



HealthPartners® Freedom Plans

2013 Summary of Benefits — Minnesota

- HealthPartners Freedom Basic (Cost)
- HealthPartners Freedom Vital (Cost)
- HealthPartners Freedom Balance (Cost)
- HealthPartners Freedom Ultimate (Cost)

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-247-7015. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-247-7015. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电1-800-247-7015。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-800-247-7015。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-247-7015. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-247-7015. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-247-7015 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-247-7015. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화1-800-247-7015 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-247-7015. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة مجانية فوري، ليس عليك سوى الاتصال بنا على 1 5107 742 008. سيقوم شخص ما يتحدث العربية

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-247-7015. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-247-7015. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-247-7015. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-247-7015. Ta usługa jest bezpłatna.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-247-7015 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-247-7015 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Introduction to the Summary of Benefits Report for

HEALTHPARTNERS FREEDOM BASIC (COST)

HEALTHPARTNERS FREEDOM VITAL (COST)

HEALTHPARTNERS FREEDOM BALANCE (COST)

HEALTHPARTNERS FREEDOM ULTIMATE (COST)

JANUARY 1, 2013 - DECEMBER 31, 2013

STATE OF MINNESOTA

Thank you for your interest in HealthPartners Freedom Basic (Cost), HealthPartners Freedom Vital (Cost), HealthPartners Freedom Balance (Cost), and HealthPartners Freedom Ultimate (Cost). Our plans are offered by GROUP HEALTH PLAN, INC./HealthPartners®, a Medicare Cost organization that contracts with the federal government. This Summary of Benefits tells you some features of our plans. 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 Basic (Cost), HealthPartners Freedom Vital (Cost), HealthPartners Freedom Balance (Cost), and HealthPartners Freedom Ultimate (Cost) and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTH CARE

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 Basic (Cost), HealthPartners Freedom Vital (Cost), HealthPartners Freedom Balance (Cost), and HealthPartners Freedom Ultimate (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 Basic (Cost), HealthPartners Freedom Vital (Cost), HealthPartners Freedom Balance (Cost), or HealthPartners Freedom Ultimate (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 Basic (Cost), HealthPartners Freedom Vital (Cost), HealthPartners Freedom Balance (Cost), and HealthPartners Freedom Ultimate (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 ARE HEALTHPARTNERS FREEDOM BASIC (COST), HEALTHPARTNERS FREEDOM VITAL (COST), HEALTHPARTNERS FREEDOM BALANCE (COST), AND HEALTHPARTNERS FREEDOM ULTIMATE (COST) AVAILABLE?

The service area for these plans 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, 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, and Yellow Medicine Counties, MN. You must live in one of these areas to join a plan.

There is more than one plan listed in this Summary of Benefits.

WHO IS ELIGIBLE TO JOIN HEALTHPARTNERS FREEDOM BASIC (COST), HEALTHPARTNERS FREEDOM VITAL (COST), HEALTHPARTNERS FREEDOM BALANCE (COST), AND HEALTHPARTNERS FREEDOM ULTIMATE (COST)?

You can join HealthPartners Freedom Basic (Cost), HealthPartners Freedom Vital (Cost), HealthPartners Freedom Balance (Cost), or HealthPartners Freedom Ultimate (Cost) if you are entitled to Medicare Part A and enrolled in Medicare Part B or enrolled in Medicare Part B only and live in the service area. However, individuals with End-Stage Renal Disease generally are not eligible to enroll in HealthPartners

Freedom Basic (Cost), HealthPartners Freedom Vital (Cost), HealthPartners Freedom Balance (Cost), or HealthPartners Freedom Ultimate (Cost) unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

HealthPartners Freedom Basic (Cost), HealthPartners Freedom Vital (Cost), HealthPartners Freedom Balance (Cost), and HealthPartners Freedom Ultimate (Cost) have 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 by contacting our customer service number 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 co-insurance.

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

HealthPartners Freedom Basic (Cost), HealthPartners Freedom Vital (Cost), HealthPartners Freedom Balance (Cost), and HealthPartners Freedom Ultimate (Cost) do cover Medicare Part B prescription drugs. HealthPartners Freedom Basic (Cost), HealthPartners Freedom Vital (Cost), HealthPartners Freedom Balance (Cost), and HealthPartners Freedom Ultimate (Cost) do NOT cover Medicare Part D prescription drugs.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Cost Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue for another year. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Cost Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, 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 Basic (Cost), HealthPartners Freedom Vital (Cost), HealthPartners Freedom Balance (Cost), or HealthPartners Freedom Ultimate (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. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

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 Basic (Cost), HealthPartners Freedom Vital (Cost), HealthPartners Freedom Balance (Cost), or HealthPartners Freedom Ultimate (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 osteoporosis drugs for some women.
- 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 took place in a Medicare-certified facility and was paid for by Medicare, or by a private insurance company that was the primary payer for Medicare Part A coverage.
- 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 administered through durable medical equipment.

