



*HealthPartners® Freedom Plan (Cost)*  
2010 Medical Summary of Benefits — Minnesota



# Introduction to the Summary of Benefits Report for HealthPartners® Freedom Plan (Cost)

January 1, 2010 – December 31, 2010

STATE OF MINNESOTA

Thank you for your interest in HealthPartners® Freedom Plan (Cost). Our plan is offered by Group Health, Inc./HealthPartners® Freedom Plan, a Medicare Cost Managed Care organization. This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call HealthPartners® Freedom Plan (Cost) and ask for the "Evidence of Coverage."

## YOU HAVE CHOICES IN YOUR HEALTHCARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like HealthPartners® Freedom Plan (Cost). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call HealthPartners® Freedom Plan (Cost) at the numbers listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

## HOW CAN I COMPARE MY OPTIONS?

You can compare HealthPartners® Freedom Plan (Cost) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

## WHERE IS HEALTHPARTNERS® FREEDOM PLAN (COST) AVAILABLE?

The service area for this plan includes: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Douglas, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnommen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Rice, Rock, Roseau, Scott, Sherburne, Sibley, St. Louis, Stearns, Steele, Stevens, Swift, Todd, Traverse, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona, Wright, Yellow Medicine Counties, MN.

You must live in one of these areas to join the plan.

## WHO IS ELIGIBLE TO JOIN HEALTHPARTNERS® FREEDOM PLAN (COST)?

You can join HealthPartners® Freedom Plan (Cost) if you are entitled to Medicare Part A and enrolled in Medicare Part B, and live in the service area.

However, individuals with End Stage Renal Disease generally are not eligible to enroll in HealthPartners® Freedom Plan (Cost) unless they are members of our organization and have been since their dialysis began.

### **CAN I CHOOSE MY DOCTORS?**

HealthPartners® Freedom Plan (Cost) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory or for an up-to-date list visit us at our website. Our customer service number is listed at the end of this introduction.

### **WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?**

You can always choose to go to a doctor outside our network. We may not pay for the services you receive outside of our network, but Medicare will pay for its share of charges it approves. You will be responsible for Medicare Part B deductible and coinsurance.

### **DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?**

HealthPartners® Freedom Plan (Cost) does cover Medicare Part B prescription drugs and offers Medicare Part D prescription drug options.

### **WHAT ARE MY PROTECTIONS IN THIS PLAN?**

All Medicare Cost Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Cost Plan leaves the program,

you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of HealthPartners® Freedom Plan (Cost), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state: Stratis Health at 952-854-3306 or 1-877-STRATIS.

### **WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?**

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact HealthPartners® Freedom Plan (Cost) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have End Stage Renal Disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician’s service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.

- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

## PLAN RATINGS

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on **www.medicare.gov** and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly at toll-free 1-800-233-9645 to obtain a copy of the plan ratings for this plan. TTY/TDD users call 1-800-443-0156.

Please call HealthPartners® Freedom Plan for more information about HealthPartners® Freedom Plan (Cost).

Visit us at **healthpartners.com/medicare** or, call us:

Customer Service hours:

Monday, Tuesday, Wednesday, Thursday, Friday 8 a.m. - 6 p.m. Central

Current members should call toll-free 1-800-233-9645. (TTY/TDD 1-800-443-0156)

Prospective members should call toll-free 1-800-247-7015. (TTY/TDD 1-800-443-0156)

Current members should call locally 952-883-7979. (TTY/TDD 952-883-6060)

Prospective members should call locally 952-883-5601. (TTY/TDD 952-883-6060)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY/TDD users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or visit **www.medicare.gov** on the web.

If you have special needs, this document may be available in other formats.

