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Welcome

HealthPartners provides the plan network and claims administration services for the Graduate Assistant Health Plan (GAHP).

The University-sponsored GAHP provides eligible graduate assistants, fellows, trainees and their dependents access to comprehensive and affordable health care coverage designed to meet the unique needs of graduate assistants and their dependents.

Primary member benefit highlights:

- No in-network deductible.
- 100 percent coverage of eligible expenses after a $10 office visit copay.
- virtuwell®: a quick and convenient way to have over 60 common conditions diagnosed and treated online. Visit virtuwell.com.
- Dental care benefit: preventative care and restorative care coverage at your campus’ designated dental clinic (coinsurance applies).

FOR QUESTIONS ABOUT:
- Eligibility
- Enrollment
- Billing
- General information

Contact the Office of Student Health Benefits
shb.umn.edu
umshbo@umn.edu
612-624-0627 or 800-232-9017

FOR QUESTIONS ABOUT:
- Medical coverage
- Wellness program
- In-network providers
- Resources to help manage your health

Contact HealthPartners
healthpartners.com/uofmga
952-883-7500 or 866-270-5434
Enrollment

The 2017-2018 plan year goes from September 1, 2017 to August 31, 2018.

<table>
<thead>
<tr>
<th>GRADUATE ASSISTANT STATUS</th>
<th>ENROLLMENT ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>New graduate assistants, fellows and trainees</td>
<td>To receive benefits, you must complete the enrollment process by September 15, 2017 or within 14 days of your appointment start date, whichever is later.</td>
</tr>
<tr>
<td>Current GAHP members (with no enrolled dependents)</td>
<td>You do not need to re-enroll. Your enrollment will automatically continue next term, as long as you remain an eligible graduate assistant, fellow or trainee.</td>
</tr>
<tr>
<td>Current GAHP members (with enrolled dependents)</td>
<td>You must re-enroll yourself and your dependents by September 15, 2017.</td>
</tr>
</tbody>
</table>

Complete and submit enrollment forms

Student enrollment*
All students who wish to enroll in the plan must complete and submit:

- Enrollment form — available at www.shb.umn.edu

Once an applicant’s eligibility is verified by the Office of Student Health Benefits, enrollment will be processed. Primary plan members will see a charge for the plan on their University bill once at the beginning of each semester.

*Students currently enrolled in the plan without dependents do not need to re-enroll. Current coverage will continue after the Office of Student Health Benefits verifies eligibility. Those with dependents need to re-enroll, even if they’re not re-enrolling their dependents.

Dependent enrollment
All students who wish to enroll dependents in the plan must also complete and submit:

- Enrollment form — available at www.shb.umn.edu
- First two months’ payment for dependents

ID cards
Member ID cards will be sent to the plan member by U.S. mail approximately four weeks after the start of the first semester of enrollment. Cards will be mailed to the mailing address on record with the University.

Health coverage declaration on MyU
In the MyU Student Center, you may be asked to complete the Health Coverage Declaration to waive enrollment in the Student Health Benefit Plan. If prompted, you should enter the following information:

- Name of insurance company: Graduate Assistant Health Plan
- Health plan member ID number: (your student ID number)
- Health plan group number: 24000
You want flexibility, choices and exceptional service from your health plan. With HealthPartners Open Access plan, you have access to one of the country's largest networks.

As a University of Minnesota student, you have access to on-campus health care that can meet your needs in any situation—treating injuries, counseling for depression, analyzing lab results—with quality, compassion and professionalism. Your campus health service performs the same services as a clinic out in the community, with one important difference: It caters to the special needs of college students like you!

**Twin Cities campus students**

Boynton Health  
[bumn.edu](http://bhs.umn.edu)  
Minneapolis Clinic  
410 Church Street SE  
Minneapolis, MN 55455  
**612-625-8400**  
Monday, Tuesday, Wednesday and Friday, 7:45 a.m.–4:30 p.m.; Thursday, 9 a.m.–4:30 p.m.; closed University holidays.  
- Boynton’s staff of over 200 includes physicians, nurse practitioners, physician assistants, registered nurses, dentists, optometrists, physical and massage therapists, psychologists, psychiatrists, registered dietitians, and pharmacists.  
- **Dental Clinic**—Primary plan members and pediatric enrollees receive comprehensive benefits including preventive services such as routine exams, X-rays and cleanings at no cost. Call **612-624-9998**.  
- **Eye Clinic**—Select from a wide variety of designer frames at 20-40 percent off suggested retail prices. Call **612-624-2134**.  
- **Pharmacy**—Prescriptions and over-the-counter medications at competitive prices. Call **612-624-7655**.  
- **Gopher Quick Clinic**—Walk-in care for minor acute illnesses.  
- **Boynton Health St. Paul Clinic**—Offering primary care, mental health, nutrition and physical therapy services, plus Gopher Quick Clinic. Call **612-624-7700**.

