

HEALTHPARTNERS® KEYSM

A medical plan for individuals and families shopping on MNsure



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Getting started

Choosing the right health plan may feel like a challenge, but HealthPartners can help. Our award-winning customer service makes it easy to find the best plan for you. As you compare plans, ask yourself these questions.

1. WHAT WILL MY COSTS BE?

There are three things you should consider when you're looking at costs.

- Premium/rate. How much do you pay each month for coverage? This amount is based on your age, where you live and your tobacco use.
- Out-of-pocket costs when you get care. These costs include your deductible, coinsurance and copays.
 Think about how often you go to the doctor or fill a prescription. How are those services covered, and how much will you pay?
- Help paying for your plan. You may be eligible for tax credits or other help paying for your health insurance. You can check your eligibility and enroll in a plan on MNsure, the Minnesota insurance marketplace.

2. WHERE CAN I GET CARE?

The Key Open Access network is designed to provide you access to top care providers in the Twin Cities metro area and in greater Minnesota.

HealthPartners plans have a different network of doctors, clinics and hospitals. We have these options so you can find a plan that best fits your needs and budget. Generally, plans with smaller networks have lower monthly premiums.

Want more help?
Email our Individual Sales team at
individualsales@healthpartners.com or call
952-883-5599 or 877-838-4949

3. HOW ARE MY PRESCRIPTIONS COVERED?

To understand how your prescriptions are covered, there are three things you'll want to check:

- 1. Is it on the formulary? Medicines on the formulary will cost you less.
- 2. Is it a brand name or generic? Generic medicines will almost always cost you less. And if you're looking at an HSA-qualified plan, is the medicine preventive or non-preventive?
- 3. The coverage for your medicines differ across each of the metal levels in the Key plan. Be sure to match your prescription needs to a plan.

See how your medicine is covered at

healthpartners.com/genericsadvantagerx.

4. WHAT ELSE SHOULD I KNOW?

We've made it easier than ever to manage your plan and your health. Here are a just a couple perks of being a HealthPartners member:

- Retail and gym discounts
- Manage your health plan, pay your invoices and get real time cost estimates on care with a myHealthPartners account
- Stay connected with our mobile tools

5. HOW DO I ENROLL?

You can only enroll in a Key plan through MNsure, the Minnesota insurance marketplace.

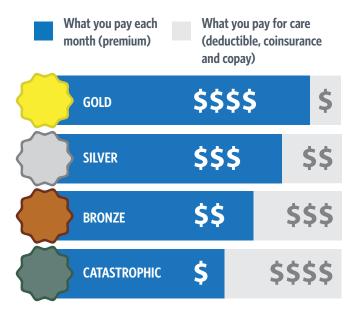
If you would like help comparing plans and finding the best option for you, email our Individual Sales team at **individualsales@healthpartners.com** or call **952-883-5599** or **877-838-4949**

HEALTHPARTNERS PLANS AT A GLANCE

	Compass SM plan	Peak SM plan	Key sM plan		
Plan overview	Affordable coverage for individua choose from deductible and coin:	for individuals and families; ple and coinsurance, copay or HSA-qualified plans			
Network of doctors and care providers	Largest network: more than 950,000 providers and 6,000 hospitals nationwide. Plus, coverage for travel in the U.S.	Features top care providers in the metro area, including Park Nicollet and HealthPartners clinics Plus, coverage for travel in the U.S.	If you live in the Twin Cities metro area, you'll get access to top care providers in the metro area, including Park Nicollet and HealthPartners clinics. If you live in greater Minnesota, you'll have access to a large selection of doctors, clinics and hospitals. Plus, coverage for travel in the U.S.		
Eligible for tax credits or other help	No	No	Yes		
Where to buy plan	HealthPartners	HealthPartners	MNsure		

How much do you want to spend?

You can adjust how much you pay each month by changing your metal level. You'll pay a higher premium and less when you get care with a Gold plan. You'll pay a lower monthly premium and more when you get care with a Bronze plan.



Key plans meet all of the requirements of the Affordable Care Act. In fact, all HealthPartners individual plans meet the standards so you don't have to worry!



