



Plans for a healthier you

2018 HEALTHPARTNERS ATLAS PLANS

For individuals and families who buy
their own insurance

We all need a partner

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

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

Let's make good happen together.



HIGHEST MEMBER SATISFACTION

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

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

**According to the 2007-2016 CAHPS surveys.

Hello!



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

SARA W.

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

What you might have to pay

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

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

Estimating your costs before you see the doctor

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

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



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

All about Atlas

Lower costs, high-quality health care

If you live in western Wisconsin and want to save money, Atlas plans are the perfect choice. You'll have a smaller network of top care providers at HealthPartners family of care clinics and hospitals and other high-quality providers in western Wisconsin.

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.

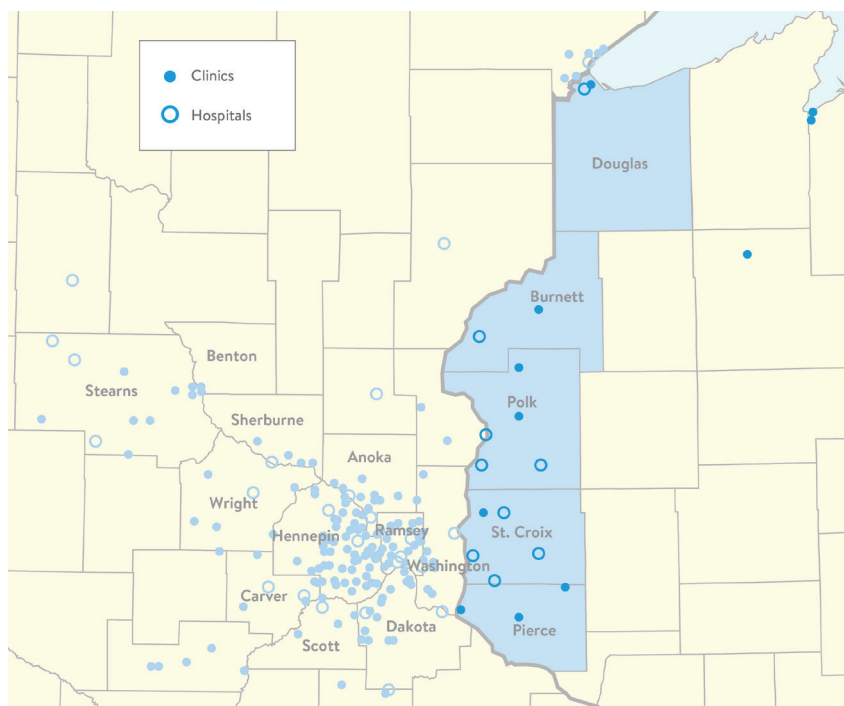
It includes any HealthPartners family of care clinic or hospital in Wisconsin and Minnesota, like:

- 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 top-notch providers in Burnett, Douglas, Pierce, Polk and St. Croix County, like:

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

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



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

Choosing your plan



“I play a lot of volleyball. On the court, you have to expect the unexpected. The same goes for your health care. It’s important to be prepared and think ahead. Just like a good coach, the metal levels below can guide you in choosing the best plan for you.”

DORIS, MEMBER SERVICES

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 free virtuwell[®] visits. You’ll feel better faster with this 24/7 online clinic.

AtlasSM 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.

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 free virtuwell[®] visits. You’ll feel better faster with this 24/7 online clinic.

AtlasSM 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/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[®] for free. The 24/7 online clinic will take care of you from the comfort of your home.



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 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.

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 need to put in your HSA in the coming year.