**Duluth campus students**

UMD Health Services  
[um.edu/health-services](http://d.umn.edu/health-services)  
615 Niagara Court  
Duluth, MN 55812  
**218-726-8155**  
Monday, Tuesday, Wednesday and Friday, 8 a.m.–4 p.m.; Thursday, 9 a.m.–4 p.m; Summer Session (4th week in May through August), Monday–Friday, 9 a.m.–3 p.m.; closed University holidays.  
- UMD Health Services’ staff includes physicians, nurse practitioners, physician assistants, registered nurses, psychologists and social workers.

Lake Superior Dental Associates  
[lakesuperiordental.com](http://lakesuperiordental.com)  
1225 East First Street  
Duluth, MN 55805  
**218-728-6445**  
Monday–Friday, 7 a.m.–5 p.m.  
- Primary plan members and pediatric enrollees receive comprehensive benefits including preventive services such as routine exams, X-rays and cleanings at no cost.

**Rochester campus students**

UMR Health Services  
[r.umn.edu/student-life/health-and-wellness/health-services](http://r.umn.edu/student-life/health-and-wellness/health-services)  
OMC Skyway Clinic, 2nd Floor of 318 Commons, Rochester, MN 55904  
**507-292-7250**  
Monday–Friday, 8 a.m.–5 p.m.  
- UMR Health Services provides general health, nutrition, smoking, gynecological services, anxiety, birth control, depression counseling and lab testing.
Hello!

I’m a Member Services rep and mother of two. I know how important it is to pick the health plan that’s best for you. I always tell my friends and family to think about these three things when signing up for a health plan:

1. **When it comes to cost, what are my best and worst case scenarios?**

   **Best case** — you only pay your premium. That’s how much you pay each month for your health plan.

   **Worst case** — you hit your out-of-pocket maximum. That’s the most you’ll pay on your own each year. Once you reach that limit, your plan covers the rest. **Premium + out-of-pocket maximum = the most you’ll spend all year for care your plan covers.**

2. **What will I have to pay when I get care? You may have a ...**

   - **Copay** — a set amount you pay each time you go to the doctor or get a prescription. It might change depending on where you get care, like the ER or convenience clinic.

   - **Deductible** — the amount you have to pay before your plan kicks in. If your deductible is $1,000, your plan will kick in once you’ve paid $1,000.

   - **Coinsurance** — a portion of the cost you’re in charge of paying. It’s different for each plan. For example, you might be responsible for 20 percent and your plan would cover the rest.

3. **How much care will my family and I need?**

   If you don’t need a lot of care, a higher deductible/copay plan makes the most sense. You’ll pay less on your premium, but more if you need care. That means a lower premium carries more risk. But the reward is that you’ll keep more money in your pocket all year long if you stay healthy.

   Since I’m a mother of two kids who need stitches a few times a year, I like a lower deductible plan. It helps cover costs as soon as the deductible is reached, but has a higher premium to pay. This might make sense for you if your family needs a lot of care like mine. A higher premium plan may help you feel more safe and secure if your needs are unpredictable.

Remember, we’re here to help. Give us a call at 952-883-7500 or 866-270-5434. Picking the right plan is just the first way we’ll help you become the healthiest you.

**WHAT ELSE SHOULD YOU ASK?**

- Can I see my favorite doctor and get the best deal?
- How much will I pay for my medicines, and where can I get them?
- What discounts and other perks will I get?
The following 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 1-866-270-5434.

