



HealthPartners[®]
Short Term Health Plan

Summary of Benefits

Affordable, temporary coverage
when you need immediate protection



The HealthPartners Short Term Health Plan provides temporary health care coverage when you need it.

The plan gives you the freedom of choice and instant protection at a low cost. You enjoy access to

our more than 470,000 providers and 4,800 hospitals nationwide, and there are no referrals to see a specialist.

Plan options present flexibility and affordability

Choose from three lengths of time and four deductible amounts to create a plan that fits your needs. Generally, higher deductible plans have lower monthly premium rates.

HealthPartners gives you the affordable coverage you need

This plan offers you peace of mind in the event of a medical emergency. Our coverage includes:

- Office visits for illness or injury
- Prescription drugs (some drug categories, such as contraceptives, weight loss, sleep aids, tobacco cessation and drugs prescribed to treat a pre-existing condition, are not covered; refer to a Certificate of Coverage for more details)
- Emergency and urgent care
- Ambulance services
- Hospitalization
- X-rays and lab work

Short term coverage does not cover pre-existing conditions; physical, occupational and speech therapy; childbirth; transplants; mental health; preventive care (except as required per mandates); and some other services – refer to a Certificate of Coverage for more information.

A pre-existing condition is, with respect to coverage, any injury, illness or condition for which the insured(s) has received medical treatment, care, advice or diagnosis, symptoms or a manifestation before the effective date of the coverage.

The HealthPartners Short Term Health Plan is great coverage to have while your application for a long term individual plan is being processed.

Simple enrollment for peace of mind

Getting short term health coverage is easy.

Complete and return the brief enrollment form that is included in your packet or download a form at healthpartners.com/individual.

Our friendly consultants are available to help you complete the form and answer your questions. Call our sales experts at 952-883-5600 or 800-247-7015 between 8 a.m. and 6 p.m. Monday – Friday.

Healthy discounts to keep you well

With HealthPartners, you can stretch your health care dollar even further. We offer great perks available exclusively to HealthPartners members, including GlobalFit fitness club discounts and savings on exercise equipment, classes, snowboard and ski equipment, spa and wellness services and more. Visit the Healthy Discounts section of healthpartners.com for more details.



We offer other options if your needs change

We realize that your health care needs change over time, and you and your family may need a more permanent solution. HealthPartners also offers affordable and comprehensive individual health

plans designed to accommodate your life. Choose from a wide range of deductible options, including plans that can be paired with a tax-advantaged Health Savings Account.

Visit healthpartners.com/individual for more information.



Summary of Benefits

The following is a brief summary of your Short Term HealthPartners Insurance Company coverage. For a detailed description of terms and conditions, refer to a HealthPartners Insurance Certificate of Coverage or call our friendly and knowledgeable staff at 952-883-5600 or 800-247-7015.

	Plan 1 \$300-80%	Plan 2 \$500-80%	Plan 3 \$1,000-80%	Plan 4 \$2,000-100%
Coverage Lengths Available	30, 60 or 90 days	30, 60 or 90 days	30, 60 or 90 days	30, 60 or 90 days
In Network Deductible (per person)	\$300	\$500	\$1,000	\$2,000
In Network Out of Pocket Maximum (per person)	\$1,500	\$1,500	\$3,000	\$2,000
Office Visits	80% after deductible			100% after deductible
Prescription Drugs (excluding birth control)				
Emergency and Urgent Services				
Inpatient and Outpatient Hospital Care				
Ambulance				
Outpatient MRI and CT				
Laboratory Services				
Home Hospice Services				
Child Health Supervision to age 6				
Immunizations to age 18				
Out of Network Deductible (per person)	\$1,500	\$1,500	\$3,000	\$6,000
Out of Network Out of Pocket Maximum (per person)	No Limit			
Out of Network Coverage	40% after deductible			50% after deductible
Lifetime Maximum (per person)	\$1,000,000			
Health Savings Account Eligible?	No			Yes

Pharmacy Benefit Details

With this plan, you pay in full for your prescription at the pharmacy. When you show your HealthPartners member ID card, you gain the advantage of our contracted discounts at more than 60,000 pharmacies nationwide. If the medication you fill is used to treat a newly diagnosed condition and is not excluded per the terms of your contract, you can submit your pharmacy claim for review and application to your deductible. Once the claim is reviewed, and you've reached your deductible, you will receive a reimbursement check.



A step by step guide on how to enroll in and use the HealthPartners Short Term Health Plan

- 1.** Choose the length of coverage and deductible amount you need.
- 2.** Complete and return the brief enrollment form, along with your full payment (see premium worksheet to determine the correct amount).
- 3.** Your coverage begins immediately after your application is accepted and we receive your full payment.
- 4.** If you need to find a doctor or hospital, visit **healthpartners.com** or call Member Services to locate a provider in our network.
- 5.** When you visit a provider in our large network, you pay the in network deductible you selected on your application.
- 6.** After you reach your deductible, HealthPartners pays for 80-100% (depending on the coverage you've chosen) of all covered medical expenses. This is known as coinsurance.

Example - Plan Option 1: \$300-80% for 30 days
Qualifying medical bill - \$2,600 for broken arm

You Pay:		HealthPartners Pays:
Plan Premium	\$60	80% coinsurance \$1,840
Deductible	\$300	
20% coinsurance	\$460	
Your total responsibility \$820		
You save \$1,840		

- 7.** If you find that you need longer coverage, you may apply for another short term plan or one of HealthPartners other individual health plans. Visit **healthpartners.com/individual** for more information.



Your health. Your partner.™

8170 33rd Avenue South
P.O. Box 1309
Bloomington, MN 55425

healthpartners.com



Important Information on the HealthPartners Short Term Health Plan

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.

