HealthPartners®

HealthPartners®
Three for Free Individual Health Plan
Summary of Benefits

Balanced, affordable coverage
with immediate value

HealthPartners Three for Free individual plan is the coverage you need, including three free office visits each year

If you're looking for a plan that gives you more for your money, look no further:

- Your first three office or urgent care visits each year are free (you're responsible for your deductible on laboratory and radiology services)
- The first $200 of your preventive care each year is paid in full
- Generic prescription medication is available with a $5 copay
- Your first emergency visit per year is covered 100 percent after a $250 copay

How Three for Free works

Example	Cost of Care	Cost to Member
Leslie saw a doctor for sore throat. She was tested for strep.	$100 office visit	$30
	$30 strep test in lab	
Bill broke his arm playing softball and visited the emergency room for an X-ray and cast	$400 emergency room visit	$250
	$40 X-ray	
	$250 arm casting	

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

See the doctors you prefer

As a HealthPartners member, you have the freedom and convenience to see the doctors you choose with no need for referrals!

Receive the most benefit from your plan when you see a network provider. Select from more than 565,000 providers and more than 5,000 hospitals nationwide. Finding a network provider is easy. Visit **healthpartners.com/individual** and use the online provider search or contact us for a CD directory.

Access your healthy discounts and resources

Enjoy healthcare savings and resources available exclusively to HealthPartners members:

- Fitness club discounts
- Savings on exercise classes and sporting equipment
- Eyewear discounts
- Online health information library and cost calculators
- After-hours nurse advice phone lines

Manage your healthcare online

Create a personal account at **healthpartners.com** and get secure access to:

- Check your plan benefits
- View claims and Explanation of Benefits (EOB) details
- Get test results
- Track immunization records
- Create a directory of favorite providers
- Schedule appointments

Apply for a HealthPartners plan today

When you're ready to complete an application for a HealthPartners Three for Free plan, visit **healthpartners.com/individual** to apply online or talk to your broker. You can also complete an application and submit via mail or fax.

You must reside in Minnesota to apply for this plan.

Learn about other HealthPartners individual plans

We realize your healthcare needs change over time, and we have other plans to help to meet those needs:

Traditional – comprehensive coverage with a range of deductibles to help you manage your budget

Empower – a high-deductible plan that can be paired with a Health Savings Account (HSA) for financial control

Short Term – affordable, temporary coverage when you need immediate protection

Dental – budget-friendly plans you can customize to meet your needs.

Find help with your questions and decision

We understand that choosing a health plan for you and your family may be confusing. It's important to us that you get the help you need, so we have resources you can use to help make your decision:

Contact our friendly sales consultants Monday – Friday 8 a.m. to 6 p.m. Call at 952-883-5599 or 1-877-838-4949 or e-mail **individualsales@healthpartners.com**.

Visit **healthpartners.com/individual** and try our interactive plan selection tool. We'll ask you a few simple questions and, based on your responses, provide a quick recommendation for a plan we think best meets your needs.

Summary of Benefits

The following is a brief summary of the HealthPartners Three for Free individual coverage. For a detailed description of terms and conditions, refer to a HealthPartners Insurance Certificate or call 952-883-5599 or 1-877-838-4949.

	80% Plan Options		100% Plan Option	
	Deductible	**Out-of-pocket maximum**	**Deductible**	**Out-of-pocket maximum**
Calendar year deductible and out-of-pocket maximum Per person – for family deductible/maximum information, contact HealthPartners	$4,000	$6,500	$4,000	$4,000
	$5,000	$7,500	$5,000	$5,000
	$7,500	$10,000	$7,500	$7,500
	$10,000	$12,500	$10,000	$10,000
Preventive care - Routine physicals and eye exams	100% up to $200 maximum per year (no deductible), then 80% after deductible is met		100% up to $200 maximum per year (no deductible), then 100% after deductible is met	
Office visits - Illness or injury - Urgent care - Mental healthcare - Chemical healthcare	100% (no deductible) for first three visits, then 80% after deductible is met for additional visits		100% (no deductible) for first three visits, then 100% after deductible is met for additional visits	
Emergency care	One emergency visit per year for $250 copay, then 80% after deductible is met for additional visits		One emergency visit per year for $250 copay, then 100% after deductible is met for additional visits	
Inpatient and outpatient hospital care Outpatient MRI and CT Laboratory services	80% after deductible is met until out-of-pocket maximum is reached, then 100% coverage		100% after deductible is met	
Prescription medications	Generic: $5 copay (no deductible) Brand: 80% after deductible is met		Generic: $5 copay (no deductible) Brand: 100% after deductible is met	
Physical, occupational and speech therapy	80% after deductible is met, maximum of 20 visits per year		100% after deductible is met, maximum of 20 visits per year	
Behavioral healthcare	80% after deductible until out-of-pocket maximum is reached, then 100%		100% after deductible	
Durable medical equipment				
Home healthcare	80% after deductible is met, maximum of 120 visits per year		100% after deductible is met, maximum of 120 visits per year	
Well child services to age 6; immunizations to age 18	100% (no deductible)		100% (no deductible)	
Prenatal care				
Maternity - Labor and delivery - Postnatal care	No coverage		No coverage	
	Deductible	**Out-of-pocket maximum**	**Deductible**	**Out-of-pocket maximum**
Out-of-network Calendar year deductible Out-of-pocket maximum	$8,000 $10,000 $15,000 $20,000	No maximum	$8,000 $10,000 $15,000 $20,000	No maximum
Out-of-network coverage	40% after deductible is met		50% after deductible is met	
Lifetime maximum per person In and out-of-network	$5 million			