AtlasSM Gold plan Summary of Benefits

BENEFIT	ATLAS GOLD PLAN
	Atlas \$1000 w/Copay 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 	\$7,350 per person \$14,700 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 	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 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 Maternity	You pay 20% after deductible

* 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 plans Summary of Benefits

BENEFIT	ATLAS SILVER PLANS	
	Atlas \$2300 Plus Silver	Atlas \$3500 Plus Silver
Calendar year deductible <ul style="list-style-type: none"> This is what you pay before your plan starts paying 	\$2,300 per person \$4,600 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 	\$7,350 per person \$14,700 family maximum Out of network: No maximum	\$7,350 per person \$14,700 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 	You pay 25% after deductible	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 You pay 50% after deductible for non-formulary	\$12 generic formulary You pay 15% after deductible for Brand formulary You pay 50% after deductible for non-formulary
Laboratory services	You pay 25% after deductible	You pay 15% 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®), 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.

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

AtlasSM Bronze plan Summary of Benefits

BENEFIT	ATLAS BRONZE PLAN
	Atlas \$6000 Plus Bronze
Calendar year deductible <ul style="list-style-type: none"> This is what you pay before your plan starts paying 	\$6,000 per person \$12,000 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 	\$7,350 per person \$14,700 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:** \$30 office visits \$15 convenience care \$30 urgent care Then you pay 20% after deductible
Behavioral health <ul style="list-style-type: none"> Mental health and chemical health services 	You pay 20% 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 \$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	
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 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.

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

AtlasSM Catastrophic plan Summary of Benefits

BENEFIT	ATLAS CATASTROPHIC PLAN
	Atlas \$7350 Catastrophic
Calendar year deductible <ul style="list-style-type: none"> This is what you pay before your plan starts paying 	\$7,350 per person \$14,700 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 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 	\$7,350 per person \$14,700 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 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 \$3000 HSA Silver	Atlas \$6600 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	\$6,600 per person \$13,200 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 	\$6,600 per person \$13,200 family maximum Out of network: No maximum	\$6,600 per person \$13,200 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 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



“Did you know the average person spends \$685 on dental care each year?* There’s good news though. Your dental plan can help keep a lid on costs and help you stay healthy from teeth to toes.”

DORIS, MEMBER SERVICES

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, 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 (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

*Healthy Policy Institute, “The Per-Patient Cost of Dental Care, 2013: A Look Under the Hood,” American Dental Association, March 2016.

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

* Rates are effective January 1, 2018–December 31, 2018. See Summary of Benefits at healthpartners.com/personaldental for benefit and waiting period details.

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 to help.”

ANNIE, PHARMACY NAVIGATOR

Start by checking your drug list


Step one is looking at 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.

1. Go to healthpartners.com/genericsadvantagerx
2. Search by the name or type of medicine

HELPFUL HINT: If you can’t find your medicine on the list, give us a call. We’ll help you find it or an alternative that is.

So, you’ve got the list. Now what?


We’ve got an easy-to-follow guide to help you read your drug list. When you search the list, there’s an icon next to each medicine. These are the icons you might see:

- **F** (formulary) – medicines covered by your plan
- **MF** (non-formulary) – medicines that might be covered but will cost you more
-  (excluded) – medicines that aren’t covered

Save money on your meds

Try generics

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

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

Shop around

Medicine prices vary just like gas prices. So make sure you shop around. See how much your medicine will cost at different pharmacies. Visit healthpartners.com/pharmacy.

Members can log on to their *myHealthPartners* account and:

- Transfer a prescription from one pharmacy to another
- See how much they’ve spent on medicine so far this year
- Learn about other ways to save, like generic medicine

