



Paired with an HSA for maximum financial control, the coverage you need and award-winning customer service.

HealthPartners

Empower

Area 1

A HealthPartners plan for individuals and families

Empower plan

Why should I choose Empower?

The HealthPartners® Empower plan is a great fit for individuals or families who want choice and flexibility.

- **Take financial control.** When paired with a health savings account (HSA), Empower lets you use tax free funds to pay for health care expenses. You decide how and when the dollars are spent.
- **Coverage you need.** You and your family are covered for essentials like office and hospital visits, medicines, emergency care, X-rays and lab work.
- **Choose your doctor.** With 700,000 doctors and 6,000 hospitals nationwide, it's likely your favorite doctor is in our network. Plus, you're covered when you travel.
- **Get support.** In addition to award-winning customer service that makes your plan easy to use, we give you perks to support your health goals, like fitness club and well-being discounts.

Maximize your savings with virtuwell®

A good way to get the most out of your pre-deductible spending is by using virtuwell. virtuwell is a convenient online clinic that treats everyday medical conditions such as colds, sinus infections or pink eye, all from the comfort of your home. Available from any computer, it gives you 24/7 access to nurse practitioners with no appointment necessary. All visits are \$40 or less and count towards your plan deductible. Visit virtuwell.com to learn more.

Prescription medicines

As a HealthPartners member, you have the advantage of our contracted discounts at more than 65,000 pharmacies nationwide. Visit healthpartners.com/formulary and click on "PreferredRx Formulary" to see what medicines are covered.

Want more examples and tools?

Visit healthpartners.com/smartsopper for medicine and medical care cost calculators, as well as tools to help compare your plans and find your doctor in our network.

How does Empower work?

Here is a typical scenario: Mike, 37, chose the Empower Single plan with a \$3,050 yearly deductible. He contributes \$2,500 into his HSA every year – or about \$210 per month.

| Year 1 | Health expense | HSA balance |
|---|---|----------------------------|
| Mike's contribution | | \$2,500 |
| Office visit and generic prescription for sinus infection | \$175 | \$2,325 |
| Monthly blood pressure medication prescription | \$250 | \$2,075 |
| Eye exam and new glasses | \$500 | \$1,575 |
| Yearly preventive care visit | \$0 (covered by the plan) | \$1,575 |
| Year 2 | | ROLL OVER = \$1,575 |
| Mike's contribution (\$2,500) | | \$4,075 |
| ER visit and follow up for broken arm from skiing | \$3,000 | \$1,075 |
| Yearly preventive care visit | \$0 (covered by the plan) | \$1,075 |
| Monthly blood pressure medication prescription | \$250 Mike pays \$50, (Mike has reached his \$3,050 yearly deductible!) Plan pays \$200 | \$1,025 |
| Office visit and generic prescription for strep throat | \$175 Mike pays \$0, plan pays \$175 | \$1,025 |

Note: These are examples. Your actual plan deductible and cost may vary.

The bottom line

Mike has financial flexibility and savings to get the coverage he needs, and is protected from the high cost of catastrophic illnesses and accidents.

Empower Summary of Benefits

For a detailed description of terms and conditions or other questions, our Individual Sales staff is ready to help: email individualsales@healthpartners.com or call **952-883-5599** or **877-838-4949**.

| | Empower Single | Empower Family |
|--|---|-----------------------------|
| Calendar year deductible and out-of-pocket maximum | A - \$3,050 B - \$5,950 | A - \$6,100 B - \$11,900 |
| Lifetime maximum per person | No maximum | |
| Coinsurance | You pay nothing after deductible is met | |
| Preventive care Includes yearly check-ups and immunizations to stay healthy, and well-child services up to age six | You pay nothing | |
| Office visits Coverage for illness or injury, chiropractic care, outpatient mental care and chemical dependency care (if elected) | You pay nothing after deductible is met | |
| Emergency and urgent care Inpatient and outpatient hospital care Outpatient MRI and CT Laboratory services Physical, occupational and speech therapy Inpatient mental health care Durable medical equipment | You pay nothing after deductible is met | |
| Prescription medicines PreferredRx formulary | You pay nothing after deductible is met | |
| Maternity | Prenatal care: You pay nothing Labor and delivery: No coverage for the first 18 months. Beginning with the 19th month of coverage: You pay nothing after deductible is met | |
| Home health care | You pay nothing after deductible is met, maximum of 120 visits per year | |

See page 7 for more information on eligibility and pricing.

