Welcome to the Residents and Fellows Health Plan
Administered by the Office of Student Health Benefits

Read on to learn about the services and resources you can enjoy as a HealthPartners member.

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• Great choice of doctors
• Award-winning service
• Tools to stay healthy
May 1, 2010

Dear Residents and Fellows,

This is an exciting year. The University of Minnesota is very pleased to announce that, as of spring 2010, the Office of Student Health Benefits at the University of Minnesota will handle administration of health benefits and enrollment for residents and fellows.

E-mail and U.S. mail correspondence related to your benefits will come from the Office of Student Health Benefits. Please add umshbo@umn.edu to your e-mail address book to ensure you receive our e-mails, and bookmark this Web page: http://www.shb.umn.edu

HealthPartners will be providing the plan network and claims administration services for the 2010-2011 Residents and Fellows Health Plan. For those continuing their residency or fellowship, this is a change from the previous provider BlueCross and BlueShield. HealthPartners gives you access to more than 650,000 providers and 6,500 hospitals across the United States.

All residents and fellows who wish to take advantage of the 2010-2011 plan must complete the enrollment process by June 15, 2010, or within 14 days of their start date, whichever is later. The coverage period is July 1, 2010 to June 30, 2011. You will have the option to choose between two plans, Basic and Basic Plus.

Enclosed you’ll find more information about the broad range of benefits available to you through the Residents and Fellows Health Plan. Even more detail can be found on the plan Web site. 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, please review the information found in this brochure and on the Web 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
umshbo@umn.edu
612-624-0627
http://www.shb.umn.edu
How to Enroll

All residents and fellows who wish to take advantage of the plan must complete the enrollment process by June 15, 2010, or within 14 days of their start date, whichever is later. The coverage period is July 1, 2010 to June 30, 2011.

1

Complete and Submit Enrollment Forms

All residents and fellows must complete the enrollment process by June 15, 2010, or within 14 days of their start date, whichever is later. Residents and fellows with other health insurance coverage must submit a waiver form. Enrollment and waiver forms can be found in the open enrollment packet and on the Office of Student Health Benefits Web site.

http://www.shb.umn.edu

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 deducted from their paycheck each pay period. Member ID cards will be sent to the plan member by U.S. mail approximately three weeks after enrollment. Cards will be mailed to the “current U.S. mail address” on record with the University.

2

Make Sure Your U.S. Mail Address Is Up-to-Date

Make sure your U.S. mail address is up-to-date. Go to http://www.onestop.umn.edu. Look under Quick Links > Student Records > Then click on Personal Information.

Enrollment Questions

For more information about enrollment, please contact the Office of Student Health Benefits at 612-624-0627 or umshbo@umn.edu, or visit the Office of Student Health Benefits Web site. http://www.shb.umn.edu
In addition to your convenient, high-quality, on-campus resources, the Open Access plan provides you access to more than 650,000 network providers throughout the United States to give you the care and service you need.

HealthPartners makes it easy for you to get the high-quality care you deserve at an affordable cost. With the Open Access plan you can see your preferred provider without worrying about a referral.

Plus, HealthPartners provides you with access to the tools, information and support you need to help you make the choice that’s best for you. To make sure your provider is in the network or to learn more about everything available to you as a HealthPartners member, please visit healthpartners.com/uofmres.

Make the choice that’s right for you
No matter where you live, work or travel, you’re covered with high-quality, network providers. With the Open Access network you have:

• Access to more than 650,000 providers and 6,500 hospitals nationwide
• Network benefits across the country
• No roadblocks — you don’t need to select a primary care provider and you don’t need a referral to see a specialist in the network
The following is an overview of your HealthPartners coverage. For exact coverage terms and conditions, consult your plan materials, or call Member Services at (952) 883-7500 or 1-866-270-5434.

