

HEALTHPARTNERS® KEYSM PLAN

A 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 shopping tools and award-winning customer service make 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. If you're eligible, you'll need to buy your plan with MNsure, the Minnesota insurance marketplace.

2. WHERE CAN I GET CARE?

HealthPartners plans have different networks 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.

Visit healthpartners.com/individual to check if your doctor is in the network for each plan as you're comparing them.

Want more help?

Visit healthpartners.com/individual or give us a call for a guided shopping experience.

3. HOW ARE MY PRESCRIPTIONS COVERED?

To understand how your prescriptions are covered, there are two 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?

See how your medicine is covered at

healthpartners.com/genericsadvantagerx.

4. WHAT ELSE SHOULD I KNOW?

You can get more from your health plan than you may think. Whether you're dealing with a health condition or looking to get in shape, HealthPartners has special programs and discounts for you – all available at no extra cost! Plus, it's easy to get care and use your plan with our online and mobile tools.

5. DOES THIS PLAN MEET THE REQUIREMENTS OF THE NEW HEALTH CARE LAW?

In 2014, individuals are required to have health insurance that qualifies as minimum essential coverage, as defined by the Affordable Care Act. All HealthPartners plans qualify, so you don't need to worry! If you don't have health insurance (or you choose a plan that doesn't qualify), you may have to pay a penalty on your federal income tax.

HEALTHPARTNERS PLANS AT A GLANCE

	Compass SM plan	Peak SM plan	Key SM plan
Plan overview	Affordable coverage for individuals and families; plans can be paired with Health Savings Account		
Network of doctors and care providers	Largest network: more than 700,000 providers and 6,000 hospitals nationwide	Features top care providers in the metro area, including Park Nicollet and HealthPartners clinics Plus, coverage for travel in the U.S.	Features top care providers in the metro area, including Park Nicollet and HealthPartners clinics, and a great selection of providers outside the metro area 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

Remember, no matter where you buy your plan, HealthPartners can help you shop and compare!

COMMON HEALTH INSURANCE WORDS

Here are some common terms you'll see when shopping for a health plan:

- **Coinsurance:** The share of the service costs that you're responsible for paying. It's listed as a percentage. If you have 80 percent coinsurance, you pay 20 percent of the total cost.
- **Copay:** The amount you pay for a medical service. It's usually listed as a flat amount such as \$30 for each office visit. Copay is different from coinsurance, which is a percentage of the cost.
- **Deductible:** The amount you pay each year before your coverage starts. You can use this number to see which plans fit your budget. For example, if you can afford to pay \$3,000 in medical expenses, look at plans with a \$3,000 deductible or lower.
- **Formulary:** A list of medicines covered by your health plan. You'll pay a lower copay or coinsurance for formulary medicines than non-formulary medicines.
- **Network and out-of-network:** If your doctor, clinic or hospital is in-network, he or she is covered by your plan. If your doctor, clinic or hospital is out-of-network, you'll usually pay more when you get care.
- **Out-of-pocket maximum:** The amount you have to pay each year for health care before it's covered 100 percent by your plan (not including premiums). This is the most you'll pay for care during the year.
- **Premium or rate:** What you pay each month for insurance.



KeySM Gold Plan 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
	\$1,000-90%/75%
Calendar year deductible - Once the deductible is met, the plan will start paying	\$1,000 single; \$3,000 family
Coinsurance - This is what you pay after your deductible is met	10% for professional services (including prescriptions) 25% for hospital (including labs and X-rays)
Calendar year out-of-pocket maximum	\$4,350 single; \$12,700 family
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	You pay 10% after deductible
virtuwell[®] - Online treatment for everyday medical conditions such as colds, coughs, ear pain, pink eye or urinary tract infections	Unlimited free visits
Emergency room visits	You pay 25% after deductible
Prescription medicines	You pay 10% after deductible
Inpatient and outpatient hospital care Outpatient MRI and CT Laboratory services Durable medical equipment	You pay 25% after deductible
Behavioral health - Mental health and chemical health services	You pay 10% after deductible
Maternity	You pay 25% after 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 more deductible options and out-of-network costs and deductibles, please contact Individual Sales.



