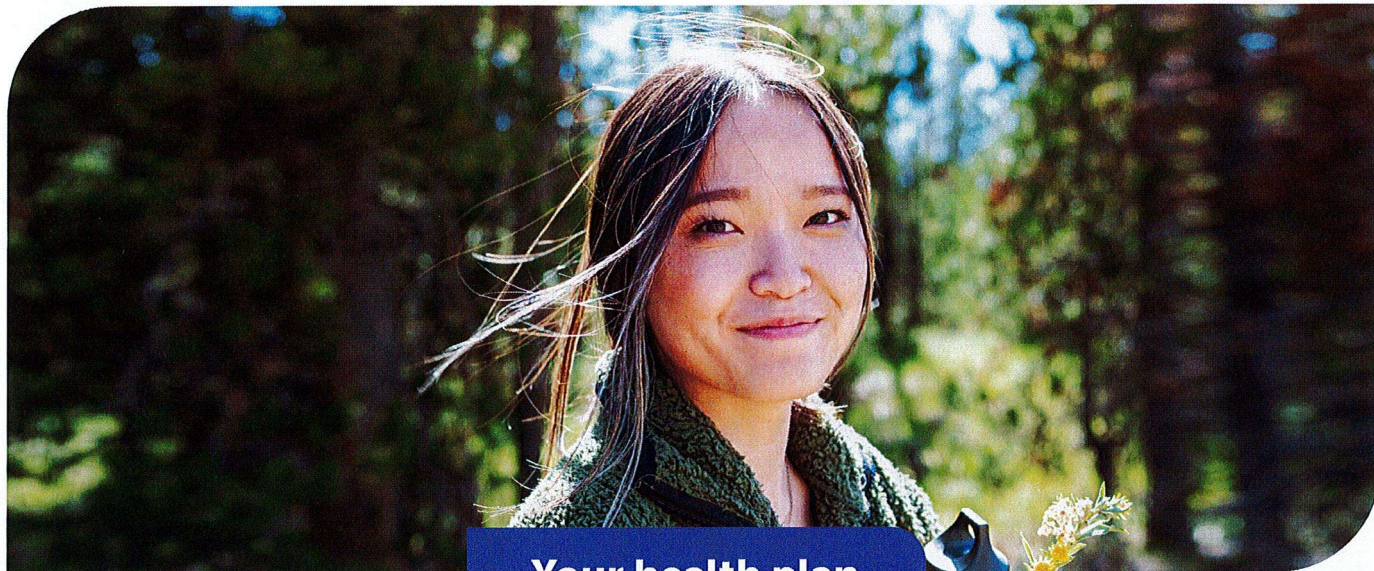




Your health plan

2026 Benefits and Support

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Your partnerSM for goodSM

Welcome to HealthPartners, where our team of 28,000 colleagues is committed to your health and well-being. Count on us for insurance options that work for you, a strong network of health care providers and locations, and straightforward coverage at fair prices, with our top-rated Member Services team here to help. Plus, our commitment to health goes even further with HealthPartners research leading the way in health innovation. We're here for your health today and in the future. **We're your partner for good.SM**



We've got you covered

As a nonprofit health care organization, HealthPartners reinvests our earnings into initiatives that improve the health and well-being of our 1.7 million members, patients and the community we've been serving for over 65 years. Because we provide both insurance coverage and health care, you get a partner experienced in working to ensure your best overall health and well-being.

Start today

- **Learn how health insurance works**, plus get tips and support at healthpartners.com/insurance101
- **Call Member Services** at the number on the back of your ID card. **952-883-5000 or 800-883-2177**

Scan this code to explore your plan benefits and resources at healthpartners.com/members



Choose confidently

We make it simple for you to make the best decisions for your health and wallet. Explore resources on our website or connect with our Member Services team to get details on your plan benefits, search your network, compare costs, learn answers to common insurance questions, and more. If it's a new year or a new plan, we'll help you make a seamless transition.

Find in-network care

Our networks feature thousands of trusted doctors, clinicians and locations, and we make searching easy. Explore your plan's network to see which options are best for you and available nearby. Having a few names and locations in mind during enrollment can save you time later in the year when you need care.