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<thead>
<tr>
<th>Plan highlights</th>
<th>In-network</th>
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<tr>
<td><strong>Partial listing of covered services</strong></td>
<td>Care from a network provider</td>
<td>Care from an out-of-network provider</td>
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<tr>
<th><strong>Deductible and Out-of-Pocket</strong></th>
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<tbody>
<tr>
<td>Lifetime maximum</td>
<td>$5,000,000</td>
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<tr>
<td>Plan year deductible</td>
<td>$400 per person; $1,200 per family</td>
</tr>
<tr>
<td>Plan year medical out-of-pocket maximum</td>
<td>$2,000 per person; $4,000 per family</td>
</tr>
<tr>
<td>Plan year prescription out-of-pocket maximum</td>
<td>$750 per person; $1,000 per family</td>
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<thead>
<tr>
<th><strong>Preventive Health Care</strong></th>
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<tbody>
<tr>
<td>Routine physical &amp; eye exams, well-child care, Immunizations</td>
<td>100% coverage</td>
</tr>
<tr>
<td>Prenatal &amp; postnatal care</td>
<td>100% coverage</td>
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<thead>
<tr>
<th><strong>Office Visits</strong></th>
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<tbody>
<tr>
<td>Illness or injury</td>
<td>80% coverage after deductible</td>
</tr>
<tr>
<td>Allergy injections</td>
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</tr>
<tr>
<td>Physical, occupational &amp; speech therapy</td>
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<td>Chiropractic care (neuromusculo-skeletal conditions only)</td>
<td>80% coverage after deductible</td>
</tr>
<tr>
<td>Mental health care</td>
<td>80% coverage after deductible</td>
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<tr>
<td>Chemical health care</td>
<td>80% coverage after deductible</td>
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<tr>
<th><strong>Convenience Care</strong></th>
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<tbody>
<tr>
<td>Convenience clinics (retail clinics)</td>
<td>80% coverage after deductible</td>
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<tr>
<th><strong>Emergency Care</strong></th>
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<tbody>
<tr>
<td>Urgently needed care at an urgent care clinic or medical center</td>
<td>80% coverage after deductible</td>
</tr>
<tr>
<td>Emergency care at a hospital ER</td>
<td>80% coverage after deductible</td>
</tr>
<tr>
<td>Ambulance</td>
<td>80% coverage after deductible</td>
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<table>
<thead>
<tr>
<th><strong>Inpatient Hospital Care</strong></th>
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</tr>
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<tbody>
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<td>80% coverage after deductible</td>
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</tr>
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<td>Chemical health care</td>
<td>80% coverage after deductible</td>
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<table>
<thead>
<tr>
<th><strong>Outpatient Care</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled outpatient procedures</td>
<td>80% coverage after deductible</td>
</tr>
<tr>
<td>Outpatient Magnetic Resonance Imaging (MRI) and Computing Tomography (CT)</td>
<td>80% coverage after deductible</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>Durable Medical Equipment</strong></th>
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<tbody>
<tr>
<td>Durable medical equipment &amp; prosthetics</td>
<td>80% coverage after deductible</td>
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<table>
<thead>
<tr>
<th><strong>Prescription Drugs</strong></th>
<th>HealthPartners Participating Pharmacy Benefit</th>
<th>Non Participating Pharmacy Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>(31-day supply; 3 cycles of oral contraceptives; 90-day supply for mail order)</td>
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<table>
<thead>
<tr>
<th><strong>Retail Pharmacy Copayment for 31-day supply</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Generic Preferred</td>
<td>$15 copayment</td>
</tr>
<tr>
<td>Brand Preferred</td>
<td>$30 copayment</td>
</tr>
<tr>
<td>NonPreferred</td>
<td>$45 copayment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>HealthPartners Mail Order Pharmacy Copayment for 90-day supply</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Preferred</td>
<td>$30 copayment</td>
</tr>
<tr>
<td>Brand Preferred</td>
<td>$60 copayment</td>
</tr>
<tr>
<td>NonPreferred</td>
<td>$90 copayment</td>
</tr>
</tbody>
</table>
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### Plan highlights

**Partial listing of covered services**

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#### Deductible and Out-of-Pocket

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<th>Lifetime maximum</th>
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<tbody>
<tr>
<td>Plan year deductible</td>
<td>$100 per person; $200 per family</td>
</tr>
<tr>
<td>Plan year medical out-of-pocket maximum</td>
<td>$1,000 per person; $2,000 per family</td>
</tr>
<tr>
<td>Plan year prescription out-of-pocket maximum</td>
<td>$300 per person; $500 per family</td>
</tr>
</tbody>
</table>

