



Plans for a healthier you

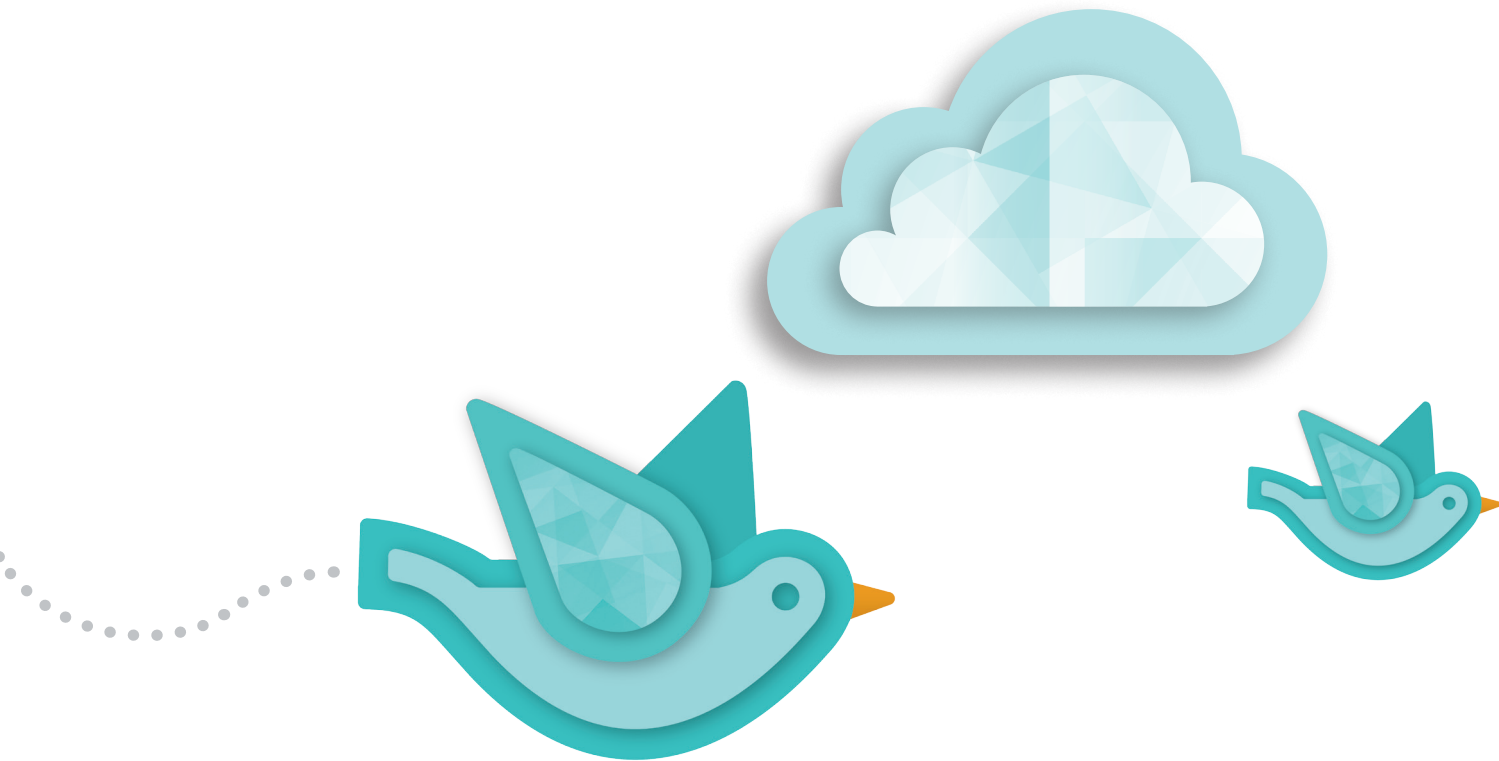
HealthPartners® PeakSM plans.
For individuals and families in the
Twin Cities who buy their own insurance.

