

The Essentials



Patient Choice

Plan Year 2010

Life is full of choices.

FROM THE COFFEE SHOP TO THE DOCTOR'S OFFICE, WE'RE ALL FACED WITH DECISIONS—SOME BIG, SOME SMALL—THAT TOGETHER AFFECT OUR QUALITY OF LIFE. MAKING THE RIGHT DECISION INVOLVES THOUGHT, INFORMATION AND GOOD JUDGMENT—ESPECIALLY WHEN THE DECISION IS IMPORTANT TO OUR LIVES. CHOOSING A HEALTH CARE PROVIDER IS PERHAPS ONE OF THE MOST IMPORTANT LIFE DECISIONS WE MAKE. YET MANY PEOPLE FEEL THEY HAVE NO CHOICE IN HEALTH CARE DECISIONS, AND ALL TOO OFTEN THEY DON'T HAVE THE INFORMATION THEY NEED TO BE A WISE CONSUMER.

Patient Choice helps you make smart choices.



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The Patient Choice Difference

Patient Choice is an innovative health care program that helps you better understand the wide variations that exist in the cost and quality of care. It features a provider network that is tiered based on a variety of performance measures, so you can gauge value and make informed choices about your care.

At Patient Choice, we know how important it is for you to select providers that will meet the unique health needs of you and your family. That's why we offer meaningful information that brings to light differences among provider organizations—differences that:

- allow you to compare.
- enable you to evaluate provider performance and make informed choices.
- help you get excellent care, reasonable costs and healthy results.

WITH PATIENT CHOICE, YOU GAIN:

Provider Organized Care Systems.

In the Patient Choice program, providers organize themselves into patient-focused networks called "Care Systems." Each Care System includes primary care physicians, specialists, hospitals and other health care professionals and facilities; and offers a broad range of covered services.

Care Systems are free to deliver care the way they think is best. That means, decisions about your care are between you and your provider.

Comparative Information.

Choosing a provider is an important and uniquely personal decision. Just as each person has different needs and priorities, each provider has different practice patterns, qualifications and approaches. We offer consumer-friendly information that helps you compare health care providers on a variety of factors, so you can choose those who are right for you.

Cost Options. Using our award-winning "tiering" process*, Care Systems are analyzed on measures of cost and performance; then grouped into low, medium and high cost tiers. Care Systems that manage their patients' care most effectively, and price themselves competitively, are available to you at a lower cost.

A Focus on Quality. Care Systems want to serve you! Working to meet your needs, they focus on the value they deliver by providing quality care at a reasonable price. And delivering care of the highest quality, actually helps them lower costs. For example, getting your care right the first time, and avoiding harmful and costly complications, results in better quality care for you at a lower total cost.

PATIENT CHOICE STANDS APART FROM TRADITIONAL PROGRAMS. HERE'S HOW IT WORKS:

Providers organize themselves into 28 unique Care Systems.

Patient Choice analyzes Care Systems on cost and quality and ranks them into three tiers:
Cost Group I (\$)
Cost Group II (\$\$)
Cost Group III (\$\$\$)

You review comparative information about Care System performance.

You choose a Care System – and contribute less toward the cost of your coverage when choosing a Care System in a lower tier.

Once enrolled, you obtain care from providers that are affiliated with your selected Care System to be eligible for in-network benefits.

*The Patient Choice model was awarded the first Driving Value in Health Care Award in 2006 from the LeapFrog Group and the National Business Coalition on Health.

The choice is yours when you enroll in Patient Choice

When you enroll in a plan that uses the Patient Choice network, you and each of your eligible family members choose a Care System (a network of health care providers and facilities). Each family member is free to select a different Care System.

Your Care System selections are key to you and your family members receiving in-network coverage under your employer-sponsored plan. Services furnished by the health care providers and facilities within your selected Care System are considered “in-network” services, with eligible expenses covered at the in-network benefit level—the highest benefit level available through your employer’s plan.

Services furnished by health care providers and facilities who are not affiliated with your selected Care System are considered “out-of-network” services, with eligible expenses covered at the out-of-network benefit level. Your out-of-pocket cost will always be higher for out-of-network services. See your *Summary Plan Description* or call Customer Service at the number listed in your enrollment material (or on your medical identification card) for more information.

