



To learn about what Original Medicare covers and what it costs, read through your “Medicare & You” handbook. Or, visit [medicare.gov](https://www.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](https://healthpartners.com/public/privacy).

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

For accommodations of persons with special needs at meetings, call **952-883-5601** or **800-247-7015** (TTY: **711**).

This information is not a complete description of benefits. Call **952-883-5601** or **800-247-7015** (TTY: **711**) for more information.

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 is a federally registered trademark of ASH. Contact your health plan or Silver&Fit for more information. You can also refer to the Silver&Fit website. Please check the searchable directory on the Silver&Fit website to see if your location participates in the program.

This booklet doesn't list everything we cover, or every limitation or exclusion. For a full list of covered services, call us or check the Evidence of Coverage (EOC) at [healthpartners.com/eoc19](https://healthpartners.com/eoc19). For a printed copy of the EOC, call us at the numbers on page 11.



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

## You're just getting started

**PARTNER WITH A MEDICARE PLAN THAT KEEPS YOU DOING WHAT YOU LOVE**

HealthPartners® Freedom (Cost) 2019 Summary of Benefits  
**Jan. 1, 2019 – Dec. 31, 2019**



**Offered in Minnesota and Wisconsin:**

- HealthPartners® Freedom Basic (Cost)
- HealthPartners® Freedom Vital (Cost)
- HealthPartners® Freedom Vital with Rx (Cost)
- HealthPartners® Freedom Balance (Cost)
- HealthPartners® Freedom Balance with Rx (Cost)

**Offered in Minnesota only:**

- HealthPartners® Freedom Ultimate (Cost)

**TIPS FOR COMPARING YOUR OPTIONS:**

1. Look at the different medical benefits on pages 2 and 3. Our most popular plans are Vital and Balance. They might be a good place to start. 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, a combined medical and prescription drug plan might be the best fit. See page 5 for more information.
3. Take a look at pages 6 and 7 to decide if you want additional coverage.



*Sara Wagner*

**Sara Wagner**  
HealthPartners Medicare Sales Manager

## Find your freedom

Choose the medical plan that fits you best. Most plans can also be paired with Part D prescription drug coverage if that's the kind of support you need. Plus, get dental coverage with most plans for a low additional premium.

As a Freedom member, you'll also have:

- More than 54,000 doctors to choose from – with no referrals needed
- More than 200 hospitals in your network
- 24/7 advice from HealthPartners nurses
- Unlimited, no-cost visits to virtuwell®
- Ways to stay fit with the Silver&Fit® Exercise & Healthy Aging Program
- Prescription drugs sent right to your door
- Travel coverage for up to nine months
- Worldwide support from AssistAmerica®

### Where to get care

We have quite a few clinic systems in our network. Here are just a few:

- Essentia Health
- Fairview Health Services
- Grand Itasca Clinic & Hospital
- HealthEast Care System
- HealthPartners Medical Group
- Hudson Hospital & Clinics
- Lakeview Hospitals
- North Memorial Health Care
- Park Nicollet Health Services
- St. Croix Regional Medical Center
- University of Minnesota Physicians
- Westfields Hospital & Clinics



