

A colorful illustration of a man and a woman working in a garden. The man, on the left, is wearing a blue baseball cap, a light blue striped shirt, dark blue pants, and green rubber boots. He is holding a brown-handled rake and has a small orange bucket next to him. A small yellow bird with glasses is perched on a shovel to his left. The woman, on the right, is wearing a straw hat with a purple band, a blue long-sleeved shirt, and black pants. She is carrying a yellow basket filled with purple flowers. Both characters have a cheerful expression.

Thank you for your interest in HealthPartners® Freedom.

We understand you have many options for Medicare coverage. Here's why you should 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 34,000 providers, the Silver&Fit® fitness program, a comprehensive drug formulary and other online tools.
- » **Top-rated service and care.** HealthPartners Freedom is Minnesota's top-ranked Medicare plan, and ranked number 11 in the nation.* 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 Medicare Health Insurance Plan Rankings, 2011-2012. Released September 20, 2011. HealthPartners is also known as Group Health, Inc. NCQA is a private, non-profit organization dedicated to improving health care quality. NCQA evaluated 403 Medicare health plans and ranked 341 of those based on clinical performance, member satisfaction and NCQA Accreditation.

** NCQA's Accreditation Survey. Released May 15, 2011.



Quick reference: 2013 Freedom plan comparison

Getting started

	Freedom Basic	Freedom Vital with Rx	Freedom Balance with Rx	Freedom Ultimate with Rx	Freedom Ultimate with Enhanced Rx
Monthly premium	\$46	Medical: \$53 Drug: \$13.90 Total: \$66.90	Medical: \$93 Drug: \$16.60 Total: \$109.60	Medical: \$143 Drug: \$34.20 Total: \$177.20	Medical: \$143 Drug: \$199.80 Total: \$342.80
Doctor office visit	You pay 20% of the cost.	You pay \$15 per visit for primary care and \$40 per visit for specialty care.	You pay \$15 per visit.	You pay \$0 per visit.	
virtuwell®	Five free visits, then no more than \$40/visit to this 24/7 online clinic				
Preventive care	100% coverage.				
Inpatient hospital	You pay \$600 per benefit period.	You pay \$300 per benefit period.	You pay \$150 per benefit period.	You pay \$0 per benefit period.	
Emergency care	You pay \$100 per visit.	You pay \$75 per visit.	You pay \$65 per visit.	You pay \$0 per visit.	
Travel coverage	Coverage for up to 9 months within U.S.				
Prescription drug (Part D) coverage					
Deductible	Not offered.	You pay \$175 deductible on all drugs except specialty drugs.	You pay \$125 deductible on all drugs except specialty drugs.	You pay \$175 deductible on all drugs except specialty drugs.	You pay \$100 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, \$40 for preferred brand, \$65 for non-preferred brand and 33% for specialty.
Coverage gap	Not offered.	You pay 79% for generics and 47.5% for brand drugs.			You pay \$10 for generics and 40% for preferred brand. You receive a discount on non-preferred brand and specialty drugs.
Catastrophic coverage	Not offered.	You pay 5% or \$2.65 for generics and 5% or \$6.60 for all brand drugs, whichever is greater.			

*You must continue to pay your Medicare Part B premium.

Optional dental coverage is available with Freedom Vital, Balance and Ultimate. Freedom Vital, Balance and Ultimate are also available without prescription drug coverage. To learn more, flip to the detailed overview starting on page 14.

Common Medicare vocabulary

Use this as a reference while reviewing your plan option on the next pages!

Copay or Copayment: The amount of money you pay when you use a medical service; usually a flat dollar amount like \$15.

Coinsurance: The percentage of the total bill you pay when you use a medical service.

Creditable Coverage: Prescription drug coverage that is equal to or better than standard Medicare Part D.

Deductible: The amount of money you pay for a medical service before your health plan coverage kicks in.

Election period: The time when an eligible person can choose to join or leave the Original Medicare Plan and/or a Medicare plan, such as the Freedom plan.

Formulary: A list of drugs that are approved for use and covered by the health plan.

Generic drug: A medication that has the same active-ingredient formula as a brand name drug, but usually costs less. Generic drugs are rated by the U.S. Food and Drug Administration to be just as safe and effective as their brand name equivalents.

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 medicines 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?

Medicare Cost plan: A Cost plan provides all Medicare benefits, but enrollees are not restricted to the health plan to receive services.

The enrollee can receive services outside the plan's network and be reimbursed by Medicare. The Freedom plan is a Medicare Cost plan.

Network: Doctors, hospitals, pharmacies and other health care experts who have agreed to predetermined payment arrangements when treating plan members. Plan members get the lowest cost for services when using network providers.

Non-preferred brands: Brand drugs that generally have one or more generic alternative.

Preferred brands: Brand drugs that often do not have a generic alternative.