Already have a favorite provider? Check to be sure they are in your specific plan's network. When you get care in-network you can be confident you're getting the best value for your money.

Maximize your plan

Besides a trusted network, members enjoy:

- Highly-rated customer service
- Benefits to enhance your lifestyle
- Cost-savings tools to keep things simple and affordable

Create or sign in to your account for a personalized experience: check recent claims, access your member ID, and view tips and reminders based on your health.

We're here to help you understand your plan and answer your questions.

- Find the best place to get care and estimate how much it will cost, what your plan will cover and how much you'll pay
- Learn the difference between preventive care and primary care
- Manage existing conditions, like back pain, asthma, diabetes and more
- Take advantage of available discounts, well-being programs and resources so you can save money and get help making healthy choices.

Make the most of your plan

The more you know about your plan, the easier it is to make good decisions for your health and budget.

Get started

- **Learn how health insurance works**, plus get tips and support at healthpartners.com/insurance101
- **See plan details** in your **Summary of Benefits and Coverage (SBC)** in your enrollment materials
- **Sign in or create your account** to explore your personalized plan resources at healthpartners.com/members

Understand your costs and available perks

What you pay for your plan depends on a few factors. These include your premium and your deductible. The amount you pay for your health plan each month is called a premium, usually taken out of your paycheck.

Your deductible is the amount you have to pay each year before your plan begins to pay. For example, if your annual deductible is \$500, your plan won't pay for most of your care until you've paid \$500 out of your own pocket for things like doctor visits and X-rays. With most plans, once you hit your deductible, you'll pay only a portion of the costs after that.

Usually, a plan with a lower premium will have a higher deductible and out-of-pocket maximum. On the other hand, a higher premium can mean a lower deductible or copay. The best choice for you and your family can depend on what you think your care needs will be in the upcoming year.

Learning more about your plan can help you anticipate costs, and take advantage of any perks, special programs or discounts that may be available to you.

Learn how to use your network

You'll get the most value with in-network care. Your provider's office may not be able to confirm your specific coverage, so it's best to check your plan first. Create or sign in to your account on our website, or call the number on your ID card.

Get connected to personalized plan information

Your online account gives you up-to-date plan information in one simple place.

- See alerts and recommendations based on your health
- Get cost estimates for care
- View recent claims and how much you could owe
- Quickly access your member ID card (and for eligible family members)
- Search for in-network providers
- Check your spending amounts
- Review your formulary (drug list) and compare prescription costs (if applicable)
- Get the HealthPartners mobile app and manage your health on the go

EmpowerSM HSA plan

A health savings account (HSA) can help cover your medical costs throughout the year using pretax money.

No-cost preventive care

For preventive health checkups, some cancer screenings and vaccines, you pay \$0 when your provider is in network. Learn what services are covered and recommended at healthpartners.com/preventive.

Get started

- **Learn how health insurance works**, plus get tips and support at healthpartners.com/insurance101
- **See plan details** in your **Summary of Benefits and Coverage (SBC)** in your enrollment materials
- **Sign in or create your account** to explore your personalized plan resources at healthpartners.com/members

What you'll pay

Deductible, then coinsurance

You'll pay for your care until you reach a set amount called a deductible. 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 plan pays for all in-network care the rest of the year.

What your plan pays for

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

When you hit your deductible, your plan helps cover (pay for) things like:

- Convenience care and telemedicine services
- Specialty care (no referrals needed)
- Prescriptions
- Emergency care (in-network, no matter where you go)
- Hospital stays

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 and lab visit 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

TIP: Know before you go. You'll get the most value with in-network care. Your doctor's office may not be able to confirm your specific coverage, so it's best to check your plan first. Create or sign in to your account on our website, or call the number on your ID card.

Open AccessSM network

Get the most options from our largest network.

Enjoy greater flexibility with plenty of choices

You've got a big network working for you. But not every doctor is in every network, so be sure to check that yours is covered.

Getting acquainted with your health plan will help you make the best choices. Check out these tips:

Choose your favorite doctor

You can see any doctor in the Open Access network. With over one million network providers and 6,000 hospitals, you can see your favorite doctor or specialist, locally or nationally. Or you can pick one from the network on your own – no referral needed.

