



Select the plan for a healthier you.

make **good** happen



HealthPartners[®] PeakSM

Low cost and high value plans
for you and your family in the Twin Cities





You make **good** happen every day.

For your family.

For your community.

For yourself.

We're here to partner with you
to make **good** happen for your health.

That's not just a slogan.

It's a commitment.



make
good
happen





Getting started

Choosing the right health plan may feel like a challenge, but we can help. Our shopping tools and award-winning customer service make it easy to find the best plan for you.

As you compare plans, ask yourself these questions.

1. What will my costs be?

There are three things you should consider when you're looking at costs.

- **Premium/rate.** This is what you'll pay each month for insurance. It's based on your age, where you live and your tobacco use.
- **Out-of-pocket costs when you get care.** These costs include your deductible, coinsurance and copays. Think about how often you go to the doctor or fill a prescription.
- **Help paying for your plan.** You may be eligible for tax credits or other help paying for your health insurance. You can check your eligibility and sign up for a HealthPartners® KeySM plan on MNsure, the Minnesota insurance marketplace.

2. Where can I get care?

The Peak network is metro-based, and includes Park Nicollet and HealthPartners doctors, clinics and hospitals. It is designed to provide top-notch care options for those living in the Twin Cities metro area and St. Cloud. You'll save money every month because it's a smaller network.

3. Are my medicines covered?

To understand how your medicines are covered, there are three things you'll want to check:

1. Is it on the formulary? Medicines on the formulary will cost you less.
2. Is it a brand name or generic? Generic medicines will almost always cost you less. And if you're looking at an HSA-qualified plan, is the medicine preventive or non-preventive?
3. The coverage for your medicines differ across each of the metal levels in the Peak plans. Be sure to match your prescription needs to a plan.

4. How do i sign up?

Enrolling in a Peak plan is easy. You can:

- Enroll online using our plan comparison tools at healthpartners.com/individual
- Contact your broker or agent
- Email our Individual Sales team at individualsales@healthpartners.com or call **952-883-5599** or **877-838-4949**



Want more help?

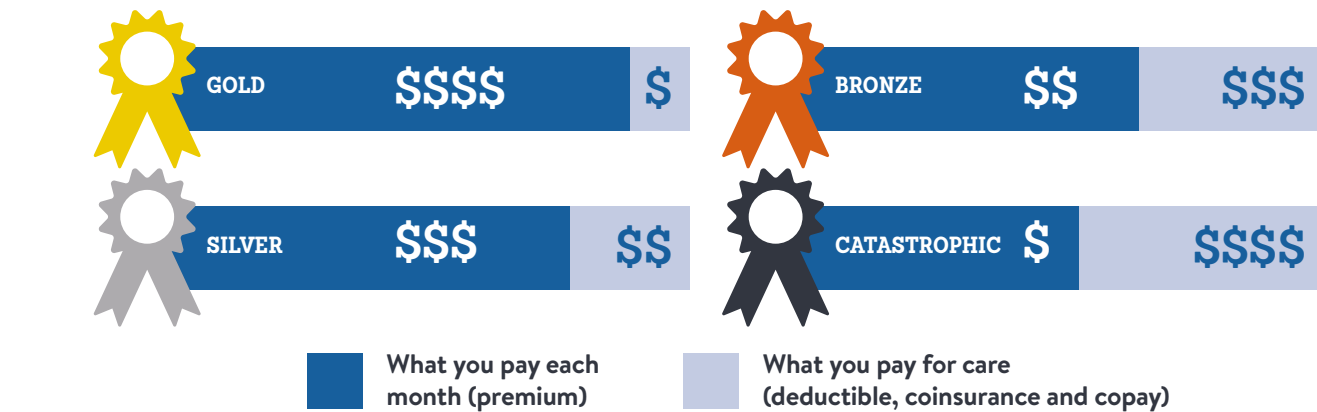
Visit healthpartners.com/individual or give us a call for a guided shopping experience.

