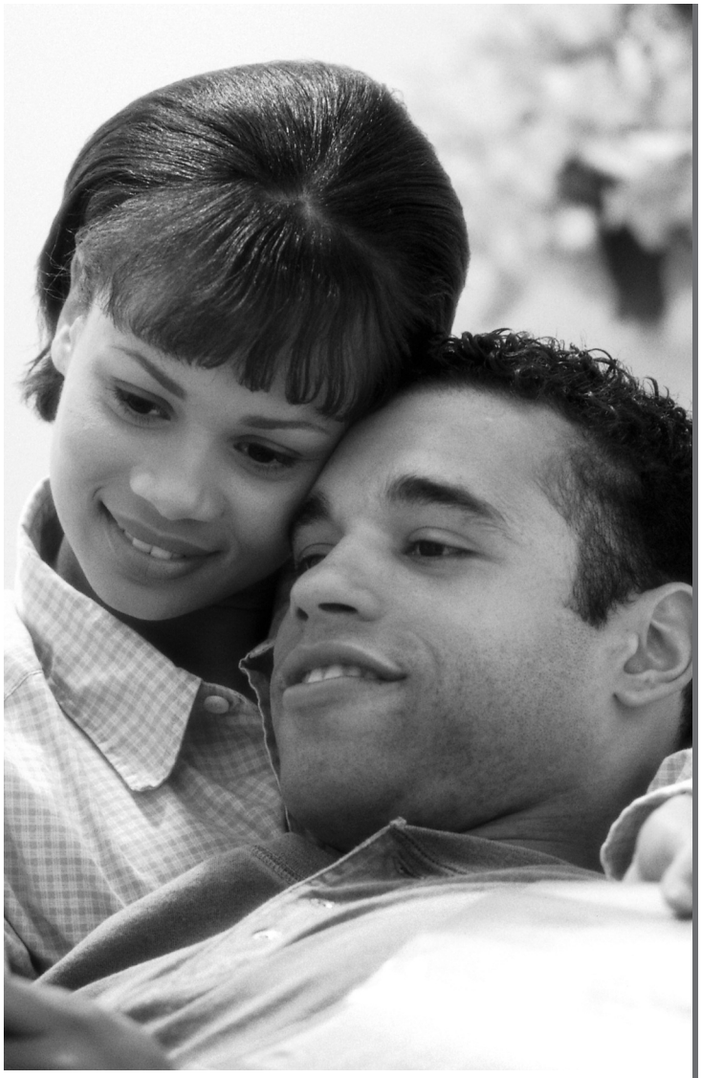

5. COVERAGE, BENEFITS, SERVICES AND COPAYMENTS

Coverage for adult members includes certain benefit limits, and copayments for some services. Copayments are your out-of-pocket cost, and are due at the time services are provided.

As soon as possible, but no later than ninety (90) days after the effective date of change, Health Partners will mail members notification of changes to state or federal laws that will or could potentially impact their benefits.

Health Partners Benefit Summary

The chart starting on the next page gives you a quick look at many of the benefits covered by Health Partners, including any limits or copayments that may apply. The remainder of this chapter gives you more details about many of the benefits and services available to you.

