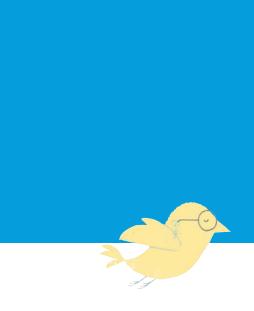
## **HealthPartners®**





## **HealthPartners® Freedom (Cost)**

2012 Plan Options



# Thank you for your interest in HealthPartners and HealthPartners® Freedom (Cost).

We understand you have many options for Medicare coverage. Here's why our members choose HealthPartners:

- » A history of stability. For more than half a century, HealthPartners has set the standard for quality care and service. We are the largest consumer-governed, non-profit health care organization in the United States. Our family of health care companies serves more than 1.25 million members nationwide.
- **» Value you deserve.** Freedom has excellent medical, prescription drug and dental benefits for an affordable price. This is what you should expect from your health plan.
- **Easy access.** We've got premier services and they're easy for you to use. Take advantage of travel coverage, a large network of 32,000 providers, the Silver&Fit® fitness program, a comprehensive drug formulary and other online tools.
- » Top-rated service and care. HealthPartners Freedom has been named the top-rated\* Medicare plan in Minnesota for three years running. In 2011, Freedom received the highest accreditation from the National Committee for Quality Assurance (NCQA) for excelling in 80 standards of care and service.\*\* This is considered the most rigorous and thorough health plan accreditation in the industry. HealthPartners has the only accredited Medicare plan in Minnesota.

As you make your decision, remember there are many ways to get support and information from HealthPartners:

- **» Come to a HealthPartners community meeting.** We regularly schedule gatherings in your community so you can compare and consider your options.
- **» Call us.** Our representatives can answer questions, walk you through enrollment and provide additional information. Call **952-883-5601** or **800-247-7015**, TTY **952-883-6060** or **800-443-0156**. See page 31 for hours of operation.
- **» Browse online.** If you prefer to research on the Web, go to **healthpartners.com/medicare** or email us at **medicaresales@healthpartners.com.**

For questions about your eligibility for Medicare benefits or Original Medicare coverage, you can call **800-MEDICARE** or visit **medicare.gov.** Phone lines are open 24 hours a day, seven days a week. TTY users can call **877-486-2048**.

## We look forward to being your partner in good health!

- \* NCQA's Health Insurance Plan Rankings 2010-11 Private. Released October 18, 2010. HealthPartners is also known as Group Health, Inc.
- \*\* NCQA's Accreditation Survey. Released May 15, 2011.





## **Table of contents**

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# **HealthPartners® Freedom service area for 2012 — Minnesota**

The Freedom plan is available in every county in Minnesota:

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, Mahnomen, 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

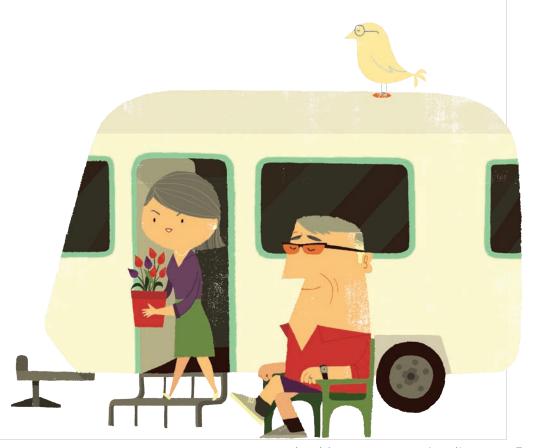
This brochure talks about Minnesota Freedom plan options. We also have a service area in Wisconsin. If you are interested in Wisconsin Freedom plan options, please contact us.



## **Eligibility for HealthPartners® Freedom**

To enroll in Freedom, you must:

- Be enrolled in Medicare Part A and B, or Part B only
- Live in Minnesota
- Not have end-stage renal disease (ESRD)\*



<sup>\*</sup>Some exceptions apply. See Summary of Benefits for details.

# What is a Medicare Cost plan?

A Medicare Cost plan is a private health plan that provides coverage in addition to Original Medicare coverage (Parts A and B).\*

## **Introducing HealthPartners® Freedom**

HealthPartners Freedom offers benefits in addition to those provided by Original Medicare. At HealthPartners, we don't believe one size fits all. You're unique, and we'll help you find a plan to fit your needs and budget.