Remember: You will get the highest benefit level and lowest out-of-pocket costs when you see a network provider for your care. For out-of-network costs and deductibles, please contact Individual Sales.

How does the family deductible work?

If your plan covers multiple people, your entire family's medical costs are combined towards the deductible.

How HSAs work

What is an HSA?

Think of your HSA as a special bank account for medical costs. You can put money into your HSA either through pre-tax payroll or direct deposits. As this amount grows over time, you can save it or spend it on eligible medical expenses.

What are the advantages of an HSA?

- **Tax savings.** Reduce your taxable income by contributing to your HSA. Your savings grow pre-tax and withdrawals for eligible medical expenses are also tax-free.
- **Investment.** Like an IRA, contributions to your HSA earn tax-free interest and you have a variety of investment options.
- **Control.** You decide how much to contribute and how to spend it.
- **Flexibility.** Use your funds to pay current eligible medical expenses or save for future needs.
- **Family friendly.** Pay expenses for your spouse and dependent children, even if they're not covered by your Empower medical plan.
- **Funds are never lost.** Roll over unused funds year to year and build savings over time.
- **Take it with you.** The money you save in an HSA is yours. You can take your unused balance with you if you change plans or employers.

How much can I contribute?

The Internal Revenue Service sets limits on how much you can contribute to your HSA each year.

| | Single | Family |
|------|---------|---------|
| 2012 | \$3,100 | \$6,250 |
| 2013 | \$3,250 | \$6,450 |

How do I use an HSA?

An HSA is easy to use and functions like another checking account. You pay providers for the care you receive directly out of your HSA, typically with a debit card. HSA dollars can be used to pay your Empower plan deductible.

Do I have to enroll in an HSA if I enroll in Empower?

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

How does the Empower plan work with an HSA?

Once you're enrolled in Empower, contact your preferred financial institution (such as a bank or credit union) to open your HSA and begin contributing funds. They will give you information to use your funds.

What kinds of health expenses are covered?

You can use the money in your HSA to pay for expenses like:

- Plan deductible or coinsurance
- Dental care
- Braces
- Vision care and LASIK surgery
- And more!

Save money on your health and well-being

Want to save money while doing something great for your health? Get special discounts just for being a HealthPartners member! Save on health club memberships and at popular retailers.



Frequent Fitness

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


Participating health clubs include:

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



Healthy Discounts

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

- Eyewear 
- Fitness, yoga and wellness classes
- Healthy eating programs and delivery services
- Recreational equipment
- Spa services
- Swim lessons
- Healthy mom & baby products



How do I get retail discounts?

Simply show your HealthPartners Member ID card at participating companies and save. For a list of the latest healthy discounts, go to healthpartners.com/discounts.



For your eyes only

Save up to 35 percent on eyeglasses. Plus get great deals on contact lenses and more at thousands of retailers.



For a list of participating companies and details on discounts, go to healthpartners.com/discounts.

Frequent Fitness eligibility is limited to members, age 18 years or older, of HealthPartners senior or individual medical plans and members of participating employer groups. Limit of two workout contract incentives per household. Some restrictions apply. Termination of club membership may result in forfeiture of any unpaid incentive. See participating club locations for incentive program details. HealthPartners reserves the right to modify or discontinue its incentive programs at any time.

Questions about your coverage or health?

