



HealthPartners[®]
Empower Individual Health Plan
Summary of Benefits

Your health plan for
choice, control and flexibility



Get affordable, comprehensive healthcare coverage with a HealthPartners Empower individual plan

With HealthPartners, you and your family have coverage for the care you need:

- Preventive care
- Well child exams and immunizations
- Office visits
- Prescription medications
- Emergency care
- Hospital visits
- X-rays and lab work
- And much more

Pair your Empower plan with a Health Savings Account (HSA) for financial control, savings and tax advantages

Contribute to an HSA and use the tax-free funds to pay for your family's qualified healthcare expenses. With an HSA, you get to decide how and when your healthcare dollars are spent.

See the doctors you prefer

As a HealthPartners member, you have the freedom and convenience to seeing the doctors you choose with no need for referrals!

Receive the most benefit from your plan when you see a network provider. Select from more than 565,000 providers and more than 5,000 hospitals nationwide. Finding a network provider is easy. Visit healthpartners.com/individual and use the online provider search or contact us for a CD directory.

Access your healthy discounts and resources

Enjoy healthcare savings and resources available exclusively to HealthPartners members:

- Fitness club discounts
- Savings on exercise classes and sporting equipment
- Eyewear discounts
- Health coaching by phone
- Online health information library and cost calculators
- After-hours nurse advice phone lines

Manage your healthcare online

Create a personal account at healthpartners.com and get secure access to:

- Check your plan benefits
- View claims and Explanation of Benefits (EOB) details
- Get test results
- Track immunization records
- Create a directory of favorite providers
- Schedule appointments

Apply for a HealthPartners plan today

When you're ready to apply for a HealthPartners Empower plan, visit healthpartners.com/individual to apply online or talk to your broker. You can also complete an application and submit via mail or fax.

You must reside in Minnesota to apply for this plan.

Learn about other HealthPartners individual plans

We realize your healthcare needs change over time, and we have other plans to help to meet those needs:

Traditional – comprehensive coverage with a range of deductibles to help you manage your budget

Three for Free – balanced coverage with three free office visits before the deductible

Short Term – affordable, temporary coverage when you need immediate protection

Dental – customizable and budget-friendly plan options

Find help with your questions and decision

We understand that choosing a health plan for you and your family may be confusing. It's important to us that you get the help you need, so we have resources you can use to help make your decision:



Contact our friendly sales consultants Monday – Friday 8 a.m. to 6 p.m.
Call at 952-883-5599 or 1-877-838-4949 or e-mail individualsales@healthpartners.com.



Visit healthpartners.com/individual and try our interactive plan selection tool. We'll ask you a few simple questions and, based on your responses, provide a quick recommendation for a plan we think best meets your needs.

A winning combination: HealthPartners Empower health plan and Health Savings Accounts

The HealthPartners Empower plan provides affordable coverage for the healthcare you need. Because it's a high deductible plan, monthly premiums are generally lower than those of traditional plans.

If you choose to enroll in a tax-deferred Health Savings Account (HSA), you can use it to save money for current or future medical expenses. Every dollar you deposit into your HSA reduces your taxable salary by one dollar. That means you pay less in taxes!

Paired together, this is a smart option that gives you control over your healthcare dollars. However, you may decide to use the Empower plan without opening an HSA.



How does the HealthPartners Empower plan work with a Health Savings Account?

Once you're approved for a HealthPartners Empower individual plan, contact your preferred financial institution (such as a bank or credit union) to open your HSA and begin contributing funds.

How much can you contribute?

Federal law limits how much you can contribute to your HSA each year. Call HealthPartners or check with your broker or financial advisor to learn more.

How do I use an HSA?

Whenever you need medical care, visit any doctor, specialist, clinic or hospital in our large nationwide network – no referrals required!

You pay providers for the care you receive; then use your HSA funds to get reimbursed for the qualified healthcare expenses. HSA dollars are perfect for paying your Empower plan's deductible or coinsurance.

The advantages of an HSA

Tax savings – Reduce your taxable income by contributing to your HSA. Your savings grow tax-free and withdrawals for qualified medical expenses are also tax-free.

Investment – Like an IRA, contributions to your HSA earn tax-free interest and you have a variety of investment options.

Control – You decide how much to contribute and how to spend it.

