



Your health plan

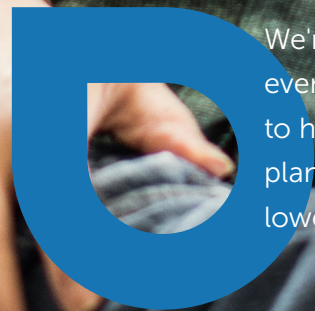
2024 Open Enrollment

Your medical plan benefits	3
Your dental plan benefits	8
Extra support	12



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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

Deductible plan

You have every reason to get your preventive care to stay healthy – it's covered 100%.

What you'll pay

Deductible, then coinsurance

This plan has a deductible. That's the amount you pay for care before your plan helps cover costs.

After that, your plan splits the bill with you. That's called coinsurance. For example, you might pay 20%, and your plan would pay the other 80%.

Out-of-pocket maximum

Once you reach a limit, called an out-of-pocket maximum, you don't pay any more – your health plan pays for all in-network care.

What your plan pays for

Your health plan fully pays for in-network preventive care, even before you've paid your deductible.

After you hit your deductible, your plan chips in on things like:

- Convenience care and virtual care
- Specialty care (no referrals needed)
- Prescriptions

TIP: Get your yearly checkup, vaccines and screenings. They're all covered by your plan.

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**

Open AccessSM network and Achieve network

Get the most options from our largest network, or choose Achieve to get access to the best local doctors at the lowest cost.

Choosing Open Access

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.

Search the Open Access network for your doctor or find a new one at healthpartners.com/openaccess

Choosing Achieve

We review patient surveys, claims info and overall health care data. The doctors in the Achieve network consistently have happier, healthier patients at a lower overall cost – and you can see any doctor in the network. If you need additional care, your primary care doctor can help you find a specialist. Or you can pick one from the network on your own – no referral needed.

Search the Achieve network for your doctor or find a new one at healthpartners.com/achieve

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**

Care today for a healthy tomorrow

Prevent problems before they start so you can enjoy the things you love. Your health plan covers in-network preventive care at 100%. You don't pay anything.

Protect your health with routine visits

Even if you're not sick, it's smart for you and your family to go in for regular checkups, screenings and well-child visits. If there are any issues, you can catch them early – when treatment is most effective.

Preventive care includes

- Screening tests to check if you have high blood pressure, diabetes or high cholesterol
- Colorectal, breast and cervical cancer screenings
- Routine pre- and post-natal care
- Vaccines
- Weight, alcohol and tobacco screenings
- And more!

Visit healthpartners.com/preventive to find out what care is recommended for you.

Questions about benefits?

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



I always encourage members to go in for their screenings. If you're ever wondering whether a service counts as routine preventive care, give us a call.

Renae, Member Services

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

Dental DistinctionsSM plan

A healthy mouth may help decrease the risk of diabetes, heart attacks and strokes. That's why our dental plans cover 100% of all in-network preventive care.

How to get more info

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

TIP: By seeing a dentist in benefit level 1, you may get extra care covered by your plan, like more frequent teeth cleanings if you get a lot of cavities.

What your plan pays for

Preventive care is covered at no cost to you when you see a network dentist. It also helps cover:

- HealthPartners MouthWise Matters – extra exams, gum care and cleaning are covered 100% if you're pregnant, or if you have diabetes and are at risk of gum disease
- The cost of other dental care at the amounts shown in your Summary of Benefits

What you'll pay

Deductible or coinsurance

Things like getting a cavity filled might cost a deductible. That's the amount you have to pay before your plan helps with the cost. There's also coinsurance, which is a percent of the bill.

Annual maximum

Your dental plan max is a bit different than your medical plan. It's the most your plan will pay for dental care each year. You're in charge of the rest.

Plan highlights

This plan has two benefit levels. Benefit level 1 is a narrow network where you'll get great care with low out-of-pocket costs. Benefit level 2 is where you'll find more dentists, but your out-of-pocket costs could be higher.

Where you can get care

Pick the care and dentist that's right for your teeth and your wallet.

Benefit level 1

With this narrow network, you may get extra care covered by your plan. It includes HealthPartners Dental Group and other leading clinics in the Twin Cities that provide savings and care to help improve your overall health.

Benefit level 2

Get lots of clinic options so you can choose the dentist that works best for you.