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
<b>IMPORTANT INFORMATION</b>		
<p>1 - Premium and Other Important Information</p>	<p>In 2009, the monthly Part B premium was \$96.40 and will change for 2010 and the yearly Part B deductible amount was \$135 and will change for 2010.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income. (For 2009, this amount was \$85,000 for singles, \$170,000 for married couples. This amount may change for 2010.)</p> <p>For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY/TDD users should call 1-800-325-0778.</p>	<p>General</p> <p>\$59 monthly plan premium in addition to your monthly Medicare Part B premium.</p>
<p>2 - Doctor and Hospital Choice</p> <p>(For more information, see Emergency - #15 and Urgently Needed Care - #16)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p>In-Network</p> <p>No referral required for network doctors, specialists and hospitals.</p> <p>Out-of-Network</p> <p>Plan covers you when you travel in the U.S.</p> <p>In and Out-of-Network</p> <p>You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services.</p> <p>When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p>

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
<p>General \$90 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$3,000 out-of-pocket limit.</p> <p>There is no limit on cost sharing for the following services:</p> <p>Supplemental Services:</p> <ul style="list-style-type: none"> <li>• Dental Services</li> </ul>	<p>General \$130 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>In-Network \$3,000 out-of-pocket limit.</p> <p>There is no limit on cost sharing for the following services:</p> <p>Supplemental Services:</p> <ul style="list-style-type: none"> <li>• Dental Services</li> </ul>
<p>In-Network No referral required for network doctors, specialists and hospitals.</p> <p>Out-of-Network Plan covers you when you travel in the U.S.</p> <p>In and Out-of-Network You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services.</p> <p>When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p>	<p>In-Network No referral required for network doctors, specialists and hospitals.</p> <p>Out-of-Network Plan covers you when you travel in the U.S.</p> <p>In and Out-of-Network You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services.</p> <p>When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
<b>SUMMARY OF BENEFITS</b>		
<b>INPATIENT CARE</b>		
<p>3 - Inpatient Hospital Care (Includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2009, the amounts for each benefit period were:  Days 1 - 60: \$1,068 deductible  Days 61 - 90: \$267 per day  Days 91 - 150: \$534 per lifetime reserve day</p> <p>These amounts will change for 2010.  Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care.</p> <p>If you go into the hospital after one benefit period has ended, a new benefit period begins.</p> <p>You must pay the inpatient hospital deductible for each benefit period.</p> <p>There is no limit to the number of benefit periods you can have.</p>	<p>In-Network  \$300 copay for each Medicare-covered hospital stay.  Plan covers 90 days each benefit period.</p>

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
<p>In-Network            \$150 copay for each Medicare-covered hospital stay.            \$0 copay for additional hospital days.            No limit to the number of days covered by the plan each benefit period.</p>	<p>In-Network            \$0 copay.            No limit to the number of days covered by the plan each benefit period.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
4 - Inpatient Mental Health Care	Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above). 190 day lifetime limit in a Psychiatric Hospital.	In-Network \$300 copay for each Medicare-covered hospital stay. You get up to 190 days in a Psychiatric Hospital in a lifetime.
5 - Skilled Nursing Facility (SNF) (In a Medicare-certified skilled nursing facility)	In 2009, the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day Days 21 - 100: \$133.50 per day These amounts will change for 2010. 100 days for each benefit period. A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.	In-Network \$0 copay for SNF services. Plan covers up to 100 days each benefit period. 3-day prior hospital stay is required.

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
<p>In-Network            \$150 copay for each Medicare-covered hospital stay.            \$0 copay for additional hospital days.            Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days.</p>	<p>In-Network            \$0 copay.            Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days.</p>
<p>In-Network            \$0 copay for SNF services.            Plan covers up to 100 days each benefit period.            3-day prior hospital stay is required.</p>	<p>In-Network            \$0 copay for SNF services.            Plan covers up to 100 days each benefit period.            3-day prior hospital stay is required.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
6 - Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	In-Network \$0 copay for Medicare-covered home health visits.
7 - Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.
<b>OUTPATIENT CARE</b>		
8 - Doctor Office Visits	20% coinsurance.	In-Network 20% of the cost for each primary care doctor visit for Medicare-covered benefits. 20% of the cost for each in-area, network urgent care Medicare-covered visit. 20% of the cost for each specialist visit for Medicare-covered benefits.
9 - Chiropractic Services	Routine care not covered. 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified provider.	In-Network 20% of the cost for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified provider.