#### Preventive Health Care

- Routine physical & eye examinations, Well-child care, Immunizations
  - 100% coverage
  - 100% coverage
  - $500 annual maximum
- Prenatal & postnatal care
  - 100% coverage
  - 100% coverage

#### 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
  - 90% coverage after deductible
- 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

**Retail Pharmacy Copayment for 31 day supply**

<table>
<thead>
<tr>
<th>Type</th>
<th>Copayment</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Preferred</td>
<td>$10</td>
<td>90% coverage after deductible</td>
</tr>
<tr>
<td>Brand Preferred</td>
<td>$25</td>
<td>90% coverage after deductible</td>
</tr>
<tr>
<td>NonPreferred</td>
<td>$40</td>
<td>90% coverage after deductible</td>
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</table>

**HealthPartners Mail Order Pharmacy Copayment for a 90 day supply**

<table>
<thead>
<tr>
<th>Type</th>
<th>Copayment</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Preferred</td>
<td>$20</td>
<td>90% coverage after deductible</td>
</tr>
<tr>
<td>Brand Preferred</td>
<td>$50</td>
<td>90% coverage after deductible</td>
</tr>
<tr>
<td>NonPreferred</td>
<td>$80</td>
<td>90% coverage after deductible</td>
</tr>
</tbody>
</table>
Saving money never felt so good

HealthPartners gives you FREE perks with our Healthy Discounts™ program. Simply show your HealthPartners Member ID card to participating retailers to receive Healthy Discounts on exercise equipment, classes, snowboard and ski equipment, spa and wellness services and much more.

Eyewear

• Enjoy the convenience of one-stop optical shopping at HealthPartners Eye Care Centers, featuring a wide selection of contacts, stylish frames and lenses to fit every budget — with savings of up to 35 percent on eyewear!
• Extended Vision Network savings of 10 to 20 percent on eyewear at more than 60 providers throughout the HealthPartners vision network!
• Save up to 35 percent on eyeglasses, plus get great deals on contact lenses and more from EyeMed Vision Care. Choose from thousands of independent and optical retailers like LensCrafters®, Pearle Vision® and the optical centers at Sears, Target and JCPenney.

Weight Watchers®

• $10 off a three-month subscription to Weight Watchers Online®
• A $10 discount on At-Home kits
• Local meeting coupons for a discount on weekly meeting fee and waived registration fee
• Visit weightwatchers.com/cs/healthpartners

Albertville Premium Outlets

Enjoy a free Albertville Premium Outlet® VIP Coupon Book, which contains discounts at a variety of Albertville Premium Outlet stores.

Solimar Wellness Spa

Full-service day spa supporting healing for body, mind and spirit. A variety of discounts are available on different services, including spa, classes and special events, wig consultations and more.

Exercise & recreation equipment

HealthPartners members also receive exclusive discounts on exercise and recreational equipment from a number of stores, including 2nd Wind Exercise Equipment, Erik’s Bike Shop, Penn Cycle & Fitness and Hoigaard’s.

Safe Beginnings®

Get a 20 percent discount* on a large selection of items from Safe Beginnings to keep your baby safe. To order, visit safebeginnings.com and enter code “HPW” or call 1-800-598-8911 for a catalog. Be sure to identify yourself as a HealthPartners member when you call to place your order.
• Some exclusions may apply.

Fitness classes

Receive discounts on specialized off-campus fitness classes offered throughout the metropolitan area, including courses with Professional Karate Studios and Jazzercise.

Yoga Class

Start weekly yoga classes at Good Life Yoga today! With the Healthy Discount you get:
• One Free Week of Good Life Yoga Classes
• 10% discount off your first six week session of classes
• Both discounts apply to new yoga students only

These discounts are good at Good Life Yoga located in Deephaven, MN. To get your discount, show your Member ID card to the instructor to indicate you are eligible for the discount. Visit goodlifeyoga.com or call 952-913-6557.

