



HealthPartners® Freedom Plan
2010 Prescription Drug Summary of Benefits

Introduction to the Summary of Benefits for HealthPartners® Freedom Medicare Prescription Drug Plan (Cost)

January 1, 2010 – December 31, 2010
STATE OF MINNESOTA

Thank you for your interest in HealthPartners® Freedom Medicare Prescription Drug 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 Medicare Prescription Drug 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 Medicare Prescription Drug Plan (Cost) at the number 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 Medicare Prescription Drug 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 MEDICARE PRESCRIPTION DRUG 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 MEDICARE PRESCRIPTION DRUG PLAN (COST)?

You can join HealthPartners® Freedom Medicare Prescription Drug 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 are generally not eligible to enroll in HealthPartners® Freedom Medicare Prescription Drug Plan (Cost) unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

HealthPartners® Freedom Medicare Prescription Drug 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 Medicare Prescription Drug Plan (Cost) does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

HealthPartners® Freedom Medicare Prescription Drug Plan (Cost) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at

healthpartners.com/partdpharmacy. Our customer service number is listed at the end of this introduction.

HealthPartners® Freedom Medicare Prescription Drug Plan (Cost) has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copay or coinsurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

HealthPartners® Freedom Medicare Prescription Drug Plan (Cost) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our

complete formulary on our website at healthpartners.com/partdpharmacy.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN (COST) COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week;
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your state Medicaid office.

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 Medicare Prescription Drug 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 any 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 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.

As a member of HealthPartners® Freedom Medicare Prescription Drug Plan (Cost), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception

request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. 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 IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact HealthPartners® Freedom Medicare Prescription Drug Plan (Cost) for more details.

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 contact HealthPartners® Freedom Plan for more information about HealthPartners Freedom Medicare Prescription Drug Plan (Cost).

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

Customer Service hours: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday 8 a.m. - 8 p.m. Central

Current members should call toll-free 1-800-233-9645 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 1- 800-443-0156)

Prospective members should call toll-free 1-800-247-7015 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 1-800-443-0156)

Current members should call locally 952-883-7979 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 952-883-6060)

Prospective members should call locally 952-883-5601 for questions related to the Medicare Part D Prescription Drug program. (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	Original Medicare	HealthPartners® Freedom Standard Prescription Drug Plan (Cost) with Medical Plan II
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IMPORTANT INFORMATION PRESCRIPTION DRUGS

<p>This plan offers Medicare Prescription Drug coverage (Part D) as an optional benefit.</p> <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.) 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>\$7.10 monthly premium in addition to your monthly Medicare Part B premium.</p>
<p>2 - 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 Medicare Part B</p> <p>General</p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs</p> <p>Drugs covered under Medicare Part D</p> <p>General</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at healthpartners.com/partdpharmacy on the web..</p>

HealthPartners® Freedom Standard Prescription Drug Plan (Cost) with Medical Plan III	HealthPartners® Freedom Standard Plus Prescription Drug Plan (Cost) with Medical Plan III	HealthPartners® Freedom Enhanced Prescription Drug Plan (Cost) with Medical Plan III
<p>General \$14.60 monthly premium in addition to your monthly Medicare Part B premium.</p>	<p>General \$52.40 monthly premium in addition to your monthly Medicare Part B premium.</p>	<p>General \$167.50 monthly premium in addition to your monthly Medicare Part B premium.</p>
<p>Drugs covered under Medicare Part B General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at healthpartners.com/partdpharmacy on the web.</p>	<p>Drugs covered under Medicare Part B General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at healthpartners.com/partdpharmacy on the web</p>	<p>Drugs covered under Medicare Part B General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D General This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at healthpartners.com/partdpharmacy on the web.</p>

Benefit	Original Medicare	HealthPartners® Freedom Standard Prescription Drug Plan (Cost) with Medical Plan II	HealthPartners® Freedom Standard Prescription Drug Plan (Cost) with Medical Plan III
		<p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e. this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from HealthPartners® Freedom Prescription Drug Plan (Cost) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and HealthPartners Freedom Medicare Prescription Drug Plan (Cost) approves the exception, you will pay formulary Brand cost-sharing for that drug.</p>	<p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e. this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from HealthPartners® Freedom Prescription Drug Plan (Cost) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov.</p> <p>If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and HealthPartners Freedom Medicare Prescription Drug Plan (Cost) approves the exception, you will pay formulary Brand cost-sharing for that drug.</p>