KeySM Gold plans 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**. Or contact your MNsure Certified HealthPartners Broker.

Benefit	Key Gold plans			
	Key \$500 w/ Copay (Gold) Key \$750 w/ Copay (Gold)			
Calendar year deductible - This is what you pay before your plan starts paying	\$500 per person \$1,500 family maximum	\$750 per person \$2,250 family maximum		
Coinsurance - This is what you pay after your deductible is met	You pay 20%	You pay 20%		
Calendar year out-of-pocket maximum - You'll never have to pay more than this amount	\$5,000 per person \$13,200 family maximum	\$6,600 per person \$13,200 family maximum		
Preventive care - Includes checkups and immunizations for you and your family to stay healthy	You pay nothing	You pay nothing		
Convenience care and office visits* - Illness or injury - Urgent care	Unlimited number of visits per person, per year have a copay: \$10 office visits \$30 specialty care \$5 convenience care \$30 urgent care	Unlimited number of visits per person, per year have a copay: \$15 office visits \$30 specialty care \$7.50 convenience care \$30 urgent care		
Behavioral health - Mental health and chemical health services	Unlimited number of visits per person, per year have a copay: \$10 office visit	Unlimited number of visits per person, per year have a copay: \$15 office visit		
virtuwell® - 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 20% after deductible	You pay 20% after deductible		
Prescription medicines	\$5 low cost generic formulary \$25 high cost generic formulary \$50 brand formulary	\$5 low cost generic formulary \$25 high cost generic formulary \$50 brand formulary		
Laboratory services	You pay nothing	You pay nothing		
Inpatient and outpatient hospital care Outpatient MRI and CT Durable medical equipment	You pay 20% after deductible	You pay 20% after deductible		
Maternity				

^{*} Copays for convenience care (such as CVS Minute Clinic® or Target Clinic®), and office visits do not apply towards the deductible. See the Key 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.



KeySM Silver plans Summary of Benefits

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enefit	Key Silver plans			
	Key \$1800 (Silver)	Key \$2500 Plus (Silver)	Key \$3500 Plus (Silver)	
Calendar year deductible - This is what you pay before your plan starts paying	\$1,800 per person \$5,400 family maximum	\$2,500 per person \$7,500 family maximum	\$3,500 per person \$10,500 family maximum	
Coinsurance - This is what you pay after your deductible is met	You pay 20%	You pay 20%	You pay 10%	
Calendar year out-of-pocket maximum - You'll never have to pay more than this amount	\$6,600 per person \$13,200 family maximum	\$6,350 per person \$13,200 family maximum	\$6,000 per person \$13,200 family maximum	
Preventive care - Includes checkups and immunizations for you and your family to stay healthy	You pay nothing	You pay nothing	You pay nothing	
Convenience care and office visits* - Illness or injury - Urgent care	You pay 20% after your deductible	First three visits per person, per year have a copay:** \$30 office visit \$15 convenience care \$30 urgent care Then you pay 20% after deductible	First three visits per person, per year have a copay:** \$30 office visit \$15 convenience care \$30 urgent care Then you pay 10% after deductible	
Behavioral health - Mental health and chemical health services	You pay 20% after deductible	First three visits per person, per year have a copay:** \$30 office visits Then you pay 20% after deductible	First three visits per person, per year have a copay:** \$30 office visits Then you pay 10% after deductible	
virtuwell® - Online treatment for everyday medical conditions like colds, coughs, ear pain, pink eye and more	Unlimited free visits	Unlimited free visits	Unlimited free visits	
Emergency room visits*		\$150 after deductible	You pay \$250 for your first ER visit each year Then you pay 10% after deductible	
Prescription medicines	You pay 20% after deductible	\$12 generic formulary drugs You pay 20% after deductible for brand formulary drugs	\$12 generic formulary drugs You pay 10% after deductible for brand formulary drugs	
Laboratory services	154 pay 2070 diter deddelible			
Inpatient and outpatient hospital care Outpatient MRI and CT Durable medical equipment		You pay 20% after deductible	You pay 10% after deductible	
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 Key Rate Guide for more information on eligibility and pricing. Remember that you will get the highest benefit level and lowest out-of-pocket costs when you see a network provider for your care. For other deductible options and out-of-network costs and deductibles, please contact Individual Sales.