HealthPartners plans at a glance

	COMPASS SM PLANS	PEAK SM PLANS	KEY SM PLANS
Plan overview	The plans with the largest network give you and your family the most options.	Save money with a smaller network. It's perfect for people living in the Twin Cities and St. Cloud.	Sign up for a Key plan if you plan to use a tax credit on MNsure.
Network of doctors and care providers	Largest network: more than 950,000 providers and 6,000 hospitals nationwide. Plus, coverage for travel in the U.S.	Features top care providers in the metro area, including Park Nicollet and HealthPartners clinics Plus, coverage for travel in the U.S.	If you live in the Twin Cities metro area, you'll get access to top care providers in the metro area, including Park Nicollet and HealthPartners clinics. If you live in greater Minnesota, you'll have access to a large selection of doctors, clinics and hospitals. Plus, coverage for travel in the U.S.
Where to buy plan	HealthPartners	HealthPartners	MNsure

How much do you want to spend?

You can adjust how much you pay each month by changing your metal level. You'll pay a higher premium and less when you get care with a Gold plan. You'll pay a lower premium and more when you get care with a Bronze plan.



Peak plans meet all of the requirements of the Affordable Care Act. In fact, all HealthPartners individual plans meet the standards so you don't have to worry!



PeakSM Gold plans Summary of Benefits

Choose a Gold plan if you expect your family to visit the doctor more than six times each in the coming year. You'll pay a higher monthly premium but less when you need care.

BENEFIT	PEAK GOLD PLANS	
	Peak \$500 w/ Copay (Gold)	Peak \$1000 w/ Copay (Gold)
Calendar year deductible <ul style="list-style-type: none"> This is what you pay before your plan starts paying 	\$500 per person \$1,000 family maximum	\$1,000 per person \$2,000 family maximum
Coinsurance <ul style="list-style-type: none"> This is what you pay after your deductible is met 	You pay 20%	You pay 20%
Calendar year out-of-pocket maximum <ul style="list-style-type: none"> You'll never have to pay more than this amount 	\$6,000 per person \$12,000 family maximum	\$6,600 per person \$13,200 family maximum
Preventive care <ul style="list-style-type: none"> 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 	Unlimited number of visits per person, per year have a copay: \$10 office visits primary care \$30 specialty care \$5 convenience care \$30 urgent care	Unlimited number of visits per person, per year have a copay: \$10 office visits primary care \$30 specialty care \$5 convenience care \$30 urgent care
Behavioral health <ul style="list-style-type: none"> Mental health and chemical health services 	Unlimited number of visits per person, per year have a copay: \$10 office visit	Unlimited number of visits per person, per year have a copay: \$10 office visit
virtuwell® <ul style="list-style-type: none"> Online treatment for everyday medical conditions like colds, coughs, ear pain, pink eye and more 	Unlimited free visits	Unlimited free visits
Emergency room visits	You pay 20% after deductible	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	\$5 low cost generic formulary \$25 high cost generic formulary You pay 20% after deductible for Brand formulary
Laboratory services	You pay nothing	You pay nothing
Inpatient and outpatient hospital care Outpatient MRI and CT Durable medical equipment	You pay 20% after deductible	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 Peak 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.



PeakSM Silver plans Summary of Benefits

Choose a Silver plan if you expect your family to visit the doctor less than three times each in the coming year. You'll pay a higher monthly premium but less when you need care.

BENEFIT	PEAK SILVER PLANS	
	Peak \$1800 (Silver)	Peak \$2350 Plus (Silver)
Calendar year deductible <ul style="list-style-type: none"> This is what you pay before your plan starts paying 	\$1,800 per person \$3,600 family maximum	\$2,350 per person \$4,700 family maximum
Coinsurance <ul style="list-style-type: none"> This is what you pay after your deductible is met 	You pay 25%	You pay 25%
Calendar year out-of-pocket maximum <ul style="list-style-type: none"> You'll never have to pay more than this amount 	\$6,850 per person \$13,700 family maximum	\$6,850 per person \$13,700 family maximum
Preventive care <ul style="list-style-type: none"> 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 25% after deductible	First three visits per person, per year have a copay:** \$40 office visits \$20 convenience care \$40 urgent care Then you pay 25% after deductible
Behavioral health <ul style="list-style-type: none"> Mental health and chemical health services Please note, a total of three visits per person, per year for office visits, convenience care and behavioral health		First three visits per person, per year have a copay:** \$40 office visits Then you pay 25% after deductible
virtuwell® <ul style="list-style-type: none"> Online treatment for everyday medical conditions like colds, coughs, ear pain, pink eye and more 	Unlimited free visits	Unlimited free visits
Emergency room visits	You pay 25% after deductible	You pay 25% after deductible
Prescription medicines		\$12 generic formulary You pay 25% after deductible for Brand formulary
Laboratory services		You pay 25% after deductible
Inpatient and outpatient hospital care Outpatient MRI and CT Durable medical equipment		
Maternity		

