2018–2019
GRADUATE ASSISTANT
HEALTH PLAN
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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: preventive care and restorative care coverage at your campus’ designated dental clinic (coinsurance applies).

FOR QUESTIONS ABOUT:
Eligibility
Enrollment
Billing
General questions

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
Well-being Program
In-network providers
Resources to help manage your health

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

The 2018-2019 plan year goes from September 1, 2018 to August 31, 2019.

<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 17, 2018 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 17, 2018.</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 [shb.umn.edu](http://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 [shb.umn.edu](http://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
We all need a partner

At HealthPartners, our 23,000 employees work together to support your health every day. We’re dedicated to caring for you the way we care for our closest friends and family. This commitment has helped us give our members healthier results for more than 10 years running.*

Our team is ready to help with your care and coverage. We’ll answer your questions and be there for you at every step. We’re not just a health plan, we’re your health partner.

Let’s make good happen together.

HIGHEST MEMBER SATISFACTION

We promise to give you an outstanding experience. Thanks to our members, HealthPartners has earned the highest overall member plan rating among Minnesota health plans for 10 years in a row.**

*The source for data contained in this publication is Quality Compass® 2016 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2016 includes certain Consumer Assessment of Healthcare Providers and Systems® (CAHPS®) data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

**According to the 2007-2016 CAHPS surveys.
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.

### Plan highlights

<table>
<thead>
<tr>
<th>Partial listing of covered services</th>
<th>In-Network Care from a network provider</th>
<th>Out-of-Network Care from a out-of-network provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible and Out-of-Pocket</strong></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 family</td>
</tr>
<tr>
<td>Plan year medical out-of-pocket maximum</td>
<td>$2,500 per person</td>
<td></td>
</tr>
<tr>
<td>Plan year prescription out-of-pocket maximum</td>
<td>$300 per person</td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Health Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine physical and eye examinations</td>
<td>100% coverage</td>
<td>80% 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>
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</tr>
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<td>Immunizations</td>
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</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illness or injury</td>
<td>$10 copayment</td>
<td>80% coverage after deductible</td>
</tr>
<tr>
<td>Allergy injections</td>
<td>$10 copayment</td>
<td>80% coverage after deductible</td>
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<td>Physical, occupational and speech therapy</td>
<td>$10 copayment</td>
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<td>Chiropractic care (for neuromusculo-skeletal conditions only)</td>
<td>$10 copayment</td>
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<td>Mental health care</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>$5 copayment</td>
<td>80% 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>$10 copayment</td>
<td>$10 copayment</td>
</tr>
<tr>
<td>Emergency care at a hospital ER</td>
<td>$40 copayment</td>
<td>$40 copayment</td>
</tr>
<tr>
<td>Ambulance</td>
<td>80% coverage</td>
<td>80% coverage</td>
</tr>
<tr>
<td><strong>Inpatient Hospital Care</strong></td>
<td></td>
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<td><strong>Durable Medical Equipment</strong></td>
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<td></td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail Pharmacy Copayment for a 34-day supply</td>
<td>$10 copayment</td>
<td>80% coverage after deductible</td>
</tr>
<tr>
<td>Generic Preferred**</td>
<td>$10 copayment</td>
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<tr>
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</tr>
<tr>
<td>HealthPartners Mail Order Pharmacy Copayment for 90-day supply</td>
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<td></td>
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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 on the prescription.
# Graduate Assistant Health Plan and 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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<th>Out-of-Network</th>
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<td>Unlimited</td>
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</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 maximums</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>
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<td><strong>Preventive Health Care</strong></td>
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**When a member purchases a band 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 on the prescription.”
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, 2018.

Twin Cities Campus Students: Boynton Health Dental Clinic
612-624-9998
boynton.umn.edu/clinics/dental-clinic

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
Copay plan with the Open Access network

Here’s what’s great about this plan

This plan gives you the freedom to pick the doctor that works best for you. Plus, you get the predictability of a copay.

It works like this

You’ll know when you’ll pay and how much it’ll cost. A copay is a set amount you pay when you visit the doctor or pick up a prescription. The amount depends on where you get care – like at your regular clinic, an urgent care or the ER.

You might have extra costs for services that your copay doesn’t cover (like an MRI). For those, your plan will split the bill with you. That’s called coinsurance. For example, you might pay 20 percent and your plan would cover the rest.

An out-of-pocket maximum puts a cap on what you have to pay during the year. Once you reach that limit, all in-network care is paid for by your health plan.

Some of what your plan helps pay for:

- Preventive care (no cost to you)
- Convenience and online care
- Specialty care (no referrals needed)
- Prescriptions

HERE’S AN EASY DECISION: Get your yearly recommended checkup, vaccines and screenings. You don’t ever have to worry about paying out of pocket for in-network preventive care.

You pick where you want to go

This plan has one of the biggest networks of doctors and clinics. Check for your doctor or find a new one at healthpartners.com/uofmga.

See how much you’ll pay and what your plan will cover in your Summary of Benefits and Coverage (SBC). And remember, we’re here to help. Call us at 952-883-7500 or 866-270-5434.
Convenient access on campus

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

Boytown Health
boynton.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
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
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
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.
Skip the clinic trip

“Who has time to be sick? I know I don’t. That’s why I love telling people there’s a faster, easier way to get better, without squeezing in a trip to the doctor.”