Choose from four medical plan options, and pair with Part D prescription drug coverage to get the best value. Our Part D coverage is available with Freedom Vital, Balance and Ultimate; Enhanced Part D coverage is available with Freedom Ultimate.

## Freedom Basic (Cost) (no Rx offered) — \$45\* monthly

Basic, no frills coverage. This is our lowest-cost premium, but you will pay more when you use services.

# Freedom Vital with Rx (Cost) — \$60.20\* monthly

A low monthly premium, with all the coverage that is vital to your health.

# Freedom Balance with Rx (Cost) — \$102.80\* monthly

The most balanced plan, with affordable premium and modest copays if you go to the doctor or hospital.

# Freedom Ultimate with Rx (Cost) — \$162.90\* monthly; with Enhanced Rx — \$347\* monthly

You pay a higher monthly premium but have 100 percent coverage for almost all services.

Decide what's right for you. If you go to the doctor more often, Freedom Balance or Freedom Ultimate may be the best choice so you pay less when you use services. If you rarely go to the doctor, Freedom Basic or Freedom Vital might be a better option. Remember, you can switch plans any time if your needs change.

For more detailed benefit information, see pages 14-25 or the plan Summary of Benefits.

For more detail on prescription drug coverage, see pages 26-27.

<sup>\*</sup>You must continue to pay your Medicare Part B premium.



#### **Our network**

With our large network of 32,000 providers, chances are your doctor is covered. Search for your provider by visiting healthpartners.com/medicare, or give us a call and we can look it up for you.

### Major clinic systems in our network include:

- HealthPartners Medical Group
- Park Nicollet Health Services
- Allina Hospitals & Clinics
- Essentia (Duluth)
- Fairview Health Services
- University of Minnesota Physicians
- North Memorial Health Care
- HealthEast Care System
- Aspen Medical Group

Remember: our network includes HealthPartners Clinics, and we are proud of the care they provide. But you can also choose to receive care at hundreds of other network clinics.

## Like your doc?

#### We do too!

We've got more than 32,000 providers in our network.







by HealthPartners

### Sick. Click. Cured.

Freedom members get three free visits!

## Save money, get fit

With a fitness facility membership from Silver&Fit®, you pay a \$25 fee for the entire year.

That's less than the cost of one month of dues\* at many health clubs!

\*based on HealthPartners fitness club data study, conducted May 2011.

## **Additional plan features**

#### virtuwell® — Sick, Click, Cured.

virtuwell is a simple, convenient online clinic that treats 30 everyday medical conditions – such as colds, coughs, ear pain, flu or urinary tract infections – without leaving your home. You have 24/7 online access to nurse practitioners, available from any computer, with no appointment necessary. After a quick online interview, you receive a personalized diagnosis, a treatment plan and, if needed, a prescription sent to the pharmacy of your choice.

Satisfaction is guaranteed! And with Freedom, your first three visits are free. After that, visits are not covered, but you will pay no more than \$40 per visit.

## Silver&Fit® fitness program



Silver&Fit is a program designed for Medicare beneficiaries to improve their health through education and exercise. Members can choose from membership at a participating fitness facility or a Home Fitness Program. Visit silverandfit.com to locate participating facilities.

#### Travel benefit

Activate your Extended Absence Benefit when traveling outside of Minnesota. Freedom members have coverage for up to nine months each year within the United States, which is perfect for snowbirds. Plus, on all plans except Freedom Basic, members have worldwide coverage for emergency and urgently needed care.

#### Dental coverage

Coverage for one dental exam, one set of dental x-rays and one dental cleaning is built into Freedom Balance and Ultimate. If you want more coverage, add Freedom Comprehensive Dental for two more preventive cleanings, plus coverage for fillings, oral surgery, crowns, prosthetics and more. With Freedom Vital, optional preventive and comprehensive coverage is available. See page 28-29.



# Pharmacy tools and mail order pharmacy

We have pharmacy tools to help save you time and money, such as our mail order pharmacy program myMailRx, pill splitting and a drug interaction checker. Plus, our drug cost calculator can help you budget easily. See the Health & Wellness brochure for more information.

#### Healthy Discounts program\*

Show your HealthPartners
Member ID card at more than 40
popular local and national retailers
for discounts on eyewear, fitness
and wellness classes, healthy
eating programs and delivery
services, recreational equipment,
spa services and more. To see a
list of participating retailers, visit
healthpartners.com/discounts.

