

# Who said Medicare is the same for everyone?

**PARTNER WITH A PLAN CENTERED ON YOU.**

HealthPartners® Freedom (Cost) 2017 Minnesota Summary of Benefits

**January 1, 2017 – December 31, 2017**



HealthPartners Freedom Basic (Cost)  
HealthPartners Freedom Vital (Cost)  
HealthPartners Freedom Vital with Rx (Cost)  
HealthPartners Freedom Active (Cost)  
HealthPartners Freedom Active with Rx (Cost)  
HealthPartners Freedom Balance (Cost)  
HealthPartners Freedom Balance with Rx (Cost)  
HealthPartners Freedom Ultimate (Cost)  
HealthPartners Freedom Ultimate with Rx (Cost)  
HealthPartners Freedom Ultimate with  
Enhanced Rx (Cost)

# Hello!

I've talked to a lot of people on their journey to choosing the best Medicare plan for them. The one thing I hear the most? "Medicare is so confusing." And as the manager of our Sales team, that's the last thing I want it to be.

I know you have things you need to stay healthy for—traveling, chasing grandkids, starting a new hobby. At the end of the day, a reliable partner in your health makes all the difference. I've seen firsthand how our passion and dedication make Medicare a simple transition.

This booklet has information to help you get to know your HealthPartners Freedom plan options. Have questions along the way? My team and I are here to answer them. Whether you want to learn more about the Freedom plan or simply have questions about Medicare, give us a call.

In the meantime, here are a few questions I tell people to ask themselves when shopping for a Medicare plan:

- Can I keep my doctor?
- Do I need referrals to see specialists?
- Does it have a high Star Rating?
- Are my meds covered?
- Am I covered when I travel?

Keep these in mind when you read through this booklet. And don't hesitate to call us or your broker with questions. We look forward to helping you find the plan that fits you best.



Sincerely,

A handwritten signature in cursive that reads "Sara Wagner".

Sara Wagner



## WE'RE HERE TO HELP

**952-883-5601** or **800-247-7015** (TTY: 711)

From October 1 through February 14, we're here 8 a.m. to 8 p.m., seven days a week. From February 15 to September 30, call us 8 a.m. to 8 p.m., Monday through Friday.

# Enjoy your freedom

HealthPartners Freedom gives you the care and coverage you need to stay healthy for what matters most. Choose from five medical plan options and – with most plans – pair with Part D prescription drug coverage to get the best value. Plus, you can also choose optional dental coverage with most plans.

## A guide to comparing your options

Use this summary of benefits to get to know your Freedom plan options. It outlines what each plan covers and what you pay for those services. This summary booklet doesn't list everything we cover, or every limitation or exclusion. For a complete list of covered services, give us a call at the numbers on page 12 and ask for the Evidence of Coverage.

## Who can join?

Anyone who has Medicare Parts A and B, or Part B only, and lives in our service area can join HealthPartners Freedom. The Freedom service area includes all of Minnesota.

## More than 51,000 providers and no referrals needed

Love your doctor? So do we. Chances are they're in our network. Plus, you're not limited to HealthPartners clinics. And, if you ever need to visit the hospital, you'll be covered at more than 400 locations.

If you use the providers in our network, you may pay less for covered services. You can also use providers that aren't in our network, but you may end up paying more.

Search providers at [healthpartners.com/finddr](https://healthpartners.com/finddr). Prefer a printed copy of our provider directory? Call us at the numbers on page 12.

## Wondering where to get care?

We have many clinic systems in our network, including but not limited to:

- HealthPartners Medical Group
- Park Nicollet Health Services
- Fairview Health Services
- University of Minnesota Physicians
- North Memorial Health Care
- HealthEast Care System
- Essentia Health (Duluth)
- St. Luke's (Duluth)
- CentraCare (St. Cloud)
- St. Cloud Medical Group
- Central Minnesota Clinics
- Stillwater Medical Group
- Sanford Health

## HERE ARE SOME TIPS FOR COMPARING YOUR OPTIONS:

1. Compare the plans on the following pages to see which one fits you best. Consider things like how often you visit your doctor and if you regularly see a specialist.
2. Do you take prescription meds? If you do, chances are you'll benefit from choosing a plan that has Part D prescription drug coverage. See pages 6 and 7 for more information.
3. Take a look at page 8 and decide if you want additional dental coverage.