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
<p>In-Network \$0 copay for Medicare-covered home health visits.</p>	<p>In-Network \$0 copay for Medicare-covered home health visits.</p>
<p>General You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>
<p>General See “Physical Exams” for more information.</p> <p>In-Network \$15 copay for each primary care doctor visit for Medicare-covered benefits. \$15 copay for each in-area, network urgent care Medicare-covered visit. \$15 copay for each specialist visit for Medicare-covered benefits.</p>	<p>General See “Physical Exams” for more information.</p> <p>In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits. \$0 copay for each specialist doctor visit for Medicare-covered benefits.</p>
<p>In-Network \$15 copay for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified provider.</p>	<p>In-Network \$0 copay for each Medicare-covered chiropractic visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified provider.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
10 - Podiatry Services	Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	In-Network 20% of the cost for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.
11 - Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	In-Network 20% of the cost for each Medicare-covered individual or group therapy visit.
12 - Outpatient Substance Abuse Care	20% coinsurance.	In-Network 20% of the cost for Medicare-covered individual or group visits.
13 - Outpatient Services/ Surgery	20% coinsurance for the doctor. 20% of outpatient facility charges.	In-Network 20% of the cost for each Medicare-covered ambulatory surgical center visit. 20% of the cost for each Medicare-covered outpatient hospital facility visit.

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
<p>In-Network \$15 copay for each Medicare-covered visit. \$15 copay for each routine visit. Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p>In-Network \$0 copay for each Medicare-covered visit. \$0 copay for each routine visit. Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
<p>In-Network \$15 copay for each Medicare-covered individual therapy visit. \$7.50 copay for each Medicare-covered group therapy visit.</p>	<p>In-Network \$0 copay for Medicare-covered mental health visits.</p>
<p>In-Network \$15 copay for Medicare-covered individual or group visits.</p>	<p>In-Network \$0 copay for Medicare-covered visits.</p>
<p>In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit. \$0 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p>In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit. \$0 copay for each Medicare-covered outpatient hospital facility visit.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
14 - Ambulance Services (Medically necessary ambulance services)	20% coinsurance.	In-Network 20% of the cost for Medicare-covered ambulance benefits.
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor. 20% of facility charge, or a set copay per emergency room visit. You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. NOT covered outside the U.S. except under limited circumstances.	General \$50 copay for Medicare-covered emergency room visits. Not covered outside the U.S. except under limited circumstances. Contact the plan for more details. If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay. NOT covered outside the U.S. except under limited circumstances.	General 20% of the cost for Medicare-covered urgently needed care visits.
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	20% coinsurance.	In-Network 20% of the cost for Medicare-covered occupational therapy visits. 20% of the cost for Medicare-covered physical and/or speech/language therapy visits.

