



2020 HealthPartners Atlas plans

For individuals and families who buy
their own insurance



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. Here are some tips.

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.
- **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 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 a *myHealthPartners* account, you can shop, plan and feel confident when you choose care. We'll also send you tips to save money and live healthier.

- Search for doctors in your network
- Get cost estimates for care
- Check your deductible or out-of-pocket maximum spending
- Compare prescription costs
- Manage your health with the myHP mobile app

Everyone's health and financial situation is a little different. Call **952-883-5599** or **877-838-4949** and we'll help you make choices you'll feel good about.

Or call your broker. They can also help you pick the best plan for you and your family.



I'm thankful I had someone to help me understand my own plan options. I can walk you through yours now, so you can find the plan that's right for you.

Sara, Sales Manager

All about Atlas

What is the Atlas network?

The Atlas network is for people who live in western Wisconsin who prefer to pay less each month and access a smaller network. All Atlas providers are covered in-network and do not require a referral. If you need care that's medically necessary and it can't be delivered by the Atlas network, your provider will work with us to get you the care you need.

It includes any HealthPartners family of care clinic or hospital, like:

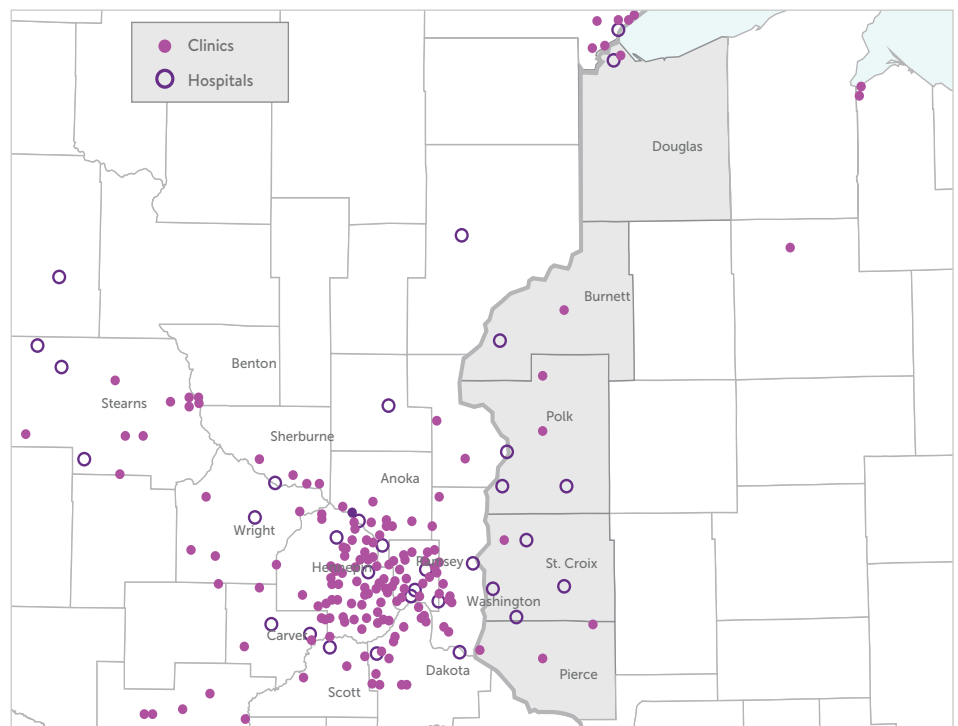
- Amery Hospital & Clinic
- Hudson Hospital & Clinic
- Lakeview Hospital
- Methodist Hospital
- North Suburban Family Physicians
- Park Nicollet Clinic
- Physicians Neck & Back Center
- Regions Hospital
- Riverway Clinic
- Stillwater Medical Group
- Westfields Hospital & Clinic

It also includes other top-notch providers, like:

- Burnett Medical Center
- Essentia Health
- Hudson Physicians
- St. Luke's Health System
- Vibrant Health Family Clinics
- And more!

