Welcome to the 2014–2015
GRADUATE ASSISTANT HEALTH PLAN
Administered by the Office of Student Health Benefits

- On-campus resources
- Great choice of doctors
- Award-winning service
- Tools to stay healthy
Read on to learn about the services and resources you can enjoy as a member.

<table>
<thead>
<tr>
<th>Section Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELCOME LETTER</td>
<td>4</td>
</tr>
<tr>
<td>HOW TO ENROLL</td>
<td>5</td>
</tr>
<tr>
<td>CONVENIENT ACCESS ON CAMPUS</td>
<td>6</td>
</tr>
<tr>
<td>BONUS BENEFITS</td>
<td>7</td>
</tr>
<tr>
<td>OPEN ACCESS PLAN</td>
<td>8</td>
</tr>
<tr>
<td>GRADUATE ASSISTANT HEALTH PLAN AND DEPENDENT PLAN 1</td>
<td>9</td>
</tr>
<tr>
<td>GRADUATE ASSISTANT HEALTH PLAN AND DEPENDENT PLAN 2</td>
<td>10</td>
</tr>
<tr>
<td>HELP WHEN YOU HAVE QUESTIONS</td>
<td>11</td>
</tr>
<tr>
<td>COVERAGE FOR YOUR PRESCRIPTIONS</td>
<td>12</td>
</tr>
<tr>
<td>SAVE MONEY ON YOUR HEALTH AND WELLNESS</td>
<td>13</td>
</tr>
<tr>
<td>SUPPORT FOR A HEALTHY PREGNANCY</td>
<td>14</td>
</tr>
<tr>
<td>SUPPORT FOR YOUR HEALTH CONDITION</td>
<td>15</td>
</tr>
<tr>
<td>LEGAL INFORMATION</td>
<td>16</td>
</tr>
</tbody>
</table>
July 1, 2014

Dear Graduate Assistant,

The University of Minnesota is pleased to welcome you to the 2014–2015 Graduate Assistant Health Plan.

The University works hard to provide eligible graduate assistants, fellows, trainees, and their dependents access to a high-quality plan at minimal cost. The University-sponsored Graduate Assistant Health Plan (GAHP) is simple, affordable health care coverage designed to meet the unique needs of graduate assistants and their dependents.

All new graduate assistants, current GAHP enrollees with enrolled dependents, and current GAHP enrollees who wish to enroll dependents or maintain dependent coverage on the plan for fall semester 2014 must complete the enrollment process by September 15, 2014.

Highlights of the plan include:

- No in-network deductible
- 100 percent coverage of eligible expenses after a $10 office visit co-pay
- Pharmacy benefit in the HealthPartners network with no annual maximum benefit
- Dental care benefit—preventive care and restorative care coverage at your campus’ designated dental clinic (co-insurance applies)

In this brochure, you’ll find more information about the broad range of benefits available to you through the GAHP. More details and 2014–2015 plan rates can be found on the plan’s website. In order to make the most of your coverage, and to be sure that you are aware of deadlines, policies, and procedures that affect you, you are encouraged to review the information found in this brochure and online carefully.

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
410 Church Street S.E., N323
Minneapolis, MN 55455
Phone: 612-624-0627 or 1-800-232-9017
Fax: 612-626-5183 or 1-800-624-9881
umgahbo@umn.edu
How to Enroll

All graduate assistants who wish to take advantage of the plan fall semester 2014 must complete the enrollment process.

Step 1. Complete and Submit Enrollment Forms

To enroll in the Graduate Assistant Health Plan, please complete and return the following materials to the Office of Student Health Benefits within 14 days from the start date of your appointment or by September 15, 2014, whichever is later.

Student Enrollment

All students who wish to enroll in the plan must complete and return:

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

Dependent Enrollment

All students who wish to enroll dependents in the plan must also complete and return:

- Enroll Payment Worksheet — available at www.shb.umn.edu
- First two months’ payment for dependents

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

* Students currently enrolled on 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 are not re-enrolling their dependents.

