

Your health plan

2021 Open Enrollment

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Here to be your partner

We are 26,000 partners strong, working together to support your health every day. For you, it's a top-rated Member Services team – here to help you understand your plan and answer your questions. It's a plan you can understand, benefits that benefit you, and a commitment to lower costs. Partnership – it means we're in this together.



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.

Deductible plan with the Open Access network

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

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**

What you'll pay

Deductible, then coinsurance

This plan has a deductible. That's the amount you pay for care before your plan helps cover costs.

After that, your plan splits the bill with you. That's called coinsurance. For example, you might pay 20% and your plan would pay the other 80%.

Out-of-pocket maximum

Once you reach a limit, called an out-of-pocket maximum, you don't pay any more. Your health plan pays for all in-network care.

What your plan pays for

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

After you hit your deductible, your plan chips in on things like:

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

TIP: Get your yearly checkup, vaccines and screenings. They're all covered by your plan.

Plan highlights

We've partnered with thousands of doctors across the country. Stay in the Open Access network to keep your costs low.

Where you can get care

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

Copay/Coinsurance plan with the Open Access network

This plan gives you the predictability of a copay on most services and the freedom to choose the doctor that works best for you.

What you'll pay

Copay

A copay is a set amount you pay when you visit the doctor or pick up a prescription. The amount depends on where you get care – like at a clinic, urgent care or the ER.

Coinsurance

You might have to pay a portion of services that aren't covered with a copay. This is called coinsurance. For example, you might pay 20% of the cost of an MRI and your plan would cover the remaining 80%.

Out-of-pocket maximum

This puts a cap on what you have to pay during the year. Once you reach that limit, all in-network care is paid for by your health plan.

Your plan helps pay for

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

Plan highlights

You won't be surprised by how much you'll pay. Your copays are listed on your member ID card. Plus, when looking for a doctor, there's no referral needed.

TIP: You don't pay out of pocket for in-network preventive care. So schedule your yearly recommended checkup, vaccines and screenings.

Where you can get care

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

How to get more info

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

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.** 99% of Virtuwell users say it's simple and 98% highly recommend it. Answer a few questions at **virtuwell.com** anytime, anywhere.*
- **Fast.** In about one hour, get a treatment plan and prescription. Nurse practitioners treat more than 60 common conditions. You could save an average of 2.5 hours by using Virtuwell and avoiding in-person visits.
- **Guaranteed.** You're only charged if Virtuwell can treat you, plus unlimited follow-up calls about your treatment are free. If you need to come in person, we will let you know, but it's not usually needed.
- **Affordable.** A visit is \$59 or less. 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 \$59 or less.**



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 to go in for regular checkups and screenings. If there are any issues, you can catch them early – when treatment is most effective.

Preventive care includes:

- Alcohol, tobacco and weight screenings
- Blood pressure, diabetes and cholesterol tests
- Colorectal, breast and cervical cancer screenings
- Routine pre- and post-natal care
- Vaccines
- Well-child visits
- 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

Find the best plan with Plan for MeSM

This online tool helps you compare your plan options and potential costs – all based on your unique situation.

Questions about benefits?

Call **952-883-5000** or **800-883-2177** to get help and understand your options.

How it works

- Enter the age and gender for you and anyone else you want your plan to cover.
- Check to see if your doctor, clinic or hospital is in network.
- Enter any medicines you're taking and see how they'll be covered.
- Pick from a list of common health conditions, medical events and care visits.
- You'll get an estimate of your out-of-pocket costs and can compare available plans.
- Once you have the information you want, print out a summary or email it to yourself.

Get started

It's easy. Go to **healthpartners.com/planforme**.

You'll need this information:

- Group number: 3138
- Site number: 0
- Effective date (plan start date)
 - 07/01/2021

To get the best comparison, it's also helpful to know:

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



Plan for Me is awesome for comparing plans. Make sure you check out your Summary of Benefits and Coverage (SBC) also to see all your plan details before making your final choice.