Premium: The amount you pay each month for your health plan.

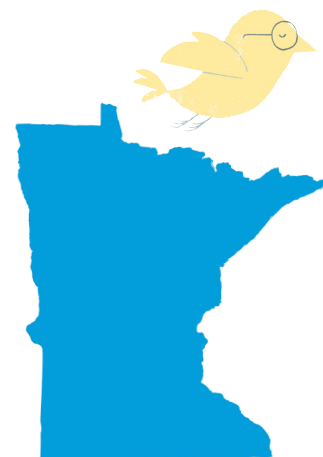
Provider: Any organization, institution or individual that supplies health care services.

Service area: The defined geographic region where a health plan accepts members and where the plan's services are provided.

HealthPartners® Freedom service area

The Freedom plan is available in every county in Minnesota:

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



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

To enroll in Freedom, you must:

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

**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) — \$46 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) — \$66.90 monthly

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

Freedom Balance with Rx (Cost) — \$109.60 monthly

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

Freedom Ultimate with Rx (Cost) — \$177.20 monthly; with Enhanced Rx — \$342.80 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.

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.

*You must continue to pay your Medicare Part B premium.

Our network

With our large network of 34,000 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
- Fairview Health Services
- University of Minnesota Physicians
- North Memorial Health Care
- HealthEast Care System
- Aspen Medical Group
- Essentia (Duluth)
- St. Luke's (Duluth)
- CentraCare (St. Cloud)
- St. Cloud 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 34,000 providers in our network.





Sick. Click. Cured.

Freedom members get five 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 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 five 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 pages 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 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.

CareLineSM Service and HealthPartners[®] Nurse NavigatorsSM Program

You have free access to CareLineSM and Nurse NavigatorsSM. 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 and tobacco use 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.



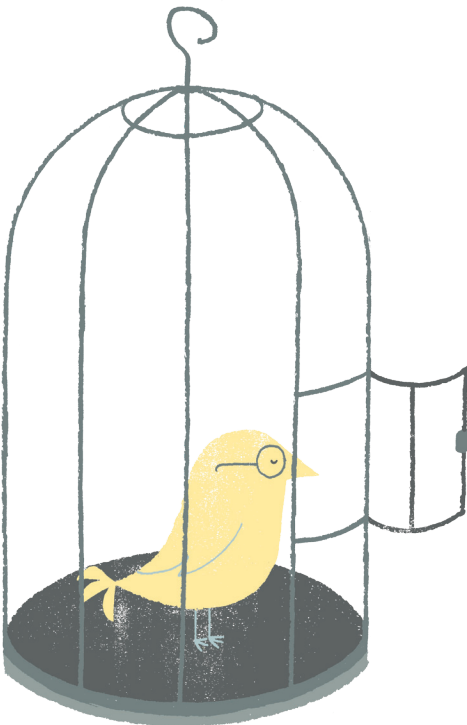
Original Medicare overview

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 pay in 2012. These amounts may change for 2013.

Part A: Hospital Insurance

- Most people pay no monthly premium if you or a spouse paid Medicare taxes while working
- Hospital stay, you pay:
 - » \$1,156 deductible and no coinsurance for days 1-60 of each stay
 - » \$289 per day for days 61-90 of each stay
 - » \$578 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
 - » \$144.50 per day for days 21-100
 - » All costs for each day after day 100
- Home health care, you pay:
 - » \$0 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 \$99.90 monthly premium as a new enrollee
 - » Premium is calculated on a sliding scale based on income; you can pay up to \$319.70 in 2012
- You pay \$140 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 because there are things Original Medicare (Medicare Parts A and B) does not cover:

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

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. It runs from October 15 to December 7.