HealthPartners Short Term Health Plan

Underwritten by HealthPartners Insurance Company



Rates and Premium Worksheet

Use this worksheet to calculate your premium rates and submit your payment with your application for a HealthPartners Short Term Health Plan. Turn this page over to see rates.

Rates for this plan are based on age, where you live, the deductible you choose and how long you need coverage. If you are a single adult applicant, use the tables on the back of this page to find your rate.

Covering a spouse or dependents?

To calculate a family premium, use the tables on the back of this page to find rates for you and an adult spouse. Add in rates for any child dependent(s) ages 90 days to 25 years old. Premiums are charged for a maximum of three children per family, and only one plan and coverage term is allowed per family. If you are buying the plan on behalf of a child, ages 90 days to 18 years only, use the 90 days to 18 age rate for the oldest child. Any additional children will be charged the dependent child rate.

Important

If anyone has a birthday during the length of your coverage, and it moves him/her into a different age bracket, you will need to adjust your premium amount accordingly. For help, call HealthPartners Individual Sales at 952-883-5599 or 1-877-838-4949 between 8 a.m. and 6 p.m. Monday-Friday.

HealthPartners requires full payment at the time of application, including a \$20 non-refundable application fee. If you do not include full payment, your application will be returned to you. If you are ineligible for coverage, your entire payment will be returned to you.

Applicant Information

Applicant Rate		\$	_____
Spouse Rate		\$	_____
Dependent Child Rate	Child 1	\$	_____
	Child 2	\$	_____
	Child 3	\$	_____
Application Fee		\$	\$20.00
Total Premium and Application Fee		\$	_____

Choose your method of payment

_____ Charge my credit card for the Total Premium and Application Fee.

_____ Visa _____ MasterCard _____ American Express _____ Discover

Card Number _____

Exp. Date _____ / _____

Signature _____

_____ I have enclosed a check for the Total Premium and Application Fee.

If you submit payment in the form of a paper check, it will be converted to an e-check. An e-check is a one-time electronic withdrawal from your checking account. Your paper check will be securely destroyed after it has been processed. If you would like to opt out of an e-check payment, please contact HealthPartners Sales for more information about other payment options and questions.

Return this premium worksheet with your Short Term Health Plan enrollment form.

The HealthPartners family of health plans are underwritten and administered by HealthPartners, Inc., Group Health, Inc. or HealthPartners Administrators, Inc.

Age	30 Days			
	\$300 - 80%	\$500 - 80%	\$1,000 - 80%	\$2,000 - 100%
90 Days - 18	\$71.13	\$53.75	\$43.15	\$36.46
19 - 24	\$65.86	\$49.77	\$39.95	\$33.76
25 - 29	\$65.86	\$49.77	\$39.95	\$33.76
30 - 34	\$73.69	\$55.79	\$44.92	\$37.96
35 - 39	\$77.11	\$58.29	\$46.99	\$39.71
40 - 44	\$86.91	\$66.16	\$53.48	\$45.19
45 - 49	\$110.41	\$84.22	\$68.40	\$57.80
50 - 54	\$148.59	\$113.74	\$92.78	\$78.40
55 - 59	\$189.72	\$145.77	\$119.23	\$100.75
60 - 64	\$197.58	\$149.31	\$119.85	\$101.28
1 Child	\$53.87	\$41.82	\$34.53	\$29.18
2 Children	\$107.74	\$83.64	\$69.06	\$58.36
3+ Children	\$161.61	\$125.46	\$103.59	\$87.54

Age	60 Days			
	\$300 - 80%	\$500 - 80%	\$1,000 - 80%	\$2,000 - 100%
90 Days - 18	\$142.26	\$107.50	\$86.30	\$72.92
19 - 24	\$131.72	\$99.54	\$79.90	\$67.52
25 - 29	\$131.72	\$99.54	\$79.90	\$67.52
30 - 34	\$147.38	\$111.58	\$89.84	\$75.92
35 - 39	\$154.22	\$116.58	\$93.98	\$79.42
40 - 44	\$173.82	\$132.32	\$106.96	\$90.38
45 - 49	\$220.82	\$168.44	\$136.80	\$115.60
50 - 54	\$297.18	\$227.48	\$185.56	\$156.80
55 - 59	\$379.44	\$291.54	\$238.46	\$201.50
60 - 64	\$395.16	\$298.62	\$239.70	\$202.56
1 Child	\$107.74	\$83.64	\$69.06	\$58.36
2 Children	\$215.48	\$167.28	\$138.12	\$116.72
3+ Children	\$323.22	\$250.92	\$207.18	\$175.08

Age	90 Days			
	\$300 - 80%	\$500 - 80%	\$1,000 - 80%	\$2,000 - 100%
90 Days - 18	\$213.39	\$161.25	\$129.45	\$109.38
19 - 24	\$197.58	\$149.31	\$119.85	\$101.28
25 - 29	\$197.58	\$149.31	\$119.85	\$101.28
30 - 34	\$221.07	\$167.37	\$134.76	\$113.88
35 - 39	\$231.33	\$174.87	\$140.97	\$119.13
40 - 44	\$260.73	\$198.48	\$160.44	\$135.57
45 - 49	\$331.23	\$252.66	\$205.20	\$173.40
50 - 54	\$445.77	\$341.22	\$278.34	\$235.20
55 - 59	\$569.16	\$437.31	\$357.69	\$302.25
60 - 64	\$592.74	\$447.93	\$359.55	\$303.84
1 Child	\$161.61	\$125.46	\$103.59	\$87.54
2 Children	\$323.22	\$250.92	\$207.18	\$175.08
3+ Children	\$484.83	\$376.38	\$310.77	\$262.62

Plans include chemical dependency coverage.

Rates are subject to change.