Step 2. Update One Stop

Make sure your U.S. mail address is up-to-date:

- Twin Cities Campus Students: Go to www.onestop.umn.edu, look under Quick Links, then under Student Records Tools, and click on Personal Information.
- Duluth Campus Students: Go to http://d.umn.edu/onestop, look under Quick Links, then under Student Records Tools, and click on Personal Information.
- Rochester Campus Students: Go to http://r.umn.edu/onestop, look under Quick Links, then under Student Record Tools, and click on Personal Information.

Enter your new health plan information:

- Twin Cities Campus Students: Go to www.onestop.umn.edu, look under Quick Links, then under Registration Tools, and click on Health Plan Coverage.
- Duluth Campus Students: Go to http://d.umn.edu/onestop, look under Quick Links, then under Registration Tools, and click on Health Plan Coverage.
- Rochester Campus Students: Go to http://r.umn.edu/onestop, look under Quick Links, then under Registration Tools, and click on Health Plan Coverage.
- All students enter the following:
  - Name of Insurance Company: Graduate Assistant Health Plan
  - Health Plan Member ID Number: (your student ID number)
  - Health Plan Group Number: 24000

Enrollment Questions

For more information about enrollment, please contact the Office of Student Health Benefits at 612-624-0627, 1-800-232-9017, or umgahbo@umn.edu.
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 Service**

[www.bhs.umn.edu](http://www.bhs.umn.edu)

Minneapolis Clinic (Main Clinic), 410 Church Street S.E., Minneapolis, MN 55455, 612-625-8400

Monday, Tuesday, Wednesday and Friday, 7:45 a.m.–5:00 p.m.; Thursday, 9:00 a.m.–5:00 p.m.; Saturday 9:00 a.m.–1:00 p.m. (Urgent Care & Pharmacy); closed Sundays and University holidays. Closed Saturdays during summer and term breaks.

- 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**—Plan members receive preventive services such as routine exams, X-rays, and cleanings at NO COST and restorative benefits of up to $1,000. 612-624-9998

- **Eye Clinic**—Select from a wide variety of designer frames at 20-40 percent off suggested retail prices. 612-624-2134

- **Pharmacy**—Prescriptions and over-the-counter medications at competitive prices. 612-624-7655

- **Boynton Health Service St. Paul Clinic**—Offering primary care, mental health, nutrition and physical therapy services, plus Gopher Quick Clinic.

**Gopher Quick Clinic**—

**Walk-in Care for Minor Acute Illnesses**

[www.bhs.umn.edu/gopher-quick-clinic](http://www.bhs.umn.edu/gopher-quick-clinic)

Locations: Boynton East Bank, Boynton St. Paul

**DULUTH CAMPUS STUDENTS**

**UMD Health Services**

[www.d.umn.edu/hlthserv/](http://www.d.umn.edu/hlthserv/)

615 Niagara Court, Duluth, MN 55812

Phone: 218-726-8155, Fax: 218-726-6132

Monday, Tuesday, Wednesday, and Friday, 8:00 a.m.–4:00 p.m., Thursday, 9:00 a.m.–4:00 p.m. Summer Session (4th week in May through August), Monday–Friday, 9:00 a.m.–3:00 p.m., Closed evenings, weekends, and University holidays.

- UMD Health Services’ staff includes physicians, nurse practitioners, physician assistants, registered nurses, psychologists, and social workers.

**Lake Superior Dental Associates**

[www.lakesuperiordental.com](http://www.lakesuperiordental.com)

1225 East First Street, Duluth, MN 55805, 218-728-6445,

Monday–Friday, 7:00 a.m.–5:00 p.m.

- Plan members receive preventive services such as routine exams, X-rays, and cleanings at NO COST and restorative benefits of up to $1,000.

**ROCHESTER CAMPUS STUDENTS**

**UMR Health Services**

[www.r.umn.edu/student-life/health-wellness/health-services/](http://www.r.umn.edu/student-life/health-wellness/health-services/)

OMC Skyway Clinic, 2nd Floor of 318 Commons,

Rochester, MN 55904

Phone: 507-292-7250

Monday through Friday, 8:00 a.m. – 5:00 p.m.

- UMR Health Services provides gynecological services; general health, nutrition, smoking, anxiety, birth control and depression counseling; and lab testing.
**Bonus Benefits**

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

---

**Dental Care Benefits**

Here’s a reason to smile! You, the primary member, receive preventive services such as routine exams, X-rays, and cleanings at NO COST at the dental clinic designated for your campus. Your dental plan also pays 80 percent of basic restorative services and 50 percent of major restorative services **up to $1,000**. Dependents will receive preventive and other covered restorative dental services at a discount of 20 to 30 percent. Coverage starts September 1, 2014. Call to make an appointment today!