* Copays for convenience care (such as CVS Minute Clinic® or Target Clinic®) and office visits do not apply towards the deductible. See the Peak 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.

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



PeakSM Bronze plans

Summary of Benefits

Choose a Bronze plan if you don't expect your family to visit the doctor much in the coming year. You'd rather pay a lower monthly premium and more when you get care.

BENEFIT	PEAK BRONZE PLANS		
	Peak \$5050 Plus (Bronze)	Peak \$6350 Plus (Bronze)	Peak \$6850 Plus (Bronze)
Calendar year deductible <ul style="list-style-type: none"> This is what you pay before your plan starts paying 	\$5,050 per person \$10,100 family maximum	\$6,350 per person \$12,700 family maximum	\$6,850 per person \$13,700 family maximum
Coinsurance <ul style="list-style-type: none"> This is what you pay after your deductible is met 	You pay 30%	You pay 30%	You pay nothing
Calendar year out-of-pocket maximum <ul style="list-style-type: none"> You'll never have to pay more than this amount 	\$6,850 per person \$13,700 family maximum	\$6,850 per person \$13,700 family maximum	\$6,850 per person \$13,700 family maximum
Preventive care <ul style="list-style-type: none"> Includes checkups and immunizations for you and your family to stay healthy 	You pay nothing	You pay nothing	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:** \$40 office visits \$20 convenience care \$40 urgent care Then you pay 30% after deductible	First three visits per person, per year have a copay:** \$40 office visits \$20 convenience care \$40 urgent care Then you pay 30% after deductible	You pay nothing after deductible
Behavioral health <ul style="list-style-type: none"> Mental health and chemical health services Please note, a total of three visits per person, per year for office visits, convenience care and behavioral health	First three visits per person, per year have a copay:** \$40 office visits Then you pay 30% after deductible	First three visits per person, per year have a copay:** \$40 office visits Then you pay 30% after deductible	
virtuwell® <ul style="list-style-type: none"> Online treatment for everyday medical conditions like colds, coughs, ear pain, pink eye and more 	Unlimited free visits	Unlimited free visits	Unlimited free visits
Emergency room visits	You pay 30% after deductible	You pay 30% after deductible	You pay nothing after deductible
Prescription medicines		\$5 low cost generic formulary \$25 high cost generic formulary You pay 30% after deductible for Brand formulary	
Laboratory services			
Inpatient and outpatient hospital care Outpatient MRI and CT Durable medical equipment		You pay 30% 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 Peak 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.

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



PeakSM HSA plans

Summary of Benefits

You're great at managing your finances and want to save on medical costs, braces, eyewear and more.

BENEFIT	PEAK HSA PLANS		
	Peak \$4100 HSA (Silver)	Peak \$5750 HSA (Bronze)	Peak \$6500 HSA (Bronze)
Calendar year deductible <ul style="list-style-type: none"> This is what you pay before your plan starts paying 	\$4,100 per person \$8,200 family maximum	\$5,750 per person \$11,500 family maximum	\$6,500 per person \$13,000 family maximum
Coinsurance <ul style="list-style-type: none"> This is what you pay after your deductible is met 	You pay nothing	You pay 20%	You pay nothing
Calendar year out-of-pocket maximum <ul style="list-style-type: none"> You'll never have to pay more than this amount 	\$4,100 per person \$8,200 family maximum	\$6,500 per person \$13,000 family maximum	\$6,500 per person \$13,000 family maximum
Preventive care <ul style="list-style-type: none"> Includes checkups and immunizations for you and your family to stay healthy 	You pay nothing	You pay nothing	You pay nothing
Convenience care and office visits <ul style="list-style-type: none"> Illness or injury Urgent care 	You pay nothing after deductible	You pay 20% after deductible	You pay nothing after deductible
Behavioral health <ul style="list-style-type: none"> Mental health and chemical health services 			
virtuwell® <ul style="list-style-type: none"> Online treatment for everyday medical conditions like colds, coughs, ear pain, pink eye and more 	Unlimited free visits after deductible	Unlimited free visits after deductible	Unlimited free visits after deductible
Emergency room visits	You pay nothing after deductible	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 Peak 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.