WHERE CAN I FIND INFORMATION ON 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 “Health and Drug Plans” then “Compare Drug and Health Plans” to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for these plans. Our customer service number is listed below.

Please call HealthPartners for more information about HealthPartners Freedom Basic (Cost), HealthPartners Freedom Vital (Cost), HealthPartners Freedom Balance (Cost), and HealthPartners Freedom Ultimate (Cost).

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

Customer Service Hours for October 1 - February 14:

Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, 8:00 a.m. – 8:00 p.m. Central

Customer Service Hours for February 15 - September 30:

Monday, Tuesday, Wednesday, Thursday, Friday, 8:00 a.m. – 8:00 p.m. Central

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

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

This document may be available in other formats such as Braille, large print or other alternate formats.

This document may be available in a non-English language. For additional information, call customer service at the phone number listed above.

Benefit Category	Original Medicare	HealthPartners® Freedom Basic (Cost)
IMPORTANT INFORMATION		
<p>1 – Premium and Other Important Information</p>	<p>In 2012 the monthly Part B Premium was \$99.90 and may change for 2013 and the annual Part B deductible amount was \$140 and may change for 2013.</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, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>General</p> <p>\$46.00 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>
<p>2 – Doctor and Hospital Choice</p> <p>(For more information, see Emergency Care – #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>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. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p> <p>Out of Service Area</p> <p>Plan covers you when you travel in the U.S. or its territories.</p>

HealthPartners® Freedom Vital (Cost)	HealthPartners® Freedom Balance (Cost)	HealthPartners® Freedom Ultimate (Cost)
<p>General</p> <p>\$53.00 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>In-Network</p> <p>\$3,000 out-of-pocket limit. All plan services included.</p>	<p>General</p> <p>\$93.00 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>In-Network</p> <p>\$3,000 out-of-pocket limit. All plan services included.</p>	<p>General</p> <p>\$143.00 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p>In-Network</p> <p>\$3,000 out-of-pocket limit. All plan services included.</p>
<p>In-Network</p> <p>No referral required for network doctors, specialists, and hospitals.</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. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p> <p>Out of Service Area</p> <p>Plan covers you when you travel in the U.S. or its territories.</p>	<p>In-Network</p> <p>No referral required for network doctors, specialists, and hospitals.</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. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p> <p>Out of Service Area</p> <p>Plan covers you when you travel in the U.S. or its territories.</p>	<p>In-Network</p> <p>No referral required for network doctors, specialists, and hospitals.</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. When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p> <p>Out of Service Area</p> <p>Plan covers you when you travel in the U.S. or its territories.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Basic (Cost)
SUMMARY OF BENEFITS		
INPATIENT CARE		
<p>3 - Inpatient Hospital Care (Includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2012 the amounts for each benefit period were: Days 1-60: \$1156 deductible Days 61-90: \$289 per day Days 91-150: \$578 per lifetime reserve day. These amounts may change for 2013. Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. Lifetime reserve days can only be used once. 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. 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.</p>	<p>In-Network Plan covers 90 days each benefit period. \$600 copay for each Medicare-covered hospital stay. Plan covers 60 lifetime reserve days. \$0 copay per lifetime reserve day.</p>
<p>4 - Inpatient Mental Health Care</p>	<p>In 2012 the amounts for each benefit period were: Days 1 – 60: \$1156 deductible Days 61 – 90: \$289 per day Days 91 – 150: \$578 per lifetime reserve day. These amounts may change for 2013. You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital.</p>	<p>In-Network You get up to 190 days of inpatient psychiatric hospital care in a lifetime. Inpatient psychiatric hospital services count toward the 190-day lifetime limitation only if certain conditions are met. This limitation does not apply to inpatient psychiatric services furnished in a general hospital. \$600 copay for each Medicare-covered hospital stay.</p>

HealthPartners® Freedom Vital (Cost)	HealthPartners® Freedom Balance (Cost)	HealthPartners® Freedom Ultimate (Cost)
<p>In-Network</p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>\$300 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p>	<p>In-Network</p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>\$150 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p>	<p>In-Network</p> <p>No limit to the number of days covered by the plan each hospital stay.</p> <p>\$0 copay.</p>
<p>In-Network</p> <p>Contact the plan for details about coverage in a psychiatric hospital beyond 190 days.</p> <p>\$300 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p>	<p>In-Network</p> <p>Contact the plan for details about coverage in a psychiatric hospital beyond 190 days.</p> <p>\$150 copay for each Medicare-covered hospital stay.</p> <p>\$0 copay for additional hospital days.</p>	<p>In-Network</p> <p>Contact the plan for details about coverage in a psychiatric hospital beyond 190 days.</p> <p>\$0 copay.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Basic (Cost)
<p>5 - Skilled Nursing Facility (SNF) (In a Medicare-certified skilled nursing facility)</p>	<p>In 2012 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: \$144.50 per day. These amounts may change for 2013. 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.</p>	<p>In-Network Plan covers up to 100 days each benefit period. For Medicare-covered SNF stays: Days 1 – 20: \$0 copay per day Days 21 – 100: \$130 copay per day.</p>
<p>6 – Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p>	<p>\$0 copay.</p>	<p>In-Network \$0 copay for Medicare-covered home health visits.</p>
<p>7 – Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>
OUTPATIENT CARE		
<p>8 – Doctor Office Visits</p>	<p>20% coinsurance.</p>	<p>In-Network 20% of the cost for each Medicare-covered primary care doctor visit. 20% of the cost for each Medicare-covered specialist visit.</p>