Get started

- **Learn how health insurance works**, plus get tips and support at healthpartners.com/insurance101
- **See plan details** in your **Summary of Benefits and Coverage (SBC)** in your enrollment materials
- **Sign in or create your account** to explore your personalized plan resources at healthpartners.com/members
- **Search your plan's network** at healthpartners.com/openaccess



1. **No surprises here.** Make sure your usual clinics are in network so you'll know what you can expect to pay.
2. **Save on the right treatment.** When you get care from urgent care locations and hospitals in your plan's network, you can be confident you're getting the appropriate level of care at and the best value for your money.
3. **Finding someone new.** If you need to change doctors or find a specialist for a new condition, finding someone in-network is easy. Search our website, sign in to your account for personalized plan details or call the number on your ID card for help from our top-rated Member Services team.

Cornerstone network

Access a strong foundation of local and convenient care from high-quality providers.

Higher-quality, lower-cost care

With the Cornerstone network, get the best local care in Southwest Minnesota at an affordable price with care centered around Avera and Access Health clinics, hospitals and specialty care centers. Plus, access thousands more clinics across the country.

In- vs. out-of-network care

Your plan covers a specific network, which is a group of clinics, hospitals, pharmacies and doctors connected to your specific plan. When you get care in network, you can be confident that you're being charged a fair price for high-quality care and experience. You'll get the best coverage from your health plan benefits by going to in-network providers, so you'll pay the least out of pocket.

Going to a doctor out of network almost always costs more than staying in network. In some cases, you can end up paying full price if your insurance plan doesn't have out-of-network benefits.

TIP: Know before you go. You'll get the most value with in-network care. Your doctor's office may not be able to confirm your specific coverage, so it's best to check your plan first. Create or sign in to your account on our website, or call the number on your ID card.

Get started

- **Learn how health insurance works**, plus get tips and support at healthpartners.com/insurance101
- **See plan details** in your **Summary of Benefits and Coverage (SBC)** in your enrollment materials
- **Sign in or create your account** to explore your personalized plan resources at healthpartners.com/members
- **Search your plan's network** at healthpartners.com/cornerstone

Choose your favorite doctor

You can see any doctor in the Cornerstone network. If you need additional care, your primary care doctor can help you find a specialist. Or you can pick one from the network on your own – no referral needed.

Convenient and affordable online care

Your plan also covers online care from Doctor On Demand, Teladoc and Virtuwell* – an online clinic offering customized treatment plans for a variety of common conditions.



* To use this service, you must live in or be visiting one of the states in which Virtuwell operates.

Fast, easy, affordable care

Life is busy. Save time and money by using telemedicine care for many common conditions. Your plan includes options for treatment from your phone or computer.

Doctor On Demand

Live video visits with a doctor include assessment, diagnosis and prescriptions for everyday, urgent and mental health care. When you create a free member account, your visit price 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, the guidance to move forward or a review of a preexisting condition, they're ready to help.

Get started at teladoc.com.

Get started

- **Learn how health insurance works**, plus get tips and support at healthpartners.com/insurance101
- **See plan details** in your **Summary of Benefits and Coverage (SBC)** in your enrollment materials
- **Sign in or create your account** to explore your personalized plan resources at healthpartners.com/members

Get the most from your meds

Use our prescriptions tools and resources so you can learn what's covered, save money, find nearby pharmacies and more.

Get started

- **Learn how health insurance works**, plus get tips and support at healthpartners.com/insurance101
- **See plan details** in your **Summary of Benefits and Coverage (SBC)** in your enrollment materials
- **Sign in or create your account** to explore your personalized plan resources at healthpartners.com/members

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 details on any prior authorizations, restrictions or quantity limits that may apply to your coverage.

1. Get started at healthpartners.com/formulary.
2. Find your drug list, then search by the name or type of medicine.
3. Use your Summary of Benefits and Coverage (SBC) in your enrollment materials to learn more about your coverage, copay or cost share.

Save money by comparing pharmacy prices and locations

Medicine prices can change from pharmacy to pharmacy. Your plan's pharmacy network includes a variety of options where you can fill prescriptions at a reduced rate. Use our drug cost calculator tool to compare prices at in-network pharmacies near you to make sure you're getting the most affordable price. Get started at healthpartners.com/pharmacy.