**Questions?** Call my team of Medicare experts at the numbers on page 12.

– Sara Wagner

BENEFIT	FREEDOM BASIC	FREEDOM VITAL
<b>Monthly premium</b> (You must continue to pay your Medicare Part B premium)	Medical: \$29.90 No Rx	Medical only: \$38.90 Medical with Rx: \$70.40
<b>Part D deductible</b>	Not applicable	\$195
<b>Annual maximum out-of-pocket responsibility</b> (This is the most you'll pay out of pocket for the year, not including prescription medicines)	There is no out-of-pocket maximum	\$3,400
<b>Inpatient hospital coverage</b> (Cost per benefit period)	\$600	\$400
<b>Doctor visits</b>	Primary: 20% of the cost Specialist: 20% of the cost	Primary: \$15 Specialist: \$40
<b>Preventive care</b>	\$0	\$0
<b>Emergency care</b>	\$100	\$75
<b>Urgently needed services</b>	20% of the cost	\$40
<b>Diagnostic services/Labs/Imaging</b> (Costs for these services may vary based on place of service) <ul style="list-style-type: none"> <li>Diagnostic radiology (MRI, CT)</li> <li>Labs</li> <li>Diagnostic tests and procedures</li> <li>Outpatient X-rays</li> </ul>	20% of the cost \$0 20% of the cost 20% of the cost	20% of the cost \$0 \$0 10% of the cost
<b>Hearing services</b> <ul style="list-style-type: none"> <li>Routine exam</li> <li>Diagnostic exam</li> </ul>	Not covered 20% of the cost	\$0 \$40
<b>Dental services</b> <ul style="list-style-type: none"> <li>Medicare-covered non-routine dental (Check your Evidence of Coverage for details)</li> <li>Oral exam and cleaning</li> <li>X-ray</li> </ul>	20% of the cost Not covered Not covered	\$0 Not covered Not covered
<b>Vision services</b> <ul style="list-style-type: none"> <li>Routine exam</li> <li>Diagnostic exam</li> </ul>	Not covered 0%-20% of the cost	\$0 \$0-\$40
<b>Mental health services</b> <ul style="list-style-type: none"> <li>Individual therapy visit</li> <li>Group therapy visit</li> <li>Inpatient visit (per benefit period)</li> </ul>	20% of the cost 20% of the cost \$600	\$40 \$20 \$400
<b>Skilled nursing facility</b> <sup>1</sup> (Cost per benefit period)	Days 1-20: \$0 Days 21-100: \$130 per day	Days 1-20: \$0 Days 21-100: \$100 per day
<b>Rehabilitation services</b> (Occupational, physical, speech and language therapy visits)	20% of the cost	\$40
<b>Ambulance</b>	20% of the cost	20% of the cost
<b>Transportation</b>	Not covered	Not covered
<b>Foot care</b> (Podiatry services; medically necessary)	20% of the cost	\$40
<b>Medical equipment/supplies</b> <sup>1</sup> (Durable medical equipment, prosthetics, diabetes supplies)	20% of the cost	20% of the cost
<b>Wellness programs</b> (See page 10 for details) <ul style="list-style-type: none"> <li>Fitness benefit</li> <li>Tobacco cessation program</li> </ul>	Not covered Not covered	\$0 \$0
<b>Medicare Part B drugs</b> <sup>1</sup>	20% of the cost for chemotherapy drugs and other Part B drugs	0%-20% of the cost for chemotherapy drugs and other Part B drugs

FREEDOM ACTIVE	FREEDOM BALANCE	FREEDOM ULTIMATE
Medical only: \$69.90 Medical with Rx: \$111.20	Medical only: \$89.90 Medical with Rx: \$140.90	Medical only: \$160.20 Medical with Rx: \$231 Medical with enhanced Rx: \$363.90
\$180	\$175	With Rx: \$170   With enhanced Rx: \$150
\$3,000	\$3,000	\$3,000
\$200	\$200	\$100
Primary: \$20 Specialist: \$20	Primary: \$15 Specialist: \$15	Primary: \$0 Specialist: \$0
\$0	\$0	\$0
\$75	\$65	\$50
\$30	\$15	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$0 \$20	\$0 \$15	\$0 \$0
\$0 Not covered Not covered	\$0 \$0 \$0	\$0 \$0 \$0
\$0 \$0-\$20	\$0 \$0-\$15	\$0 \$0
\$20 \$10 \$200	\$15 \$7.50 \$200	\$0 \$0 \$100
Days 1-20: \$0 Days 21-100: \$100 per day	Days 1-100: \$0	Days 1-100: \$0
\$20	\$15	\$0
\$100	10% of the cost	\$0
Not covered	Not covered	Not covered
\$20	\$15	\$0
20% of the cost	20% of the cost	20% of the cost
\$0 \$0	\$0 \$0	\$0 \$0
0%-20% of the cost for chemotherapy drugs and other Part B drugs	0%-20% of the cost for chemotherapy drugs and other Part B drugs	0%-20% of the cost for chemotherapy drugs and other Part B drugs