Alec, Member Services

Medical Plan Highlights	Classic Plan \$20 Copay Plan		National One High Deductible Plan		
The network for both plans is the HP Open Access Network.					
Partial listing of covered services	In Network	Out of Network	In Network	Out of Network	
Deductible and Out-of-Pocket					
Lifetime Maximum	Unlimited	\$1 Million	Unlimited	\$2 Million	
Plan year deductible (non-embedded)	None	\$300 single	\$1,000 single	\$2,000 single	
		\$900 family	\$1,500 single +1 \$2,000 family	\$2,500 single +1 \$3,000 family	
Plan year medical out-of-pocket maximum	\$1,000 single	\$4,000 single	\$2,000 single	\$5,000 single	
	\$2,000 family	\$6,000 family	\$2,500 single +1 \$3,000 family	\$6,000 single +1 \$7,000 family	
Preventive Healthcare					
Routine physical & eye exams, well-child care	100% Coverage	You pay 100%	100% coverage	35% after Deductible	
Prenatal & postnatal care		25% after Deductible			
Immunizations		You pay 100%			
Office Visits					
Illness or injury	\$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		You pay nothing after Deductible		
Convenience Care					
Convenience clinics (retail clinics), eVisits	\$10 Copay	25% after Deductible	20% after Deductible	35% after Deductible	
Online Care - Virtuwell	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%	
Emergency Care					
Care at an urgent care clinic or medical center	\$20 Copay	HealthPartners in-network Emergency Care benefit	20% after Deductible	35% after Deductible	
Emergency care at a hospital ER & Ambulance	\$75 Copay			HealthPartners in-network benefit	
Ambulance	You pay 20%				
Inpatient Hospital Care					
Illness or injury, mental/chemical health	\$100 per admission	25% after Deductible	20% after Deductible	35% after Deductible	
Outpatient Care					
Scheduled outpatient procedures	\$100 per admission	25% after Deductible	20% after Deductible	35% after Deductible	
Outpatient MRI and CT Scan	You pay 20%	25% after Deductible			
Durable Medical Equipment (DME)					
DME & prosthetic devices	You pay 20%	25% after Deductible	20% after Deductible	35% after Deductible	
Pharmacy Highlights					
Partial listing of covered services					
Preferred Rx Formulary	Retail Pharmacy (up to a 30-day supply or one cycle of oral contraceptives)		Retail Pharmacy (up to a 30-day supply or one cycle of oral contraceptives)		
Rx Specialty Drugs	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		
	HealthPartners Mail Order Pharmacy (up to a 90-day supply)		HealthPartners Mail Order Pharmacy (up to a 90-day supply)		
Generic preferred	You pay \$20	No coverage	You pay \$20	No coverage	
Brand preferred	You pay \$40		You pay \$40		
Cost					VEBA Contribution
(Monthly Premium)	Full Premium	Employee Cost	Full Premium	Employee Cost	(District Funded)
Single	\$807.12-\$807.12	\$0.00	\$704.99 - \$704.99	\$0.00	\$102.13
Employee + 1	\$1,444.86 - \$1,170.34	\$274.52	\$1,262.06 - \$1,096.41	\$165.65	\$73.93
Family	\$2,074.62 - \$1,535.22	\$539.40	\$1,812.10 - \$1,440.19	\$371.91	\$95.03

Dental DistinctionsSM plan

A healthy mouth may help decrease the risk of diabetes, heart attacks and strokes. That's why our dental plans cover 100% of all in-network preventive care.

How to get more info

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

TIP: By seeing a dentist in benefit level 1, you may get extra care covered by your plan. Like more frequent teeth cleanings if you get a lot of cavities.

What your plan pays for

Preventive care is covered at no cost to you when you see a network dentist. It also helps cover:

- HealthPartners MouthWise Matters – extra exams, gum care and cleaning are covered 100% if you're pregnant, or if you have diabetes and are at risk of gum disease
- Discounts on braces at top orthodontic doctors in the Twin Cities area, such as HealthPartners Orthodontics, Orthodontic Care Specialists and Three Rivers Orthodontics
- The cost of other dental care at the amounts shown in your Summary of Benefits

What you'll pay

Deductible or coinsurance

Things like getting a cavity filled might cost a deductible. That's the amount you have to pay before your plan helps with the cost. There's also coinsurance, which is a percent of the bill.

