



Your health plan

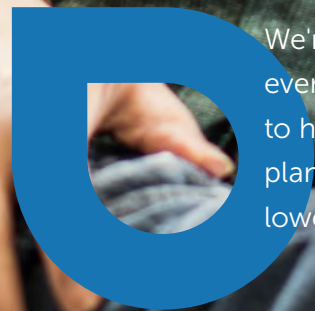
2024 Open Enrollment

Your medical plan benefits	3
Extra support	7



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Your partner for goodSM



We're 26,000 partners strong, working together to support your health every day. You can rely on a top-rated Member Services team – here to help you understand your plan and answer your questions. It's a plan you can trust, benefits that benefit you and a commitment to lower costs. We're your partner for all of it. **Your partner for good.**



Getting started

The more you know about your plan, the easier it is to make good decisions for your health and wallet. We're happy you're trusting HealthPartners. Here are some tips.

What to do next

- **Call us** with questions at **952-883-5000 or 800-883-2177**
- **Sign in** or create an account at **healthpartners.com**

We can help you make choices you'll feel good about.

Understand your costs

You'll likely see these terms during enrollment and throughout the year. Knowing how these costs work with your plan will help you avoid unexpected charges.

- **Premium** – how much you pay for your plan, usually taken out of your paycheck.
- **Deductible** – the amount you're responsible to pay for care before your plan helps cover costs, not including your premium.
- **Copay** – a set amount you pay each time you visit the doctor or get a prescription.
- **Coinsurance** – a percent of the bill you pay. Your plan covers the rest.
- **Out-of-pocket maximum** – the most you'll pay for covered care each year.
- **Summary of Benefits and Coverage (SBC)** – lists out the specific benefit costs for your plan.

Check out your extras

Your health plan does more than just process claims. Read on to learn more about some of the services, resources and discounts you have available to help you live your best life.

Use your online account

With an online account, you can get up-to-date personal health plan information in one simple place.

- See claims and how much you could owe.
- Search for doctors in your network.
- Check your deductible or out-of-pocket maximum spending.
- View your member ID card.
- Get cost estimates for care.
- Compare prescription costs.
- Manage your health on the go with the myHP mobile app.



I'm thankful I had someone to help me understand my own health insurance. I can walk you through your plan now, so you're prepared when you use it later.

Lauren, Member Services

HSA Plus plan

Set aside pretax money in a health savings account (HSA) to pay medical bills. Plus, get lower costs on select medicines and care.

What you'll pay

Deductible, then coinsurance

This plan has a deductible – a set amount you pay before your plan helps cover costs for most kinds of care. After that, you may pay coinsurance, which is a percent of the bill.

Out-of-pocket maximum

Once you reach the max, your plan pays for in-network care the rest of the year.

What your plan pays for

Even before you reach your deductible, your plan helps cover the things you need most to stay healthy.

In-network preventive care

Your plan pays 100% of the bill.

Preventive drugs

For prescriptions on our HSA Basic preventive drug list, your plan pays some and you'll pay a set amount (a copay). See the list at healthpartners.com/basichsa.

Preventive care for chronic conditions

Your plan helps pay for certain services and equipment, such as lab work to monitor diabetes or liver disease.

EmpowerSM HSA plan highlights

This plan allows you to contribute money to an HSA before taxes are taken out. Add up what you spent on health care expenses last year to get an idea of how much to put in next year.

Use your HSA to pay for things like:

- Doctor visits and lab fees
- Prescription and select over-the-counter medicines
- Dental care and braces
- Vision care and LASIK surgery

HSA money can:

- Earn interest or be invested
- Pay for medical expenses before or after you reach your deductible
- Stay with you year after year, even if you switch jobs – you own the account

How to get more info

- **See plan details** in your **Summary of Benefits and Coverage (SBC)** in your enrollment materials
- **Call us** with questions at **952-883-5000 or 800-883-2177**

TIP: Put some of the money you're saving on premiums into your HSA on your own or through direct deposit.

Open AccessSM network

Get the most options from our largest network.

Choose your favorite doctor

You can see any doctor in the Open Access network. With over one million network providers and 6,000 hospitals, you can see your favorite doctor or specialist, locally or nationally. Or you can pick one from the network on your own – no referral needed.

How to get more info

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

Fast, easy, affordable care

Skip a trip to the clinic. Save time and money by getting treated for common conditions from your smartphone, tablet or computer. Your plan covers telemedicine care.

Questions about benefits?