As a HealthPartners member, you have personal support when you need it. Contact us when you have questions about your coverage or your health — we're here to help.

| Before you enroll, if you have questions about... | Call | Go online |
|--|--|---|
| <ul style="list-style-type: none"> • Plan details • Enrollment process | <p>Individual Sales</p> <p>Available Monday through Friday, 8 a.m. to 6 p.m., CST</p> <p>Call 952-883-5599, 877-838-4949 or 952-883-5127 (TTY).</p> | <p>Visit healthpartners.com/individual</p> |
| Once you're a member, if you have questions about ... | Call | Go online |
| <ul style="list-style-type: none"> • Your coverage, claims or account balances • Finding a doctor, dentist or specialist • Health plan services | <p>Member Services</p> <p>Available Monday through Friday, 7 a.m. to 7 p.m., CST</p> <p>Call the Member Services phone number on the back of your Member ID card. Or call 952-883-5000, 800-883-2177 or 952-883-5127 (TTY).</p> <p>Español: 952-883-7050 o 866-398-9119.</p> <p>Interpreters are available if you need one.</p> | <p>Log on to healthpartners.com</p> |
| <ul style="list-style-type: none"> • Whether you should see a doctor • Home treatment options • A medicine you're taking | <p>CareLineSM Service -- Nurse advice line</p> <p>Available 24/7, 365 days a year</p> <p>Call 612-339-3663, 800-551-0859 or 952-883-5474 (TTY).</p> | <p>Visit healthpartners.com/healthlibrary</p> |
| <ul style="list-style-type: none"> • Understanding your health care and benefits • How to choose a treatment option | <p>HealthPartners[®] Nurse NavigatorSM Program</p> <p>Available Monday through Friday, 7 a.m. to 7 p.m., CST</p> <p>Call 952-883-5000, 800-883-2177 or 952-883-5127 (TTY).</p> | <p>Visit healthpartners.com/decisionsupport</p> |
| <ul style="list-style-type: none"> • Your pregnancy • The contractions you're having • Your new baby | <p>BabyLine Phone Service</p> <p>Available 24/7, 365 days a year</p> <p>Call 612-333-2229 or 800-845-9297.</p> | <p>Visit healthpartners.com/healthlibrary</p> |
| <ul style="list-style-type: none"> • Finding a mental or chemical health care professional in your network • Your behavioral health benefits | <p>Behavioral Health Personalized Assistance Line (PAL)</p> <p>Available Monday through Friday, 7:30 a.m. to 5 p.m., CST</p> <p>Call 952-883-5811 or 888-638-8787.</p> | <p>Log on to healthpartners.com</p> |

Price this plan and apply now

Pricing your plan is as easy as 1-2-3

1. Determine which rates you need: tobacco-free or tobacco user. If you are applying as a single policyholder, use the single rates on page 8. If you are applying as a policyholder for your spouse and/or family, use the family rates on page 9.
2. Determine which age brackets you and your spouse/dependents fall into.
3. Use the form on the right to calculate your premium.

Want an even easier way to price this plan? Let us do the math for you!

Go to healthpartners.com/applynow and click “Start NEW Application.” Enter your information and you’ll get a list of premiums for your plan options. You can even price other HealthPartners plans at the same time.

After you apply

Once we receive your paper application, we’ll send you the Summary of Benefits and Coverage (SBC) for your plan. An SBC is a federally mandated document that all health plans are now required to provide. If you apply online, you’ll get the SBC as a PDF during the application process.

The fine print

Here are some important things to know before you apply for the Empower plan:

- You must be age 19 to 64 to be a policyholder on this plan.
- Coverage is available to Minnesota residents only.
- If you want to cover dependents ages 26 and under on this plan, select the child rate for each dependent. Premiums are charged per child on a family contract. A family contract covers at least one adult policyholder and one or more dependents.
- If you have a birthday that puts you in a new age bracket, your rate will be automatically adjusted on your bill the month after your birthday. Other things can also impact your rates throughout the year, such as moving to a new rate area.
- Rates for chemical dependency coverage are available upon request.

