

Your health plan

2022-2023 Open Enrollment

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Your #1-in-satisfaction partner ➤

Complete satisfaction. It doesn't come easy. But for our plan members, having 26,000 trusted partners makes all the difference in the world. J.D. Power ranked HealthPartners as #1 in Member Satisfaction among Commercial Health Plans in the Minnesota/Wisconsin Region – and we couldn't be prouder. We're here for your health with care and coverage that's simple and affordable.



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.
- 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

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.

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/openaccess**

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

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

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?

Member Services can answer your benefits and coverage questions. Call us at **952-883-5000** or **800-883-2177**

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.
- **Guaranteed.** You're only charged if Virtuwell can treat you. Plus follow-up calls about your treatment are free. If you need to be seen in person, we'll let you know – but it's not usually needed.
- **Affordable.** Virtuwell visits are a fraction of the cost of walk-in, urgent or primary care visits. Use your member ID card to check your cost at **virtuwell.com/cost/healthpartners**.

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.



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.

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
- Vaccines
- Weight, alcohol and tobacco screenings
- 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 **952-883-5000** 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

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

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.

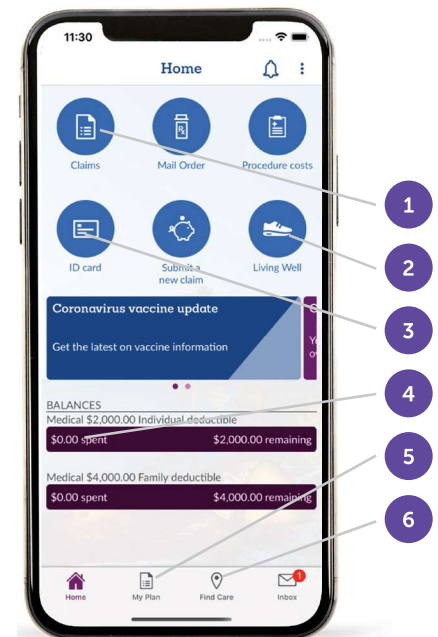
Sign in to your account

Manage your health and your plan at **healthpartners.com**.

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

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. **NEW!** 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.



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

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?

Member Services can answer your benefits and coverage questions. Call us at **952-883-5000** or **800-883-2177**

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.

Search for the lowest cost

Medicine prices can change from pharmacy to pharmacy. Shop around. See what your costs are at different pharmacies. 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.



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

Find the best medicine cost

Shopping for the lowest price medicine is easier than comparing prices for airline travel.

Multiple ways to save on medicines, in one online tool

The Prescription shopping tool helps you find the lowest cost for medicines, based on your current health plan. Find other options to save money too, like when a lower price alternative is available.

Sign in to your account

Manage your health and your plan at **healthpartners.com**.

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

The screenshot shows the HealthPartners website's drug pricing tool. At the top, there's a navigation bar with 'HealthPartners', 'Home', 'My Prescriptions', and 'More'. Below this is a search bar with 'Drug Pricing' and 'Pharmacy Search' tabs. The search bar contains 'ATORVASTATIN CALCIUM - 10 MG TABLET'. The main content area is titled 'HOME | DRUG PRICE CHECK'. It features a drug image and name 'ATORVASTATIN CALCIUM* (ATORVASTATIN CALCIUM)' with a price range of '\$0.05 - \$0.17 per day' and a note '\$3 - \$5.08 copay'. Below this, there are dropdown menus for 'ATORVASTATIN CALCIUM (Generic)' and 'TABLET (COMPRESSED, SUGAR COATE)'. A section for 'Local Price' shows 'As low as \$0.10 per day' and a 'Mail Order Price' section shows 'As low as \$0.05 per day'. There are input fields for 'Quantity' (set to 30) and 'Days' (set to 30), with an 'Update Search Results' button. A 'Pickup locally' section indicates 'Items below may be picked up at your local pharmacy'. A table shows 'Your Price' as '\$3 (\$0.10 per day)', 'Plan Share' as '\$0', and 'Status' as 'NA (Generic) Formulary'. A 'BEST LOCAL PRICE' badge is present. At the bottom, there's a map and a link to 'Nearest Pharmacy For This Price'.

You can use the Prescription shopping tool to:

- Find the lowest cost for your medicine
- Compare current prices at pharmacies near you
- Understand what medicines are covered by your health plan
- Transfer prescriptions to the lowest cost pharmacy
- Know if you have available refills
- See if you have a prior authorization and when it expires
- Download tax reports of what you spent last year

Medicine delivered to your door

Skip the trip to the pharmacy. Get your prescriptions mailed to your home with WellDyne.

5 great things about mail order

1. You'll never pay for standard shipping.
2. Refilling your medicine online or with our mobile app is easy.
3. All orders are sent in a tamper resistant, plain package to make it more private.
4. Safety is important. You'll get the best quality medicine.
5. You'll get your medicine delivered within seven to 10 days.

TIP: You can track the status of your order every step of the way, from receipt and processing to shipping and delivery.

To check the status of your order, sign into your online account or call our automated phone system.

How to get started

- Call **800-591-0011**
- Visit **healthpartners.com/mailorder**



It's hard to get to the pharmacy each month. Mail order pharmacy delivers your meds quickly and easily to you, just like your favorite stores.

Dave, Pharmacist

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

Manage your health and your plan at healthpartners.com.

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 | Virtuwell [®] * or Doctor On Demand 24/7 online care | \$ | 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 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.

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
- Orthodontics
- 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 200 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.

Dan, 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.

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.

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**.