Twin Cities Campus Students:  
Boynton Health Service Dental Clinic  
612-624-9998  

Duluth Campus Students:  
Lake Superior Dental Associates  
218-728-6445  
[www.lakesuperiordental.com/](http://www.lakesuperiordental.com/)

---

**Emergency Travel Assistance Program**

Plan members and their dependents traveling 100 or more miles away from home and outside of their home country, have emergency medical, travel, and personal security assistance 24 hours a day, anywhere in the world, through FrontierMEDEX, a leading provider of international travel assistance services. From finding an English-speaking doctor to replacing a prescription, FrontierMEDEX 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 Student Health Benefits website and return within 60 days of loss of coverage.

---

* These bonus benefits are not a part of the HealthPartners plan. They are provided by the University of Minnesota.

---

For more information on these services, please contact the University of Minnesota Office of Student Health Benefits at 612-624-0627, 1-800-232-9017, or umghahbo@umn.edu, or visit the website specific to your campus.

[www.shb.umn.edu](http://www.shb.umn.edu)
KEY PLAN FEATURES

- **Preventive care** — Routine preventive care is typically covered at 100 percent. Please check your Summary of Benefits for exact coverage information.
- **Access** — You can see any network doctor you choose. You don’t need a referral to see a specialist in the network.
- **Family friendly** — Family members can visit any doctor or clinic in the network.

HOW YOUR PLAN WORKS

The Open Access plan gives you the freedom to see any network doctor at any time. It’s that simple.

Also, you have network access to many services like:

- Office visits
- Convenience and online care
- Urgent and emergency care
- Hospital care
- Specialty care
- Prescription medicines

YOUR OPEN ACCESS NETWORK

- Choose from more than 700,000 doctors and other care providers, plus 6,000 hospitals in the United States.
- Find a doctor by visiting healthpartners.com and searching the Open Access network.
  - Search for doctors by name, clinic name, specialty, language, gender, hours of business, parking and more.
  - Learn how doctors rate on cost and quality.

UNDERSTANDING YOUR PLAN

The Open Access plan gives you the freedom to see any network doctor at any time. It’s that simple.

Also, you have network access to many services like:

- **Routine preventive care** includes screenings, check-ups and counseling to prevent illness, disease or other health problems before you have symptoms. For more information, visit healthpartners.com/preventive.
- **Copay** is the amount you will pay for medical services. It is a flat amount of either $10 or $25 depending on the plan you choose.
- **Coinsurance** is the share of the service costs that you are responsible for paying. It is listed as a percentage. If you have 80 percent coverage, that means you pay 20 percent of the total cost.
- **Deductible** is the amount you pay before your coverage starts. It is usually listed as an “annual” amount.
- **Out-of-pocket maximum** is the most you will pay for your health care during the plan year.

For more information and help deciding which plan is best for you, check out HealthPartners cost calculators and Plan Comparison Tool at healthpartners.com/smartshopper.
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</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partial listing of covered services</td>
<td>Care from a network provider</td>
<td>Care from an out-of-network provider</td>
</tr>
<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 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, 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, $10 copayment
- Emergency care at a hospital ER: $40 copayment, $40 copayment
- Ambulance: 80% coverage, 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, 80% coverage

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

<table>
<thead>
<tr>
<th>Retail Pharmacy Copayment for 34-day supply</th>
<th>HealthPartners Participating Pharmacy Benefit</th>
<th>Non Participating Pharmacy Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Preferred**</td>
<td>$10 copayment</td>
<td>80% coverage after deductible</td>
</tr>
<tr>
<td>Brand Preferred**</td>
<td>$25 copayment</td>
<td>80% coverage after deductible</td>
</tr>
<tr>
<td>NonPreferred**</td>
<td>$50 copayment</td>
<td>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."
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</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Care from a network provider</td>
<td>Care from an out-of-network provider</td>
</tr>
</tbody>
</table>

