



Plans for a healthier you

HealthPartners® PeakSM plans.
For individuals and families in the
Twin Cities who buy their own insurance.

If you live in the Twin Cities or St. Cloud area and want to save money, Peak plans are the perfect choice. You'll have a smaller network of top care providers at HealthPartners and Park Nicollet family of care clinics and hospitals.

We're here for you if you have questions!

We're committed to answering your questions and helping you understand your options. We can also help you check if you qualify for a tax credit to help pay for your health insurance.

Call us at **952-883-5599** or **877-838-4949**,
8 a.m. to 6 p.m., Monday through Friday.
Or email us at individualsales@healthpartners.com.



Getting care with the Peak network



The Peak network of doctors, clinics, hospitals and pharmacies gives you lower costs without sacrificing quality.

What is the Peak network?

The Peak network is metro-based and includes Park Nicollet and HealthPartners doctors, clinics and hospitals, and a select group of independent doctors, clinics and hospitals. It is designed to provide top-notch care options for those living in the Twin Cities metro area and St. Cloud.

It includes any HealthPartners family of care clinic or hospital, like:

- Amery Hospital & Clinic
- Hudson Hospital & Clinic
- Lakeview Hospital
- Methodist Hospital
- North Suburban Family Physicians
- Park Nicollet Clinic
- Physicians Neck & Back Center
- Regions Hospital
- Riverway Clinic
- Stillwater Medical Group
- Westfields Hospital & Clinic

It also includes other top-notch providers, like:

- Burnsville Family Physicians
- CentraCare Health
- Entira Family Health Clinics
- Lakeview Clinic
- Northwest Family Physicians

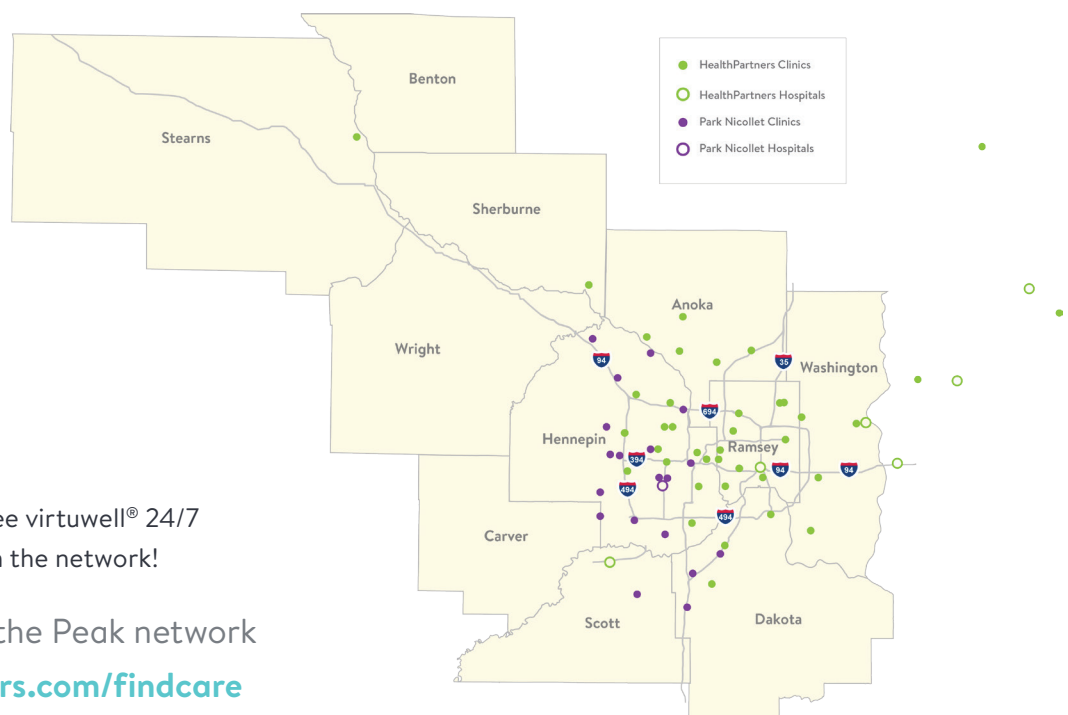
And remember, you get unlimited* free virtuwell® 24/7 online clinic visits, which are always in the network!

When you need care, search the Peak network 24/7 by visiting healthpartners.com/findcare or call Member Services.

