To learn about what Original Medicare covers and what it costs, read through your "Medicare & You" handbook. Or, visit **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**.

HealthPartners is a Cost plan with a Medicare contract. Enrollment in HealthPartners depends on contract renewal. The Medicare Cost Plan is underwritten by Group Health Plan, Inc.

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

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

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/eoc21**. For a printed copy of the EOC, call us at the numbers on page 9.

Every year, Medicare evaluates plans based on a 5-Star rating system. *The Centers for Medicare and Medicaid 2021 Star Ratings Fact Sheet.

HealthPartners®

8170 33rd Ave. S.
Bloomington, MN 55425

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HealthPartners®

Let's get started

Partner with a Medicare plan that keeps you doing what you love

HealthPartners® Freedom (Cost) 2021 Summary of Benefits:
HealthPartners® Freedom Basic (Cost), HealthPartners® Freedom Vital (Cost), HealthPartners® Freedom Balance (Cost), HealthPartners® Freedom Ultimate (Cost)

Jan. 1, 2021 – Dec. 31, 2021

H2462_000493_M Accepted 9/1/2020

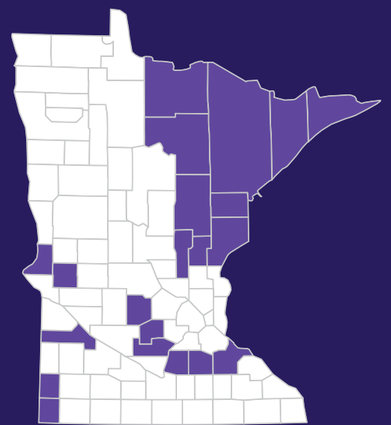
Your **more-than-a-Medicare-plan** partner

When it comes to Medicare, you need more than a plan. You need coverage that's in sync with your life – and your budget. You need a care network of professionals you know and trust. You need benefits you'll actually use. You need customer service that's as close as your own backyard. You need more than a plan, you need a partner.

A Medicare partner from your neck of the woods

When you enroll in a HealthPartners Medicare plan, you're teaming up with local experts who know how to keep you healthy. Your doctor, clinic and support teams are all right here in the Midwest.

This booklet will help you get to know the Freedom plans we offer. You can join if you have Medicare Parts A and B or Part B only, live in the service area and don't have end-stage renal disease (there are exceptions).



Freedom service area includes:

Minnesota

- Aitkin
- Carlton
- Cook
- Goodhue
- Itasca
- Kanabec
- Koochiching
- Lake
- Le Sueur
- McLeod
- Meeker
- Mille Lacs
- Pine
- Pipestone
- Rice
- Rock
- Sibley
- Stevens
- St. Louis
- Traverse
- Yellow Medicine

Why choose a HealthPartners Medicare plan?

It's important to choose a Medicare plan that fits your lifestyle and budget. Here are a few questions to keep in mind as you shop around for a plan.

Where can you get in-network care?

- Over 58,000 doctors and clinicians, and 270 hospitals. Find a covered provider at **healthpartners.com/finddr21**
- All HealthPartners and Park Nicollet clinics and hospitals
- Plus others, like Essentia Health, Sanford, St. Luke's and more
- No referrals needed to see specialists

Are you covered when you travel?

- Yes – coverage for up to nine months when traveling in the U.S.! (Limitations apply)
- Worldwide emergency and urgently needed care with most plans
- Plus, worldwide support from Assist America®

Are there extra perks and benefits?

- 24/7 advice from HealthPartners nurses
- Unlimited, no-cost visits to our online clinic, Virtuwell®
- A health club membership and home fitness kits through the Silver&Fit® Healthy Aging and Exercise Program
- Preventive and comprehensive dental coverage options
- Coverage for acupuncture, hearing aids and non-Medicare covered eyewear

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 consecutive days.

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

Copay or copayment: The dollar amount you pay when you use a medical service or drug; usually a flat dollar amount, like $15.

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

Network: Doctors, hospitals, pharmacies and other health care providers who have contracted with your health plan.