MAKING WISE HEALTH CARE CHOICES

In most cases, each family member will also choose a primary clinic within their selected Care System when they enroll. Your primary clinic is the clinic you’ll visit for most of your general health care needs, such as checkups and other preventive care.

As you begin to make your health care choices, you’ll want to take a close look

at quality, cost and service to determine which health care providers will best serve your needs.


1. Look at Quality

You know you want the best care possible for you and your family. Patient Choice helps you evaluate the quality of care offered by participating Care Systems in a variety of ways.

Care Systems provide Patient Choice with information describing their systems and the programs they have in place to serve their patients. This information is available in the *Provider Directory*, the *Care System Comparison Guide* and online at www.patientchoicehealthcare.com.

On the Patient Choice Web site you’ll also find the latest information about providers in the network. In addition, you can:

- Review information about your physician’s educational background and board certification status.
- Use our “HowWasYourCare” tool to see patient satisfaction ratings.
- Compare detailed information on hospital performance and experience including how they scored on the *Hospital Patient Safety and Quality Survey* sponsored by The Leapfrog Group, a national coalition focused on reducing medical errors.
- Find a wealth of information about each Care System’s capabilities, programs and patient satisfaction results.
- Check out which providers received the Minnesota “Bridges to Excellence” (BTE) rewards. BTE is an employer-led pay-for-performance program that rewards providers who deliver optimal care to their chronically ill patients.



With Patient Choice, providers compete for your business based on the value they deliver.

2. Look at Cost

Health care costs can vary for many reasons; operating expenses, facility costs, supplies, physician and staff salaries, and fees for specialty services are just a few examples.

At Patient Choice, we've collaborated with area health care providers to create a tiered network program that puts you in control.

Care Systems that participate in the Patient Choice program are accountable to you for the cost and quality of the services they provide. To attract and retain your business they must hold down costs and improve quality and service.

Care System Cost Groups

Each year, Patient Choice evaluates Care Systems through a comprehensive tiering process. The process considers each system's quality, pricing and ability to effectively manage their patients' care, relative to their peers. Based on the results, each Care System is placed into one of three cost groups.

The amount you contribute toward the cost of your coverage depends on the cost group assigned to your selected Care System.* Cost group I indicates the lowest cost, cost group II falls in the middle, and cost group III represents higher costs.

The amount you contribute toward your coverage depends on:

- The Care System(s) you and your family choose. When your family members sign up for Care Systems in different cost groups, the highest

cost group choice determines how much you'll contribute toward family coverage for the plan year.*

- How many family members you cover.
- What coverage level you choose (if your employer offers more than one coverage option).

- The amount your employer contributes toward the cost of your coverage.

Check your employer's enrollment material to find specific cost information for your plan.

2010 CARE SYSTEMS FALL INTO THREE COST GROUPS	
Group	Care System
Cost Group I Lowest Cost	<ul style="list-style-type: none"> • Access Quality Care System • Aspen-Quello Care System • CareNorth • Fairview Physician Associates • Fairview Red Wing Health Services • Family HealthServices Minnesota, P.A. • HealthPartners Medical Group & Clinics • Hennepin Faculty Associates • Innovis Health, LLC • Lakeview Health Care System • MeritCare Health System • Minnesota Healthcare Network • North Clinic Care System • Queen of Peace Care System
Cost Group II Mid-range Cost	<ul style="list-style-type: none"> • Abbott Northwestern Care System • Allina Medical Clinic Care System • Children's Physician Network • Midwest Community Providers • North Memorial Care System • Park Nicollet/Methodist Care System • Regional SelectCare System • St. Croix Regional Care System • St. Luke's Care System
Cost Group III Highest Cost	<ul style="list-style-type: none"> • HealthEast Care System • HealthPartners Central Minnesota Clinics • Mayo Clinic Rochester and Mayo Health System • University of Minnesota Physicians Care System

*Note: For varying reasons, not all employers base coverage contributions on cost group differences. See your employer's plan materials for specific information.