## Hearing aid discount\*

We've teamed up with participating providers around the Twin Cities to offer you up to a 30 percent discount on hearing aids.

## CareLine<sup>SM</sup> and Nurse Navigators<sup>SM</sup>

You have free access to CareLine<sup>SM</sup> and Nurse Navigators<sup>SM</sup>. CareLine is staffed 24 hours a day with registered nurses who can answer your health questions and discuss treatment options. Nurse Navigators provide special help on coverage questions to guide you through networks, benefits and services.

#### Help to stop tobacco use

Quitting smoking is one of the best things you can do for yourself and the people around you. It's also one of the hardest changes to make. We offer resources to make quitting easier, including a phone course with a health counselor to set goals, beat cravings and adjust to life without nicotine.

## HealthPartners Today newsletter

We provide our members with information and tips to stay healthy with our newsletter, *HealthPartners Today*, mailed three times a year.

#### **Decision support**

Health decisions can be tough. Our decision support tools help you make informed decisions based on your values, personal preferences and lifestyle. This helps you understand the pros and cons of treatment options so you can actively participate in decisions with your doctor.



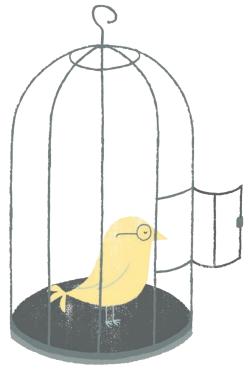
\*The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the HealthPartners grievance process.

## **Original Medicare overview**

Medicare is a national health insurance program for people age 65 and older, people under age 65 with certain disabilities and people age 18 or older with end-stage renal disease (ESRD). You cannot be denied coverage due to pre-existing conditions and your coverage cannot be cancelled if you get sick.

#### Medicare is divided into "Parts":

- Part A is hospital insurance, covering inpatient hospital care including care in skilled nursing facilities, hospice and some home health care.
- Part B is medical insurance, covering doctor's services and outpatient care.
- Part D is prescription drug insurance. It's only available from private health insurance companies, such as HealthPartners.



If you're already getting benefits from Social Security or Railroad Retirement Board, you automatically become eligible for Medicare Parts A and B when you turn 65 years old. However, there are many services that Original Medicare does not cover. Most people prefer the security of a plan like HealthPartners Freedom in addition to Medicare. This protects you against the expensive Medicare deductibles and coinsurances — plus you receive benefits and services you wouldn't otherwise.



## What Original Medicare covers

These amounts reflect what Medicare beneficiaries paid in 2011. These amounts may change for 2012.

#### Part A: Hospital Insurance

- You pay no monthly premium if you or a spouse paid Medicare taxes while working
- Hospital stay, you pay:
  - » \$1,132 deductible and no coinsurance for days 1-60 of each stay
  - » \$283 per day for days 61-90 of each stay
  - » \$566 per "lifetime reserve day" after day 90 each stay (up to 60 days over your lifetime)
  - » All costs for each day after the lifetime reserve days
  - » Inpatient mental health care in a psychiatric hospital limited to 190 days in a lifetime
- Skilled nursing facility stay, you pay:
  - » \$0 for first 20 days of each benefit period
  - » \$141.50 per day for days 21-100
  - » All costs for each day after day 100
- Home health care, you pay:
  - » \$o for medically necessary home health care services
  - » 20% of the Medicare-approved amount for durable medical equipment (Part B deductible applies)

#### Part B: Medical Insurance

- You pay \$115.40 monthly premium as a new enrollee
  - » Premium is calculated on a sliding scale based on income; you can pay up to \$369.10 in 2011
- You pay \$162 yearly deductible for services such as doctor's visits, outpatient hospital care, physical and occupational therapy and home health care

#### Part D: Prescription Drugs

- You can choose whether or not to enroll in Part D, but there are penalties for late enrollment without "creditable coverage"
- Private health plans offer this coverage under contract with Medicare
- There is an additional monthly premium for this coverage that varies by plan

# What isn't covered under Original Medicare?

Many people decide to buy additional coverage, like HealthPartners Freedom, because there are things Original Medicare (Medicare Part A and B) does not cover:

- Most dental care and dentures
- Diabetic syringes and insulin
- Most prescription drugs
- Hearing aids and exams for fitting a hearing aid
- Routine eye care
- Health care services outside of the United States
- Acupuncture
- Routine foot care
- Deductibles, coinsurance and copayments for covered services

## **Annual Election Period**

This is the time each year when you can make changes to your coverage, which are then effective January 1 of the following year. In 2011, it runs from October 15 to December 7.