PeakSM Catastrophic plan

Summary of Benefits

To sign up for a Catastrophic plan, you must be 18–29 years of age at the beginning of the plan year or have an Unaffordability or Hardship Certificate of Exemption from MNsure.

BENEFIT	PEAK CATASTROPHIC PLAN
	Peak \$6850 (Catastrophic)
Calendar year deductible <ul style="list-style-type: none"> This is what you pay before your plan starts paying 	\$6,850 per person \$13,700 family maximum
Coinsurance <ul style="list-style-type: none"> This is what you pay after your deductible is met 	You pay nothing
Calendar year out-of-pocket maximum <ul style="list-style-type: none"> You'll never have to pay more than this amount 	\$6,850 per person \$13,700 family maximum
Preventive care <ul style="list-style-type: none"> 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
Behavioral health <ul style="list-style-type: none"> Mental health and chemical health services 	You pay nothing after deductible
virtuwell® <ul style="list-style-type: none"> Online treatment for everyday medical conditions like colds, coughs, ear pain, pink eye and more 	Your first three visits are free . 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	

* Copays for convenience care (such as CVS Minute Clinic® or Target Clinic®) and office visits do not apply towards the deductible. See the Peak 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.



PeakSM plan overview

Peak plans are low cost and high value options for individuals and families in the Twin Cities.

Why should I choose Peak?

- **Plans that fit your life.** With a range of plan options, you'll find the perfect plan to fit your family's needs and budget.
- **Care when you need it.** You have 100 percent coverage for preventive care and women's health and unlimited* visits to virtuwell®, a 24/7 online clinic. Plus, you have coverage for office visits, prescriptions, emergency services and care for maternity, mental health and chemical health. And you no longer need a referral to see an in-network provider.
- **Coverage when you need it.** Sometimes you might need more medical care than other members of your family. That's okay. Once you reach your per person deductible, your plan will start paying for more of your care. Your plan will start paying for the whole family when the family maximum deductible has been met.
- **Best care from top docs.** You want great care to keep you at your best. That's why you get access to a smaller network of top notch Park Nicollet and HealthPartners doctors and clinics.
- **Get support.** Peak plans are more than just coverage for your illnesses and accidents. You can get support with our Member Assistance Program for things like job stress, grief and balancing work and family, and save money with our Healthy DiscountsSM program.



We're here for you

Visit healthpartners.com/individual or give us a call at **952-883-5599** or **877-838-4949** for a guided shopping experience.

*Excludes Catastrophic plan and HSA-qualified plans



Getting care with the Peak network

The high value Peak network of doctors, clinics, hospitals and pharmacies gives you lower costs without sacrificing quality.

What is the Peak network?

The Peak network is metro-based, and includes Park Nicollet and HealthPartners and a select group of independent doctors, clinics and hospitals. It is designed to provide top-notch care options for those living in the Twin Cities metro area and St. Cloud.

You're covered when you travel in the United States with a network of 950,000 doctors, nurses and other providers and 6,000 hospitals.

And remember, you get unlimited* free virtuwel® 24/7 online clinic visits, which are always in the network!

How can I find covered care?

When you need care, finding the right doctor, clinic or hospital is important. It's easier than ever to search the Peak network:

- Visit healthpartners.com/findcare to search for a network doctor, or clinic/hospital.
- **Call Member Services.** Once you're a member, call the number on the back of your Member ID card for help finding a network provider.
- **myHealthPartners.** Members can manage their health plan with their online account, including search for providers and compare costs.
- **myHP app.** You'll have access to your plan information, your Member ID card and can search the network for care providers.



When you need care, search the Peak network 24/7 by visiting healthpartners.com/findcare or call Member Services.



