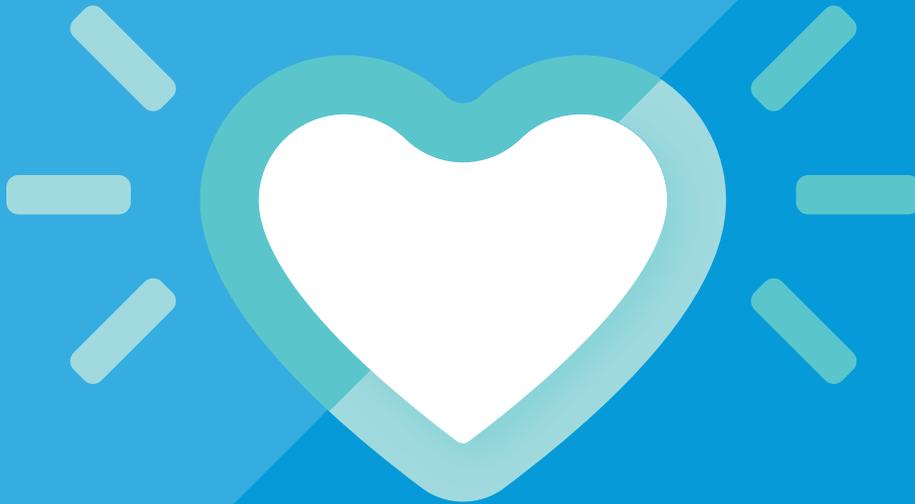




*A World-Class Community of Learners*

Fridley Public Schools



2018 Open Enrollment

# Plans for a healthier you

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# We all need a partner

At HealthPartners, our 23,000 employees work together to support your health every day. We're dedicated to caring for you the way we care for our closest friends and family. This commitment has helped us give our members healthier results for more than 10 years running.\*

Our team is ready to help with your care and coverage. We'll answer your questions and be there for you at every step. We're not just a health plan, we're your health partner.

Let's make good happen together.



## HIGHEST MEMBER SATISFACTION

We promise to give you an outstanding experience. Thanks to our members, HealthPartners has earned the highest overall member plan rating among Minnesota health plans for 10 years in a row.\*\*

\*The source for data contained in this publication is Quality Compass® 2016 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2016 includes certain Consumer Assessment of Healthcare Providers and Systems® (CAHPS) data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

\*\*According to the 2007-2016 CAHPS surveys.

# Hello!



“I’m a Member Services supervisor by day and a mom 24/7. I know how important it is to have a health plan that’s best for you. But I also know that understanding health insurance can be like reading a foreign language. So, I want to help.”

**JODI, MEMBER SERVICES**

The more you know about your plan, the easier it is to make good decisions for your health and your wallet. Here are the two big ways I break it down for my friends and family:

## What you might have to pay

- **Premium** (you can definitely expect this one) – how much you pay for your plan. It’s typically taken out of your paycheck. Best case, you pay your premium and nothing else for care all year.
- **Copay** – a set amount you pay each time you go to the doctor or get a prescription.
- **Deductible** – the amount you have to pay before your plan pitches in (not counting your premiums). If your deductible is \$1,000, your plan will help pay the bills once you’ve paid \$1,000.
- **Coinsurance** – a percent of the cost you’re in charge of paying. For example, you might be responsible for 20 percent of an X-ray’s cost and your plan will cover the rest.
- **Out-of-pocket maximum** – the most you’ll pay for your care each year. Worst case, you pay your premium and hit your out-of-pocket max. Once you reach your max, your plan pays for the rest of your care.

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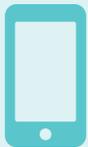
**HELPFUL TIP:** You can look up your plan’s specific amounts in a separate document called an SBC, or Summary of Benefits and Coverage.

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## Estimating your costs before you see the doctor

Just like comparing gas prices, you can compare health care costs. A myHealthPartners account can help you shop, plan and feel confident when you need care. You can:

- Search for doctors in your network
- Get cost estimates for care
- Find out where you’re at with your deductible or out-of-pocket maximum
- Compare pharmacy costs



Create an account or log on at [healthpartners.com](http://healthpartners.com) or the **myHP**mobile app. If you’re not a member yet or are looking at a new plan, Member Services can help too.