<sup>1</sup> Prior authorization may be required for certain services.

# Part D prescription drug coverage

Use this table to see the Part D coverage with each plan. The costs below show what you'll pay at in-network pharmacies. Generally, you must use network pharmacies to fill your prescriptions for covered Part D medicines. Want to save money? Some of our network pharmacies have preferred cost-sharing (shaded purple in the table), which means you may pay less at those places.

The costs below may change depending on your pharmacy and when you enter another Part D phase. Call us or check the Evidence of Coverage at [healthpartners.com/medicare](https://healthpartners.com/medicare) for more information.

PART D PHASE	VITAL WITH RX	ACTIVE WITH RX
<b>DEDUCTIBLE PHASE</b>	\$195	\$180
<p>Once you reach your deductible</p>  <p><b>INITIAL COVERAGE PHASE</b></p> <p>Tier 1: Preferred generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-preferred Brand Tier 5: Specialty</p> <p>Once you and your plan pay \$3,700</p> 	<b>Standard retail and standard mail-order pharmacies</b>	
	<p><b>One-month supply:</b> Tier 1: \$6 Tier 2: \$20 Tier 3: \$47 Tier 4: \$100 Tier 5: 28%</p> <p><b>Three-month supply:</b> Tier 1: \$18 Tier 2: \$60 Tier 3: \$141 Tier 4: \$300 Tier 5: 28%</p>	<p><b>One-month supply:</b> Tier 1: \$6 Tier 2: \$19 Tier 3: \$47 Tier 4: \$100 Tier 5: 29%</p> <p><b>Three-month supply:</b> Tier 1: \$18 Tier 2: \$57 Tier 3: \$141 Tier 4: \$300 Tier 5: 29%</p>
	<b>Preferred mail-order pharmacies</b>	
	<p><b>One-month supply:</b> Tier 1: \$6 Tier 2: \$20 Tier 3: \$47 Tier 4: \$100 Tier 5: 28%</p> <p><b>Three-month supply:</b> Tier 1: \$12 Tier 2: \$40 Tier 3: \$94 Tier 4: \$200 Tier 5: 28%</p>	<p><b>One-month supply:</b> Tier 1: \$6 Tier 2: \$19 Tier 3: \$47 Tier 4: \$100 Tier 5: 29%</p> <p><b>Three-month supply:</b> Tier 1: \$12 Tier 2: \$38 Tier 3: \$94 Tier 4: \$200 Tier 5: 29%</p>
<p><b>COVERAGE GAP PHASE ("DONUT HOLE")</b></p> <p>Once you alone pay \$4,950</p> 	<p>Generics: 51% Brands: 40%</p>	<p>Generics: 51% Brands: 40%</p>
<b>CATASTROPHIC PHASE</b>	You pay 5% or \$3.30 for Generics and 5% or \$8.25 for Brands (whichever is greater)	You pay 5% or \$3.30 for Generics and 5% or \$8.25 for Brands (whichever is greater)

Part D not offered for Freedom Basic.



**REMEMBER**

This table shows you the four phases of Part D and what you pay in each phase. The premium information isn't listed here. To see each plan's premium, flip back to the table on the previous two pages.