Flexibility – Use your funds to pay current medical expenses or save for future needs.

Family friendly – Pay expenses for your spouse and dependent children, even if they're not covered by our Empower plan.

Funds are never lost – Carry over unused funds year to year and build savings over time.

Take it with you – The money you save in an HSA is yours. You can take your unused balance with you wherever you go.

Use your HSA to pay for healthcare expenses

Use your HSA to pay for these expenses:

- Routine healthcare: doctor's office visits, X-rays, lab work, prescriptions
- Hospital expenses: room and board, surgery, supplies
- Dental care: cleaning, fillings, crowns, X-rays
- Vision care: eye exams, eyeglasses, contacts
- Copays and coinsurance (the portions of medical bills paid by you, not the health plan)

HSA funds can also be used for alternative or preventive treatments not normally covered by health plans:

- LASIK surgery
- Braces
- Hearing aids
- Over-the-counter drugs
- Tobacco cessation programs
- Chiropractic services
- Long term care insurance

For a detailed list of medical expenses that qualify for HSA coverage, visit [irs.gov](https://www.irs.gov).



Snapshot — How one family uses their HealthPartners Empower plan and HSA

Bob and Sara Anderson are married and have one daughter, Emma.

The Andersons' Empower plan has a family deductible of \$2,800. Bob and Sara contribute \$2,000 into their HSA every year – about \$170 per month.

Year 1

The Andersons spend about \$1,000 in healthcare. They use their HSA funds to pay for the qualified expenses. Because their medical expenses are less than their HSA balance, the extra funds are carried over to the next year.

Year 2

Emma has her tonsils removed, which is a \$3,000 expense. In addition, they incur \$1,500 in other healthcare spending. This totals \$4,500 in annual expenses.

The Andersons use their HSA to cover their \$2,800 deductible. Then, HealthPartners pays 80 percent of the remaining \$1,700 (\$1,360) and Bob and Sara pay their 20% coinsurance (\$340) using their HSA.

Year 3

The Andersons have \$860 left in HSA funds that carry over from the previous year.

Year 1	Expense Activity	HSA Balance
	Anderson contribution	\$2,000
	Healthcare expenses paid from HSA	\$1,000
	Year-end	\$1,000
Year 2	Expense Activity	HSA Balance
	Roll over from Year 1	\$1,000
	Anderson contribution - \$2,000	\$3,000
	Emma's tonsils	\$3,000
	Other healthcare expenses	\$1,500
	Family deductible paid from HSA	\$2,800
	HSA balance after deductible	\$1,200
	Remaining expenses to be paid	\$1,700
	HealthPartners 80% coverage	\$1,360
	Andersons 20% coinsurance paid from HSA	\$340
	HSA balance after coinsurance	\$860
Year 3	Expense Activity	HSA Balance
	Roll over from Year 2	\$860

Note: This is an example. Your actual plan benefit details and HSA contribution may vary.

Summary of Benefits

The following is a brief summary of the HealthPartners Empower individual coverage. For a detailed description of terms and conditions, refer to a HealthPartners Insurance Certificate or call 952-883-5599 or 1-877-838-4949.