If you live in the Twin Cities or St. Cloud area and want to save money, Peak plans are the perfect choice. You'll have a smaller network of top care providers at HealthPartners and Park Nicollet family of care clinics and hospitals.

We're here for you if you have questions!

We're committed to answering your questions and helping you understand your options. We can also help you check if you qualify for a tax credit to help pay for your health insurance.

Call us at **952-883-5599** or **877-838-4949**,
8 a.m. to 6 p.m., Monday through Friday.
Or email us at individualsales@healthpartners.com.



We all need a partner.

Someone to count on for support. Someone who's always there for you.

At HealthPartners, we're 23,000 people dedicated to caring for our plan members and patients the way we would our closest friends and family. This commitment has helped us deliver the best health outcomes 10 years running*.

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

Let's make good happen together.

*The source for data contained in this publication is Quality Compass® and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2015 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).



HIGHEST MEMBER SATISFACTION

We promise to give you an outstanding experience. Thanks to our members, J.D. Power awarded HealthPartners the “Highest Member Satisfaction among Commercial Health Plans in the Minnesota/Wisconsin Region.”

HealthPartners received the highest numerical score among commercial health plans in Minnesota/Wisconsin in the J.D. Power 2016 U.S. Member Health Plan Study, based on 31,867 responses from 8 plans measuring experiences and perceptions of members surveyed October-December 2015. Your experiences may vary. Visit jdpower.com

Hello!

I've talked to a lot of people on their journey to choosing the best health plan for them. The one thing I hear the most? "Insurance is so confusing." And as the manager of our Sales team, that's the last thing I want it to be.

My team and I know how important it is to pick the health plan that's best for you. That's why we're here to help. For starters, I always tell my friends and family to think about these **three things when shopping for a health plan:**

1 When it comes to cost, what are my best and worst case scenarios?

Best case — you only pay your premium. That's how much you pay each month for your health plan, whether or not you get care.

Worst case — you hit your out-of-pocket maximum. That's the most you'll pay on your own each year. Once you reach that limit, your plan covers the rest. Premium + out-of-pocket maximum = the most you'll spend all year for care.

2 What will I have to pay when I get care? You may have a ...

Copay — a set amount you pay each time you go to the doctor or get a prescription. It might change depending on where you get care, like the ER or convenience clinic.

Deductible — the amount you have to pay before your plan pitches in. If your deductible is \$1,000, your plan will kick in once you've paid \$1,000.

Coinsurance — a portion of the cost you're in charge of paying. It's different for each plan. For example, you might be responsible for 20 percent and your plan would cover the rest.

3 How much care will my family and I need?

If you don't need a lot of care, a higher deductible plan makes most sense. You'll pay less on your premium, but more if you need care. That means a lower premium carries more risk. But the reward is that you'll keep more money in your pocket all year long if you stay healthy.

However if you think you'll need a lot of care throughout the year, a lower deductible plan is a better option. It helps cover costs as soon as the deductible is reached, but has a higher premium to pay. A higher premium plan may help you feel more safe and secure if your needs are unpredictable.



Sara

Sales Manager

Remember, we're here to help. Give us a call at **952-883-5599** or **877-838-4949**. Or, call your broker. They can help you pick the best plan for your family too.

WHAT ELSE SHOULD YOU ASK?



Can I see my favorite doctor and get the best deal?



How much will I pay for my medicines, and where can I get them?

What discounts and other perks will I get?

Getting care with the Peak network



The 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 doctors, clinics and hospitals, 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.