HEALTH PARTNERS BENEFIT SUMMARY

Benefit	Adults	Copay	Children (under 21, except as noted)
Primary Care Provider (PCP) (Physician/ Certified Registered Nurse Practitioner)/Clinic	No limits	$0	No limits
Behavioral Health	Coverage provided by your county Behavioral Health Managed Care Organization (see section 7 for contact information)		Coverage provided by your county Behavioral Health Managed Care Organization (see section 7 for contact information)
Chiropractor Services	No limits	$1	No limits
Dental Care Services	Diagnostic, preventive, restorative and surgical dental procedures, prosthodontics and sedation have no limits; exams/cleanings once every 180 days; dentures 1 per lifetime; crowns, periodontics and endodontics covered only through an approved benefit limit exception (see Dental area of this section for more details)	$0	Diagnostic, preventive, restorative and surgical dental procedures, prosthodontics and sedation have no limits; exams/ cleanings once every 180 days; dentures 1 per lifetime; braces require prior authorization; crowns, periodontics and endodontics covered only through an approved benefit limit exception (see Dental area of this section for more details)
Durable Medical Equipment	No limits; prior authorization over $500	$0	No limits; prior authorization over $500
Emergency Room and Ambulance	No limits	$0	No limits
EPSDT Services	Not covered	$0	No limits
Eyewear	Contacts/eyeglasses covered only for aphakia or cataracts: Up to 4 lenses/2 frames per calendar year	$0	Contacts and eyeglasses covered, up to 4 lenses and 2 frames per calendar year
Family Planning Clinic	No limits	$0	No limits
Home Health Care	No limits; prior authorization required	$0	No limits; prior authorization required
Hospital, Inpatient Acute	No limits; prior authorization required	$3 per day up to $21 per stay	No limits
Hospital, Inpatient Rehabilitation	No limits; prior authorization required	$3 per day up to $21 per stay	No limits
Laboratory Services	No limits	$0	No limits
Maternity – Physicians, Certified Nurse Midwives, Birth Centers	No limits	$0	No limits
Medical Supplies	No limits; prior authorization over $500	$0	No limits; prior authorization over $500
Nutritional Supplements	No limits	$0	No limits
Optometrist Services	2 exams per calendar year	$0	2 exams per calendar year
Outpatient Hospital Short Procedure Unit (SPU)/ Outpatient Ambulatory Surgical Center (ASC)	No limits	$3	No limits
Podiatrist Services	No limits	$0	No limits

HEALTH PARTNERS BENEFIT SUMMARY (cont.)			
Benefit	**Adults**	**Copay**	**Children** (under 21, except as noted)
Prescription Drugs (and Diabetic Supplies)	No limits; prior authorization may apply	$1 generic $3 brand	No limits; prior authorization may apply; adult copays apply beginning at age 18
Prosthetics and Orthotics	Low vision aids and eye ocular limited to one per calendar year; prior authorization may apply	$0	No limits; prior authorization may apply
Radiology (including: X-rays, MRIs, CTs)	No limits; prior authorization required for CT/PET/MRI and other high tech services	$1	No limits; prior authorization required for CT/PET/MRI and other high tech services
Renal Dialysis	No limits for outpatient dialysis; initial training for home dialysis limited to 24 sessions per patient per calendar year; backup visits to facility limited to 75 per calendar year	$0	No limits; includes outpatient and in-home dialysis
Respite Care (related to hospice)	5 days covered every 60 certified days; prior authorization required	$0	5 days covered every 60 certified days; prior authorization required
Skilled Nursing Facility	30 days	$0	30 days
Specialist Visits	No limits	$0	No limits
Targeted Case Management-other than Behavioral Health	Limited to individuals identified in the target group	$0	No limits
Therapy: Outpatient Physical/ Occupational/ Speech, Rehabilitative and Habilitative	Only to and from MA covered services No limits: prior authorization required	$0	No limits when provided by a hospital, outpatient clinic or home health provider; prior authorization required
Tobacco Cessation	70 visits per calendar year	$0	No limits
Transportation, Medical (Non-emergency) for trips to and from Medicare-covered services	No limits; requires prior authorization	$0	No limits; requires prior authorization
Extra Benefits from Health Partners			
Acupuncture	20 visits per calendar year	$5	20 visits per calendar year
Fitness	Annual gym membership covered; program requirements apply	$2 for each of first 12 visits for members 18 and older	Annual gym membership covered; program requirements apply; $2 copay for each of first 12 visits for members 18 and older
Weight Watchers®	50 weekly visits covered yearly; program requirements apply	$2 weekly meeting fee	50 weekly visits covered yearly; program requirements apply; $2 weekly meeting fee

Benefit Limits

The benefit limits shown in the above chart do not apply if you are under age 21 or if you are pregnant. Yearly limits begin on January 1 of each year.