HealthPartners® Freedom Vital (Cost)	HealthPartners® Freedom Balance (Cost)	HealthPartners® Freedom Ultimate (Cost)
<p>In-Network</p> <p>Plan covers up to 100 days each benefit period.</p> <p>For Medicare-covered SNF stays:</p> <p>Days 1 – 20: \$0 copay per day Days 21 – 100: \$100 copay per day.</p>	<p>In-Network</p> <p>Plan covers up to 100 days each benefit period.</p> <p>\$0 copay for SNF services.</p>	<p>In-Network</p> <p>Plan covers up to 100 days each benefit period.</p> <p>\$0 copay for SNF services.</p>
<p>In-Network</p> <p>\$0 copay for Medicare-covered home health visits.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered home health visits.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered home health visits.</p>
<p>General</p> <p>You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>	<p>General</p> <p>You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>	<p>General</p> <p>You must get care from a Medicare-certified hospice. Your plan will pay for a consultative visit before you select hospice.</p>
<p>In-Network</p> <p>\$15 copay for each Medicare-covered primary care doctor visit.</p> <p>\$40 copay for each Medicare-covered specialist visit.</p> <p>See page 34 for additional information about Doctor Office Visits.</p>	<p>In-Network</p> <p>\$15 copay for each Medicare-covered primary care doctor visit.</p> <p>\$15 copay for each copay for each Medicare-covered specialist visit.</p>	<p>In-Network</p> <p>\$0 copay for each Medicare-covered primary care doctor visit.</p> <p>\$0 copay for each Medicare-covered specialist doctor visit.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Basic (Cost)
9 – Chiropractic Services	Supplemental 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 providers.	In-Network 20% of the cost 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.
10 - Podiatry Services	Supplemental 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 podiatry visit. Medicare-covered podiatry visits are for medically-necessary foot care.
11 – Outpatient Mental Health Care	35% coinsurance for most outpatient mental health services. Specified copayment for outpatient partial hospitalization program services furnished by a hospital or community mental health center (CMHC). Copay cannot exceed the Part A inpatient hospital deductible. “Partial hospitalization program” is a structured program of active outpatient psychiatric treatment that is more intense than the care received in your doctor’s or therapist’s office and is an alternative to inpatient hospitalization.	In-Network 20% of the cost for each Medicare-covered individual therapy visit. 20% of the cost for each Medicare-covered group therapy visit. 20% of the cost for each Medicare-covered individual therapy visit with a psychiatrist. 20% of the cost for each Medicare-covered group therapy visit with a psychiatrist. 20% of the cost for each Medicare-covered partial hospitalization program services.

HealthPartners® Freedom Vital (Cost)	HealthPartners® Freedom Balance (Cost)	HealthPartners® Freedom Ultimate (Cost)
<p>In-Network</p> <p>\$15 copay for each Medicare-covered chiropractic visit.</p> <p>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.</p>	<p>In-Network</p> <p>\$15 copay for each Medicare-covered chiropractic visit.</p> <p>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.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered chiropractic visits.</p> <p>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.</p>
<p>In-Network</p> <p>\$40 copay for each Medicare-covered podiatry visit.</p> <p>Medicare-covered podiatry visits are for medically-necessary foot care.</p>	<p>In-Network</p> <p>\$15 copay for each Medicare-covered podiatry visit.</p> <p>\$15 copay for each supplemental routine podiatry visit.</p> <p>Medicare-covered podiatry visits are for medically-necessary foot care.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered podiatry visits.</p> <p>\$0 copay for each supplemental routine podiatry visit.</p> <p>Medicare-covered podiatry visits are for medically-necessary foot care.</p>
<p>In-Network</p> <p>\$40 copay for each Medicare-covered individual therapy visit.</p> <p>\$20 copay for each Medicare-covered group therapy visit.</p> <p>\$40 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>\$20 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p>\$0 copay for Medicare-covered partial hospitalization program services.</p>	<p>In-Network</p> <p>\$15 copay for each Medicare-covered individual therapy visit.</p> <p>\$7.50 copay for each Medicare-covered group therapy visit.</p> <p>\$15 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>\$7.50 copay for each Medicare-covered group therapy visit with a psychiatrist.</p> <p>\$0 copay for Medicare-covered partial hospitalization program services.</p>	<p>In-Network</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> ▪ each Medicare-covered individual therapy visit. ▪ each Medicare-covered group therapy visit. <p>\$0 copay for:</p> <ul style="list-style-type: none"> ▪ each Medicare-covered individual therapy visit with a psychiatrist. ▪ each Medicare-covered group therapy visit with a psychiatrist. <p>\$0 copay for Medicare-covered partial hospitalization program services.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Basic (Cost)
12 – Outpatient Substance Abuse Care	20% coinsurance.	In-Network 20% of the cost for Medicare-covered individual substance abuse outpatient treatment visits. 20% of the cost for Medicare-covered group substance abuse outpatient treatment visits.
13 – Outpatient Services	20% coinsurance for the doctor’s services. Specified copayment for outpatient hospital facility services. Copay cannot exceed the Part A inpatient hospital deductible. 20% coinsurance for ambulatory surgical center facility services.	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.
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’s services. Specified copayment for outpatient hospital facility emergency services. Emergency services copay cannot exceed Part A inpatient hospital deductible for each service provided by the hospital. You don’t have to pay the emergency room copay if you are admitted to the hospital as an inpatient for the same condition within 3 days of the emergency room visit. Not covered outside the U.S. except under limited circumstances.	General \$100 copay for Medicare-covered emergency room visits. Not covered outside the U.S. and its territories except under limited circumstances. Contact Plan for 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.