We can help. Call Member Services at **952-883-5000 or 800-883-2177**

Virtuwell®

Your 24/7 online clinic

Get better faster. Start your visit any time with any device – no appointments, video or downloads needed. Answer a few questions online to get treatment for more than 60 common conditions. Nurse practitioners give you a diagnosis, treatment plan and prescription – all in about an hour. If for any reason you can't be treated, there's no charge. Plus follow-up care about your treatment are free.

Use your member ID to find your cost, view FAQs and get started at **virtuwell.com/cost/healthpartners**.

Doctor On Demand

Live video visits with a doctor include assessment, diagnosis and prescriptions, plus urgent care for cold and flu, skin conditions and allergies. When you create a free member account, your cost is always shown up front, without any surprise bills later. Register at **doctorondemand.com**.

Teladoc

Fill out a brief medical history to connect with medical experts by phone, video or mobile app. Whether it's a prescription sent to the pharmacy of your choice, guidance on next steps or a review of a preexisting condition, they're ready to help. Get started at **teladoc.com**.



The next time you're sick, your health plan has affordable options to help you get better, faster.

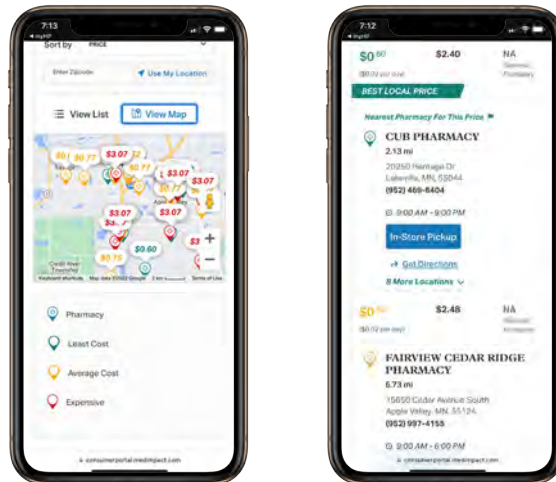
Julie, RN, nurse navigator

Find the best medicine cost

Shopping for the lowest price medicine is easier than comparing prices for airline travel.

Multiple ways to save on medicines, in one online tool

The prescription shopping tool helps you find the lowest cost for medicines, based on your current health plan. Find other options to save money too, like when a lower price alternative is available.



Sign in to your account

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

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

You can use the prescription shopping tool to:

- Find the lowest cost for your medicine
- Compare current prices at pharmacies near you
- Understand what medicines are covered by your health plan
- Transfer prescriptions to the lowest cost pharmacy
- Know if you have available refills
- See if you have a prior authorization and when it expires
- Download tax reports of what you spent last year

Medicine delivered to your door

Skip the trip to the pharmacy. Get your prescriptions mailed to your home with WellDyne.

5 great things about mail order

1. You'll never pay for standard shipping.
2. Refilling your medicine online or with our mobile app is easy.
3. All orders are sent in a tamper resistant, plain package to make it more private.
4. Safety is important. You'll get the best quality medicine.
5. You'll get your medicine delivered within seven to 10 days.

TIP: You can track the status of your order every step of the way, from receipt and processing to shipping and delivery.

To check the status of your order, sign into your online account or call our automated phone system.

How to get started

- Call **800-591-0011**
- Visit **healthpartners.com/mailorder**



It's hard to get to the pharmacy each month. Mail order pharmacy delivers your meds quickly and easily to you, just like your favorite stores.

Dave, Pharmacist

Here for you, 24/7

Call us at one of these numbers if you have questions about your health or what your plan covers. We're ready to help.

Member Services

For questions about:

- Your coverage, claims or plan balances
- Finding a doctor, dentist or specialist in your network
- Finding care when you're away from home
- Health plan services, programs and discounts

Monday – Friday,
7 a.m. to 6 p.m. CT
Call the number on the back
of your member ID card,
952-883-5000 or 800-883-2177
Interpreters are available if you
need one.
Español: **866-398-9119**
healthpartners.com

Member Services can help you reach:

**Nurse
NavigatorSM
program**

For questions about:

- Understanding your health care and benefits
- How to choose a treatment

Monday – Friday,
7:30 a.m. to 5 p.m. CT

**Pharmacy
Navigators**

For questions about:

- Your medicines or how much they cost
- Doctor approvals to take a medicine (prior authorization)
- Your pharmacy benefits
- Transferring medicine to a mail order pharmacy

Monday – Friday,
8 a.m. to 5 p.m. CT

Behavioral Health Navigators

For questions about:

- Finding a mental or chemical health care professional in your network
- Your behavioral health benefits