How can I find covered care?

When you need care, finding the right doctor, clinic or hospital is important. It's easier than ever to search the Peak network:

- Visit healthpartners.com/findcare to search for a network doctor, or clinic/hospital.
- **Call Member Services.** Once you're a member, call the number on the back of your member ID card for help finding a network provider.
- **myHealthPartners.** Members can manage their health plan with their online account, like search for providers and compare costs.
- **myHP app.** You'll have access to your plan information, your member ID card and can search the network for care providers.



*Excludes Catastrophic plan and HSA-qualified plans

Common health insurance words



We get it. Insurance terms can be confusing. Here are a few definitions to help you choose your health plan.

Calendar year deductible. This is what you pay before your plan starts paying.

- **Per person and family maximum.** Under every family deductible, or family maximum, is the per person deductible. Sometimes you might need more medical care than other members of your family. That's okay. Once you reach your per person deductible, your plan will start paying for more of your care. Your plan will start paying for the whole family when the family maximum deductible has been met.

Calendar year out-of-pocket maximum. This is the most you'll pay for your care in a calendar year. Once you've paid enough to hit your plan's out-of-pocket maximum, your plan will pay 100 percent of any other covered care you have for the rest of the year. This amount doesn't include the premiums (or rate) you pay for insurance.

Coinsurance. This is what you pay after your deductible is met. It's listed as a percentage. If you have 80 percent coinsurance, you pay 20 percent of the total cost.

Copay. The amount you pay for a medical service, like going to the doctor. It's usually listed as a flat amount such as \$30 for each office visit. Not all plans have copays, so make sure to check out the Summary of Benefits tables in this book.

Formulary. This is a list of medicines covered by your plan. You'll pay a lower copay or coinsurance for your medicines if they're on the formulary. The Peak plan formulary is GenericsAdvantageRx. Learn more in the folder you received with this book.

Network and out-of-network. If your doctor, clinic or hospital is in-network, he or she is covered by your plan. If they're out-of-network, you'll usually pay more when you get care. Out-of-network care doesn't count toward your in network out-of-pocket maximum. The benefits you see in this book are for in-network care.

Premium or rate. This is what you pay each month for your health coverage. The following factors are considered for you and any dependents on the plan: where you live, your age and whether you use tobacco.

Choosing your plan



You have a variety of plan options. Metal levels are an easy way to compare them.

PeakSM Gold plan

Perfect if:

- You expect your family to visit the doctor six or more times per person, per year.
- You're comfortable paying a higher monthly premium and want lower costs when you get care.

And you want:

- Unlimited copays for convenience care and office visits.
- Generic medicines with copays for as low as \$5. Find your medicine on the formulary to see how much you'll pay.
- Unlimited free virtuwell® visits. You'll feel better faster with this 24/7 online clinic.

PeakSM Silver plans

Perfect if:

- You expect your family to visit the doctor less than six times per person, per year.
- You'd rather pay a higher premium each month and less when you get care.

And you want:

- Unlimited free virtuwell® visits. You'll feel better faster with this 24/7 online clinic.
- Three primary care office visits per year for a copay.
- Convenience care at CVS Minute Clinic or Target Clinic for the low cost of your copay.

PeakSM Bronze plan

Perfect if:

- You and your family are pretty healthy and you don't expect to visit the doctor much. You want protection against major illnesses or accidents.
- You'd rather pay a lower monthly premium and more when you get care.

And you want:

- Unlimited free virtuwell® visits. You'll feel better faster with this 24/7 online clinic.

PeakSM Catastrophic plan


Perfect if:


- You're 18 to 29 years old or have an Affordability or Hardship Certificate of Exemption. Find the form at healthpartners.com/peak.
- You're very healthy and only need protection against major illnesses or accidents.
- You'd rather pay a little each month and higher costs when you receive care.

And you want:

- Three primary care office visits per year for just a copay.
- To use your three visits at virtuwell® for free. The 24/7 online clinic will take care of you from the comfort of your home.



 What you pay each month (premium)

 What you pay for care (deductible copay)

You, in control of your health plan



Your health plan with an optional savings account for your medical costs.

Peak HSA plans

PeakSM HSA plans give you the option to set up a Health Savings Account (HSA). An HSA is a special savings account used only for medical costs. You decide how much to contribute and how to spend it. Plus, the money you save in an HSA rolls over year after year. The money is yours to keep even if you change plans.