BALANCE WITH RX	ULTIMATE WITH RX	ULTIMATE W/ ENHANCED RX
\$175	\$170	\$150
<b>Standard retail and standard mail-order pharmacies</b>		
<b>One-month supply:</b> Tier 1: \$6 Tier 2: \$19 Tier 3: \$47 Tier 4: \$100 Tier 5: 29% <b>Three-month supply:</b> Tier 1: \$18 Tier 2: \$57 Tier 3: \$141 Tier 4: \$300 Tier 5: 29%	<b>One-month supply:</b> Tier 1: \$7 Tier 2: \$16 Tier 3: \$47 Tier 4: \$100 Tier 5: 29% <b>Three-month supply:</b> Tier 1: \$21 Tier 2: \$48 Tier 3: \$141 Tier 4: \$300 Tier 5: 29%	<b>One-month supply:</b> Tier 1: \$7 Tier 2: \$15 Tier 3: \$40 Tier 4: \$85 Tier 5: 29% <b>Three-month supply:</b> Tier 1: \$21 Tier 2: \$45 Tier 3: \$120 Tier 4: \$255 Tier 5: 29%
<b>Preferred mail-order pharmacies</b>		
<b>One-month supply:</b> Tier 1: \$6 Tier 2: \$19 Tier 3: \$47 Tier 4: \$100 Tier 5: 29% <b>Three-month supply:</b> Tier 1: \$12 Tier 2: \$38 Tier 3: \$94 Tier 4: \$200 Tier 5: 29%	<b>One-month supply:</b> Tier 1: \$7 Tier 2: \$16 Tier 3: \$47 Tier 4: \$100 Tier 5: 29% <b>Three-month supply:</b> Tier 1: \$14 Tier 2: \$32 Tier 3: \$94 Tier 4: \$200 Tier 5: 29%	<b>One-month supply:</b> Tier 1: \$7 Tier 2: \$15 Tier 3: \$40 Tier 4: \$85 Tier 5: 29% <b>Three-month supply:</b> Tier 1: \$14 Tier 2: \$30 Tier 3: \$80 Tier 4: \$170 Tier 5: 29%
Generics: 51% Brands: 40%	Generics: 51% Brands: 40%	Tier 1: \$7 Tier 2: \$15; Tier 3: 50%*
You pay 5% or \$3.30 for Generics and 5% or \$8.25 for Brands (whichever is greater)	You pay 5% or \$3.30 for Generics and 5% or \$8.25 for Brands (whichever is greater)	You pay 5% or \$3.30 for Generics and 5% or \$8.25 for Brands (whichever is greater)

\*Retail pharmacies and mail-order pharmacies with preferred cost-sharing. You pay 55% of the costs at mail-order pharmacies with standard cost-sharing and costs are further reduced by 50%. If you live in a long-term care facility, you pay the same as at a retail pharmacy. You may get your meds from an out-of-network pharmacy at the same cost as an in-network pharmacy.

# Additional benefits

Here are a few more benefits you'll get with Freedom.

BENEFIT	BASIC	VITAL	ACTIVE	BALANCE	ULTIMATE
<b>Outpatient hospital services</b> (e.g.: observation services)	20% of the cost	\$0	\$0	\$0	\$0
<b>Outpatient surgery</b> (in a hospital or ambulatory surgical center)	20% of the cost	\$150	\$100	\$100	\$50
<b>Chiropractic care</b>	20% of the cost	\$15	\$20	\$15	\$0
<b>Acupuncture</b>	Not covered	\$35	\$20	\$15	\$0
<b>Remote access technologies</b>					
• e-visits, scheduled telephone visits, virtuwell®, Careline	\$0	\$0	\$0	\$0	\$0
• Real-time interactive audio and video technologies	20% of the cost	Primary: \$15 Specialist: \$40	\$20	\$15	\$0
<b>Emergency and urgently needed services outside the U.S.</b>	Not covered	20% of the cost	20% of the cost	20% of the cost	20% of the cost

## Add optional comprehensive dental coverage for an additional monthly premium

Your mouth is just as important when it comes to your overall health. Take care of your pearly whites with optional dental coverage. The table below shows what you pay for in-network care.

BENEFIT	FREEDOM VITAL, ACTIVE, BALANCE & ULTIMATE
<b>Monthly premium</b>	\$39.90
<b>Deductible</b>	\$50 (Deductible doesn't apply for preventive and diagnostic services)
<b>Maximum benefit</b>	\$1,100 per calendar year. (\$200 may be applied to out-of-network services) <i>Preventive and diagnostic services don't apply to the annual maximum for Balance and Ultimate plans. However, these services do apply to the annual maximum for Vital and Active plans.</i>
<b>Preventive and diagnostic care</b> (routine exams, cleanings and X-rays)	\$0
<b>Sealants</b> (pit and fissure)	50% of the cost
<b>Regular and restorative care</b> (fillings, oral surgery, periodontics and endodontics)	50% of the cost
<b>Special restorative care</b> (crowns and onlays)	50% of the cost
<b>Prosthetics</b> (bridges, dentures and partial dentures)	50% of the cost

Not offered for Freedom Basic.