We’re here to help. Give us a call at **952-883-5000** or **800-883-2177**. Understanding your health plan is just the first way we’ll help you become your healthiest you.

# Copay/Deductible plan with a primary clinic



“I love to read. But I know reading about your health plan isn’t fun. Don’t worry – I’m specially trained to help break things down. Because as much as I love reading, I love helping people be healthy even more.”

HAYLEY, MEMBER SERVICES

## Here’s what’s great about this plan

Getting preventive care is one of the best ways to stay healthy. And it’s simple with this plan because you get to choose your primary clinic. When you get care there, you always get the best deal.

## It works like this

What you pay for care depends on what you need.

- Preventive care is paid for by your health plan when you see a doctor in your network.
- For something like an office visit to a specialist, chiropractor or therapist, you’ll pay a set dollar amount. That’s called a copay.
- For things like lab work, X-rays or a hospital stay, you’ll cover the cost up to a certain amount – your deductible. Once you hit that amount, you’ll only pay a portion of the bill. That’s called coinsurance. For example, you might pay 20 percent and your plan would pay the other 80 percent.
- 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.

## Some of what your plan helps pay for:

- Preventive care (no cost to you)
- Convenience and online care
- Specialty care
- Prescriptions

---

**THIS IS WORTH READING:** You won’t worry about paying out of pocket when you get your yearly recommended checkup, vaccines and screenings – they’re included as part of your plan.

---

## Connect with an entire clinic of doctors

Everyone on your plan gets to pick their own clinic and see any doctor within that clinic, including specialists. If you need care from someone outside your clinic, your doctor will help you with a referral. Check for your clinic or find a new one at [healthpartners.com/primaryclinic](http://healthpartners.com/primaryclinic).

See how much you’ll pay and what your plan will cover in your Summary of Benefits and Coverage (SBC). And remember, we’re here to help. Call us at **952-883-5000** or **800-883-2177**.

# Deductible plan with the Open Access network



“You know the saying, ‘There’s no such thing as a dumb question’? I’m always reminding members of this when they call in. Any question you have is most likely one someone else has had too.”

LINDA, MEMBER SERVICES

## Here’s what’s great about this plan

You have every reason to get your preventive care to stay healthy. It’s covered 100 percent. Not to mention, your favorite doctor is most likely in your network.

## It works like this

It’s pretty simple. This plan has a deductible. That’s the amount you pay for care before your plan helps cover costs.

After that, your plan will split the bill with you. That’s called coinsurance. For example, you might pay 20 percent and your plan would pay the other 80 percent.

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

## What your plan helps pay for

In-network preventive care is fully paid for by your health plan, even before you hit your deductible.

Here are some of the things your plan chips in on after you hit your deductible:

- Convenience and online care
- Specialty care (no referrals needed)
- Prescriptions

---

**MY TOP TIP:** Get your yearly recommended checkup, vaccines and screenings. It’s all covered by your plan!

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## You pick where you want to go

This plan has one of the biggest networks of doctors and clinics. Check for your doctor or find a new one at [healthpartners.com/openaccess](http://healthpartners.com/openaccess).

See how much you’ll pay and what your plan will cover in your Summary of Benefits and Coverage (SBC). And remember, we’re here to help. Call us at **952-883-5000** or **800-883-2177**.

# Skip the clinic trip



“Who has time to be sick? I know I don’t. That’s why I love telling people there’s a faster, easier way to get better, without squeezing in a trip to the doctor.”

**JULIE, NURSE NAVIGATOR**

## Get treated online

Save time and money. Get care right from your smartphone, tablet or computer. Here are two options your HealthPartners plan offers. Take it from me, I’ve used them myself.

### virtuwell.com

24/7 care from home, work or even in line for coffee

- **Easy.** Visit [virtuwell.com](http://virtuwell.com). Answer a few questions – anytime, anywhere.
- **Fast.** In 30 minutes or less, a board-certified nurse practitioner emails and texts your treatment plan, including any prescriptions.
- **Guaranteed.** You’re only charged if they can treat you. Have questions about your treatment plan? Unlimited follow-up calls are free. A visit is \$49 or less. Use your HealthPartners member ID card to check your cost at [virtuwell.com/cost/healthpartners](http://virtuwell.com/cost/healthpartners).

