Welcome to the 2015–2016
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
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Read on to learn about the services and resources you can enjoy as a member.

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Welcome

July 1, 2015

Dear Graduate Assistant,

The University of Minnesota is pleased to welcome you to the 2015–2016 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 2015 must complete the enrollment process by September 15, 2015.

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 2015–2016 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 2015 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, 2015, 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](http://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](http://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 in MyU.

*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 MyU

Make sure your U.S. mail address is up-to-date:
This is the address to which your plan card and other plan information will be mailed. Go to [www.myu.umn.edu](http://www.myu.umn.edu) and click on My Info under Address to update your mailing address.

Enter your new health plan information:
In the MyU Student Center you will see a screen that instructs you to declare your health plan coverage. All GAHP enrollees must 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
Minneapolis Clinic, 410 Church Street S.E., 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.
- **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
Locations: Boynton East Bank, Boynton St. Paul

**DULUTH CAMPUS STUDENTS**

**UMD Health Services**
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 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 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
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**
www.r.umn.edu/student-life/health-and-wellness/health-services
OMC Skyway Clinic, 2nd Floor of 318 Commons, Rochester, MN 55904
Phone: 507-292-7250
Monday through Friday, 8 a.m.–5 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 and pediatric enrollees, 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, 2015. Call to make an appointment today!

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

Duluth Campus Students:
Lake Superior Dental Associates
218-728-6445
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 UnitedHealthcare Global, a leading provider of international travel assistance services. From finding an English-speaking doctor to replacing a prescription, UnitedHealthcare Global has the resources and experience to offer rapid coordination and monitoring of medical care while you are abroad.

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

YOUR OPEN ACCESS NETWORK

- Choose from more than 950,000 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, checkups 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.
- **Your deductible** is the amount you pay before your coverage starts. It is usually listed as an “annual” amount.
- **Your 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.

### 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

<table>
<thead>
<tr>
<th>Lifetime maximum</th>
<th>None</th>
<th>Unlimited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan year deductible</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Plan year medical out-of-pocket maximum</td>
<td>None</td>
<td>$2,500 per person</td>
</tr>
<tr>
<td>Plan year prescription out-of-pocket maximum</td>
<td>None</td>
<td>$300 per person</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 / 100% 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>$20 copayment</td>
</tr>
<tr>
<td>Brand Preferred**</td>
<td>$25 copayment</td>
<td>$100 copayment</td>
</tr>
<tr>
<td>NonPreferred**</td>
<td>$50 copayment</td>
<td>$100 copayment</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>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><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>$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>
</tbody>
</table>

### Preventive Health Care

- **Routine physical & eye examinations**: 100% coverage
- **Well-child care**: 100% coverage
- **Prenatal & postnatal care**: 100% coverage
- **Immunizations**: 100% coverage

### Office Visits

- **Illness or injury**: 90% coverage after deductible
- **Allergy injections**: 90% coverage after deductible
- **Physical, occupational & speech therapy**: 90% coverage after deductible
- **Chiropractic care (neuromusculo-skeletal conditions only)**: 90% coverage after deductible
- **Mental health care**: 90% coverage after deductible
- **Chemical health care**: 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
- **Emergency care at a hospital ER**: 90% coverage after deductible
- **Ambulance**: 90% coverage after deductible

### Inpatient Hospital Care

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

### Outpatient Care

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

### Durable Medical Equipment

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

### Prescription Drugs

- **34-day supply; 3 cycles of oral contraceptives; 90-day supply for mail order**
- **HealthPartners Participating Pharmacy Benefit**
- **Non Participating Pharmacy Benefit**

### Retail Pharmacy Copayment for 34-day supply

- **Generic Preferred**: $10 copayment, 90% coverage after deductible
- **Brand Preferred**: $25 copayment, 90% coverage after deductible
- **NonPreferred**: $50 copayment, 90% coverage after deductible

### HealthPartners Mail Order Pharmacy Copayment for 90-day supply

- **Generic Preferred**: $20 copayment, 90% coverage after deductible
- **Brand Preferred**: $50 copayment, 90% coverage after deductible
- **NonPreferred**: $100 copayment, 90% coverage after deductible