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



KeySM Bronze plans Summary of Benefits

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Benefit	Key Bronze plans		
	Key \$5000 Plus (Bronze)	Key \$5500 Plus (Bronze)	Key \$6350 Plus (Bronze)
Calendar year deductible - This is what you pay before your plan starts paying	\$5,000 per person \$13,200 family maximum	\$5,500 per person \$13,200 family maximum	\$6,350 per person \$13,200 family maximum
Coinsurance - This is what you pay after your deductible is met	You pay 20%	You pay 20%	You pay nothing
Calendar year out-of-pocket maximum - You'll never have to pay more than this amount	\$6,350 per person \$13,200 family maximum	\$6,600 per person \$13,200 family maximum	\$6,600 per person \$13,200 family maximum
Preventive care - Includes checkups and immunizations for you and your family to stay healthy	You pay nothing	You pay nothing	You pay nothing
Convenience care and office visits* - Illness or injury - Urgent care	First three visits per person, per year have a copay:** \$40 office visits \$20 convenience care \$40 urgent care Then you pay 20% after deductible	First three visits per person, per year have a copay:** \$40 office visits \$20 convenience care \$40 urgent care Then you pay 20% after deductible	First three visits per person, per year have a copay:** \$40 office visits \$20 convenience care \$40 urgent care Then you pay nothing after deductible
Behavioral health - Mental health and chemical health services Please note, a total of three visits per person, per year for office visits, convenience care and behavioral health	First three visits per person, per year have a copay:** \$40 office visits Then you pay 20% after deductible	First three visits per person, per year have a copay:** \$40 office visits Then you pay 20% after deductible	First three visits per person, per year have a copay:** \$40 office visits Then you pay nothing after deductible
virtuwell® - Online treatment for everyday medical conditions like colds, coughs, ear pain, pink eye and more	Unlimited free visits	Unlimited free visits	Unlimited free visits
Emergency room visits*		You pay \$350 for your first ER visit each year Then you pay 20% after deductible	You pay \$350 for your first ER visit each year Then you pay nothing after deductible
Prescription medicines	You pay 20% after deductible	\$15 generic formulary drugs You pay 20% after deductible for brand formulary drugs	\$15 generic formulary drugs You pay nothing after deductible for brand formulary drugs
Laboratory services			
Inpatient and outpatient hospital care Outpatient MRI and CT Durable medical equipment		You pay 20% after deductible	You pay nothing after deductible
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 Key Rate Guide for more information on eligibility and pricing. Remember that you will get the highest benefit level and lowest out-of-pocket costs when you see a network provider for your care. For other deductible options and out-of-network costs and deductibles, please contact Individual Sales.

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



KeySM HSA plans 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**. Or contact your MNsure Certified HealthPartners Broker.

Benefit	Key HSA plans		
	Key \$2750 HSA (Silver)	Key \$5750 HSA (Bronze)	Key \$6300 HSA (Bronze)
Calendar year deductible - This is what you pay before your plan starts paying	\$2,750 per person \$8,250 family maximum	\$5,750 per person \$12,900 family maximum	\$6,300 per person \$12,900 family maximum
Coinsurance - This is what you pay after your deductible is met	You pay 10%	You pay 20%	You pay nothing
Calendar year out-of-pocket maximum - You'll never have to pay more than this amount	\$6,350 per person \$12,900 family maximum	\$6,350 per person \$12,900 family maximum	\$6,300 per person \$12,900 family maximum
Preventive care - Includes checkups and immunizations for you and your family to stay healthy	You pay nothing	You pay nothing	You pay nothing
Convenience care and office visits - Illness or injury - Urgent care	You pay 10% after deductible	You pay 20% after deductible	You pay nothing after deductible
Behavioral health - Mental health and chemical health services	You pay 10% after deductible	You pay 20% after deductible	You pay nothing after deductible
virtuwell® - 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	Unlimited free visits after deductible
Emergency room visits			
Prescription medicines			
Laboratory services	You pay 10% after deductible	You pay 20% after deductible	You pay nothing after deductible
Inpatient and outpatient hospital care Outpatient MRI and CT Durable medical equipment			
Maternity			

See the Key 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.