Benefit Limit Exceptions

You or your provider can ask Health Partners to approve services above the limit for you. This is called an exception.

An exception to the limit can be granted if:

- You have a serious chronic illness or other serious health condition and without the additional service your life would be in danger; or
- You have a serious chronic illness or other serious chronic condition and without the additional service your health would get much worse; or
- You would need more costly services if the exception is not granted; or
- You would have to go into a nursing home or institution if the exception is not granted.

To ask for an exception, call our Member Relations department.

We will let you know whether or not the exception is granted within the time listed below:

- If you or your provider asks for an exception before you receive the service, you will get a response within 21 days of the date Health Partners gets the request.
- If you or your provider asks for an exception before you receive the service, and your provider tells us you have an urgent need for a quick response, you will get a response within 48 hours of the date and time Health Partners gets the request.
- If you or your provider asks for an exception after you receive the service, you will get a response within 30 days of the date that Health Partners gets the request.

Copays

Copays that members will have to pay for certain items and services are noted in the Benefit Summary chart on the preceding pages.

Members under the age of 18 do not have to pay copays for prescription drugs. Members under the age of 21 do not have to pay copays for covered services, except as noted in the Benefit Summary chart. Members who are pregnant or in nursing homes do not have to pay copays.

Residents of a long term care facility or other medical institution, including intermediate care facilities, do not pay copays.

MA recipients, regardless of age, who qualify for benefits under Title IV-B Foster Care and Title IV-E Foster Care and Adoption Assistance do not pay copays.

No member visiting a PCP will ever have to pay a copay.

Members cannot be denied a prescription if they cannot afford a copayment. If you cannot afford your prescription copayment, please let your pharmacist know. If you have any problems getting your medication from the pharmacist, please contact Member Relations.

Reimbursement

You should almost never have to pay out of pocket for a covered service, except for copays. If you do choose to pay for a service, however, you can request that Health Partners repays you. We can send you a special form to help you give us all the information we need to make a decision about your request. If you have questions or would like to request a form, please call Member Relations. If your request for reimbursement is approved, Health Partners will notify you and send you a reimbursement check.

Wellness Visits

Depending on your age or your family member's age, the number of wellness visits will vary. Below is a table outlining the least number of visits you should have.

Age	Number of Well Visits
0-15 months	Minimum of 7 visits within the first 15 months of life • By 1 month of age • 2-3 months of age 1 visit • 4-5 months of age 1 visit • 6-8 months of age 1 visit • 9-11 months of age 1 visit • 12 months 1 visit • 15 months 1 visit
2-5 years	1 visit each year
6-20 years	1 visit each year
21-64 years	1 visit every 2 years
65 and older	1 visit each year

You can make appointments with your PCP for wellness visits designed to keep you healthy. These include:

- Asthma checkups: It is important if you have asthma to make sure that you are on the right medication to help you prevent asthma episodes. If you are interested, call Member Relations for information on our Healthier You Asthma Disease Management program.
- Shots/Immunizations: Children should have many important shots before age two, in order for the shots to have the most effect. Children should also continue to have booster shots as necessary.
- Diabetes checkups: If you have diabetes, it is important to get a blood test done called HbA1c, which will check the average amount of sugar in your blood over the past 2-3 months. It is also important to have a dilated eye exam and a cholesterol test called an LDL. Call Member Relations for information on our Healthier You Diabetes Disease Management program.
- Regular checkups: It is very important for you and your children to visit your PCP every year, even if you are feeling well (see table on page 8 for recommended time frames). These visits will make sure you stay healthy.

- Advice on healthy eating habits: Ask your doctor about your Body Mass Index (BMI). This may help you determine whether you are at risk for obesity.
- Cancer screenings and testing: There are many important cancer screenings including mammograms and Pap smears for women, prostate screenings for men and colorectal screenings for both men and women, so they can stay healthy and conditions can be treated and diagnosed at an early stage.
- High blood pressure screenings: If you have high blood pressure, make sure you keep your doctor appointments. Your doctor may prescribe medication and give you important information on diet and exercise.
- Early and Periodic Screening Diagnosis and Treatment (EPSDT): For more information about these services for members under the age of 21, see page 28.
- Routine women's health services: including checkups, Pap tests, breast exams and birth control.