The link between cost and quality

It's important to note that cost groups do not necessarily signify higher- or lower-quality care or service. In the Patient Choice program, providers that deliver quality care, make the most effective use of resources and are more cost effective than their peers, can pass along lower costs to the purchasers of health care—you and your employer.

The fact is, poor quality care is costly. Industry experts estimate that poor quality accounts for more than 30 percent of all health care spending. In a recent report analyzing hospital data on care received by Medicare patients, researchers found that thousands of lives—and more than \$1.35 billion in medical costs—could be saved by simply adhering to basic medical treatment guidelines.

Here are just a few ways better quality care can lead to better outcomes and lower cost:

- Keeping patients healthy so they don't need to enter the hospital.
- Avoiding infections and complications when hospitalizations do occur.
- Giving patients with chronic illnesses the tools they need to keep themselves healthy.

Clearly, improvements in health care quality can save money—and lives.

Changing your Care System selection

Flexibility is another important reason to consider the cost group for your selected Care System. You and your family members may change Care Systems up to once a month, as long as the new choice is in the same (or lower)

cost group. Your cost for coverage during the current plan year will remain the same, even if you change to a Care System in a lower cost group.

Here's how the cost group for your selected Care System determines flexibility:

- If you are in cost group I, you may change to any Care System in cost group I.
- If you are in cost group II, you may change to any Care System in cost group I or II.
- If you are in cost group III, you may change to any Care System in any cost group.

Note: Some employers allow for exceptions in the event of a family status change. See your plan documents or contact your Human Resources representative for more information.

3. Look at Service

Only you can determine what is important for you and your family. For some, location and hours are most important. For others, it's a special emphasis on certain types of care. Take a close look at the specifics of each Care System and its affiliated clinics and providers. Here are some questions to consider.

- Are clinics located in convenient areas?
- Are office hours convenient for you?
- Are the physicians and specialists you need available?
- Does the Care System have special expertise with a condition that is important for you?

HOW TO ENROLL

It's easy to enroll in Patient Choice. Just follow these four simple steps:

- 1. Review your employer's enrollment material.** It contains detailed information about the benefits available through your plan and your cost options.
- 2. Choose a Care System.** Review the Patient Choice literature and Web site for information about each Care System to decide where your needs will be best served. If cost is an important part of your decision, be sure to consider the cost group assigned to your Care System. The

cost group may determine the amount you contribute toward the cost of your coverage. Check your enrollment material for specific cost information.

- 3. Identify a primary care clinic.** Choose a clinic that is affiliated with your selected Care System. To complete your enrollment forms, you may need to know the "clinic number" for your chosen clinic. Clinic numbers are listed in the *Patient Choice Provider Directory* available in print and online at www.patientchoicehealthcare.com. You can also call Customer Service for assistance at the telephone number listed in your enrollment materials.

- 4. Complete your enrollment forms.** Be sure to include all of the information requested. Remember, you need to identify a Care System and a primary care clinic within that system for each person enrolling in the plan.

As you make your choices, a variety of resources are available to support your decision-making process. Review the Patient Choice Web site, *Provider Directory* and *Care System Comparison Guide*, for information about patient satisfaction results, quality awards and cost group information. The chart below shows where to go for answers to some commonly asked questions.

COMMONLY ASKED QUESTIONS ABOUT CHOOSING A CARE SYSTEM	INFORMATION SOURCE		
	Provider Directory	patientchoice signature.com	Other
May I see a particular physician?	X	X	
Where are clinics located?	X	X	
What are other consumers saying about a Care System?		X	<i>Care System Comparison Guide</i>
What clinics are open Saturday mornings or weekday evenings?	X	X	
Has my Care System received awards for quality care?	X	X	<i>Care System Comparison Guide</i>
Which cost group does a Care System fall into?	X	X	<i>Care System Comparison Guide</i>
Where do I find providers affiliated with my Care System to make sure I'm incurring costs in-network?	X	X	
What if my needs change? I may move across town and need to change Care Systems. My child may go to college away from home and need access to other providers.			Consider how cost groups may affect your ability to change Care Systems during the year.
What if I have a preference for a particular hospital?	X	X	

www.patientchoicehealthcare.com

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