



Your health plan

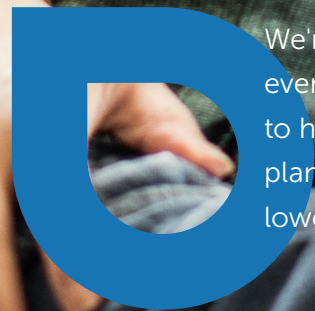
2024 Open Enrollment

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Your partner for goodSM



We're 26,000 partners strong, working together to support your health every day. You can rely on 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.**

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/daikinapplied**

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.
- 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

PPO plan with the Open Access network

Avoid being surprised by your bill. You'll pay a flat cost for a visit to the doctor. And you'll have no problem finding your favorite from one of our largest networks.

What you'll pay

Copay

Something like an office visit to a specialist, chiropractor or therapist costs a copay (a set dollar amount).

Deductible, then coinsurance

Other things like X-rays or a hospital stay cost you the full amount up to a certain point (your deductible).

After you hit that point, you pay coinsurance (a portion of the bill). For example, you might pay 20% and your plan would pay the rest.

Out-of-pocket maximum

After you reach a limit, called your out-of-pocket maximum, you don't pay any more. All in-network care is paid for by your health plan.

Your plan helps pay for

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

TIP: Get your yearly recommended checkup, vaccines and screenings. Your plan covers your care.

Plan highlights

Your plan covers most of the cost of primary, convenience, online and specialty care, as well as prescription drugs. Your member ID card clearly lists your copays and out-of-pocket maximum so you can easily know your share of the bill.

Where you can get care

The Open Access network lets you choose from one of the biggest networks of doctors and clinics.

How to get more info

- **See plan details** in your **Summary of Benefits and Coverage (SBC)** in your enrollment materials
- **Call us** with questions at **952-883-5000** or **800-883-2177**
- **Search the network** for your doctor or find a new one at **healthpartners.com/daikinapplied**

HSA plan with the Open Access network

A health savings account (HSA) can help cover your medical costs throughout the year using pretax money. The Open Access network lets you choose your favorite doctor.

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 may pay coinsurance, which is a percent of the bill.

Out-of-pocket maximum

An out-of-pocket maximum puts a limit on what you pay during the year. Once you reach the max, your health plan pays for all in-network care.

What your plan pays for

This plan fully pays for in-network preventive care, even before you've paid your deductible.

After you hit your deductible, your plan helps cover things like:

- Convenience care and telemedicine services
- Specialty care (no referrals needed)
- Prescriptions

Where you can get care

The Open Access network lets you choose from one of our biggest networks of doctors and clinics.

EmpowerSM HSA plan highlights

This plan allows you to contribute money to an HSA – on your own or through direct deposit. Add up what you spent on health care expenses last year to get an idea of how much to put in next year.

Use your HSA to pay for things like:

- Doctor visits and lab fees
- Prescription and select over-the-counter medicines
- Dental care and braces
- Vision care and LASIK surgery

HSA money can:

- Earn interest or be invested
- Pay for medical expenses before or after you reach your deductible
- Stay with you year after year, even if you switch jobs – you own the account

How to get more info

- **See plan details** in your **Summary of Benefits and Coverage (SBC)** in your enrollment materials
- **Call us** with questions at **952-883-5000** or **800-883-2177**
- **Search the network** for your doctor or find a new one at **healthpartners.com/daikinapplied**

TIP: Put some of the money you're saving on premiums into your HSA before taxes are taken out.

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 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

- Screening tests to check if you have high blood pressure, diabetes or high cholesterol
- Colorectal, breast and cervical cancer screenings
- Routine pre- and post-natal care
- Vaccines
- Weight, alcohol and tobacco screenings
- And more!

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

Questions about benefits?

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



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

Fast, easy, affordable care

Skip a trip to the clinic. Save time and money by getting treated for common conditions from your smartphone, tablet or computer. Your plan covers telemedicine care.

Questions about benefits?

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

Virtuwell®

Your 24/7 online clinic

Get better faster. Start your visit any time with any device – no appointments, video or downloads needed. Answer a few questions online to get treatment for more than 60 common conditions. Nurse practitioners give you a diagnosis, treatment plan and prescription – all in about an hour. If for any reason you can't be treated, there's no charge. Plus follow-up care about your treatment are free.

Use your member ID to find your cost, view FAQs and get started at **virtuwell.com/cost/healthpartners**.

Doctor On Demand

Live video visits with a doctor include assessment, diagnosis and prescriptions, plus urgent care for cold and flu, skin conditions and allergies. When you create a free member account, your cost is always shown up front, without any surprise bills later. Register at **doctorondemand.com**.

Teladoc

Fill out a brief medical history to connect with medical experts by phone, video or mobile app. Whether it's a prescription sent to the pharmacy of your choice, guidance on next steps or a review of a preexisting condition, they're ready to help. Get started at **teladoc.com**.



