



You're just getting started

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

HealthPartners® Medicare Supplement Plan 2019 Comparison Guide
Jan. 1, 2019 – Dec. 31, 2019

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HealthPartners® Basic Medicare Supplement Plan

HealthPartners® Extended Basic Medicare Supplement Plan

HealthPartners® Medicare Supplement Plan with \$20 and \$50 Copayments (Plan N)

Here are some questions I tell people to ask themselves as they shop for their Medicare plan:

- What doctors can I see?
- Do I need referrals to see specialists?
- Am I covered when I travel?
- What are the benefits and perks?

Make sure you like the answers to these before you choose a plan!



Sara Wagner

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HealthPartners Medicare Sales Manager

What you need to know about Medicare Supplement plans

HealthPartners Medicare Supplement plans help you stay healthy for what matters most. A Medicare Supplement (Medigap) plan is different from a Medicare Advantage plan (like an HMO or PPO). Medicare Supplement plans help fill in the gaps Original Medicare doesn't cover, like deductibles and coinsurance. Not to mention, some offer extra benefits and perks.

Here are a few reasons why people like Medicare Supplement plans:

- **No network.** You can see any doctor in the U.S. who accepts Medicare, without a referral.
- **They travel with you.** You pay the same for covered services no matter where you are in the U.S.
- **They move with you.** You won't have to worry about changing plans if you decide to move to a different state.
- **Predictable coverage that's easy to budget for.** You'll know ahead of time what you're going to pay for most services.
- **Guaranteed renewable.** Rest easy knowing your plan will never be canceled as long as you pay your monthly plan premium.

REMEMBER:

If you have Original Medicare and a Medicare Supplement plan, Medicare pays its share of the approved amounts for covered costs. Then your Medicare Supplement plan pays its share.

So, why HealthPartners?

We've been a leader in health care for more than half a century. When you become a member of our HealthPartners family, you're joining an organization with local roots.

- **Trusted history.** We've been supporting communities with coverage for 60 years.
- **Integrated health care system.** We know the kind of support our members and patients need.
- **Our mission.** To improve health and well-being in partnership with our members, patients and community.

Choose from three plan options

Here's what each plan pays.

MEDICARE SUPPLEMENT BENEFITS	BASIC PLAN
Annual maximum out-of-pocket	No out-of-pocket max
Part A inpatient hospital deductible	Optional benefit rider
Part B deductible	Optional benefit rider
Part B coinsurance	✓
Part B excess charges	Optional benefit rider
Preventive care (non-Medicare)	Optional benefit rider
Coverage while in a foreign country	80% emergency care
Skilled nursing facility	Days 1-100: ✓

See Outline of Coverage and Plan Policy for specific benefits. Coverage is for Medicare-approved, medically necessary services up to plan limits.

*You pay the lesser of copay or Part B coinsurance amount.

2019 PREMIUM INFORMATION

	Basic Plan	
	Standard rate	Tobacco rate
MONTHLY PLAN PREMIUM	\$163.95	\$190.45
Optional benefit riders (for an additional monthly premium)		
Rider 1: Part A inpatient hospital deductible	+ \$36.30	+ \$42.20
Rider 2: Part B deductible	+ \$16.25	+ \$16.25
Rider 3: Part B excess charges	+ \$1.00	+ \$1.20
Rider 4: Preventive care	+ \$2.50	+ \$2.90
Total with all riders	\$220	\$253

TIP:

Reference the 2019 Choosing a Medigap Policy in your packet for more info about Medicare Supplement plans or visit medicare.gov.

EXTENDED BASIC PLAN	PLAN WITH \$20 AND \$50 COPAYMENTS (PLAN N)
\$1,000	No out-of-pocket max
✓	✓
✓	Not covered
✓	Covered after \$20 for office visits and \$50 for emergency visits*
✓	Not covered
✓	Not covered
80% emergency and non-emergency care	80% emergency care
Days 1-100: ✓ Days 101-120: 80%	Days 1-100: ✓

Extended Basic Plan

Standard rate	Standard rate	Tobacco rate
\$263.02	\$170	\$195.50

Plan with \$20 and \$50 Copayments (Plan N)

What about Part D?