KeySM Catastrophic plan Summary of Benefits

To enroll in a Catastrophic plan, you must be 18-29 years of age at the beginning of the plan year or have an Unaffordability or Hardship Certificate of Exemption from MNsure.

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**. Or contact your MNsure Certified HealthPartners Broker.

Benefit	Key Catastrophic plan
	Key \$6600 (Catastrophic)
Calendar year deductible - This is what you pay before your plan starts paying	\$6,600 per person \$13,200 family maximum
Coinsurance - This is what you pay after your deductible is met	You pay nothing
Calendar year out-of-pocket maximum - You'll never have to pay more than this amount	\$6,600 per person \$13,200 family maximum
Preventive care - Includes checkups and immunizations for you and your family to stay healthy	You pay nothing
Convenience care and office visits* - 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
Behavioral health - Mental health and chemical health services	You pay nothing after deductible
virtuwell® - 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*	
Prescription medicines	
Laboratory services	You pay nothing 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®), and office visits do not apply towards the deductible. See the Key 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.



KeySM plan overview

WHY SHOULD I CHOOSE KEY?

The HealthPartners® KeySM plan is a great fit for individuals and families who are using a subsidy to help pay for their plan and are enrolling through MNsure. Eligibility for a subsidy (tax credit) is based on your household size and income. Contact HealthPartners to learn more.

- Coverage you need and then some. You have 100 percent coverage for preventive care and women's health and unlimited* visits to virtuwell*, a 24/7 online clinic. Plus, you have coverage for office visits, prescriptions, emergency services and care for maternity, mental health and chemical health.
 - All Key plans have an embedded deductible. An embedded deductible means that each person on your family plan has their own deductible. For example, if one person reaches her individual deductible before the family maximum has been reached, she'll begin getting coinsurance coverage even if the family doesn't. Once the family maximum deductible is met the whole family begins coinsurance coverage.
- Choose your doctor. The Key Open Access network features top care providers in the metro area, including Park Nicollet and HealthPartners clinics, and a great selection of providers outside the metro area. Check to see if your doctor is in the network at healthpartners.com/key. Plus, you're covered with Assist America® when you travel.
- **Get support**. Key plans are more than just coverage for your illnesses and accidents. You can get support with our Member Assistance Program for things like job stress, grief and balancing work and family (page 15), and save money with our Healthy DiscountsSM program (page 16).

HOW DOES KEY WORK?

Here are a couple typical scenarios:

Sarah's family has the Key \$3500 Plus (Silver) plan. She thinks she might have a sinus infection. She visits **virtuwell. com** and answers some simple questions about her symptoms. Within 30 minutes she has a prescription ready at the pharmacy closest to her house. Convenient!

ACTUAL COST	WHAT SARAH PAYS
\$40 virtuwell® visit	\$0 (she has unlimited free visits*)
\$15 generic antibiotic	\$12
\$55	\$12

Later that year, Sarah's son, Gavin, breaks his arm while riding his bike. Gavin visits the emergency room for an X-ray and cast.

ACTUAL COST	WHAT SARAH PAYS
\$400 ER visit \$40 X-ray \$250 casting	\$250 (she pays \$250 copay for first ER visit)
\$100 follow-up visit	\$30 (first three office visits have a copay)
\$790	\$280

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

THE BOTTOM LINE

Sarah and her family have the coverage they need for minor illnesses and injuries, and are protected from the high cost of more serious illnesses and accidents.

^{*}Excludes Catastrophic plan and HSA-qualified plans



Getting care with the Key network

WHAT IS THE KEY NETWORK?

The Key Open Access network is designed to provide you access to top care providers in the Twin Cities metro area and in greater Minnesota.

WHERE DO YOU LIVE?

If you live in the Twin Cities' metro area, the Key Open Access network provides you top-notch care options, including Park Nicollet and HealthPartners clinics and hospitals. Plus, you have even more options with independent clinics specifically selected for their high standards of quality with cost effective care.