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:

- Burnsville Family Physicians
- CentraCare Health
- Entira Family Health Clinics
- Lakeview Clinic
- Northwest Family Physicians

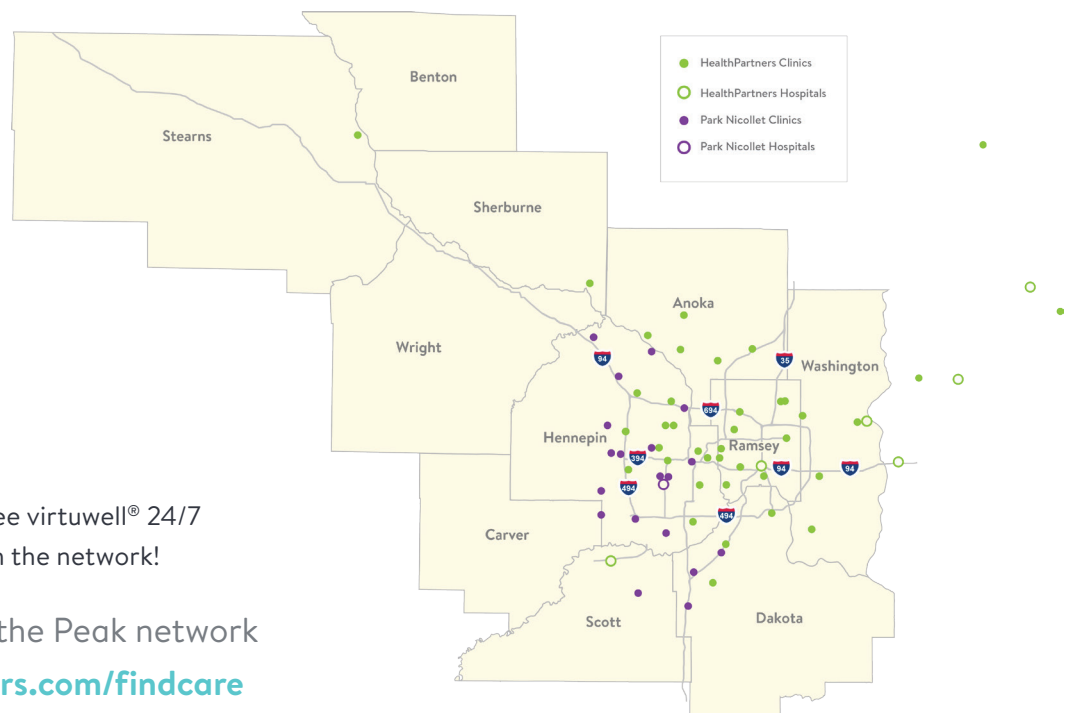
And remember, you get unlimited* free virtuwell® 24/7 online clinic visits, which are always in the network!

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

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, like 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.



*Excludes Catastrophic plan and HSA-qualified plans

Common health insurance words



We get it. Insurance terms can be confusing. Here are a few definitions to help you choose your health plan.

Calendar year deductible. This is what you pay before your plan starts paying.

- **Per person and family maximum.** Under every family deductible, or family maximum, is the per person deductible. 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.

Calendar year out-of-pocket maximum. This is the most you'll pay for your care in a calendar year. Once you've paid enough to hit your plan's out-of-pocket maximum, your plan will pay 100 percent of any other covered care you have for the rest of the year. This amount doesn't include the premiums (or rate) you pay for insurance.

Coinsurance. This is what you pay after your deductible is met. It's listed as a percentage. If you have 80 percent coinsurance, you pay 20 percent of the total cost.

Copay. The amount you pay for a medical service, like going to the doctor. It's usually listed as a flat amount such as \$30 for each office visit. Not all plans have copays, so make sure to check out the Summary of Benefits tables in this book.

Formulary. This is a list of medicines covered by your plan. You'll pay a lower copay or coinsurance for your medicines if they're on the formulary. The Peak plan formulary is GenericsAdvantageRx. Learn more in the folder you received with this book.

Network and out-of-network. If your doctor, clinic or hospital is in-network, he or she is covered by your plan. If they're out-of-network, you'll usually pay more when you get care. Out-of-network care doesn't count toward your in network out-of-pocket maximum. The benefits you see in this book are for in-network care.

Premium or rate. What you pay each month for insurance. Your first month is due when you sign up. Then you'll receive a bill each month.

Choosing your plan



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

PeakSM 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 free virtuwell® visits. You'll feel better faster with this 24/7 online clinic.

