

MORE POWER TO YOU



Feel confident and in control when you get care.



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Carleton College



Choosing a plan

Finding the right health plan can feel like a challenge. There's a lot of information to look at, and the terms and language may seem unfamiliar. To get started, ask these questions as you review your options.

WHAT WILL MY COSTS BE?

There are two types of costs you should look at:

1. The premium that comes out of your paycheck.

Your employer will probably charge you a portion of the cost of your health plan. Check with them to see how much the plan will cost you.

2. Your out-of-pocket costs throughout the year.

Out-of-pocket costs usually include your deductible, coinsurance and/or copays. Think about how often you fill a prescription or go to the doctor. How are those services covered?

CAN I KEEP MY DOCTOR AND HOSPITAL?

As a HealthPartners member, chances are your doctor and hospital are in the network. To check, visit healthpartners.com and click *Find a doctor, dentist or specialist*.

HOW ARE MY PRESCRIPTIONS COVERED?

To understand how your prescriptions are covered, there are two things you'll want to check:

1. Is it on the **formulary**? Medicines on the formulary will cost you less.
2. Is it a **brand name** or **generic**? Generic medicines will almost always cost you less.

See how your medicine is covered at healthpartners.com/preferredrx.

WHAT ELSE SHOULD I KNOW?

You can get more from your health plan than you may think. Whether you're dealing with a health condition or looking to get in shape, HealthPartners has programs and discounts you can use.

Looking for your benefits information?

Find it in a separate document called your Summary of Benefits and Coverage (SBC). SBCs include your deductible, office visit costs, cost for medicines and much more. You'll get an SBC for each plan your employer offers.

Use your SBCs with this book to understand your options. To learn more, visit healthpartners.com





Open Access plan (Maize)

ABOUT YOUR PLAN

With HealthPartners® Open Access plan, choose from the doctors in your network, and get care wherever and whenever it's best for you. It's that simple.

You'll also have network access to many services like:

- Convenience and online care
- Specialty care—no referrals needed
- Prescription medicines
- Preventive care

FIND A DOCTOR IN YOUR NETWORK

When it comes to your health care, finding the right doctor is really important. To see if your doctor is in the Open Access network or to find a new one, you can:

- Visit **healthpartners.com** and search the Open Access network. Search for doctors, clinics, by specialty and more.
- Learn how doctors rate on cost and quality.
- Choose from more than 950,000 doctors and other care providers, plus 6,000 hospitals in the United States.

HOW YOUR PLAN WORKS

Learn more about how the Open Access plan works by using this chart with your Summary of Benefits and Coverage (SBC).

YOUR OPEN ACCESS PLAN	
Your network - where can I go to the doctor?	Open Access network - SBC Page 1
Your deductible - if I have a deductible, how much is it?	SBC Page 1
Your annual out-of-pocket limit - what's the most I will pay for health care?	SBC Page 1
Your office visit costs - how much will I pay for office visits?	SBC Page 2
Your tests - how much will I pay for MRIs, CT scans and X-rays?	SBC Page 2
Your emergency needs - how much does it cost to go to urgent care or the emergency room?	SBC Page 3

Plus, routine preventive care is typically covered at 100 percent. Please check Page 2 of your SBC for more details.

Need help with your plan?

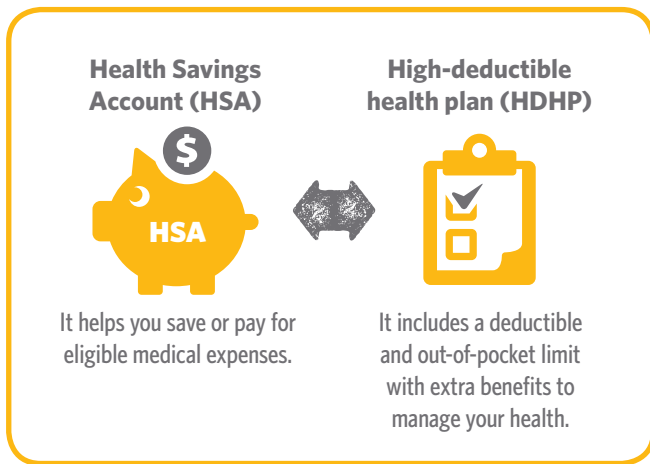
Check out all the helpful tools at healthpartners.com/simple.