Try generics

Another way to save money is by using generic versions of brand-name medicines. They are made with the same active ingredients but cost a lot less. Talk to your doctor or pharmacist to explore your options.

Talk with a pharmacy navigator

When you have a question about your plan's drug coverage, our Member Services team can share answers based on your specific benefits, prescriptions and location. When needed, they also can refer you to a specialized pharmacy navigator for expert help with complex questions or situations.

Meet with a Medication Therapy Management pharmacist

If you or a family member are managing multiple or complex medicines, or if you have questions about interactions or side effects, we can help. Our specially trained pharmacists are experts at looking at your medications holistically. At a no-cost in-person or phone appointment, they'll review your medicines to make sure they're working and right for your lifestyle. Learn more at healthpartners.com/mtminfo.

Medicine delivered to your door

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

5 great things about mail order

1. Avoid the drive (and the line!) and instead get your medicine delivered directly to your home
2. It's easy to refill your medicine online or with our mobile app
3. Save money with 90-day supplies and free standard shipping
4. Get your package delivered safely and discreetly in 7-10 days
5. We are available 24/7 to help you with your order – just call the dedicated phone line

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

To check the status of your order, sign in to your online account or call our responsive phone system.

How to get started

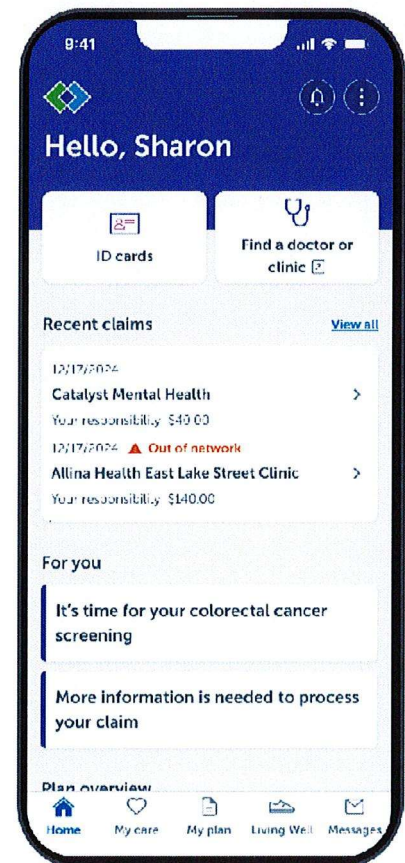
- Call **800-591-0011**
- Visit healthpartners.com/mailorder

Take charge of your health plan

A HealthPartners online account makes it 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.



Get started

- Learn how health insurance works, plus get tips and support at healthpartners.com/insurance101
- See plan details in your **Summary of Benefits and Coverage (SBC)** in your enrollment materials
- Sign in or create your account to explore your personalized plan resources at healthpartners.com/members

Top 3 ways to use your online account

1. Visit My dashboard through a web browser on your phone or computer for personalized preventive care reminders, helpful tips about your plan and more.
2. Search for in-network providers, clinics and hospitals and get cost estimates for services specific to your plan using the web or mobile app.
3. Open the HealthPartners mobile app for on-the-go access to claims details, your member ID card and Member Services contact information.



Scan here for a quick video about how to get the most out of your online account.

healthpartners.com/getconnectedvideo

We're here to help

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

Get the right care at the right price

When you need care, you've got options. Use the chart below to make sure you're making the best choice for your health and your budget. Check online to see what's covered by your plan.

When you need	Go to	Average cost	Average time spent
Health advice from a registered nurse for: - 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: - 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: - Diabetes management - Vaccines	Primary care clinics	\$\$	 30 minutes
Care for urgent problems when your doctor's office is closed, like: - Cuts that need stitches - Breaks, strains and sprains	Urgent care clinics and orthopedic urgent care clinics	\$\$\$	 45 minutes
Help in an emergency, such as: - Chest pain or shortness of breath - Head injury	Emergency room	\$\$\$\$	 60 minutes

TIP: Know before you go. You'll get the most value with in-network care. Your doctor's office may not be able to confirm your specific coverage, so it's best to check your plan first. Create or sign in to your account on our website, or call the number on your ID card.

A resilient you

We're here to support the whole you – this includes your emotional health. Our resources are designed to connect you with information, specialists and support to get you back on the road to feeling and living better.

