

Your health plan

2023 Open Enrollment

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Your partner for goodSM

We're 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 trust, benefits that benefit you, and a commitment to lower costs. We're your partner for all of it. **Your partner for good.**

 HealthPartners[®]

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.

What to do next

- **Call us** with questions at **952-883-5000** or **800-883-2177**
- **Sign in** or create an account at **healthpartners.com**

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

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 or get a prescription.
- **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.
- Compare prescription costs.
- Check your HRA balance or turn off your HRA auto-pay.
- Manage your health on the go with the myHP mobile app.



I'm thankful I had someone to help me understand my own health insurance. I can walk you through your plan now, so you're prepared when you use it later.

Lauren, Member Services

HRA plan with the Robin focused network

Bellin puts money in a health reimbursement account (HRA) to help pay your medical expenses. And it comes with a large network of doctors and clinics.

How to get more info

- For more details check your Summary of Benefits and Coverage (SBC) in your enrollment materials. Or give us a call at **866-443-9352**.
- **Call us** with questions at **952-883-7000** or **866-443-9352**
- **Search the network** for your doctor or find a new one at **healthpartners.com/openaccess**

** Participation in the Bellin Wellness Rewards is required in order to receive HRA money from Bellin.

TIP: Check with your employer to find out how much money they'll put in your HRA and what you can use it for.

What you'll pay

Deductible, then coinsurance

This plan has a deductible. That's a set amount you pay before your plan helps cover costs. After you reach your deductible, you'll pay coinsurance which is a portion of the bill. For example, you might pay 15% and your plan will pay the other 85%.

Out-of-pocket maximum

Once you reach a limit, called an out-of-pocket maximum, your health plan pays for all in-network care for the rest of the year.

What your plan pays for

All in-network preventive care is paid for by your health plan, regardless of whether or not you've paid your deductible.

Some things your plan helps cover after you've paid your deductible include:

- Convenience care and online care
- Non-Bellin primary care visits
- Specialty care visits
- Inpatient and outpatient hospital care

Bellin First Coverage

Your plan also covers 100 percent of the cost for select services with Bellin providers.

- Non-preventive visits (sick/illness and chronic care) and labs with a Bellin Primary Care Provider
- Bellin Urgent Care visits and labs (Does not include Bellin Urgent Care at Oconto Hospital Medical Center)
- Bellin Physical Therapy and Occupational Therapy visits (For rehabilitation only)

EmpowerSM HRA plan highlights

An HRA plan helps you prepare for the unexpected. Use your HRA money to pay your portion of eligible health care expenses.**

Where you can get care

Choose from the best local doctors, clinics and hospitals in northeast Wisconsin, featuring Bellin Health, ThedaCare, Froedtert and other high-quality providers. Plus thousands more choices across the country. Search the Robin focused network at **healthpartners.com/bellin**.

Skip the clinic trip with online care

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

Bellin E-Visits and Video Visits

Virtual visits are available at no cost with a Bellin Health primary care provider through your MyBellinHealth account for a variety of conditions.

E-Visits:

- Get answers about your health at home. Submit a questionnaire online and receive a response from a Bellin Health provider within two hours.
- E-Visits are available 6 a.m. to 10p.m., seven days a week.

Video Visits:

- Schedule an appointment on your time. A Video Visit is a scheduled interactive visit with a Bellin Health provider, just like an appointment at the clinic.
- Virtual Visits can be scheduled seven days a week (during set times) and on Holidays. For more information and instructions about how to set up or schedule an E-Visit or Video Visit, go to bellinhealth.org/virtualvisits. For support call 888-899-9114

Virtuwell® (online questionnaire)

- **Easy.** In fact, 99% of Virtuwell users say it's simple and 98% highly recommend it. Answer a few questions at virtuwell.com anytime, anywhere.*
- **Fast.** Get a treatment plan and prescription from a nurse practitioner. They can help with more than 60 common conditions, and it usually takes just one hour.
- **Free.** Free. Your medical plan pays for your visits and treatment. Plus, unlimited follow-up calls about your treatment are free. If you need to come in person, we will let you know, but it's not usually needed.

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.
- **Affordable.** A visit to treat conditions like colds, the flu and allergies** costs less than a clinic visit. It's free to sign up and easy to check your coverage when you register.

Questions about benefits?

We can help. Call Member Services at **952-883-5000** or **800-883-2177**.



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.

**The cost for behavioral health services varies depending on the services provided and duration of service.

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.

Questions about benefits?

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

If you have questions on what's covered or where you should go, call us at **866-443-9352**.

Protect your health with routine visits

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

Preventive care includes

- Blood pressure, diabetes and cholesterol tests
- Colorectal, breast and cervical cancer screenings
- Routine pre- and post-natal care (some services not paid a 100%)
- Vaccines
- Weight, alcohol and tobacco screenings
- And more!