Three simple steps to apply for a HealthPartners individual health plan

1. Choose a deductible that fits your needs and budget.

A deductible is the amount that each family member will pay upfront each year. Once you have paid that amount in medical expenses each year, HealthPartners pays 80 percent to 100 percent of expenses. Don't forget – with the Three for Free plan, your first three office or urgent visits per year are covered at 100 percent with no deductible!

If you're not sure which deductible is right for you and your family, contact HealthPartners. We're here to help you understand your options.

2. Complete an application online, via mail or fax or talk to your broker.

Visit **healthpartners.com/individual** for details. It's helpful to have the following information handy while you complete your application:

- Current and previous health insurance information
- Doctor's contact information
- Information about your health history and medications
- Payment information (payment for your first month's premium is due with your application)

3. Learn about the review process.

Applications for the HealthPartners Three for Free individual plan are reviewed by our underwriters, and you will be notified of a decision in one to two weeks. A decision on your application may take longer if additional medical information is needed. For full details on the application process, visit **healthpartners.com/individual**.

HealthPartners®

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Important Information on HealthPartners Individual Health Plans

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. 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.

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.

Some providers are paid a “salary” with a possible additional payment made based on performance criteria such as quality of care and patient satisfaction measures.

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.

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 one or more of the following ways:

Withhold arrangements are sometimes used to pay primary care, specialty, referral or hospital providers who furnish services to members. The provider usually receives all or a portion of the withheld amount based on performance of agreed upon criteria, which may include patient satisfaction levels, quality of care and/or care management measures along with the financial performance of HealthPartners. Certain factors are measured to determine if the provider has satisfied the withhold criteria, such as patient satisfaction, survey results and compliance with industry standards for preventative services, clinical guidelines and care management.

Sometimes the amount of the withhold that the provider receives is based upon "cost targets" for care expenses. If total care costs are less than the cost target, all or a portion of the withheld amount is returned to the provider after the end of the year. Such cost targets include "stop-loss" protections which reduce the chance that treating patients with costly illnesses will have a direct negative impact on the provider's performance.

A provider may qualify to participate in a bonus program and receive additional payment if the provider meets certain performance criteria. Generally, these performance criteria are similar to the withhold criteria described above.

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,” for each day or according to the number of days the patient spent in the facility.

Occasionally, our reimbursement arrangements with providers include some combination of the methods described above. For example, we may pay a case rate to a provider for a selected set of services needed during an agreed upon period of time, or for services needed up to an agreed upon maximum amount of services, and pay that same provider on a fee-for-service basis for services that are not provided within the time period or that exceed the maximum amount of services. In addition, although we may pay a provider, such as a medical clinic, using one type of reimbursement method, that clinic may pay its employed providers using another reimbursement method. Please check with your individual provider if you wish to know the basis on which he or she is paid.

Please Note: Enrolling in this plan doesn’t guarantee services by a particular provider. If you wish to be certain of receiving care from a specific doctor, you should contact that doctor to ask whether or not the doctor is still a HealthPartners network provider, and whether or not the doctor is accepting additional patients.

Access to health care services doesn’t guarantee access to a particular type of doctor. Please contact Member Services at 952-883-7000 or 1-866-443-9352 for specific information about access to different types of doctors.

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 1-800-883-2177. Please contact your provider for a copy of the HealthPartners privacy notice.

Our mission is to improve the health of our members, our patients and the community.