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

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

HealthPartners Freedom plans

2021 product information	Freedom Basic	Freedom Vital	Freedom Balance	Freedom Ultimate
Monthly premium (What you pay each month for your insurance plan)	$33.60	$39.70	$82.60	$168.10
Deductible (What you pay for a service, item or drug before your insurance kicks in)	None	None	None	None
Maximum out-of-pocket (This is the most you'll pay out of pocket for covered services during the plan year, not including prescription medicines)	There is no out-of-pocket max	$3,400	$3,400	$3,000
Medical benefits				
Inpatient hospital coverage[1] (Cost per benefit period)	$600	$400	$200	$100
Outpatient hospital coverage[1] • Observation stay and non-surgical services • Outpatient surgery	 $0 20%	 $0 $150	 $0 $100	 $0 $50
Ambulatory surgery center[1]	20%	$150	$100	$50
Doctor visits (Primary| Specialist)	20%	$10 | $40	$0 | $15	$0
Preventive care (Tests and screenings that can help you avoid illness or improve your health, including blood pressure, diabetes and cancer screenings, some vaccines and more)	$0	$0	$0	$0
Emergency care (In U.S. | Worldwide)	$100 | Not covered	$100 | 20%	$75 | 20%	$50 | 20%
Urgently needed services (In U.S. | Worldwide)	20% | Not covered	$40 | 20%	$20 | 20%	$0 | 20%
Diagnostic services/Labs/Imaging (Costs for these services may vary based on place of service) • Diagnostic radiology (e.g.: MRI, CT, PET) • Labs • Diagnostic tests and procedures • X-rays • Therapeutic radiology	 20% $0 $0 20% 20%	 $300 $0 $0 $10 10%	 $200 $0 $0 $0 $0	 $0 $0 $0 $0 $0
Hearing services • Routine exam • Diagnostic exam • Hearing aids through TruHearing® (See page 8)	 Not covered 20% Not covered	 $0 $40 $699 / $999 per aid; up to two per year	 $0 $15 $699 / $999 per aid; up to two per year	 $0 $0 $699 / $999 per aid; up to two per year
Dental services • Medicare-covered non-routine dental (Check the EOC for details) • Annual exam, annual cleaning and annual bite wing X-ray dental • Optional supplemental dental (See page 6)	 20% Not covered Not available	 $0 Not covered Available	 $0 $750 benefit allowance per year Not Available	 $0 $0 Available
Vision services • Routine exam • Diagnostic exam • Non-Medicare covered prescription eyewear	 Not covered 20% Not covered	 $0 $40 $100 benefit allowance per year	 $0 $15 $150 benefit allowance per year	 $0 $0 $175 benefit allowance per year
Mental health services • Therapy visits (Individual | Group) • Inpatient visit (Cost per benefit period)	 20% $600	 $40 | $20 $400	 $15 | $7.50 $200	 $0 $100
Skilled nursing facility (Cost per benefit period)	Days 1-100: $0	Days 1-100: $0	Days 1-100: $0	Days 1-100: $0
Physical therapy	20%	$40	$15	$0
Ambulance (Air | ground in U.S.)	20%	20% | $200	$100	$0
Transportation	Not covered	Not covered	Not covered	Not covered
Medicare Part B drugs[1] (Chemotherapy and other Part B drugs)	20%	20%	20%	20%

[1] Prior authorization may be required for certain services.

HealthPartners Freedom plans

Medical benefits (cont.)	Basic	Vital	Balance	Ultimate
Chiropractic care	20%	$15	$15	$0
Acupuncture • Medicare-covered • Non-Medicare covered	20% Not covered	$40 $35	$15 $15	$0 $0
Routine physical exams	Not covered	$0	$0	$0
Medical equipment/supplies[1] (Durable medical equipment, prosthetics, diabetes supplies)	20%	20%	20%	20%
Fitness benefit (See page 7)	Not covered	$0	$0	$0

[1] Prior authorization may be required for certain services.

This is a medical plan only. If you want Part D coverage, you'll need to enroll in a Part D plan.

Freedom Balance dental benefit

This year, Balance offers an embedded preventive dental benefit allowance of up to $750. This benefit is included with the plan at no additional cost. To get a complete description of your dental coverage, please see your Evidence of Coverage (EOC).

Benefit	In-network	Out-of-network
Benefit Maximum	$750 benefit allowance (combined in- and out-of-network)	
Deductible	None	
Preventive and diagnostic care (Routine exams, cleanings, and X-rays)	$0	$0
Sealants (Pits and fissure)	$0	$0
Basic I services Amalgam Fillings Posterior composites Simple extractions Non-surgical periodontics Endodontics	 20% 20% 20% 20% 20%	 20% 20% 20% 20% 20%
Basic II services Surgical periodontics Other oral surgery	 50% 50%	 50% 50%
Crowns, onlays	Not covered	
Implants	Not covered	
Prosthetics	Not covered	

Freedom optional comprehensive dental

Your mouth is just as important when it comes to your overall health. The dental coverage listed below is optional and costs an additional monthly premium. The table shows what you pay for in-network care.

