Welcome to the 2016–2017
RESIDENTS, FELLOWS & INTERNS
HEALTH PLAN
Administered by the Office of Student Health Benefits

- Great choice of doctors
- Award-winning service
- Tools to stay healthy
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May 1, 2016

Dear University of Minnesota Residents, Fellows and Interns,

I am pleased to welcome you to the 2016–2017 Residents, Fellows and Interns Health Plan. HealthPartners provides the plan network and claims administration services for the 2016–2017 Residents, Fellows and Interns Health Plan.

Enclosed in this brochure you will find more information about the broad range of benefits available to you through the Residents, Fellows and Interns Health Plan.

Key benefits include:
- HealthPartners Open Access Network: Gives you access to more than 850,000 providers and 6,300 hospitals across the United States.
- Frequent Fitness: With this benefit, you can save $20 on your monthly health club membership if you work out eight times or more each month.
- virtuwell: This benefit provides a quick and convenient way to have many common ailments diagnosed and treated online. Visit virtuwell.com.

All residents, fellows and interns who wish to enroll or make changes for the 2016–2017 plan year must complete the enrollment process by June 15, 2016, or within 14 days of their start date, whichever is later. The coverage period is July 1, 2016 to June 30, 2017. You will have the option to choose between two plans, Basic and Basic Plus.

More detail is on the plan webpage. To make the most of your coverage, and to be aware of deadlines, policies, and procedures that affect you, please review the information found in this brochure and on the webpage carefully.

The Office of Student Health Benefits will send your benefits information by e-mail and U.S. mail. Please add umshbo@umn.edu to your e-mail address book, and bookmark our webpage: shb.umn.edu.

Please feel free to contact me with any questions. Our office looks forward to serving you!

Susann Jackson
Director of Student Health Benefits
Office of Student Health Benefits
University of Minnesota
612-624-0627
1-800-232-9017
umshbo@umn.edu
shb.umn.edu
How to Enroll

All residents, fellows and interns who wish to enroll in or make changes to the plan must complete the enrollment process by June 15, 2016, or within 14 days of their start date, whichever is later. The coverage period is July 1, 2016 to June 30, 2017.

Complete and Submit Enrollment Forms

All residents, fellows and interns must complete the enrollment process by June 15, 2016, or within 14 days of their start date, whichever is later. Residents, fellows and interns with other health insurance coverage must submit a waiver form and provide a certificate of coverage from your health insurance provider. Enrollment and waiver forms can be found in the open enrollment packet and on the Office of Student Health Benefits website at shb.umn.edu.

Once an applicant’s eligibility is verified by the Office of Student Health Benefits, enrollment will be processed. Member ID cards will be sent to the plan member by U.S. mail approximately three weeks after enrollment. Cards will be mailed to the mailing address on record with the University.

ENROLLMENT QUESTIONS

For more information about enrollment, please contact the Office of Student Health Benefits at 612-624-0627 or umshbo@umn.edu, or visit the Office of Student Health Benefits website at shb.umn.edu.
We’re here to help
Contact us 24/7 when you have questions about your coverage or health — we’re here to help.

<table>
<thead>
<tr>
<th>IF YOU HAVE QUESTIONS ABOUT</th>
<th>CONTACT</th>
</tr>
</thead>
</table>
| • Your coverage, claims or account balances  
• Finding a doctor or specialist in your network  
• Finding care when you’re away from home  
• Discounts through your health plan  
• Health plan services and programs | **Member Services**  
Monday – Friday, 7 a.m. – 7 p.m., CT  
Call 952-883-7500 or 866-270-5434 toll-free.  
Español: 866-398-9119  
Interpreters are available if you need one.  
healthpartners.com/uofmres |
| • Whether you should see a doctor  
• Home treatment options  
• A medication you’re taking | **CareLine℠ service — nurse line**  
24/7, 365 days a year  
800-551-0859  
healthpartners.com/healthlibrary |
| • Understanding your health care and benefits  
• How to choose a treatment option | **HealthPartners® Nurse Navigator program**  
Monday – Friday, 8 a.m. – 5 p.m., CT  
Call the Member Services number on the back of your member ID card.  
healthpartners.com/decisionsupport |
| • Your pregnancy  
• The contractions you’re having  
• Your new baby | **BabyLine phone service**  
24/7, 365 days a year  
800-845-9297  
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  
888-638-8787  
healthpartners.com/uofmres |
Open Access plan

With HealthPartners® Open Access plan, choose from the doctors in your network, and get care wherever and whenever it’s best for you. It’s that simple.