KeySM Silver Plan 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 Silver	
	\$2,500-80%	\$2,750-90% (HSA-qualified)
Calendar year deductible - Once the deductible is met, the plan will start paying	\$2,500 single; \$7,500 family	\$2,750 single; \$8,250 family
Coinsurance - This is what you pay after your deductible is met	20%	10%
Calendar year out-of-pocket maximum	\$6,350 single; \$12,700 family	\$6,350 single; \$12,700 family
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	First three visits per person per year have a copay: \$30 office visit; \$15 convenience care Then you pay 20% after deductible	You pay 10% after deductible
virtuwell* - Online treatment for everyday medical conditions such as colds, coughs, ear pain, pink eye or urinary tract infections	Unlimited free visits	Unlimited free visits after your deductible
Emergency room visits*	You pay \$150 for your first ER visit each year, then you pay 20% after deductible for additional visits	You pay 10% after deductible
Prescription medicines	\$12 Generic Formulary drugs; 20% after deductible for Brand Formulary drugs	You pay 10% after deductible
Inpatient and outpatient hospital care Outpatient MRI and CT Laboratory services Durable medical equipment	You pay 20% after deductible	You pay 10% after deductible
Behavioral health - Mental health and chemical health services	First three office visits per person per year have a copay: \$30 Then you pay 20% after deductible	You pay 10% after deductible
Maternity	You pay 20% after deductible	You pay 10% after deductible

* 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.



KeySM Bronze Plan 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 Bronze	
	\$5,000-80%	\$5,750-80% (HSA-qualified)
Calendar year deductible - Once the deductible is met, the plan will start paying	\$5,000 single; \$12,700 family	\$5,750 single; \$12,700 family
Coinsurance - This is what you pay after your deductible is met	20%	20%
Calendar year out-of-pocket maximum	\$6,350 single; \$12,700 family	\$6,350 single; \$12,700 family
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	First three visits per person per year have a copay: \$40 office visits; \$20 convenience care Then you pay 20% after deductible	You pay 20% after deductible
virtuwell* - Online treatment for everyday medical conditions such as colds, coughs, ear pain, pink eye or urinary tract infections	Unlimited free visits	Unlimited free visits after your deductible
Emergency room visits*	You pay 20% after deductible	You pay 20% after deductible
Prescription medicines	You pay 20% after deductible	You pay 20% after deductible
Inpatient and outpatient hospital care Outpatient MRI and CT Laboratory services Durable medical equipment	You pay 20% after deductible	You pay 20% after deductible
Behavioral health - Mental health and chemical health services	First three office visits per person per year have a copay: \$40 Then you pay 20% after deductible	You pay 20% after deductible
Maternity	You pay 20% after deductible	You pay 20% after deductible

* 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.



KeySM Catastrophic Plan Summary of Benefits



To enroll in a Catastrophic plan, you must be 18-29 years of age before 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 \$6,350-100%
Calendar year deductible - Once the deductible is met, the plan will start paying	\$6,350 single; \$12,700 family
Coinsurance - This is what you pay after your deductible is met	0%
Calendar year out-of-pocket maximum	\$6,350 single; \$12,700 family
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	Your first three visits to your primary care office per year have a copay: \$30 office visits; \$15 convenience care; \$0 virtuwell Then you pay nothing after deductible
virtuwell® - Online treatment for everyday medical conditions such as colds, coughs, ear pain, pink eye or urinary tract infections	Your first three visits are free Then you pay nothing after deductible
Emergency room visits*	You pay nothing after deductible
Prescription medicines	You pay nothing after deductible
Inpatient and outpatient hospital care Outpatient MRI and CT Laboratory services Durable medical equipment	You pay nothing after deductible
Behavioral health - Mental health and chemical health services	You pay nothing after deductible
Maternity	You pay nothing after deductible

* 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.



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.
- **Choose your doctor.** The Key plan 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.** In addition to award-winning customer service, you get perks like fitness club and well-being discounts. Plus, you have access to our Member Assistance Program, which helps with everything from finding child and elder care, to assisting with personal concerns such as stress management and legal issues.

WHAT ARE MY OPTIONS?

You can choose from different levels of coverage to find the best fit for your needs and budget.

▲ Monthly premium ▼ Deductible	▲ Monthly premium ▼ Deductible	▼ Monthly premium ▲ Deductible	▼ Monthly premium ▲ Deductible
Gold Not eligible for HSA	Silver Option available to pair with HSA	Bronze Option available to pair with HSA	Catastrophic Available for people ages 18-29*

HOW DOES KEY WORK?