HealthPartners® Freedom Standard Plus Prescription Drug Plan (Cost) with Medical Plan III	HealthPartners® Freedom Enhanced Prescription Drug Plan (Cost) with Medical Plan III
<p>.Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e. this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from HealthPartners® Freedom Prescription Drug Plan (Cost) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and HealthPartners Freedom Medicare Prescription Drug Plan (Cost) approves the exception, you will pay formulary Brand cost-sharing for that drug.</p>	<p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e. this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from HealthPartners® Freedom Prescription Drug Plan (Cost) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on www.medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and HealthPartners Freedom Medicare Prescription Drug Plan (Cost) approves the exception, you will pay formulary Brand cost-sharing for that drug.</p>

Benefit	Original Medicare	HealthPartners® Freedom Standard Prescription Drug Plan (Cost) with Medical Plan II	HealthPartners® Freedom Standard Prescription Drug Plan (Cost) with Medical Plan III
In-Network		\$125 deductible on all drugs except Formulary Generic, Formulary Specialty drugs.	\$100 deductible on all drugs except Formulary Generic, Formulary Specialty drugs.
Initial Coverage		After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,830:	After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,830:
Retail Pharmacy		<p>Formulary Generic</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30 day) supply of drugs in this tier - \$30 copay for a three-month (90 day) supply of drugs in this tier <p>Formulary Brand</p> <ul style="list-style-type: none"> - \$40 copay for a one-month (30 day) supply of drugs in this tier - \$120 copay for a three-month (90 day) supply of drugs in this tier <p>Formulary Specialty</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30 day) supply of drugs in this tier 	<p>Formulary Generic</p> <ul style="list-style-type: none"> - \$9 copay for a one-month (30 day) supply of drugs in this tier - \$27 copay for a three-month (90 day) supply of drugs in this tier <p>Formulary Brand</p> <ul style="list-style-type: none"> - \$40 copay for a one-month (30 day) supply of drugs in this tier - \$120 copay for a three-month (90 day) supply of drugs in this tier <p>Formulary Specialty</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30 day) supply of drugs in this tier
Long Term Care Pharmacy		<p>Formulary Generic</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31 day) supply of drugs in this tier <p>Formulary Brand</p> <ul style="list-style-type: none"> - \$40 copay for a one-month (31 day) supply of drugs in this tier <p>Formulary Specialty</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (31 day) supply of drugs in this tier 	<p>Formulary Generic</p> <ul style="list-style-type: none"> - \$9 copay for a one-month (31 day) supply of drugs in this tier <p>Formulary Brand</p> <ul style="list-style-type: none"> - \$40 copay for a one-month (31 day) supply of drugs in this tier <p>Formulary Specialty</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (31 day) supply of drugs in this tier

HealthPartners® Freedom Standard Plus Prescription Drug Plan (Cost) with Medical Plan III	HealthPartners® Freedom Enhanced Prescription Drug Plan (Cost) with Medical Plan III
\$125 deductible on all drugs except Formulary Generic, Formulary Specialty drugs.	\$125 deductible on all drugs except Formulary Generic, Formulary Specialty drugs.
After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,830:	After you have paid your yearly deductible, you pay the following:
<p>Formulary Generic</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30 day) supply of drugs in this tier - \$30 copay for a three-month (90 day) supply of drugs in this tier <p>Formulary Brand</p> <ul style="list-style-type: none"> - \$40 copay for a one-month (30 day) supply of drugs in this tier - \$120 copay for a three-month (90 day) supply of drugs in this tier <p>Formulary Specialty</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30 day) supply of drugs in this tier 	<p>Formulary Generic</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30 day) supply of drugs in this tier - \$30 copay for a three-month (90 day) supply of drugs in this tier <p>Formulary Brand</p> <ul style="list-style-type: none"> - \$45 copay for a one-month (30 day) supply of drugs in this tier - \$135 copay for a three-month (90 day) supply of drugs in this tier <p>Formulary Specialty</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30 day) supply of drugs in this tier
<p>Formulary Generic</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31 day) supply of drugs in this tier <p>Formulary Brand</p> <ul style="list-style-type: none"> - \$40 copay for a one-month (31 day) supply of drugs in this tier <p>Formulary Specialty</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (31 day) supply of drugs in this tier 	<p>Formulary Generic</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31 day) supply of drugs in this tier <p>Formulary Brand</p> <ul style="list-style-type: none"> - \$45 copay for a one-month (31 day) supply of drugs in this tier <p>Formulary Specialty</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (31 day) supply of drugs in this tier