Here are a few other benefits of an HSA plan:

- **Tax savings.** Reduce your taxable income. Your deposits, savings and withdrawals are all pre-tax.
- **Flexibility.** Use your funds to pay current eligible medical expenses or save for future needs.
- **Family friendly.** Use your account to pay for things like braces, eyewear and more.

Perfect if:

- You want a bronze or silver level plan.
- You're great at managing your finances and want to save money on your taxes.

And you want:

- Choices. You'll have two deductible options. Whether you're expecting a lot of trips to the doctor or just a few, you have the power to choose what fits your life.

PeakSM Gold plan Summary of Benefits



BENEFIT	PEAK GOLD PLAN
Calendar year deductible <ul style="list-style-type: none"> This is what you pay before your plan starts paying 	Peak \$1000 w/Copay Gold \$1,000 per person \$2,000 family maximum Out of network: \$10,000 per person, \$20,000 family maximum
Coinsurance <ul style="list-style-type: none"> This is what you pay after your deductible is met 	You pay 20% Out of network: You pay 50%
Calendar year out-of-pocket maximum <ul style="list-style-type: none"> You'll never have to pay more than this amount 	\$7,000 per person \$14,000 family maximum Out of network: No maximum
Preventive care <ul style="list-style-type: none"> Includes checkups and immunizations for you and your family to stay healthy 	You pay nothing
Convenience care and office visits* <ul style="list-style-type: none"> Illness or injury Urgent care 	Unlimited number of visits per person, per year have a copay: \$10 office visits primary care \$30 specialty care \$5 convenience care \$30 urgent care
Behavioral health <ul style="list-style-type: none"> Mental health and chemical health services 	Unlimited number of visits per person, per year have a copay: \$10 office visit
virtuwell® <ul style="list-style-type: none"> Online treatment for everyday medical conditions like colds, coughs, ear pain, pink eye and more 	Unlimited free visits
Emergency room visits	You pay 20% after deductible
Prescription medicines	\$5 low cost generic formulary \$25 high cost generic formulary You pay 20% after deductible for Brand formulary
Laboratory services	You pay nothing
Inpatient and outpatient hospital care Outpatient MRI and CT Durable medical equipment	You pay 20% after deductible
Maternity	

* Copays for convenience care (such as CVS Minute Clinic® or Target Clinic®) and office visits do not apply towards the deductible. See the Peak Rate Guide for more information on eligibility and pricing. Remember that you will get the highest benefit level and lowest out-of-pocket costs when you see a network provider for your care. For other deductible options and out-of-network costs and deductibles, please contact Individual Sales.

PeakSM Silver plans Summary of Benefits



BENEFIT	PEAK SILVER PLANS	
	Peak \$2200 Plus Silver	Peak \$3500 Plus Silver
Calendar year deductible <ul style="list-style-type: none"> This is what you pay before your plan starts paying 	\$2,200 per person \$4,400 family maximum Out of network: \$10,000 per person, \$20,000 family maximum	\$3,500 per person \$7,000 family maximum Out of network: \$10,000 per person, \$20,000 family maximum
Coinsurance <ul style="list-style-type: none"> This is what you pay after your deductible is met 	You pay 25% Out of network: You pay 50%	You pay 15% Out of network: You pay 50%
Calendar year out-of-pocket maximum <ul style="list-style-type: none"> You'll never have to pay more than this amount 	\$7,150 per person \$14,300 family maximum Out of network: No maximum	\$7,150 per person \$14,300 family maximum Out of network: No maximum
Preventive care <ul style="list-style-type: none"> Includes checkups and immunizations for you and your family to stay healthy 	You pay nothing	You pay nothing
Convenience care and office visits* <ul style="list-style-type: none"> Illness or injury Urgent care 	First three visits per person, per year have a copay:** \$30 office visits \$15 convenience care \$30 urgent care Then you pay 25% after deductible	First three visits per person, per year have a copay:** \$30 office visits \$15 convenience care \$30 urgent care Then you pay 15% after deductible
Behavioral health <ul style="list-style-type: none"> Mental health and chemical health services Please note, a total of three visits per person, per year for office visits, convenience care and behavioral health	First three visits per person, per year have a copay:** \$30 office visit Then you pay 25% after deductible	First three visits per person, per year have a copay:** \$30 office visits Then you pay 15% after deductible
virtuwell® <ul style="list-style-type: none"> Online treatment for everyday medical conditions like colds, coughs, ear pain, pink eye and more 	Unlimited free visits	Unlimited free visits
Emergency room visits	You pay \$250 for your first visit each year* Then you pay 25% after deductible for additional visits	You pay \$250 for your first visit each year* Then you pay 15% after deductible for additional visits
Prescription medicines	\$12 generic formulary You pay 25% after deductible for Brand formulary	\$12 generic formulary You pay 15% after deductible for Brand formulary
Laboratory services		
Inpatient and outpatient hospital care Outpatient MRI and CT Durable medical equipment	You pay 25% after deductible	You pay 15% after deductible
Maternity		

