your treatment options?

Ready to get started?

- Call **952-883-5469** or **800-871-9243** or fill out the form at healthpartners.com/healthsupport
- Visit healthpartners.com/backhealth to learn more about back pain



Back pain is very common, but treatment might look different for everyone. That's why working with a nurse one-on-one can make such a difference.

Jill, Registered Nurse

Personal nurse support

Living with a health condition is easier when you have a team of people to support you. Work with a nurse one-on-one at no cost.

Get support for

- Asthma
- Depression
- Diabetes
- Heart disease
- Rheumatoid arthritis
- And more

We will help

- Answer questions and provide resources about your condition
- Discuss how your treatment is going
- Navigate the health system and your benefits
- Work with your doctor
- And more

Ready to get started?

Call **952-883-5469** or **800-871-9243** or visit healthpartners.com/nursesupport

How it works

Working with a HealthPartners nurse is a great addition to your health care team. Through phone calls and other communications, we'll support you in feeling your best and meeting your personal health goals. It's all confidential and no cost for HealthPartners members.



No matter what health condition you're living with, talking to our nurses can help you feel better about your condition. We're here to help care for the whole you.

Jill, Registered Nurse

Face cancer with confidence

If you're facing a cancer diagnosis, we want you to know you're not alone. Our nurses will be with you every step of the way.

A nurse is ready to help

Working with a nurse will give you all the extras. We're here for you – lean on us for support. We can offer advice and guidance to help make facing cancer a little less overwhelming.

We're here to

- Help you make decisions
- Talk through what's working well in your treatment, and what's not
- Connect you to resources between doctor visits
- Just listen when you need to talk

How it works

Working with a HealthPartners nurse is a great addition to your health care team. Through phone calls and other communications, we'll support you in feeling your best and meeting your personal health goals. All support is confidential, and you can stop at any time. Plus, it's no cost for HealthPartners members.

Ready to get started?

Call **952-883-5469** or **800-871-9243**
or visit [healthpartners.com/
cancersupport](https://healthpartners.com/cancersupport)



When you're dealing with cancer, it can feel like your whole life centers around it. Having a nurse to lean on when you need support can make a big difference.

Jill, Registered Nurse

Living healthier just got a little less expensive

Get special savings from handpicked retailers as a HealthPartners member. There are lots of products and services available to you at a discounted rate – all designed to help you live healthy every day.

See where you can save

Visit healthpartners.com/discounts for a list of participating retailers and discounts.

Save big by showing your member ID card to participating retailers.

Save money on

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

Discounts on gym memberships

GlobalFit's Gym Network 360

Provides discounts on memberships at more than 9,000 fitness centers, weight loss programs and wellness brands.

The Active&Fit Direct™ program

Offers more than 9,000 fitness centers nationwide for a flat monthly fee.



Making healthy choices is easier when it doesn't break the bank. I always say – taking advantage of these discounts is a great way to make the most out of your health plan.

Lauren, Member Services

Assist America®

Travel anywhere, worry-free

Whether you're traveling abroad or just out of town for the weekend, you can feel confident you're in good hands when the unexpected happens.

Get 24/7 help

Assist America provides all the support you need when you're more than 100 miles from home.

- Coordinating transport to care facilities or back home
- Filling lost prescriptions
- Finding good doctors
- Getting admitted to the hospital
- Pre-trip info, like immunization and visa requirements
- Tracking down lost luggage
- Translator referrals
- And more!

How to get started

- Download your **Assist America ID card** at healthpartners.com/getcareeverywhere
- Get the **Assist America app** and enter HealthPartners reference number **01-AA-HPT-05133**



The Assist America mobile app makes traveling much easier. You can make calls right from the app when you need support.

Jamie, Member Services

2021 Minnesota Advantage Health Plan Schedule of Benefits

2021 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)	\$250/500	\$400/800	\$750/1500	\$1500/3000
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) 	\$35 copay per visit Annual deductible applies	\$40 copay per visit Annual deductible applies	\$70 copay per visit Annual deductible applies	\$90 copay per visit Annual deductible applies
D. In-network Convenience Clinics & Online Care (deductible waived)	\$0 copay	\$0 copay	\$0 copay	\$0 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)	10% coinsurance Annual deductible applies	10% coinsurance Annual deductible applies	20% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies
K. MRI/CT Scans	10% coinsurance Annual deductible applies	15% coinsurance Annual deductible applies	25% coinsurance Annual deductible applies	30% 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.	\$18/30/55	\$18/30/55	\$18/30/55	\$18/30/55
N. Plan Maximum Out-of-Pocket Expense for Prescription Drugs (excludes PKU, Infertility, growth hormones) (single/family)	\$1050/2100	\$1050/2100	\$1050/2100	\$1050/2100
O. Plan Maximum Out-of-Pocket Expense (excluding prescription drugs) (single/family)	\$1700/3400	\$1700/3400	\$2400/4800	\$3600/7200