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

Julie, RN, nurse navigator

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,
952-883-5000 or 800-883-2177
Interpreters are available if you
need one.
Español: **866-398-9119**
healthpartners.com

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

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

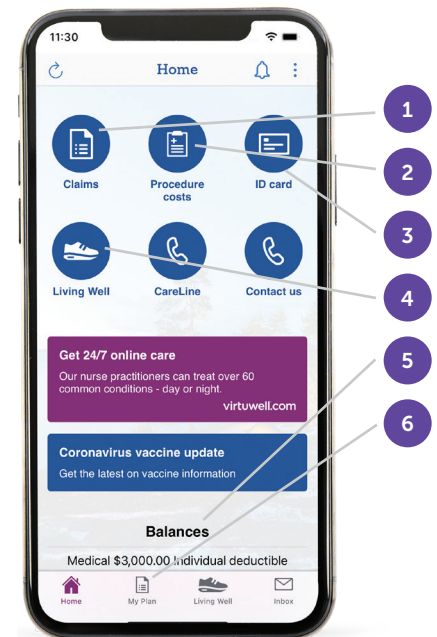
You go online to research, plan and follow up on big decisions. A HealthPartners online account makes it just as easy to stay on top of your health care and insurance.

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. Get cost estimates for treatments and procedures specific to your plan.
3. View your HealthPartners member ID card and fax it your doctor's office.
4. Access your Living Well dashboard to check your program progress, take the health assessment and complete activities.
5. Check your balances, including how much you owe before your plan starts paying (deductible) and the most you'll have to pay (out-of-pocket maximum).
6. Search for doctors covered by your plan.



Sign in to your account

Manage your health and your plan at healthpartners.com/daikinapplied 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 a range of options when you need care. Knowing the differences between the options can help you choose where to get care at the best cost. Search online to find an in-network option specifically covered by your plan.

Find in-network care

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

| 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 |  15 minutes |
| Treatment and prescriptions for minor medical issues, like: <ul style="list-style-type: none"> • Bladder infection • Pink eye • Upper respiratory infections | Virtual or convenience care | \$ |  15 minutes |
| 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 the urgency of your care needs.

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

Rachel, Registered Nurse, CareLine

A resilient you

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

Health assessment and well-being activities

Start your path to building emotional resilience with an online health assessment. You'll then have access to resources to help build healthy habits, like our *Healthy Thinking* and *Tackle Stress* digital activities.

To get started, sign in to your online account. Then 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.

myStrength

Build a healthier mind for a stronger you. myStrength is a flexible and comprehensive digital program with tools and activities for stress, depression, sleep and more. Learn from hundreds of activities, articles and videos. Practice techniques to help you shift your thinking, get inspired and feel more hopeful.

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

Questions about benefits?

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

Get paid to work out

Go to the gym at least 12 times each month and you can save up to \$20 on your gym membership.

How it works

1. Find a gym near you. Participating gyms* include:
 - Anytime Fitness
 - LA Fitness
 - Life Time Fitness
 - Snap Fitness
 - And more!
2. Sign up. Show your member ID card at the front desk.
3. Work out at least 12 times each month.
4. Get paid – your gym membership account will be reimbursed six to eight weeks after your monthly workouts.

We're here for you

Visit healthpartners.com/frequentfitness or call Member Services at **952-883-5000** or **800-883-2177** to find a gym near you.

*Not all club locations apply. Some national clubs are owned by individual franchise owners and may not participate in the program. Frequent Fitness is limited to members, age 18 years or older, of certain HealthPartners medical plans and members of participating employer groups. Some restrictions apply. Termination of club membership may result in forfeiture of any unpaid incentive. See participating club locations for program details. Workout requirements and program eligibility may vary by employer. Please check with your employer or call Member Services to verify eligibility and visits requirements. Program payments will not exceed club dues.

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
- And more!

Discounts on gym memberships

Husk Gym Network

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



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 coverage policy criteria 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.

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 transition program that provides a seamless move 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](https://www.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.

PROVIDER REIMBURSEMENT INFORMATION FOR MEDICAL PLANS

- **Fee-for-service** – Some providers are paid on a “fee-for-service” basis, which means that the health plan pays the provider a certain set amount that corresponds to each type of service furnished by the provider.
- **Discount** – Some providers are paid on a “discount” basis, which means that when a provider sends us a bill, we have negotiated a reduced rate on behalf of our members. We pay a predetermined percentage of the total bill for services.
- **Case rate** – Sometimes we have “case rate” arrangements with providers, which means that for a selected set of services the provider receives a set fee, or a “case rate,” for services needed 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.
- **Reconciliation** – Sometimes we have withhold arrangements with providers, which means that a portion of the provider’s payment is set aside until the end of the year. The year-end reconciliation can happen in a variety of ways.
- **Withhold Arrangements** – Sometimes we use withhold arrangements as part of provider payments which means that a portion of the provider’s payment is set aside until the end of the year. The year-end reconciliation can happen in a variety of ways.
- **Diagnosis** – Some providers — usually hospitals — are paid on the basis of the diagnosis that they are treating; in other words, they are paid a set fee to treat certain kinds of conditions. Sometimes we pay hospitals and other institutional providers a set fee, or “per diem,” according to the number of days the patient spent in the facility.
- **APCs** – Some providers — usually hospitals — are paid according to Ambulatory Payment Classifications (APCs) for outpatient services. This means that we have negotiated a payment level based on the resources and intensity of the services provided. In other words, hospitals are paid a set fee for certain kinds of services and that set fee is based on the resources utilized to provide that service.
- **Total Cost of Care** – Some providers — usually primary care medical groups — are paid based on how well they manage the total cost of care associated with a patient, as well as how well they manage the patient experience and the quality of care provided.

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](https://www.healthpartners.com) or call Member Services at **952-883-5000** or **800-883-2177**.