* Copays for convenience care (such as CVS Minute Clinic® or Target Clinic®), office visits and emergency room visits do not apply towards the deductible. See the Peak Rate Guide for more information on eligibility and pricing. Remember that you will get the highest benefit level and lowest out-of-pocket costs when you see a network provider for your care. For other deductible options and out-of-network costs and deductibles, please contact Individual Sales.

**A total of three visits per person, per year between office visits, convenience care and behavioral health.

PeakSM Bronze plan Summary of Benefits



BENEFIT	PEAK BRONZE PLAN
	Peak \$6850 Plus Bronze
Calendar year deductible <ul style="list-style-type: none"> This is what you pay before your plan starts paying 	\$6,850 per person \$13,700 family maximum Out of network: \$10,000 per person, \$20,000 family maximum
Coinsurance <ul style="list-style-type: none"> This is what you pay after your deductible is met 	You pay 40% Out of network: You pay 50%
Calendar year out-of-pocket maximum <ul style="list-style-type: none"> You'll never have to pay more than this amount 	\$7,150 per person \$14,300 family maximum Out of network: No maximum
Preventive care <ul style="list-style-type: none"> Includes checkups and immunizations for you and your family to stay healthy 	You pay nothing
Convenience care and office visits* <ul style="list-style-type: none"> Illness or injury Urgent care 	First three visits per person, per year have a copay:** \$50 office visits \$25 convenience care \$50 urgent care Then you pay 40% after deductible
Behavioral health <ul style="list-style-type: none"> Mental health and chemical health services Please note, a total of three visits per person, per year for office visits, convenience care and behavioral health	First three visits per person, per year have a copay:** \$50 office visits Then you pay 40% after deductible
virtuwell® <ul style="list-style-type: none"> Online treatment for everyday medical conditions like colds, coughs, ear pain, pink eye and more 	Unlimited free visits
Emergency room visits	You pay 40% after deductible
Prescription medicines	\$25 generic formulary You pay 40% after deductible for Brand formulary
Laboratory services	You pay 40% after deductible
Inpatient and outpatient hospital care	
Outpatient MRI and CT	
Durable medical equipment	
Maternity	

* Copays for convenience care (such as CVS Minute Clinics® and Target Clinic®) and office visits do not apply towards the deductible. See the Peak Rate Guide for more information on eligibility and pricing. Remember that you will get the highest benefit level and lowest out-of-pocket costs when you see a network provider for your care. For other deductible options and out-of-network costs and deductibles, please contact Individual Sales.

**A total of three visits per person, per year between office visits, convenience care and behavioral health.

PeakSM Catastrophic plan Summary of Benefits



BENEFIT	PEAK CATASTROPHIC PLAN
	Peak \$7150 Catastrophic
Calendar year deductible <ul style="list-style-type: none"> This is what you pay before your plan starts paying 	\$7,150 per person \$14,300 family maximum Out of network: \$10,000 per person, \$20,000 family maximum
Coinsurance <ul style="list-style-type: none"> This is what you pay after your deductible is met 	You pay nothing Out of network: You pay 50%
Calendar year out-of-pocket maximum <ul style="list-style-type: none"> You'll never have to pay more than this amount 	\$7,150 per person \$14,300 family maximum Out of network: No maximum
Preventive care <ul style="list-style-type: none"> Includes checkups and immunizations for you and your family to stay healthy 	You pay nothing
Convenience care and office visits* <ul style="list-style-type: none"> Illness or injury Urgent care 	First three primary care visits per person, per year have a copay: \$30 office visits \$15 convenience care Then you pay nothing after deductible You pay nothing after deductible for urgent care
Behavioral health <ul style="list-style-type: none"> Mental health and chemical health services 	You pay nothing after deductible
virtuwell® <ul style="list-style-type: none"> Online treatment for everyday medical conditions like colds, coughs, ear pain, pink eye and more 	Your first three visits are free Then you pay nothing after deductible
Emergency room visits	You pay nothing after deductible
Prescription medicines	
Laboratory services	
Inpatient and outpatient hospital care Outpatient MRI and CT Durable medical equipment	
Maternity	

You must be 18 to 29 years old or have an Affordability or Hardship Certificate of Exemption to enroll in a catastrophic plan.