Open Access HSA plan: With pharmacy perks (Blue)

ABOUT YOUR PLAN

With HealthPartners® EmpowerSM HSA Rx Plus plan, you'll save money all year long! Not only will you save with lower monthly premiums, but you'll also be covered with a health savings account (HSA) and high-deductible health plan (HDHP). Plus, none of the money you put in your HSA is taxed, saving you even more. You'll also get extra savings on some preventive medicines!



Plus, you have network access to many services like:

- Convenience and online care
- Specialty care—no referrals needed
- Prescription medicines
- Preventive care

HOW YOUR PLAN WORKS

Think of your HSA as a special savings account for medical costs. You can put money into your HSA either through payroll or direct deposits. As this amount grows over time, you can save it or spend it on eligible medical expenses. The money in your HSA is yours to keep, even if you switch jobs.

You can use the money in your HSA to pay for expenses like:

- Plan deductible or coinsurance
- Dental care and braces
- Vision care and LASIK surgery

For medicines listed on our preventive drug list, you only pay the copay! For other medicines, you pay the cost until your deductible is met. Once your deductible is met, your medicines are covered at your coinsurance amount and some non-formulary medicines will be partially covered.

To see if your medicine is on the preventive drug list, visit healthpartners.com/formularies.

YOUR EMPOWER HSA Rx PLUS BENEFITS

Learn more about how the Empower HSA Rx Plus plan works by using this chart with your Summary of Benefits and Coverage (SBC).

YOUR EMPOWER HSA Rx PLUS PLAN	
Your network - where can I go to the doctor?	Open Access Perform network - SBC Page 1
Your deductible - if I have a deductible, how much is it?	SBC Page 1
Your annual out-of-pocket limit - what's the most I will pay for health care?	SBC Page 1
Your office visit costs - how much will I pay for office visits?	SBC Page 2
Your tests - how much will I pay for MRIs, CT scans and X-rays?	SBC Page 2
Your emergency needs - how much does it cost to go to urgent care or the emergency room?	SBC Page 3

Plus, routine preventive care is typically covered at 100 percent. Please check Page 2 of your SBC for more details.

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- Visit **healthpartners.com** and search the Open Access Perform network. Search for doctors, clinics, by specialty and more.
- Learn how doctors rate on cost and quality.
- Choose from more than 950,000 doctors and other care providers, plus 6,000 hospitals in the United States.

Need help with your plan?

Check out all the helpful tools at healthpartners.com/simple.

IRS ANNUAL LIMITS AND CARLETON CONTRIBUTIONS

Who's covered	Annual limits	Carleton contribution	Your maximum contribution
Employee only	\$3,350	\$1,000	\$2,350
Employee + 1	\$6,650	\$2,000	\$4,650
Family	\$6,650	\$2,000	\$4,650

Individuals who are 55 or older may make an additional "catch-up" contribution of \$1,000 in 2015.

Here's an example of how your HSA works:



During your plan year, you put \$1,000 in your HSA. This money is not taxed! Direct deposits are allowed until April 15th of the next year.



Throughout the year, you and your family spend \$400 on medical expenses. You pay your bills using your HSA.



\$600 is left in your HSA at the end of the year.



Next year you deposit another \$1,000 into your HSA. You now have \$1,600 to spend!



If you don't use it all up this year, you can rest easy knowing it will be there for next year.



Is your medicine covered?

IS YOUR PRESCRIPTION COVERED?

You can see if your prescriptions are covered by searching the PreferredRx formulary. A formulary is a list of medicines that are covered by your plan.

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

Infertility, erectile dysfunction and non-sedating antihistamine medicines aren't covered by your plan. H2 blockers and proton pump inhibitors also aren't covered for those age 10 and older.

WHAT IF YOUR MEDICINE ISN'T ON THE LIST?

When you search PreferredRx, medicines will come up with **F** (formulary), **MF** (non-formulary), or **X** (excluded). Excluded drugs aren't eligible to be covered. Depending on your benefits, non-formulary medicines may be covered but cost more than those medicines on the formulary.

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

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

HOW MUCH DO YOU HAVE TO PAY FOR YOUR PRESCRIPTIONS?

The amount you have to pay depends on two things:


1. If your medicine is on the **formulary**
2. Whether it's a **generic** or **brand name** medicine

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

To see what group your medicine is in, use this key when you're searching PreferredRx online.