**St. Anthony New Brighton School
 District 282**
DEN HP Custom Tiered II SI - Minnesota
HealthPartners Dental Tiered PPO
 7-1-2024

The following is an overview of your HealthPartners coverage. For exact coverage terms and conditions, consult your plan materials.		
Plan highlights	In-network	Out-of-Network
Partial listing of covered services	Care from a network provider	Care from an out-of-network provider *
Dental Plan Parameters		
	Annual Maximums & Deductibles are combined across all tiers	
- Annual maximum	Level 1: \$1,250 per calendar year Level 2: \$1,250 per calendar year	\$1,250 per calendar year
- Individual Deductible (Applies to Basic Care, Special Care & Prosthetics)	Level 1: None Level 2: \$25	\$50
- Family Deductible (Applies to Basic Care, Special Care & Prosthetics)	Level 1: None Level 2: \$75	\$150
Implant maximum <i>included in annual maximum</i>	Level 1: \$625 Level 2: \$625	\$625
Preventive and Diagnostic Care		
- Teeth cleaning, exams, dental x-rays and fluoride treatments	Level 1: 100% Level 2: 100%	100%
- Sealants	NO COVERAGE NO COVERAGE	NO COVERAGE
Basic Care		
Basic Care I		
- Fillings (amalgam and anterior composite)	Level 1: 100% Level 2: 80%	80%
- Posterior composite (white fillings)	Level 1: 80% Level 2: 50%	50%
- Simple extractions	Level 1: 80% Level 2: 80%	80%
- Non-surgical periodontics	Level 1: 80% Level 2: 80%	80%
- Endodontics (root canal therapy)	Level 1: 80% Level 2: 80%	80%
Basic Care II		
- Surgical periodontics	Level 1: 80% Level 2: 80%	80%
- Complex oral surgery	Level 1: 80% Level 2: 80%	80%
Special Care		
- Restorative crowns & onlays	Level 1: 50% Level 2: 50%	50%
Prosthetics		
- Bridges, dentures & partial dentures	Level 1: 50% Level 2: 50%	50%
- Dental implants	Level 1: 50% Level 2: 50%	50%



Plan highlights	In-network	Out-of-Network
Orthodontic Services	Orthodontic lifetime maximums are combined in and out-of-network	
- Orthodontic care for dependents age 18 or under	Level 1: Plan pays 50% up to \$1000 lifetime Maximum Level 2: Plan pays 50% up to \$1000 lifetime Maximum	Plan pays 50% up to \$1000 lifetime Maximum

** If your out-of-network dentist charges more than the maximum allowable amount, you may be responsible for the difference.*

Emergency Care: Refer to the Group Dental Member Contract for coverage of emergency dental services

Diabetes and Pregnancy: Additional periodontal services (exams, cleanings, scaling and root planing, and debridement) for our members who are diabetic and/or pregnant are covered at 100% in-network. Deductibles, annual maximums, and frequency limitations will be waived on these specific services for members referred into the program by a HealthPartners network dentist.

Benefit Limitations
<ul style="list-style-type: none"> - Coverage for dental exams limited to twice each calendar year. - Coverage for dental cleanings (prophylaxis or periodontal maintenance) limited to twice each calendar year. - Sealants limited to one application per tooth every three years. - Coverage for professionally applied topical fluoride limited to once each calendar year for members under age 19. - Coverage for bitewing x-rays limited to once each calendar year. - Full mouth or panoramic x-rays limited to once every three years. - Oral hygiene instruction limited to once per enrollee per lifetime. - Coverage for space maintainers limited to replacement of prematurely lost primary teeth for dependent members under age 19. - Replacement of crowns and fixed or removable prosthetic appliances limited to once every five years. - Certain limitations apply to repair, rebase and relining of dentures. - Dental services related to the replacement of any missing teeth prior to the member's effective date are covered when services are performed by a provider in the HealthPartners Dental Open Access Network. - Non-surgical and surgical periodontics limited to once in two years.
<p>THIS IS A BENEFIT SUMMARY SHEET ONLY. THIS DENTAL PLAN MAY NOT COVER ALL YOUR DENTAL CARE EXPENSES. FOR COMPLETE INFORMATION ABOUT BENEFITS AND SERVICES, ASK YOUR EMPLOYER OR CALL THE MEMBER SERVICES INFORMATION LINE AT (952) 883-5000 OR CALL TOLL FREE AT 1-800-883-2177.</p>

Our mission:
We seek to improve health and well-being in partnership with our members, patients and community.

HealthPartners MouthWise Matters

Extra dental care for your gums

We share tips to keep your teeth healthy and help you feel your best. You also get important benefits, like those that help pregnant women and people with diabetes.

What it covers

If you're living with diabetes or are pregnant and at risk of gum disease, MouthWise Matters covers:

- 100% of services to help control gum disease
- Extra dental checkups and cleanings
- Root planing and scaling – a deep cleaning for your teeth

All other services, like fillings and root canals, are covered according to your Summary of Benefits.