*Excludes Catastrophic plan and HSA-qualified plans



Travel anywhere – worry free

Together with Assist America®, we're bringing you support for your health care needs when you need it most, no matter where in the world you are, we've got you covered

Unmatched support

Focus on your travel plans, not your health care needs. It's easy to get the support you need when you're away from home. If something unexpected happens, simply call Member Services or call the number on your Assist America ID card.

Assist America is available 24/7 to help you with:

- Filling lost prescriptions
- Finding quality providers and doctors
- Hospital admission
- Pre-trip information, such as immunization or visa requirements
- Sending health updates to loved ones at home
- Tracking down lost luggage
- Translator referrals
- And more!

Learn more at healthpartners.com/getcareeverywhere.

Once you're there, download the Assist America ID card to carry with you when you travel.

Help when you're on-the-go

With the Assist America mobile app you've got support at your fingertips no matter where you are. Download Assist America Mobile from the iTunes app store or Google Play store by searching Assist America Mobile. Just use your Assist America ID number to get started.





virtuwell® — your 24/7 online clinic

Certified nurse practitioners make a diagnosis, create a personalized treatment and send you a prescription if needed.

Get real treatment from real people, really fast.

After a simple, guided interview about your symptoms, you'll get a personalized treatment plan and a prescription if you need one, in 30 minutes or less.

Try virtuwell® and save time

1. A virtuwell visit starts with a **quick online interview** that checks your history and makes sure the problem isn't serious.
2. Next, a **certified nurse practitioner** will make a diagnosis and write your treatment plan. You'll get an email or text the moment your plan is ready — usually within 30 minutes or less.
3. If you need a **prescription**, we'll send it to your favorite pharmacy.
4. If you need to speak with a nurse practitioner about your plan, they're **available 24/7**.

Get started at virtuwell.com.

Treats many common conditions

virtuwell only treats conditions that can be safely treated online:

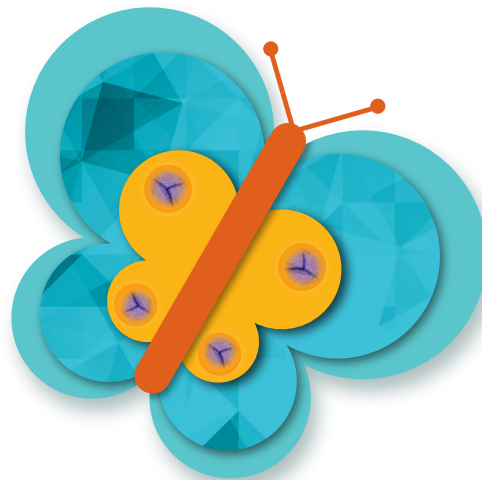
- Bladder infections
- Pink eye
- Rashes and other skin irritations
- Sinus infections
- Upper respiratory infections
- And more!

Find the full list at virtuwell.com/conditions.

98 percent of customers highly recommend virtuwell.

Source: virtuwell patient satisfaction survey

Let's get you better. virtuwell.com.





How HSAs work

You, in control of your health. Your health plan with an optional savings account for your medical costs.

What is an HSA?

An HSA is a Health Savings Account for medical costs.

An HSA-qualified plan has two parts:

1. **Your health plan** will cover serious illnesses and injuries after you've met your deductible.
2. **Your optional HSA account** can be used to cover a list of eligible medical expenses, like treatments by a chiropractor, or eye surgery.

What kinds of health expenses are covered?

You can see a full list of covered medical expenses in Publication 502 at [irs.gov](https://www.irs.gov).

What are the advantages of an HSA?

- **Tax savings.** Reduce your taxable income. Your deposits, savings and withdrawals are all tax-free.
- **Control.** You decide how much to contribute and how to spend it.
- **Flexibility.** Use your funds to pay current eligible medical expenses or save for future needs.
- **Family friendly.** Use your account to pay for things like braces, eyewear and more.
- **Take it with you.** The money you save in an HSA is yours. You keep the money even if you change plans.

How do I get an HSA?

Your first step is to enroll in a plan that is HSA-qualified. Your next step is to contact your bank or credit union to open your HSA and begin contributing funds.

Do I have to get an HSA if I enroll in a plan that's HSA-qualified?