Here are a couple typical scenarios:

Sarah’s family has the Key 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! Total expenses are:

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

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.

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

**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, Key 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.

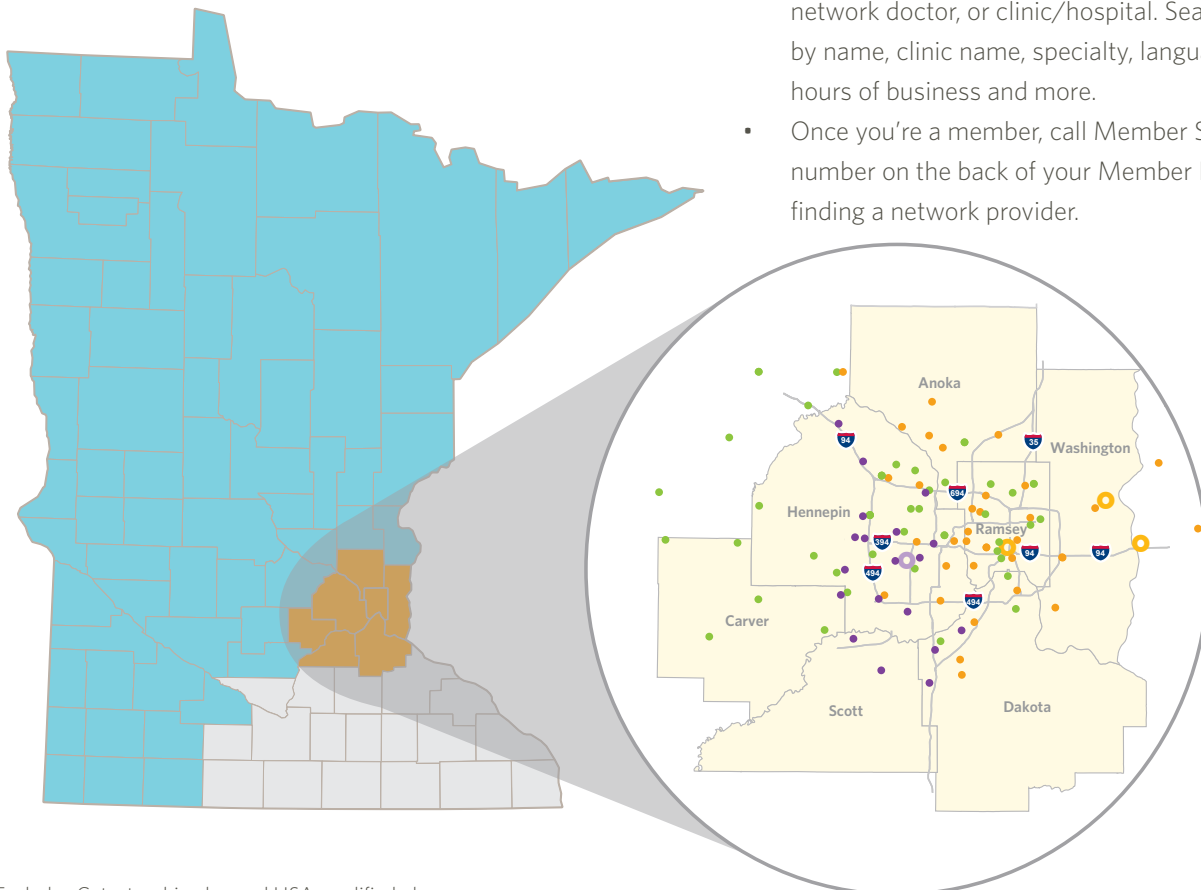
When you travel outside of the network area, you can call Member Services for help finding the best care options. You're covered for emergency care wherever you go, and have options in the United States through our national network of 700,000 doctors and other providers and 6,000 hospitals.

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 finding a network provider.



*Excludes Catastrophic plan and HSA-qualified plans



How HSAs work

WHAT IS AN HSA?

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

WHAT KINDS OF HEALTH EXPENSES ARE COVERED?

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!

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.
- **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?

Once you're enrolled in a plan that is HSA-qualified, 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. This money is not taxed! 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 use the green tabs to search by medicine name, category or first letter. You can also print the complete medicine list.

Infertility, erectile dysfunction and non-sedating antihistamine medicines aren't covered on the GenericsAdvantageRx formulary.