## **Enrollment periods**

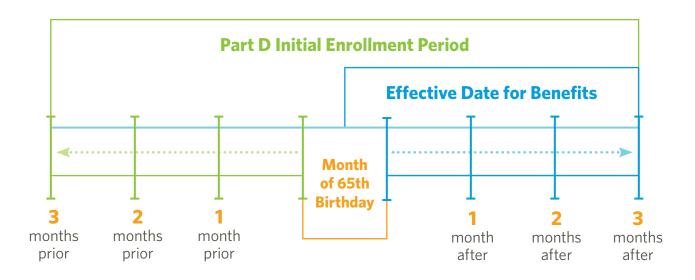
You can enroll or disenroll in a Cost Plan like HealthPartners Freedom any time, though there may be limitations if you are currently enrolled in another Medicare plan or if you are enrolling in the Cost Plan's Part D plan. Visit **medicare.gov** for more information.

In 2011, the Annual Election Period (AEP) runs from October 15 to December 7. During the AEP:

- All Medicare-eligible individuals can make changes to coverage
- All enrollment and disenrollment options are available
- Changes are effective January 1 of the next year

The Part D Initial Enrollment Period (IEP) is the period in which you may enroll without penalty in a Medicare Prescription Drug (Part D) plan. This period is from three months before to three months after your 65th birthday month. See the chart below.

The Special Enrollment Period (SEP) is an enrollment period for special circumstances. Check with HealthPartners or **medicare.gov** for specifics on rules and details.





## Ready for detail on Freedom plan options?

The next section of this booklet, up to page 25, outlines the four Freedom plan options and their benefits. Dental and prescription drug benefit options are on pages 26-29.

Looking for a recommendation? You can always call us to talk through the options. See page 31 for contact information.

Don't forget to see page 30 for information on how to enroll! We can accept your application by phone, online or through the mail.



#### **Questions to ask**

When researching your options, here are good questions for any plan you are considering:

- Can I keep my doctor?
- Do I need referrals to see specialists?
- Are my drugs covered?
- What options do I have if I need to change my level of coverage in the future?
- Is there coverage if I plan to travel?

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium and copayments/coinsurance may change on January 1, 2013.

## **Freedom plan options**

Use the benefit grids on the following pages to find out how most services are covered. Remember, if you don't see something you're looking for, you can always call us or look in the detailed Summary of Benefits in the enrollment packet.

Monthly Premium*	Freedom Basic	Freedom Vital
Medical Plan Only	\$45	\$53
Rx (Part D)	Not offered	\$7.20
Enhanced Rx (Part D)	Not offered	Not offered
Medical and Rx Combined	Not offered	\$60.20

#### **Remember:**

When you choose to combine your medical and prescription drug coverage, you get the best value. See pages 26-27 for prescription drug options.



<sup>\*</sup>You must still pay the Medicare Part B Premium

Freedom Balance	Freedom Ultimate
\$93	\$138
\$9.80	\$24.90
Not offered	\$209
\$102.80	\$162.90 with Rx \$347 with Enhanced Rx

## Don't forget your teeth!

If you want dental coverage, check out the affordable options on page 28-29.



Benefit Category	Freedom Basic	Freedom Vital	
	Your Cost	Your Cost	
Preventive Care and	Wellness/Education Programs*		
Preventive Care*	\$0 (100% coverage)	\$0 (100% coverage)	
Wellness/ Education Programs	This plan covers these health/wellness education benefits: - Written health education materials, including newsletters - Nursing hotline	This plan covers these health/wellness education benefits: - Written health education materials, including newsletters - Additional smoking cessation - Health club membership/fitness classes - Nursing hotline	
Preventive Dental Care	Not covered	Not covered, but you can select optional preventive and comprehensive dental coverage. See page 28-29.	
Travel Benefit (Exter	Travel Benefit (Extended Absence Benefit)		
Out of State Within the U.S.	Not covered	Call Member Services to activate! You can travel for up to nine months in the U.S. with the same level of coverage as in-network. See Medicare participating doctors and submit claim for reimbursement of out-of-pocket costs.	
Out of the U.S.	Not covered	Worldwide coverage for urgent or emergency care. You pay 20% of the cost.	