When you need care, search the Atlas network 24/7 by visiting healthpartners.com/atlasnetwork. Or call Member Services.

And remember, you get unlimited* **virtuwell®** 24/7 online clinic visits at no additional cost, which are always in the network!



Choosing your plan

You have a variety of plan options. Metal levels are an easy way to compare them.

AtlasSM Gold plan

Perfect if:

- You expect your family to visit the doctor six or more times per person, per year.
- You're comfortable paying a higher monthly premium and want lower costs when you get care.

And you want:

- Unlimited copays for convenience care and office visits.
- Generic medicines with copays for as low as \$5. Find your medicine on the formulary to see how much you'll pay.
- Unlimited virtuwell® visits at no additional cost. You'll feel better faster with this 24/7 online clinic.

AtlasSM Silver plan

Perfect if:

- You expect your family to visit the doctor less than six times per person, per year.
- You'd rather pay a higher premium each month and less when you get care.

And you want:

- Unlimited virtuwell® visits at no additional cost. You'll feel better faster with this 24/7 online clinic.
- Three office visits per year for a copay.
- Convenience care at CVS Minute Clinic or Target Clinic for the low cost of your copay.

AtlasSM Bronze plan

Perfect if:

- You and your family are pretty healthy and you don't expect to visit the doctor much. You want protection against major illnesses or accidents.
- You'd rather pay a lower monthly premium and more when you get care.

And you want:

- Unlimited virtuwell® visits at no additional cost. You'll feel better faster with this 24/7 online clinic.

AtlasSM Catastrophic plan

Perfect if:

- You're under 30 years old or have an Affordability or Hardship Certificate of Exemption. Find the form at healthpartners.com/atlas.
- You're very healthy and only need protection against major illnesses or accidents.
- You'd rather pay a little each month and higher costs when you receive care.

And you want:

- Three primary care office visits per year for a copay.
- To use your three visits at virtuwell® at no additional cost. The 24/7 online clinic will take care of you from the comfort of your home.

| | | | | | |
|--------------|----|----|----|----|----|
| GOLD | \$ | \$ | \$ | \$ | \$ |
| SILVER | \$ | \$ | \$ | \$ | \$ |
| BRONZE | \$ | \$ | \$ | \$ | \$ |
| CATASTROPHIC | \$ | \$ | \$ | \$ | \$ |

What you pay each month (premium)

What you pay for care (deductible and copay)

Another option: HSA plans

Here's what's great about an HSA plan

A health savings account (HSA) puts you in control of your health plan. With an HSA, you can set aside pre-tax money for unexpected health care costs. And saving is easy, too, with lower premiums to pay each month.

It works like this

HSA plans usually have lower premiums – that's the amount you pay for your plan, whether or not you get care. But the trade-off is a higher deductible. So while your paycheck doesn't take as big a hit, you'll have to pay more for care before your plan kicks in.

Here's some of what your plan helps pay for:

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

You can use your HSA money for:

- Doctor visits
- Lab fees
- Prescription medicines
- Dental care and braces
- Vision care and LASIK surgery
- Medical equipment you use at home

They're perfect if:

- You want a bronze or silver level plan.
- You're great at managing your finances and want to save money on your taxes.

And you want:

- Choices. You'll have two deductible options. Whether you're expecting a lot of trips to the doctor or just a few, you have the power to choose what fits your life.

HERE'S A HINT: Add up what you spent on these things last year to get an idea of how much you might want to put in your HSA in the coming year.

Here's the trick: Put some of the money you're saving on premiums in your HSA. Then use your HSA to pay your deductible and your share of coinsurance after that, if you have it.