* Copays for convenience care (such as CVS Minute Clinic® and Target Clinic®) and office visits do not apply towards the deductible. See the Peak Rate Guide for more information on eligibility and pricing. Remember that you will get the highest benefit level and lowest out-of-pocket costs when you see a network provider for your care. For other deductible options and out-of-network costs and deductibles, please contact Individual Sales.

PeakSM HSA plans

Summary of Benefits



BENEFIT	PEAK HSA PLANS	
	Peak \$3000 HSA Silver	Peak \$6550 HSA Bronze
Calendar year deductible <ul style="list-style-type: none"> This is what you pay before your plan starts paying 	\$3,000 per person \$6,000 family maximum Out of network: \$10,000 per person, \$20,000 family maximum	\$6,550 per person \$13,100 family maximum Out of network: \$10,000 per person, \$20,000 family maximum
Coinsurance <ul style="list-style-type: none"> This is what you pay after your deductible is met 	You pay 15% Out of network: You pay 50%	You pay nothing Out of network: You pay 50%
Calendar year out-of-pocket maximum <ul style="list-style-type: none"> You'll never have to pay more than this amount 	\$6,550 per person \$13,100 family maximum Out of network: No maximum	\$6,550 per person \$13,100 family maximum Out of network: No maximum
Preventive care <ul style="list-style-type: none"> Includes checkups and immunizations for you and your family to stay healthy 	You pay nothing	You pay nothing
Convenience care and office visits <ul style="list-style-type: none"> Illness or injury Urgent care 	You pay 15% after deductible	You pay nothing after deductible
Behavioral health <ul style="list-style-type: none"> Mental health and chemical health services 		
virtuwell[®] <ul style="list-style-type: none"> Online treatment for everyday medical conditions like colds, coughs, ear pain, pink eye and more 	Unlimited free visits after deductible	Unlimited free visits after deductible
Emergency room visits	You pay 15% after deductible	You pay nothing after deductible
Prescription medicines		
Laboratory services		
Inpatient and outpatient hospital care Outpatient MRI and CT Durable medical equipment		
Maternity		

See the Peak Rate Guide for more information on eligibility and pricing. Remember that you will get the highest benefit level and lowest out-of-pocket costs when you see a network provider for your care. For other deductible options and out-of-network costs and deductibles, please contact Individual Sales.

Important Information about HealthPartners Individual plans

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

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 952-967-7540 or 866-232-1166. Please contact your provider for a copy of the HealthPartners privacy notice.

HealthPartners negotiates with some providers to pay discounted rates. In those cases, coinsurance (a specific percentage of the charge) is based on that discounted amount. Copayments (flat amounts specified in advance for categories of service, such as office visits or prescriptions) are based on an aggregate of billed charges for that type of service. Our mission is to improve health and well-being in partnership with our members, patients and community.

This plan is subject to changes required by state and federal law, including changes to maintain a certain actuarial value or metal level. This and other factors may affect changes in premium rates.

To find additional HealthPartners Individual plans, please visit healthpartners.com, mnsure.org or healthcare.gov.

Appropriate use and coverage of prescription medicines

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

- A formulary, which is a preferred list of prescription medicines 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 medicines avoid unintended medicine interactions.

The preferred medicine list is available on healthpartners.com, along with information on how medicines are reviewed, the criteria used to determine which medicines 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 a Membership Contract that explains 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. Services not covered include, but are not limited to:

- Treatment, services or procedures which are experimental, investigative or are not medically necessary
- Adult dental care or oral surgery, including orthognathic[†]
- 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[†]

[†] except as specifically described in your Membership Contract.

READ YOUR MEMBERSHIP CONTRACT CAREFULLY TO DETERMINE WHICH EXPENSES ARE COVERED.

For details about benefits and services, call Member Services at **952-967-7540** or **866-232-1166**.