## We've got you covered!

\*Preventive care includes your annual physical and wellness exam, bone mass measurement, colorectal screening exam, routine hearing and vision tests, HIV screening, immunizations, mammogram, pap test and pelvic exam, prostate screening and smoking cessation counseling.

<sup>\*</sup> In-network, Medicare-covered care/services/supplies

Freedom Balance	Freedom Ultimate
Your Cost	Your Cost
\$0 (100% coverage)	\$0 (100% coverage)
This plan covers these health/wellness education benefits:  - Written health education materials, including newsletters  - Additional smoking cessation  - Health club membership/fitness classes  - Nursing hotline	This plan covers these health/wellness education benefits:  - Written health education materials, including newsletters  - Additional smoking cessation  - Health club membership/fitness classes  - Nursing hotline
You pay \$0 for: - 1 preventive exam - 1 cleaning - 1 set of x-rays Comprehensive dental coverage is available. See page 28-29.	You pay \$0 for: - 1 preventive exam - 1 cleaning - 1 set of x-rays Comprehensive dental coverage is available. See page 28-29.
Call Member Services to activate! You can travel for up to nine months in the U.S. with the same level of coverage as in-network. See Medicare participating doctors and submit claim for reimbursement of out-of-pocket costs.	Call Member Services to activate! You can travel for up to nine months in the U.S. with the same level of coverage as in-network. See Medicare participating doctors and submit claim for reimbursement of out-of-pocket costs.
Worldwide coverage for urgent or emergency care. You pay 20% of the cost.	Worldwide coverage for urgent or emergency care. You pay 20% of the cost.

Daniel Cal	Freedom Basic	Freedom Vital
Benefit Category	Your Cost	Your Cost
Office Visit/Outpati	ent Services *	
Primary Care Doctor/Specialist/ Convenience Care	20% of the cost	\$15 primary copay \$40 specialist copay
Urgent Care	20% of the cost Not covered outside the U.S.	\$40 copay 20% of the cost outside the U.S.
virtuwell® -online 24/7 clinic that treats 30 everyday medical conditions. Visit virtuwell.com.	\$0 for first three visits. After that, visits are not covered, but you will pay no more than \$40 per visit.	\$0 for first three visits. After that, visits are not covered, but you will pay no more than \$40 per visit.
Diagnostic Tests, X-Rays, Lab Services and Radiology Services	0% of the cost for lab services 20% of the cost for - x-rays - diagnostic procedures and tests - diagnostic radiology services - therapeutic radiology services	\$0 copay for lab services  10% of the cost for - x-rays - diagnostic procedures and tests - therapeutic radiology services  20% of the cost for diagnostic radiology services
Mental Health	20% of the cost for individual or group therapy visits.	\$40 copay/individual therapy visit \$20 copay/group therapy visit
Outpatient Substance Abuse	20% of the cost	\$40 copay
Acupuncture	Not covered	\$35 copay
Chiropractic Services	20% of the cost	\$15 copay
<b>Podiatry Service</b>	20% of the cost	\$40 copay
Rehabilitation Services**	20% of the cost	\$40 copay
Cardiac and Pulmonary Rehabilitation Services	20% of the cost	\$0 copay

<sup>\*</sup> In-network, Medicare-covered care/services/supplies
\*\* Occupational, physical, speech, language therapy

Freedom Balance	Freedom Ultimate
Your Cost	Your Cost
\$15 copay	\$0 copay
\$15 copay 20% of the cost outside the U.S.	\$0 copay 20% of the cost outside the U.S.
\$0 for first three visits. After that, visits are not covered, but you will pay no more than \$40 per visit.	\$0 for first three visits. After that, visits are not covered, but you will pay no more than \$40 per visit.
\$0 copay for - lab services - x-rays - diagnostic procedures and tests - therapeutic radiology services  10% of the cost for diagnostic radiology services	\$0 copay for - lab services - x-rays - diagnostic procedures and tests - therapeutic radiology services - diagnostic radiology services
\$15 copay/individual therapy visit \$7.50 copay/group therapy visit	\$0 copay
\$15 copay	\$0 copay
\$0 copay	\$0 copay