AtlasSM Gold plan Summary of Benefits

| Benefit | Atlas Gold plan |
|---|--|
| | Atlas \$1,000 w/Copay Gold |
| Calendar year deductible This is what you pay before your plan starts paying | \$1,000 per person \$2,000 family maximum Out of network: \$20,000 per person \$40,000 family maximum |
| Coinsurance This is what you pay after your deductible is met | You pay 20% Out of network: You pay 50% |
| Calendar year out-of-pocket maximum You'll never have to pay more than this amount | \$7,600 per person \$15,200 family maximum Out of network: No maximum |
| Preventive care Includes checkups and immunizations for you and your family to stay healthy | You pay nothing |
| Convenience care and office visits* <ul style="list-style-type: none"> • Illness or injury • Urgent care | Unlimited number of visits per person, per year have a copay: \$30 office visits \$15 convenience care \$30 urgent care |
| Behavioral health Mental health and chemical health services | Unlimited number of visits per person, per year have a copay: \$30 office visit |
| virtuwell® Online treatment for everyday medical conditions like colds, coughs, ear pain, pink eye and more | Unlimited visits for no additional cost |
| Emergency room visits | You pay 20% after deductible |
| Prescription medicines | \$5 low-cost generic formulary \$25 high-cost generic formulary You pay 20% after deductible for brand formulary You pay 50% after deductible for non-formulary |
| Laboratory services | You pay nothing |
| Inpatient and outpatient hospital care Outpatient MRI and CT Durable medical equipment | You pay 20% after deductible |
| Maternity | |

* Copays for convenience care (such as CVS Minute Clinic® or Target Clinic®) and office visits do not apply towards the deductible. See the Atlas Rate Guide for more information on eligibility and pricing. Remember that you will get the highest benefit level and lowest out-of-pocket costs when you see a network provider for your care. For other deductible options and out-of-network costs and deductibles, please contact Individual Sales.

AtlasSM Silver plan Summary of Benefits

| Benefit | Atlas Silver plan |
|--|--|
| | Atlas \$3,000 Plus Silver |
| Calendar year deductible This is what you pay before your plan starts paying | \$3,000 per person \$6,000 family maximum Out of network: \$20,000 per person \$40,000 family maximum |
| Coinsurance This is what you pay after your deductible is met | You pay 20% Out of network: You pay 50% |
| Calendar year out-of-pocket maximum You'll never have to pay more than this amount | \$7,900 per person \$15,800 family maximum Out of network: No maximum |
| Preventive care Includes checkups and immunizations for you and your family to stay healthy | You pay nothing |
| Convenience care and office visits** <ul style="list-style-type: none"> • Illness or injury • Urgent care | First three visits per person, per year have a copay:* \$30 office visits (does not apply to Behavioral Health office visits) \$15 convenience care \$30 urgent care Then you pay 20% after deductible |
| Behavioral health Mental health and chemical health services | You pay 100% until you reach your deductible After reaching your deductible, you pay 20% |
| virtuwell® Online treatment for everyday medical conditions like colds, coughs, ear pain, pink eye and more | Unlimited visits for no additional cost |
| Emergency room visits | You pay \$250 for your first visit each year** Then you pay 20% after deductible for additional visits |
| Prescription medicines | \$5 low-cost generic formulary \$25 high-cost generic formulary You pay 20% after deductible for brand formulary You pay 50% after deductible for non-formulary |
| Laboratory services | You pay 20% after deductible |
| Inpatient and outpatient hospital care | |
| Outpatient MRI and CT | |
| Durable medical equipment | |
| Maternity | |

*A total of three visits per person, per year between office visits and convenience care.

** Copays for convenience care (such as CVS Minute Clinic® or Target Clinic®), office visits and emergency room visits do not apply towards the deductible. See the Atlas Rate Guide for more information on eligibility and pricing. Remember that you will get the highest benefit level and lowest out-of-pocket costs when you see a network provider for your care. For other deductible options and out-of-network costs and deductibles, please contact Individual Sales.