**TIP:**  
When 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/finddr19](https://healthpartners.com/finddr19).



BENEFIT	FREEDOM BASIC (MN & WI)
<b>Monthly premium</b> (You must continue to pay your Medicare Part B premium)	Medical: \$33.60 No Rx
<b>Deductible</b>	None
<b>Maximum out-of-pocket</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
<b>Inpatient hospital coverage</b> (Cost per benefit period)	\$600
<b>Outpatient hospital coverage</b> <sup>1</sup>	
• Observation and non-surgical services	\$0
• Outpatient surgery	20%
<b>Doctor visits</b> (Primary care and specialists)	20%
<b>Preventive care</b> (Cancer screenings, mammograms, colonoscopies, Welcome to Medicare visit and the Annual Wellness Visit)	\$0
<b>Emergency care</b> (In U.S.)	\$100
<b>Urgently needed services</b> (In U.S.)	20%
<b>Diagnostic services/Labs/Imaging</b> (Costs for these services may vary based on place of service)	
• Diagnostic radiology (e.g.: MRI, CT, PET)	20%
• Labs	\$0
• Diagnostic tests and procedures	\$0
• X-rays/therapeutic radiology	20%
<b>Hearing services</b>	
• Routine exam	Not covered
• Diagnostic exam	20%
<b>Dental services</b>	
• Medicare-covered non-routine dental (Check your Evidence of Coverage for details)	20%
• Oral exam, cleaning and X-ray	Not covered
<b>Vision services</b>	
• Routine exam	Not covered
• Diagnostic exam	20%
<b>Mental health services</b>	
• Individual therapy visit	20%
• Group therapy visit	20%
• Inpatient visit (Per benefit period)	\$600
<b>Skilled nursing facility</b> <sup>1</sup> (Cost per benefit period)	Days 1-100: \$0
<b>Physical therapy</b>	20%
<b>Ambulance</b> (Air and ground in U.S.)	20%
<b>Transportation</b>	Not covered
<b>Medicare Part B drugs</b> <sup>1</sup> (Chemotherapy and other Part B drugs)	20%

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

FREEDOM VITAL (MN & WI)	FREEDOM BALANCE (MN & WI)	FREEDOM ULTIMATE (MN ONLY)
Medical only: \$39.70 Medical with Rx: \$79.20	Medical only: \$82.60 Medical with Rx: \$136.50	Medical: \$168.10 No Rx
Medical: None Part D: \$300	Medical: None Part D: \$300	None
\$3,400	\$3,400	\$3,000
\$400	\$200	\$100
\$0 \$150	\$0 \$100	\$0 \$50
Primary: \$15 Specialists: \$40	\$15	\$0
\$0	\$0	\$0
\$100	\$65	\$50
\$40	\$15	\$0
20% \$0 \$0 10%	\$200 \$0 \$0 \$0	\$0 \$0 \$0 \$0
\$0 \$40	\$0 \$15	\$0 \$0
\$0 Not covered	\$0 Not covered	\$0 \$0
\$0 \$40	\$0 \$15	\$0 \$0
\$40 \$20 \$400	\$15 \$7.50 \$200	\$0 \$0 \$100
Days 1-100: \$0	Days 1-100: \$0	Days 1-100: \$0
\$40	\$15	\$0
20%	\$100	\$0
Not covered	Not covered	Not covered
0%–20%	0%–20%	0%–20%

# Part D prescription drug coverage

Use this section to learn about the four Part D phases and see the Part D coverage you can choose from. The costs listed are what you pay at in-network pharmacies. Generally, you must use network pharmacies to fill your prescriptions for covered Part D medicines. The costs to the right may change when you enter a new Part D phase.

## Here's how Part D works

You move through four phases throughout the year:



## Your Freedom Part D options

PART D PHASE	VITAL WITH RX		BALANCE WITH RX	
<b>Phase 1: Deductible</b>	\$300		\$300	
<b>Phase 2: Initial coverage</b>				
<b>Standard retail and standard mail-order pharmacies</b>	One-month supply	Three-month supply	One-month supply	Three-month supply
Tier 1: Preferred generic	\$3	\$9	\$2	\$6
Tier 2: Generic	\$13	\$39	\$12	\$36
Tier 3: Preferred brand	\$47	\$141	\$47	\$141
Tier 4: Non-preferred drugs	50%	50%	50%	50%
Tier 5: Specialty	27%	Not available	27%	Not available
<b>Preferred cost-sharing mail-order pharmacies</b>	Three-month supply		Three-month supply	
Tier 1: Preferred generic	\$6		\$4	
Tier 2: Generic	\$26		\$24	
Tier 3: Preferred brand	\$94		\$94	
Tier 4: Non-preferred drugs	50%		50%	
Tier 5: Specialty	Not available		Not available	
<b>Phase 3: Coverage Gap (Donut Hole)</b>	Generics: 37% Brands: 25%		Generics: 37% Brands: 25%	
<b>Phase 4: Catastrophic</b>	Generics: \$3.40 or 5%   Brands: \$8.50 or 5% (whichever is greater)			

## Easy ways to get your meds

Pick up your meds 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 in-network pharmacies at [healthpartners.com/partdpharmacy19](https://healthpartners.com/partdpharmacy19). And check if your meds are covered at [healthpartners.com/checkmeds19](https://healthpartners.com/checkmeds19).