Seattle Sutton’s

Seattle Sutton’s is a meal pick-up/delivery service that provides fresh meals to individuals who wish to eat healthy or to lose weight.
• Local (Minnesota and western Wisconsin): $5 off per week
• National: $100 off after 25 consecutive weeks on the program (about $4 off per week)

Members can log on to healthpartners.com/uofmres for the most up-to-date discounts.
Personal assistance 24/7

We know that managing your health and healthcare coverage can be a challenge. That’s why HealthPartners has a variety of resources available to answer all of your questions. Our friendly, reliable staff is ready to give you the personal attention you need to ensure that you and your family get the most from your health plan.

Member Services

Member Services is your main resource for information on health plan benefits, claims, account balances, provider network searches and more. Plus, you have a custom phone number for University of Minnesota residents and fellows. That means the representative is prepared to provide you with personalized support.

Available Monday through Friday, 7 a.m. to 7 p.m., CST. Please call 952-883-7500 or 1-866-270-5434. Call our Spanish line at 952-883-7050 or our TTY line at 952-883-5127.

HealthPartners Nurse Navigator™ Program

When you need help navigating complex health and insurance issues call our nurse navigators. With one phone call, you’ll be connected with experienced nurses who are specially trained to help research and coordinate care, specific to your health plan benefits. They can help guide you through difficult decisions to ensure you make the right choice while getting the most from your coverage.

Available Monday through Friday, 7 a.m. to 7 p.m., CST. Call 952-883-7500, 1-866-270-5434 or 952-883-5127 (TTY).

CareLine™ Service

Your calls are answered by experienced nurses, who are trained to assess medical conditions and to discuss treatment options in your time of need.

Available 24/7. Call 612-339-3663, 952-883-5474 (TTY) or 1-800-551-0859.

BabyLine Phone Service

BabyLine focuses on the special needs of expectant and new parents up to six weeks after delivery. Specially trained obstetric nurses provide information and support on topics ranging from morning sickness to mood swings. Learn about things like healthy eating during pregnancy and which over-the-counter medications are safe. BabyLine nurses can also help you differentiate normal discomforts from preterm labor symptoms.

Available 24/7, 365 days a year. Call 612-333-2229 or 1-800-845-9297.

Behavioral Health Personalized Assistance Line (PAL)

Mental health and chemical health concerns can be sensitive, difficult issues that you don’t want to discuss with just anyone. Our Personalized Assistance Line (PAL) is staffed with professionals who can help answer questions and guide you through your behavioral health network, benefits and services.

Available Monday through Friday, 7:30 a.m. to 5 p.m., CST. Call 952-883-5811 or 1-888-638-8787.
Helping you manage your disease or condition

If you have a disease or condition challenging your health, we can help you achieve peace of mind. HealthPartners disease and condition management programs provide you with personal support to help you feel as good as possible. These programs are free for eligible members, voluntary and confidential.

Here’s how it works

Our disease and condition management programs are tailored for your needs and health condition. Here’s how it works:

• In collaboration with your doctor or healthcare provider, we’ll invite you to participate in the program that’s right for you. Participation is voluntary. Please be assured that your personal information remains confidential.

• We’ll provide you with helpful information that’s specific to your program and disease or condition.

• Depending on your health status, you may be connected by phone with a personal coach who can help you maintain a healthy lifestyle and find the support you need.

More than just one program

With HealthPartners, you’ll find that it’s about more than just a single service. We offer a wide range of resources to make it easier for you to stay healthy and feel good, including:

• From HealthPartners Member Services to CareLineSM services, our phone support can help get you answers to your questions.

• Our online tools to help you find the doctors and clinics you want, calculate medical expenses and more.

• Our online information library provides up-to-date, easy-to-understand information about healthcare. Just log on to healthpartners.com/uofmres and click on “View the online health information library.”

• Healthy programs to help you improve your health, such as our discounts on exercise equipment or Call to Change … Partners in Quitting® course.