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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 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 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</td>
<td>Member Services</td>
<td>Log on to healthpartners.com/uofmga to chat with Member Services</td>
</tr>
<tr>
<td>• Finding a doctor, dentist or specialist in your network</td>
<td></td>
<td></td>
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<tr>
<td>• Finding care when you’re away from home</td>
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<td></td>
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<tr>
<td>• Immunizations and paperwork needed for travel</td>
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<td></td>
</tr>
<tr>
<td>• Whether you should see a doctor</td>
<td>CareLineSM service — nurse line</td>
<td>Visit healthpartners.com/healthlibrary</td>
</tr>
<tr>
<td>• Home treatment options</td>
<td></td>
<td></td>
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<tr>
<td>• A medication you’re taking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Understanding your health care and benefits</td>
<td>HealthPartners® Nurse Navigator program</td>
<td>Visit healthpartners.com/decisionsupport</td>
</tr>
<tr>
<td>• How to choose a treatment option</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Your pregnancy</td>
<td>BabyLine phone service</td>
<td>Visit healthpartners.com/healthlibrary</td>
</tr>
<tr>
<td>• The contractions you’re having</td>
<td></td>
<td></td>
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<tr>
<td>• Your new baby</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Finding a mental or chemical health care professional in your network</td>
<td>Behavioral Health Navigators</td>
<td>Log on to healthpartners.com/uofmga</td>
</tr>
<tr>
<td>• Your behavioral health benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• How health care reform might impact you</td>
<td>Member Services</td>
<td>Visit healthpartners.com/reform</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Monday – Friday, 7 a.m. – 7 p.m., CT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Call the number on the back of your Member ID card or 952-883-7500, 866-270-5434 or 866-398-9119 (TTY)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Español: 952-883-7050 or 866-398-9119</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interpreters are available if you need one.</td>
</tr>
</tbody>
</table>
IS YOUR PRESCRIPTION COVERED?
You can see if your prescriptions are covered by searching the GenericsPlusRx formulary. A formulary is a list of medications that are covered by your plan.

Searching the list is easy. Just go to healthpartners.com/preferredrx. From there, you can search by medication name, category or first letter. You can also print the complete medication list.

Infertility, erectile dysfunction and non-sedating antihistamine medications aren’t covered by your plan. H2 blockers aren’t covered for those age 10 and older.

WHAT IF YOUR MEDICATION ISN’T ON THE LIST?
When you search GenericsPlusRx, medications will come up with F (formulary), NF (non-formulary), or X (excluded). Excluded drugs aren’t eligible to be covered. Depending on your benefits, non-formulary medications may be covered but cost more than those medications on the formulary.

To switch to a formulary medication, we can help you see what your options are:

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

HOW MUCH DO YOU HAVE TO PAY FOR YOUR PRESCRIPTIONS?
The amount you have to pay depends on two things:

1. If your medication is on the formulary
2. Whether it’s a generic or brand name medication

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

To see what group your medication is in, use this key when you’re searching GenericsPlusRx online.

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

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

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

At healthpartners.com/pharmacy you can use the:

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

For help understanding your medications and saving money on your prescriptions, visit healthpartners.com/pharmacy. Once you’re there, log on to your myHealthPartners account and select Email a pharmacist.
Good health starts with support from HealthPartners. Learn how to be a healthier, happier you. No matter where you are on the path to better health, we have a program that fits your busy life.

**KNOW HEALTHY**

It’s easy to get started. Take your first step by registering for a biometric health screening through Boynton Health Service. 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 interpret your results.

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

The next step to complete is the health assessment. This quick, online assessment asks you questions about your diet, exercise, sleep, stress and more. In just 15 minutes, 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. And, sync your Fitbit 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 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!

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

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](http://healthpartners.com/uofmga). Then go to the Health and Wellness tab and select 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](http://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 text4baby™, 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](http://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/uofmgp](http://healthpartners.com/uofmgp).

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.
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, 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 or call Member Services at 952-883-5000 or 800-883-2177.

Important information about your coverage

Dental Plan: Benefit Limitations

- Coverage for dental exams limited to twice each calendar year
- Coverage for dental cleanings (prophylaxis or periodontal maintenance) limited to twice each calendar year
- Sealants limited to one application per tooth once every three years
- Coverage for professionally applied topical fluoride limited to once each calendar year; for members under age 19
- Coverage for bitewing x-rays limited to once each calendar year
- Full mouth or panoramic x-rays limited to once every three years
- Oral hygiene instruction limited to once per enrollee per lifetime
- Coverage for space maintainers limited to replacement of prematurely lost primary teeth for dependent members under age 19
- Replacement of crowns and fixed or removable prosthetic appliances limited to once every five years

THESE PLANS 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 952-883-5000 or 800-883-2177.
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The HealthPartners family of health plans is underwritten and/or administered by HealthPartners, Inc., Group Health, Inc., HealthPartners Insurance Company or HealthPartners Administrators, Inc. Fully insured Wisconsin plans are underwritten by HealthPartners Insurance Company.

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