Annual maximum

Your dental plan max is a bit different than your medical plan. It's the most your plan will pay for dental care each year. You're in charge of the rest.

Plan highlights

This plan has two benefit levels. Benefit level 1 is a narrow network where you'll get great care with low out-of-pocket costs. Benefit level 2 is where you'll find more dentists, but your out-of-pocket costs could be higher.

Where you can get care

Pick the care and dentist that's right for your teeth and your wallet.

Benefit level 1

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

Benefit level 2

Get lots of clinic options so you can choose the dentist that works best for you.

The following is an overview of your HealthPartners coverage. For exact coverage terms and conditions, consult your plan materials.

Plan highlights	In-network	Out-of-Network
Partial listing of covered services	<u>Level 1:</u> Care from HealthPartners Dental Group and Park Dental <u>Level 2:</u> Care from remaining PPO network	Care from an out-of-network provider *
Dental Plan Parameters	Annual Maximums & Deductibles are combined across all tiers	
- Annual maximum	Level 1: \$2,000 per plan year Level 2: \$1,500 per plan year	\$1,500 per plan year
- Individual Deductible (Applies to Basic Care, Special Care & Prosthetics)	Level 1: None Level 2: None	\$50
- Family Deductible (Applies to Basic Care, Special Care & Prosthetics)	Level 1: None Level 2: None	\$150
Implant maximum <i>included in annual maximum</i>	Level 1: \$500 Level 2: \$500	\$500
Preventive and Diagnostic Care		
- Teeth cleaning, exams, dental x-rays and fluoride treatments	Level 1: 100% Level 2: 100%	100%
- Sealants	Level 1: 100% Level 2: 100%	80%
Basic Care		
Basic Care I		
- Fillings (amalgam and anterior composite)	Level 1: 100% Level 2: 100%	80%
- Posterior composite (white fillings)	Level 1: 80% Level 2: 80%	50%
- Simple extractions	Level 1: 100% Level 2: 90%	80%
- Non-surgical periodontics	Level 1: 100% Level 2: 90%	80%
- Endodontics (root canal therapy)	Level 1: 100% Level 2: 90%	80%
Basic Care II		
- Surgical periodontics	Level 1: 100% Level 2: 90%	80%
- Complex oral surgery	Level 1: 100% Level 2: 90%	80%
Special Care		
- Restorative crowns & onlays	Level 1: 90% Level 2: 90%	80%
Prosthetics		
- Bridges, dentures & partial dentures	Level 1: 60% Level 2: 60%	60%



Plan highlights	In-network	Out-of-Network
- Dental implants	Level 1: 50% Level 2: 50%	50%
Orthodontic Services	Orthodontic lifetime maximums are combined in and out-of-network	
- Orthodontic care for all ages	Level 1: NO COVERAGE Level 2: 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
<ul style="list-style-type: none"> - 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. - 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 missing teeth prior to the member's effective date are covered when services are performed by a provider in the HealthPartners Dental Open Access Network. - Non-surgical and surgical periodontics limited to once in two years.
<p>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 1-800-883-2177.</p>

Our mission:

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

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

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 7 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 6 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 *myHealthPartners* 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 place. No more guessing or waiting until business hours to get answers to your questions.

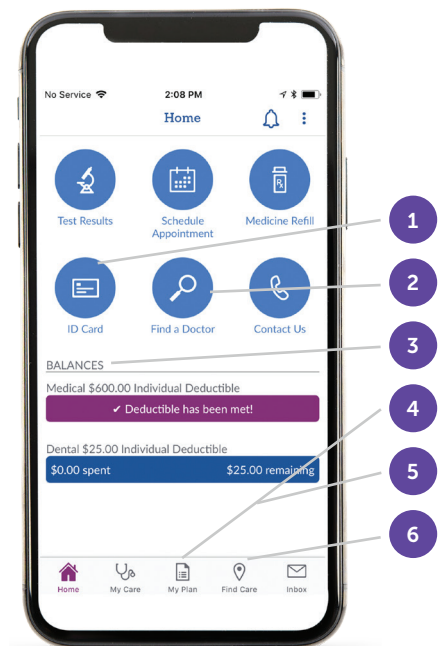
Sign in to your account

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. View your HealthPartners member ID card and fax it to your doctor's office.
2. Search for doctors near you in your plan's network.
3. 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).
4. Compare pharmacy costs to find the best place to get your medicines.
5. See recent claims, what your plan covered and how much you could owe.
6. 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.