This chart applies only to in-network coverage. Point-of-Service (POS), coverage is available only to members whose permanent residence is outside both the State of Minnesota and the Advantage plan's service area. This category includes employees temporarily residing outside Minnesota on temporary assignment or paid leave [including sabbatical]; and college students. It also applies to dependent children and spouses permanently residing outside the service area. Members enrolled in this category pay a \$350 single or \$700 family deductible (separate and distinct from the deductibles listed in section B above) 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.

The Advantage Plan offers a standard set of benefits regardless of the selected carrier. There are differences in how each carrier administers the benefits, including the transplant benefit, in the referral and diagnosis coding patterns of primary care clinics, and in the definition of Allowed Amount.

2020-21 Dental Schedule of Benefits



Annual Maximum per person \$2,000 (does not apply to Preventive Care or Orthodontia).

Orthodontics Lifetime Maximum per person \$3,000 (does not start over if you change dental plans).

	In-network Benefits	Out-of-network Benefits
Annual Deductible	\$50 per person \$150 per family	\$125 per person

Diagnostic and preventive care (deductible does not apply)

Covered Services	In-network Benefits	Out-of-network Benefits
Examinations, oral hygiene & teeth cleaning	100% coverage	50% coverage of the allowed amount
Fluoride treatment (to age 19)	100% coverage	50% coverage of the allowed amount
Space maintainers	100% coverage	50% coverage of the allowed amount
Sealants	100% coverage	50% coverage of the allowed amount

Restorative care and prosthetics (deductible applies)

Covered Services	In-network Benefits	Out-of-network Benefits
Fillings (customary restorative materials)	80% coverage	50% coverage of the allowed amount
Oral surgery	80% coverage	50% coverage of the allowed amount
Periodontics (gum disease therapy)	80% coverage	50% coverage of the allowed amount
Endodontics (root canal therapy)	80% coverage	50% coverage of the allowed amount
Inlays and overlays	80% coverage	50% coverage of the allowed amount
Restorative crowns	80% coverage	50% coverage of the allowed amount
Dental Implants	80% coverage	50% coverage of the allowed amount
Fixed or removable bridgework	80% coverage	50% coverage of the allowed amount
Full or partial dentures	80% coverage	50% coverage of the allowed amount
Dental relines or rebases	80% coverage	50% coverage of the allowed amount
Orthodontics	80% coverage (deductible does not apply)	50% coverage of the allowed amount (deductible does not apply)

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

See Summary of Benefits for specific plan limitations.

Rev 08/20

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 our website or call Member Services.

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:

- Progression of care review and care coordination to support safe, timely care and transition from the hospital.
- Outpatient case management to provide member support and coordination of care.
- Evidence-based care guidelines for certain kinds of care.
- Prior authorization of select services – we require prior approval for a small number of services and procedures. For a complete list, visit our website or call Member Services.

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.

Conducting medical necessity reviews

HealthPartners conducts medical necessity reviews for select services. These reviews ensure our members receive safe and effective care that aligns with the coverage outlined in the member's contract. Medical necessity reviews can be conducted pre-service, before the service takes place; post-service, after the service has happened; or concurrently, while the service is taking place. Contracted providers are responsible for obtaining prior authorization from the health plan when it is required. Services that require prior authorization are listed on our website. Prior authorization is not required for emergency services. HealthPartners will inform both you and your provider of the outcome of our review.

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, go to healthpartners.com/segip or call Member Services at **952-883-7900** or **888-343-4404**.



Thanks for calling HealthPartners

Our Member Services team loves to help and there's no better time than now. Give us a call if you have questions about your plan or even if you just want to get to know your plan a little better. Making sure you understand your health plan is just the first way we help you stay healthy.

Member Services

952-883-7900 or **888-343-4404**

Monday – Friday, 7 a.m. to 7 p.m., CT

healthpartners.com/segip