<table>
<thead>
<tr>
<th>Plan highlights</th>
<th>In-network Care from a network provider</th>
<th>Out-of-network Care from an out-of-network provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible and Out-of-Pocket</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime maximum</td>
<td>Unlimited</td>
<td></td>
</tr>
<tr>
<td>Plan year deductible</td>
<td>None</td>
<td>$200 per person; $600 per family</td>
</tr>
<tr>
<td>Plan year medical out-of-pocket maximum</td>
<td></td>
<td>$2,500 per person</td>
</tr>
<tr>
<td>Plan year prescription out-of-pocket maximum</td>
<td></td>
<td>$300 per person</td>
</tr>
<tr>
<td>Plan year professional out-of-pocket maximum</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

### Preventive Health Care
- Routine physical & eye examinations: 100% coverage; 80% coverage after deductible
- Prenatal & postnatal care & well-child care: 100% coverage
- Immunizations: 100% coverage; 80% coverage after deductible

### Office Visits
- Illness or injury: $10 copayment; 80% coverage after deductible
- Allergy injections: $10 copayment; 80% coverage after deductible
- Physical, occupational & speech therapy: $10 copayment; 80% coverage after deductible
- Chiropractic care (neuromusculo-skeletal conditions only): $10 copayment; 80% coverage after deductible
- Mental health care: $10 copayment; 80% coverage after deductible
- Chemical health care: $10 copayment; 80% coverage after deductible

### Convenience Care
- Convenience clinics (retail clinics): $5 copayment; 80% coverage after deductible

### Emergency Care
- Urgently needed care at an urgent care clinic or medical center: $10 copayment
- Emergency care at a hospital ER: $40 copayment
- Ambulance: 80% coverage

### Inpatient Hospital Care
- Illness or injury: 100% coverage; 80% coverage after deductible
- Mental health care: 100% coverage; 80% coverage after deductible
- Chemical health care: 100% coverage; 80% coverage after deductible

### Outpatient Care
- Scheduled outpatient procedures: 100% coverage; 80% coverage after deductible
- Outpatient Magnetic Resonance Imaging (MRI) and Computing Tomography (CT): 100% coverage; 80% coverage after deductible

### Durable Medical Equipment
- Durable medical equipment & prosthetics: 80% coverage

### Prescription Drugs
- 34-day supply; 3 cycles of oral contraceptives; 90-day supply for mail order

<table>
<thead>
<tr>
<th>HealthPartners Participating Pharmacy Benefit</th>
<th>Non Participating Pharmacy Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Pharmacy Copayment for 34-day supply</td>
<td></td>
</tr>
<tr>
<td>Generic Preferred**</td>
<td>$10 copayment; 80% coverage after deductible</td>
</tr>
<tr>
<td>Brand Preferred**</td>
<td>$25 copayment; 80% coverage after deductible</td>
</tr>
<tr>
<td>NonPreferred**</td>
<td>$50 copayment; 80% coverage after deductible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HealthPartners Mail Order Pharmacy Copayment for 90-day supply</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Preferred**</td>
<td>$20 copayment</td>
</tr>
<tr>
<td>Brand Preferred**</td>
<td>$50 copayment</td>
</tr>
<tr>
<td>NonPreferred**</td>
<td>$100 copayment</td>
</tr>
</tbody>
</table>

Note: UMD Graduate Assistants and their adult dependents do not pay a copayment for available services at UMD Health Services.

**When a member purchases a brand drug when a chemically equivalent generic is available, the member will pay the brand copay and the difference in cost between the brand drug and the generic drug, regardless of whether “dispense as written” is written on the prescription.
# Graduate Assistant Health Plan and Dependent Plan 2

## HealthPartners Open Access Choice

**Dependent Plan 2**

The following 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 1-866-270-5434.