About your plan

You’ll also have network access to many services like:

- Convenience and online care
- Specialty care — no referrals needed
- Prescription medications
- Preventive care

Find a doctor in your network

When it comes to your health care, finding the right doctor is really important. To see if your doctor is in the Open Access network or to find a new one, you can:

- Visit [healthpartners.com/uofmres](http://healthpartners.com/uofmres) and search Open Access. Search for doctors and clinics, by specialty and more.
- Learn how doctors rate on cost and quality.
- Choose from more than 950,000 doctors and other care providers, plus 6,000 hospitals in the United States.

How your plan works

Learn more about how the Open Access plan works by using this chart with your Summary of Benefits and Coverage (SBC).

<table>
<thead>
<tr>
<th>YOUR OPEN ACCESS PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your network — where can I go to the doctor?</td>
</tr>
<tr>
<td>Your deductible — if I have a deductible, how much is it?</td>
</tr>
<tr>
<td>Your annual out-of-pocket limit — what’s the most I will pay for health care?</td>
</tr>
<tr>
<td>Your office visit costs — how much will I pay for office visits?</td>
</tr>
<tr>
<td>Your tests — how much will I pay for MRIs, CT scans and X-rays?</td>
</tr>
<tr>
<td>Your emergency needs — how much does it cost to go to urgent care or the emergency room?</td>
</tr>
</tbody>
</table>

Plus, routine preventive care is typically covered at 100 percent. Please check Page 2 of your SBC for more details.

Need help with your plan?

Call Member Services or log on to your myHealthPartners account.
## Summary of covered services

### Lifetime maximum

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan year deductible</td>
<td>$400 per person; $1,200 family</td>
<td>$100 per person; $200 per family</td>
</tr>
<tr>
<td>Plan year medical out-of-pocket maximum</td>
<td>$2,000 per person; $4,000 family</td>
<td>$1,000 per person; $2,000 per family</td>
</tr>
<tr>
<td>Plan year prescription out-of-pocket maximum</td>
<td>$750 per person; $1,000 family</td>
<td>$300 per person; $500 per family, for all covered prescriptions</td>
</tr>
</tbody>
</table>

### Plan year medical out-of-pocket maximums

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine physical, eye examinations and immunizations</td>
<td>100% coverage</td>
<td>100% coverage after deductible; $500 annual maximum</td>
</tr>
<tr>
<td>Prenatal, postnatal care and well child care</td>
<td>100% coverage</td>
<td>100% coverage, after deductible</td>
</tr>
</tbody>
</table>

### Preventive Health Care

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illness or injury</td>
<td>80% coverage after the deductible</td>
<td>80% coverage after deductible</td>
</tr>
<tr>
<td>Mental/chemical health care</td>
<td>80% coverage after the deductible</td>
<td>80% coverage after deductible</td>
</tr>
<tr>
<td>Physical, occupational and speech therapy</td>
<td>80% coverage after the deductible</td>
<td>80% coverage after deductible</td>
</tr>
<tr>
<td>Chiropractic care (for neuromusculo-skeletal conditions only)</td>
<td>80% coverage after the deductible</td>
<td>80% coverage after deductible</td>
</tr>
<tr>
<td>Allergy injections</td>
<td>80% coverage after the deductible</td>
<td>80% coverage after deductible</td>
</tr>
</tbody>
</table>

### Office Visits

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illness or injury</td>
<td>$25 copayment for the office visit, deductible does not apply; 90% coverage for all other services after the deductible.</td>
<td>90% coverage after deductible</td>
</tr>
<tr>
<td>Mental/chemical health care</td>
<td>$25 copayment for the office visit, deductible does not apply; 90% coverage for all other services after the deductible.</td>
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<td></td>
</tr>
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<td></td>
</tr>
</tbody>
</table>

### Convenience Care

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convenience clinics (retail clinics), eVisits</td>
<td>80% coverage after the deductible</td>
<td>80% coverage after deductible</td>
</tr>
</tbody>
</table>