How it works

It's easy to get the care you need to stay healthy:

- Visit a network dentist
- Get 100% coverage on medically necessary gum treatment

When gum treatment is needed, there's no coinsurance or deductible. Plus, your plan will pay even if you've reached your annual maximum for the year.

How to get more info

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



As a dentist, I see how oral health affects overall health. MouthWise Matters helps pregnant women and people with diabetes maintain their health affordably.

David, Dentist

Get the most from your meds

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

Check your formulary

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

Your formulary is called 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.

Questions about benefits?

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



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

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.

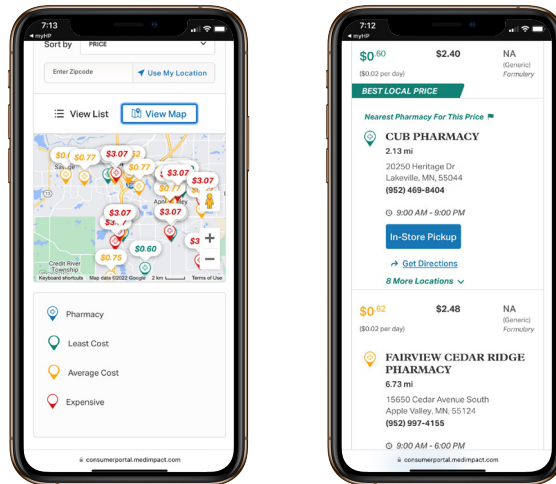
Dave, Pharmacist

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

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

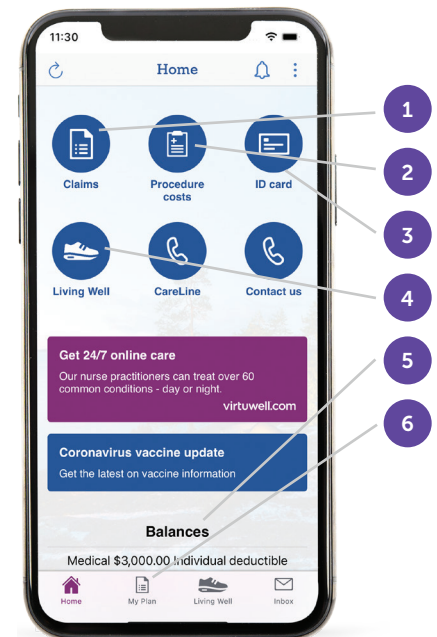
You go online to research, plan and follow up on big decisions. A HealthPartners online account makes it just as easy to stay on top of your health care and insurance.

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

Face cancer together

You don't need to face a cancer diagnosis alone. Our nurses will be with you every step of the way.

A nurse is ready to help

When you work with a nurse, you'll get extra advice and guidance to make navigating your cancer diagnosis and treatment less overwhelming.

How it works

A HealthPartners nurse is a great addition to your health care team. Through phone calls and other communications, we'll support you in feeling your best and meeting your personal health goals. All support is confidential and is at no cost for HealthPartners members.

We're here to

- Help you make decisions that fit your life and values
- Support you through treatment
- Connect you to resources
- Collaborate with your provider and clinic team
- Listen when you just need to talk

Ready to get started?

Call **952-883-5469** or **800-871-9243**
or visit [healthpartners.com/
cancersupport](https://healthpartners.com/cancersupport)



When you're dealing with cancer, it can feel like your whole life centers around it. Having a nurse to lean on when you need support can make a big difference.

Jill, Registered Nurse

Relief for your back pain

Our nurses can help make sure back pain doesn't keep you down. HealthPartners members get support and resources at no cost.

Personal nurse support

When you're dealing with back pain, it can be frustrating to feel like nothing works. Our nurses are here to listen and suggest personalized solutions to help you feel better.

How it works

Working with a HealthPartners nurse is a great addition to your health care team. Through phone calls and other communications, we'll support you in feeling your best and meeting your personal health goals. All support is confidential, and you can stop at any time.

Partnering with you

Most Americans will experience back pain at some point in their lives. Although it's common, there are many myths about the causes and treatment for back pain. Depending on your pain, we'll give you tips on prevention, exercises and options. We'll discuss questions like:

- What's working well for you right now?
- Where do you need more help?
- What are your treatment options?

Ready to get started?

- Call **952-883-5469** or **800-871-9243** or fill out the form at healthpartners.com/healthsupport
- Visit healthpartners.com/backhealth to learn more about back pain



Back pain is very common, but treatment might look different for everyone. That's why working with a nurse one-on-one can make such a difference.

Jill, Registered Nurse

Healthy baby, healthy you

If you're pregnant or thinking about it, we have lots of resources to support you – all available at no cost.