No. Opening an HSA is completely optional; however, it is a great benefit of having a high-deductible plan.

Here's an example of how your HSA works:



During your plan year, you put \$1,000 in your HSA. Direct deposits are allowed until April 15th of the next year.



Throughout the year, you and your family spend \$400 on medical expenses. You pay your bills using your HSA.



\$600 is left in your HSA at the end of the year.



Next year you deposit another \$1,000 into your HSA. You now have \$1,600 to spend!



If you don't use it all up this year, you can rest easy knowing it will be there for next year's expenses.



Is your medicine covered?

Learn more about how your prescriptions are covered, and where you can pick them up.

Is your prescription covered?

You can see if your prescriptions are covered by searching the GenericsAdvantageRx formulary. A formulary is a list of medicines that are covered by your plan.

Searching the list is easy. Just go to **healthpartners.com/genericsadvantagerx**. From there, you can search by medicine name, category or first letter. You can also print the complete medicine list.


What if your medicine isn't on the list?

When you search GenericsAdvantageRx, medicines will come up with **F** (formulary), **NF** (non-formulary), or **X** (excluded). Excluded drugs aren't eligible to be covered.

To switch to a formulary medicine, we can help you see what your options are:

- Go to **healthpartners.com/genericsadvantagerx**.
- Under **Brand & Generic Name Search**, choose the type of medicine you're taking.
- Choose the subclass of the type of medicine you're taking.
- Print out the list of medicines that comes up. Bring it to your doctor to see if a formulary medicine **F** will work for you.

To see what group your medicine is in, use this key when you're searching GenericsAdvantageRx online.

- *Generic will be in all lower italics*
- BRAND will be in all CAPS
- Specialty drugs will be shown as 

Find ways to save



Use the formulary

Formulary medicines are usually less expensive. Use these helpful icons as a guide to choose your medicines.



Choose generics

Generic medicines are just as safe and effective as brand name medicines but cost less. To see if you're taking a generic, look for a "G" next to your medicine when you search the formulary.



Select your pharmacy

Did you know the pharmacy you go to can affect the cost of your medicine? Find a pharmacy that's convenient for you and offers your medicines at the best price by using the pharmacy locator tool at **healthpartners.com/pharmacy**.



Get your medicines in the mail

Skip the trip to the pharmacy and use myMailRx, HealthPartners Mail Order Pharmacy. Shipping is free and you can save money!



Get your questions answered

For help understanding your medicines and saving money on your prescriptions, use Ask a pharmacist at **healthpartners.com/pharmacy**.



Member Assistance Program

Call 24/7 for help from a counselor finding child care, dealing with a loss, finding community resources and more.

Help by phone

HealthPartners Member Assistance Program (MAP) counselors are ready to give you the support you need. Just call and they'll listen to your concerns, give you guidance and help you find solutions that are right for you.

Here are just a few of the things they can help you with:

- Balancing work and family
- Divorce
- Financial concerns
- Grief and loss
- Job stress
- Legal issues
- Marital issues
- Mental and emotional health
- Parenting
- Personal relationships
- Substance abuse

Help online

Get help 24/7 with our wide range of online resources.

You'll find:

- Child and elder care resource searches
- Legal information and forms
- More than 4,000 articles and tip sheets
- More than 60 financial calculators
- Monthly webinars
- Savings center
- Self-assessment tools
- Skill builders
- Relocation center
- And more!

You can also instant message or email a MAP or work-life counselor anytime day or night.

Help with an app

Experience help on-the-go with the iFindCare app for your iPhone. Use it to search for child and elder care resources wherever you are.



Once you become a HealthPartners member, you'll get more information on how to access MAP.

YOUR PRIVACY IS IMPORTANT | Everything you do with HealthPartners MAP will be confidential — no information will be shared with your health plan without your permission. You can rest assured that your personal issues will be just that — personal.



Healthy savings and programs

Get special discounts just for being a HealthPartners member! Save on health club memberships and at popular retailers.

Frequent Fitness

Work out 12 days or more each month and you'll save up to \$20 on your monthly health club membership. With our ever growing list of participating locations nationwide, you're sure to find a club near your home or work.