### Convenience Care

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convenience clinics (retail clinics), eVisits</td>
<td>$15 copayment for the office visit, deductible does not apply; 90% coverage for all other services after the deductible.</td>
<td>90% coverage after deductible</td>
</tr>
<tr>
<td>Medical Plan Highlights</td>
<td>Basic Option</td>
<td>Basic Plus Option</td>
</tr>
<tr>
<td>-------------------------</td>
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</tr>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Emergency Care</td>
<td></td>
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</tr>
<tr>
<td>Urgently needed care at</td>
<td>80% coverage</td>
<td>80% coverage</td>
</tr>
<tr>
<td>an urgent care clinic</td>
<td>after the</td>
<td>after deductible</td>
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<tr>
<td>or medical center</td>
<td>deductible</td>
<td></td>
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<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td>Emergency care at a</td>
<td>80% coverage</td>
<td>80% coverage</td>
</tr>
<tr>
<td>hospital ER</td>
<td>after the</td>
<td>after deductible</td>
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<tr>
<td></td>
<td>deductible</td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td>80% coverage</td>
<td>80% coverage</td>
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<tr>
<td></td>
<td>after the</td>
<td>after deductible</td>
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<tr>
<td></td>
<td>deductible</td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illness or injury</td>
<td>80% coverage</td>
<td>80% coverage</td>
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<tr>
<td></td>
<td>after the</td>
<td>after deductible</td>
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<tr>
<td></td>
<td>deductible</td>
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<tr>
<td>Mental/chemical health</td>
<td>80% coverage</td>
<td>80% coverage</td>
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<tr>
<td>care</td>
<td>after the</td>
<td>after deductible</td>
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<td></td>
<td>deductible</td>
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<tr>
<td>Outpatient Care</td>
<td></td>
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<tr>
<td>Scheduled outpatient</td>
<td>80% coverage</td>
<td>80% coverage</td>
</tr>
<tr>
<td>procedures</td>
<td>after the</td>
<td>after deductible</td>
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<tr>
<td></td>
<td>deductible</td>
<td></td>
</tr>
<tr>
<td>Outpatient MRI and CT</td>
<td>80% coverage</td>
<td>80% coverage</td>
</tr>
<tr>
<td>scan</td>
<td>after the</td>
<td>after deductible</td>
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<tr>
<td></td>
<td>deductible</td>
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<tr>
<td>Durable Medical</td>
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<tr>
<td>Equipment</td>
<td>80% coverage</td>
<td>80% coverage</td>
</tr>
<tr>
<td>and prosthetic devices</td>
<td>after the</td>
<td>after deductible</td>
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<tr>
<td></td>
<td>deductible</td>
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<tr>
<td>Prescription Drugs</td>
<td></td>
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<tr>
<td>Retail Pharmacy</td>
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<tr>
<td>Copayment for a 34-day</td>
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<tr>
<td>supply, including</td>
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<tr>
<td>specialty drugs</td>
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<tr>
<td>Generic Preferred</td>
<td>$15 copayment</td>
<td>80% coverage</td>
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<tr>
<td></td>
<td>(formulary</td>
<td>after deductible</td>
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<tr>
<td></td>
<td>contraceptives are coverage at 100%)</td>
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<tr>
<td>Brand Preferred</td>
<td>$30 copayment</td>
<td>80% coverage</td>
</tr>
<tr>
<td></td>
<td>(formulary</td>
<td>after deductible</td>
</tr>
<tr>
<td></td>
<td>contraceptives are coverage at 100%)</td>
<td></td>
</tr>
<tr>
<td>Non-Preferred</td>
<td>$45 copayment</td>
<td>80% coverage</td>
</tr>
<tr>
<td></td>
<td>after the</td>
<td>after deductible</td>
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<tr>
<td></td>
<td>deductible</td>
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<tr>
<td>HealthPartners Mail</td>
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<tr>
<td>Order Pharmacy</td>
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<tr>
<td>Copayment for a 90-day</td>
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<tr>
<td>supply</td>
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<tr>
<td>Generic Preferred</td>
<td>$30 copayment</td>
<td>$20 copayment</td>
</tr>
<tr>
<td>Brand Preferred</td>
<td>$60 copayment</td>
<td>$50 copayment</td>
</tr>
<tr>
<td>Non-Preferred</td>
<td>$90 copayment</td>
<td>$80 copayment</td>
</tr>
</tbody>
</table>

This is an overview of your HealthPartners coverage. For exact coverage terms and conditions, consult your plan materials or call Member Services at 952-883-7500 or 866-270-5434.
virtuwell — your 24/7 online clinic
Certified nurse practitioners make a diagnosis, create a personalized treatment and send you a prescription if needed.