Benefit	Original Medicare	HealthPartners® Freedom Standard Prescription Drug Plan (Cost) with Medical Plan II	HealthPartners® Freedom Standard Prescription Drug Plan (Cost) with Medical Plan III
Mail Order		<p>Formulary Generic</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - \$20 copay for a three-month (90 day) supply of drugs in this tier from a preferred mail order pharmacy - \$10 copay for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy - \$30 copay for a three-month (90 day) supply of drugs in this tier from a non-preferred mail order pharmacy <p>Formulary Brand</p> <ul style="list-style-type: none"> - \$40 copay for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - \$80 copay for a three-month (90 day) supply of drugs in this tier from a preferred mail order pharmacy - \$40 copay for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy - \$120 copay for a three-month (90 day) supply of drugs in this tier from a non-preferred mail order pharmacy <p>Formulary Specialty</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - 25% coinsurance for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy 	<p>Formulary Generic</p> <ul style="list-style-type: none"> - \$9 copay for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - \$18 copay for a three-month (90 day) supply of drugs in this tier from a preferred mail order pharmacy - \$9 copay for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy - \$27 copay for a three-month (90 day) supply of drugs in this tier from a non-preferred mail order pharmacy <p>Formulary Brand</p> <ul style="list-style-type: none"> - \$40 copay for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - \$80 copay for a three-month (90 day) supply of drugs in this tier from a preferred mail order pharmacy - \$40 copay for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy - \$120 copay for a three-month (90 day) supply of drugs in this tier from a non-preferred mail order pharmacy <p>Formulary Specialty</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - 25% coinsurance for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy

HealthPartners® Freedom Standard Plus Prescription Drug Plan (Cost) with Medical Plan III	HealthPartners® Freedom Enhanced Prescription Drug Plan (Cost) with Medical Plan III
<p>Formulary Generic</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - \$20 copay for a three-month (90 day) supply of drugs in this tier from a preferred mail order pharmacy - \$10 copay for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy - \$30 copay for a three-month (90 day) supply of drugs in this tier from a non-preferred mail order pharmacy <p>Formulary Brand</p> <ul style="list-style-type: none"> - \$40 copay for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - \$80 copay for a three-month (90 day) supply of drugs in this tier from a preferred mail order pharmacy - \$40 copay for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy - \$120 copay for a three-month (90 day) supply of drugs in this tier from a non-preferred mail order pharmacy <p>Formulary Specialty</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - 25% coinsurance for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy 	<p>Formulary Generic</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - \$20 copay for a three-month (90 day) supply of drugs in this tier from a preferred mail order pharmacy - \$10 copay for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy - \$30 copay for a three-month (90 day) supply of drugs in this tier from a non-preferred mail order pharmacy <p>Formulary Brand</p> <ul style="list-style-type: none"> - \$45 copay for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - \$90 copay for a three-month (90 day) supply of drugs in this tier from a preferred mail order pharmacy - \$45 copay for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy - \$135 copay for a three-month (90 day) supply of drugs in this tier from a non-preferred mail order pharmacy <p>Formulary Specialty</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - 25% coinsurance for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy

Benefit	Original Medicare	HealthPartners® Freedom Standard Prescription Drug Plan (Cost) with Medical Plan II	HealthPartners® Freedom Standard Prescription Drug Plan (Cost) with Medical Plan III
Coverage Gap		After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.	After your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.
Catastrophic Coverage		After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of: - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance.	After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of: - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance.

HealthPartners® Freedom Standard Plus Prescription Drug Plan (Cost) with Medical Plan III	HealthPartners® Freedom Enhanced Prescription Drug Plan (Cost) with Medical Plan III
<p>The plan covers many generics (65% - 99% of formulary generic drugs) through the coverage gap. You pay the following:</p> <p>Retail Pharmacy Formulary Generic</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30 day) supply of all drugs covered in this tier - \$30 for a three-month (90 day) supply of all drugs covered in this tier <p>Long Term Care Pharmacy Formulary Generic</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31 day) supply of all drugs covered in this tier <p>Mail Order Pharmacy Formulary Generic</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30 day) supply of all drugs covered in this tier from a preferred mail order pharmacy - \$20 copay for a three-month (90 day) supply of all drugs covered in this tier from a preferred mail order pharmacy - \$10 copay for a one-month (30 day) supply of all drugs in this tier from a non-preferred mail order pharmacy - \$30 copay for a three-month (90 day) supply of all drugs in this tier from a non-preferred mail order pharmacy <p>For all other covered drugs, after your total yearly drug costs reach \$2,830, you pay 100% until your yearly out-of-pocket drug costs reach \$4,550.</p>	<p>The plan covers ALL DRUGS on your formulary through the coverage gap.</p>
<p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance. 	<p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance.