If you live in greater Minnesota, we have you covered too. The Key Open Access network provides a broad selection of care systems and independent providers.

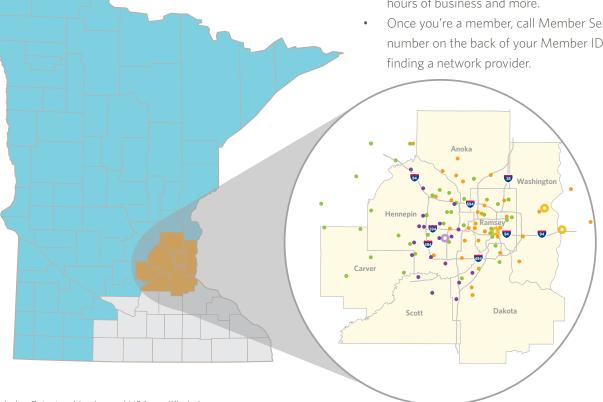
When you travel outside of the network area, you can call Member Services for help finding the best care options. You're covered for emergency care wherever you go, and have options in the United States through our national network of 950,000 doctors and other providers and 6,000 hospitals.

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

HOW CAN I FIND COVERED CARE WHEN I **NEED IT?**

When you need care, finding the right doctor, clinic or hospital is important. To search the Key Open Access network:

- Visit healthpartners.com/findcare to search for a network doctor, or clinic/hospital. Search for doctors by name, clinic name, specialty, language, gender, hours of business and more.
- Once you're a member, call Member Services at the number on the back of your Member ID card for help



*Excludes Catastrophic plan and HSA-qualified plans



Travel anywhere - worry free

The last thing you want to worry about when you're traveling is where to find care. That's why we're here to help. Together with Assist America®, we're bringing you support for your health care needs when you need it most. From an ear infection to a broken leg, no matter where in the world you are, we've got you covered.

UNMATCHED SUPPORT

Focus on your travel plans, not your health care needs. It's easy to get the support you need when you're away from home. If something unexpected happens, simply call Member Services or call the number on your Assist America ID card.

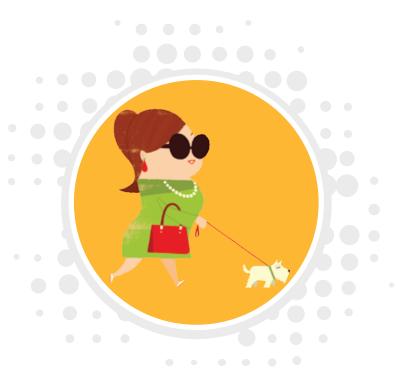
Assist America is available 24/7 to help you with:

- Finding quality providers and doctors
- Hospital admission
- Filling lost prescriptions
- Pre-trip information, such as immunization or visa requirements
- Translator referrals
- Sending health updates to loved ones at home
- Tracking down lost luggage and more!

HELP WHEN YOU'RE ON-THE-GO

With the Assist America mobile app you've got support at your fingertips no matter where you are. Download Assist America Mobile from the iTunes app store or Google Play store by searching Assist America Mobile. Just use your Assist America ID number to get started.

Learn more at **healthpartners.com/getcareeverywhere**. Once you're there, download the Assist America ID card to carry with you when you travel.





How HSAs work

WHAT IS AN HSA?

An HSA is a Health Savings Account for medical costs. An HSA-qualified plan has two parts:

- 1. **Your health plan** will cover serious illnesses and injuries after you've met your deductible.
- 2. **Your optional HSA account** can be used to cover a list of eligible medical expenses, like treatments by a chiropractor, or eye surgery.

WHAT KINDS OF HEALTH EXPENSES ARE COVERED?

You can see a full list of covered medical expenses in Publication 502 at **irs.gov**

WHAT ARE THE ADVANTAGES OF AN HSA?

- Tax savings. Reduce your taxable income by contributing to your HSA. HSA contributions are tax deductible. Your savings grow tax-free and withdrawals for eligible medical expenses are also tax-free.
- **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 medical plan.
- Take it with you. The money you save in an HSA is yours. You keep the money even if you change plans.

HOW DO I GET AN HSA?