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
<p>In-Network \$0 copay for Medicare-covered ambulance benefits.</p>	<p>In-Network \$0 copay for Medicare-covered ambulance benefits.</p>
<p>General \$50 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit. If you are admitted to the hospital within 24 hour(s) for the same condition, you pay \$0 for the emergency room visit. See Page 28 for additional information about emergency care.</p>	<p>General 0% of the cost for Medicare-covered emergency room visits. Worldwide coverage. If you are immediately admitted to the hospital, you pay \$0 for the emergency room visit. See Page 28 for additional information about emergency care.</p>
<p>General \$15 copay for Medicare-covered urgently needed care visits. 20% of the cost for Medicare-covered urgently needed care visits. See Page 28 for additional information about urgently needed care.</p>	<p>General \$0 copay for Medicare-covered urgent-care visits. See Page 28 for additional information about urgently needed care.</p>
<p>In-Network \$15 copay for Medicare-covered occupational therapy visits. \$15 copay for Medicare-covered physical and/or speech/language therapy visits.</p>	<p>In-Network \$0 copay for Medicare-covered occupational therapy visits. \$0 copay for Medicare-covered physical and/or speech/language therapy visits.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>		
18 - Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	20% coinsurance.	In-Network 20% of the cost for Medicare-covered items.
19 - Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	20% coinsurance.	In-Network 20% of the cost for Medicare-covered items.
20 - Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies (Includes coverage for glucose monitors, test strips, lancets, screening tests and self-management training)	20% coinsurance. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	In-Network 20% of the cost for diabetes self-monitoring training. 20% of the cost for nutrition therapy for diabetes. 20% of the cost for diabetes supplies.

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
In-Network 20% of the cost for Medicare-covered items.	In-Network 20% of the cost for Medicare-covered items.
In-Network 20% of the cost for Medicare-covered items.	In-Network 20% of the cost for Medicare-covered items.
In-Network \$15 copay for diabetes self-monitoring training. \$15 copay for nutrition therapy for diabetes. 20% of the cost for diabetes supplies.	In-Network \$0 copay for diabetes self-monitoring training. \$0 copay for nutrition therapy for diabetes. 20% of the cost for diabetes supplies.

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
21 - Diagnostic Tests, X-Rays, Lab Services and Radiology Services	<p>20% coinsurance for diagnostic tests and x-rays.</p> <p>\$0 copay for Medicare-covered lab services.</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p>In-Network</p> <p>0% of the cost for Medicare-covered lab services.</p> <p>20% of the cost for Medicare-covered diagnostic procedures and tests.</p> <p>0% to 20% of the cost for Medicare-covered x-rays.</p> <p>0% to 20% of the cost for Medicare-covered diagnostic radiology services.</p> <p>0% to 20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>See Page 28 for additional information about diagnostic tests, x-rays, lab services and radiology services.</p>
<b>PREVENTIVE SERVICES</b>		
22 - Bone Mass Measurement (for people with Medicare who are at risk)	<p>20% coinsurance.</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p>In-Network</p> <p>20% of the cost for Medicare-covered bone mass measurement.</p>

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
<p>In-Network \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> <li>- lab services</li> <li>- diagnostic procedures and tests</li> <li>- x-rays</li> <li>- diagnostic radiology services (not including x-rays)</li> <li>- therapeutic radiology services</li> </ul>	<p>In-Network \$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> <li>- lab services</li> <li>- diagnostic procedures and tests</li> <li>- x-rays</li> <li>- diagnostic radiology services (not including x-rays)</li> <li>- therapeutic radiology services</li> </ul>
<p>In-Network \$0 copay for Medicare-covered bone mass measurement.</p>	<p>In-Network \$0 copay for Medicare-covered bone mass measurement.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
23 - Colorectal Screening Exams (for people with Medicare age 50 and older)	20% coinsurance. Covered when you are high risk or when you are age 50 and older.	In-Network \$0 copay for Medicare-covered colorectal screenings.
24 - Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, pneumonia vaccine)	\$0 copay for flu and pneumonia vaccines. 20% coinsurance for Hepatitis B vaccine. You may only need the pneumonia vaccine once in your lifetime. Call your doctor for more information.	In-Network \$0 copay for flu and pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for flu and pneumonia vaccines.
25 - Mammograms (Annual Screening) (for women with Medicare age 40 and older)	20% coinsurance. No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	In-Network \$0 copay for Medicare-covered screening mammograms.
26 - Pap Smears and Pelvic Exams (for women with Medicare)	\$0 copay for Pap smears. Covered once every 2 years. Covered once a year for women with Medicare at high risk. 20% coinsurance for pelvic exams.	In-Network \$0 copay for Medicare-covered Pap smears and pelvic exams.