Generic will be in all lower italics

BRAND, oral contraceptives and Accutane generics will be in all CAPS

Specialty drugs will be shown as  SPECIALTY

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

WHICH PHARMACIES CAN YOU USE?

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

At healthpartners.com/pharmacy you can use the:

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

For help understanding your medicines and saving money on your prescriptions, visit healthpartners.com/pharmacy. Once you're there, log on to your *myHealthPartners* account and select *Email a pharmacist*.



Your questions answered

As a HealthPartners member, you have personal support when you need it. Contact us when you have questions about your coverage or health — we're here to help.

If you have questions about:	Call:	Go online:
<ul style="list-style-type: none"> Your coverage, claims or account balances Finding a doctor, dentist or specialist in your network Finding care when you're away from home Immunizations and paperwork needed for travel 	<p>Member Services Group number: 28110 Monday - Friday, 7 a.m. - 7 p.m., CT Call the number on the back of your Member ID card or 800-883-2177 Español: 866-398-9119 Interpreters are available if you need one.</p>	<p>Log on to healthpartners.com to chat with Member Services</p>
<ul style="list-style-type: none"> Whether you should see a doctor Home treatment options A medicine you're taking 	<p>CareLineSM service — nurse line 24/7, 365 days a year Call 800-551-0859</p>	<p>Visit healthpartners.com/healthlibrary</p>
<ul style="list-style-type: none"> Understanding your health care and benefits How to choose a treatment option 	<p>HealthPartners[®] Nurse Navigator program Monday - Friday, 7 a.m. - 7 p.m., CT Call the Member Services number on the back of your Member ID card.</p>	<p>Visit healthpartners.com/decisionsupport</p>
<ul style="list-style-type: none"> Your pregnancy The contractions you're having Your new baby 	<p>BabyLine phone service 24/7, 365 days a year Call 800-845-9297</p>	<p>Visit healthpartners.com/healthlibrary</p>
<ul style="list-style-type: none"> Finding a mental or chemical health care professional in your network Your behavioral health benefits 	<p>Behavioral Health Navigators Monday - Friday, 8 a.m. - 5 p.m., CT Call 888-638-8787</p>	<p>Log on to healthpartners.com</p>
<ul style="list-style-type: none"> How health care reform might impact you 	<p>Member Services Monday - Friday, 7 a.m. - 7 p.m., CT Call the number on the back of your Member ID card or 800-883-2177 Español: 866-398-9119 Or talk to your employer.</p>	<p>Visit healthpartners.com/reform</p>



Get healthy savings

Want to save money while doing something great for your health? Get special discounts while getting healthy just for being a HealthPartners member! Save on health club memberships and at popular retailers.

FREQUENT FITNESS

Work out 12 days or more each month and you'll save up to \$20 per person on your monthly health club membership. With our growing list of participating locations nationwide, you're sure to find a club near your home or work.

Participating health clubs include:

- Anytime Fitness
- CorePower Yoga
- Curves
- LA Fitness*
- Life Time Fitness
- Snap Fitness
- YMCA and YWCA*
- Local community centers and many more!

HEALTHY DISCOUNTSSM PROGRAM

Use your HealthPartners Member ID card to get discounts at many popular local and national retailers of health and well-being products and services. Discounts include:

- Eyewear
- Fitness and wellness classes
- Healthy eating programs and delivery services
- Recreational equipment
- Spa services
- Swim lessons
- Healthy mom and baby products

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



For your eyes only

Save up to 35 percent on eyeglasses at thousands of retailers including LensCrafters®, Pearle Vision®, Target Optical® and more. Plus, get great deals on contact lenses.

*Not all locations apply. Frequent Fitness program is limited to employees and covered spouses of HealthPartners senior or individual medical plans and members of participating employer groups. Some restrictions apply. Termination of club membership may result in forfeiture of any unpaid incentive. See participating club locations for program details. The information here should not be used as medical advice.



Your guide to well-being

Want to live a healthier life? We can help. As a HealthPartners member, you'll get the tools, support and resources you need to be a healthier, happier you. We'll help you focus on what's important to you.

GET HEALTHY

- **Get one-on-one support.**
 - Sign up with a health coach for help living tobacco free. Call **800-311-1052**.
 - Get advice 24/7 from a nurse. Call our CareLineSM service at **800-551-0859**.
- **Make the right decision for you.**

It can be hard to know which treatment option is best for you. Get help making the right decision based on what's important to you. Just call Member Services at the number on the back of your Member ID card and ask for a Nurse Navigator.
- **Watch, listen and interact online.**

Our virtual coaching can help you eat better, be active and stress less.