Annie, Pharmacy Navigator

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 Convenience clinics (found in retail and grocery stores)	\$	15 minutes
A regular checkup or special care during the day for things like: <ul style="list-style-type: none"> Diabetes management Vaccines 	Primary care clinics	\$\$	30 minutes
Care for urgent problems when your doctor's office is closed, like: <ul style="list-style-type: none"> Cuts that need stitches Joint or muscle pain 	Urgent care clinics	\$\$\$	45 minutes
Help in an emergency, such as: <ul style="list-style-type: none"> Chest pain or shortness of breath Head injury 	Emergency room	\$\$\$\$	60 minutes



Still not sure where to go? We'll help you figure out the best place based on the urgency of your care needs. Call CareLine at **800-551-0859**.
Rachel, Registered Nurse, CareLine

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

Live your best life

We can help you get healthy and live better, no matter what your goals are. These programs and resources are free for HealthPartners members.

If you want to	You can	Here's how
Quit smoking	Talk with a health coach	Call 800-311-1052
Eat better	Find tasty recipes	Visit powerup4kids.org
Manage your weight	Talk with a health coach if you're an adult with a body mass index of 30 or greater	Call 952-883-7800
Save money	Get discounts on exercise equipment, eyeglasses and more	Visit healthpartners.com/discounts
Meet other people like you	Sign up for a class or group session for things like asthma, car seat clinics, weight loss and more	Visit healthpartners.com/classes
Get your health questions answered	Talk with a nurse 24/7	Call 800-551-0859
	Search health topics or use a symptom checker	Visit healthpartners.com/healthlibrary
Make sure you're getting the right care	Talk with a nurse to figure out what care is best for you	Call Member Services at the number on the back of your member ID card. Ask for a nurse navigator.
Make sure your medicine is working the way it should	Talk with a pharmacist	Visit healthpartners.com/mtminfo

Enjoy the life you want

Find even more support at
healthpartners.com/livingwell



You're busy and it's hard to find time to do the healthy stuff you want. We get it. We can help.

Sara, Health Coach

YouPower | 2021-2022 overview

Eligible Participants

- Members: Policyholder, spouse
 - Actives, early retirees

Incentive

- Policyholder must complete the health assessment by 5/31/2022 for a donation of \$50 towards a charity
 - Spouses are optional
 - Charity options: NAMI, Feeding America, March of Dimes

Program Components

- Health Assessment
- Health phone coaching
- Other activities:
 - Choose to Lose
 - Go for Fruits & Veggies
 - Healthy Thinking
 - Smart Sugar
 - Tackle Stress
 - Vape: Think Twice
- Online Trackers
 - 10,000 Steps®
 - Sleep Tracker
 - Stress Tracker
- Wellbeats – on-demand fitness classes

Important Program Dates and Timeline

- 07/01/2021: health assessment and activities open date
- 05/31/2022: incentive qualification end date (hard deadline to reach incentive)
- 06/30/2022: last day to access health assessment and activities

Aggregate Reports

The following reports will be sent to each group

- Monthly engagement reports: August-June
 - Delivered the first full week of the month
- Health Assessment Summary Report: June/July
 - If 50 participants complete the health assessment

Communications

- Communications for the 2021/2022 YouPower program will be provided to each group through a YouPower branded/customized toolkit

Move more, pay less

Achieve your fitness goals without breaking the bank. Get on-demand fitness classes or discounts on gym memberships, just by being a HealthPartners member.

Free online fitness classes

Wellbeats

Offers fitness classes anytime, anywhere on-demand. This activity will be available to you through your health and well-being experience.

Discounts on gym memberships

GlobalFit's Gym Network 360

Provides discounts on memberships at more than 9,000 fitness centers, weight loss programs and wellness brands.

The Active&Fit Direct™ program

Offers more than 9,000 fitness centers nationwide for a flat monthly fee.