Extra Coverage for Disease Management and Chronic Care

Office visits and labs are covered at 100% when you see a Bellin primary care provider. This allows extra visits and labs at no cost to manage chronic conditions such as:

- Atherosclerosis/ Cardiovascular Disease
- Diabetes
- Hyperlipidemia and Hypercholesterolemia
- Hypertension
- Hyperthyroidism
- Obesity
- Tobacco Use

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



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

Get the most from your meds

Knowing what you'll pay for your medicine is important. Use these tools and resources to understand your costs and get support if your medicine isn't working for you.

Questions about benefits?

Call Member Services at **866-443-9352** when you have prescription benefit questions.

TIP: You'll pay less for your prescriptions at Bellin, Walmart and Green Bay Meijer.

TIP: You may fill a three-month supply of medication at one time (three copays will be charged), allowing you to make less trips to the pharmacy.

Check your formulary

A formulary, also called a drug list, tells you what medicines are covered by your health plan and generally how much you'll pay. You'll also learn if there are any requirements before you can start a medicine.

Your formulary is called PreferredRx.

1. Go to healthpartners.com/preferredrx.
2. Search by the name or type of medicine.
3. Use your Summary of Benefits and Coverage (SBC) in your enrollment materials to understand how each type of medicine is covered.

Try generics

Generics are just as safe and effective as brand-name medicines, but cost a lot less. Talk to your doctor or pharmacist about switching to a generic medicine.



Our team is here to support you. If you can't find your medicine on the formulary or shopping tool, give us a call. We'll help you find it or an alternative that's covered.

Kerry, Pharmacy Navigator

Search for the lowest cost

You'll pay less for your prescriptions at Bellin, Walmart and the Green Bay Meijer pharmacies. To see what your costs are, members can get started with the prescription shopping tool at healthpartners.com/pharmacy.

Talk with a Pharmacy Navigator

One call will give you answers to your questions around benefits, coverage, costs, formularies and more. Call Member Services at the number on the back of your member ID card. Ask to talk with a Pharmacy Navigator.

Meet with a pharmacist

In a one-on-one visit, a pharmacist will review your medicines with you to make sure they're working and are right for you.

Plus, it's free. Visit healthpartners.com/mtminfo to learn more.

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% in network 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 **866-443-9352**
- **Search the network** for your dentist or find a new one at **healthpartners.com/bellin**

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.

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.

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 6 p.m. CT
Call the number on the back
of your member ID card,
866-443-9352
Interpreters are available if you
need one.
Español: **866-398-9119**
healthpartners.com/bellin

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 5 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

Take charge of your health plan

You go online to research, plan and follow up on big decisions. A HealthPartners online 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 simple 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. See recent claims, what your plan covered and how much you could owe.
2. Access your Living Well dashboard to check your program progress, take the health assessment and complete activities.
3. View your HealthPartners member ID card and fax it to your doctor's office.
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. Compare pharmacy costs to find the best place to get your medicines.
6. Search for doctors and 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/bellin or the **myHP** app.

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.
Jarria, Member Services

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.

Find in-network care

Log on to your account at healthpartners.com/bellin 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 registered nurse for: <ul style="list-style-type: none"> At-home remedies When to go in for care 	CareLine SM service Call 24/7 at 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 	Bellin E-visit or Video Visit	Free	
	Bellin Fast Care Clinic	Free	
	Virtuwell [®] * or Doctor On Demand 24/7 online care	\$\$	
	Convenience clinics (found in retail and grocery stores)	Free	
A regular checkup or special care during the day for things like: <ul style="list-style-type: none"> Diabetes management Vaccines 	Bellin Primary Care clinics	Free	
	Other 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 	Bellin Urgent Care Clinics	Free	
	Other 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	\$\$\$\$	



Still not sure where to go? We'll help you figure out the best place based on the urgency of your care needs.

Call CareLine at **800-551-0859**.

Rachel, Registered Nurse, CareLine

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

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

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
- Eating well
- Healthy mom and baby products
- Hearing aids
- Pet insurance
- Swim lessons
- And more!

Discounts on gym memberships

GlobalFit's Gym Network 360

Provides discounts on memberships at more than 11,000 fitness centers, weight loss programs and wellness brands

The Active&Fit Direct™ program

Offers more than 11,000 fitness centers nationwide for a flat monthly fee

Digital workouts

Wellbeats

Get access to free workout videos across all fitness levels, featuring top fitness brands and names



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.

Katie, 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

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.

Appropriate use and coverage of prescription medicines for medical plans

We provide coverage for medicines that are safe, high-quality and cost-effective.

TO HELP US DO THIS, WE USE:

- A formulary (drug list). These prescription medicines are continually reviewed and approved for coverage based on quality, safety, effectiveness and value.
- A free, confidential one-on-one appointment (in person or over the phone) with an experienced clinical pharmacist. Our Medication Therapy Management (MTM) program helps members who use many different medicines get the results they need.
- An opioid management program to support members in managing their pain.
- A patient alert program that provides a seamless transition to our formulary. We allow coverage for a first-time fill of a qualifying non-preferred medicine within the first three months of becoming a member.

The formulary is available at healthpartners.com/formulary, 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.

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/bellin or call Member Services at **866-443-9352**.