### Doctor On Demand

Video chat

- **Convenient.** Get started when and where it works for you at [doctorondemand.com](http://doctorondemand.com). Video capabilities required.
- **Quick.** See a doctor in minutes. Live video visits include assessment, diagnosis and prescriptions when necessary.
- **Affordable.** \$49 for the first 15 minutes. And \$49 for each additional 15 minutes.

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**HELPFUL HINT:** Member Services can tell you if your plan will pay for some or all of your visit. Call them at **952-883-5000** or **800-883-2177**.

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Next time you get sick, turn to your computer or mobile device to get better, faster. Try [virtuwell](http://virtuwell.com)® or [Doctor On Demand](http://doctorondemand.com).

# Help finding the best plan for you



“Wouldn't it be great to get an idea of your costs before you sign up for your health plan? I get calls from members all the time asking just that. Well, you asked and we listened.”

KALI, MEMBER SERVICES

## Plan for Me

The Plan for Me<sup>SM</sup> online tool can help you compare your plan options and potential costs – all based on your unique situation.

### It works like this

- Enter the age and gender for you and anyone else you want your plan to cover.
- Pick from a list of common conditions and medical procedures you think you might get.
- You'll get an estimate of your out-of-pocket costs.
- Plug in any medicines you're taking and see how they'll be covered.
- Check to see if your doctor is in-network.
- Once you've got the information you want, print out a summary or email it to yourself.

### Costs made clear. Choices made easy.

It's easy to get started.

Go to [healthpartners.com/planforme](http://healthpartners.com/planforme).

You'll need this information from your employer:

- Group number \_\_\_\_\_
- Site number \_\_\_\_\_
- Effective date (plan start date) \_\_\_\_\_

To get the best comparison, it's also helpful to have this information on-hand:

- Medicines you're taking
- Doctors, clinics or hospitals you use

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**MY ADVICE:** Plan for Me is awesome for comparing plans. But make sure you still check out your Summary of Benefits and Coverage (SBC) to see all your plan details before making your final choice.

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It's important to understand your options when planning for the future. We're here to help. Give us a call at **952-883-5000** or **800-883-2177**.



**2018-2019 Fridley ISD  
Group #3138**

The following provides an overview of your HealthPartners coverage. For exact coverage details consult a Group Membership Contract or Summary Plan Description or call Member Services at 952-883-5000 or 1-800-883-2177. To find a doctor in your network search here <https://www.healthpartners.com/hp/insurance/find-a-provider/group-medical/index.html> or call member services.