# Stay healthy for what matters

Here's a look at some of the perks, tools and support you'll get no matter which Freedom plan you choose.

## Care the way you want it

Nothing is worse than driving to the doctor when you're not feeling well. Skip the trip to your doctor's office and get treated with **virtuwell**. You'll have unlimited visits to this 24/7 online clinic at no cost to you. It's available from any computer. Nurse practitioners give you a personalized treatment plan and, if needed, a prescription. Now the only trip you'll need to take is straight to your pharmacy to pick up your medicine. Learn more at **virtuwell.com**.



## Go travel—you're covered

With your Extended Absence Benefit, you have in-network coverage up to nine months out of the year when you travel in the U.S.

Plus, **virtuwell** travels with you. Whether you're in your neighborhood or miles away, you can get the same convenient online care anywhere.

## Easy ways to get your meds

Pick them up from your pharmacy or have them delivered to your doorstep. With mail order, you can typically expect to get your meds within five to eight business days from the time the pharmacy receives your order.

See the list of covered pharmacies at **healthpartners.com/partdpharmacy**. Prefer a printed copy of our pharmacy directory? Call us at the numbers on page 12.

See if your meds are covered at **healthpartners.com/medicarerx**.

## Quick advice from our team of experts

Don't spend time searching the Web for answers. Once you're a member, you'll have a personal support team as a trusted resource. Call us at the numbers on page 12 to learn more.

- **CareLine<sup>SM</sup> Service** (staffed by registered nurses): To find out if you should see a doctor, ask questions about a medicine you're taking, or learn about home treatment options
- **Nurse Navigator<sup>SM</sup> Program**: If you have questions about your health care and benefits, or need help choosing a treatment option
- **Behavioral Health Navigators**: To find a mental or chemical health professional in your network

# Your wellness programs

## Options to stay active

With the Silver&Fit® Exercise & Healthy Aging Program, you'll get a membership at a participating fitness facility at no cost to you. Visit [silverandfit.com](https://silverandfit.com) to find a facility. Or, if you prefer to work out at home, choose the Home Fitness Program. You'll get up to two Home Fitness kits each year.

You'll also get:

- *The Silver Slate*®, a quarterly newsletter.
- Healthy Aging materials (online or DVD)
- Silver&Fit Connected!™, to track your exercise at a facility or through a wearable fitness device or app and earn rewards. (These rewards may change, and the purchase of the device or app is not included.)
- A toll-free customer service hotline to answer questions about the program



Signing up for the Silver&Fit program is easy. Visit [silverandfit.com](https://silverandfit.com) or call Silver&Fit customer service at **877-427-4788** (TTY/TDD **877-710-2746**) Monday-Friday, 7 a.m. - 8 p.m., Central time for more information.

## Support to be tobacco free

Want to kick the habit? We'll help you get there. You pay nothing for additional sessions of face-to-face counseling and interactive online and phone-based coaching.

# Signing up for HealthPartners Freedom is easy

## When can I enroll in Freedom?

You can enroll in HealthPartners Freedom at any time. However, there may be limitations. Call us or visit [medicare.gov](https://www.medicare.gov) for more information.

Here are some Medicare enrollment periods:

- **The Initial Enrollment Period (IEP)** is the 7-month window beginning three months before and ending three months after your 65th birthday month.
- **The Annual Election Period (AEP)** runs from October 15 to December 7.
- **The Special Enrollment Period (SEP)** is an enrollment period for special circumstances. Check with HealthPartners or [medicare.gov](https://www.medicare.gov) for specific rules.

## STEP 1: PICK YOUR PLAN

## STEP 2: SIGN UP IN ONE OF THE FOLLOWING WAYS



Visit [healthpartners.com/medicare](https://healthpartners.com/medicare) and choose *Compare & enroll*



Call us at **952-883-7788** or **877-240-8311**



Fill out and send in the paper application using the prepaid envelope in your enrollment kit. Or, you can fax it to us at **952-853-8746**.

Completed enrollment forms we receive by the last day of the month are generally effective for the first day of the next calendar month. Call us at the numbers above to order your enrollment kit.