#### Deductible and Out-of-Pocket

| Lifetime maximum | Unlimited |
| Plan year deductible | $100 per person; $200 per family |
| Plan year medical out-of-pocket maximum | $1,000 per person; $2,000 per family |
| Plan year prescription out-of-pocket maximum | $300 per person; $500 per family, for all covered prescriptions |

#### Preventive Health Care

- Routine physical & eye examinations: 100% coverage, 90% coverage after deductible
- Well-child care: 100% coverage, 100% coverage
- Prenatal & postnatal care: 100% coverage, 100% coverage
- Immunizations: 100% coverage, 90% coverage after deductible

#### Office Visits

- Illness or injury: $25 copayment, 90% coverage after deductible
- Allergy injections: $25 copayment, 90% coverage after deductible
- Physical, occupational & speech therapy: $25 copayment, 90% coverage after deductible
- Chiropractic care (neuromusculo-skeletal conditions only): $25 copayment, 90% coverage after deductible
- Mental health care: $25 copayment, 90% coverage after deductible
- Chemical health care: $25 copayment, 90% coverage after deductible

#### Convenience Care

- Convenience clinics (retail clinics): $15 copayment, 90% coverage after deductible

#### Emergency Care

- Urgently needed care at an urgent care clinic or medical center: $25 copayment, $25 copayment
- Emergency care at a hospital ER: 90% coverage after deductible, 90% coverage after deductible
- Ambulance: 90% coverage after deductible, 90% coverage after deductible

#### Inpatient Hospital Care

- Illness or injury: 90% coverage after deductible, 90% coverage after deductible
- Mental health care: 90% coverage after deductible, 90% coverage after deductible
- Chemical health care: 90% coverage after deductible, 90% coverage after deductible

#### Outpatient Care

- Scheduled outpatient procedures: 90% coverage after deductible, 90% coverage after deductible
- Outpatient Magnetic Resonance Imaging (MRI) and Computing Tomography (CT): 100% coverage, 90% coverage after deductible

#### Durable Medical Equipment

- Durable medical equipment & prosthetics: 90% coverage after deductible, 90% coverage after deductible

#### Prescription Drugs

- **HealthPartners Participating Pharmacy Benefit**
- **Non Participating Pharmacy Benefit**

<table>
<thead>
<tr>
<th>34-day supply: 3 cycles of oral contraceptives; 90-day supply for mail order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Pharmacy Copayment for 34-day supply</td>
</tr>
<tr>
<td>$10 copayment</td>
</tr>
<tr>
<td>$25 copayment</td>
</tr>
<tr>
<td>$50 copayment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HealthPartners Mail Order Pharmacy Copayment for 90-day supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>$20 copayment</td>
</tr>
<tr>
<td>$50 copayment</td>
</tr>
<tr>
<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.
As a HealthPartners member, you have personal support when you need it. Contact us when you have questions about your coverage or your health – we’re here to help.

<table>
<thead>
<tr>
<th>If you have questions about</th>
<th>Call</th>
<th>Go online</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Your coverage, claims or account balances&lt;br&gt;• Finding a doctor, dentist or specialist&lt;br&gt;• Health plan services</td>
<td><strong>Member Services</strong>&lt;br&gt;Available Monday - Friday, 7 a.m. - 7 p.m., CST&lt;br&gt;Call the Member Services phone number on the back of your Member ID card. Or call 952-883-7500, 866-270-5434 or 866-398-9119 (TTY)&lt;br&gt;Español: 952-883-7050 or 866-398-9119&lt;br&gt;Interpreters are available if you need one.</td>
<td>Log on to healthpartners.com/uofmga</td>
</tr>
<tr>
<td>• Whether you should see a doctor&lt;br&gt;• Home treatment options&lt;br&gt;• A medicine you’re taking</td>
<td><strong>CareLine℠ Service — Nurse advice line</strong>&lt;br&gt;Available 24/7, 365 days a year&lt;br&gt;Call 612-339-3663, 800-551-0859 or 952-883-5474 (TTY)</td>
<td>Visit healthpartners.com/healthlibrary</td>
</tr>
<tr>
<td>• Understanding your health care and benefits&lt;br&gt;• How to choose a treatment option</td>
<td><strong>HealthPartners® Nurse Navigator℠ Program</strong>&lt;br&gt;Available Monday through Friday, 7 a.m. - 5:30 p.m., CST&lt;br&gt;Call 952-883-7500, 866-270-5434 or 952-883-5127 (TTY)</td>
<td>Visit healthpartners.com/decisionsupport</td>
</tr>
<tr>
<td>• Your pregnancy&lt;br&gt;• The contractions you’re having&lt;br&gt;• Your new baby</td>
<td><strong>BabyLine Phone Service</strong>&lt;br&gt;Available 24/7, 365 days a year&lt;br&gt;Call 612-333-2229 or 800-845-9297</td>
<td>Visit healthpartners.com/healthlibrary</td>
</tr>
<tr>
<td>• Finding a mental or chemical health care professional in your network&lt;br&gt;• Your behavioral health benefits</td>
<td><strong>Behavioral Health Personalized Assistance Line (PAL)</strong>&lt;br&gt;Available Monday - Friday, 8 a.m. - 5 p.m., CST&lt;br&gt;Call 952-883-5811 or 888-638-8787</td>
<td>Log on to healthpartners.com/uofmga</td>
</tr>
</tbody>
</table>