Medical Plan Highlights		HP Primary Clinic Plan		NationalONE Plan Open Access			
Partial listing of covered services	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
<b>Deductible and Out-of-Pocket</b>							
Lifetime Maximum	Unlimited	\$1 Million	Unlimited	\$1 Million	Unlimited	\$2 Million	
Calendar year deductible	None	\$300/single \$900/family	None	\$300/single \$900/family	\$1,000/single \$1,500/single +1 \$2,000/family	\$2,000/single \$2,500/single +1 \$3,000/family	
Calendar year medical out-of-pocket maximum	\$1,000/single \$2,000/family	\$4,000/single \$6,000/family	\$1,000/single \$2,000/family	\$4,000/single \$6,000/family	\$2,000/single \$2,500/single +1 \$3,000/family	\$5,000/single \$6,000/single +1 \$7,000 family	
<b>Preventive Healthcare</b>							
Routine physical & eye exams, well-child care	100% Coverage	You pay 100%	100% Coverage	You pay 100%	100% coverage	35% after Deductible	
Prenatal & postnatal care		25% after Deductible		25% after Deductible			
Immunizations		You pay 100%		You pay 100%			
<b>Office Visits</b>							
Illness or injury	\$20 Copay	25% after Deductible	\$20 Copay	25% after Deductible	20% after Deductible	35% after Deductible	
Physical, occupational and speech therapy							
Chiropractic care							
Mental / Chemical health care							
Allergy Injections	100% Coverage		100% Coverage		You pay nothing after Deductible		
<b>Convenience Care</b>							
Convenience clinics (retail clinics), eVisits	\$10 Copay	25% after Deductible	\$10 Copay	25% after Deductible	20% after Deductible	35% after Deductible	
Online Care - Virtuwel	First three visits free, then same as Convenience Care benefit	You pay 100%	First three visits free, then same as Convenience Care benefit	You pay 100%	First three visits free, then same as Convenience Care benefit	You pay 100%	
<b>Emergency Care</b>							
Care at an urgent care clinic or medical center	\$20 Copay	HealthPartners in-network Emergency Care benefit	\$20 Copay	HealthPartners in-network Emergency Care benefit	20% after Deductible	35% after Deductible	
Emergency care at a hospital ER & Ambulance	\$75 Copay		\$75 Copay			HealthPartners in-network benefit	
Ambulance	You pay 20%		You pay 20%				
<b>Inpatient Hospital Care</b>							
Illness or injury, mental/chemical health	\$100 per admission	25% after Deductible	\$100 per admission	25% after Deductible	20% after Deductible	35% after Deductible	
<b>Outpatient Care</b>							
Scheduled outpatient procedures	\$100 per admission	25% after Deductible	\$100 per admission	25% after Deductible	20% after Deductible	35% after Deductible	
Outpatient MRI and CT Scan	You pay 20%	25% after Deductible	You pay 20%	25% after Deductible			
<b>Durable Medical Equipment (DME)</b>							
DME & prosthetic devices	You Pay 20%	25% after Deductible	You Pay 20%	25% after Deductible	20% after Deductible	35% after Deductible	
<b>Pharmacy Highlights</b>							
Partial listing of covered services							
<b>Preferred Rx Formulary</b>		<b>Retail Pharmacy (up to a 30-day)</b>		<b>Retail Pharmacy (up to a 30-day)</b>		<b>Retail Pharmacy (up to a 30-day)</b>	
Rx Specialty Drugs	80% coverage up to \$200	25% after Deductible	80% coverage up to \$200	25% after Deductible	80% coverage up to \$200	35% after Deductible	
Generic preferred	You pay \$10		You pay \$10				
Brand preferred	You pay \$20		You pay \$20				
		<b>HealthPartners Mail Order</b>		<b>HealthPartners Mail Order</b>		<b>HealthPartners Mail Order</b>	
Generic preferred	You pay \$20	No coverage	You pay \$20	No coverage	You pay \$20	No coverage	
Brand preferred	You pay \$40		You pay \$40		You pay \$40		
<b>Cost</b>							
(Monthly Premium)	<b>Full Premium</b>	<b>Employee Cost</b>	<b>Full Premium</b>	<b>Employee Cost</b>	<b>Full Premium</b>	<b>Employee Cost</b>	<b>VEBA Contribution (District Funded)</b>
Single	\$779.60-\$779.60 =	<b>\$0.00</b>	\$820.65-\$779.60 =	<b>\$41.05</b>	\$680.95-\$680.95 =	<b>\$0.00</b>	\$98.65
Employee +1	\$1,395.60-\$1,130.44 =	<b>\$265.16</b>	\$1,469.10-\$1,130.44 =	<b>\$338.66</b>	\$1,219.03-\$1,059.03 =	<b>\$160.00</b>	\$71.41
Family	\$2,003.88-\$1,482.87 =	<b>\$521.01</b>	\$2,109.33-\$1,482.87 =	<b>\$626.46</b>	\$1,750.31-\$1,391.08 =	<b>\$359.23</b>	\$91.79

# Hi there!



“Did you know that your dentist can spot diseases and other things about your health just by looking in your mouth? That’s pretty neat. I want to help find a dental plan and dentist that’s best for you.”

CIARA, MEMBER SERVICES

Having healthy teeth is important to your overall health and well-being. The more you know about your dental plan, the easier it is to make good decisions for your health and your wallet. Here are the three ways I break it down for my friends and family:

## What you might have to pay

- **Premium** (you can definitely expect this one) – how much you pay for your dental plan. It’s typically taken out of your paycheck. Best case, you have healthy checkups and cleanings and only pay your premium all year.
- **Deductible** – the amount you have to pay before your plan pitches in (not counting your premiums). If your deductible is \$50, your plan won’t pay for your care until you’ve paid \$50.
- **Coinsurance** – a percent of the cost you’re in charge of paying. For example, you might be responsible for 20 percent of a filling’s cost and your plan will cover the rest.
- **Out-of-pocket** – all costs you’re in charge of paying after you reach your annual maximum. The annual max is the total amount your plan will pay for the year.

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**HELPFUL HINT:** You can look up your plan’s specific amounts in a separate document called an **SOB**, or **Summary of Benefits**.