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

Here for you, 24/7



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

RACHEL, REGISTERED NURSE

Help is a phone call away

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

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

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

CARELINE SM SERVICE NURSE LINE	MEMBER SERVICES	BABYLINE PHONE SERVICE
For questions about: <ul style="list-style-type: none"> Whether you should see a doctor Home remedies A medicine you’re taking 	For questions about: <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 	For questions about: <ul style="list-style-type: none"> Your pregnancy The contractions you’re having Your new baby
24/7, 365 days a year	Monday – Friday, 7 a.m. – 7 p.m., CT Interpreters are available if you need one.	24/7, 365 days a year
MEMBER SERVICES CAN HELP YOU REACH:		
NURSE NAVIGATOR SM PROGRAM	PHARMACY NAVIGATORS	BEHAVIORAL HEALTH NAVIGATORS
For questions about: <ul style="list-style-type: none"> Understanding your health care and benefits How to choose a treatment 	For questions about: <ul style="list-style-type: none"> 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 	For questions about: <ul style="list-style-type: none"> Finding a mental or chemical health care professional in your network Your behavioral health benefits
Monday – Friday, 8 a.m. – 5 p.m., CT	Monday – Friday, 8 a.m. – 5 p.m., CT	Monday – Friday, 8 a.m. – 5 p.m., CT

Manage your health on the go



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

LAUREN, MEMBER SERVICES

Your plan at your fingertips

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

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



Top 5 ways to use your online account and mobile app

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

There’s so much more you can do. Signing up is easy!
Learn more at healthpartners.com/signupnow.

Know where to go



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

BALQISA, REGISTERED NURSE

How can I find covered care?

Finding the right doctor, clinic or hospital is important. It’s easier than ever to search the Atlas network for covered care:

- Visit healthpartners.com/atlas
- 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 	CareLineSM service Call 24/7	Free	
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	Free*	
	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	\$\$	
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	\$\$\$	
Help in an emergency, such as: <ul style="list-style-type: none"> • Chest pain or shortness of breath • Head injury 	Emergency room	\$\$\$\$	

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

*virtuwell is available anywhere in the United States to residents of AZ, CA, CO, CT, IA, MI, MN, NY, ND, PA, VA and WI. Excludes Catastrophic and HSA-qualified plans.

Travel anywhere worry free



“I love traveling. But I don’t want life’s ‘what ifs’ getting in the way. What if I get sick? What if I crash my bike? That’s why I’m thankful for Assist America®. And why it’s important for members to know about it too.”

DREW, MEMBER SERVICES

Support for the unexpected

If you’re jet-setting across the world or just heading out of town for the weekend, you don’t have to worry. We’ve partnered with Assist America so you can get the support you need if the unexpected happens.

Get help anytime, anywhere

When you’re traveling more than 100 miles away from home and have an emergency, Assist America is available 24/7/365. They 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
- Coordinating transport to care facilities or back home

It’s easy to get started

Go online to healthpartners.com/getcareeverywhere.

MY TIP: Use the Assist America mobile app to download your Assist America ID card on the go. It’ll save you time and give you one less thing to keep track of.

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

Healthy choices = hefty savings



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

SARA, HEALTH COACH

Save money at your favorite gym

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

Participating gyms include:

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

Get discounts at other places too

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

You can save money on:

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

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



Need to replace your glasses?

You can save up to 35 percent on eyewear at thousands of places. And get great deals on contacts too!

*Not all club locations apply. Some national clubs are owned by individual franchise owners and may not participate in the program. Frequent Fitness is limited to members, age 18 years or older, of certain HealthPartners medical plans and members of participating employer groups. Some restrictions apply. Termination of club membership may result in forfeiture of any unpaid incentive. See participating club locations for program details. Workout requirements and program eligibility may vary by employer. Please check with your employer or call Member Services to verify eligibility and visits requirements.

Find balance with everyday support



“You’re at work and just found out your day care is closing. Deadlines are coming up, and you don’t have time to find a new one. What do you do? I’ll give you a little-known secret: turn to your MAP.”

SARA, HEALTH COACH

Your Member Assistance Program has your back

No matter your situation, your Member Assistance Program (MAP) 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 with almost anything you can think of. The best part? It’s free and completely confidential.

Get 24/7 help

Here are just a few things your MAP can 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

No setup needed. Start using your MAP as soon as you’re ready:

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



The last thing you need when you’re stressed is more stress. Remember your Member Assistance Program is here to help.

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 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

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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