If you need help estimating your rates, email Individual Sales at individualsales@healthpartners.com or call **952-883-5599** or **877-838-4949**. TTY **952-883-5127** or **800-443-0156**.

Estimating your premium

Your chosen deductible level _____

Your rate \$ _____

Spouse rate (if applicable) \$ _____

Number of children: _____ x
child rate \$ _____ =

Total child rate \$ _____

Estimated monthly premium \$ _____

Visit healthpartners.com/applynow and click
“Start NEW Application” to get started!

Empower single rates

Area 1

(Metro, most central MN and some northeastern MN counties)

Tobacco-free

| 100% plan | | |
|-----------|----------|----------|
| Age | \$3,050 | \$5,950 |
| 19-29 | \$167.06 | \$123.67 |
| 30-34 | \$180.54 | \$133.64 |
| 35-39 | \$191.72 | \$141.92 |
| 40-41 | \$197.47 | \$146.17 |
| 42-43 | \$205.37 | \$152.02 |
| 44-45 | \$223.85 | \$165.70 |
| 46-47 | \$248.46 | \$183.92 |
| 48-49 | \$275.81 | \$204.16 |
| 50-51 | \$308.90 | \$228.65 |
| 52-53 | \$345.97 | \$256.09 |
| 54-55 | \$380.55 | \$281.69 |
| 56-57 | \$414.81 | \$307.05 |
| 58-59 | \$452.15 | \$334.69 |
| 60-64 | \$489.38 | \$362.25 |

Tobacco user

| 100% plan | | |
|-----------|----------|----------|
| Age | \$3,050 | \$5,950 |
| 19-29 | \$222.75 | \$164.89 |
| 30-34 | \$240.72 | \$178.19 |
| 35-39 | \$255.63 | \$189.22 |
| 40-41 | \$263.29 | \$194.89 |
| 42-43 | \$273.82 | \$202.69 |
| 44-45 | \$298.46 | \$220.93 |
| 46-47 | \$331.28 | \$245.22 |
| 48-49 | \$367.74 | \$272.21 |
| 50-51 | \$411.86 | \$304.87 |
| 52-53 | \$461.29 | \$341.45 |
| 54-55 | \$507.40 | \$375.59 |
| 56-57 | \$553.08 | \$409.40 |
| 58-59 | \$602.86 | \$446.25 |
| 60-64 | \$652.50 | \$483.00 |

Rates are effective from January 1, 2013 through December 31, 2013.

Rates are subject to change.

Empower family rates

Area 1

(Metro, most central MN and some northeastern MN counties)

Tobacco-free

| 100% plan | | |
|--------------------------|----------|----------|
| Age | \$6,100 | \$11,900 |
| 19-29 | \$155.32 | \$114.97 |
| 30-34 | \$167.85 | \$124.25 |
| 35-39 | \$178.24 | \$131.94 |
| 40-41 | \$183.58 | \$135.89 |
| 42-43 | \$190.92 | \$141.32 |
| 44-45 | \$208.11 | \$154.04 |
| 46-47 | \$230.99 | \$170.99 |
| 48-49 | \$256.42 | \$189.80 |
| 50-51 | \$287.18 | \$212.57 |
| 52-53 | \$321.64 | \$238.08 |
| 54-55 | \$353.79 | \$261.89 |
| 56-57 | \$385.64 | \$285.46 |
| 58-59 | \$420.35 | \$311.15 |
| 60-64 | \$454.97 | \$336.77 |
| Dependent Children Rates | | |
| Per child | \$140.73 | \$104.18 |

Tobacco user

| 100% plan | | |
|--------------------------|----------|----------|
| Age | \$6,100 | \$11,900 |
| 19-29 | \$207.09 | \$153.29 |
| 30-34 | \$223.80 | \$165.66 |
| 35-39 | \$237.65 | \$175.92 |
| 40-41 | \$244.77 | \$181.19 |
| 42-43 | \$254.56 | \$188.43 |
| 44-45 | \$277.48 | \$205.39 |
| 46-47 | \$307.99 | \$227.98 |
| 48-49 | \$341.89 | \$253.07 |
| 50-51 | \$382.90 | \$283.43 |
| 52-53 | \$428.85 | \$317.44 |
| 54-55 | \$471.72 | \$349.18 |
| 56-57 | \$514.19 | \$380.61 |
| 58-59 | \$560.47 | \$414.87 |
| 60-64 | \$606.62 | \$449.03 |
| Dependent Children Rates | | |
| Per child | \$187.64 | \$138.90 |

Rates are effective from January 1, 2013 through December 31, 2013.