HealthPartners® Freedom Vital (Cost)	HealthPartners® Freedom Balance (Cost)	HealthPartners® Freedom Ultimate (Cost)
<p>In-Network</p> <p>\$40 copay for Medicare-covered individual substance abuse outpatient treatment visits.</p> <p>\$40 copay for Medicare-covered group substance abuse outpatient treatment visits.</p>	<p>In-Network</p> <p>\$15 copay for Medicare-covered individual substance abuse outpatient treatment visits.</p> <p>\$15 copay for Medicare-covered group substance abuse outpatient treatment visits.</p>	<p>In-Network</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> ▪ each Medicare-covered individual substance abuse outpatient treatment visit. ▪ each Medicare-covered group substance abuse outpatient treatment visit.
<p>In-Network</p> <p>\$150 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p>In-Network</p> <p>\$50 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p>In-Network</p> <p>\$0 copay for each Medicare-covered ambulatory surgical center visit.</p> <p>\$0 copay for each Medicare-covered outpatient hospital facility visit.</p>
<p>In-Network</p> <p>20% of the cost for Medicare-covered ambulance benefits.</p>	<p>In-Network</p> <p>10% of the cost for Medicare-covered ambulance benefits.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered ambulance benefits.</p>
<p>General</p> <p>\$75 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p> <p>See page 34 for additional information about Emergency Care.</p>	<p>General</p> <p>\$65 copay for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p> <p>See page 34 for additional information about Emergency Care.</p>	<p>General</p> <p>0% of the cost for Medicare-covered emergency room visits.</p> <p>Worldwide coverage.</p> <p>If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.</p> <p>See page 34 for additional information about Emergency Care.</p>
<p>General</p> <p>\$40 copay for Medicare-covered urgently-needed-care visits</p> <p>See page 34 for additional information about Urgently Needed Care.</p>	<p>General</p> <p>\$15 copay for Medicare-covered urgently-needed-care visits</p> <p>See page 34 for additional information about Urgently Needed Care.</p>	<p>General</p> <p>\$0 copay for Medicare-covered urgently-needed-care visits.</p> <p>See page 34 for additional information about Urgently Needed Care.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Basic (Cost)
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 therapy and/or speech and language pathology visits.
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
18 - Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	20% coinsurance.	In-Network 20% of the cost for Medicare-covered durable medical equipment.
19 - Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	20% coinsurance.	In-Network 20% of the cost for Medicare-covered prosthetic devices.
20 -Diabetes Programs and Supplies	20% coinsurance for diabetes self-management training. 20% coinsurance for diabetes supplies. 20% coinsurance for diabetic therapeutic shoes or inserts.	In-Network \$0 copay for Medicare-covered diabetes self-management training. 20% of the cost for Medicare-covered diabetes monitoring supplies. Diabetic supplies and services are limited to specific manufacturers, products and/or brands. Contact the plan for a list of covered supplies. 20% of the cost for Medicare-covered therapeutic shoes or inserts.