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<thead>
<tr>
<th>Plan highlights</th>
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<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime maximum</td>
<td>Unlimited</td>
<td></td>
</tr>
<tr>
<td>Plan year deductible</td>
<td>$100 per person; $200 per family</td>
<td></td>
</tr>
<tr>
<td>Plan year medical out-of-pocket maximum</td>
<td>$1,000 per person; $2,000 per family</td>
<td></td>
</tr>
<tr>
<td>Plan year prescription out-of-pocket maximum</td>
<td>$300 per person; $500 per family, for all covered prescriptions</td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Health Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Routine physical &amp; eye examinations</td>
<td>100% coverage</td>
<td>90% coverage after deductible</td>
</tr>
<tr>
<td>▪ Well-child care</td>
<td>100% coverage</td>
<td>100% coverage</td>
</tr>
<tr>
<td>▪ Prenatal &amp; postnatal care</td>
<td>100% coverage</td>
<td>100% coverage</td>
</tr>
<tr>
<td>▪ Immunizations</td>
<td>100% coverage</td>
<td>90% coverage after deductible</td>
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<td><strong>Office Visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Illness or injury</td>
<td>$25 copayment</td>
<td>90% coverage after deductible</td>
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<td>▪ Chemical health care</td>
<td>$25 copayment</td>
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<tr>
<td><strong>Convenience Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Convenience clinics (retail clinics)</td>
<td>$15 copayment</td>
<td>90% coverage after deductible</td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Urgently needed care at an urgent care clinic or medical center</td>
<td>$25 copayment</td>
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<td>▪ Emergency care at a hospital ER</td>
<td>90% coverage after deductible</td>
<td>90% coverage after deductible</td>
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<td>▪ Ambulance</td>
<td>90% coverage after deductible</td>
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<tr>
<td><strong>Inpatient Hospital Care</strong></td>
<td></td>
<td></td>
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<td>▪ Illness or injury</td>
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<td><strong>Outpatient Care</strong></td>
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<td><strong>Prescription Drugs</strong></td>
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<td><strong>HealthPartners Mail Order Pharmacy Copayment for 90-day supply</strong></td>
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** When a member purchases a brand drug when a chemically equivalent generic is available, the member will pay the brand copay and the difference in cost between the brand drug and the generic drug, regardless of whether “dispense as written” is written on the prescription.
virtuwell® – your 24/7 online clinic

Who has time to be sick? Between work, errands and activities, I know it’s hard to fit in a trip to the doctor. But you don’t have to. I’ve got an easy way for you to get back to normal ASAP.

Head over to virtuwell.com. Our team of certified nurse practitioners can give you a diagnosis, treatment plan and even a prescription. All in about 30 minutes.

My favorite story is the time I helped someone whose daughter got pink eye on a family trip. She used virtuwell and answered the questions right on her phone. In 20 minutes, we sent a treatment plan to her inbox and a prescription to the pharmacy by their hotel. I followed up a few days later to make sure she was feeling better. Vacation saved!

How does it work?

1. It’s convenient. We’ll start with a simple question: What do you think you have? You’ll answer online – anytime, anywhere.

   Then, one of our nurses will create your treatment plan. You’ll get a text or email when it’s ready.

2. It’s safe. We only treat conditions that we can do safely online, like sinus and bladder infections, pink eye and acne. Go to virtuwell.com/conditions to see what we can treat – there are more than 60.

3. It’s affordable. You’re only charged if we can treat you. In the end, you’ll never pay more than $45. Member Services can tell you if your plan will pay for some or all of your visit. Call them at 952-883-7500 or 866-270-5434.

   The next time you get sick, my team is ready and waiting to get you better. Try virtuwell.com.

virtuwell is available for residents of AZ, CA, CO, CT, IA, MI, MN, NY, ND, PA, VA and WI.
You’re not the only one wondering. Knowing if your health plan will cover your medicine and how much you’ll pay is important. Have no fear – I’m here with some tips to help you get the most from your medicine.

**Start by checking your drug list**

Step one is checking your formulary. That’s just a fancy word for a list of covered drugs. Your drug list is called GenericsPlusRx. Searching the list is pretty easy. Go to healthpartners.com/genericsplusrx. Search by the name or type of medicine.

If you can’t find your medicine on the list, you can always give us a call. We’ll help you find it or an alternative that’s on the formulary.

**So, you’ve got the list. Now what?**

We’ve got an easy-to-follow guide to help you read your formulary. When you search the list, there’s an icon next to each medicine. It might be F (formulary), NF (non-formulary) or ☠️ (excluded). Formulary drugs are covered, excluded medicines aren’t covered, and non-formulary medicines might be covered but will cost you more.

**Want to save money?**

Try taking a generic medicine. Generics are the same as a brand name medicine, but cost a lot less. Here’s how to tell:

- **generic** will be in all lowercase italics
- **BRAND**, oral contraceptives and Accutane generics will be in all CAPS
- Specialty drugs will be shown as [Specialty]

Medicine prices vary, just like gas prices. So make sure you shop around. Try our drug cost calculator to see how much your medicine will cost at different pharmacies. Go to healthpartners.com/pharmacy to find this and other tools.

Always remember – we’re here to help. Give Member Services a call at 952-883-7500 or 866-270-5434. And of course you can check your Summary of Benefits and Coverage (SBC), too.
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 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.

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. You can also sync your activity tracker to keep track of steps on the go.

Watch for your invitation to get started on your way to well-being. Details will be coming soon!
Want to save money while doing something great for your health? Get special discounts while getting healthy!