Self-guided resources included with your plan

Mental Health Hub

Connect to information, tools and support for you and your family. You'll also find resources to explore your plan benefits, get care and more. Visit healthpartners.com/my/livingwell/mental-health.

Living Well

Discover personalized activities for building healthier habits, reducing stress and improving your mood. You may need to complete a health assessment to access these activities. Visit healthpartners.com/livingwell.

myStrength

Goal-based activities, articles and videos to help you with stress, anxiety, depression and more. Get started at healthpartners.com/livingwell.

Behavioral health condition management support

Get customized resources, guidance and support from an experienced behavioral health specialist – confidentially and at no extra cost to you. Your behavioral health expert will work with you and your care team to develop a personalized plan focused on your well-being.

Call **800-871-9243** or **952-883-5469**.

Questions about benefits?

Our behavioral health navigators can help you find care in your plan network and answer coverage questions. Call **952-883-5811** or **888-638-8787**.

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

Personalized condition support services

Living with a health condition is easier when you have a team of people to support you. We can connect you with a nurse or behavioral health specialist at no cost to you.

Get support

Our support team includes experienced nurses, licensed behavioral health specialists and other health professionals. We help members with chronic and complex health conditions and situations like:

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

How it works

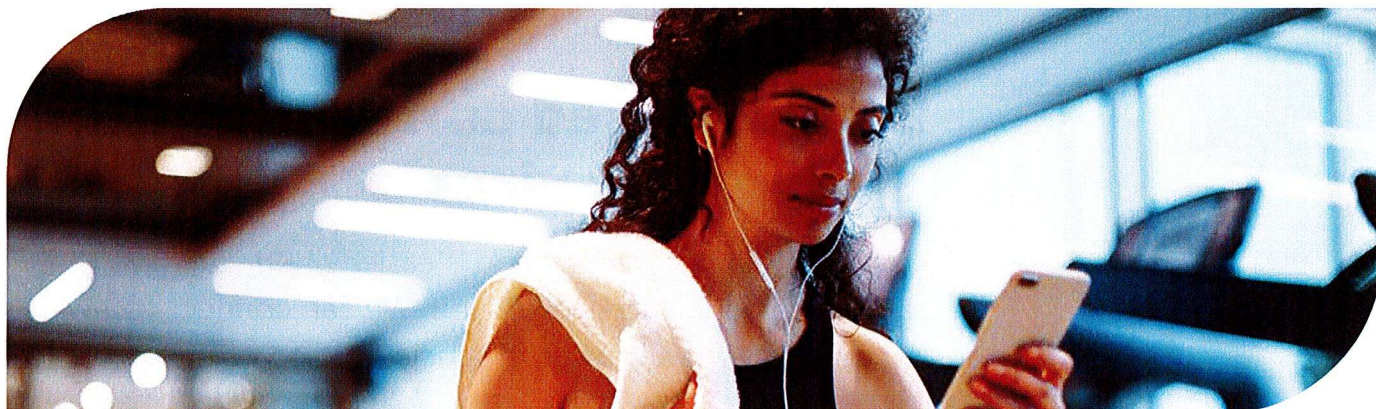
Working with a HealthPartners nurse is a great addition to your health care team. Through phone calls and other communications, we'll support you in feeling your best and meeting your personal health goals. It's all confidential and at no cost for HealthPartners members.

We will help

- Answer questions and provide resources about your condition
- Navigate your health care treatment, benefits coverage and understand your insurance plan
- Coordinate care, treatment and communication across different doctors and specialists
- And more

Ready to get started?

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



Earn rewards for taking care of your health

Get support and motivation for you and your family to live healthier with My Rewards. As a HealthPartners member, you can earn rewards for completing simple activities.

All the perks, all in one place

Healthy habits and getting the most out of your plan aren't the only perks that come with My Rewards. For completing activities, you can earn up to **\$245 on a reloadable reward card** to spend however you want. My Rewards is included in your health plan at no additional cost. So get in on an experience that's designed to inspire and reward a healthier you.

Activities and rewards that work for you

My Rewards is designed to meet you where you're at in your health journey. Activities with rewards available are:

Get to know your online account

Make sure your account information is up to date, go paperless, and visit our new medical cost estimator tool.