HealthPartners® Freedom Vital (Cost)	HealthPartners® Freedom Balance (Cost)	HealthPartners® Freedom Ultimate (Cost)
<p>In-Network</p> <p>\$40 copay for Medicare-covered occupational therapy visits.</p> <p>\$40 copay for Medicare-covered physical therapy and/or speech and language pathology visits.</p>	<p>In-Network</p> <p>\$15 copay for Medicare-covered occupational therapy visits.</p> <p>\$15 copay for Medicare-covered physical therapy and/or speech and language pathology visits.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered occupational therapy visits.</p> <p>\$0 copay for Medicare-covered physical therapy and/or speech and language pathology visits.</p>
<p>In-Network</p> <p>20% of the cost for Medicare-covered durable medical equipment.</p>	<p>In-Network</p> <p>20% of the cost for Medicare-covered durable medical equipment.</p>	<p>In-Network</p> <p>20% of the cost for Medicare-covered durable medical equipment.</p>
<p>In-Network</p> <p>20% of the cost for Medicare-covered prosthetic devices.</p>	<p>In-Network</p> <p>20% of the cost for Medicare-covered prosthetic devices.</p>	<p>In-Network</p> <p>20% of the cost for Medicare-covered prosthetic devices.</p>
<p>In-Network</p> <p>\$0 copay for Medicare-covered diabetes self-management training.</p> <p>20% of the cost for Medicare-covered Diabetes monitoring supplies.</p> <p>Diabetic supplies and services are limited to specific manufacturers, products and/or brands. Contact the plan for a list of covered supplies.</p> <p>20% of the cost for Medicare-covered therapeutic shoes or inserts.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered diabetes self-management training.</p> <p>20% of the cost for Medicare-covered Diabetes monitoring supplies.</p> <p>Diabetic supplies and services are limited to specific manufacturers, products and/or brands. Contact the plan for a list of covered supplies.</p> <p>20% of the cost for Medicare-covered therapeutic shoes or inserts.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered diabetes self-management training.</p> <p>20% of the cost for Medicare-covered diabetes monitoring supplies.</p> <p>Diabetic supplies and services are limited to specific manufacturers, products and/or brands. Contact the plan for a list of covered supplies.</p> <p>20% of the cost for Medicare-covered therapeutic shoes or inserts.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Basic (Cost)
<p>21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<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 supplemental 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>20% of the cost for Medicare-covered x-rays.</p> <p>20% of the cost for Medicare-covered diagnostic radiology services (not including x-rays).</p> <p>20% of the cost for Medicare-covered therapeutic radiology services.</p>
<p>22 - Cardiac and Pulmonary Rehabilitation Services</p>	<p>20% coinsurance for cardiac rehabilitation services.</p> <p>20% coinsurance for pulmonary rehabilitation services.</p> <p>20% coinsurance for intensive cardiac rehabilitation services.</p> <p>This applies to program services provided in a doctor's office. Specified cost sharing for program services provided by hospital outpatient departments.</p>	<p>In-Network</p> <p>20% of the cost for Medicare-covered cardiac rehabilitation services.</p> <p>20% of the cost for Medicare-covered intensive cardiac rehabilitation services.</p> <p>20% of the cost for Medicare-covered pulmonary rehabilitation services.</p>

HealthPartners® Freedom Vital (Cost)	HealthPartners® Freedom Balance (Cost)	HealthPartners® Freedom Ultimate (Cost)
<p>In-Network</p> <p>0% of the cost for Medicare-covered lab services.</p> <p>10% of the cost for Medicare-covered diagnostic procedures and tests.</p> <p>10% of the cost for Medicare-covered x-rays.</p> <p>20% of the cost for Medicare-covered diagnostic radiology services (not including x-rays).</p> <p>10% of the cost for Medicare-covered therapeutic radiology services.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> ▪ lab services ▪ diagnostic procedures and tests ▪ x-rays ▪ therapeutic radiology services <p>10% of the cost for Medicare-covered diagnostic radiology services (not including x-rays).</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered:</p> <ul style="list-style-type: none"> ▪ lab services ▪ diagnostic procedures and tests ▪ x-rays ▪ diagnostic radiology services (not including x-rays) ▪ therapeutic radiology services.
<p>In-Network</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> ▪ Medicare-covered cardiac rehabilitation services ▪ Medicare-covered intensive cardiac rehabilitation services ▪ Medicare-covered pulmonary rehabilitation services. 	<p>In-Network</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> ▪ Medicare-covered cardiac rehabilitation services ▪ Medicare-covered intensive cardiac rehabilitation services ▪ Medicare-covered pulmonary rehabilitation services. 	<p>In-Network</p> <p>\$0 copay for:</p> <ul style="list-style-type: none"> ▪ Medicare-covered cardiac rehabilitation services ▪ Medicare-covered intensive cardiac rehabilitation services ▪ Medicare-covered pulmonary rehabilitation services.

Benefit Category	Original Medicare	HealthPartners® Freedom Basic (Cost)
PREVENTIVE SERVICES, WELLNESS/EDUCATION AND OTHER SUPPLEMENTAL BENEFIT PROGRAMS		
23 - Preventive Services, Wellness/ Education and other Supplemental Benefit Programs	<p>No coinsurance, copayment or deductible for the following:</p> <ul style="list-style-type: none"> ▪ Abdominal Aortic Aneurysm Screening ▪ Bone Mass Measurement. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. ▪ Cardiovascular Screening ▪ Cervical and Vaginal Cancer Screening. Covered once every 2 years. Covered once a year for women with Medicare at high risk. ▪ Colorectal Cancer Screening ▪ Diabetes Screening ▪ Influenza Vaccine ▪ Hepatitis B Vaccine for people with Medicare who are at risk ▪ HIV Screening. \$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy. ▪ Breast Cancer Screening (Mammogram). Medicare covers screening mammograms once every 12 months for all women with Medicare age 40 and older. Medicare covers one baseline mammogram for women between ages 35-39. 	<p>General</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by covered by the plan or by Original Medicare.</p> <p>In-Network</p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> ▪ Nursing hotline. <p>\$0 copay for web and telephone-based technologies. Contact plan for details.</p> <p>See page 34 for additional information about Preventive Services, Wellness/Education and Other Supplemental Benefit Programs.</p>