PeakSM Silver plans

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 free virtuwell® visits. You'll feel better faster with this 24/7 online clinic.
- Three primary care office visits per year for a copay.
- Convenience care at CVS Minute Clinic or Target Clinic for the low cost of your copay.

PeakSM 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 free virtuwell® visits. You'll feel better faster with this 24/7 online clinic.

PeakSM Catastrophic plan

Perfect if:

- You're 18 to 29 years old or have an Affordability or Hardship Certificate of Exemption. Find the form at healthpartners.com/peak.
- 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 just a copay.
- To use your three visits at virtuwell® for free. 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 copay)

You, in control of your health plan



Your health plan with an optional savings account for your medical costs.

Peak HSA plans

PeakSM HSA plans give you the option to set up a Health Savings Account (HSA). An HSA is a special savings account used only for medical costs. You decide how much to contribute and how to spend it. Plus, the money you save in an HSA rolls over year after year. The money is yours to keep even if you change plans.

Here are a few other benefits of an HSA plan:

- **Tax savings.** Reduce your taxable income. Your deposits, savings and withdrawals are all pre-tax.
- **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.

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.

PeakSM Gold plan

Summary of Benefits



BENEFIT		PEAK GOLD PLAN	
		Peak \$1000 Plus Gold	
Calendar year deductible <ul style="list-style-type: none">This is what you pay before your plan starts paying		\$1,000 per person \$2,000 family maximum Out of network: \$10,000 per person, \$20,000 family maximum	
Coinsurance <ul style="list-style-type: none">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 <ul style="list-style-type: none">You'll never have to pay more than this amount		\$7,000 per person \$14,000 family maximum Out of network: No 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 injuryUrgent 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	
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	
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	
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 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



BENEFIT	PEAK SILVER PLANS	
	Peak \$2200 Plus Silver	Peak \$3500 Plus Silver
Calendar year deductible <ul style="list-style-type: none"> This is what you pay before your plan starts paying 	\$2,200 per person \$4,400 family maximum Out of network: \$10,000 per person, \$20,000 family maximum	\$3,500 per person \$7,000 family maximum Out of network: \$10,000 per person, \$20,000 family maximum
Coinsurance <ul style="list-style-type: none"> This is what you pay after your deductible is met 	You pay 25% Out of network: You pay 50%	You pay 15% Out of network: You pay 50%
Calendar year out-of-pocket maximum <ul style="list-style-type: none"> You'll never have to pay more than this amount 	\$7,150 per person \$14,300 family maximum Out of network: No maximum	\$7,150 per person \$14,300 family maximum Out of network: No 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 	First three visits per person, per year have a copay:** \$30 office visits \$15 convenience care \$30 urgent care Then you pay 25% after deductible	First three visits per person, per year have a copay:** \$30 office visits \$15 convenience care \$30 urgent care Then you pay 15% 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:** \$30 office visit Then you pay 25% after deductible	First three visits per person, per year have a copay:** \$30 office visits Then you pay 15% 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 \$250 for your first visit each year* Then you pay 25% after deductible for additional visits	You pay \$250 for your first visit each year* Then you pay 15% after deductible for additional visits
Prescription medicines	\$12 generic formulary You pay 25% after deductible for Brand formulary	Then you pay 15% after deductible for additional visits

* 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 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 plan

Summary of Benefits



BENEFIT	PEAK BRONZE PLAN
	Peak \$6850 Plus Bronze
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 Out of network: \$10,000 per person, \$20,000 family maximum
Coinsurance <ul style="list-style-type: none"> This is what you pay after your deductible is met 	You pay 40% Out of network: You pay 50%
Calendar year out-of-pocket maximum <ul style="list-style-type: none"> You'll never have to pay more than this amount 	\$7,150 per person \$14,300 family maximum Out of network: No 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 visits per person, per year have a copay:** \$50 office visits \$25 convenience care \$50 urgent care Then you pay 40% 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:** \$50 office visits Then you pay 40% 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
Emergency room visits	You pay 40% after deductible
Prescription medicines	\$25 generic formulary You pay 40% after deductible for Brand formulary
Laboratory services	You pay 40% after deductible
Inpatient and outpatient hospital care	
Outpatient MRI and CT	
Durable medical equipment	
Maternity	