Understand your plan

See what your health plan has to offer by completing tasks designed to help you better manage costs and get the most out of your health insurance.

Take charge of your preventive care

Ensure you get essential screenings and care that puts your long-term health first when you take advantage of preventive care.

Manage your medications

Connect with a clinical pharmacist who will work closely with your doctors to make sure your prescriptions are working together as they should.

Support your mental health

Mental health is just as important as physical health. Review our mental health hub, find resources to support you and your family, and help us identify what's working and areas of improvement.

Live your best life with Living Well

Complete your health assessment and activities for better physical and mental well-being.

Start earning today

No more searching around for your plan incentives. My Rewards has everything in one easy-to-find place. Sign in to your account at **healthpartners.com** and click on the trophy icon at the top of the page to access My Rewards. Check back regularly to see if new rewards are available!

Living healthier just got a little less expensive

HealthPartners members get special savings. There are lots of products and services available to you at a discounted rate – all designed to help you live healthy every day.

Save big at participating retailers

Save money on:

- Eyewear
- Fitness and well-being classes
- Eating well
- Hearing aids
- Pet insurance
- And more!

Discounts on gym memberships

The Active&Fit Direct™ program

Offers access to more than 12,000 fitness centers nationwide and over 9,000 on-demand fitness videos for a flat monthly fee.

Digital workouts

Wellbeats

Get access to free workout videos across all fitness levels, featuring top fitness brands and names. This activity will be available to you through your health and well-being experience.

See where you can save

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

Quit for good

Quitting tobacco and vape may be one of the hardest things you'll ever do. You don't have to do it alone. We're here to help.

Get help from a health coach

Work with a health coach to set goals around tobacco use and vaping that fit your lifestyle. You'll get support and encouragement to reach your goals and live nicotine free. Plus, you can schedule phone calls or email your health coach when it works best for you.

Work at your own pace to:

- Beat cravings
- Relieve stress
- Deal with tempting social situations
- Adjust to life without tobacco and vape
- Feel great

Medicine to support quitting

Your health plan might pay for medicines to help you quit. Visit healthpartners.com/formulary to view your formulary. Or call our Member Services team at the number on the back of your member ID card.

Digital smoking cessation resources

Pivot is an app-based cessation program to help you quit cigarettes, cigars and all smokeless tobacco products.

- Visit pivot.co/healthpartners to get started.

How to get started

Call **800-311-1052** to sign up with a health coach.

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**

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:

- 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.

Our Utilization Management programs are further supported by our Case Management services, including:

- Inpatient case management 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.

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, 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

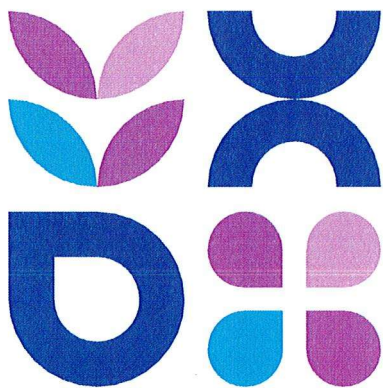
- **Fee-for-service** – Some providers are paid on a “fee-for-service” basis, which means that the health plan pays the provider a certain set amount that corresponds to each type of service furnished by the provider.
- **Discount** – Some providers are paid on a “discount” basis, which means that when 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.

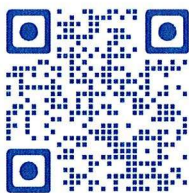
This plan may not cover all your health care expenses. Read your plan materials carefully to determine which expenses are covered. For details about benefits and services, go to healthpartners.com or call Member Services at 952-883-5000 or 800-883-2177.

Notes



Let's keep in touch

We make it easy to stay connected and manage your plan. If you already have a member ID card, now's a great time to set up your online account and download the mobile app.



Create or sign in to your account to access personalized details about your benefits details, compare costs and doctors, review claims, and more. Point your smartphone camera at this code to get started. Or visit **healthpartners.com/myplan**. And as always, don't hesitate to call if you have any questions.

Member Services

952-883-5000 or 800-883-2177

Monday – Friday, 7 a.m. to 6 p.m., CT

healthpartners.com