Daniel Catagonia	Freedom Basic	Freedom Vital
Benefit Category	Your Cost	Your Cost
Hospital, Inpatient*		
Inpatient Hospital Care (Includes Mental Health, Substance Abuse and Rehabilitation Services)	\$600 copay for each benefit period  Plan covers 90 days each benefit period  You get up to 190 days in a psychiatric hospital in a lifetime	\$300 copay for each benefit period \$0 copay for additional hospital days No limit to the number of days covered by the plan each benefit period  Contact the plan for details about coverage in a psychiatric hospital beyond 190 days
Skilled Nursing Facility (SNF) (In a Medicarecertified skilled nursing facility)	Days 1-20 \$0 copay per day  Days 21-100 \$130 copay per day  Plan covers up to 100 days each benefit period	Days 1-20 \$0 copay per day  Days 21-100 \$100 copay per day  Plan covers up to 100 days each benefit period

<sup>\*</sup> In-network, Medicare - covered care/services/supplies

Freedom Balance	Freedom Ultimate
Your Cost	Your Cost
\$150 copay for each benefit period \$0 copay for additional hospital days No limit to the number of days covered by the plan each benefit period  Contact the plan for details about coverage in a psychiatric hospital beyond 190 days	\$0 copay.  No limit to the number of days covered by the plan each benefit period  Contact the plan for details about coverage in a psychiatric hospital beyond 190 days
\$0 copay Plan covers up to 100 days each benefit period	\$0 copay Plan covers up to 100 days each benefit period

Benefit Category	Freedom Basic	Freedom Vital
	Your Cost	Your Cost
Hospital, Outpatient	Services*	
Ambulatory Surgery	20% of the cost	\$150 copay
Outpatient Visit	20% of the cost	\$0 copay
Outpatient Medical	Services and Supplies*	
Durable Medical Equipment	20% of the cost	20% of the cost
Prosthetic Devices	20% of the cost	20% of the cost
Diabetes Self-Monitoring Training, Nutrition Therapy	\$0 copay	\$0 copay
Diabetes Supplies	20% of the cost	20% of the cost
Kidney Disease and Conditions	20% of the cost for renal dialysis \$0 copay for education services	\$0 copay
Other Services*		
Home Health Care**	\$0 copay	\$0 copay

<sup>\*</sup> In-network, Medicare-covered care/services/supplies

<sup>\*\*</sup> Medically necessary intermittent skilled nursing care, home health aide services, rehabilitation services

Freedom Balance	Freedom Ultimate
Your Cost	Your Cost
\$50 copay	\$0 copay
\$0 copay	\$0 copay
20% of the cost	20% of the cost
20% of the cost	20% of the cost
\$0 copay	\$0 copay
20% of the cost	20% of the cost
\$0 copay	\$0 copay
\$0 copay	\$0 copay

Donofit Catagomy	Freedom Basic	Freedom Vital	
Benefit Category	Your Cost	Your Cost	
Emergency Services*			
Ambulance Services	20% of the cost	20% of the cost	
Emergency Room Visit**	\$100 copay in U.S. Not covered outside the U.S. except under limited circumstances. Contact the plan for more details.	\$75 copay in U.S. 20% of the cost outside the U.S.	
Hearing/Vision Serv	Hearing/Vision Services*		
Annual Routine Check	Not covered \$0 copay annual glaucoma screening	\$0 copay	
Diagnostic Exams	0% to 20% of the cost	\$0 to \$40 copay	
Hearing Aids	Not covered. Discounts up to 30%.	Not covered. Discounts up to 30%.	
Eye Glasses	\$0 copay for one pair of eyeglasses or contact lenses after cataract surgery	\$0 copay for one pair of eyeglasses or contact lenses after cataract surgery	
Drugs Covered Under Medicare Part B*			
	20% of the cost	20% of the cost \$0 copay for Part B injections in a physician's office	

<sup>\*</sup> In-network, Medicare - covered care/services/supplies

<sup>\*\*</sup> If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.

Freedom Balance	Freedom Ultimate
Your Cost	Your Cost
10% of the cost	\$0 copay
\$65 copay in U.S.	\$0 copay in U.S.
20% of the cost outside the U.S.	20% of the cost outside the U.S.
\$0 copay	\$0 copay
\$0 to \$15 copay	\$0 copay
Not covered. Discounts up to 30%.	Not covered. Discounts up to 30%.
\$0 copay for one pair of eyeglasses or contact lenses after cataract surgery	\$0 copay for one pair of eyeglasses or contact lenses after cataract surgery
20% of the cost \$0 copay for Part B injections in a physician's office	20% of the cost \$0 copay for Part B injections in a physician's office

## Did you know...

One in 10 Americans experiences some type of hearing loss? As a HealthPartners member, you are eligible for discounts of up to 30 percent on hearing aids. Plus, you have access to retail discounts at more than 40 popular local and national retailers.