Benefit	Vital, Ultimate
Monthly premium	Vital: $43.10 Ultimate: $41.50
Deductible (Doesn't apply for preventive and diagnostic services)	$50
Maximum benefit (Vital: Preventive and diagnostic services apply to the annual maximum)	$1,100 per calendar year ($200 may be applied to out-of-network services)
Preventive and diagnostic care (Routine exams, cleanings and X-rays)	$0
Sealants (Pit and fissure)	50%
Regular and restorative care (Fillings, oral surgery, periodontics and endodontics)	50%
Special restorative care (Crowns and onlays)	50%
Prosthetics (Bridges, dentures and partial dentures)	50%

Other optional dental plans are available!
Call Sales to learn more.

Get more than great health care

Here's a look at some of the extra perks, benefits and support available to you as a HealthPartners Medicare member.

Assist America®*

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 from anywhere to talk to experienced clinicians who can help determine your need for medical care, or coordinate post-stabilization transportation to the nearest facility or your home. Learn more at **assistamerica.com**.

Travel coverage

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.

Ways to stay active with Silver&Fit®

With the Silver&Fit Healthy Aging and Exercise Program, you can get a gym membership and home fitness kits. Choose up to two home fitness kits and one Stay Fit kit to be sent to your home each year. They cover topics like cardio and strength, yoga, chair exercises, stress management and more. (Available with all plans except Basic.) Learn more at **silverandfit.com**.

Unlimited 24/7 online care

Virtuwell is your convenient online clinic. It treats over 60 common conditions like sinus infections, pink eye, ear infections and more. Here's how it works:

Step 1: Virtuwell guides you through questions that are straightforward and easy to answer. It'll ask about symptoms, medicines and allergies.

Step 2: Board-certified nurse practitioners review your answers, make a diagnosis and recommend the best care for you. If needed, prescriptions get sent right to your pharmacy.

Step 3: You'll enter your credit card and insurance information and virtuwell will submit the insurance claim.

Step 4: You'll get a text and email as soon as your treatment plan is ready. If you have questions, the nurse practitioners are available by phone around the clock to help.

Learn more at **virtuwell.com**.

*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.

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.

- **CareLine℠ 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℠ 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

Preventive and comprehensive dental benefits

You'll have $750 annual benefit allowance that can be used for preventive care like fillings and root canals. There's no network and no waiting periods.

Hearing aids through TruHearing

We're excited to partner with TruHearing to offer hearing aids for a $699 or $999 copay per aid (depending on technology level). You can purchase up to two each year, one per ear. You'll have a TruHearing consultant to call with questions about benefits, for help finding providers and even scheduling an appointment through a three-way call. At your appointments, you'll get an audiogram and discuss hearing aid options. Plus, you can place an order and make copays at the doctor's office. After your purchase, you'll get three follow-up visits for fittings and adjustments, and a 45-day risk-free trial. Hearing aids arrive in two to seven days. Keep in mind, you must use TruHearing providers to get this benefit.

Non-Medicare covered eyewear

With Vital, Balance and Ultimate plans, you can use your annual benefit allowance for non-Medicare covered prescription eyewear.

Ready to sign up?

Here's how:

- Visit **healthpartners.com/shopfreedom21**
- Call us at **952-883-7788** or **877-240-8311** (TTY: **711**)
- Fill out and send in the paper application using the prepaid envelope in your enrollment kit. You can also fax it to us at **952-853-8746**.

Completed enrollment forms received by the last day of the month are generally effective for the first day of the next calendar month.

After you enroll, you'll get a welcome packet with your member ID card and other helpful materials.

Here's when:

- **The Annual Enrollment Period (AEP):** Join or switch your Medicare plan Oct. 15 to Dec. 7 for coverage starting Jan. 1.
- **The Initial Enrollment Period (IEP):** Three months before to three months after your 65th birthday month (seven months total).
- **The Special Enrollment Period (SEP):** During special life events, like moving or retiring. Check with HealthPartners or **medicare.gov** for details.

Remember to:
Enroll in Parts A and B or Part B only before you sign up for a private plan. And have your Medicare card ready when you enroll.

Looking for more info?

Learn more during a Medicare meeting:

- Visit **healthpartners.com/mymeetings** to find an option that works for you.

Give us a call:

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

Oct. 1 through Dec. 7: 8 a.m. to 6 p.m. CT, Monday through Saturday

Dec. 8 through Sept. 30: 8 a.m. to 6 p.m. CT, Monday through Friday

Check out our educational blog:

healthpartners.com/education

Chat with us online:

healthpartners.com/medicare

Send us a note:

medicaresales@healthpartners.com

Contact your broker

Follow us online:

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Instagram: **@HealthPartners**

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 Sales 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 for which you routinely see a doctor. Visit **healthpartners.com/eoc21** or call **952-883-5601** or **800-247-7015** (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 Jan. 1, 2022.
- ❍ 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).

Notes

Notes