* Copays for convenience care (such as CVS Minute Clinics® and 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 Catastrophic plan

Summary of Benefits



BENEFIT	PEAK CATASTROPHIC PLAN
	Peak \$7150 Catastrophic
Calendar year deductible <ul style="list-style-type: none"> This is what you pay before your plan starts paying 	\$7,150 per person \$14,300 family maximum Out of network: \$10,000 per person, \$20,000 family maximum
Coinsurance <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> You'll never have to pay more than this amount 	\$7,150 per person \$14,300 family maximum Out of network: No 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 You pay nothing after deductible for urgent care
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	

You must be 18 to 29 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 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 HSA plans

Summary of Benefits



BENEFIT	PEAK HSA PLANS	
	Peak \$3000 HSA Silver	Peak \$6550 HSA Bronze
Calendar year deductible <ul style="list-style-type: none"> This is what you pay before your plan starts paying 	\$3,000 per person \$6,000 family maximum Out of network: \$10,000 per person, \$20,000 family maximum	\$6,550 per person \$13,100 family maximum Out of network: \$10,000 per person, \$20,000 family maximum
Coinsurance <ul style="list-style-type: none"> This is what you pay after your deductible is met 	You pay 15% Out of network: You pay 50%	You pay nothing Out of network: You pay 50%
Calendar year out-of-pocket maximum <ul style="list-style-type: none"> You'll never have to pay more than this amount 	\$6,550 per person \$13,100 family maximum Out of network: No maximum	\$6,550 per person \$13,100 family maximum Out of network: No 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 15% 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
Emergency room visits	You pay 15% 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.

Here for you, 24/7



One thing I love about my job is how my team helps people 24/7.

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

The CareLineSM service nurse told him to hang up and call 911 immediately – he was having a heart attack. He was rushed to the hospital for emergency surgery. Afterward, he called us to say thank you. He didn't realize how serious the situation was until he called and was so grateful that we were there to give him advice.



Rachel

Registered Nurse

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

IF YOU HAVE QUESTIONS ABOUT:	WE'RE HERE TO HELP:
<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• Health plan services, programs and discounts	Member Services Monday – Friday, 8 a.m. – 6 p.m., CT Interpreters are available if you need one.
<ul style="list-style-type: none">• Whether you should see a doctor• Home remedies• A medicine you're taking	CareLineSM service—nurse line 24/7, 365 days a year
<ul style="list-style-type: none">• Understanding your health care and benefits• How to choose a treatment	Nurse NavigatorSM program Monday – Friday, 8 a.m. – 5 p.m., CT
<ul style="list-style-type: none">• Your pregnancy• The contractions you're having• Your new baby	BabyLine phone service 24/7, 365 days a year
<ul style="list-style-type: none">• Finding a mental or chemical health care professional in your network• Your behavioral health benefits	Behavioral Health Navigators Monday – Friday, 8 a.m. – 5 p.m., CT

Manage your health on the go



Life doesn't always operate on business hours. Sometimes you have a question at 9 p.m. on a Friday or 6 a.m. before you need to leave for work. That's where your **myHealthPartners** account and the myHP mobile app come in.

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

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

There's so much more you can do. Signing up is easy!



Aly

Member Services

Learn more at healthpartners.com/signupnow.



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

- 1 See recent claims and how much you owe for your health care.
- 2 Search for doctors in your network or near your current location.
- 3 Get cost estimates for treatments and procedures, specific to your plan.
- 4 Check your balances, including how much you owe before your plan starts paying (deductible) and the most you'll have to pay (out-of-pocket maximum).
- 5 View your HealthPartners member ID card and fax it to your doctor's office.

All about HSAs



You're running low on gas, and there are two gas stations nearby. Do you stop at the closest one? The one with the best snacks? Or the one with the lowest price? If you're like me, the lowest price wins every time.