STAY HEALTHY

- **Discover the Healthy DiscountsSM program.**

Just for being a HealthPartners member, you'll save on exercise equipment, spa services and more.
- **Stay up-to-date.**

Find out when you and your family are due for vaccines, lab tests, screenings and routine checkups.
- **Get group support.**

Take a class or attend a group session. Topics include asthma, car seat clinics, weight loss and more.

Visit healthpartners.com/healthyliving to check out these tools and more.

KNOW HEALTHY

- **Find information about your health.**

Visit the Health Information Library to search health topics, try out the symptom checker and use other great tools.
- **Discover yumPower.**

Find tasty tips and useful resources to eat better and get power at yumpower.com.
- **Sign up for weekly texts.**

Get helpful tips to help you and your family on your way to better health.

To sign up, text one of the following commands to **77199**:

- **FAMILY** for ideas to support your family's health
- **QUITNOW** for tips to help you quit smoking
- **YUM** for better-for-you eating tips from yumPower

Plus, you can get helpful tips for you and your baby's health. Text **BABY** (or **BEBE** for Spanish) to **511411**.





Using your plan

At home, work or on-the-go, it's easy to manage your health care with *myHealthPartners* online and mobile tools. Here's a guide to help you get started.

CREATE AN ACCOUNT

1. Go to healthpartners.com/signupnow.
2. Under *Get started with a myHealthPartners account*, click on *I have HealthPartners insurance*.
3. Enter your eight-digit Member ID number and date of birth; then click *Continue*.
4. Create a username and password, and enter the email address you'd like tied to your account.
5. Choose three security questions and click *Continue*.
6. Congratulations! You've created a *myHealthPartners* account.

You can also view plan balances on the myHP mobile app! Learn more at healthpartners.com/gomobile.

MANAGE YOUR HEALTH CARE COSTS

It's easy to manage your health care costs and plan for future expenses with your *myHealthPartners* account:

- Track your spending and view what's left in your HSA, HRA or FSA.
- Search for a treatment or procedure, and get cost estimates specific to your plan, benefits and deductible.
- View past claims or explanations of benefits (EOB) with the new *My activity* timeline. You'll get a real-time look at how the care you receive works with your plan.

Learn more about what your *myHealthPartners* account can do for you at healthpartners.com/signupnow.





Your plan made easy

As a HealthPartners member, it's easy to manage your plan and feel confident when you get care. Whatever your preference, you can stay connected—online, on your mobile device or via text.

When you want to:	Find it:
See your benefits and specific plan information	
See your past care including claims, explanations of benefits (EOBs), test results and immunizations	
Check your plan balances, including your deductible, out-of-pocket maximum and more	
Search for doctors in your network or near your current location	
Compare providers and get cost estimates specific to your plan, benefits and deductible when you search	
View your HealthPartners Member ID card and fax it to your doctor's office	
Find tips for getting and staying healthy	



*HealthPartners patients only

CONNECT ONLINE

With a *myHealthPartners* account, your specific benefits, claims and tips for living healthy are just a click away. You'll even get cost saving tips based on your claims! Learn more about what your *myHealthPartners* account can do for you at healthpartners.com/getmyinfo.

CONNECT ON YOUR MOBILE DEVICE

Whether you're at home or on-the-go, your plan information is right at your fingertips. With the *myHP* mobile app and mobile site, using your plan is easy wherever you are. Visit healthpartners.com/gomobile or text **MOBILE** to **77199** to learn more.

TEXT TO CONNECT

Check your plan balances by setting up your mobile phone to get texts from HealthPartners. Go to healthpartners.com and log on to your *myHealthPartners* account to enter your phone number. Once you verify your phone number, text us to get your balance.



Know your care costs

When you choose a health plan, you want to know how much you'll pay for care. With so many options, it can be confusing to know where to go. Use this information to help you get the best care while managing your out-of-pocket costs.