Enrollment periods

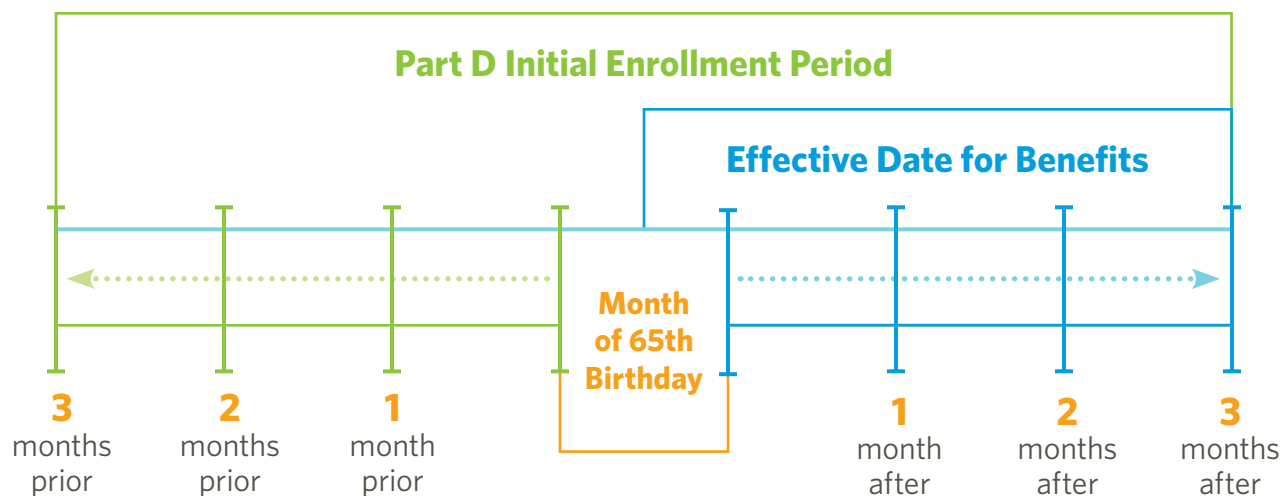
You can enroll in a Cost plan like HealthPartners Freedom any time, though there may be limitations if you are currently enrolled in another Medicare plan or a Cost plan with prescription drug coverage. Visit **medicare.gov** for more information.

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 plan with Part D prescription drug coverage. This period is from three months before to three months after your 65th birthday month. See the chart on the next page.

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



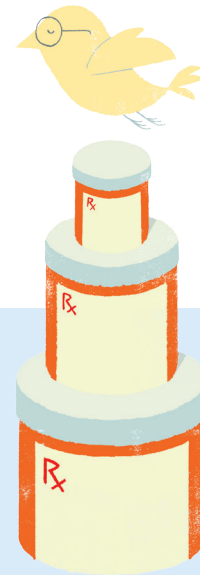
Freedom plan options

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	\$46	\$53
Rx (Part D)	Not offered	\$13.90
Enhanced Rx (Part D)	Not offered	Not offered
Medical and Rx Combined	Not offered	\$66.90

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.



*You must continue to pay your Medicare Part B premium.

Freedom Balance	Freedom Ultimate
\$93	\$143
\$16.60	\$34.20
Not offered	\$199.80
109.60	\$177.20 with Rx \$342.80 with Enhanced Rx

Don't forget your teeth!

If you want dental coverage, check out pages 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: - Nursing hotline	This plan covers these health/wellness education benefits: - 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 pages 28-29.
Travel Benefit (Extended Absence Benefit)		
Out of State Within the U.S.	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 any claims 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 any claims for reimbursement of out-of-pocket costs.
Out of the U.S.	Coverage in the U.S. for urgent or emergency care. You pay 20% of the cost.	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 and tobacco use counseling. It also includes screening and behavioral counseling for alcohol misuse, cardiovascular disease, obesity; screening for diabetes, depression, sexually transmitted diseases; medical nutrition therapy; and the pneumococcal vaccine.

* In-network, Medicare-covered care/services/supplies

Freedom Balance	Freedom Ultimate
Your Cost	Your Cost
\$0 (100% coverage)	\$0 (100% coverage)
<p>This plan covers these health/wellness education benefits:</p> <ul style="list-style-type: none"> - Additional smoking cessation - Health club membership/fitness classes - Nursing hotline 	<p>This plan covers these health/wellness education benefits:</p> <ul style="list-style-type: none"> - Additional smoking cessation - Health club membership/fitness classes - Nursing hotline
<p>You pay \$0 for:</p> <ul style="list-style-type: none"> - 1 preventive exam - 1 cleaning - 1 set of X-rays <p>Comprehensive dental coverage is available. See pages 28-29.</p>	<p>You pay \$0 for:</p> <ul style="list-style-type: none"> - 1 preventive exam - 1 cleaning - 1 set of X-rays <p>Comprehensive dental coverage is available. See pages 28-29.</p>
<p>Call Member Services to activate!</p> <p>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 any claims for reimbursement of out-of-pocket costs.</p>	<p>Call Member Services to activate!</p> <p>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 any claims for reimbursement of out-of-pocket costs.</p>
<p>Worldwide coverage for urgent or emergency care. You pay 20% of the cost.</p>	<p>Worldwide coverage for urgent or emergency care. You pay 20% of the cost.</p>

Benefit Category	Freedom Basic	Freedom Vital
	Your Cost	Your Cost
Office Visit/Outpatient 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 everyday medical conditions. Visit virtuwell.com .	\$0 for first five visits. After that, visits are not covered, but you will pay no more than \$40 per visit.	\$0 for first five 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 (MRI, CT) - therapeutic radiology services (cancer treatment)	\$0 copay for lab services 10% of the cost for - X-rays - diagnostic procedures and tests - therapeutic radiology services (cancer treatment) 20% of the cost for diagnostic radiology services (MRI, CT)
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
Podiatry Services	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