Continued

HealthPartners® Freedom Vital (Cost)	HealthPartners® Freedom Balance (Cost)	HealthPartners® Freedom Ultimate (Cost)
<p>General</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by covered by the plan or by Original Medicare.</p> <p>In-Network</p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> ▪ Additional smoking and tobacco use cessation visits. ▪ Health club membership/fitness classes. ▪ Nursing hotline. <p>\$0 copay for web and telephone-based technologies. Contact plan for details.</p> <p>See page 34 for additional information about Preventive Services, Wellness/Education and Other Supplemental Benefit Programs.</p>	<p>General</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by covered by the plan or by Original Medicare.</p> <p>In-Network</p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> ▪ Additional smoking and tobacco use cessation visits. ▪ Health club membership/fitness classes. ▪ Nursing hotline. <p>\$0 copay for web and telephone-based technologies. Contact plan for details.</p> <p>See page 34 for additional information about Preventive Services, Wellness/Education and Other Supplemental Benefit Programs.</p>	<p>General</p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Any additional preventive services approved by Medicare mid-year will be covered by covered by the plan or by Original Medicare.</p> <p>In-Network</p> <p>The plan covers the following supplemental education/wellness programs:</p> <ul style="list-style-type: none"> ▪ Additional smoking and tobacco use cessation visits. ▪ Health club membership/fitness classes. ▪ Nursing hotline. <p>\$0 copay for web and telephone-based technologies. Contact plan for details.</p> <p>See page 34 for additional information about Preventive Services, Wellness/Education and Other Supplemental Benefit Programs.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Basic (Cost)
	<ul style="list-style-type: none"> ▪ Medical Nutrition Therapy Services. 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 and may include a nutritional assessment and counseling to help you manage your diabetes or kidney disease. ▪ Personalized Prevention Plan Services (Annual Wellness Visits). ▪ Pneumococcal Vaccine. You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. ▪ Prostate Cancer Screening – Prostate Specific Antigen (PSA) test only. Covered once a year for all men with Medicare over age 50. ▪ Smoking and Tobacco Use Cessation (counseling to stop smoking and tobacco use). Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period. Each counseling attempt includes up to four face-to-face visits. ▪ Screening and behavioral counseling interventions in primary care to reduce alcohol misuse. ▪ Screening for depression in adults. ▪ Screening for sexually transmitted infections (STI) and high intensity behavioral counseling to prevent STIs. ▪ Intensive behavioral counseling for cardiovascular disease (bi-annual). ▪ Intensive behavioral therapy for obesity. <p style="text-align: center;"><i>Continued</i></p>	

	HealthPartners® Freedom Vital (Cost)	HealthPartners® Freedom Balance (Cost)	HealthPartners® Freedom Ultimate (Cost)

Benefit Category	Original Medicare	HealthPartners® Freedom Basic (Cost)
	<ul style="list-style-type: none"> Welcome to Medicare Preventative Visits (initial preventive physical exam). When you join Medicare Part B, then you are eligible as follows. During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare Preventative Visit or an Annual Wellness Visit. After your first 12 months, you can get one Annual Wellness Visit every 12 months. 	
24 - Kidney Disease and Conditions	20% coinsurance for renal dialysis. 20% coinsurance for kidney disease education services.	General Cost plan members pay Original Medicare cost sharing for out-of-area dialysis. In-Network 20% of the cost for Medicare-covered renal dialysis. \$0 copay for Medicare-covered kidney disease education services.
PRESCRIPTION DRUG BENEFITS		
25 - Outpatient Prescription Drugs	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.	Drugs covered under Medicare Part B General Most drugs not covered. 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs. Drugs covered under Medicare Part D General This plan does not offer prescription drug coverage.