WHAT IF YOUR MEDICINE ISN'T ON THE LIST?

When you search GenericsAdvantageRx, the medicines that come up are on the formulary. If your medicine isn't on the list or appears in an orange box, your medicine is non-formulary. Non-formulary medicines cost more than medicines that are on the formulary.

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

- Go to healthpartners.com/genericsadvantagerx
- Click on the *Drug Category* tab
- Search for the type of medicine you're taking
- Print out the list of medicines that comes up. Bring it to your doctor to see if one will work for you.

HOW MUCH DO YOU HAVE TO PAY FOR YOUR PRESCRIPTIONS?

The amount you have to pay depends on two things:

1. If your medicine is on the **formulary**
2. Whether it's a **generic** or **brand name** medicine

You'll save the most money by taking a generic medicine that's on the formulary.

You can see what your benefits are by looking at your plan's Summary of Benefits. To see what group your medicine is in, use this key when you're searching GenericsAdvantageRx online.

G = generic (*italics*)

B = BRAND (ALL CAPS)

SD = Specialty Drug

WHICH PHARMACIES CAN YOU USE?

You have prescription coverage at most pharmacies around the country. But did you know the pharmacy you go to can affect the cost of your medicines? HealthPartners has tools you can use to find a pharmacy that's convenient for you and offers your medicines at the best price.

At healthpartners.com/pharmacy you can use the:

- **Pharmacy locator** to see what network pharmacies are in your neighborhood.
- **Drug cost calculator** to see how the cost of your prescriptions changes depending on your pharmacy.

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.

*Not all locations apply. Frequent Fitness program is limited to members, age 18 years or older, of HealthPartners senior or individual medical plans and members of participating employer groups. Some restrictions apply. Termination of club membership may result in forfeiture of any unpaid incentive. See participating club locations for program details. The information here should not be used as medical advice.



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
<ul style="list-style-type: none"> 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 	<p>Member Services Monday - Friday, 7 a.m. - 7 p.m., CST</p> <p>Call the number on the back of your Member ID card or 952-967-7540 (866-232-1166 toll-free)</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 line 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 Monday - Friday, 7 a.m. - 5:30 p.m., CST</p> <p>Call the Member Services number on the back of your Member ID card.</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 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) Monday - Friday, 8 a.m. - 5 p.m., CST</p> <p>Call 952-883-5811 or 888-638-8787</p>	<p>Log on to healthpartners.com</p>



When your 5-year-old wakes up with a fever at 2 a.m., call CareLineSM Service for help. The nurses will be there to help you get his fever down, even in the middle of the night.



Personal dental plans

DON'T FORGET ABOUT YOUR TEETH!

After you've enrolled in your medical plan on MNsure*, stop by healthpartners.com/personaldental. We have comprehensive dental plans with large networks bound to make you smile.

HOW IT WORKS

- 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 care and things like fillings, root canals and crowns
- Once you've picked the plan that's best for you, you can choose a network. You have two choices:
 - HealthPartners Dental Group** has 15 Twin Cities locations that focus on a treatment plan to meet your unique needs
 - Open Access** has more than 2,200 providers in Minnesota
- Find details or apply online at healthpartners.com/personaldental.

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

*You are not required to purchase pediatric or adult dental coverage through MNsure.

Rates*					
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, 2014 — December 31, 2014. 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 **952-967-7540** or **866-232-1166**. Please contact your provider for a copy of the HealthPartners privacy notice.

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.

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** or **healthcare.gov**.

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

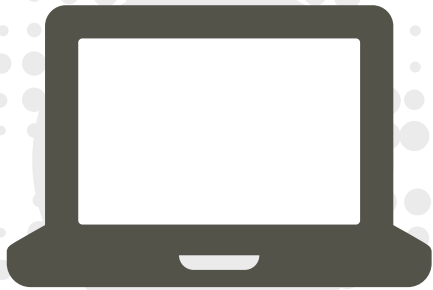
After you enroll, you will receive a Membership Contract that explains exact coverage terms and conditions. This plan does not cover all health care expenses. In general, services not provided or directed by a licensed physician are not covered. Services not covered include, but are not limited to:

- Treatment, services or procedures which are experimental, investigative or are not medically necessary
- Dental care or oral surgery, including 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 **952-967-7540** or **866-232-1166**.



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