* In-network, Medicare-covered care/services/supplies

** Occupational and physical therapy, speech and language pathology

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 five visits. After that, visits are not covered, but you will pay no more than \$40 per visit.	\$0 for first five 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 (cancer treatment) 10% of the cost for diagnostic radiology services (MRI, CT)	\$0 copay for - lab services - X-rays - diagnostic procedures and tests - therapeutic radiology services (cancer treatment) - diagnostic radiology services (MRI, CT)
\$15 copay/individual therapy visit \$7.50 copay/group therapy visit	\$0 copay
\$15 copay	\$0 copay
\$15 copay	\$0 copay
\$15 copay	\$0 copay
\$15 copay	\$0 copay
\$15 copay	\$0 copay
\$0 copay	\$0 copay

Benefit Category	Freedom Basic	Freedom Vital
	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 Plan covers 60 lifetime reserve days \$0 copay per lifetime reserve stay	\$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 Medicare-certified 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

* In-network, Medicare-covered care/services/supplies

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

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 \$20 copay for education services	\$0 copay
Other Services*		
Home Health Care**	\$0 copay	\$0 copay

* In-network, Medicare-covered care/services/supplies

** 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

Benefit Category	Freedom Basic	Freedom Vital
	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 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

* In-network, Medicare-covered care/services/supplies

** If you are admitted to the hospital within 24-hours 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. 20% of the cost outside the U.S.	\$0 copay in 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.

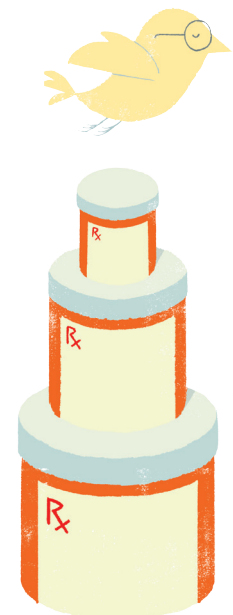
Benefit Category	Freedom Basic	Freedom Vital with Rx	Freedom Balance with Rx
	Your Cost	Your Cost	Your Cost
Prescription Drug Coverage Under Medicare Part D*			
Monthly Premium (Medical + Rx = Total)	Not offered	\$53 + \$13.90 Total: \$66.90	\$93 + \$16.60 Total: \$109.60
Deductible	Not offered	You pay \$175 deductible on all drugs except specialty drugs.	You pay \$125 deductible on all drugs except specialty drugs.
Copays/Coinsurance (until costs reach \$2,970)	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 \$2,970)	Not offered	You pay 79% for generics and 47.5% for brand drugs.	You pay 79% for generics and 47.5% for brand drugs.
Catastrophic Coverage (after costs reach \$4,750)	Not offered	You pay 5% or \$2.65 for generics and 5% or \$6.60 for all brand drugs, whichever is greater.	You pay 5% or \$2.65 for generics and 5% or \$6.60 for all brand drugs, whichever is greater.

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

Save on your prescriptions!

Get prescriptions delivered right to your door with HealthPartners myMailRx, our mail order pharmacy. It saves you more than time and gas—most HealthPartners members get a three-month supply of their medicine for just two copays!

Visit healthpartners.com/myMailRx to learn more.



* In-network pharmacies

Freedom Ultimate with Rx	Freedom Ultimate with Enhanced Rx
Your Cost	Your Cost
\$143 + \$34.20 Total: \$177.20	\$143 + \$199.80 Total: \$342.80
You pay \$175 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 79% for generics and 47.5% for brand drugs.	You pay \$10 for generics. You pay 40% for preferred brand drugs, and with the manufacturer discount applied your costs are further reduced by 50%. You pay 47.5% for non-preferred brand and specialty drugs.
You pay 5% or \$2.65 for generics and 5% or \$6.60 for all brand drugs, whichever is greater.	You pay 5% or \$2.65 for generics and 5% or \$6.60 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

Benefit Category	Freedom Basic	Freedom Vital
	Your Cost	Your Cost
Dental Coverage		
Monthly Premium	Not offered	\$38.75
Preventive and Diagnostic Care - Routine examinations and cleanings - X-rays	Not offered	\$0 (100% coverage)
Sealants - Pit and fissure sealants	Not offered	50% of the cost
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 do apply to the annual maximum.

Freedom Balance	Freedom Ultimate
Your Cost	Your Cost
\$38.75	\$38.75
\$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% of the cost	50% of the cost
\$50	\$50
\$1,100 Preventive and diagnostic services do not apply to the annual maximum.	\$1,100 Preventive and diagnostic services do not apply to the annual maximum.

You choose how 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
- 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 prepaid 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 1 through February 14, we're open from 8 a.m. to 8 p.m., seven days a week. You'll speak with a representative.

From February 15 to September 30, 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