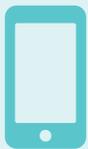
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## Finding where you can go

Can you see your favorite dentist and still get the best deal? You’ll generally pay the least when you get care that’s in network. Our website makes it easy to search for a dentist in your network. Visit the website listed in your plan overview.

## Keeping up year round

A myHealthPartners account can help you feel confident when you need care. You can see recent claims, check where you’re at with your deductible and annual maximum, and more.



Create an account or log on at [healthpartners.com](http://healthpartners.com) or the **myHP** mobile app. If you’re not a member yet or are looking at a new plan, Member Services can help too.

Questions? Don’t worry – we’re here to help. Give us a call at **952-883-5000** or **800-883-2177**. Understanding your dental plan is just the first way we’ll help you become a healthier you.

# Dental Distinctions<sup>SM</sup> plan



“In my experience, having a lot of choices can feel overwhelming. I talk to people who feel this way, too. So it’s great when I tell them Dental Distinctions gives them two great options to pick from. Easy!”

HAYLEY, MEMBER SERVICES

## Find your favorite dentist

You get to pick the care and dentist that’s right for your teeth and your wallet. Choose between two benefit levels:

### Benefit level 1

Your checkup will look at the health of your gums, how likely you are to get cavities and other areas important to your dental health. Since your mouth helps keep your whole body healthy, you may get extra care covered by your plan. Like more frequent teeth cleanings if you get regular cavities.

Visit any dentist at HealthPartners Dental Group or Park Dental clinics in the Twin Cities area.

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**MY FAVORITE PART:** Save money with lower out-of-pocket costs for benefit level 1.

---

### Benefit level 2

Pick and choose a dentist that works best for you. You’ve got lots of options.

Your out-of-pocket costs could be higher compared to benefit level 1, but your network is bigger.

Go to [healthpartners.com/dentaldistinctions](http://healthpartners.com/dentaldistinctions) to find a dentist.

## Your plan pays for some great things

With the Dental Distinctions plan you get:

- Preventive dental services covered 100 percent
- Extra care for your teeth covered 100 percent if you’re pregnant, or if you have diabetes and are at risk for gum disease
- Discounts on braces at top orthodontic providers in the Twin Cities area, such as HealthPartners Orthodontics, Orthodontic Care Specialists and Three Rivers Orthodontics
- Help covering the cost of other dental care at the amounts listed in your Summary of Benefits (SOB)

## It works like this

Preventive care is covered at no cost to you when you see a network dentist.

Extra work, like getting a cavity filled, will likely cost a deductible or coinsurance. Check your SOB for your specific amounts.

Remember that your dental plan has an annual maximum. It’s a bit different than your medical plan. Your dental plan max is the most your plan will pay for your dental care each year. You’re in charge of the rest.

We’re here to help keep your teeth healthy all year long. If you have questions about your dental plan, we can answer them. Just give us a call at **952-883-5000** or **800-883-2177**.



## Distinctions Dental Plan

Fridley ISD #14

07/01/2018

The following is an overview of your HealthPartners coverage. For exact coverage terms and conditions, consult your plan materials, or call Member Services at 952-883-5000 or 800-883-2177.

Plan highlights Partial listing of covered services	Benefit Level 1 Care from a network Benefit level 1 provider	Benefit Level 2 Care from a network Benefit level 2 provider	Out-of-Network Care from an out-of- network provider*
<b>Annual Maximum</b>	<b>Annual maximums are combined across all tiers</b>		
<b>Annual maximum</b>	Plan pays \$2,000 per calendar year	Plan pays \$1,500 per calendar year	Plan pays \$1,500 per calendar year
<b>Implant maximum</b> <i>included in annual maximum</i>	Plan pays \$500 per calendar year	Plan pays \$500 per calendar year	Plan pays \$500 per calendar year
<b>Deductible</b>	<b>Deductibles are combined across all tiers</b>		
- Applies to Basic Care, Special Care & Prosthetics	None	None	\$50 per person \$150 per family per calendar year
<b>Preventive and Diagnostic Care</b>			
- Teeth cleaning, exams, dental x-rays and fluoride treatments	You pay nothing	You pay nothing	You pay nothing
- Sealants	You pay nothing	You pay nothing	You pay 20%
<b>Basic Care</b>			
<b>Basic Care I</b>			
- Fillings (amalgam and anterior composite)	You pay nothing	You pay nothing	You pay 20%
- Posterior composite (white) fillings	You pay 20%	You pay 20%	You pay 50%
<small>You also pay the difference between the amalgam and composite fee</small>			
- Simple extractions	You pay nothing	You pay 10%	You pay 20%
- Non-surgical periodontics	You pay nothing	You pay 10%	You pay 20%
- Endodontics (root canal therapy)	You pay nothing	You pay 10%	You pay 20%
<b>Basic Care II</b>			
- Surgical periodontics	You pay nothing	You pay 10%	You pay 20%
- Complex oral surgery	You pay nothing	You pay 10%	You pay 20%
<b>Special Care</b>			
- Restorative crowns & onlays	You pay 10%	You pay 10%	You pay 20%
<b>Prosthetics</b>			
- Bridges, dentures & partial dentures	You pay 40%	You pay 40%	You pay 40%
- Dental implants	You pay 50%	You pay 50%	You pay 50%
<b>Orthodontic Services</b>			
<b>Orthodontic lifetime maximums are combined in and out-of-network</b>			
- Orthodontic care for all ages	No Coverage	No Coverage	No Coverage