Medicare Supplement plans don't offer Part D prescription drug coverage, so you need to buy a stand-alone Part D plan to cover your meds. That means you'll have three separate insurance cards:

1. Original Medicare
2. HealthPartners Medicare Supplement plan
3. Stand-alone Part D prescription drug plan

Make sure you enroll in a Part D plan when you're first eligible, so you don't get hit with a late enrollment penalty. To find a Part D plan that's right for you, talk to your broker or visit medicare.gov.

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

Whether you go to the beach for a vacation, or move to the beach full time, your plan travels with you. Since there's no network, you can see any provider who accepts Medicare, anywhere in the U.S.

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 for help with things like finding a good doctor or translator and tracking down lost luggage. Learn more at [assistamerica.com](https://www.assistamerica.com).

Ways to stay fit

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](https://www.silverandfit.com).

Retail and service discounts

Save money with our Healthy DiscountsSM program:

- Discounts with a member ID card
- Up to 30% off hearing devices
- Up to 35% off eyewear

See a list of participating retailers at [healthpartners.com/healthydiscounts](https://www.healthpartners.com/healthydiscounts).

Simple online tools

Once you create your online myHealthPartners account, you can manage your health care anywhere, anytime. Get plan materials, pay your bills, and email questions about benefits and claims with the touch of a button. Plus, you can chat online with a HealthPartners Medicare expert for fast answers.

*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

If you have Medicare Parts A and B and live in Minnesota, you can sign up in one of these ways:

- Visit [healthpartners.com/shopsupp](https://www.healthpartners.com/shopsupp)
- Call us at **952-883-6611** or **833-256-7042**
- 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**.

We'll let you enroll up to 90 days before you want your coverage to start. 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, you'll get a welcome packet with your member ID card, coverage document and other helpful materials.

TIP:

The best time to enroll in any Medicare Supplement plan is during your Medigap Open Enrollment Period.

Applying for a Medicare Supplement plan after your Open Enrollment Period? No problem. Talk to our Medicare experts to see if you need medical underwriting. Then, they can get you enrolled.

Looking for more info?

Come to an informational meeting

Call or visit 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

Stop by and see us

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Email

medicaresales@healthpartners.com

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Words to know

Benefit period: Begins the day you're admitted as an inpatient in a hospital or SNF and ends when you haven't gotten any inpatient care (or skilled care in a SNF) for 60 days in a row. There's no limit to the number of benefit periods in a calendar year.

Claim: A request for payment that's submitted to Medicare or other health insurance for covered items or services.

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 \$20 or \$50.

Deductible: The amount you must pay for covered medical services before Original Medicare or your health plan kicks in.

Guaranteed Issue Rights: Rights you have in certain situations (outside your Medicare Supplement Open Enrollment Period) when insurance companies must offer you certain Medicare Supplement policies regardless of pre-existing medical conditions.

Medically necessary: Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

Medical underwriting: A process that an insurance company uses to decide, based on medical history, whether to take your application for insurance.

Original Medicare: A fee-for-service health plan that has two parts: Part A (hospital insurance) and Part B (medical insurance). After you pay a deductible, Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance, copays and deductibles).

Premium (or rate): 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.

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.

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**).

You can also call the Social Security Administration at **800-772-1213 (TTY 800-325-0778)** Monday through Friday, 7 a.m. to 7 p.m. Visit online at [ssa.gov](https://www.ssa.gov).

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://www.healthpartners.com/public/privacy).

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The HealthPartners family of health plans is underwritten and/or administered by HealthPartners, Inc., Group Health, Inc., HealthPartners Insurance Company or HealthPartners Administrators, Inc. Fully insured Wisconsin plans are underwritten by HealthPartners Insurance Company.



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