AtlasSM Bronze plan Summary of Benefits

| Benefit | Atlas Bronze plan |
|--|--|
| | Atlas \$6,400 Plus Bronze |
| Calendar year deductible This is what you pay before your plan starts paying | \$6,400 per person \$12,800 family maximum Out of network: \$20,000 per person \$40,000 family maximum |
| Coinsurance This is what you pay after your deductible is met | You pay 25% Out of network: You pay 50% |
| Calendar year out-of-pocket maximum You'll never have to pay more than this amount | \$8,150 per person \$16,300 family maximum Out of network: No maximum |
| Preventive care Includes checkups and immunizations for you and your family to stay healthy | You pay nothing |
| Convenience care and office visits** <ul style="list-style-type: none"> • Illness or injury • Urgent care | First three visits per person, per year have a copay:* \$30 office visits (does not apply to Behavioral Health office visits) \$15 convenience care \$30 urgent care Then you pay 25% after deductible |
| Behavioral health Mental health and chemical health services | You pay 100% until you reach your deductible After reaching your deductible, you pay 25% |
| virtuwell® Online treatment for everyday medical conditions like colds, coughs, ear pain, pink eye and more | Unlimited visits for no additional cost |
| Emergency room visits | You pay \$250 for your first visit each year** Then you pay 25% after deductible for additional visits |
| Prescription medicines | \$5 low-cost generic formulary \$25 high-cost generic formulary You pay 25% after deductible for brand formulary You pay 50% after deductible for non-formulary |
| Laboratory services | You pay 25% after deductible |
| Inpatient and outpatient hospital care Outpatient MRI and CT Durable medical equipment | |
| Maternity | |

* A total of three visits per person, per year between office visits and convenience care.

** Copays for convenience care (such as CVS Minute Clinics® and Target Clinic®), office visits and emergency room visits do not apply towards the deductible. See the Atlas Rate Guide for more information on eligibility and pricing. Remember that you will get the highest benefit level and lowest out-of-pocket costs when you see a network provider for your care. For other deductible options and out-of-network costs and deductibles, please contact Individual Sales.

AtlasSM Catastrophic plan

Summary of Benefits

| Benefit | Atlas Catastrophic plan |
|---|--|
| | Atlas \$8,150 Catastrophic |
| Calendar year deductible This is what you pay before your plan starts paying | \$8,150 per person \$16,300 family maximum Out of network: \$20,000 per person \$40,000 family maximum |
| Coinsurance This is what you pay after your deductible is met | You pay nothing Out of network: You pay 50% |
| Calendar year out-of-pocket maximum You'll never have to pay more than this amount | \$8,150 per person \$16,300 family maximum Out of network: No maximum |
| Preventive care Includes checkups and immunizations for you and your family to stay healthy | You pay nothing |
| Convenience care and office visits* <ul style="list-style-type: none"> • Illness or injury • Urgent care | First three primary care visits per person, per year have a copay: \$30 office visits \$15 convenience care Then you pay nothing after deductible You pay nothing after deductible for urgent care |
| Behavioral health Mental health and chemical health services | You pay 100% until you reach your deductible After reaching your deductible, you pay nothing |
| virtuwell® Online treatment for everyday medical conditions like colds, coughs, ear pain, pink eye and more | Your first three visits have no additional cost Then you pay nothing after deductible |
| Emergency room visits | You pay nothing after deductible |
| Prescription medicines | |
| Laboratory services | |
| Inpatient and outpatient hospital care Outpatient MRI and CT Durable medical equipment | |
| Maternity | |

You must be under 30 years old or have an Affordability or Hardship Certificate of Exemption to enroll in a catastrophic plan.

* Copays for convenience care (such as CVS Minute Clinic® and Target Clinic®) and office visits do not apply towards the deductible. See the Atlas Rate Guide for more information on eligibility and pricing. Remember that you will get the highest benefit level and lowest out-of-pocket costs when you see a network provider for your care. For other deductible options and out-of-network costs and deductibles, please contact Individual Sales.