**Rec Well membership reimbursement**
Twin Cities campus graduate assistants may be eligible to receive up to a $20 per month reimbursement toward your member dues when you visit the Minneapolis or St. Paul Rec & Wellness Center at least eight times a month. To learn more or to sign up, call 612-625-6800 or visit recwell.umn.edu.

**Healthy Discounts℠ 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
- Healthy mom and baby products
- Recreational equipment
- Spa services
- Swim lessons

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

**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 employees and covered spouses 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.*
Are you pregnant or thinking about having a baby? As a mom and a nurse, I know what a wonderful yet uncertain time this is. I work with a team of nurses to support women who are pregnant or planning a pregnancy.

Whether this is your first, second or sixth baby, we’re here to help. All support is confidential and available at no cost to you. Here are some of the ways we’ll support you:

**Pregnant or planning assessment**

This online assessment helps us understand your needs and how we can help. Based on your answers, you may get a call from a nurse on my team. The nurse will work with you over the phone to answer your questions and give you advice when you’re between visits with your doctor.

**Phone support, whenever you need it**

When you have a question at 3 a.m. – trust me, it happens – you can talk with a nurse any time. Just call the BabyLine phone service at 612-333-2229 or 800-845-9297.

**Email tips**

After taking the assessment, you can sign up to get emails with tips about eating right, budgeting for child care and more.

**Text tips**

Sign up for free tips texted to your phone during your pregnancy and baby’s first year. Just text BABY to 511411 (or BEBE for Spanish).

**Online resources**

Find the assessment and more resources on things like planning, parenting and infertility. Go to healthpartners.com/pregnancysupport.

They say it takes a village to raise a child. My team is here to help.
Between my family and work, it can be hard to find time to take care of me. But as a nurse, I know how incredibly important it is to do.

I also know that living with a health condition can sometimes get in the way of what matters most to you. My team of nurses wants to help you take care of you. That way you can feel good and still do the things you want.

Every day we support people with health conditions like asthma, depression, diabetes, heart disease and more. As part of your health plan, we can answer your questions, work with your doctor and give you tips when you’re between doctor visits. All support is confidential and available at no cost to you.

No matter what health condition you’re living with, we’re here to help care for you – the whole you.

<table>
<thead>
<tr>
<th>IF YOU’D LIKE TO:</th>
<th>VISIT OR CALL:</th>
</tr>
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<tbody>
<tr>
<td>Find information on your health condition, helpful topics and tools.</td>
<td>healthpartners.com/healthlibrary</td>
</tr>
<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>
</tr>
<tr>
<td>Interact with a virtual coach to reach your health goals.</td>
<td>healthpartners.com/letstalk</td>
</tr>
</tbody>
</table>
| Find out what services or doctors are covered by your plan. | Member Services
952-883-7500 or 866-270-5434|
| Talk with a nurse about your health condition. | 952-883-5469 or 800-871-9243
healthpartners.com/healthsupport |
| Get your questions answered by a nurse 24/7. | CareLineSM service
612-339-3663 or 800-551-0859 |
Additional benefits

In addition to your HealthPartners benefits, students and dependents enrolled in the Graduate Assistant Health Plan have access to the following benefits through the University of Minnesota*.

Dental care benefits
You, the primary member and pediatric enrollees receive preventive services such as routine exams, X-rays and cleanings at no cost at the dental clinic designated to your campus. Your dental plan also pays 80 percent of basic restorative services and 50 percent of major restorative services, up to $1,000. Coverage starts September 1, 2017.

Twin Cities Campus Students:  
Boytown Health Dental Clinic  
612-624-9998  
bhs.umn.edu/east-bank-clinic/dental-clinic.htm

Duluth Campus Students:  
Lake Superior Dental Associates  
218-728-6445  
lakesuperiordental.com

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.

Medical services available
- 24-hour worldwide medical referrals
- Medical evacuations and repatriation services
- Assistance with lost or stolen travel documents (i.e. passport)
- Emergency language interpretation services
- Emergency cash advance
- Political evacuation and natural disaster services

From finding a 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.

Option to continue coverage
After losing eligibility for the plan (for example, your assistantship drops below 25 percent, you leave your appointment, or your appointment, fellowship or traineeship ends), plan members have the option to continue coverage for up to 18 months by paying the full cost of coverage. To request continuation, simply complete the Continuation of Coverage Form found on the Office of Student Health Benefits website and return within 60 days of loss of coverage.