## STEP 3: GET BACK TO DOING WHAT YOU LOVE

After you've enrolled, a member of our Member Services team will call to confirm your enrollment. They'll also review the Freedom plan rules to help you get to know your new plan.

Plus, you'll receive a welcome packet with your member ID card, Evidence of Coverage, formulary and other helpful materials. If you have questions before you receive your packet, give us a call.

# Looking for next steps? You have options



## Come to an informational meeting

Call or visit [healthpartners.com/meetings](https://healthpartners.com/meetings) to find a meeting near you.



## Give us a call – we're here to help

952-883-5601 or 800-247-7015 (TTY: 711)

From October 1 through February 14, we take calls from 8 a.m. to 8 p.m., seven days a week.

From February 15 to September 30, call us 8 a.m. to 8 p.m., Monday through Friday.



## Visit online

[healthpartners.com/medicare](https://healthpartners.com/medicare)



## Stop by and see us

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



## Email

[medicaresales@healthpartners.com](mailto:medicaresales@healthpartners.com)



## Talk to your broker



### CHECK OUT OUR BLOG

Written by some of our own Medicare experts, this educational blog is a helpful tool to help you plan for Medicare. Learn about eligibility, Medicare basics and choosing a plan. Visit [healthpartnersmedicare.com/blog](https://healthpartnersmedicare.com/blog).

# Words to know

**Benefit Period:** Begins the day you're admitted as an inpatient in a hospital or skilled nursing facility (SNF) and ends when you haven't received inpatient hospital care (or care in a SNF) for 60 days in a row.

**Annual election period:** When you can join or switch your Medicare plan.

**CMS Star Ratings:** Each year, CMS measures how well Medicare health plans perform. The scale that's used is known as the Star Rating System. Ratings range from one to five stars, with five being the highest score a plan can get.

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

**Copay or Copayment:** What you pay when you use a medical service or drug; usually a flat dollar amount, like \$15.

**Coverage gap ("donut hole"):** Begins after you and your drug plan have spent a certain amount for covered drugs. When you reach the coverage gap, you'll receive some coverage for generic drugs and a discount on brand name drugs.

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

**Deductible:** What you pay for a service item or drug before your insurance kicks in.

**Drug Tier:** A system of copays or coinsurance for the different kinds of prescription drugs. Generally, a drug in a lower tier will cost less than a drug in a higher tier.

**Formulary:** A list of medicines that your plan covers.

**Medicare Cost plan:** A type of Medicare plan that lets you use benefits outside the plan's network or service area, and covered services within those benefits are paid for by Original Medicare. The Freedom plan is a Medicare Cost plan.

**Network:** Doctors, hospitals, pharmacies and other health care providers who have contracted with your health plan. Typically, plan members get the lowest cost for services when using network providers.

**Premium:** What you pay each month for your health or prescription drug plan.

**Preventive care:** Tests and screenings that can help you avoid illness or improve your health. This includes blood pressure, diabetes and cancer screenings, some vaccines and more.

**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.

**Specialty drugs:** High-cost medicines used to treat rare conditions.





To learn about what Original Medicare covers and what it costs, read through your “Medicare & You” handbook. Or, visit [medicare.gov](http://medicare.gov) to view it online. Don't have one? Call **800-MEDICARE (800-633-4227)** to get yours. They're available 24 hours a day, seven days a week. (TTY **877-486-2048**).

Your information is protected. For information on how HealthPartners manages and protects Health Information and Personal Information that you give us, how we will use and share that information, and how you may exercise your rights with regard to your Personal Information and Health Information, visit [healthpartners.com/public/privacy](http://healthpartners.com/public/privacy).

\*Medicare evaluates plans based on a 5-Star rating system. Star Ratings are calculated each year and may change from one year to the next.

HealthPartners is a Cost plan with a Medicare contract. Enrollment in HealthPartners depends on contract renewal.

If you attend a community meeting, a sales person will be present with information and applications. For accommodations of persons with special needs at sales meetings, call HealthPartners Medicare Sales at the numbers on page 12.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and copayments/coinsurance may change on January 1 of each year.

The formulary, pharmacy network and provider network may change at any time. You will receive notice when necessary.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Silver&Fit, Silver&Fit Connected!, the Silver&Fit logo, and The Silver Slate are federally registered trademarks of ASH and used with permission herein.



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