When you need:	Go to:	Average cost:	Average time spent:
Health advice from a nurse. For example, if you have questions about: <ul style="list-style-type: none"> Medicines Cold or cough Upset stomach 	CareLineSM service — Call CareLine 24/7 at 612-339-3663 or 800-551-0859	Free	
Treatment and prescriptions for minor medical issues. For example: <ul style="list-style-type: none"> Sinus infection Yeast and bladder infections Pinkeye 	virtuwell[®] (a 24/7 online clinic) or convenience clinics (found in retail and grocery stores)	\$	
A regular checkup or care for urgent problems during the day. For example: <ul style="list-style-type: none"> Diabetes management Ear infection Strep throat 	Primary care clinics	\$\$	
Care for urgent problems when primary care clinics are closed. For example: <ul style="list-style-type: none"> Cuts that need stitches Possible broken bones Sprains 	Urgent care clinics	\$\$\$	
Help in an emergency. For example: <ul style="list-style-type: none"> Chest pain or shortness of breath Serious cuts and burns Head injury 	Emergency room	\$\$\$\$	



Understand your medicines

When it comes to your prescriptions, it's important to have options that work for you and your wallet. HealthPartners can help with these tips.

FIND THE RIGHT MEDICINE FOR YOU

1. Check interactions

Do you ever wonder how the things you eat and drink might interact with your medicines? Visit healthpartners.com/pharmacy and use the Drug Interaction Checker to see how your medicines interact with each other.

2. Search for medicine information

Visit healthpartners.com/healthlibrary to find all the medicine information you need. Learn how to take your medicine, what it should look like, what to do if you miss a dose and more.

3. Participate in RxCheckup

Are your medicines right for your lifestyle? In a one-on-one appointment with a pharmacist, you'll review your medicines to make sure they're safe, effective and right for you. For more information, visit healthpartners.com/rxcheckup.

Learn more about these tools and ways to save at healthpartners.com/pharmacy. Once you're there, log on to your [myHealthPartners](#) account.

FIND WAYS TO SAVE

1. Use the formulary

Choose the formulary that matches your benefits to see if your medicine is listed. If it isn't, do a quick search to find other options. Formulary medicines are usually less expensive. Just type the name of your medicine and click "Go." Share the list with your doctor to see if you can switch.

2. Choose generics

Generic medicines are just as safe and effective as brand name medicines but cost less. To see if you're taking a generic, look for a "G" next to your medicine when you search the formulary.

3. Calculate your costs

The cost of your medicine depends on the pharmacy you choose. Use HealthPartners Drug Cost Calculator to find the pharmacy with the best price. You can also see if a 30-day or 90-day supply is less expensive.

4. Get your medicines in the mail

Skip the trip to the pharmacy and use myMailRx, HealthPartners Mail Order Pharmacy. Shipping is free and you can save money!

5. Get your questions answered

Let our Pharmacy Navigators help you with pharmacy costs, benefits, changes, formularies and more. Call the Member Services number on the back of your Member ID card and ask to talk to a Pharmacy Navigator.



Healthy living support

Sometimes medical conditions get in the way of what's important to you. It might be work, enjoyment, a sense of control or other things you value. If you're living with a medical condition, we're here to help.

NURSE SUPPORT WHEN YOU NEED IT

Our registered nurses are specially trained to help you focus on what's important to you and help you feel as well as possible. When you work with a nurse, they'll keep your doctor or clinic informed about your condition and any services provided to you.

HOW TO GET STARTED

If you have a medical condition, we'll get in touch with you by mail or phone inviting you to participate in our condition management support. Or you can sign up at healthpartners.com/healthsupport. Partnering with us is free, voluntary and confidential.

TIPS AND RESOURCES FOR YOU

- **By mail**
You may receive resources in the mail with useful information, such as tips on how to best manage your care and where to go for more support.
- **Online**
You can also find helpful information on your health condition, get help making decisions about your health and interact with a virtual coach online.

If you'd like to:	Visit:
Find information on your health condition, helpful topics and tools.	healthpartners.com/healthlibrary
Get help making decisions about your health and find tools to walk you through making a choice that's right for you.	healthpartners.com/decisionsupport
Interact with a virtual coach to achieve your goals.	healthpartners.com/letstalk

Get started today at

healthpartners.com/healthsupport.

You can also call Member Services at

952-883-5000 or **800-883-2177**.

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® 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 authorized member representative when the member is unable to give consent or authorization) for release of personal information. We give members access to their own information consistent with applicable law and standards. Our policies and practices support appropriate and effective use of information, internally and externally, and enable us to serve and improve the health of our members, our patients and the community, while being sensitive to privacy. For a copy of our privacy notice, please visit **healthpartners.com** or call Member Services at 952-883-5000, 800-883-2177.