JULIE, NURSE NAVIGATOR

Get treated online

Save time and money. Get care right from your smartphone, tablet or computer. Here are two options your HealthPartners plan offers. Take it from me, I’ve used them myself.

virtuwell.com

24/7 care from home, work or even in line for coffee

- **Fast.** In 30 minutes or less, a board-certified nurse practitioner emails and texts your treatment plan, including any prescriptions.
- **Guaranteed.** You’re only charged if they can treat you. Have questions about your treatment plan? Unlimited follow-up calls are free. A visit is just the cost of your convenience care copay, $5 on Plan 1 or $15 on Plan 2.

Doctor On Demand

Video chat

- **Convenient.** Get started when and where it works for you at doctorondemand.com. Video capabilities required.
- **Quick.** See a doctor in minutes. Live video visits include assessment, diagnosis and prescriptions when necessary.
- **Affordable.** A visit is just the cost of your convenience care copay, $5 on Plan 1 or $15 on Plan 2.

HELPFUL HINT: 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.

Next time you get sick, turn to your computer or mobile device to get better, faster. Try virtuwell® or Doctor On Demand.
Is my medicine covered?

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 to help.”

ANNIE, PHARMACY NAVIGATOR

Start by checking your drug list

Step one is looking at your formulary. That’s just a fancy word for a list of covered drugs. Your drug list is called PreferredRx. Searching the list is pretty easy.

1. Go to healthpartners.com/preferredrx
2. Search by the name or type of medicine

HELPFUL HINT: If you can’t find your medicine on the list, give us a call. We’ll help you find it or an alternative that is.

So, you’ve got the list. Now what?

We’ve got an easy-to-follow guide to help you read your drug list. When you search the list, there’s an icon next to each medicine. These are the icons you might see:

• F (formulary) – medicines covered by your plan
• NF (non-formulary) – medicines that might be covered but will cost you more
• (excluded) – medicines that aren’t covered

Save money on your meds

Try generics

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

• generics will be all lowercase italics
• BRAND, oral contraceptives and Accutane generics will be in all CAPS
• Specialty drugs will be shown as

Shop around

Medicine prices vary just like gas prices. So make sure you shop around. See how much your medicine will cost at different pharmacies. Visit healthpartners.com/pharmacy.

Members can log on to their myHealthPartners account and:

• Transfer a prescription from one pharmacy to another
• See how much they’ve spent on medicine so far this year
• Learn about other ways to save, like generic medicine

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.
Manage your health on the go

"Life doesn’t always happen during business hours. Sometimes you have a question at 9 p.m. on a Friday when you can’t reach my team. That’s where your myHealthPartners account and myHP mobile app come in."

LAUREN, MEMBER SERVICES

Your plan at your fingertips

Want to check on a claim? Need to find an urgent care near your house?

These are just a couple of the things we help with every day. We love directing members like you to your online account and mobile app, especially since it means you can get help even when we’re not in the office.

Top 5 ways to use your online account and mobile app

1. See recent claims and how much you owe.
2. Search for doctors in your network or near you.
3. Get cost estimates for treatments and procedures specific to your plan.
4. Check your balances, including how much you owe before your plan starts paying (deductible) and the most you’ll have to pay (out-of-pocket maximum).
5. View your HealthPartners member ID card and fax it to your doctor’s office.

There’s so much more you can do. Signing up is easy!

Learn more at healthpartners.com/signupnow.
Here for you, 24/7

One thing I love about my job is how my team helps people all day, every day.”

RACHEL, REGISTERED NURSE

Help is a phone call away

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 CareLine℠ service nurse told him to hang up and call 911 right away – he was having a heart attack. An ambulance rushed him to the hospital for emergency surgery. Afterward, he called us to say thanks. He didn’t realize how serious the situation was 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 have teams of people here to help.

<table>
<thead>
<tr>
<th>CARELINE℠ SERVICE NURSE LINE</th>
<th>MEMBER SERVICES</th>
<th>BABYLINE PHONE SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>For questions about:</td>
<td>For questions about:</td>
<td>For questions about:</td>
</tr>
<tr>
<td>• Whether you should see a doctor</td>
<td>• Your coverage, claims or account balances</td>
<td>• Your pregnancy</td>
</tr>
<tr>
<td>• Home remedies</td>
<td>• Finding a doctor, dentist or specialist in your network</td>
<td>• The contractions you’re having</td>
</tr>
<tr>
<td>• A medicine you’re taking</td>
<td>• Finding care when you’re away from home</td>
<td>• Your new baby</td>
</tr>
<tr>
<td>24/7, 365 days a year</td>
<td>Monday – Friday, 7 a.m. – 7 p.m., CT</td>
<td>24/7, 365 days a year</td>
</tr>
<tr>
<td>612-339-3663 or 800-551-0859</td>
<td>Call the number on the back of your member ID card, 952-883-7500 or 866-270-5434. Interpreters are available if you need one. Español: 866-398-9119</td>
<td>612-333-2229 or 800-845-9297</td>
</tr>
</tbody>
</table>

healthpartners.com/uofmga

MEMBER SERVICES CAN HELP YOU REACH:

<table>
<thead>
<tr>
<th>NURSE NAVIGATOR℠ PROGRAM</th>
<th>PHARMACY NAVIGATORS</th>
<th>BEHAVIORAL HEALTH NAVIGATORS</th>
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<tbody>
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<td>For questions about:</td>
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</tr>
<tr>
<td>• Understanding your health care and benefits</td>
<td>• Your medicines or how much they cost</td>
<td>• Finding a mental or chemical health care professional in your network</td>
</tr>
<tr>
<td>• How to choose a treatment</td>
<td>• Doctor approvals to take a medicine (prior authorization)</td>
<td>• Your behavioral health benefits</td>
</tr>
<tr>
<td>Monday – Friday, 8 a.m. – 5 p.m., CT</td>
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Healthy choices = hefty savings

“I’m a health coach with a home mortgage. I know what a difference being healthy can make in your life and how a little support – and savings – can be a big help.”

SARA, HEALTH COACH

RecWell membership reimbursement

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

Get discounts at other places too

Just show your member ID card to save money at loads of places to help you live a little healthier.

You can save money on:

• Eyewear
• Fitness and wellness classes
• Healthy eating programs and delivery services
• Healthy mom and baby products
• Orthodontics
• Pet insurance
• Recreational equipment
• Spa services
• Swim lessons
• And more!

Saving money is one more way we can help you live a healthier life. Visit healthpartners.com/discounts to see all the places where you can get big savings.

NEW! Take care of your furry family too

We treat our pets like family, so why not cover their health care costs? Save up to 15 percent on pet insurance. There are many coverage and cost levels to choose from, so pick the one that works best for your family.
Healthy baby, healthy you

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 in this exciting stage of life.”

JILL, REGISTERED NURSE

Peace of mind for you and your baby

They say it takes a village to raise a child. 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 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. We'll work with you over the phone to answer 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. Call the BabyLine phone service at 612-333-2229 or 800-845-9297.

Tips – by email and text

• Emails with tips about eating right, budgeting for child care and more.
• Tips texted to your phone during your pregnancy and baby’s first year. 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.
Living with a health condition

“Between my family and work, it can be hard to find time to take care of me. But as a nurse, I know how important it is to do.”

JILL, REGISTERED NURSE

Your personal nurse

Living with a health condition can get in the way of what matters most to you. My team wants to help, so you can feel good and still do the things you want. Every day we support people with asthma, depression, diabetes, heart disease, multiple sclerosis, rheumatoid arthritis and more.

It’s confidential and available at no cost to you. We’ll help:

• Focus on your goals and what matters most to you
• Answer any questions about your condition or treatment
• Work with you and your doctor to make sure everyone is in the loop with your care
• Connect you to resources to help you feel your best

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

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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](http://healthpartners.com) or call Member Services at 952-883-7500 or 866-270-5434.

Summary of utilization management programs

Our 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:**

- Concurrent inpatient review and care coordination to support safe, timely care and transition from the hospital
- Best practice care guidelines for certain kinds of care
- Outpatient case management to provide care coordination
- CareCheck® program

We require prior approval for a small number of services and procedures. For a complete list, go to [healthpartners.com](http://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 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.

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. Check with your individual provider to find out how they are paid.

- **Fee-for-service** – the health plan pays the provider a certain set amount that corresponds to each type of service furnished by the provider.
- **Discount** – the provider sends us a bill, and we’ve already negotiated a reduced rate on behalf of our members. We pay a predetermined percentage of the total bill for services.
- **Case rate** – the provider receives a set fee for a selected set of services, 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.
- **Withhold** – a portion of the provider’s payment is set aside until the end of the year. 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.
- **Basis of the diagnosis/per diem** – a set fee to treat certain kinds of conditions, sometimes based on the number of days the patient spent in the facility.
- **Ambulatory Payment Classifications (APCs)** – for outpatient services. We have a negotiated payment level based on the resources and intensity of the services provided. Hospitals are paid a set fee for certain kinds of services which is based on the resources utilized to provide that service.
- **Combination** – more than one of the methods described are used. For example, we may pay a case rate to a provider for a selected set of services, up to an agreed upon maximum amount of services, and pay that same provider on a fee-for-service basis for services not provided within the time period that exceed the maximum amount of services. We may also pay a provider such as a clinic using one type of reimbursement method, while that clinic may pay its employed providers using another reimbursement method.

This plan may not cover all your health care expenses. Read your plan materials carefully to determine which expenses are covered. For details about benefits and services, call Member Services at 952-883-7500 or 866-270-5434.
Appropriate use and coverage of prescription medicines

We provide coverage for medicines that are safe, high-quality and cost-effective.

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 over the phone) with an experienced clinical pharmacist. Our Medication Therapy Management (MTM) program helps members who use many different medicines get the results they need.

- An opioid management program to support members in managing their pain.

- A patient alert program that provides a 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 becoming a member.

The formulary is available at healthpartners.com/formulary, 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.