Get real treatment from real people, really fast.

After a simple, guided interview about your symptoms, you’ll get a personalized treatment plan and a prescription if you need one, in 30 minutes or less.

Try virtuwell® and save time

1. A virtuwell visit starts with a quick online interview that checks your history and makes sure the problem isn’t serious.
2. Next, a certified nurse practitioner will make a diagnosis and write your treatment plan. You’ll get an email or text the moment your plan is ready — usually within 30 minutes or less.
3. If you need a prescription, we’ll send it to your favorite pharmacy.
4. If you need to speak with a nurse practitioner about your plan, they’re available 24/7.

Get started at virtuwell.com.

Saves you money

virtuwell is covered at your convenience care benefit. You’re only charged if you can be treated, and if you’re not completely satisfied you’ll get your money back. Still not feeling better? Call virtuwell at anytime for free follow-up care.

Treats many common conditions

virtuwell only treats conditions that can be safely treated online:
• Bladder infections
• Pink eye
• Rashes and other skin irritations
• Sinus infections
• Upper respiratory infections
• And more!

Find the full list at virtuwell.com/conditions.

98 percent of customers highly recommend virtuwell.
Source: virtuwell patient satisfaction survey

Let’s get you better. virtuwell.com.
Is your medication covered?
Learn more about how your medication is covered under the plan you choose.

Is your prescription covered?
You can see if your prescriptions are covered by searching the GenericsPlusRx formulary. A formulary is a list of medications that are covered by your plan.

Searching the list is easy. Just go to healthpartners.com/genericsplusrx and search by medication name, category or first letter. You can also print the list of covered medications.

What if your medication isn’t on the list?
When you search GenericsPlusRx, medications will come up with F (formulary), NF (non-formulary), or X (excluded). Excluded drugs aren’t eligible to be covered. Depending on your benefits, non-formulary medications may be covered but cost more than those medications on the formulary.

To switch to a formulary medication, we can help you see what your options are:
• Go to healthpartners.com/genericsplusrx.
• Under Brand & Generic Name Search, choose the type of medication you’re taking.
• Choose the subclass of the type of medication you’re taking.
• Print out the list of medications that comes up. Bring it to your doctor to see if a formulary medication F will work for you.

How much do you have to pay for your prescriptions?
The amount you have to pay depends on two things:
• If your medication is on the formulary
• Whether it’s a generic or brand name medication

You’ll usually save the most money by taking a generic medication that’s on the formulary.

To see what group your medication is in, use this key when you’re searching GenericsPlusRx online.
• Generic will be in all lower case italics
• BRAND, oral contraceptives and Accutane generics will be in all CAPS
• Specialty drugs will be shown as

You can see what your benefits are by looking at your Summary of Benefits and Coverage.

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 medications? HealthPartners has tools you can use to find a pharmacy that’s convenient for you and offers your medications 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 medications and saving money on your prescriptions, visit healthpartners.com/pharmacy. Once you’re there, log on to your myHealthPartners account and select Email a pharmacist.
Get healthy. We’ll help.

No matter where you are on the path to better health, we have a program that fits your busy life.

Know healthy

It’s easy to get started. Take your first step by registering for a biometric health screening through Boynton Health. Screenings only take about 15 to 20 minutes and are offered at no cost to you and your spouse. Trained Boynton staff will perform tests for cholesterol, body mass index, blood pressure and more -- and help you interpret your results.

Watch your email for more information on how to sign up for your screening.

The next step is to complete the health assessment. This quick, online assessment asks you questions about your diet, exercise, sleep, stress and more. You’ll discover how you can be healthier. Once you know your health, you’ll learn what steps you can take to maintain or improve it.