Your first step is to enroll in a plan that is HSA-qualified. Your next step is to contact your bank or credit union to open your HSA and begin contributing funds.

DO I HAVE TO GET AN HSA IF I ENROLL IN A PLAN THAT'S HSA-QUALIFIED?

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

Here's an example of how an HSA works:



During your plan year, you put \$1,000 in your HSA.

Direct deposits are allowed until April 15th

of the next year.



Throughout the year, you and your family spend \$400 on medical expenses. You pay your bills using your HSA.





\$600 is left in your HSA at the end of the year.





Next year you deposit another \$1,000 into your HSA. You now have \$1,600 to spend!





If you don't use it all up this year, you can rest easy knowing it will be there for next year's expenses.



Is your medicine covered?

IS YOUR PRESCRIPTION COVERED?

You can see if your prescriptions are covered by searching the GenericsAdvantageRx formulary. A formulary is a list of medicines that are covered by your plan.

Searching the list is easy. Just go to

healthpartners.com/genericsadvantagerx. From there, you can search by medicine name, category or first letter. You can also print the complete medicine list.

WHAT IF YOUR MEDICINE ISN'T ON THE LIST?

When you search GenericsAdvantageRx, medicines will come up with **F** (formulary), **HF**(non-formulary), or **(**excluded). Excluded drugs aren't eligible to be covered.

To switch to a formulary medicine, we can help you see what your options are:

- Go to healthpartners.com/genericsadvantagerx.
- Under Brand & Generic Name Search, choose the type of medicine you're taking.
- Choose the subclass of the type of medicine you're taking.
- Print out the list of medicines that comes up. Bring it to your doctor to see if a formulary medicine F will work for you.

To see what group your medicine is in, use this key when you're searching GenericsAdvantageRx online.

- Generic will be in all lower italics
- BRAND will be in all CAPS
- Specialty drugs will be shown as



FIND WAYS TO SAVE



Use the formulary

Formulary medicines are usually less expensive. Use these helpful icons as a guide to choose your medicines.







Choose generics

Generic medicines are just as safe and effective as brand name medicines but cost less. To see if you're taking a generic, look for a "G" next to your medicine when you search the formulary.



Select your pharmacy

Did you know the pharmacy you go to can affect the cost of your medicine? Find a pharmacy that's convenient for you and offers your medicines at the best price by using the pharmacy locator tool at healthpartners.com/pharmacy



Get your medicines in the mail

Skip the trip to the pharmacy and use myMailRx, HealthPartners Mail Order Pharmacy. Shipping is free and you can save money!



Get your questions answered

For help understanding your medicines and saving money on your prescriptions, use Ask a pharmacist at healthpartners.com/pharmacy



Member Assistance Program

SUPPORT FOR YOUR LIFE

Whether you'd like help with your personal life or are having issues at work, HealthPartners Member Assistance Program (MAP) is here for you. Call 24/7 for help from a counselor finding child care, dealing with a loss, finding community resources and more. HealthPartners MAP will help you with the tough stuff, so you can enjoy life a little more.

HELP BY PHONE

MAP counselors are ready to give you the support you need. Just call and they'll listen to your concerns, give you guidance and help you find solutions that are right for you. Here are just a few of the things they can help you with:

- Marital issues
- Balancing work and family
- Financial concerns
- Mental and emotional health
- Parenting
- Job stress
- Legal issues
- Substance abuse
- Personal relationships
- Grief and loss
- Divorce

Plus, MAP staff can help you find child care, elder care and other resources in your community.

Once you become a HealthPartners member, you'll get more information on how to access MAP.

HELP ONLINE

Get help 24/7 with our wide range of online resources. You'll find:

- More than 4,000 articles and tip sheets
- Self-assessment tools
- Child care and elder care resource searches
- Legal information and forms
- More than 60 financial calculators
- Monthly webinars
- Skill Builders
- Savings center
- Relocation center
- And more!

You can also instant message or email a MAP or work-life counselor anytime, day or night.

HELP WITH AN APP

Experience help on-the-go with the iFindCare app for your iPhone. Use it to search for child and elder care resources wherever you are.