\* If your out-of-network dentist charges more than the maximum allowable amount, you may be responsible for the difference.

### Emergency Care

Refer to the Group Dental Member Contract for coverage of emergency dental services.

**Diabetes and Pregnancy:** Additional periodontal services (exams, cleanings, scaling and root planing, and debridement) for our members who are diabetic and/or pregnant are covered at 100% in-network. Deductibles, annual maximums, and frequency limitations will be waived on these specific services for members referred into the program by a HealthPartners network dentist.

**Benefit Limitations**

- 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.
- Out-of-network dental services related to the replacement of any missing teeth prior to the member's effective date are not covered.

**Other Limitations: Applies to Benefit Level 2 and Out-of-Network**

- 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 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.
- Non-surgical and surgical periodontics limited to once in two years.
- Out-of-Network dental services related to the replacement of teeth missing prior to the member's effective date are not covered.

**THIS IS A BENEFIT SUMMARY SHEET ONLY. THIS DENTAL PLAN MAY NOT COVER ALL YOUR DENTAL CARE EXPENSES. FOR COMPLETE INFORMATION ABOUT BENEFITS AND SERVICES, ASK YOUR EMPLOYER OR CALL THE MEMBER SERVICES INFORMATION LINE AT 952-883-5000 OR CALL TOLL FREE AT 800-883-2177.**

### Monthly Premium for Dental Coverage

Coverage	Full Premium	Employee Cost
Single	\$42.50-\$42.50=	\$0.00
Employee +1	\$83.00-\$42.50=	\$40.50
Family	\$116.00-\$42.50=	\$73.50

*Our mission:*

*We seek to improve health and well-being in partnership with our members, patients and community.*

# Here for you, 24/7



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

**RACHEL, REGISTERED NURSE**

## Help is a phone call away

Like this: a man called because his chest felt heavy, his skin felt clammy, and he wasn't sure what to do. Scary, right?

The CareLine<sup>SM</sup> service nurse told him to hang up and call 911 right away – he was having a heart attack. An ambulance rushed him to the hospital for emergency surgery. Afterward, he called us to say thanks. He didn't realize how serious the situation was and was so grateful that we were there to give him advice.

Call us at one of the numbers below if you have questions about your health or what your plan covers. We have teams of people here to help.

