HealthPartners®

You're just getting started

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

HealthPartners® Wisconsin Freedom Basic (Cost)
HealthPartners® Wisconsin Freedom Balance (Cost)
HealthPartners® Wisconsin Freedom Balance with Rx (Cost)

2018 Summary of Benefits
Jan. 1, 2018 – Dec. 31, 2018

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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." 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.

Use this summary of benefits to get to know your HealthPartners Wisconsin Freedom plan options. It outlines what each plan covers and what you pay for those services. 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 at **healthpartners.com/EOC**.

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 or your broker a call.

In the meantime, here are a few questions I tell people to ask themselves as they shop for their Medicare plan:

- Can I keep my doctor?
- Do I need referrals to see specialists?
- Am I covered when I travel?
- Are my meds covered?
- Is there a fitness benefit?

We look forward to helping you find the plan that fits you best.

Sincerely,

Sara Wagner

LEARN THE LINGO

Use the glossary on page 10 as a reference for the terms used throughout this book.

Enjoy your freedom

HealthPartners Wisconsin Freedom gives you the care and coverage you need to stay healthy for what matters most. Choose from two medical plan options — and added Part D prescription drug coverage with Wisconsin Freedom Balance.

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 almost 300 locations.

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/finddr**.

Wondering where to get care?

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

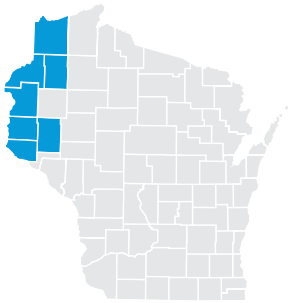
- Essentia Health
- Fairview Health Services
- HealthEast Care System
- HealthPartners Medical Group
- Hudson Hospital & Clinics
- Lakeview Hospitals
- North Memorial Health Care
- Park Nicollet Health Services
- St. Croix Regional Medical Center
- University of Minnesota Physicians
- Westfields Hospital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

Who can join?

Anyone who:

- Has Medicare Parts A and B or Part B only
- Lives in the service area
- Does not have end-stage renal disease (there are exceptions)

The service area includes the following Wisconsin counties: Burnett, Douglas, Dunn, Pierce, Polk, St. Croix and Washburn.



TIPS FOR COMPARING YOUR OPTIONS:

1. Look at the different medical benefits on page 4. 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 page 5 for more information.

KEEP IN MIND

The amounts listed in the medical and prescription drug tables are what you pay for those services – not what the plan pays.

– Sara Wagner

BENEFIT	BASIC	BALANCE
Monthly premium *(You must continue to pay your Medicare Part B premium)*	Medical only: $50 No Rx	Medical only: $81 Medical with Rx: $125.30
Deductible	Not applicable	Medical: Not applicable Part D: $130
Maximum out-of-pocket responsibility *(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
Inpatient hospital coverage *(Cost per benefit period)*	$600	$200
Outpatient hospital services[1] • Observation and non-surgical services • Outpatient surgery	 $0 20%	 $0 $100
Doctor visits *(Primary care and specialists)*	20%	$15
Preventive care	$0	$0
Emergency care	$100	$65
Urgently needed services	20%	$15
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 20%	 20% $0 $0
Hearing services • Routine exam • Diagnostic exam	 Not covered 20%	 $0 $15
Dental services • Medicare-covered non-routine dental *(Check your Evidence of Coverage for details)*	20%	$0
Vision services • Routine exam • Diagnostic exam	 Not covered 20%	 $0 $15
Mental health services • Individual therapy visit • Group therapy visit • Inpatient visit *(Per benefit period)*	 20% 20% $600	 $15 $7.50 $200
Skilled nursing facility[1] *(Cost per benefit period)*	Days 1-100: $0	Days 1-100: $0
Physical therapy	20%	$15
Ambulance	20%	10%
Transportation	Not covered	Not covered
Medicare Part B drugs[1] *(Chemotherapy and other Part B drugs)*	20%	0%-20%

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

Part D prescription drug coverage

Use this section to learn about the four Part D phases and see the Part D coverage with Wisconsin Freedom Balance. 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 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/EOC** for more information.

PHASE 1: DEDUCTIBLE

You pay out of pocket for your meds until you reach your deductible. The deductible for Wisconsin Freedom Balance with Rx is $130.

PHASE 2: INITIAL COVERAGE

Once you reach your deductible, your plan starts to cover some of your costs. Here, you pay a copay or coinsurance. The costs in the blue table show what you pay at standard retail and standard mail-order pharmacies.