Hospitalization

If you need to be put into a hospital, your Health Partners PCP will arrange for you to go to a Health Partners participating hospital and continue to follow your care even if you need other doctors. Services need to be approved by Health Partners.

Outpatient Services

Outpatient services, such as X-rays and laboratory tests, are also covered. Your Health Partners PCP will arrange for these services at one of Health Partners' participating hospitals or outpatient centers.

Home Health Care

If you become sick or hurt, medical care may be available in your home. Health Partners will talk about this with you and your doctor and make sure you get the right care.

Quality Management Program

Health Partners' Quality Management Program monitors and works to improve the care and services you receive as a Health Partners member. This includes the care you receive from our network providers as well as the services we provide as a health plan. In order to make sure that you receive safe, quality health care that is respectful of your cultural needs, we:

- Send out surveys to find out what you think of Health Partners services and our provider network
- Monitor member complaints about meeting access to care requirements
- Provide preventive care services by offering you important health tips based on your age
- Check the credentials of our network providers and those applying to become part of our network

Each year, Health Partners makes information about our Quality Management Program available to our members and providers. For more information about our Quality Management Program, please call Member Relations, or visit the "How the Plan Helps Improve Your Health" section of our Member website at www.HealthPartnersPlans.com.

Healthier YOU Programs

These programs help you manage your healthcare needs. Health Partners sends out educational information concerning specific diseases, pregnancy, weight management and age-based preventive screenings. We also provide phone messages about important healthcare topics.

In addition, care managers are available to work with your doctor and you to help manage your specific healthcare needs through the following Healthier You programs:

- Asthma Program (adults and children)
- Diabetes Program (adults and children)
- Healthy Heart Program (adults)
- Fit Kids Program
- Baby Partners Maternity Care

Interpreter services are available for non-English speaking members enrolled in the Healthier You programs. TTY services are also available for our hearing impaired members.

For more information about these programs, please call our Health Care Management department at 1-866-500-4571 (TTY 711) or visit our website at www.HealthPartnersPlans.com.

Health Partners also has a 24-hour Nurse Advice Line, staffed by registered nurses, available to answer your healthcare questions and concerns. Call the Nurse Advice Line at 1-866-825-6717.

Fit Kids Program

The Fit Kids program provides families with education and support that emphasizes healthy lifestyle choices. This program is for children at risk for developing chronic diseases and for children needing weight management services. The program encourages good nutrition and exercise. Care coordination services are provided by phone by nurses and a registered dietitian. To arrange services, call our dietitian at 215-991-4100 (TTY 711).

Baby Partners Maternity Program

The Baby Partners program is staffed by nurses and social workers who are available to assist mothers throughout their entire pregnancy and after delivery.

Our staff works with your OB/GYN or midwife by answering questions, reminding you about important appointments, and offering healthcare tips.

Care during pregnancy

Prenatal care is the care that you need when you are pregnant. It is important for your health and the health of your unborn child. Even if you have been pregnant before, it is important to go to the doctor or other prenatal care provider regularly during each pregnancy. You should expect to go for prenatal visits between 12 and 15 times before your baby is born. Health Partners covers all of these visits and will help you get to each appointment. Staying with Health Partners (or your existing plan) throughout your pregnancy is usually best for the health of you and your baby.

If you think you are pregnant and need a pregnancy test, see your PCP or a family planning provider. If you are pregnant, you can:

- Call a certified midwife or OB/GYN for an appointment—no referral is needed.

OR

- Call the Baby Partners team to find a certified midwife or OB/GYN that is close to your home. Health Partners' provider network includes both male and female doctors and certified nurse midwives to provide your maternity care.

Care after the birth of your baby — Postpartum care

After the excitement of bringing your baby home, there are still some things to remember so your baby and you stay healthy. You should visit your healthcare provider for a checkup between 21 and 56 days after your baby was delivered.