CARELINE <sup>SM</sup> SERVICE NURSE LINE	MEMBER SERVICES	BABYLINE PHONE SERVICE
<p><b>For questions about:</b></p> <ul style="list-style-type: none"> <li>• Whether you should see a doctor</li> <li>• Home remedies</li> <li>• A medicine you're taking</li> </ul>	<p><b>For questions about:</b></p> <ul style="list-style-type: none"> <li>• Your coverage, claims or account balances</li> <li>• Finding a doctor, dentist or specialist in your network</li> <li>• Finding care when you're away from home</li> <li>• Health plan services, programs and discounts</li> </ul>	<p><b>For questions about:</b></p> <ul style="list-style-type: none"> <li>• Your pregnancy</li> <li>• The contractions you're having</li> <li>• Your new baby</li> </ul>
<p>24/7, 365 days a year <b>612-339-3663 or 800-551-0859</b></p>	<p>Monday – Friday, 7 a.m. – 7 p.m., CT</p> <p>Call the number on the back of your member ID card, <b>952-883-5000 or 800-883-2177</b>.</p> <p>Interpreters are available if you need one. Español: <b>866-398-9119</b></p> <p><b>healthpartners.com</b></p>	<p>24/7, 365 days a year <b>612-333-2229 or 800-845-9297</b></p>
MEMBER SERVICES CAN HELP YOU REACH:		
NURSE NAVIGATOR <sup>SM</sup> PROGRAM	PHARMACY NAVIGATORS	BEHAVIORAL HEALTH NAVIGATORS
<p><b>For questions about:</b></p> <ul style="list-style-type: none"> <li>• Understanding your health care and benefits</li> <li>• How to choose a treatment</li> </ul>	<p><b>For questions about:</b></p> <ul style="list-style-type: none"> <li>• Your medicines or how much they cost</li> <li>• Doctor approvals to take a medicine (prior authorization)</li> <li>• Your pharmacy benefits</li> <li>• Transferring medicine to a mail order pharmacy</li> </ul>	<p><b>For questions about:</b></p> <ul style="list-style-type: none"> <li>• Finding a mental or chemical health care professional in your network</li> <li>• Your behavioral health benefits</li> </ul>
<p>Monday – Friday, 8 a.m. – 5 p.m., CT</p>	<p>Monday – Friday, 8 a.m. – 5 p.m., CT</p>	<p>Monday – Friday, 8 a.m. – 5 p.m., CT</p>

# Manage your health on the go



“Life doesn’t always happen during business hours. Sometimes you have a question at 9 p.m. on a Friday when you can’t reach my team. That’s where your *myHealthPartners* account and *myHP* mobile app come in.”

LAUREN, MEMBER SERVICES

## Your plan at your fingertips

Want to check on a claim? Need to find an urgent care near your house?

These are just a couple of the things we help with every day. We love directing members like you to your online account and mobile app, especially since it means you can get help even when we’re not in the office.



### Top 5 ways to use your online account and mobile app

1. See recent claims and how much you owe.
2. Search for doctors in your network or near you.
3. Get cost estimates for treatments and procedures specific to your plan.
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. View your HealthPartners member ID card and fax it to your doctor’s office.

There’s so much more you can do. Signing up is easy!  
Learn more at [healthpartners.com/signupnow](http://healthpartners.com/signupnow).

# Get help with your medicine



“I like to think of managing medicines like creating a great meal. Just like there are many recipes, there are lots of ways to stay on track with your medicine. We can help you find the recipe that works best for you.”

MADELYN, PHARMACIST

## Get the most from your meds

You don't have to be a pharmacist to know when a medicine isn't working right. I had a patient on high cholesterol meds who then added a new blood pressure medicine. He started having terrible pain, so he stopped taking the new medicine.

That's where I came in. Turns out, it was a bad interaction. I got him on a different blood pressure medicine, and he was feeling better in no time.

## Talk with a pharmacist

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

Even if you feel fine, you might have questions about your medicines, like:

- Am I taking the right medicines for the best results?
- Are my medicines working together correctly?
- How can I stop side effects between my medicines and with the things I eat and drink?
- Can I save money?

Your health plan can do more than just help pay for visits to your doctor. Call Member Services at **952-883-5000** or **800-883-2177** for help with your prescription benefits.

## Shop around for the lowest cost

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

**healthpartners.com/pharmacy** to get started.

Log on to your *myHealthPartners* account to:

- Transfer your prescription from one pharmacy to another
- Learn about other ways to save, like generic medicines
- See how much you've spent on medicine this year

Don't have an account yet?

Visit **healthpartners.com/signupnow**.

# Medicine delivered to your door



“Many of my patients tell me they’re busy and it’s hard to get to the pharmacy every month. You might feel that way too. I have a solution: mail order pharmacy.”

KARAN, PHARMACIST

## Here’s what’s great about mail order pharmacy

- Your medicine gets shipped right to your mailbox within five days.
- You’ll never pay for shipping. It’s free.
- Refilling your medicine is easy with our online refill tool. You can easily change your address if you’re going to be out of town too.
- There’s no need to worry about your privacy. All orders are sent in a plain package.
- Safety is important to us. You’ll get the best quality medicine.



Wondering how much your medicine will cost? Visit [healthpartners.com/pharmacy](https://healthpartners.com/pharmacy) to learn how much you’ll pay at different pharmacies.