Monday – Friday,
8 a.m. to 5 p.m. CT
888-638-8787

CareLineSM service nurse line

For questions about:

- Whether you should see a doctor
- Home remedies
- A medicine you're taking

24/7, 365 days a year
800-551-0859

BabyLine phone service

For questions about:

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

24/7, 365 days a year
800-845-9297



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

Rachel, Registered Nurse, CareLine

Take charge of your health plan

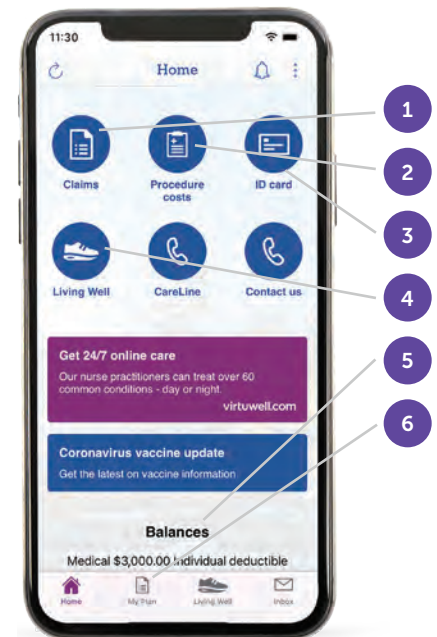
You go online to research, plan and follow up on big decisions. A HealthPartners online account makes it just as easy to stay on top of your health care and insurance.

Get personalized information when and where you need it

With an online account, you have real-time access to your personal health plan information in one simple place. No more guessing or waiting until business hours to get answers to your questions.

Top 6 ways to use your online account and mobile app

1. See recent claims, what your plan covered and how much you could owe.
2. Get cost estimates for treatments and procedures specific to your plan.
3. View your HealthPartners member ID card and fax it your doctor's office.
4. Access your Living Well dashboard to check your program progress, take the health assessment and complete activities.
5. 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).
6. Search for doctors and pharmacies covered by your plan.



Sign in to your account

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

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



I love directing members to their online accounts and the mobile app. You can easily get your health plan info, even when I'm not in the office.
Jarria, Member Services

Get the right care at the right price

Your health plan covers a range of options when you need care. Knowing the differences between the options can help you choose where to get care at the best cost. Search online to find an in-network option specifically covered by your plan.

Find in-network care

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

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

When you need	Go to	Average cost	Average time spent
Health advice from a registered nurse for: <ul style="list-style-type: none"> At-home remedies When to go in for care 	CareLine SM service Call 24/7 at 800-551-0859	Free	15 minutes
Treatment and prescriptions for minor medical issues, like: <ul style="list-style-type: none"> Bladder infection Pink eye Upper respiratory infections 	Virtual or convenience care	\$	15 minutes
A regular checkup or special care during the day for things like: <ul style="list-style-type: none"> Diabetes management Vaccines 	Primary care clinics	\$\$	30 minutes
Care for urgent problems when your doctor's office is closed, like: <ul style="list-style-type: none"> Cuts that need stitches Joint or muscle pain 	Urgent care clinics	\$\$\$	45 minutes
Help in an emergency, such as: <ul style="list-style-type: none"> Chest pain or shortness of breath Head injury 	Emergency room	\$\$\$\$	60 minutes



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

Living healthier just got a little less expensive

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

See where you can save

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

Save big by showing your member ID card to participating retailers

Save money on:

- Eyewear
- Exercise equipment
- Fitness and well-being classes
- Eating well
- Healthy mom and baby products
- Hearing aids
- Pet insurance
- And more!

Discounts on gym memberships

Husk Gym Network

Provides discounts on memberships at more than 11,000 fitness centers, weight loss programs and wellness brands

The Active&Fit Direct™ program

Offers more than 11,000 fitness centers nationwide for a flat monthly fee



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

Katie, Member Services

Quit for good

Quitting tobacco and vape may be one of the hardest things you'll ever do. You don't have to do it alone. We're here to help.

Get help from a health coach

Work with a health coach to set goals around tobacco use and vaping that fit your lifestyle. You'll get support and encouragement to reach your goals and live nicotine free. Plus, you can schedule phone calls or email your health coach when it works best for you.

Medicine to support quitting

Your health plan might pay for medicines to help you quit. Visit healthpartners.com/formulary to view your formulary. Or, call our Member Services team at the number on the back of your member ID card.

How to get started

Sign up with a health coach at **800-311-1052**.