Baby Partners Benefits

The following benefits are covered for all moms:

- Vitamins
- Hospital stays
- Hospital delivery and nursery care
- Tests recommended by your healthcare provider
- Dental exams
- Home care visits for mom and baby after delivery
- Breast pumps for breastfeeding moms after delivery
- 24-hour breastfeeding helpline at 215-307-6791
- Visits to your OB/GYN or midwife even if he/she leaves the network or if the provider you visit before you are enrolled in Health Partners is not in the network

For more information, call our Baby Partners line at 1-866-500-4571 (TTY 711).

Family Planning Services

Health Partners members can get family planning services through their PCP or any doctor or clinic of their choice, including those not in Health Partners' network. These services may include pregnancy testing, testing and treatment of sexually transmitted diseases, basic birth control supplies, and counseling.
No referral is needed.

Dental Care

Members Under Age 21

Children under the age of 21 are eligible to receive all medically necessary dental services. Your child can go to any dentist that is a part of Health Partners' network. You can find a dentist in your area by using our online provider directory at www.HealthPartnersPlans.com, or by calling Member Relations.

Just select one of these dentists and call the office to make an appointment. Your child does not need a referral for a dental visit. However, your child's PCP may refer children age 2 and above, or as soon as the first tooth has appeared, to a "dental home" as part of their regular EPSDT well-child visits. (A dental home provides care that is comprehensive, coordinated and family-centered. The dentist there will continue to see your child for regular oral care, and will make referrals to other dental specialists when needed.)

Dental services that are covered for children under the age of 21 include the following, when medically necessary:

- Anesthesia
- Checkups
- Cleanings
- Crowns
- Dental emergencies
- Dental surgical procedures
- Dentures
- Extractions (tooth removal)
- Fillings
- Fluoride treatments (These can also be performed by some CRNPs and physicians.)
- Orthodontics (braces)*
- Periodontal services
- Root canals
- Sealants
- X-rays

Your child's PCP may be able to apply fluoride treatments, as well. For more information, just ask your child's PCP.

* If braces were put on before the age of 21, Health Partners will continue to cover services until treatment for braces is completed, or age 23, whichever comes first, as long as the member remains with Health

Partners. If the member changes to another Managed Care Organization (MCO), coverage will be provided by that MCO.

For more information on your child's dental benefits, please call our Member Relations department.

Members Age 21 and Over

Adult members are eligible for the following dental services, when medically necessary:

- Anesthesia
- Checkups
- Cleanings
- Dental emergencies
- Dental surgical procedures
- Dentures
- Extractions (tooth removal)
- Fillings
- X-rays

The following limits apply for adult members for the dental benefits listed above:

- You can get one dental exam and one cleaning every six months by a Health Partners participating dentist.
- In your lifetime, you can get:
  - ◊ One partial upper denture or one full upper denture; and
  - ◊ One partial lower denture or one full lower denture.

— If you got a partial or full upper denture paid by the Medical Assistance program since April 27, 2015, you can get another one only if you get special approval, called a benefit limit exception.

— If you got a partial or full lower denture paid by the Medical Assistance program since April 27, 2015, you can get another one only if you get a benefit limit exception.

Adult members can request a benefit limit exception for additional dental services. If approved, Health Partners will cover these additional dental services for adults:

- Crowns and similar services
- Periodontal services
- Root canals or other endodontic services

These limits do not apply to you if you live in a nursing home or an intermediate care facility.

Dental Benefit Limit Exceptions

You or your dental provider can ask Health Partners to approve services above the limit for you. This is called a benefit limit exception.

An exception to the limit can be granted if:

- You have a serious chronic illness or other serious health condition and without the additional service your life would be in danger; or
- You have a serious chronic illness or other serious chronic condition and without the additional service your health would get much worse; or
- You would need more costly services if the exception is not granted; or
- It would be against federal law for Health Partners to deny the exception.