Rates are subject to change.

Personal dental plans

Don't forget about your teeth!

While you're deciding on medical coverage, remember that HealthPartners offers affordable dental plans with big networks.

How the plan works

1. First, you 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. Once you pick the plan that's best for you, then you choose a network. There are two choices:
 - **HealthPartners Dental Group** with 15 Twin Cities locations that focus on a treatment plan to meet your unique needs, and focus on preventing disease
 - **Open Access** has more than 2,200 providers in Minnesota
3. Find details or apply online at healthpartners.com/personaldental. Or give us a call at 952-883-5599 or 877-838-4949.

| Coverage* | Maintenance Plan | | Major Plan | | Comprehensive Plan | |
|---|------------------|----------------|------------------|----------------|--------------------|----------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Diagnostic / preventive (routine check-ups) | 100% | 80% | 0% | 0% | 100% | 80% |
| Sealants | 100% | 80% | 100% | 80% | 100% | 80% |
| Fillings | 50 – 80% | 50% | 50 – 80% | 50% | 50 – 80% | 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 deductible (per person) | \$50 | \$75 | \$50 | \$75 | \$50 | \$75 |
| Annual plan maximum (per person) | \$1,250 | \$750 | \$1,250 | \$750 | \$1,250 | \$750 |

| Maintenance Plan | | Major Plan | | Comprehensive Plan | |
|--|---------|--|---------|--|----------|
| HealthPartners Dental Group (15 locations) | | HealthPartners Dental Group (15 locations) | | HealthPartners Dental Group (15 locations) | |
| Under age 50 | \$28.21 | Under age 50 | \$21.43 | Under age 50 | \$38.46 |
| Age 50 and over | \$33.81 | Age 50 and over | \$25.74 | Age 50 and over | \$46.17 |
| Dependent Rates | | Dependent Rates | | Dependent Rates | |
| 1 Child | \$26.80 | 1 Child | \$20.36 | 1 Child | \$36.56 |
| 2 Children | \$53.62 | 2 Children | \$40.74 | 2 Children | \$73.12 |
| 3 or more Children | \$80.43 | 3 or more Children | \$61.11 | 3 or more Children | \$109.68 |
| Open Access (2,200 providers) | | Open Access (2,200 providers) | | Open Access (2,200 providers) | |
| Under age 50 | \$34.51 | Under age 50 | \$28.38 | Under age 50 | \$47.16 |
| Age 50 and over | \$40.05 | Age 50 and over | \$34.08 | Age 50 and over | \$56.60 |
| Dependent Rates | | Dependent Rates | | Dependent Rates | |
| 1 Child | \$32.79 | 1 Child | \$26.96 | 1 Child | \$44.80 |
| 2 Children | \$65.60 | 2 Children | \$53.92 | 2 Children | \$89.60 |
| 3 or more Children | \$98.40 | 3 or more Children | \$80.88 | 3 or more Children | \$134.43 |

* Rates are effective January 1, 2013 — December 31, 2013. See Summary of Benefits at healthpartners.com/personaldental for benefit and waiting period details.

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® 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 **952-883-5000** or **800-883-2177**. 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 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
- 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) 883-5000** or **800-883-2177**.

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 the health of our members, our patients and the community.



Questions?

Call Individual Sales at **952-883-5599** or toll free **877-838-4949**.

Email us at **individualsales@healthpartners.com**.

Or go to **healthpartners.com/individual**.

Area 1