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
<p>In-Network \$0 copay for Medicare-covered colorectal screenings.</p>	<p>In-Network \$0 copay for Medicare-covered colorectal screenings.</p>
<p>In-Network \$0 copay for flu and pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for flu and pneumonia vaccines. No referral needed for other immunizations. See page 28 for more information about immunizations.</p>	<p>In-Network \$0 copay for flu and pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for flu and pneumonia vaccines. No referral needed for other immunizations. See page 28 for more information about immunizations.</p>
<p>In-Network \$0 copay for Medicare-covered screening mammograms.</p>	<p>In-Network \$0 copay for Medicare-covered screening mammograms.</p>
<p>In-Network \$0 copay for Medicare-covered Pap smears and pelvic exams.</p>	<p>In-Network \$0 copay for Medicare-covered Pap smears and pelvic exams.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
<p>27 - Prostate Cancer Screening Exams (For men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam. \$0 for the PSA test; 20% coinsurance for other related services. Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p>
<p>28 - End Stage Renal Disease</p>	<p>20% coinsurance for renal dialysis. 20% coinsurance for nutritional therapy for End Stage Renal Disease. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>General Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis. In-Network 20% of the cost for renal dialysis. 20% of the cost for nutrition therapy for End Stage Renal Disease.</p>
<p>29 - Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under <b>Medicare Part B</b> General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. Drugs covered under <b>Medicare Part D</b> General This plan does not offer prescription drug coverage. Most drugs not covered.</p>

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p>
<p>General Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p>In-Network \$0 copay for renal dialysis. \$15 copay for nutrition therapy for End Stage Renal Disease.</p>	<p>General Cost plan members pay Fee-for-Service cost sharing for out-of-area dialysis.</p> <p>In-Network \$0 copay for renal dialysis. \$0 copay for nutrition therapy for End Stage Renal Disease.</p>
<p>Drugs covered under <b>Medicare Part B</b> General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under <b>Medicare Part D</b> General This plan does not offer prescription drug coverage. Most drugs not covered. See the enclosed HealthPartners® Freedom Medicare Prescription Drug Plan (Cost) Summary of Benefits for plan options.</p>	<p>Drugs covered under <b>Medicare Part B</b> General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under <b>Medicare Part D</b> General This plan does not offer prescription drug coverage. Most drugs not covered. See the enclosed HealthPartners® Freedom Medicare Prescription Drug Plan (Cost) Summary of Benefits for plan options.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
30 - Dental Services	Preventive dental services (such as cleaning) not covered.	In-Network In general, preventive dental benefits (such as cleaning) not covered. 20% of the cost for Medicare-covered dental benefits.
31 - Hearing Services	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	In-Network In general, routine hearing exams and hearing aids not covered. 20% of the cost for Medicare-covered diagnostic hearing exams.
32 - Vision Services	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk.	In-Network Non-Medicare-covered eye exams and glasses not covered. 20% of the cost for exams to diagnose and treat diseases and conditions of the eye. \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.
33 - Physical Exams	20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage. When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests.	In-Network When you get Medicare Part B, you can get a one-time physical within the first 12 months of your new Part B coverage. The coverage does not include lab tests. Routine exams not covered.