I get a thrill from watching my savings account build up over time. That's what's so great about these plans. With a health savings account (HSA), you get to watch your bank account grow.

How does it work?

HSA plans usually have lower premiums. That means you pay less each month for your health plan. But don't forget – the low premiums can come with a high deductible. So while you pay less in premiums (and who doesn't like that), you're also in charge of paying more out of your own pocket before your plan kicks in.

The idea is that you'll use your saved money in your HSA to pay for care until you reach your deductible or for coinsurance after you reach it. So you should be stashing away some of that cash you're saving each month into your HSA. Then you'll feel confident in your safety net, in case you do have some care needs in the future.

What will your plan help pay for?

Here are just a few things:

- Preventive care, at no cost to you
- Convenience and online care
- Specialty care, without referrals
- Prescriptions



Member Services

What's an HSA?

Think of your HSA as a special savings account for qualified medical costs. You put tax-free money into your HSA through direct deposits. You could even earn interest or invest it. And the money in your HSA is yours to keep, even if you don't spend it all in a calendar year.

What can you use your HSA money for?

- Deductibles or coinsurance
- Prescription medicines
- Dental care and braces
- Vision care and LASIK surgery
- Medical equipment you use at home

Find how much you'll pay and what your plan will cover in your Summary of Benefits and Coverage (SBC).

Is my medicine covered?




You're not the only one wondering. Knowing if your health plan will cover your medicine and how much you'll pay is important. Have no fear – I'm here with some tips to help you get the most from your medicine.

Start by checking your drug list

Step one is checking your formulary. That's just a fancy word for a list of covered drugs. Your drug list is called **GenericsAdvantageRx**. Searching the list is pretty easy. Go to healthpartners.com/genericsadvantagerx. Search by the name or type of medicine.


If you can't find your medicine on the list, you can always give us a call. We'll help you find it or an alternative that's on the formulary.

So, you've got the list. Now what?

We've got an easy-to-follow guide to help you read your formulary. When you search the list, there's an icon next to each medicine. It might be **F** (formulary), **NF** (non-formulary) or  (excluded). Formulary drugs are covered, excluded medicines aren't covered, and non-formulary medicines might be covered but will cost you more.

Want to save money?

Try taking a generic medicine. Generics are the same as a brand name medicine, but cost a lot less. Here's how to tell:

- **generic** will be in all lowercase italics
- **BRAND**, oral contraceptives and Accutane generics will be in all CAPS
- Specialty drugs will be shown as  **SPECIALTY**

Medicine prices vary, just like gas prices. So make sure you shop around. Try our drug cost calculator to see how much your medicine will cost at different pharmacies. Go to healthpartners.com/pharmacy to find this and other tools.



Annie

Pharmacy Navigator

Always remember – we're here to help. Give Member Services a call using the number on the back of your member ID card. And of course you can check your Summary of Benefits and Coverage (SBC), too.

Healthy choices = hefty savings



I know what a difference being healthy can make in your life, and how a little support – and savings – can be a big help. That's why I'm excited to tell you about some great healthy discounts you get just for being a HealthPartners member.

Save money at your favorite gym

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

Participating gyms include:

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

Go to healthpartners.com/frequentfitness to search for other participating gyms.

Get discounts at other places too

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

You can save money on:

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



Laa

Health Coach

Saving money is one more way we can help you live a healthier life. Go to healthpartners.com/discounts to see all the places where you can get big savings.



If you need to replace your glasses more often than most, you're going to love this! You can save up to 35 percent on eyewear at thousands of places and get great deals on contacts too!

*Not all locations apply. Frequent Fitness is limited to members, age 18 years or older, of HealthPartners senior or individual medical plans and members of participating employer groups. Some restrictions apply. Termination of club membership may result in forfeiture of any unpaid incentive. See participating club locations for program details. Please call Member Services to verify eligibility and visits requirements.

Travel anywhere – worry free



I get a lot of calls from people who are jet-setting across the world for the trip of a lifetime or just about to head out on a quick family getaway.