	BALANCE WITH RX	
	ONE-MONTH SUPPLY (standard retail and standard mail-order pharmacies)	**THREE-MONTH SUPPLY**
Tier 1: Preferred generic	$5	$15
Tier 2: Generic	$16	$48
Tier 3: Preferred brand	$47	$141
Tier 4: Non-preferred drugs	50%	50%
Tier 5: Specialty	29%	Not available
	THREE-MONTH SUPPLY (preferred cost-sharing mail-order pharmacy)	
Tier 1: Preferred generic	$10	
Tier 2: Generic	$32	
Tier 3: Preferred brand	$94	
Tier 4: Non-preferred drugs	50%	

A 90-day supply is not available for drugs in Tier 5: Specialty.

PHASE 3: COVERAGE GAP ("DONUT HOLE")

Once you and your plan pay $3,750, you enter the coverage gap. Here, you'll pay 44% for Generics and 35% for Brands.

PHASE 4: CATASTROPHIC

Once you alone pay $5,000, you enter the catastrophic phase. If you reach this phase, you'll pay 5% or $3.35 for Generics and 5% or $8.35 for Brands (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/partdpharmacy**. And check if your meds are covered at **healthpartners.com/medicarerx**.

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. Part D not offered for Freedom Basic.

Additional benefits

BENEFIT	BASIC	BALANCE
Chiropractic care *(Medicare-covered)*	20%	$15
Remote access technologies • e-visits, scheduled telephone visits, virtuwell®, Careline • Real-time interactive audio and video technologies	$0 20%	$0 $15
Emergency and urgently needed services outside the U.S. *(Including ground ambulance)*	Not covered	20%
Foot care *(Podiatry services; medically necessary)*	20%	$15
Medical equipment/supplies[1] *(Durable medical equipment, prosthetics, diabetes supplies)*	20%	20%
Fitness benefit *(See page 7 for details)*	Not covered	$0

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

Optional benefit rider

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

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

Stay healthy for what matters

Here's a look at some of the extra perks, benefits and support you'll get.

Go travel — you're covered

The Freedom plan has the Extended Absence Benefit. That means you'll have in-network coverage up to nine months out of the year when you travel outside the service area in the U.S.

NEW FOR 2018

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 with any plan you choose – at no cost to you. Call 24/7 nationwide and worldwide to:

- Talk to experienced clinicians who can help you assess your need for medical care
- Coordinate post-stabilization transportation to the nearest facility or your home

Learn more at **assistamerica.com**.

Care the way you want it

You'll pay nothing for unlimited visits to virtuwell, your 24/7 online clinic. No drive time and no wait time. Visit 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**.

virtuwell by HealthPartners

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** to find a facility. Prefer to work out at home? Choose the Home Fitness Program and get up to two Home Fitness kits each year.

Silver&Fit®

To sign up or get more information, visit **silverandfit.com** or call Silver&Fit customer service at **888-797-8092** (TTY: **711**), Monday through Friday, 7 a.m. - 8 p.m., CT.

Support to be tobacco free

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

Quick advice from a 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

Signing up is easy

When can I enroll in HealthPartners Wisconsin Freedom?

You can enroll at any time. However, there may be limitations. Call us or visit **medicare.gov** for more information. Here are the most common Medicare enrollment periods:

3 MONTHS ▲

3 MONTHS ▼

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 Oct. 15 to Dec. 7.

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

Next steps

STEP 1: PICK YOUR PLAN

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

Visit **healthpartners.com/shopWI**

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 on page 9 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 plan rules to help you get to know your new plan.

Plus, you'll get a welcome packet with your member ID card, Evidence of Coverage, and other helpful materials.

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

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

Oct. 1 through Feb. 14:
8 a.m. to 8 p.m. CT, seven days a week

Feb. 15 through Sept. 30:
8 a.m. to 8 p.m. CT, Monday through Friday

VISIT ONLINE

healthpartners.com/medicare

STOP BY AND SEE US

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

EMAIL

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 more. Visit **healthpartners.com/blog.**

Ask these as you shop

The questions on the left are important things to consider while comparing your options. Have a few more must-haves? Use the blank boxes to write those in.

	PLANS I'M INTERESTED IN		
QUESTIONS	**HealthPartners**		
Can I keep my doctor?	With 51,000 providers in the network, it's likely. **healthpartners.com/finddr**		
Do I need referrals to see specialists?	No		
Am I covered when I travel?	Yes		
Are my meds covered?	**healthpartners.com/medicarerx**		
Is there a fitness benefit?	Yes		

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 Advantage plan ("Part C" or "MA"): A type of Medicare plan that gives you coverage for Medicare Parts A, B and D. This means you get your hospital, medical and prescription coverage all in one plan.

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 Wisconsin 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.

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.

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 9.

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 Jan. 1 of each year.

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

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For a printed copy of our formulary, pharmacy directory or provider directory, call us at the numbers on page 9.

HealthPartners®

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55425

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