## Additional benefits

BENEFIT	BASIC	VITAL	BALANCE	ULTIMATE
<b>Chiropractic care</b>	20%	\$15	\$15	\$0
<b>Acupuncture</b>	Not covered	\$35	\$15	\$0
<b>virtuwell®</b>	\$0	\$0	\$0	\$0
<b>Emergency and urgently needed services outside the U.S.</b> (Including ground ambulance only)	Not covered	20%	20%	20%
<b>Foot care</b> (Medically necessary podiatry services)	20%	\$40	\$15	\$0
<b>Medical equipment/supplies<sup>1</sup></b> (Durable medical equipment, prosthetics, diabetes supplies)	20%	20%	20%	20%
<b>Fitness benefit</b> (See page 8 for details)	Not covered	\$0	\$0	\$0

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

## Optional benefit rider for Wisconsin residents

With our Balance plan, you can add this optional benefit rider to your coverage for an additional monthly premium.

BENEFIT	BALANCE (MEDICAL ONLY)
<b>Monthly premium</b>	\$42
<b>Additional chiropractic care</b>	\$0 for Medicare-covered and routine chiropractic services
<b>Additional home health agency care</b>	\$0 for up to 365 home care visits per year, including Medicare- and non-Medicare covered services
<b>Additional skilled nursing facility care</b>	\$0 for 30 days of care per year without a prior hospital stay

## Don't forget about your teeth!

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

BENEFIT	VITAL, BALANCE & ULTIMATE
<b>Monthly premium</b>	Vital / Balance: \$43.10 Ultimate: \$41.50
<b>Deductible</b> (Doesn't apply for preventive and diagnostic services)	\$50
<b>Maximum benefit</b> Preventive and diagnostic services don't apply to the annual maximum for the Ultimate plan. However, these services do apply to the annual maximum for Vital and Balance plans.	\$1,100 per calendar year (\$200 may be applied to out-of-network services)
<b>Preventive and diagnostic care</b> (Routine exams, cleanings and X-rays)	\$0
<b>Sealants</b> (Pit and fissure)	50%
<b>Regular and restorative care</b> (Fillings, oral surgery, periodontics and endodontics)	50%
<b>Special restorative care</b> (Crowns and onlays)	50%
<b>Prosthetics</b> (Bridges, dentures and partial dentures)	50%

Not offered for Freedom Basic.

# Get more than great health care

Here's a look at some of the extra perks, benefits and support you'll get as a HealthPartners Medicare member – all at no additional cost to you.

## Go travel – you're covered

You'll have in-network coverage up to nine months out of the year when you travel out of the service area in the U.S. Plus, worldwide emergency and urgently needed care with most plans.

And if something unexpected happens while you're more than 100 miles from home or in a foreign country, you'll have Assist America®\* on your side. Call 24/7 nationwide and worldwide to talk to experienced clinicians who can help determine your need for medical care, or coordinate post-stabilization transportation the nearest facility or your home. Learn more at [assistamerica.com](http://assistamerica.com).

## Unlimited 24/7 online care

Visit [virtuwell](http://virtuwell.com) from any computer anywhere in the U.S. or right from your phone. You'll get a personalized treatment plan from a nurse practitioner and, if needed, a prescription sent right to your pharmacy. Learn more at [virtuwell.com](http://virtuwell.com).

## Ways to stay fit

With all plans except Basic, you'll have the Silver&Fit® Exercise & Healthy Aging Program, where you can choose from a gym membership or Home Fitness kits. Learn more at [silverandfit.com](http://silverandfit.com).

## Support to be tobacco free

You'll get additional counseling sessions in person, online or over the phone.