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 formulary of prescription medications that has been reviewed and approved for coverage based on quality, safety, effectiveness and value.
- A special program that helps members who use many different medications avoid unintended medication interactions.

The formulary is available at **healthpartners.com/pharmacy**, along with information on how medications are reviewed, the criteria used to determine which medications are added to the list and more. You may also get this information from Member Services.

THIS PLAN MAY NOT COVER ALL YOUR HEALTH CARE EXPENSES. READ YOUR PLAN MATERIALS AND SUMMARY OF BENEFITS AND COVERAGE (SBC) CAREFULLY TO DETERMINE WHICH EXPENSES ARE COVERED.

For details about benefits and services, call Member Services at 952-883-5000 or 800-883-2177.

Información sobre reembolso de proveedores para los planes médicos

Nuestro objetivo al reembolsar a los proveedores es brindar atención asequible a nuestros miembros y, al mismo tiempo, fomentar la atención de calidad a través de las mejores prácticas de atención y recompensar a los proveedores por satisfacer las necesidades de nuestros miembros. Se utilizan muchos tipos diferentes de acuerdos de reembolso con los proveedores. Todos están diseñados para alcanzar ese objetivo.

Algunos proveedores reciben “honorarios por servicios”, es decir que los planes de salud pagan al proveedor una cantidad fija determinada según el tipo de servicio prestado por el proveedor.

Algunos proveedores reciben un pago con “descuento”, lo cual significa que hemos negociado una tarifa reducida en nombre de nuestros miembros para pagar las facturas que nos envían los proveedores. Pagamos un porcentaje predeterminado de la factura total de los servicios.

En ocasiones, tenemos acuerdos de “tarifa por caso” con los proveedores, lo cual significa que, para un grupo seleccionado de servicios, el proveedor recibe un honorario fijo, o una “tarifa por caso”, por los servicios necesarios hasta una cantidad máxima de servicios acordada durante un período determinado. En forma alternativa, podemos pagar una “tarifa por caso” a un proveedor por todo el grupo seleccionado de servicios durante un período acordado.

En ocasiones, tenemos acuerdos de “retención” con los proveedores, lo cual significa que una parte del pago del proveedor se reserva hasta el final del año. La conciliación del final del año puede darse de una o varias de las siguientes maneras: en ocasiones, las retenciones se utilizan para pagar a los proveedores de servicios especializados, de remisiones u hospitalarios que prestan servicios a los miembros. Con frecuencia, el proveedor recibe la totalidad o una parte de la retención según el cumplimiento de criterios acordados, que pueden incluir niveles de satisfacción del paciente, calidad de la atención y/o medidas de control de la atención.

Algunos proveedores, generalmente los hospitales, reciben un pago sobre la base del diagnóstico que están tratando; en otras palabras, se les paga un honorario fijo para tratar ciertos tipos de afecciones. En ocasiones, pagamos a los hospitales y demás proveedores institucionales un honorario fijo, o “per diem”, según la cantidad de días que el paciente pasó en el establecimiento.

Algunos proveedores, generalmente los hospitales, reciben un pago de conformidad con las Clasificaciones de pago ambulatorio (Ambulatory Payment Classifications, APC) por los servicios ambulatorios. Esto significa que hemos negociado un nivel de pago según los recursos y la intensidad de los servicios prestados. En otras palabras, se paga a los hospitales un honorario fijo por ciertos tipos de servicios, y ese honorario fijo se basa en los recursos utilizados para prestar ese servicio.

En ocasiones, nuestros acuerdos de reembolso con los proveedores incluyen alguna combinación de los métodos descritos anteriormente. Por ejemplo, podemos pagar una tarifa por caso a un proveedor por un grupo seleccionado de servicios durante un período acordado, o por los servicios necesarios hasta una cantidad máxima de servicios acordada, y pagar honorarios por servicios a dicho proveedor por los servicios que no se prestaron dentro del plazo o que superaron la cantidad máxima de servicios. Asimismo, a pesar de que podemos pagarle a un proveedor, como una clínica médica, utilizando un tipo de método de reembolso, esa clínica puede pagar a los proveedores que ellos emplean con otro tipo de método de reembolso.

Verifique con su proveedor individual si desea conocer la base sobre la que se le paga.