Benefit	Original Medicare	HealthPartners® Freedom Standard Prescription Drug Plan (Cost) with Medical Plan II	HealthPartners® Freedom Standard Prescription Drug Plan (Cost) with Medical Plan III
Out-of-Network		<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from HealthPartners® Freedom Medicare Prescription Drug Plan (Cost).</p>	<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from HealthPartners® Freedom Medicare Prescription Drug Plan (Cost).</p>
Out-of-Network Initial Coverage		<p>After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p>Formulary Generic - \$10 copay for a one-month (30 day) supply of drugs in this tier</p> <p>Formulary Brand - \$40 copay for a one-month (30 day) supply of drugs in this tier</p> <p>Formulary Specialty - 25% coinsurance for a one-month (30 day) supply of drugs in this tier</p>	<p>After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p>Formulary Generic - \$9 copay for a one-month (30 day) supply of drugs in this tier</p> <p>Formulary Brand - \$40 copay for a one-month (30 day) supply of drugs in this tier</p> <p>Formulary Specialty - 25% coinsurance for a one-month (30 day) supply of drugs in this tier</p>

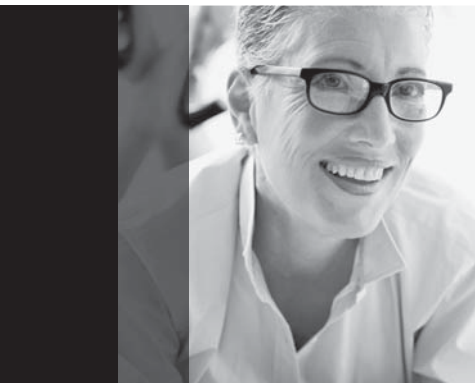
HealthPartners® Freedom Standard Plus Prescription Drug Plan (Cost) with Medical Plan III	HealthPartners® Freedom Enhanced Prescription Drug Plan (Cost) with Medical Plan III
<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from HealthPartners® Freedom Medicare Prescription Drug Plan (Cost).</p>	<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy’s full charge for the drug and submit documentation to receive reimbursement from HealthPartners® Freedom Medicare Prescription Drug Plan (Cost).</p>
<p>After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,830:</p> <p>Formulary Generic</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30 day) supply of drugs in this tier <p>Formulary Brand</p> <ul style="list-style-type: none"> - \$40 copay for a one-month (30 day) supply of drugs in this tier <p>Formulary Specialty</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30 day) supply of drugs in this tier 	<p>After you have paid your yearly deductible, you pay the following:</p> <p>Formulary Generic</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30 day) supply of drugs in this tier <p>Formulary Brand</p> <ul style="list-style-type: none"> - \$45 copay for a one-month (30 day) supply of drugs in this tier <p>Formulary Specialty</p> <ul style="list-style-type: none"> - 25% coinsurance for a one-month (30 day) supply of drugs in this tier

Benefit	Original Medicare	HealthPartners® Freedom Standard Prescription Drug Plan (Cost) with Medical Plan II	HealthPartners® Freedom Standard Prescription Drug Plan (Cost) with Medical Plan III
Out-of-Network Coverage Gap		<p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for the drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by HealthPartners® Freedom Prescription Drug Plan (Cost) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to HealthPartners® Freedom Prescription Drug Plan (Cost) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>	<p>After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy’s full charge for the drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by HealthPartners® Freedom Prescription Drug Plan (Cost) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to HealthPartners® Freedom Prescription Drug Plan (Cost) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p>
Out-of-Network Catastrophic Coverage		<p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance. 	<p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance.

<p align="center">HealthPartners® Freedom Standard Plus Prescription Drug Plan (Cost) with Medical Plans III</p>	<p align="center">HealthPartners® Freedom Enhanced Prescription Drug Plan (Cost) with Medical Plan III</p>
<p>You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Formulary Generic</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30 day) supply of all drugs covered in this tier <p>Formulary Brand</p> <ul style="list-style-type: none"> - After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by HealthPartners® Freedom Prescription Drug Plan (Cost) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to HealthPartners® Freedom Prescription Drug Plan (Cost) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. <p>Formulary Speciality</p> <ul style="list-style-type: none"> - After your total yearly drug costs reach \$2,830, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by HealthPartners® Freedom Prescription Drug Plan (Cost) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to HealthPartners® Freedom Prescription Drug Plan (Cost) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. 	<p>The plan covers ALL DRUGS on your formulary through the coverage gap.</p>
<p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance. 	<p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance.

Notes

Notes



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