



Let's get started

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

HealthPartners® Freedom (Cost) 2020 Summary of Benefits:

Minnesota and Wisconsin:

HealthPartners® Freedom Basic (Cost), HealthPartners® Freedom Vital (Cost),
HealthPartners® Freedom Balance (Cost)

Minnesota only:

HealthPartners® Freedom Ultimate (Cost)

Jan. 1, 2020 – Dec. 31, 2020

H2462_118286_M Accepted 9/10/19

With a HealthPartners Medicare Cost plan, you're always in good shape.

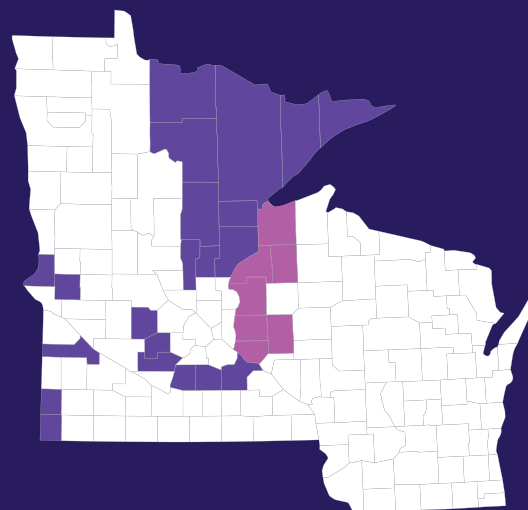
Helping Minnesotans stay healthy has been our passion for over 60 years. The health pie has many slices — physical, mental and financial, to name a few. And you can't just focus on one. You have to keep up with all of it. You don't have to be perfect. But you need to be in good shape. As your Medicare partner, we're here to help you get there.

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. In fact, when you call your Member Services team, you'll talk to someone in Bloomington, Minnesota. Yep, right by Mall of America. In the area? You can stop by our Bloomington office and chat in person with one of our Sales reps. Ask questions and get to know the people who work to keep you in good shape.

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).

We're right with you in your pursuit of good health.



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

Wisconsin

- Burnett
- Douglas
- Dunn
- Pierce
- Polk
- St. Croix
- Washburn

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 57,000 doctors and 280 hospitals. Find a covered provider at healthpartners.com/finddr20
- All HealthPartners and Park Nicollet clinics and hospitals
- Plus others, like Essentia Health, Fairview Health Services, HealthEast Care System, North Memorial Health Care, University of Minnesota Physicians 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 or home fitness kits through the [Silver&Fit](#)® Exercise and Healthy Aging Program
- Optional supplemental dental, coverage for acupuncture and hearing aids

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 covered services within those benefits 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.

	Freedom Basic (MN & WI)
Monthly premium (What you pay each month for your insurance plan)	\$33.60
Deductible (What you pay for a service, item or drug before your insurance kicks in)	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
Medical benefits	
Inpatient hospital coverage¹ (Cost per benefit period)	\$600
Outpatient hospital coverage¹ • Observation stay and non-surgical services • Outpatient surgery	\$0 20%
Ambulatory surgery center¹	20%
Doctor visits (Primary specialists)	20%
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
Emergency care (In U.S. worldwide)	\$100 Not covered
Urgently needed services (In U.S. worldwide)	20% Not covered
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%
Hearing services • Routine exam • Diagnostic exam • Hearing aids through TruHearing® (See page 7)	Not covered 20% Not covered
Dental services • Medicare-covered non-routine dental ¹ (Check your EOC for details) • Oral exam, cleaning and X-ray • Optional supplemental dental (See page 5)	20% Not covered Not available
Vision services • Routine exam • Diagnostic exam	Not covered 20%
Mental health services • Therapy visits (Individual group) • Inpatient visit (Per benefit period)	20% \$600
Skilled nursing facility¹ (Cost per benefit period)	Days 1-100: \$0
Physical therapy	20%
Ambulance (Air ground in U.S.)	20%
Transportation	Not covered
Medicare Part B drugs¹ (Chemotherapy and other Part B drugs)	20%

Freedom Vital (MN & WI)	Freedom Balance (MN & WI)	Freedom Ultimate (MN ONLY)
\$39.70	\$82.60	\$168.10
None	None	None
\$3,400	\$3,400	\$3,000
Medical benefits		
\$400	\$200	\$100
\$0 \$150	\$0 \$100	\$0 \$50
\$150	\$100	\$50
\$15 \$40	\$15	\$0
\$0	\$0	\$0
\$100 20%	\$65 20%	\$50 20%
\$40 20%	\$15 20%	\$0 20%
20% \$0 \$0 10%	\$200 \$0 \$0 \$0	\$0 \$0 \$0 \$0
\$0 \$40 \$699/\$999 (two per year, one per ear)	\$0 \$15 \$699/\$999 (two per year, one per ear)	\$0 \$0 \$699/\$999 (two per year, one per ear)
\$0 Not covered Available	\$0 Not covered Available	\$0 \$0 Available
\$0 \$40	\$0 \$15	\$0 \$0
\$40 \$20 \$400	\$15 \$7.50 \$200	\$0 \$100
Days 1-100: \$0	Days 1-100: \$0	Days 1-100: \$0
\$40	\$15	\$0
20% \$200	\$100	\$0
Not covered	Not covered	Not covered
20%	20%	20%

	Basic	Vital	Balance	Ultimate
Additional benefits				
Chiropractic care	20%	\$15	\$15	\$0
Acupuncture	Not covered	\$35	\$15	\$0
Routine physical exams	\$0	\$0	\$0	\$0
Medical equipment/supplies¹ (Durable medical equipment, prosthetics, diabetes supplies)	20%	20%	20%	20%
Fitness benefit (See page 6)	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.

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
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

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, Balance, Ultimate
Monthly premium	Vital Balance: \$43.10 Ultimate: \$41.50
Deductible (Doesn't apply for preventive and diagnostic services)	\$50
Maximum benefit (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 nationwide and worldwide 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 Exercise and Healthy Aging Program, you can choose from a gym membership or two home fitness kits. Pick from 34 home fitness kits to be sent to your home twice 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.



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 (about 30 minutes). 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.

- **CareLineSM 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 NavigatorSM 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

Hearing aids through TruHearing

We're excited to partner with TruHearing to offer hearing aids for a \$699 or \$999 copay (depending on technology level) per ear, two each year. 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.

Ready to sign up?

Here's how:

- Visit healthpartners.com/shopfreedom20
- 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 we receive 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](https://www.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?

Come in for an informal meeting:

- Visit healthpartners.com/mymeetings to find one near 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

Stop by and see us:

8170 33rd Ave. S., Bloomington, MN 55425


Send us a note:


medicaresales@healthpartners.com

Contact your broker

Follow us online:

 Facebook: [@HealthPartnersMN](https://www.facebook.com/HealthPartnersMN)

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 Instagram: [@HealthPartners](https://www.instagram.com/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/eoc20** 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, 2021.
- 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).

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.

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**).

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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/eoc20. For a printed copy of the EOC, call us at the numbers on page 8.



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