Participating health clubs include:

- Anytime Fitness
- Curves
- LA Fitness*
- Life Time Fitness
- Snap Fitness
- YMCA and YWCA*
- Local community centers and many more!

Plus, get support for your health goals.

*Incentive programs are available to certain members 18 years or older. Some restrictions may apply. Please contact Member Services for qualification requirements and a list of participating locations. Some national clubs are owned by individual franchise owners and may not participate in the program. Membership termination at a participating location forfeits any unpaid incentive. HealthPartners reserves the right to modify or discontinue the program at any time.

For a list of participating companies and details on discounts, go to

healthpartners.com/discounts.

Set goals and be healthy

Simply complete a FREE online health assessment and learn more about your strengths and weaknesses. Then you can pick as many of our online programs as you'd like to help you set goals and achieve better health. Here are just a couple:

- **10,000 Steps® program.** Step your way to better health
- **Stress eProgram.** Help with healthy thinking and relaxation
- **Weight eProgram.** Help with healthy food choices and tracking what you eat
- **Virtual coaching.** Tailored and unique to you, this experience will help you achieve your personal health goals

Healthy DiscountsSM program

Use your HealthPartners Member ID card to get discounts at many popular local and national retailers of health and well-being products and services. Discounts include:

- Eyewear
- Fitness and wellness classes
- Healthy eating programs and delivery services
- Recreational equipment
- Spa services
- Swimming lessons
- Healthy mom and baby products
- And many more!



For your eyes only

Save up to 35 percent on eyeglasses at thousands of retailers including LensCrafters®, Pearle Vision®, Target Optical® and more. Plus, get great deals on contact lenses.



Using your plan

At home, work or on-the-go, it's easy to manage your health care with a myHealthPartners account and the myHP mobile app.

Create an account

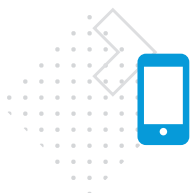
1. Go to healthpartners.com/signupnow.
2. Under *Get started with a myHealthPartners account*, select *I have HealthPartners insurance*.
3. Enter your eight-digit member ID number and date of birth, then choose whether to verify your identity online or via U.S. mail.
4. After your identity is verified, you'll be asked to create a username and password, and enter the email address you'd like tied to your account.
5. Choose three security questions and select *Continue*.
6. Congratulations! You've created a myHealthPartners account.

Manage your health care costs

It's easy to manage your health care costs and plan for future expenses with your myHealthPartners account:

- Search for a treatment or procedure, and get cost estimates specific to your plan, benefits and deductible.
- View past claims or explanations of benefits (EOB) with the *My activity* timeline. You'll get a real-time look at how the care you receive works with your plan.
- Sign up for online billing and pay your premium bill online. You can even set up auto payments! Log on to your myHealthPartners account and click on *Pay premium* in the *My plan* tab to sign up.

Learn more about what your myHealthPartners account can do for you at healthpartners.com/signupnow.



You can also view plan balances on the myHP mobile app! Learn more at healthpartners.com/gomobile.



Your plan made easy

It's easy to manage your plan and feel confident when you get care. Whether it's online, on your mobile device or via text.

WHEN YOU WANT TO	ONLINE	MOBILE	TEXT
See your benefits and specific plan information.	•		
See your past care including claims and explanations of benefits (EOBs).	•		
Check your plan balances, including your deductible, out-of-pocket maximum and more.	•	•	•
Search for doctors in your network or near your current location.	•	•	
Get cost estimates specific to your plan, benefits and deductible when you search for a treatment or procedure.	•		
View your HealthPartners Member ID card and fax it to your doctor's office.	•	•	
Find tips for getting and staying healthy.	•		•

Connect online

With a myHealthPartners account, your specific benefits, claims and tips for living healthy are just a click away. You'll even get cost saving tips based on your claims! Learn more about what your myHealthPartners account can do for you at healthpartners.com/getmyinfo.

Text to connect

Check your plan balances by setting up your mobile phone to get texts from HealthPartners. Go to healthpartners.com and log on to your myHealthPartners account to enter your phone number. Once you verify your phone number, text us to get your balance.