AtlasSM HSA plans Summary of Benefits

| Benefit | Atlas HSA plans | |
|--|--|---|
| | Atlas \$3,000 HSA Silver | Atlas \$6,750 HSA Bronze |
| Calendar year deductible This is what you pay before your plan starts paying | \$3,000 per person \$6,000 family maximum Out of network: \$20,000 per person \$40,000 family maximum | \$6,750 per person \$13,500 family maximum Out of network: \$20,000 per person \$40,000 family maximum |
| Coinsurance This is what you pay after your deductible is met | You pay 20% Out of network: You pay 50% | You pay nothing Out of network: You pay 50% |
| Calendar year out-of-pocket maximum You'll never have to pay more than this amount | \$6,750 per person \$13,500 family maximum Out of network: No maximum | \$6,750 per person \$13,500 family maximum Out of network: No maximum |
| Preventive care Includes checkups and immunizations for you and your family to stay healthy | You pay nothing | You pay nothing |
| Convenience care and office visits <ul style="list-style-type: none"> • Illness or injury • Urgent care | You pay 100% until you reach your deductible After reaching your deductible, you pay 20% | You pay 100% until you reach your deductible After reaching your deductible, you pay nothing |
| Behavioral health Mental health and chemical health services | | |
| virtuwell® Online treatment for everyday medical conditions like colds, coughs, ear pain, pink eye and more | No additional cost after deductible | No additional cost after deductible |
| Emergency room visits | You pay 20% after deductible | You pay nothing after deductible |
| Prescription medicines | | |
| Laboratory services | | |
| Inpatient and outpatient hospital care | | |
| Outpatient MRI and CT | | |
| Durable medical equipment | | |
| Maternity | | |

See the Atlas Rate Guide for more information on eligibility and pricing. Remember that you will get the highest benefit level and lowest out-of-pocket costs when you see a network provider for your care. For other deductible options and out-of-network costs and deductibles, please contact Individual Sales.

Personal dental plans

Here's how it works

- First, pick one of three plans:
 - **Maintenance** for regular checkups and fillings
 - **Major** for work like root canals and crowns – perfect if you already have preventive services through another plan
 - **Comprehensive** for preventive dental work and things like fillings and root canals
- Then, explore the Open Access network. This large network gives you options to find a dentist right for you.

| Coverage | Maintenance plan | | Major plan | | Comprehensive plan | |
|---|------------------|----------------|------------------|----------------|--------------------|----------------|
| | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network |
| Preventive (checkups and X-rays) | 100% | 80% | 0% | 0% | 100% | 80% |
| Sealants | 100% | 80% | 100% | 80% | 100% | 80% |
| Fillings | 80% | 50% | 80% | 50% | 80% | 50% |
| White fillings on back teeth | 50% | 50% | 50% | 50% | 50% | 50% |
| Basic services | 0% | 0% | 50-80% | 50% | 50-80% | 50% |
| Surgical services | 0% | 0% | After six months | | | |
| | | | 50% | 50% | 50% | 50% |
| Major restorative (crowns, bridges, etc.) | 0% | 0% | After 12 months | | | |
| | | | 50% | 25% | 50% | 25% |
| Annual benefit | \$1,250 | \$750 | \$1,250 | \$750 | \$1,250 | \$750 |
| Annual deductible | \$50 | \$75 | \$50 | \$75 | \$50 | \$75 |

| Rates* | | | | | |
|--------------------|---------|--------------------|---------|--------------------|----------|
| Maintenance plan | | Major plan | | Comprehensive plan | |
| Open Access | | Open Access | | Open Access | |
| Under age 50 | \$34.51 | Under age 50 | \$28.38 | Under age 50 | \$47.16 |
| Age 50 and over | \$40.05 | Age 50 and over | \$34.08 | Age 50 and over | \$56.60 |
| Dependent rates | | Dependent rates | | Dependent rates | |
| 1 child | \$32.79 | 1 child | \$26.96 | 1 child | \$44.80 |
| 2 children | \$65.60 | 2 children | \$53.92 | 2 children | \$89.60 |
| 3 or more children | \$98.40 | 3 or more children | \$80.88 | 3 or more children | \$134.43 |

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.