When your 5-year-old wakes up with a fever at 2 a.m., call CareLine for help. The nurses are there for you to get his fever down, even in the middle of the night.
IS MY PRESCRIPTION COVERED?
You can see if your prescriptions are covered by searching the PreferredRx formulary. This is the list of medicines that are covered by your plan.

Searching the list is easy. Just go to healthpartners.com/preferredrx and search by:
- The name of your medicine (ex. simvastatin)
- The type of medicine you’re taking (ex. cholesterol)
- The first letter of the medicine you’re taking (ex. ‘S’)

WHAT IF MY MEDICINE IS NOT ON THE LIST?
When you search PreferredRx, the medicines that come up are on the formulary. If your medicine is not on the list or appears in an orange box, your medicine is non-formulary. Depending on your benefits, you may have coverage for non-formulary medicines, but they will cost more than medicines that are on the formulary.

If you want to switch to a formulary medicine, we can help you see what your options are:
1. Go to healthpartners.com/preferredrx
2. Click on the Drug Category tab
3. Search for the type of medicine you’re taking
4. Print out the list of medicines that comes up. Bring it to your doctor to see if one will work for you.

HOW MUCH DO I HAVE TO PAY FOR MY PRESCRIPTIONS?
The amount you have to pay depends on two things:
1. If your medicine is on the formulary
2. Whether it’s a generic or brand name medicine

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

You can see what your benefits are by looking at your Summary of Benefits. To see what group your medicine is in, use this key when you’re searching PreferredRx online.
- G = **generic** (italics)
- B = **BRAND** (ALL CAPS)
- SD = Specialty Drug

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

At healthpartners.com/pharmacy you can use the:
- **Pharmacy locator** to see what network pharmacies are in your neighborhood.
- **Drug cost calculator** to see how the cost of your prescriptions change depending on your pharmacy.

Skip the trip and get your prescriptions delivered to you with HealthPartners Mail Order Pharmacy. Shipping is free and you may be able to save money!
Visit healthpartners.com/mailorder to learn more.

For help understanding your medicines and saving money on your prescriptions, use “Ask a pharmacist” at healthpartners.com/pharmacy.
Want to save money while doing something great for your health? Get special discounts just for being a HealthPartners member! Save on health club memberships and at popular retailers.

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 www.recwell.umn.edu/facilities/minneapolis.php.

RETAIL SAVINGS
Use your HealthPartners Member ID card to get discounts at more than 40 popular local and national retailers of health and wellness products and services. Participating retailers include:
- Eyewear
- Fitness and wellness classes
- Healthy eating programs and delivery services
- Recreational equipment
- Spa services
- Swim lessons
- And more!

I lost 35 pounds, lowered my blood sugar levels and was able to stop taking medicine for high blood pressure. I’m happy about the way my life is right now!
If you’re pregnant or planning to be, check out HealthPartners Healthy Pregnancy program. You’ll discover everything you need to know to keep you and your baby safe and healthy. Plus, it’s free!

**TAKE THE SURVEY TODAY!**
Take a quick confidential online survey to help us better understand how we can support you. If you’re planning to get pregnant, there’s a separate survey just for you.