Connect on your mobile device

Whether you're at home or on-the-go, your plan information is right at your fingertips. With the myHP mobile app and mobile site, using your plan is easy wherever you are. Visit healthpartners.com/gomobile or text **MOBILE** to **77199** to learn more.



We're here to help

Contact us 24/7 when you have questions about your coverage or health — we're here to help.

IF YOU HAVE QUESTIONS ABOUT	CONTACT
<ul style="list-style-type: none">• Your coverage, claims or account balances• Finding a doctor, dentist or specialist in your network• Finding care when you're away from home• Immunizations and paperwork needed for travel	<p>Member Services</p> <p>Monday – Friday, 7 a.m. – 7 p.m. Call the number on the back of your member ID card or 952-967-7540 or 866-232-1166.</p> <p>Español: 952-883-7050 o 866-398-9119 Interpreters are available if you want one.</p> <p>healthpartners.com</p>
<ul style="list-style-type: none">• Whether you should see a doctor• Home treatment options• A medication you're taking	<p>CareLineSM service — nurse line</p> <p>24/7, 365 days a year 612-339-3663 or 800-551-0859</p> <p>healthpartners.com/healthlibrary</p>
<ul style="list-style-type: none">• Understanding your health care and benefits• How to choose a treatment option	<p>HealthPartners[®] Nurse Navigator program</p> <p>Monday – Friday, 7 a.m. – 7 p.m. Call the Member Services number on the back of your member ID card.</p> <p>healthpartners.com/decisionsupport</p>
<ul style="list-style-type: none">• Your pregnancy• The contractions you're having• Your new baby	<p>BabyLine phone service</p> <p>24/7, 365 days a year 612-333-2229 or 800-845-9297</p> <p>healthpartners.com/healthlibrary</p>
<ul style="list-style-type: none">• Finding a mental or chemical health care professional in your network• Your behavioral health benefits	<p>Behavioral Health Navigators</p> <p>Monday – Friday, 8 a.m. – 5 p.m. 952-883-5811 or 888-638-8787</p> <p>healthpartners.com</p>



Personal dental plans

Your healthy smile is important because it's part of your total health.

Don't forget about your teeth!

While you're deciding on medical coverage, remember that HealthPartners also offers affordable dental plans with big networks. Find details and sign up online at healthpartners.com/personaldental.

How it works

1. 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

2. Then, choose a network. You have two choices:

- **HealthPartners Dental Group** More than 70 dentists at 22 clinics throughout the Twin Cities and St. Cloud providing general dentistry and specialty care
- **Open Access** The largest Dental PPO network in Minnesota with more than 2,300 providers

COVERAGE	MAINTENANCE PLAN		MAJOR PLAN		COMPREHENSIVE PLAN	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Preventive (check-ups 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

PERSONAL DENTAL PLANS

RATES*					
MAINTENANCE PLAN		MAJOR PLAN		COMPREHENSIVE PLAN	
HealthPartners Dental Group (22 locations)		HealthPartners Dental Group (22 locations)		HealthPartners Dental Group (22 locations)	
Under age 50	\$28.21	Under age 50	\$21.43	Under age 50	\$38.46
Age 50 and over	\$33.81	Age 50 and over	\$25.74	Age 50 and over	\$46.17
Dependent rates		Dependent rates		Dependent rates	
1 child	\$26.80	1 child	\$20.36	1 child	\$36.56
2 children	\$53.62	2 children	\$40.74	2 children	\$73.12
3 or more	\$80.43	3 or more	\$61.11	3 or more	\$109.68
Open Access (2,300 providers)		Open Access (2,300 providers)		Open Access (2,300 providers)	
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	\$98.40	3 or more	\$80.88	3 or more	\$134.43

* Rates are effective January 1, 2016–December 31, 2016. See Summary of Benefits at healthpartners.com/personaldental for benefit and waiting period details.



Did you know the average annual cost for adult dental checkups without insurance is \$330? Having a dental plan will make going to the dentist simpler and more affordable.

Important Information about HealthPartners Individual

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 orthognathic[†]
- Non-rehabilitative chiropractic services
- Eyeglasses, contact lenses, hearing aids and their fittings
- Private-duty nursing, rest, respite and custodial care[†]
- 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, mnsure.org or healthcare.gov.



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