YOUR PRIVACY IS IMPORTANT

Everything you do with HealthPartners MAP is confidential so you can rest assured your personal issues will be just that – personal.



Healthy savings and programs

Get special discounts just for being a HealthPartners member! Save on health club memberships and at popular retailers.

FREQUENT FITNESS

Work out 12 days 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
- YMCA and YWCA*
- Local community centers and many more!

Plus, get support for your health goals.

SET GOALS AND BE HEALTHY

Simply complete a FREE online health assessment and learn more about your strengths and weaknesses. Then you can pick as many of our online programs as you'd like to help you set goals and achieve better health. Here are just a couple:

- **10,000 Steps program.** Step your way to better health
- Stress eProgram. Help with healthy thinking and relaxation
- Weight eProgram. Help with healthy food choices and tracking what you eat
- Virtual coaching. Tailored and unique to you, this experience will help you achieve your personal health goals

HEALTHY DISCOUNTSSM PROGRAM

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 and wellness classes
- Healthy eating programs and delivery services
- Recreational equipment
- Spa services
- Swimming lessons
- Healthy mom and baby products

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



For your eyes only

Save up to 35 percent on eyeglasses at thousands of retailers including LensCrafters®, Pearle Vision®, Target Optical® and more. Plus, get great deals on contact lenses.

*Incentive programs are available to certain members 18 years or older. Some restrictions may apply. Please contact Member Services for qualification requirements and a list of participating locations. Some national clubs are owned by individual franchise owners and may not participate in the program. Membership termination at a participating location forfeits any unpaid incentive. HealthPartners reserves the right to modify or discontinue the program at any time.



Using your plan

At home, work or on-the-go, it's easy to manage your health care with myHealthPartners online and mobile tools. Here's a guide to help you get started.

CREATE AN ACCOUNT

- 1. Visit **healthpartners.com/signupnow** and click on *I have HealthPartners insurance.*
- 2. Enter your eight-digit Member ID number and date of birth; then click *Continue*.
- 3. Create a username and password, and enter the email address you'd like tied to your account.
- 4. Choose three security questions and click Continue.
- 5. Congratulations! You've created a *my*HealthPartners account.

MANAGE YOUR HEALTH CARE COSTS

It's easy to manage your health care costs and plan for future expenses with your *my*HealthPartners account:

- Track your spending and view what's left in your HSA.
- Search for a treatment or procedure, and get cost estimates specific to your plan, benefits and deductible
- View past claims or explanations of benefits (EOB)
 with the new My activity timeline. You'll get a realtime look at how the care you receive works with
 your plan.
- Sign up for online billing and pay your premium bill online. You can even set up auto payments! Log on to your *my*HealthPartners account and click on *Pay premium* in the *My plan* tab to sign up.

Learn more about what your

myHealthPartners account can do for you

at healthpartners.com/getmyinfo.

You can also view plan balances on the myHP mobile app! Learn more at healthpartners.com/gomobile.







Your plan made easy

As a HealthPartners member, it's easy to manage your plan and feel confident when you get care. Whatever your preference, you can stay connected—online, on your mobile device or via text.

When you want to:	Find it:
See your benefits and specific plan information	
See your past care including claims, explanations of benefits (EOBs), test results and immunizations	*
Check your plan balances, including your deductible, out-of-pocket maximum and more	
Search for doctors in your network or near your current location	
Get cost estimates specific to your plan, benefits and deductible when you search for a treatment or procedure	
View your HealthPartners Member ID card and fax it to your doctor's office	
Find tips for getting and staying healthy	
= Online = Mobile device = Text	*HealthPartners patients only

CONNECT ONLINE

With a *my*HealthPartners account, your specific benefits, claims and tips for living healthy are just a click away. You'll even get cost saving tips based on your claims! Learn more about what your *my*HealthPartners account can do for you at **healthpartners.com/signupnow**.

TEXT TO CONNECT

Check your plan balances by setting up your mobile phone to get texts from HealthPartners. Go to **healthpartners.com** and log on to your *my*HealthPartners account to enter your phone number. Once you verify your phone number, text us to get your balance.