Work at your own pace to:

- Beat cravings
- Relieve stress
- Deal with tempting social situations
- Adjust to life without tobacco and vape
- Feel great



Maybe you've tried to quit on your own – more than once. Don't get down on yourself. Getting support from a coach can be just what you need to quit for good.

Sara, Health Coach

Assist America®

Travel anywhere, worry-free

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

Get 24/7 help

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

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

How to get started

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



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

Jamie, Member Services

Get the most from your meds

Knowing what you'll pay for your medicine is important. Use these tools and resources to understand your costs and get support if your medicine isn't working for you.

Questions about benefits?

We can help. Call Member Services at **952-883-5000** or **800-883-2177**

Check your formulary

A formulary, also called a drug list, tells you what medicines are covered by your health plan and generally how much you'll pay. You'll also learn if there are any requirements before you can start a medicine.

Your formulary is called PreferredRx.

1. Go to healthpartners.com/preferredrx.
2. Search by the name or type of medicine.
3. Use your Summary of Benefits and Coverage (SBC) in your enrollment materials to understand how each type of medicine is covered.

Try generics

Generics are just as safe and effective as brand-name medicines, but cost a lot less. Talk to your doctor or pharmacist about switching to a generic medicine.

Search for the lowest cost

Medicine prices can change from pharmacy to pharmacy. Shop around. See what your costs are at different pharmacies. Members can get started with the prescription shopping tool at healthpartners.com/pharmacy.

Talk with a Pharmacy Navigator

One call will give you answers to your questions around benefits, coverage, costs, formularies and more. Call Member Services at the number on the back of your member ID card. Ask to talk with a Pharmacy Navigator.

Meet with a pharmacist

In a one-on-one visit, a pharmacist will review your medicines with you to make sure they're working and are right for you. Plus, it's free. Visit healthpartners.com/mtminfo to learn more.



Our team is here to support you. If you can't find your medicine on the formulary or shopping tool, give us a call. We'll help you find it or an alternative that's covered.

Kerry, Pharmacy Navigator

Our approach to protecting personal information

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

Summary of utilization management programs for medical plans

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

THESE PROGRAMS INCLUDE:

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

Appropriate use and coverage of prescription medicines for medical plans

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

TO HELP US DO THIS, WE USE:

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

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

Important information on provider reimbursement

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

PROVIDER REIMBURSEMENT INFORMATION FOR MEDICAL PLANS

- **Fee-for-service** – Some providers are paid on a “fee-for-service” basis, which means that the health plan pays the provider a certain set amount that corresponds to each type of service furnished by the provider.
- **Discount** – Some providers are paid on a “discount” basis, which means that when a provider sends us a bill, we have negotiated a reduced rate on behalf of our members. We pay a predetermined percentage of the total bill for services.
- **Case rate** – Sometimes we have “case rate” arrangements with providers, which means that for a selected set of services the provider receives a set fee, or a “case rate,” for services needed up to an agreed upon maximum amount of services for a designated period of time. Alternatively, we may pay a “case rate” to a provider for all of the selected set of services needed during an agreed upon period of time.
- **Reconciliation** – Sometimes we have withhold arrangements with providers, which means that a portion of the provider’s payment is set aside until the end of the year. The year-end reconciliation can happen in a variety of ways.
- **Withhold Arrangements** – Sometimes we use withhold arrangements as part of provider payments which means that a portion of the provider’s payment is set aside until the end of the year. The year-end reconciliation can happen in a variety of ways.
- **Diagnosis** – Some providers — usually hospitals — are paid on the basis of the diagnosis that they are treating; in other words, they are paid a set fee to treat certain kinds of conditions. Sometimes we pay hospitals and other institutional providers a set fee, or “per diem,” according to the number of days the patient spent in the facility.
- **APCs** – Some providers — usually hospitals — are paid according to Ambulatory Payment Classifications (APCs) for outpatient services. This means that we have negotiated a payment level based on the resources and intensity of the services provided. In other words, hospitals are paid a set fee for certain kinds of services and that set fee is based on the resources utilized to provide that service.
- **Total Cost of Care** – Some providers — usually primary care medical groups — are paid based on how well they manage the total cost of care associated with a patient, as well as how well they manage the patient experience and the quality of care provided.

Conducting medical necessity reviews

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

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



Thanks for calling HealthPartners

Our Member Services team loves to help, and there's no better time than now. Give us a call if you have questions about your plan or even if you just want to get to know your plan a little better. Making sure you understand your health plan is just the first way we help you stay healthy.



Member Services

952-883-5000 or **800-883-2177**

Monday – Friday, 7 a.m. to 6 p.m., CT

healthpartners.com