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 GenericsAdvantageRx.

1. Go to **healthpartners.com/genericsadvantagerx**.
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 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.

Call Member Services at the number on the back of your member ID card when you have prescription benefit questions.



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

Here for you, 24/7

Our top-notch teams are ready to help if you have questions about your health or what your plan covers.

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

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 6 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

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

BabyLine phone service

For questions about:

- Your pregnancy
- The contractions you're having
- Your new baby

24/7, 365 days a year



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

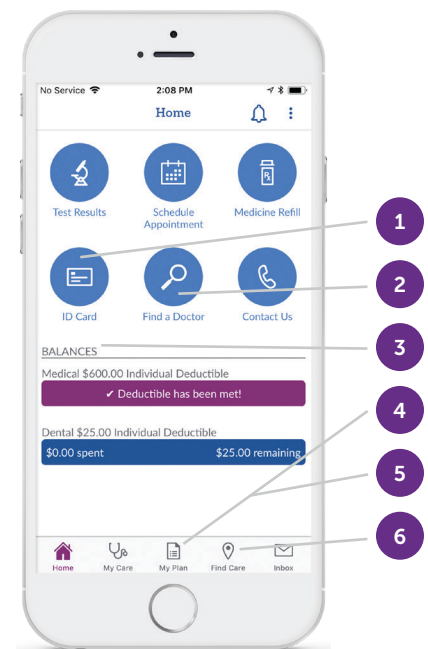
You go online to research, plan and follow up on big decisions. A myHealthPartners account makes it just as easy to stay on top of your health care and insurance.

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.

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.



Members can log on to their account at healthpartners.com or the myHP app.



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 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.

How can I find in-network doctors and clinics?

- Visit healthpartners.com/atlasnetwork
- Call Member Services
- Log on to your myHealthPartners online account
- Use the myHP app

| When you need | Go to | Average cost | Average time spent |
|---|---|---------------------|--------------------|
| Health advice from a nurse for: <ul style="list-style-type: none"> • Where to go for care • At-home remedies | CareLine SM service Call 24/7 | 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 [®] * 24/7 online care | No additional cost* | 15 minutes |
| | Convenience clinics (found in retail and grocery stores) | \$ | |
| A regular checkup or special care during the day for things like: <ul style="list-style-type: none"> • Diabetes management • Vaccines | Primary care clinics | \$\$ | 30 minutes |
| Care for urgent problems when your doctor's office is closed, like: <ul style="list-style-type: none"> • Cuts that need stitches • Joint or muscle pain | Urgent care clinics | \$\$\$ | 45 minutes |
| Help in an emergency, such as: <ul style="list-style-type: none"> • Chest pain or shortness of breath • Head injury | Emergency room | \$\$\$\$ | 60 minutes |



Still not sure where to go? We'll help you figure out the best place based on your symptoms.

Shacole, CareLine assistant

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 immunizations you need
- Tracking down lost luggage
- Translator referrals
- And more!

Download your Assist America ID card before you leave.

Visit **healthpartners.com/getcareeverywhere** or get the Assist America app.



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

Living healthier just got a little less expensive

Get special savings from handpicked retailers as a HealthPartners member. There are lots of great products and services available to you at a discounted rate – all designed to help you live healthy every day.

Get discounts

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!

Visit healthpartners.com/discounts to see all participating retailers and discounts.



Making healthy choices is easier when it doesn't break the bank. Taking advantage of these discounts is a great way to make the most out of your health plan.

Lauren, Member Services

MEMBER ASSISTANCE PROGRAM (MAP)

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 Member Assistance Program has your back 24/7

Whether you're facing a challenge at work or looking for options to support a sick parent, your MAP 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!