HealthPartners® Freedom Vital (Cost)	HealthPartners® Freedom Balance (Cost)	HealthPartners® Freedom Ultimate (Cost)
<p>General Cost plan members pay Original Medicare cost sharing for out-of-area dialysis.</p> <p>In-Network \$0 copay for Medicare-covered renal dialysis. \$0 copay for Medicare-covered kidney disease education services.</p>	<p>General Cost plan members pay Original Medicare cost sharing for out-of-area dialysis.</p> <p>In-Network \$0 copay for Medicare-covered renal dialysis. \$0 copay for Medicare-covered kidney disease education services.</p>	<p>General Cost plan members pay Original Medicare cost sharing for out-of-area dialysis.</p> <p>In-Network \$0 copay for Medicare-covered renal dialysis. \$0 copay for Medicare-covered kidney disease education services.</p>
<p>Drugs covered under Medicare Part B</p> <p>General Most drugs not covered. 0% to 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs. See page 35 for additional information on Outpatient Prescription Drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan does not offer prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General Most drugs not covered. 0% to 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs. See page 35 for additional information on Outpatient Prescription Drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan does not offer prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General Most drugs not covered. 0% to 20% of the cost for Medicare Part B chemotherapy drugs and other Part B drugs. See page 35 for additional information on Outpatient Prescription Drugs.</p> <p>Drugs covered under Medicare Part D</p> <p>General This plan does not offer prescription drug coverage.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Basic (Cost)
OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
26 -Dental Services	Preventive dental services (such as cleaning) not covered.	<p>In-Network</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p> <p>20% of the cost for Medicare-covered dental benefits.</p>
27 -Hearing Services	<p>Supplemental routine hearing exams and hearing aids not covered.</p> <p>20% coinsurance for diagnostic hearing exams.</p>	<p>In-Network</p> <p>In general, supplemental routine hearing exams and hearing aids not covered.</p> <p>20% of the cost for Medicare-covered diagnostic hearing exams.</p>
28 -Vision Services	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye.</p> <p>Supplemental routine eye exams and glasses not covered.</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk.</p>	<p>In-Network</p> <p>This plan offers only Medicare-covered eye care and eyewear.</p> <p>0% to 20% of the cost for Medicare-covered exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.</p> <p>See page 35 for additional information about Vision Services.</p>
Over-the-Counter Items	Not covered.	<p>General</p> <p>The plan does not cover over-the-counter items.</p>
Transportation (Routine)	Not covered.	<p>In-Network</p> <p>This plan does not cover supplemental routine transportation.</p>

HealthPartners® Freedom Vital (Cost)	HealthPartners® Freedom Balance (Cost)	HealthPartners® Freedom Ultimate (Cost)
<p>In-Network</p> <p>This plan covers some preventive dental benefits for an extra cost (see “Optional Supplemental Benefits”).</p> <p>0% of the cost for Medicare-covered dental benefits.</p> <p>See page 35 for additional information about Dental Services.</p>	<p>In-Network</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> ▪ up to 1 oral exam(s) every year ▪ up to 1 cleaning(s) every year ▪ up to 1 dental x-ray(s) every year. <p>0% of the cost for Medicare-covered dental benefits.</p> <p>See page 35 for additional information about Dental Services.</p>	<p>In-Network</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> ▪ up to 1 oral exam(s) every year ▪ up to 1 cleaning(s) every year ▪ up to 1 dental x-ray(s) every year. <p>0% of the cost for Medicare-covered dental benefits.</p> <p>See page 35 for additional information about Dental Services.</p>
<p>In-Network</p> <p>Hearing aids not covered.</p> <p>\$40 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$0 copay for up to 1 supplemental routine hearing exam(s) every year.</p>	<p>In-Network</p> <p>Hearing aids not covered.</p> <p>\$15 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$0 copay for up to 1 supplemental routine hearing exam(s) every year.</p>	<p>In-Network</p> <p>Hearing aids not covered.</p> <p>\$0 copay for Medicare-covered diagnostic hearing exams.</p> <p>\$0 copay for up to 1 supplemental routine hearing exam(s) every year.</p>
<p>In-Network</p> <p>\$0 to \$40 copay for Medicare-covered exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.</p> <p>\$0 copay for up to 1 supplemental routine eye exam(s) every year.</p> <p>See page 35 for additional information about Vision Services.</p>	<p>In-Network</p> <p>\$0 to \$15 copay for Medicare-covered exams to diagnose and treat diseases and conditions of the eye.</p> <p>\$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.</p> <p>\$0 copay for up to 1 supplemental routine eye exam(s) every year.</p> <p>See page 35 for additional information about Vision Services.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered diagnosis and treatment for diseases and conditions of the eye.</p> <p>\$0 copay for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.</p> <p>\$0 copay for up to 1 supplemental routine eye exam(s) every year.</p>
<p>General</p> <p>The plan does not cover over-the-counter items.</p>	<p>General</p> <p>The plan does not cover over-the-counter items.</p>	<p>General</p> <p>The plan does not cover over-the-counter items.</p>
<p>In-Network</p> <p>This plan does not cover supplemental routine transportation.</p>	<p>In-Network</p> <p>This plan does not cover supplemental routine transportation.</p>	<p>In-Network</p> <p>This plan does not cover supplemental routine transportation.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Basic (Cost)
Acupuncture	Not covered.	In-Network This plan does not cover acupuncture.
OPTIONAL SUPPLEMENTAL PACKAGE #1		
Premium and Other Important Information		
Dental Services		Not available.