*These additional benefits are not part of the HealthPartners plan, they are provided by the University of Minnesota.

FOR MORE INFORMATION  
Contact the Office of Student Health Benefits  
shb.umn.edu | umshbo@umn.edu | 612-624-0627
Here for you, 24/7

One thing I love about my job is how my team helps people 24/7.

Like this: a man called because his chest felt heavy, his skin felt clammy, and he wasn’t sure what to do. Scary, right?

The CareLineSM service nurse told him to hang up and call 911 immediately – he was having a heart attack. He was rushed to the hospital for emergency surgery. Afterward, he called us to say thank you. He didn’t realize how serious the situation was until he called and was so grateful that we were there to give him advice.

Call us at one of the numbers below if you have questions about your health or what your plan covers. We’re here to help.

<table>
<thead>
<tr>
<th>IF YOU HAVE QUESTIONS ABOUT:</th>
<th>CONTACT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Your coverage, claims or account balances</td>
<td><strong>Member Services</strong></td>
</tr>
<tr>
<td>• Finding a doctor, dentist or specialist in your network</td>
<td>Monday – Friday, 7 a.m.– 7 p.m., CT</td>
</tr>
<tr>
<td>• Finding care when you’re away from home</td>
<td>Call the number on the back of your member ID card, <strong>952-883-7500</strong> or <strong>866-270-5434</strong>.</td>
</tr>
<tr>
<td>• Health plan services, programs and discounts</td>
<td>Español: <strong>866-398-9119</strong></td>
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<td></td>
<td>Interpreters are available if you need one.</td>
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<td></td>
<td><a href="http://www.healthpartners.com/uofmga">healthpartners.com/uofmga</a></td>
</tr>
<tr>
<td>• Whether you should see a doctor</td>
<td><strong>CareLineSM service nurse line</strong></td>
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<tr>
<td>• Home remedies</td>
<td>24/7, 365 days a year</td>
</tr>
<tr>
<td>• A medicine you’re taking</td>
<td><strong>612-339-3663</strong> or <strong>800-551-0859</strong></td>
</tr>
<tr>
<td>• Understanding your health care and benefits</td>
<td><strong>Nurse NavigatorSM program</strong></td>
</tr>
<tr>
<td>• How to choose a treatment</td>
<td>Monday – Friday, 8 a.m.– 5 p.m., CT</td>
</tr>
<tr>
<td></td>
<td>Call the Member Services number on the back of your member ID card.</td>
</tr>
<tr>
<td>• Your pregnancy</td>
<td><strong>BabyLine phone service</strong></td>
</tr>
<tr>
<td>• The contractions you’re having</td>
<td>24/7, 365 days a year</td>
</tr>
<tr>
<td>• Your new baby</td>
<td><strong>800-845-9297</strong></td>
</tr>
<tr>
<td>• Finding a mental or chemical health care professional in your network</td>
<td><strong>Behavioral Health Navigators</strong></td>
</tr>
<tr>
<td>• Your behavioral health benefits</td>
<td>Monday – Friday, 8 a.m.– 5 p.m., CT</td>
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<td></td>
<td><strong>888-638-8787</strong></td>
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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 certain kinds of care
• Outpatient case management to provide care coordination
• The CareCheck® program

We require prior approval for a small number of services and procedures. For a complete list, go to healthpartners.com/uofmga or call Member Services. You must call CareCheck at 952-883-7500 or 866-270-5434 to receive maximum benefits when using out-of-network providers for inpatient 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. Benefits will be reduced by 20 percent if CareCheck is not notified.

Our approach to protecting personal information
HealthPartners complies with all applicable laws regarding privacy of health and other information about our members and former members. 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 compliant, 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 Notice of Privacy Practices, visit healthpartners.com/uofmga 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 (drug list). These prescription medicines are continually reviewed and approved for coverage based on quality, safety, effectiveness and value.
• A free, confidential one-on-one appointment (in-person or telephonic) with an experienced clinical pharmacist. Our Medication Therapy Management (MTM) program helps members who use many different medications get the results they need from their medicines.
• A pain management program. Our opioid management program supports members in managing their pain.
• A pharmacy transition of care program. Our patient alert program provides seamless transition to our formulary. We allow coverage for a first time fill of a qualifying non-preferred medicine within the first three months of a member’s time with HealthPartners.

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.
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.