After taking the assessment, you’ll select any of the following activities to best meet your needs.

Get healthy with a virtual coach

Tailored and unique to you, virtual coaching helps you achieve your health goals. Watch, listen and interact online with these motivating and fun activities. Each topic contains three “conversations” that take about 20 minutes each.

Get healthy online

Are you self-motivated? Love being online? If so, our online programs are perfect for you. They’re available anytime, anywhere, and only take eight weeks to complete. Just long enough for you to see results.

Get healthy with a mobile app

With the MePlus mobile app, you can track steps, sleep and tobacco use at your fingertips. And, sync your activity tracker to keep track of steps on-the-go.

Get healthy with a personal coach

Do you need extra support? Do you prefer talking to a person more than being online? Get the support of a health coach to help you reach your goals. You’ll work with a registered dietitian, health educator or exercise specialist. You can schedule phone calls when it’s convenient for you.

Watch for your invitation to get started on your way to well-being. Details will be coming soon!
Save at the gym

Try our Frequent Fitness gym savings program to save up to $20 per person on your monthly health club membership when you work out 8 or more days each month.

1. Find a health club
Go to healthpartners.com/frequentfitness to search for participating health clubs.

Some participating health clubs include:
- University Recreation Center
- Anytime Fitness*
- CorePower Yoga
- Curves
- LA Fitness*
- Life Time Fitness
- Snap Fitness
- And more!

2. Sign up
Sign up for Frequent Fitness when you join a participating health club. Show your HealthPartners Member ID card at the front desk.

3. Work out
Exercise at least 8 days each month.

4. Get paid
Your health club membership account is reimbursed six to eight weeks after your monthly workouts.

Only residents, fellows, interns and their spouses are eligible for the Frequent Fitness reimbursement.

*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.
Healthy Pregnancy support

Whether you’re pregnant or planning a pregnancy, this can be an exciting time. You may have questions or just need someone to talk to. We’re here to help.

Get your questions answered by a nurse

If you’re at risk for a difficult pregnancy, you’ll get a call from an experienced nurse trained to work with pregnant women and their families. They’ll give you the help you want and work with you and your family so you can have the best pregnancy possible. Plus, you’ll get connected to valuable resources for a happy, healthy pregnancy.

Get tips timed to your pregnancy

After you get started by taking the Healthy Pregnancy survey, you can choose to get helpful emails with tips about eating right, what to expect and how to stay healthy throughout your planning and pregnancy.

Get resources for your pregnancy

Get your questions answered 24/7

If you’re pregnant or have a new baby who’s six weeks old or younger, call the BabyLine phone service to get quick answers about morning sickness, pre-term labor and more. Call 612-333-2229 or 800-845-9297.

Sign up for free texts

With text4babySM, you’ll get helpful weekly texts throughout your pregnancy and your baby’s first year. All texts are free, even if you don’t have a text messaging plan on your phone. Sign up by texting BABY to 511411 (or BEBE for Spanish). For more information, visit text4baby.org.

Find resources online

Get helpful information and great tools for your pregnancy and planning a pregnancy online with the Health Information Library. Just visit healthpartners.com/healthlibrary.

How to get started

Get started by taking the Healthy Pregnancy survey. This simple, confidential survey helps us to better understand the type of support that best fits your pregnancy. If you’re planning to become pregnant, there’s a separate survey just for you.

Visit healthpartners.com/pregnancy and log on. If you don’t have a HealthPartners online account, you’ll need to create one. If you have questions, call Member Services at 952-883-7500 or 866-270-5434.
Healthy living support
Sometimes medical conditions get in the way of what's important to you, but don’t worry, we’re here to help.

Nurse support when you need it
Our registered nurses are specially trained to help you focus on what’s important to you and help you feel as well as possible. When you work with a nurse, they’ll keep your doctor or clinic informed about your condition and any services provided to you.

Tips and resources for you

**BY MAIL** — You may receive resources in the mail with useful information, such as tips on how to best manage your care and where to go for more support.

**ONLINE** — You can also find helpful information on your health condition, get help making decisions about your health and interact with a virtual coach online.

How to get started
If you have a medical condition, we’ll get in touch with you by mail or phone inviting you to participate in our condition management support. Or you can sign up at healthpartners.com/healthsupport. Partnering with us is free, voluntary and confidential.