Wherever they're going, they all have something in common: they're thinking "What if?" What if my daughter gets sick and needs care, or what if I fall and sprain my ankle?

I remind folks all the time about our partnership with Assist America®. With Assist America, you can get the support you need if the unexpected happens. And it's really easy. Just go online to healthpartners.com/getcareeverywhere or use the Assist America mobile app to download your ID card on the go.

Get help 24/7

When you're traveling away from home and have an emergency, Assist America can help you with:

- Filling lost prescriptions
- Finding quality care
- Hospital admission
- Pre-trip info, like immunizations you need
- Sending health updates home
- Tracking down lost luggage
- Translator referrals
- Medical transport to care facilities



Member Services

So keep making those travel plans and feel confident you have support no matter where you are.

virtuwell® – your 24/7 online clinic



Who has time to be sick? Between work, errands and activities, I know it's hard to fit in a trip to the doctor. But you don't have to. I've got an easy way for you to get back to normal ASAP.

Head over to **virtuwell.com**. Our team of certified nurse practitioners can give you a diagnosis, treatment plan and even a prescription. All in about 30 minutes.



We're real people,
giving you real
treatment, really fast.

My favorite story is the time I helped someone whose daughter got pink eye on a family trip. She used virtuwell and answered the questions right on her phone. In 20 minutes, we sent a treatment plan to her inbox and a prescription to the pharmacy by their hotel. I followed up a few days later to make sure she was feeling better. Vacation saved!

How does it work?

- 1** It's **convenient**. We'll start with a simple question: What do you think you have? You'll answer online – anytime, anywhere.

Then, one of our nurses will create your treatment plan. You'll get a text or email when it's ready.
- 2** It's **safe**. We only treat conditions that we can do safely online, like sinus and bladder infections, pink eye and acne. Go to **virtuwell.com/conditions** to see what we can treat – there are more than 60.
- 3** It's **affordable**. A virtuwell visit costs \$45 or less, depending on your insurance. Have questions or need follow-up care? We're happy to give you a call at no cost.



[Signature]
Certified Nurse
Practitioner

The next time you get sick, my team is ready and waiting to get you better. Try **virtuwell.com**.

Find balance with everyday support



You're at work and you just found out your day care is closing in a month. Your boss has a lot of important deadlines coming up, and you don't have time to research and find a new day care. What do you do?

Turn to your Member Assistance Program (MAP). No matter what your situation is, they can help. Maybe a parent is sick, you don't know how to handle a negative coworker or you're looking to adopt. Your MAP can help you with almost anything you can think of.

24/7 help with:

- Making a budget
- Finding child care
- Managing stress on the job
- Parenting tips and resources
- Grieving
- Adopting a new baby
- Knowing what your legal options are
- And more!

Connect how it's best for you:

- Over the phone or through instant message
- Online with articles and tips



Laa
Health Coach

The last thing you need when you're stressed is more stress. Remember your MAP is here to help, and so are we.

Personal dental plans



You can get insurance for just about anything these days, even smartphones. It covers all the uh-ohs in life. But while that insurance only helps if you drop your phone, dental insurance gives you checkups and cleanings before something happens too.

I love to help people smile bright. And they usually do when I tell them how the HealthPartners Personal Dental Plans give them choices and make it easy to keep their teeth healthy.

Here's 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. Residents of Minnesota may choose between two networks. Wisconsin residents get our Open Access network.

- **HealthPartners Dental Group** Nearly 100 dentists and specialists at 23 clinics throughout the Twin Cities and St. Cloud
- **Open Access** Whether you're in Minnesota or Western Wisconsin, 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 (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		HealthPartners Dental Group		HealthPartners Dental Group	
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 children	\$80.43	3 or more children	\$61.11	3 or more children	\$109.68
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

* Rates are effective January 1, 2017–December 31, 2017. See Summary of Benefits at healthpartners.com/personaldental for benefit and waiting period details.



Stella

Member Services

We're here to help keep your teeth healthy all year long. If you have questions about your dental plan, we can answer them. Just give us a call at the number on the back of your member ID card.

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 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