We're here for you

Manage your health and your plan at **healthpartners.com** or the myHP app.

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

TIP: After you sign in to your HealthPartners online account, get started by selecting the *Living Well* tab. If you need help, give us a call at **800-311-1052**.

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.

Save big by showing your member ID card to participating retailers.

Save money on

- Eyewear
- Exercise equipment
- Fitness and well-being classes
- Healthy eating delivery services
- 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 9,000 fitness centers, weight loss programs and wellness brands.

The Active&Fit Direct™ program

Offers more than 9,000 fitness centers nationwide for a flat monthly fee.

See where you can save

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



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.

Lauren, Member Services

Employee Assistance Program (EAP)

Find balance with everyday support

Get support and resources to help you in a wide range of stressful situations. It's free and completely confidential.

Your EAP has your back 24/7

Whether you're facing a challenge at work or looking for options to support a sick parent, your EAP is always here to help.

Get support with:

- Adopting a child
- Finding child care
- Grieving
- Knowing your legal options
- Making a budget
- Managing stress
- And more!

Use your EAP anytime

- **Call 866-326-7194**
- **Log on to hpeap.com** and chat through instant message (ask your employer or call your EAP to get your password)
- **Download the iConnectYou mobile app** (ask your employer or call your EAP to get your app passcode)



Members are often surprised how much support is available through their Employee Assistance Program. It's a great benefit I encourage everyone to take advantage of.

Jonathan, Member Services

Assist America®

Travel anywhere, worry-free

Whether you're traveling abroad or just out of town for the weekend, you can feel confident you're in good hands when the unexpected happens.

Get 24/7 help

Assist America provides all the support you need when you're more than 100 miles from home.

- Coordinating transport to care facilities or back home
- Filling lost prescriptions
- Finding good doctors
- Getting admitted to the hospital
- Pre-trip info, like immunization and visa requirements
- Tracking down lost luggage
- Translator referrals
- And more!

How to get started

- Download your **Assist America ID card** at healthpartners.com/getcareeverywhere
- Get the **Assist America app** and enter HealthPartners reference number **01-AA-HPT-05133**



The Assist America mobile app makes traveling much easier. You can make calls right from the app when you need support.

Jamie, Member Services

Our approach to protecting personal information

HealthPartners® complies with all applicable laws regarding privacy of health and other information about our members and former members. When needed, we get consent or authorization from our members (or an authorized member representative when the member is unable to give consent or authorization) for release of personal information. We give members access to their own information consistent with applicable law and standards. Our policies and practices support compliant, appropriate and effective use of information, internally and externally, and enable us to serve and improve the health of our members, our patients and the community, while being sensitive to privacy. For a copy of our Notice of Privacy Practices, visit our website or call Member Services.

Summary of utilization management programs for medical plans

Our utilization management programs help ensure effective, accessible and high-quality health care. These programs are based on the most up-to-date medical evidence to evaluate appropriate levels of care and establish guidelines for medical practices. Our programs include activities to reduce the underuse, overuse and misuse of health services.

THESE PROGRAMS INCLUDE:

- Progression of care review and care coordination to support safe, timely care and transition from the hospital.
- Outpatient case management to provide member support and coordination of care.
- Evidence-based care guidelines for certain kinds of care.
- Prior authorization of select services – we require prior approval for a small number of services and procedures. For a complete list, visit our website or call Member Services.

Benefit limitations for dental plans

After you enroll, you'll receive plan materials that explain exact coverage terms and conditions. This plan doesn't cover all dental care expenses. In general, services not provided or directed by a licensed provider aren't covered.