## Quick advice from our team of experts

Don't spend time searching the Web for answers. As a member, you'll have a personal support team as your trusted resource.

Get help with:

- Knowing when to see a doctor, questions about medicines you're taking or home treatments
- Health care and benefits questions, or choosing a treatment option
- Finding a mental or chemical health professional in your network

\*Assist America services are only available during the first 90 consecutive days that you're away from your home and all arrangements must be made through Assist America.

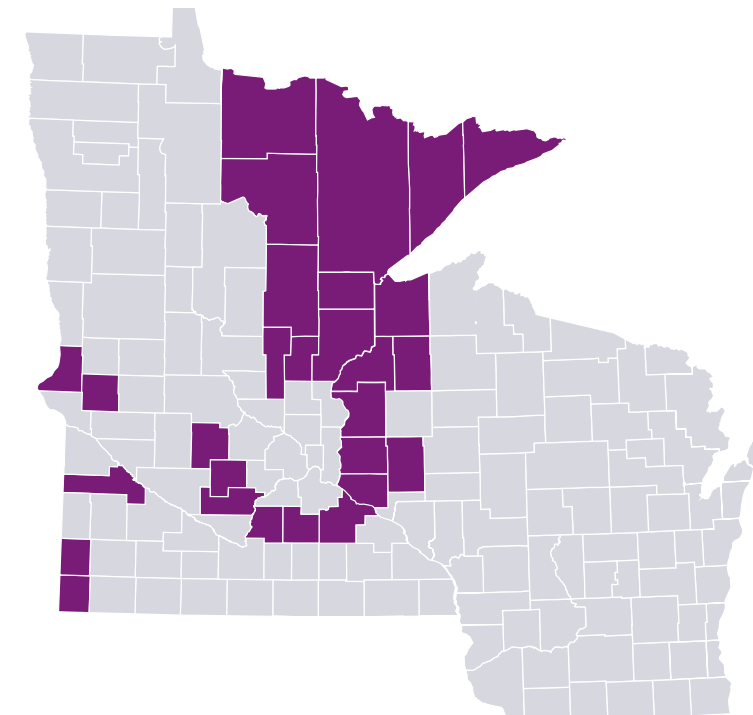
# Enrolling is a breeze

## Sign up in one of the following ways:

- Visit [healthpartners.com/shopfreedom](http://healthpartners.com/shopfreedom)
- 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.

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 get a welcome packet with your member ID card and other helpful materials.



### YOU CAN JOIN IF YOU:

- Have Medicare Parts A and B or Part B only
- Live in the service area – check the shaded map
- Don't have end-stage renal disease (there are exceptions)

MINNESOTA			WISCONSIN
Aitkin	Lake	Rice	Burnett
Carlton	Le Sueur	Rock	Douglas
Cook	McLeod	St. Louis	Dunn
Goodhue	Meeker	Sibley	Pierce
Itasca	Mille Lacs	Stevens	Polk
Kanabec	Pine	Traverse	St. Croix
Koochiching	Pipestone	Yellow Medicine	Washburn

Here are the most common Medicare enrollment periods:

**The Initial Enrollment Period (IEP)**



**The Annual Election Period (AEP)**



The Special Enrollment Period (SEP) is for special life events.



## Looking for more info?

### Come to an informational meeting

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

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

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

Oct. 1 through March 31:  
8 a.m. to 8 p.m. CT, seven days a week

April 1 through Sept. 30:  
8 a.m. to 8 p.m. CT, 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

### Follow us



### 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 more.

Visit [healthpartners.com/blog](https://healthpartners.com/blog).

## Words to know

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

**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.

**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.

**Preferred cost-sharing mail-order pharmacy:** Mails your prescriptions to you. This type of pharmacy usually offers the lowest price for your meds.

**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.

## Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **952-883-5601** or **800-247-7015** (TTY: **711**).

### Understanding the benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit [healthpartners.com/eoc19](https://healthpartners.com/eoc19) or call **952-883-5601** (TTY: **711**) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

### Understanding important rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2019.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).