To ask for a benefit limit exception, call our Member Relations department at 1-800-553-0784 or 215-849-9600 (TTY 711).

We will let you know whether or not the exception is granted within the time listed below:

- If you or your dental provider asks for an exception before you receive the service, you will get a response within 21 days of the date Health Partners gets the request.
- If you or your dental provider asks for an exception before you receive the service, and your provider tells us you have an urgent need for a quick response, you will get a response within 48 hours of the date and time Health Partners gets the request.
- If you or your dental provider asks for an exception after you receive the service, you will get a response within 30 days of the date that Health Partners gets the request.

If you have any questions about your dental benefits or benefit limit exceptions, please call Member Relations anytime.

Vision Benefits

All Members

Health Partners covers two routine eye exams yearly for all members. Just make an appointment with any participating Health Partners vision provider to obtain a routine eye exam.

Members Under Age 21

Health Partners members under the age of 21 have eye care benefits. There is no waiting period. Your basic vision benefit includes two annual vision exams and two pairs of eyeglasses or contact lenses a year. Additional vision exams and replacement eyeglasses can be authorized for you if medically necessary.

You can select from a wide variety of fashionable eyeglass frames from a participating provider.
Your Health Partners basic vision coverage includes:

- Choice of metal or plastic frames
- Choice of plastic or glass lenses
- Oversized lenses
- Fashion and gradient tinting of plastic lenses
- One year breakage warranty on all plan glasses

If you choose a frame that is not on the Health Partners vision plan, Health Partners will cover part of the price for the frame.

If you need eye care, just call Member Relations for help finding a convenient vision care provider. When you call to make an appointment, be sure to tell the office you are a member of Health Partners. Remember to take your membership ID card, ACCESS card, and any other insurance cards with you to the appointment.

If you need eyeglasses or contacts, the eye doctor may be able to fill your eyeglass prescription in the same office. If not, the doctor will write a prescription for you. Take the prescription to an eyewear center that accepts your Health Partners ID card. Call Member Relations for help with finding a convenient vision care provider. Remember to take your membership card, ACCESS card, and the prescription.

If you need special lenses for eye problems such as cataracts, you can see a participating specialist. Additional coverage for eyeglasses and contact lenses is available for members with aphakia or cataracts. Please call Health Partners Member Relations.

Members Age 21 and Over

Health Partners members age 21 and over do not have routine coverage for eyeglasses and contact lenses. Coverage is available, however, for members with aphakia (a condition where the lens of your eye is missing) or cataracts. Please call Member Relations for details.

Under our Diabetic Eyes for Active Living (DEAL) program, diabetic members age 21 and over who see their doctor for a full eye exam are eligible to receive a pair of eyeglasses or prescription contact lenses.

For more information on your vision benefit or if you need help with finding a vision provider, please call our Member Relations department.

Acupuncture

Health Partners covers acupuncture for members 16 and older. No referral is needed to see an acupuncturist within our provider network. Acupuncture has been an important medical treatment in China and other Asian countries for thousands of years. It is now used more frequently in the United States as an alternative to drugs and other treatments for headaches, back or neck pain, and other health issues.

When you go to the acupuncturist, he or she will make a treatment plan just for you. The provider then uses needles or other ways to stimulate specific points in the body. We will cover up to 20 visits a year with a $5 copay for each visit. Members who are pregnant or under age 21 have no copay. To find a licensed acupuncturist in our network, check our online provider directory at www.HealthPartnersPlans.com, or call Member Relations anytime.

Fitness Club Membership

Exercise is a key to staying healthy and feeling good about yourself. That's why Health Partners offers special memberships at participating YMCAs and other fitness centers. To qualify for a year-long membership at a participating center, adult members must complete 12 visits within the first three months. For these visits, a $2 copayment is required. After completing these visits, no copayment is required for the rest of the year. Members under the age of 18 need to complete six visits, and do not have to pay a copay. We cannot grant time extensions to complete required visits.