Start using your MAP anytime in the way that works best for you:

- Over the phone
- Through instant message
- Online with articles and tips



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

Jonathan, Member Services

Important Information about HealthPartners Individual plans

Summary of utilization management programs

HealthPartners 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:

- Inpatient concurrent review and care coordination to support timely care and ensure a safe and timely transition from the hospital
- “Best practice” care guidelines for selected kinds of care
- Outpatient case management to provide care coordination
- The CareCheck® program to coordinate out-of-network hospitalizations and certain services.

We require prior approval for a small number of services and procedures. For a complete list, go to **healthpartners.com** or call Member Services. You must call CareCheck® program at **952-883-5800** or **800-942-4872** to receive maximum benefits when using out-of-network providers for in-patient 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. We will review your proposed treatment plan, determine length of stay, approve additional days when needed and review the quality and appropriateness of the care you receive. Benefits will be reduced by 20 percent if CareCheck® is not notified.

Our approach to protecting personal information

HealthPartners complies with federal and state laws regarding the confidentiality of medical records and personal information about our members and former members. Our policies and procedures help ensure that the collection, use and disclosure of information complies with the law. When needed, we get consent or authorization from our members (or an approved 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 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 privacy notice, please visit **healthpartners.com** or call Member Services at **952-967-7540** or **866-232-1166**. Please contact your provider for a copy of the HealthPartners privacy notice.

Appropriate use and coverage of prescription medicines

We provide our members with coverage for high quality, safe and cost-effective medicines. To help us do this, we use:

- A formulary, which is a preferred list of prescription medicines that has been reviewed and approved for coverage based on quality, safety, effectiveness and value.
- A special program that helps members who use many different medicines avoid unintended medicine interactions.

The preferred medicine list is available on **healthpartners.com**, 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.

Services not covered

After you enroll, you will receive a Membership Contract that explains exact coverage terms and conditions. This plan does not cover all health care expenses. In general, services not provided or directed by a licensed physician are not covered. Services not covered include, but are not limited to:

- Treatment, services or procedures which are experimental, investigative or are not medically necessary
- Adult dental care or oral surgery, including orthognathict
- Non-rehabilitative chiropractic services
- Eyeglasses, contact lenses, hearing aids and their fittings
- Private-duty nursing, rest, respite and custodial caret
- Cosmetic surgery†
- Vocational rehabilitation, recreational or educational therapy
- Sterilization reversal and artificial conception processes†
- Physical, mental or substance-abuse examinations done for, or ordered by third parties†

† except as specifically described in your Membership Contract.

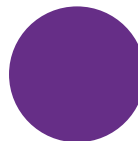
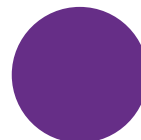
READ YOUR MEMBERSHIP CONTRACT CAREFULLY TO DETERMINE WHICH EXPENSES ARE COVERED.

For details about benefits and services, call Member Services at **952-967-7540** or **866-232-1166**.

HealthPartners negotiates with some providers to pay discounted rates. In those cases, coinsurance (a specific percentage of the charge) is based on that discounted amount. Copayments (flat amounts specified in advance for categories of service, such as office visits or prescriptions) are based on an aggregate of billed charges for that type of service. Our mission is to improve health and well-being in partnership with our members, patients and community.

This plan is subject to changes required by state and federal law, including changes to maintain a certain actuarial value or metal level. This and other factors may affect changes in premium rates.

To find additional HealthPartners Individual plans, please visit **healthpartners.com** or **healthcare.gov**.



Nationally rated, locally minded

HealthPartners has one of the top-rated private commercial plans in the nation. Is customer satisfaction a part of that score? You betcha.

Earning **4.5 out of 5** from the National Committee for Quality Assurance (NCQA)

Questions or ready to enroll?

Visit healthpartners.com/individual.

Call Individual Sales at **952-883-5599** or toll free **877-838-4949**. Or contact your agent or broker.

The HealthPartners family of health plans is underwritten and/or administered by HealthPartners Inc., Group Health Inc., HealthPartners Insurance Company or HealthPartners Administrators, Inc. Fully insured Wisconsin plans are underwritten by HealthPartners Insurance Company.

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