80% Plan Options			100% Plan Options	
	Deductible	Out-of-pocket maximum	Deductible	Out-of-pocket maximum
Individual Calendar year deductible Out-of-pocket maximum	\$1,200	\$2,400	\$2,600	\$2,600
	\$1,400	\$2,800	\$3,100	\$3,100
	\$1,600	\$3,200	\$5,000	\$5,000
	\$2,000	\$4,000	\$5,600	\$5,600
	\$2,300	\$4,600		
Family Calendar year deductible Out-of-pocket maximum	\$2,400	\$4,800	\$5,200	\$5,200
	\$2,800	\$5,600	\$6,200	\$6,200
	\$3,200	\$6,400	\$10,000	\$10,000
	\$4,000	\$8,000	\$11,200	\$11,200
	\$4,600	\$9,200		
Preventive care - Routine physicals and eye exams	100% up to \$200 maximum per year (no deductible), then 80%		100% up to \$200 maximum per year (no deductible), then 100%	
Office visits - Illness or injury - Chiropractic care - Mental healthcare - Chemical healthcare Emergency and urgent care Inpatient and outpatient hospital care Outpatient MRI and CT Laboratory services Prescription medications Physical, occupational and speech therapy Behavioral healthcare Durable medical equipment	80% after deductible until out-of-pocket maximum is reached, then 100%		100% after deductible	
Home healthcare	80% after deductible, maximum of 120 visits per year		100% after deductible, maximum of 120 visits per year	
Well child services to age 6; immunizations to age 18 Prenatal care	100% (no deductible)		100% (no deductible)	
Maternity - Labor and delivery - Postnatal care	No coverage for the first 18 months. Beginning with the 19th month of coverage: 80% after deductible.		No coverage for the first 18 months. Beginning with the 19th month of coverage: 100% after deductible.	
	Deductible	Out-of-pocket maximum	Deductible	Out-of-pocket maximum
Individual Out-of-network Calendar year deductible Out-of-pocket maximum	\$2,400	No maximum	\$5,200	No maximum
	\$2,800		\$6,200	
	\$3,200		\$10,000	
	\$4,000		\$11,200	
	\$4,600			
Family Out-of-network Calendar year deductible Out-of-pocket maximum	\$4,800	No maximum	\$10,400	No maximum
	\$5,600		\$12,400	
	\$6,400		\$20,000	
	\$8,000		\$22,400	
	\$9,200			
Out of Network coverage	40% after deductible is met		50% after deductible is met	
Lifetime maximum per person In and out-of-network	\$5 million			



Three simple steps to apply for a HealthPartners individual health plan

1. Choose a deductible that fits your needs and budget.

A deductible is the amount that you pay upfront each year. If you choose coverage for your family, a family deductible applies. Once you have paid the deductible amount in medical expenses each year, HealthPartners pays 80 percent to 100 percent of expenses. Generally, higher deductible plans have lower monthly premiums.

If you're not sure which deductible is right for you and your family, contact HealthPartners. We're here to help you understand your options.

2. Complete an application online, via mail or fax or talk to your broker.

Visit healthpartners.com/individual for details.

It's helpful to have the following information handy while you complete your application:

- Current and previous health insurance information
- Doctor's contact information
- Information about your health history and medications
- Payment information (payment for your first month's premium is due with your application)

3. Learn about the review process.

Applications for the HealthPartners Empower individual plan are reviewed by our underwriters, and you will be notified of a decision in one to two weeks. A decision on your application may take longer if additional medical information is needed. For full details on the application process, visit healthpartners.com/individual.



Your health. Your partner.SM

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Important Information on HealthPartners Individual Health Plans

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 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.

Some providers are paid a “salary” with a possible additional payment made based on performance criteria such as quality of care and patient satisfaction measures.

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:

Withhold arrangements are sometimes used to pay primary care, specialty, referral or hospital providers who furnish services to members. The provider usually receives all or a portion of the withheld amount based on performance of agreed upon criteria, which may include patient satisfaction levels, quality of care and/or care management measures along with the financial performance of HealthPartners. Certain factors are measured to determine if the provider has satisfied the withhold criteria, such as patient satisfaction, survey results and compliance with industry standards for preventative services, clinical guidelines and care management.

Sometimes the amount of the withhold that the provider receives is based upon "cost targets" for care expenses. If total care costs are less than the cost target, all or a portion of the withheld amount is returned to the provider after the end of the year. Such cost targets include "stop-loss" protections which reduce the chance that treating patients with costly illnesses will have a direct negative impact on the provider's performance.

A provider may qualify to participate in a bonus program and receive additional payment if the provider meets certain performance criteria. Generally, these performance criteria are similar to the withhold criteria described above.

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,” for each day or according to the number of days the patient spent in the facility.

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. Please check with your individual provider if you wish to know the basis on which he or she is paid.

Please Note: Enrolling in this plan doesn't guarantee services by a particular provider. If you wish to be certain of receiving care from a specific doctor, you should contact that doctor to ask whether or not the doctor is still a HealthPartners network provider, and whether or not the doctor is accepting additional patients.

Access to health care services doesn't guarantee access to a particular type of doctor. Please contact Member Services at 952-883-7000 or 1-866-443-9352 for specific information about access to different types of doctors.

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 or call Member Services at 952-883-5000 or 1-800-883-2177. Please contact your provider for a copy of the HealthPartners privacy notice.

Our mission is to improve the health of our members, our patients and the community.