To take the survey, log on to healthpartners.com/uofmga. Then go to the Health and Wellness tab and click on the blue Healthy Pregnancy Survey button. If you have questions, call Member Services at 952-883-5000, 800-883-2177 or 952-883-5127 (TTY).

**TIPS, TOOLS AND SUPPORT**
- **Discover helpful tools.** Find useful information and tools in our Health Information Library. Visit healthpartners.com/healthlibrary.
- **Find the support you need.** If the survey shows that you may be at risk for a difficult pregnancy, you’ll get a call from an experienced nurse trained to work with pregnant women. The nurse will provide extra support over the phone during your pregnancy.
- **Get great tips.** After you take the survey, you’ll get e-mails with useful tips on eating right, being active and more. Plus, the e-mails are tailored to your stage of pregnancy or planning.

**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. You’ll 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.

---

I’m so thankful for all the help and support I received from my nurse during my difficult pregnancy. She helped me more than I can ever explain!*

*Healthy Pregnancy program participant

*(Success stories are shared with permission from actual participants.*
If you’re living with a health condition, we’re here to help. We support members just like you with conditions like asthma, diabetes, heart disease and more. We’ll help you live the life you want and feel as well as possible.

**ONE-ON-ONE SUPPORT**

Depending on your needs, you may work with an experienced health coach to get the one-on-one support you need to reach your health goals. You’ll also receive tools and resources to help you better understand and manage your health.

Your health coach can connect you to online tools including virtual coaching, a library of health topics and interactive tools to help you make decisions about your health.

You may also receive resources in the mail with useful information, such as tips to best manage your condition and where to go for more support.

We’ll get in touch with you by mail or phone. Or you can let us know you’d like to sign up. Then it’s up to you if you want to participate. The program is free and confidential.

Learn more or sign up at [healthpartners.com/uofmga](http://healthpartners.com/uofmga).

You can also call HealthPartners Member Services at **952-883-7500, 800-270-5434** or **952-883-5127 (TTY)**.

She checked on my progress and gave me good advice about getting healthier and stronger.

I’m finally feeling better. I feel like I can call her if I have questions or issues. She’s a wonderful person. Thanks!*

— Healthy Pregnancy program participant

*Success stories are shared with permission from actual participants.
Important information on provider reimbursement

Our goal in reimbursing providers is to provide affordable care for our members while encouraging quality care through best care practices and rewarding providers for meeting the needs of our members. Several different types of reimbursement arrangements are used with medical and dental providers. All are designed to achieve that goal.

Occasionally, our reimbursement arrangements with providers include some combination of the methods described below. For example, for a medical provider, 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. Or, for dental providers, we may capitate a provider for certain types of care and pay that same provider on a fee-for-service basis for other types of care. In addition, although we may pay a provider, such as a 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.

Arrangements used for medical plans

Some medical providers are paid using “case rate” arrangements, 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 medical 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.

Some medical 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 medical 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.
Summary of utilization management programs for medical plans

HealthPartners utilization management programs help ensure effective, accessible and high quality health care. These programs are based on the most up-to-date medical evidence to evaluate appropriate levels of care and establish guidelines for medical practices. Our programs include activities to reduce the underuse, overuse and misuse of health services. These programs include:

- Inpatient concurrent review and care coordination to support timely care and ensure a safe and timely transition from the hospital
- “Best practice” care guidelines for selected kinds of care
- Outpatient case management to provide care coordination
- The CareCheck® program to coordinate out-of-network hospitalizations and certain services.

We require prior approval for a small number of services and procedures. For a complete list, go to healthpartners.com or call Member Services. You must call CareCheck® at 952-883-5800 or 800-942-4872 to receive maximum benefits when using out-of-network providers for in-patient hospital stays; same-day surgery; new or experimental or reconstructive outpatient technologies or procedures; durable medical equipment or prosthetics costing more than $3,000; home health services after your visits exceed 30; and skilled nursing facility stays. We will review your proposed treatment plan, determine length of stay, approve additional days when needed and review the quality and appropriateness of the care you receive. Benefits will be reduced by 20 percent if CareCheck® is not notified.

Appropriate use and coverage of prescription medications for medical plans

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.

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/uofmga or call Member Services at 952-883-7500 or 866-270-5434.