Planning and preparing for pregnancy

Start by taking the online assessment at healthpartners.com/healthy-pregnancy. Based on your answers, you may get a call from a nurse. Our specially-trained team will work with you over the phone to answer questions and give advice between doctor visits.

Personalized, digital support

After you take the assessment, you'll have access to the **My Pregnancy** digital experience in your HealthPartners account and through email. It's all written by our health experts and timed to where you're at in your pregnancy. Topics include staying healthy, what to expect in each trimester, health plan coverage, caring for a newborn and much more.

Other resources during pregnancy

- **24/7 phone support from a nurse** whenever you need it – even at 3 a.m. Call the BabyLine at **612-333-2229** or **800-845-9297**.
- **Get pregnancy tips texted** to your phone by texting **BABY** to **511411** (BEBE for Spanish).
- **Track your pregnancy with the myHealthyPregnancy app.** Our myHealthyPregnancy app powered by YoMingo puts important parent education resources and fun extras for every stage of pregnancy, newborn care and more at your fingertips. Visit healthpartners.com/myhealthypregnancy for instructions on how to download the app.

Want to know more?

Visit healthpartners.com/pregnancysupport



Whether this is your first, second or sixth baby, we're here to help. Our support is confidential and no cost to you.
Jill, Registered Nurse

A resilient you

We're here to support the whole you – this includes your emotional health. Our programs will help you build resilience and cope with life's challenges.

Health assessment and well-being activities

Start your path to building emotional resilience with an online health assessment. You'll then have access to resources to help build healthy habits, like our *Healthy Thinking* and *Tackle Stress* digital activities.

To get started, sign in to your online account. Then click on the *Living Well* tab and choose *Go to your Well-being program*. If you don't have an online account, create one at healthpartners.com/signupnow.

myStrength

Build a healthier mind for a stronger you. myStrength is a flexible and comprehensive digital program with tools and activities for stress, depression, sleep and more. Learn from hundreds of activities, articles and videos. Practice techniques to help you shift your thinking, get inspired and feel more hopeful.

TIP: Visit healthpartners.com/resilience for more information and resources on building emotional resilience.

Questions about benefits?

Behavioral health navigators can help. Call **952-883-5811** or **888-638-8787**.

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

Digital workouts

Wellbeats

Get access to free workout videos across all fitness levels, featuring top fitness brands and names



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

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.

Benefit limitations for dental plans

After you enroll, you'll receive plan materials that explain exact coverage terms and conditions. This plan doesn't cover all dental care expenses. In general, services not provided or directed by a licensed provider aren't covered.

HERE IS A SUMMARY OF EXCLUDED OR LIMITED ITEMS (THESE MAY VARY DEPENDING ON YOUR PLAN):

- Coverage for dental exams limited to twice each calendar year.
- Coverage for dental cleanings (prophylaxis or periodontal maintenance) limited to twice each calendar year.
- Sealants limited to one application per tooth once every three years.
- Coverage for professionally applied topical fluoride limited to once each calendar year for members under age 19.
- Coverage for bitewing X-rays limited to once each calendar year.
- Full mouth or panoramic X-rays limited to once every three years.
- Oral hygiene instruction limited to once per enrollee per lifetime.
- Coverage for space maintainers limited to replacement of prematurely lost primary teeth for dependent members under age 19.
- Replacement of crowns and fixed or removable prosthetic appliances limited to once every five years.
- Certain limitations apply to repair, rebase and relining of dentures.
- Dental services related to the replacement of any teeth missing prior to the member's effective date are covered when services are performed by a provider in the HealthPartners dental network.
- Non-surgical and surgical periodontics limited to once every two years.

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, 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.

ARRANGEMENTS USED FOR DENTAL PLANS:

- **Fee-for-service** – the health plan pays the provider a certain set amount that corresponds to each type of service furnished by the provider.
- **Discount** – the provider sends us a bill, and we’ve already negotiated a reduced rate on behalf of our members. We pay a predetermined percentage of the total bill for services.
- **Salary** – with a possible additional payment made based on performance criteria, such as quality of care and patient satisfaction measures.
- **Capitated** – the provider group receives a set fee for each month for each member enrolled in the provider group’s clinic, regardless of how many or what type of services the member actually receives. Provider groups are required to manage the budget for their entire patient panel appropriately.
- **Combination** – more than one of the methods described are used. For example, we may capitate a provider for certain types of care and pay that same provider on a fee-for-service basis for other types of care. We may also pay a provider such as a clinic using one type of reimbursement method, while that clinic may pay its employed providers using another reimbursement method.

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**.
