

HealthPartners® Freedom (Cost) Minnesota plans

2022 Plan information

		Basic
Monthly premium	What you pay each month for your plan	\$33.60
Deductible	What you pay out of pocket for services before your plan begins to pay	None
Maximum out-of-pocket	The most you'll pay for covered services for the year. Certain services do not count toward this amount.	Not applicable
Hospital	Common needs may include	
Inpatient hospital coverage¹	Cost per benefit period	\$600
Outpatient hospital coverage¹	Observation stay and non-surgical services	\$0
	Outpatient surgery	20%
Ambulatory surgery center¹		20%
Doctor Visits / Preventive Care / Emergency and Urgent Care		
Doctor visits		
Primary	Includes e-visits, scheduled telephone visits, and interactive video visits	20%
Specialist		
Preventive care	Medicare-covered services includes "Welcome to Medicare" preventive visit (one-time), annual wellness visit, certain screenings and counseling visits, immunizations for pneumonia and influenza and other Medicare-covered preventive services	\$0
	Routine physical exams (once a year)	Not covered
Emergency care	In U.S.	\$100
	Worldwide	Not covered
Urgently needed services	In U.S.	20%
	Worldwide	Not covered

¹Prior authorization may be required for certain services.

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Plans are available in the following Minnesota counties: Aitkin, Carlton, Cook, Goodhue, Itasca, Kanabec, Koochiching, Lake, Mille Lacs, Pine and St. Louis.

Vital	Balance	Ultimate
\$39.70	\$82.60	\$168.10
None	None	None
\$3,400	\$3,400	\$3,000
\$400	\$150	\$100
\$0	\$0	\$0
\$150	\$50	\$50
\$150	\$50	\$50
\$0	\$0	\$0
\$30	\$15	
\$0	\$0	\$0
\$0	\$0	\$0
\$90	\$75	\$50
20%	20%	20%
\$40	\$20	\$0
20%	20%	20%

		Basic
Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs		
Diagnostic services/ Labs/Imaging	Diagnostic radiology (e.g.: MRI, CT, PET)	20%
	Labs	\$0
	Diagnostic tests and procedures	\$0
	X-rays	20%
	Therapeutic radiology	20%
Hearing / Dental / Vision		
Common needs may include		
Hearing services	Routine exam	Not covered
	Diagnostic exam	20%
	Hearing aids through TruHearing®	Not covered
Dental services	Medicare-covered non-routine dental	20%
	Benefit allowance	Not covered
	Preventive services	Not covered
	Comprehensive services	Not covered
	Optional supplemental dental	Not available
Vision services	Routine exam	Not covered
	Diagnostic exam	20%
	Non-Medicare covered prescription eyewear	Not covered
Mental health services		
Therapy visits	Individual / Group	20%
Inpatient visit	Per benefit period	\$600
Skilled nursing facility (SNF) / Physical therapy		
Skilled nursing facility	Cost per benefit period. The plan covers up to 100 days in a SNF.	Days 1-100: \$0
Physical therapy		20%
Medical transportation		
Ambulance	Air/Ground in U.S. Cost per one-way trip	20%
Medicare Part B drugs		
Medicare Part B drugs¹	Chemotherapy and other drugs that must be administered by a health professional	20%

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Vital	Balance	Ultimate
\$300	\$200	\$0
\$0	\$0	\$0
\$0	\$0	\$0
\$10	\$0	\$0
10%	\$0	\$0
\$0	\$0	\$0
\$30	\$15	\$0
\$699 / \$999 per aid; up to two per year	\$699 / \$999 per aid; up to two per year	\$699 / \$999 per aid; up to two per year
\$0	\$0	\$0
Not covered	\$750 per year	Not covered
Not covered	\$0	\$0
Not covered	20%-50%	Not covered
Available	Not available	Available
\$0	\$0	\$0
\$30	\$15	\$0
\$150 benefit allowance per year	\$150 benefit allowance per year	\$175 benefit allowance per year
\$30 / \$15	\$15 / \$7.50	\$0
\$400	\$150	\$100
Days 1-100: \$0	Days 1-100: \$0	Days 1-100: \$0
\$30	\$15	\$0
20% / \$200	\$100 / \$50	\$0
20%	20%	20%

Additional benefits / perks

2022 Plan information

Common needs may include	
Travel counseling	Medical consultations with health advice for international travel and more
Assist America®	Travel related services and support when traveling more than 100 miles from home or in foreign country
Chiropractic care	Medicare-covered
Acupuncture	Medicare-covered
Medical equipment / supplies ¹	Non-Medicare covered
	Durable medical equipment
	Prosthetics
Fitness benefit	Diabetes supplies
	SilverSneakers Fitness Program (gym membership and options to work out from home)
Extended absence benefit	Coverage for care when traveling out of the service area for up to 9 months

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

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Basic	Vital	Balance	Ultimate
Not covered	\$0	\$0	\$0
Available	Available	Available	Available
20%	\$15	\$15	\$0
20%	\$30	\$15	\$0
Not covered	\$30	\$15	\$0
20%	20%	20%	20%
Not covered	\$0	\$0	\$0
Available	Available	Available	Available

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Dental coverage options

Freedom Balance dental benefit

Balance offers an embedded preventive dental benefit allowance of up to \$750. This benefit is included with the plan at no additional cost.

	Common needs may include	In-network	Out-of-network
Benefit maximum		\$750 benefit allowance (combined in- and out-of-network)	
Deductible		None	None
Preventive and diagnostic care	Routine exams, cleanings, and X-rays	\$0	\$0
Sealants	Pit and fissure	\$0	\$0
Basic I services	Amalgam fillings	20%	20%
	Posterior composites		
	Simple extractions		
	Non-surgical periodontics		
Basic II services	Endodontics	50%	50%
	Surgical periodontics		
	Other oral surgery		

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Freedom optional comprehensive dental benefit

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.

	Common needs may include	Vital, Ultimate
Monthly premium		Vital: \$43.10 Ultimate: \$41.50
Deductible	Doesn't apply for preventive and diagnostic services	\$50
Maximum benefit	Vital: All 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	50%
	Oral surgery	
	Periodontics	
	Endodontics	
Special restorative care	Crowns and onlays	50%
Prosthetics	Bridges, dentures and partial dentures	50%

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