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**ADDED BONUS:** If you’re on a copay plan, you get three months of your medicine for the price of two months – that’s a 33 percent savings.

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## Take it one step further

Do you and your family have more than one medicine? Get everyone on the same schedule. Have all your medicines refilled and delivered on the same day with HealthPartners® Sync My Meds.

Plus, you can pay for everything at once. A pharmacist on my team will work with you to pick the day that works best.

Have questions about your mail order pharmacy benefits? Give us a call at **800-591-0011**. We’ll be happy to help.

# Know where to go



“It’s tempting to rush to the hospital when you need care now. But I’ve learned the hard way how much time and money that can cost. Use my notes below for help on where to go when it’s between ‘ouch’ and ‘OMG.’”

**BALQISA, REGISTERED NURSE**

WHEN YOU NEED	GO TO	AVERAGE COST	AVERAGE TIME SPENT
Health advice from a nurse for: <ul style="list-style-type: none"> <li>• Where to go for care</li> <li>• At-home remedies</li> </ul>	<b>CareLine<sup>SM</sup> service</b> Call 24/7 at <b>612-339-3663</b> or <b>800-551-0859</b>	Free	
Treatment and prescriptions for minor medical issues, like: <ul style="list-style-type: none"> <li>• Bladder infection</li> <li>• Pink eye</li> <li>• Upper respiratory infections</li> </ul>	<b>virtuwell<sup>®</sup></b> or <b>Doctor On Demand*</b> 24/7 online care	\$	
	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"> <li>• Diabetes management</li> <li>• Vaccines</li> </ul>	Primary care clinics	\$\$	
Care for urgent problems when your doctor’s office is closed, like: <ul style="list-style-type: none"> <li>• Cuts that need stitches</li> <li>• Joint or muscle pain</li> </ul>	Urgent care clinics	\$\$\$	
Help in an emergency, such as: <ul style="list-style-type: none"> <li>• Chest pain or shortness of breath</li> <li>• Head injury</li> </ul>	Emergency room	\$\$\$\$	

**PS: If you’re still not sure where to go, a CareLine service nurse can help. Just give us a call.**

virtuwell is available anywhere in the United States to residents of AZ, CA, CO, CT, IA, MI, MN, NY, ND, PA, VA and WI. Doctor On Demand is available in all states except AR.

# Healthy choices = hefty savings



“I’m a health coach with a home mortgage. I know what a difference being healthy can make in your life and how a little support – and savings – can be a big help.”

SARA, HEALTH COACH

## Save money at your favorite gym

Work out 12 days or more each month and you’ll save up to \$20 per person on your monthly membership.

Participating gyms include:

- Anytime Fitness\*
- Curves
- LA Fitness
- Life Time Fitness
- Snap Fitness
- And more!

## Get discounts at other places too

Just show your member ID card to save money at loads of places to help you live a little healthier.

You can save money on:

- Eyewear
- Fitness and wellness classes
- Healthy eating programs and delivery services
- Healthy mom and baby products
- Orthodontics
- Pet insurance
- Recreational equipment
- Spa services
- Swim lessons
- And more!

Saving money is one more way we can help you live a healthier life. Visit [healthpartners.com/discounts](http://healthpartners.com/discounts) to see all the places where you can get big savings.



## NEW! Take care of your furry family too

We treat our pets like family, so why not cover their health care costs? Save up to 15 percent on pet insurance. There are many coverage and cost levels to choose from, so pick the one that works best for your family.

\*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.

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

## 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:

- Concurrent inpatient review and care coordination to support safe, timely care and transition from the hospital
- Outpatient case management to provide care coordination
- Best practice care guidelines for certain kinds of care
- CareCheck® program

We require prior approval for a small number of services and procedures. For a complete list, go to [healthpartners.com](http://healthpartners.com) or call Member Services. You must call CareCheck at 952-883-5800 or 800-942-4872 to receive maximum benefits when using out-of-network providers for inpatient hospital stays; same-day surgery; new or experimental or reconstructive outpatient technologies or procedures; durable medical equipment or prosthetics costing more than \$3,000; home health services after your visits exceed 30; and skilled nursing facility stays. Benefits will be reduced by 20 percent if CareCheck is not notified.

## 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](http://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.

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, call Member Services at 952-883-5000 or 800-883-2177.