HealthPartners has disease and condition management programs for members with conditions and diseases that include:

• Asthma
• Coronary artery disease
• Chronic obstructive pulmonary disease
• Depression
• Diabetes
• Healthy pregnancy

Your partner

We’re your partner to help you stay healthy. For questions about HealthPartners tools and resources, call HealthPartners Member Services at 952-883-7500, 1-866-270-5434 or 952-883-5127 (TTY).
Your partner for a healthy pregnancy

Are you a mom-to-be? Or are you planning to be?
We can help you prepare for a healthy pregnancy!

What you get

Healthy Pregnancy is a free program for women who are pregnant or planning a pregnancy. Here’s what’s included:

• Online pregnancy assessment or planning assessment
• Timely e-mail newsletters with tips for a healthy pregnancy
• Personalized phone coaching from a registered nurse for those who are identified as at risk for a difficult pregnancy

It’s as easy as 1-2-3!

1 Take a pregnancy assessment
Take a 10-minute, confidential online assessment to gauge your prenatal health. There is even a separate planning assessment for women who are in the planning stages.

2 Get e-mails from the experts
Watch your e-mail box for tips and information tailored for your specific state of pregnancy or planning.

3 Get specialized personal support
If you are identified to be at risk for a difficult pregnancy, you will be contacted by a registered nurse for personal coaching by phone to help keep you and your baby healthy.

Even if you aren’t at risk and have questions, you can call our 24/7 BabyLine, a phone service staffed by specially trained OB/GYN nurses who focus on expectant and new parents, up to six weeks after delivery. Call 612-333-2229 or 1-800-845-9297.

To get started, go online to healthpartners.com/uofmres and log on to your secure account. Go to the Health and Wellness tab and select Healthy Pregnancy. Please call Member Services at 952-883-7500 or toll-free at 1-866-270-5434 if you have any additional questions.
Your pharmacy benefits

HealthPartners leads the way with convenient pharmacy services to help you manage your health. With more than 63,000 pharmacy locations nationally and prescriptions available through a mail order service, we make it easy for you to take care of your prescription needs. Using HealthPartners online tools you can access the latest cost-saving options, fill your prescriptions, access the Preferred Drug List (Formulary) and more. For more information, please visit healthpartners.com/pharmacy.

Great ways you can save on your prescriptions!

1 Review the Preferred Drug List (Formulary)
   • It's easy to confirm that the medications you need are covered — you can search for a specific medication, browse alphabetically or by category of use on healthpartners.com/formulary.
   • Once you find your medication, you can see your copay or coinsurance, and the cost of filling a one-month or three-month supply at a retail pharmacy versus a three-month supply using HealthPartners Mail Order Pharmacy.

2 Choose generics
   • Generic drugs are identical to brand name drugs — they meet rigorous FDA quality standards, perform the same as brand names and save about $150 per prescription. You will save on your copay or coinsurance if you use a generic medication. To see if there is a generic medication for your condition, ask your doctor or visit healthpartners.com/formulary.

3 Rely on HealthPartners Mail Order Pharmacy
   • HealthPartners Mail Order Pharmacy is the convenient way to fill your prescriptions. No driving, no waiting in line and no shipping charges!
   • Plus, you will save on your copay or coinsurance! To get started, call 952-833-0497 or 1-888-356-6656 or visit healthpartners.com/mailorder.

4 Shop around online
   • Use the online Drug Cost and Copay Calculator to compare drug costs, mail order pricing, find generic alternatives and discover other ways to save on your prescriptions.
   • HealthPartners online tools also enable you to find network pharmacies, research specialty drug options, view and print your claims, check for potential drug interactions and research information on both prescription and non-prescription medications. To get started, please visit healthpartners.com/pharmacy.

5 Save money with the Half-Tablet Advantage program
   • Cut your prescription bill in half with select medications when you use HealthPartners’ tablet-splitting program. With this program, you save money when you split higher strength tablets into your prescribed dose. For example, instead of 30 lower strength tablets, you receive 30 tablets with twice the strength to last for 60 doses — two months for the price of one!
   • For the list of eligible medications, please visit healthpartners.com/pharmacy.
Provider Reimbursement information for Medical Plans

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

Some providers are paid on a “fee-for-service” basis, which means that the health plan pays the provider a certain set amount that corresponds to each type of service furnished by the provider.