CONNECT ON YOUR MOBILE DEVICE

Whether you're at home or on-the-go, your plan information is right at your fingertips. With the myHP mobile app and mobile site, using your plan is easy wherever you are. Visit **healthpartners.com/gomobile** or text **MOBILE** to **77199** to learn more.



Your questions answered

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

If you have questions about:	Call:	Go online:
 Your coverage, claims or account balances Finding a doctor, dentist or specialist in your network Finding care when you're away from home Immunizations and paperwork needed for travel 	Member Services Monday - Friday, 7 a.m 7 p.m., CT Call the number on the back of your Member ID card or 952-883-5900 or 855-813-3887 Español: 866-398-9119 Interpreters are available if you need one.	Log on to healthpartners.com to chat with Member Services
Whether you should see a doctorHome treatment optionsA medicine you're taking	CareLine SM service — nurse line 24/7, 365 days a year Call 612-339-3663 , 800-551-0859 or 952-883-5474 (TTY)	Visit healthpartners.com/ healthlibrary
 Understanding your health care and benefits How to choose a treatment option 	HealthPartners® Nurse Navigator program Monday - Friday, 7 a.m 7 p.m., CT Call the Member Services number on the back of your Member ID card.	Visit healthpartners.com/ decisionsupport
Your pregnancyThe contractions you're havingYour new baby	BabyLine phone service 24/7, 365 days a year Call 612-333-2229 or 800-845-9297	Visit healthpartners.com/ healthlibrary
 Finding a mental or chemical health care professional in your network Your behavioral health benefits 	Behavioral Health Navigators Monday - Friday, 8 a.m 5 p.m., CT Call 952-883-5811 or 888-638-8787	Log on to healthpartners.com



virtuwell® is your 24/7 online clinic for many common conditions like sinus infections and influenza. After a simple, guided interview about your symptoms, a nurse practitioner will make a diagnosis. In about 30 minutes or less you'll get a personalized treatment plan and a prescription if you need one.



Personal dental plans

DON'T FORGET ABOUT YOUR TEETH!

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

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. Once you've picked the plan that's best for you, you can choose a network. You have two choices:
 - HealthPartners Dental Group
 More than 70 dentists at 22
 clinics throughout the Twin Cities and St.Cloud providing general dentistry and specialty care
 - Open Access The largest Dental PPO network in Minnesota with more than 2,300 providers

 Find details or apply online at healthpartners.com/personaldental.

	Maintenance plan		Major plan		Comprehensive plan	
Coverage	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%
	0%	0%	After 12 months			
Major restorative (crowns, bridges, etc.)			50%	25%	50%	25%
Annual benefit	\$1,250	\$750	\$1,250	\$750	\$1,250	\$750
Annual deductible	\$50	\$75	\$50	\$75	\$50	\$75

		Ra	tes*			
Maintenance plan		Majo	r plan	Comprehensive plan		
HealthPartners Dental Group (22 locations)			Partners (22 locations)	HealthPartners Dental Group (22 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		Depend	ent 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 (2,300 providers)		Open Access (2	2,300 providers)	Open Access (2,300 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		Depend	ent 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, 2015—December 31, 2015. See Summary of Benefits at **healthpartners.com/personaldental** for benefit and waiting period details.



Did you know the average annual cost for adult dental checkups without insurance is \$330? Having a dental plan will make going to the dentist simpler and more affordable.

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 952-883-5900 or 855-813-3887. 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
- Dental care or oral surgery, including orthogoathic[†]
- 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 **952-883-5900** or **855-813-3887**

HealthPartners negotiates with some providers to pay discounted rates. In those cases, coinsurance (a specific percentage of the charge) is based on that discounted amount. Copayments (flat amounts specified in advance for categories of service, such as office visits or prescriptions) are based on an aggregate of billed charges for that type of service. Our mission is to improve health and well-being in partnership with our members, patients and community.

This plan is subject to changes required by state and federal law, including changes to maintain a certain actuarial value or metal level. This and other factors may affect changes in premium rates.

To find additional HealthPartners Individual plans please visit **healthpartners.com**, **mnsure.org** or **healthcare.gov**.



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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 MNsure Certified HealthPartners Broker