<table>
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<tr>
<th>IF YOU’D LIKE TO</th>
<th>VISIT</th>
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<tr>
<td>Find information on your health condition, helpful topics and tools.</td>
<td>healthpartners.com/healthlibrary</td>
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<tr>
<td>Get help making decisions about your health and find tools to walk you through making a choice that’s right for you.</td>
<td>healthpartners.com/decisionsupport</td>
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<tr>
<td>Interact with a virtual coach to achieve your goals.</td>
<td>healthpartners.com/letstalk</td>
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Get started today at healthpartners.com/healthsupport. You can also call Member Services at 952-883-7500 or 866-270-5434.
Bonus Benefits

Residents, fellows and interns who elect HealthPartners coverage will be automatically enrolled in Emergency Travel Assistance through UnitedHealthcare Global, and will automatically have the option to continue coverage through COBRA.

Emergency Travel Assistance Program*

Plan members and their dependents traveling 100 or more miles away from home are eligible to obtain no-cost medical assistance 24 hours a day anywhere in the world through UnitedHealthcare Global, a leading provider of international medical assistance services. From finding an English-speaking doctor to replacing a prescription, UnitedHealthcare Global has the resources and experience to offer rapid coordination and monitoring of medical care while you are abroad.

Medical Services Available

- 24-hour worldwide medical referrals
- Medical evacuations and repatriation services
- Verification of insurance coverage to facilitate hospital admission
- Personal and Travel Services Available
- Assistance with lost or stolen travel documents (i.e. passport)
- Emergency language interpretation services
- Emergency cash advance
- Political evacuation and natural disaster services

Option to Continue Coverage through COBRA

Residents, fellows and interns who elect HealthPartners coverage automatically have the option to continue their HealthPartners coverage under COBRA at the end of a residency, fellowship or internship. COBRA coverage must be with the same plan option you had as of the date of coverage termination. You do not need to prove that you are insurable to obtain coverage. COBRA coverage is identical to the coverage provided under the plan to similarly situated active residents, fellows and interns and their eligible dependents.

*This is not a part of the HealthPartners benefit.

FOR MORE INFORMATION

For more information, visit the Office of Student Health Benefits website: www.shb.umn.edu

University of Minnesota
Provider reimbursement information for medical plans

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.

- 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:
  - Withholds are sometimes used to pay specialty, referral or hospital providers who furnish services to members. The provider usually receives all or a portion of the withhold based on performance of agreed upon criteria, which may include patient satisfaction levels, quality of care and/or care management measures.
  - Some providers — usually hospitals — are paid on the basis of the diagnosis that they are treating; in other words, they are paid a set fee to treat certain kinds of conditions. Sometimes we pay hospitals and other institutional providers a set fee, or “per diem,” according to the number of days the patient spent in the facility.
  - Some providers — usually hospitals — are paid according to Ambulatory Payment Classifications (APCs) for outpatient services. This means that we have negotiated a payment level based on the resources and intensity of the services provided. In other words, hospitals are paid a set fee for certain kinds of services and that set fee is based on the resources utilized to provide that service.
  - 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.

Check with your individual provider if you wish to know the basis on which he or she is paid.
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/uofmres 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 authorized member representative when the member is unable to give consent or authorization) for release of personal information. We give members access to their own information consistent with applicable law and standards. Our policies and practices support 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/uofmres or call Member Services at 952-883-7500 or 866-270-5434.

Appropriate use and coverage of prescription medications

We provide our members with coverage for high quality, safe and cost-effective medications.

To help us do this, we use:

- A formulary of prescription medications 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 medications avoid unintended medication interactions

The formulary is available at healthpartners.com/pharmacy, along with information on how medications are reviewed, the criteria used to determine which medications are added to the list and more. You may also get this information from Member Services.

THIS PLAN MAY NOT COVER ALL YOUR HEALTH CARE EXPENSES. READ YOUR PLAN MATERIALS AND SUMMARY OF BENEFITS AND COVERAGE (SBC) CAREFULLY TO DETERMINE WHICH EXPENSES ARE COVERED.

For details about benefits and services, call Member Services at 952-883-7500 or 866-270-5434.