You must sign a fitness enrollment form during your first visit to the fitness center. You must also follow the rules of the fitness center. You cannot change fitness centers after signing up for this benefit (except members who sign up at a Philadelphia Freedom Valley YMCA may visit any Philadelphia Freedom Valley YMCA). For more information, please call Health Partners' Member Relations department.

Weight Watchers® Benefit

When you're overweight, those extra pounds can contribute to heart disease, high blood pressure and diabetes. And they can also make you unhappy. That's why we want to help you get the weight loss help you need – from Weight Watchers of Philadelphia, Inc. As a Health Partners member, you pay a $2 weekly meeting fee when you enroll in the our Weight Watchers Program and meet program requirements. To qualify, you must (1) attend 10 weekly meetings in a row, and (2) lose at least one pound a month.

As long as you meet these requirements, and remain a plan member in good standing, you can continue for the rest of the benefit year. You are also eligible to earn a supermarket gift card when you continue in the program. For additional information about the program, call our Member Relations department.

You CAN Quit Smoking— We CAN Help

Do you want help to stop smoking?

Health Partners wants to help you, whether this is your first try at quitting or even if you have tried before and started smoking again. Health Partners wants to help you become smoke and tobacco free.

Medicines

- Health Partners pays for medicines that can help you.
- Please see the chart on the next page for a list of quit smoking medications that we cover.

Medicines to help you quit smoking: Health Partners covers many quit smoking products. We do not cover brand name drugs that can be gotten as generics, unless your doctor gets prior authorization (plan approval).

Product	Covered	Prior Authorization Needed?
Gum	Yes	No
Inhaler	Yes	No
Lozenges	Yes	No
Nasal Spray	Yes	No
Patch	Yes	No
Budeprion (generic for Wellbutrin)	Yes	No
Buproban (generic for Zyban)	Yes	No
Buproprion (generic for Wellbutrin and Zyban combination)	Yes	No
Chantix (Varenicline)	Non-Formulary	Yes
Wellbutrin (brand only)	Non-Formulary	Yes
Zyban (brand only)	Non-Formulary	Yes

- To get medicines to help you stop smoking, call your doctor for an appointment.

Counseling Services

- Health Partners staff offer counseling to quit smoking for members in all of our Healthier You programs. This includes members who have asthma, diabetes and heart disease, as well as children and teens who are in our Fit Kids program.
- Health Partners also offers counseling to quit smoking for pregnant women and new moms in our Baby Partners program.
- For more information or to enroll in these programs and get quit smoking counseling, call 1-866-500-4571 (TTY 711).

Help with anxiety, depression or mental health while you are trying to quit

Mental health services are offered by a behavioral health agency in your county, not by Health Partners. Please see "Drug and Alcohol Treatment and Mental Health Services" in section 7 of this handbook for phone numbers for each county.

Health Partners also offers:

- A fitness benefit. Regular exercise can help you reduce anxiety while you quit smoking. See "Fitness Club Membership" in section 5 of this handbook for more information.
- Our Stop Smoking Now brochure with helpful information about quitting. View or download it from the Healthier You section of our website at www.HealthPartnersPlans.com, or call Member Relations anytime to request a copy.
- Additional information and links to other online resources on our website, www.HealthPartnersPlans.com.

Even if medicine or counseling did not work before, that doesn't mean they will never work for you.

The Pennsylvania Department of Health also wants you to succeed in your quit attempt. That's why they created the Pennsylvania Free Quitline. If you are considering quitting smoking, call the Pennsylvania Free Quitline today at 1-877-724-1090.

Remember: People often try to quit several times before they succeed. Just because you have tried before, does not mean it isn't time to try again.

Education Classes

Health Partners has educational classes. Most are offered right in your community and at our community outreach office. Classes include health-related computer classes addressing diabetes and asthma. We also offer health and wellness classes about nutrition, exercise and how to have a healthy pregnancy. For information about how to participate in a class, call our Member Relations department.

Prescriptions

If you have questions about your eligibility for prescriptions, need help finding a pharmacy, or would like a complete list of participating pharmacies, call our Member Relations department. We are here to help you 24 hours a day, seven days a week.