HERE IS A SUMMARY OF EXCLUDED OR LIMITED ITEMS (THESE MAY VARY DEPENDING ON YOUR PLAN):

- Coverage for dental exams limited to twice each calendar year.
- Coverage for dental cleanings (prophylaxis or periodontal maintenance) limited to twice each calendar year.
- Sealants limited to one application per tooth once every three years.
- Coverage for professionally applied topical fluoride limited to once each calendar year for members under age 19.
- Coverage for bitewing X-rays limited to once each calendar year.
- Full mouth or panoramic X-rays limited to once every three years.
- Oral hygiene instruction limited to once per enrollee per lifetime.
- Coverage for space maintainers limited to replacement of prematurely lost primary teeth for dependent members under age 19.
- Replacement of crowns and fixed or removable prosthetic appliances limited to once every five years.
- Certain limitations apply to repair, rebase and relining of dentures.
- Dental services related to the replacement of any teeth missing prior to the member's effective date are covered when services are performed by a provider in the HealthPartners dental network.
- Non-surgical and surgical periodontics limited to once every two years.

Appropriate use and coverage of prescription medicines for medical plans

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

TO HELP US DO THIS, WE USE:

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

The formulary is available at healthpartners.com/formulary, along with information on how medicines are reviewed, the criteria used to determine which medicines are added to the list and more. You may also get this information from Member Services.

Important information on provider reimbursement

Our goal in reimbursing providers is to provide affordable care for our members while encouraging quality care through best care practices and rewarding providers for meeting the needs of our members. Several different types of reimbursement arrangements are used with providers. All are designed to achieve that goal. Check with your individual provider to find out how they are paid.

ARRANGEMENTS USED FOR MEDICAL PLANS:

- **Fee-for-service** – the health plan pays the provider a certain set amount that corresponds to each type of service furnished by the provider.
- **Discount** – the provider sends us a bill, and we've already negotiated a reduced rate on behalf of our members. We pay a predetermined percentage of the total bill for services.
- **Case rate** – the provider receives a set fee for a selected set of services, up to an agreed upon maximum amount of services, for a designated period of time. Alternatively, we may pay a case rate to a provider for all of the selected set of services needed during an agreed upon period of time.
- **Withhold** – a portion of the provider's payment is set aside until the end of the year. Withholds are sometimes used to pay specialty, referral or hospital providers who furnish services to members. The provider usually receives all or a portion of the withhold based on performance of agreed upon criteria, which may include patient satisfaction levels, quality of care and/or care management measures.
- **Basis of the diagnosis/per diem** – a set fee to treat certain kinds of conditions, sometimes based on the number of days the patient spent in the facility.
- **Ambulatory Payment Classifications (APCs)** – for outpatient services. We have a negotiated payment level based on the resources and intensity of the services provided. Hospitals are paid a set fee for certain kinds of services which is based on the resources utilized to provide that service.
- **Combination** – more than one of the methods described are used. For example, we may pay a case rate to a provider for a selected set of services, up to an agreed upon maximum amount of services, and pay that same provider on a fee-for-service basis for services not provided within the time period that exceed the maximum amount of services. We may also pay a provider such as a clinic using one type of reimbursement method, while that clinic may pay its employed providers using another reimbursement method.

ARRANGEMENTS USED FOR DENTAL PLANS:

- **Fee-for-service** – the health plan pays the provider a certain set amount that corresponds to each type of service furnished by the provider.
- **Discount** – the provider sends us a bill, and we've already negotiated a reduced rate on behalf of our members. We pay a predetermined percentage of the total bill for services.
- **Salary** – with a possible additional payment made based on performance criteria, such as quality of care and patient satisfaction measures.
- **Capitated** – the provider group receives a set fee for each month for each member enrolled in the provider group's clinic, regardless of how many or what type of services the member actually receives. Provider groups are required to manage the budget for their entire patient panel appropriately.
- **Combination** – more than one of the methods described are used. For example, we may capitate a provider for certain types of care and pay that same provider on a fee-for-service basis for other types of care. We may also pay a provider such as a clinic using one type of reimbursement method, while that clinic may pay its employed providers using another reimbursement method.

Conducting medical necessity reviews

HealthPartners conducts medical necessity reviews for select services. These reviews ensure our members receive safe and effective care that aligns with the coverage outlined in the member's contract. Medical necessity reviews can be conducted pre-service, before the service takes place; post-service, after the service has happened; or concurrently, while the service is taking place. Contracted providers are responsible for obtaining prior authorization from the health plan when it is required. Services that require prior authorization are listed on our website. Prior authorization is not required for emergency services. HealthPartners will inform both you and your provider of the outcome of our review.

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