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
<p>In-Network \$0 copay for Medicare-covered dental benefits. \$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> <li>- up to 1 oral exam(s) every year</li> <li>- up to 1 cleaning(s) every year</li> <li>- up to 1 dental x-ray(s) every year</li> </ul>	<p>In-Network \$0 copay for Medicare-covered dental benefits. \$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> <li>- up to 1 oral exam(s) every year</li> <li>- up to 1 cleaning(s) every year</li> <li>- up to 1 dental x-ray(s) every year</li> </ul>
<p>In-Network Hearing aids not covered. \$15 copay for Medicare-covered diagnostic hearing exams. \$0 copay for up to 1 routine hearing test(s) every year.</p>	<p>In-Network Hearing aids not covered. \$0 copay for Medicare-covered diagnostic hearing exams. Up to 1 routine hearing test(s) every year.</p>
<p>In-Network \$15 copay for exams to diagnose and treat diseases and conditions of the eye. \$0 copay for up to 1 routine eye exam(s) every year. \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p>	<p>In-Network \$0 copay for diagnosis and treatment for diseases and conditions of the eye and up to 1 routine eye exam(s) every year. \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p>
<p>In-Network \$0 copay for routine exams. No limit on the number of covered exams.</p>	<p>In-Network \$0 copay for routine exams. No limit on the number of covered exams.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
34 - Health/Wellness Education	Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12 month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance and Part B deductible applies.	In-Network \$0 copay for each Medicare-covered smoking cessation counseling session.
Transportation (Routine)	Not covered.	In-Network This plan does not cover routine transportation.
Acupuncture	Not covered.	In-Network This plan does not cover acupuncture.

**OPTIONAL BENEFITS SUPPLEMENTAL PACKAGE #1**

Premium and Other Important Information		Not available.
Dental Services		Not available.

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
<p>In-Network This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including newsletters</li> <li>- Additional smoking cessation</li> <li>- Health club membership/fitness classes</li> <li>- Nursing hotline</li> </ul> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>	<p>In-Network This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including newsletters</li> <li>- Additional smoking cessation</li> <li>- Health club membership/fitness classes</li> <li>- Nursing hotline</li> </ul> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>
<p>In-Network This plan does not cover routine transportation.</p>	<p>In-Network This plan does not cover routine transportation.</p>
<p>In-Network \$15 copay per visit.</p>	<p>In-Network \$0 copay.</p>
<p>General Package: 1-Freedom Comprehensive Dental Benefit \$36.70 monthly premium, in addition to your \$90 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> <li>-Dental Services</li> </ul> <p>\$1,100 limit every year for these benefits.</p>	<p>General Package: 1-Freedom Comprehensive Dental Benefit \$36.70 monthly premium, in addition to your \$130 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> <li>-Dental Services</li> </ul> <p>\$1,100 limit every year for these benefits.</p>
<p>General Plan offers additional comprehensive dental benefits. In-Network \$1,100 limit for comprehensive dental benefits every year. See page 28 for more information on dental option.</p>	<p>General Plan offers additional comprehensive dental benefits. In-Network \$1,100 limit for comprehensive dental benefits every year. See page 28 for more information on dental option.</p>

## Additional Benefit Information

(for selected Summary of Benefits categories)

### 15 - Emergency Care (p. 14/15)

Plan II: You pay \$50 for each Medicare-covered emergency room visit in the U.S.

You pay 20% outside the U.S.

Plan III: There is no copayment for Medicare-covered emergency room visits in the U.S. You pay 20% outside the U.S.

### 16 - Urgently Needed Care (p. 14/15)

Plan II: You pay \$15 for each Medicare-covered urgently needed care visit in the U.S.

You pay 20% for each urgently needed care visit outside the U.S.

Plan III: There is no copayment for Medicare-covered urgently needed care in the U.S. You pay 20% for each urgently needed care visit outside the U.S.

### 21 - Diagnostic Tests, X-Rays, Lab Services and Radiology Services (p. 18/19)

Plan I: The level of coverage is determined by place of service.

### 24 - Immunizations (p. 20/21)

Plans II, III: Tetanus and diphtheria vaccines every 10 years are covered.

### Optional Supplemental Dental Package (p. 26/27)

Benefit includes 100 percent coverage for preventive and diagnostic care and sealants, and 50 percent coverage for fillings, oral surgery, prosthetics and more. For details, please see the enclosed 2010 HealthPartners Freedom Plan (Cost) Optional Dental Benefit grid.





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