HealthPartners® Freedom Vital (Cost)	HealthPartners® Freedom Balance (Cost)	HealthPartners® Freedom Ultimate (Cost)
<p>In-Network</p> <p>\$35 copay per acupuncture visit.</p>	<p>In-Network</p> <p>\$15 copay per acupuncture visit.</p>	<p>In-Network</p> <p>\$0 copay per acupuncture visit.</p>
<p>General</p> <p>Package: 1 – Freedom Comprehensive Dental Benefit:</p> <p>\$38.75 monthly premium, in addition to your \$53 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> ▪ Preventive dental. ▪ Comprehensive dental. 	<p>General</p> <p>Package: 1 – Freedom Comprehensive Dental Benefit:</p> <p>\$38.75 monthly premium, in addition to your \$93 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> ▪ Preventive dental. ▪ Comprehensive dental. 	<p>General</p> <p>Package: 1 – Freedom Comprehensive Dental Benefit:</p> <p>\$38.75 monthly premium, in addition to your \$143 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits:</p> <ul style="list-style-type: none"> ▪ Preventive dental ▪ Comprehensive dental.
<p>General</p> <p>Plan offers additional comprehensive dental benefits.</p> <p>In-Network</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> ▪ up to 2 oral exam(s) every year ▪ up to 2 cleaning(s) every year ▪ up to 1 dental x-ray(s) every year. <p>\$1,100 plan coverage limit for dental benefits every year.</p> <p>See page 35 for additional information about Dental Services.</p>	<p>General</p> <p>Plan offers additional comprehensive dental benefits.</p> <p>In-Network</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> ▪ up to 2 oral exam(s) every year ▪ up to 2 cleaning(s) every year ▪ up to 1 dental x-ray(s) every year. <p>\$1,100 plan coverage limit for comprehensive dental benefits every year.</p> <p>See page 35 for additional information about Dental Services.</p>	<p>General</p> <p>Plan offers additional comprehensive dental benefits.</p> <p>In-Network</p> <p>\$0 copay for the following preventive dental benefits:</p> <ul style="list-style-type: none"> ▪ up to 2 oral exam(s) every year ▪ up to 2 cleaning(s) every year ▪ up to 1 dental x-ray(s) every year. <p>\$1,100 plan coverage limit for comprehensive dental benefits every year.</p> <p>See page 35 for additional information about Dental Services.</p>

ADDITIONAL BENEFIT INFORMATION FOR SELECTED BENEFIT CATEGORIES

8 – Doctor Office Visits (pp. 14-15)

Convenience Care: Convenience clinic visits at walk-in clinics that have a contract with us. Contracted convenience care clinics are designated on our website at healthpartners.com/medicare.

Vital Plan: You pay \$15 for primary care doctor visit and convenience care visit.

15 – Emergency Care (pp. 18-19)

Vital Plan: You pay \$75 for each Medicare-covered emergency room visit in the U.S.
You pay 20% outside the U.S.

Balance Plan: You pay \$65 for each Medicare-covered emergency room visit in the U.S.
You pay 20% outside the U.S.

Ultimate Plan: 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 (pp. 18-19)

Vital Plan: You pay \$40 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.

Balance Plan: 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.

Ultimate Plan: 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.

23 – Preventive Services, Wellness / Education and Other Supplemental Benefit Programs (pp. 24-25)

Vital, Balance and Ultimate Plans: Silver&Fit® Fitness club and exercise center membership available through the Silver&Fit program. The Silver&Fit program includes an extensive network of fitness facilities to choose from, along with a home fitness option for members who prefer to work out at home. For more details, please see the *Silver&Fit* flyer.

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Web-based technologies - virtuwell™

virtuwell, at virtuwell.com, is a web-based clinic available 24/7 without appointment. You can use virtuwell to receive a diagnosis and treatment plan for simple, common conditions. These conditions include colds, coughs, allergies, ear pain, sinus infections, etc. Limited to 5 covered online visits per year. For more details, please see the *HealthPartners® Freedom 2013 Plan Comparison Guide*.

25 – Outpatient Prescription Drugs (p. 29)

No cost sharing for Medicare-covered Part B injections administered in a physician's office such as allergy injections and all other injections. 20% cost sharing applies to all other Part B drugs.

28 – Vision Services (pp. 30-31)

Basic Plan: 20% coinsurance applies to outpatient physician services for eye care. No cost sharing for Medicare-covered glaucoma screening.

Vital Plan: \$40 copay applies to outpatient physician services for eye care. No cost sharing for Medicare-covered glaucoma screening.

Balance Plan: \$15 copay applies to outpatient physician services for eye care. No cost sharing for Medicare-covered glaucoma screening.

Optional Supplemental Dental Package (pp. 32-33)

Vital, Balance and Ultimate Plans: Benefit includes coverage for preventive and diagnostic care and sealants, fillings, oral surgery, prosthetics and more. For more details, please see the 2013 HealthPartners® Freedom (Cost) Dental Benefit flyer or the *HealthPartners® Freedom 2013 Plan Comparison Guide*.



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