The Health Partners Provider Directory also contains a list of participating pharmacies. To access the online Provider Directory, visit our website at www.HealthPartnersPlans.com, go to the Members section and click on "Find a Doctor." If you need assistance, please contact Member Relations.

If you need medicine, your PCP or specialist will write a prescription. Simply take the prescription slip to one of the more than 1,000 area pharmacies (drug stores) that fill Health Partners prescriptions. Your prescription will be filled if the prescription is covered under your pharmacy benefit. Depending on your category, you may be charged a copayment for your prescription (see section on copayments, page 15).

If you are asked to pay a copayment for your prescription and think you should not have to, please contact the Member Relations department from the pharmacy for assistance. If the pharmacist tries to charge you for a prescription, please ask him/her to contact Health Partners.

All Health Partners members under the age of 18 are eligible for full pharmacy services at no charge.

Formulary

Health Partners has a formulary. A formulary is a list of medicines that a health plan approves for use. Your doctor uses our formulary when choosing medicines for you. The formulary contains two kinds of drugs: brand name drugs and generic drugs. Generic drugs contain the same active ingredients as brand name drugs. Since they work the same way as the brand name drugs, you can be assured that these drugs are high quality and safe for you to take.

If the medicine your doctor wants to use is not part of the formulary, he or she can make a request through the medical exception or prior authorization process. Your doctor will need to send a prior authorization request to Health Partners' Pharmacy department. Health Partners has easy-to-use Prior Authorization forms located under the provider section on the Health Partners website.

The prior authorization request must explain why you need the medicine and why formulary alternatives (if available) cannot be used. Health Partners will review your doctor's request and make a decision within 24 hours of receiving the request.

If your doctor makes his/her request for Health Partners' approval after you have already taken the prescription to the pharmacy, Health Partners, while reviewing the request, will in most cases cover a 5-day supply of the medicine if you have not already been taking the medicine, and a 15-day supply if you have already been taking the medicine.

We will let you and your doctor know whether we will approve the medicine for you. If we deny your doctor's request, you have the right to file a complaint or grievance. Since new drugs and treatments are put into use all the time, Health Partners will make changes to the formulary as needed.

If you would like a copy of Health Partners' formulary, please call our Member Relations department or visit our website at www.HealthPartnersPlans.com, go to the "Members" section and click on "Drug Formulary."

Over-the-Counter Items

Sometimes your PCP may say you or your children need to have over-the-counter items. Your PCP will give you a prescription to take to the pharmacy for these items. There may be a copayment if the item is covered under your pharmacy benefit.

Over-the-counter items covered under your pharmacy benefit include items such as:

- Cough medicines
- Sinus/allergy medicines
- Tylenol or aspirin
- Vitamins

What's Not Covered

There are some healthcare services that are not covered by Health Partners. In most cases Health Partners does not cover healthcare services that are not included in your Medical Assistance benefit package, and will not pay for these services. If you choose to receive these services, you will be responsible for paying for them. You can get more information about your Medical Assistance benefit package by calling Member Relations or contacting your caseworker at your County Assistance Office.

Services and situations not covered by Health Partners include the following:

- All experimental procedures
- Any service that is not ordered by an appropriate Health Partners provider (including your PCP, specialist, dentist or vision care provider), except for emergency situations, family planning visits and prescription drugs; (note, however, that prescriptions must be issued by an appropriately licensed healthcare professional who is not on the federal list of excluded providers).

- Cosmetic surgery such as face lifts, tummy tucks or nose jobs
- Home modifications
- Infertility services
- Medications for hair loss, weight loss, and erectile dysfunction
- Paternity testing
- Services offered and covered by other programs, such as Worker's Compensation or Veterans Administration
- Services provided outside the United States and its territories, with limited exceptions in Canada, Mexico and U.S. territorial waters
- Skilled nursing and home health for members over age 21

If you are not sure if a particular service is covered by Health Partners, it is important to check with your PCP or Health Partners' Member Relations department.