## **Optional prescription drug coverage**

Remember, combining medical and prescription drug coverage gives you the best value.

Benefit Category	Freedom Basic	Freedom Vital	Freedom Balance with Rx	
	Your Cost	Your Cost	Your Cost	
Prescription Drug Coverage Under Medicare Part D*				
Monthly Premium (includes medical and Rx)	Not offered	\$60.20	\$102.80	
Deductible	Not offered	You pay \$175 deductible on all drugs except specialty drugs.	You pay \$125 deductible on all drugs except specialty drugs.	
Copays/Coinsurance	Not offered	You pay \$10 for generics, \$45 for preferred brand, \$95 for non-preferred brand and 33% for specialty.	You pay \$10 for generics, \$45 for preferred brand, \$95 for non-preferred brand and 33% for specialty.	
Coverage Gap (after costs reach \$2,930)	Not offered	You pay 86% for generics and receive a discount on brand drugs.	You pay 86% for generics and receive a discount on brand drugs.	
Catastrophic Coverage (after costs reach \$4,700)	Not offered	You pay 5% or \$2.60 for generics and 5% or \$6.50 for all brand drugs, whichever is greater.	You pay 5% or \$2.60 for generics and 5% or \$6.50 for all brand drugs, whichever is greater.	



See Plan Summary of Benefits or Evidence of Coverage for more details.



<sup>\*</sup> In-network pharmacies

Freedom Ultimate with Rx	Freedom Ultimate with Enhanced Rx
Your Cost	Your Cost
\$162.90	\$347
You pay \$150 deductible on all drugs except specialty drugs.	You pay \$100 deductible on all drugs except specialty drugs.
You pay \$10 for generics, \$45 for preferred brand, \$95 for non-preferred brand and 33% for specialty.	You pay \$10 for generics, \$40 for preferred brand, \$65 for non-preferred brand and 33% for specialty.
You pay 86% for generics and receive a discount on brand drugs.	You pay \$10 for generics and 40% for preferred brand. You receive a discount on brand drugs.
You pay 5% or \$2.60 for generics and 5% or \$6.50 for all brand drugs, whichever is greater.	You pay 5% or \$2.60 for generics and 5% or \$6.50 for all brand drugs, whichever is greater.



# Want to see if your drug is on our formulary?

Visit healthpartners.com/medicarerx or give us a call.

## **Optional dental coverage**

D. C.C.	Freedom Basic	Freedom Vital	
Benefit Category	Your Cost	Your Cost	
<b>Dental Coverage</b>			
<b>Monthly Premium</b>	Not offered	\$38.37	
Preventive and Diagnostic Care - Routine examinations and cleanings - X-rays	Not offered	\$0 (100% coverage)	
Sealants - Pit and fissure sealants	Not offered	\$0 (100% coverage)	
Regular and Restorative Care - Fillings - Oral surgery - Periodontics (gum treatment) - Endodontics (root canal therapy)	Not offered	50% of the cost	
Special Restorative Care - Restorative crowns - Onlays	Not offered	50% of the cost	
Prosthetics - Bridges - Dentures - Partial Dentures	Not offered	50% of the cost	
Annual Deductible -For regular and restorative care, special restorative care and prosthetics	Not offered	\$50	
Annual Maximum -\$200 may be applied to out-of-network services	Not offered	\$1,100 Preventive and diagnostic services <b>do</b> apply to the annual maximum.	

Freedom Balance	Freedom Ultimate
Your Cost	Your Cost
\$38.37	\$38.37
\$0 (100% coverage)	\$0 (100% coverage)
\$0 (100% coverage)	\$0 (100% coverage)
50% of the cost	50% of the cost
50% of the cost	50% of the cost
50% of the cost	50% of the cost
\$50	\$50
\$1,100 Preventive and diagnostic services <b>do not</b> apply to the annual maximum.	\$1,100 Preventive and diagnostic services <b>do not</b> apply to the annual maximum.