Some providers are paid on a “discount” basis, which means that when a provider sends us a bill, we have negotiated a reduced rate on behalf of our members. We pay a predetermined percentage of the total bill for services.

Sometimes we have “case rate” arrangements with providers, which means that for a selected set of services the provider receives a set fee, or a “case rate,” for services needed up to an agreed upon maximum amount of services for a designated period of time. Alternatively, we may pay a “case rate” to a provider for all of the selected set of services needed during an agreed upon period of time.

Sometimes we have “withhold” arrangements with providers, which means that a portion of the provider’s payment is set aside until the end of the year. The year-end reconciliation can happen in one or more of the following ways:

- Withholds are sometimes used to pay specialty, referral or hospital providers who furnish services to members. The provider usually receives all or a portion of the withhold based on performance of agreed upon criteria, which may include patient satisfaction levels, quality of care and/or care management measures.
- Some providers — usually hospitals — are paid on the basis of the diagnosis that they are treating; in other words, they are paid a set fee to treat certain kinds of conditions. Sometimes we pay hospitals and other institutional providers a set fee, or “per diem,” according to the number of days the patient spent in the facility.
- Some providers — usually hospitals — are paid according to Ambulatory Payment Classifications (APCs) for outpatient services. This means that we have negotiated a payment level based on the resources and intensity of the services provided. In other words, hospitals are paid a set fee for certain kinds of services and that set fee is based on the resources utilized to provide that service.
- Occasionally our reimbursement arrangements with providers include some combination of the methods described above. For example, we may pay a case rate to a provider for a selected set of services needed during an agreed upon period of time, or for services needed up to an agreed upon maximum amount of services, and pay that same provider on a fee-for-service basis for services that are not provided within the time period or that exceed the maximum amount of services. In addition, although we may pay a provider such as a medical clinic using one type of reimbursement method, that clinic may pay its employed providers using another reimbursement method.

Check with your individual provider if you wish to know the basis on which he or she is paid.
Summary of utilization management programs

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

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

We require prior approval for a small number of services and procedures. For a complete list, go to healthpartners.com/uofmres or call Member Services. You must call CareCheck® at 952-883-5800 or 1-800-942-4872 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.

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 approved member representative when the member is unable to give consent or authorization) for release of personal information. We give members access to their own information consistent with applicable law and standards. Our policies and practices support appropriate and effective use of information, internally and externally, and enable us to serve and improve the health of our members, our patients and the community, while being sensitive to privacy. For a copy of our privacy notice, please visit healthpartners.com/uofmres or call Member Services at 952-883-7500 or 1-866-270-5434. Please contact your provider for a copy of the HealthPartners privacy notice.

Appropriate use and coverage of prescription medications

We provide our members with coverage for high quality, safe and cost-effective medications. To help us do this, we use:

- A preferred list of prescription drugs 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 drug interactions.

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

Services not covered

After you enroll, you will receive plan materials that explain exact coverage terms and conditions. This plan does not cover all health care expenses. In general, services not provided or directed by a licensed physician are not covered. The following is a summary of excluded or limited items:

- Treatment, services or procedures which are experimental, investigative or are not medically necessary
- Dental care or oral surgery† *
- Non-rehabilitative chiropractic services
- Eyeglasses, contact lenses, hearing aids and their fittings
- Private-duty nursing; rest, respite and custodial care†
- Cosmetic surgery†
- Vocational rehabilitation; recreational or educational therapy
- Sterilization reversal and artificial conception processes†
- Physical, mental or substance-abuse examinations done for, or ordered by third parties†
- Out-of-network coverage may also exclude preventive health care services

† except as specifically described in your plan materials.
* Dental coverage is provided separately by the University of Minnesota.

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 1-866-270-5434.
Bonus Benefits

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

Emergency Travel Assistance Program

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

Medical Services Available

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

Option to Continue Coverage through COBRA

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

*This is not a part of the HealthPartners benefit.

For More Information

For more information, visit the Office of Student Health Benefits Web site. http://www.shb.umn.edu
Our mission is to improve the health of our members, our patients and the community.

The HealthPartners family of health plans are 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.