#### More options to enroll!

Submit your application in one of three ways. Choose the option that works best for you:

- Call us at 952-883-7788
   or 877-240-8311
- Go online to healthpartners.com/ medicare
- Fill out the paper application



## How to enroll

It's easy to enroll in HealthPartners Freedom!

#### Step 1: Select your plan

Determine the medical plan option that best meets your needs.

Then decide what you want to add on, if anything, such as affordable prescription drug or dental coverage.

## Step 2: Fill out the enrollment form

You can enroll by telephone, online at **healthpartners.com/ medicare**, or you can fill out the paper application. You will be asked for:

- Your contact information
- Your plan selection(s)
- Your Medicare number and Part A and/or B enrollment dates
- Your billing preference paper billing, automatic bank account withdrawal or Social Security/Railroad Retirement Board withhold
- Answers to questions that help determine your eligibility and enrollment status
- Your signature or the signature of your authorized representative

#### Step 3: Submit your form to us

If you are enrolling over the phone, the representative will submit the application with your permission and talk you through the process. If you are applying online, you will be directed to electronically submit your application to us with the easy click of a button. If you fill out the paper application, you can mail it to us using the pre-paid envelope in this folder. Or, you can fax it to us at 952-853-8746. Completed enrollment forms that are received by HealthPartners by the last working day of the month are generally effective for the first day of the next calendar month. For example, a form received on January 15 would be effective February 1.

## Step 4: Relax!

After you've enrolled, you'll receive a packet from us containing your Member ID card, Evidence of Coverage, network directories, drug formulary and several other items. If you have questions prior to that, just call us!



#### Contact us

At any time during your research and enrollment process, knowledgeable HealthPartners representatives are standing by to help answer your questions.

#### Call Medicare Sales:

952-883-5601 or 800-247-7015 TTY 952-883-6060 or 800-443-0156

From October 15, 2011, through February 14, 2012, we are open from 8 a.m. to 8 p.m., seven days a week. You will speak with a representative.

Starting on February 15, 2012, call us 8 a.m. to 8 p.m. Monday through Friday to speak with a representative. On Saturdays, Sundays and holidays, you can leave a voicemail message, which will be returned within one business day.

#### Email:

medicaresales@healthpartners.com

#### Go online:

healthpartners.com/medicare

#### Stop by:

HealthPartners Medicare Sales 8170 33rd Ave S Bloomington, MN 55425

You can also attend one of our community meetings. Call or go online to find and register for the next one in your area!

# Other helpful resources for Medicare decision-making:

Medicare medicare.gov 800-MEDICARE

24 hours a day, seven days a week

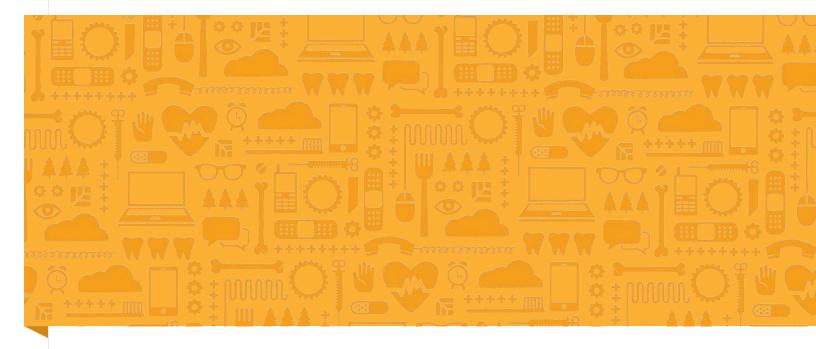
Social Security
Administration
ssa.gov/pgm/medicare
800-772-1213

7 a.m. to 7 p.m. Monday through Friday

Senior LinkAge Line® mnaging.org/advisor/SLL 800-333-2433

8 a.m. to 4:30 p.m. Monday through Friday





A health plan with a Medicare contract.

This document is available in alternate formats and languages. Please call HealthPartners Medicare Sales at the phone numbers on page 31.

If you attend a community meeting, a sales person will be present with information and applications. For accommodations of persons with special needs, call HealthPartners Medicare Sales at the numbers on page 31.

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply. Benefits, formulary, pharmacy network, premium and copayments/coinsurance may change on January 1, 2013.

You must continue to pay your Medicare Part B premium.

You may be able to get Extra Help to pay for your prescription drug premiums and costs.

To see if you qualify for extra help, call:

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

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8170 33<sup>rd</sup> Ave S Bloomington MN, 55425