

## 2011 HealthPartners® Freedom Plan (Cost) – Available in Minnesota

	Freedom Plan I	Freedom Plan II	Freedom Plan III
<b>Monthly premium</b>	<b>\$61</b>	<b>\$93</b>	<b>\$134</b>
<b>Physical exam – routine annual</b>	100% coverage.	100% coverage.	100% coverage.
<b>Routine annual eye and hearing exam</b>	No coverage.	100% coverage.	100% coverage.
<b>Physical exams – due to illness or injury</b>	20% coinsurance.	\$15 copay.	100% coverage.
<b>Specialists and Urgent Care</b>	20% coinsurance.	\$15 copay.	100% coverage.
<b>Hearing aids</b>	Up to 30% discount when member uses one of the approved providers.		
<b>Preventive services</b>	100% coverage, including diabetes self-monitoring training, nutrition therapy for diabetes and end-stage renal disease and bone mass measurement.		
<b>Hospital</b>	\$300 copay per Medicare-covered stay in a network hospital.	\$150 copay per stay in a network hospital. Unlimited days.	100% coverage for stay in a network hospital. Unlimited days.
<b>Emergency room</b>	\$50 copay.	\$50 copay.	100% coverage.
<b>Dental</b>	None.	Preventive benefit of one exam, one set of X-rays and one cleaning per year. Also eligible for additional Freedom Dental Plan for \$37.80/month, which covers fillings, bridges and more. The additional plan is available at time of enrollment or between November 15 and December 31, 2010.	
<b>Durable medical equipment</b>	Member pays 20% of Medicare-approved amount.		
<b>Fitness</b>	Eligible for the Frequent Fitness program, Global Fit, and 10,000 Steps.	Eligible for Freedom Frequent Fitness, Frequent Fitness, Global Fit and 10,000 Steps.	Eligible for Freedom Frequent Fitness, Frequent Fitness, GlobalFit and 10,000 Steps.
<b>Prescription drug coverage options</b>	NOT eligible for any HealthPartners prescription coverage.	Eligible for HealthPartners® Freedom Standard Drug Plan.	Eligible for HealthPartners® Freedom Standard or Enhanced Plans.



*HealthPartners® Freedom Plan (Cost)*  
2011 Medical Summary of Benefits — Minnesota

HealthPartners Freedom Plan I (Cost)  
HealthPartners Freedom Plan II (Cost)  
HealthPartners Freedom Plan III (Cost)

# Introduction to the Summary of Benefits for HEALTHPARTNERS FREEDOM PLAN I (COST) HEALTHPARTNERS FREEDOM PLAN II (COST) HEALTHPARTNERS FREEDOM PLAN III (COST)

January 1, 2011 – December 31, 2011

## STATE OF MINNESOTA

Thank you for your interest in HealthPartners Freedom Plan I (Cost), HealthPartners Freedom Plan II (Cost), and HealthPartners Freedom Plan III (Cost). Our plans are offered by GROUP HEALTH, INC./HealthPartners® Freedom Plan, a Medicare Cost Managed Care organization. This Summary of Benefits tells you some features of our plans. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call HealthPartners Freedom Plan I (Cost), HealthPartners Freedom Plan II (Cost), and HealthPartners Freedom Plan III (Cost) and ask for the "Evidence of Coverage."

### YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like HealthPartners Freedom Plan I (Cost), HealthPartners Freedom Plan II (Cost), and HealthPartners Freedom Plan III (Cost). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call HealthPartners Freedom Plan I (Cost), HealthPartners Freedom Plan II (Cost), and HealthPartners Freedom Plan III (Cost) at the numbers listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

### HOW CAN I COMPARE MY OPTIONS?

You can compare HealthPartners Freedom Plan I (Cost), HealthPartners Freedom Plan II (Cost), HealthPartners Freedom Plan III (Cost) and the Original Medicare plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare plan covers.

Our members receive all of the benefits that the Original Medicare plan offers. We also offer more benefits, which may change from year to year.

### WHERE ARE HEALTHPARTNERS FREEDOM PLAN I (COST), HEALTHPARTNERS FREEDOM PLAN II (COST), AND HEALTHPARTNERS FREEDOM PLAN III (COST) AVAILABLE?

The service area for this plan includes: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Cottonwood,

Crow Wing, Dakota, Dodge, Douglas, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnommen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Rice, Rock, Roseau, Scott, Sherburne, Sibley, St. Louis, Stearns, Steele, Stevens, Swift, Todd, Traverse, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona, Wright, Yellow Medicine Counties, MN.

You must live in one of these areas to join the plan.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may only do so during certain times of the year. Please call Customer Service for more information.

#### **WHO IS ELIGIBLE TO JOIN HEALTHPARTNERS FREEDOM PLAN I (COST), HEALTHPARTNERS FREEDOM PLAN II (COST), AND HEALTHPARTNERS FREEDOM PLAN III (COST)?**

You can join HealthPartners Freedom Plan I (Cost), HealthPartners Freedom Plan II (Cost) or HealthPartners Freedom Plan III (Cost) if you are entitled to Medicare Part A and enrolled in Part B, or enrolled in Medicare Part B only, and live in the service area. However, individuals with end-stage renal disease are generally not eligible to enroll in HealthPartners Freedom Plan I (Cost), HealthPartners Freedom Plan II (Cost), or HealthPartners Freedom Plan III (Cost) unless they are members of our organization and have been since their dialysis began.

#### **CAN I CHOOSE MY DOCTORS?**

HealthPartners Freedom Plan I (Cost), HealthPartners Freedom Plan II (Cost), and HealthPartners Freedom Plan III (Cost) have formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list visit us at our website.

Our customer service number is listed at the end of this introduction.

#### **WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?**

You can always choose to go to a doctor outside our network. We may not pay for the services you receive outside of our network, but Medicare will pay for its share of charges it approves. You will be responsible for Medicare Part B deductible and coinsurance.

#### **DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?**

HealthPartners Freedom Plan I (Cost), HealthPartners Freedom Plan II (Cost), and HealthPartners Freedom Plan III (Cost) do cover Medicare Part B prescription drugs and offers Medicare Part D prescription drug plan options.

## WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Cost Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Cost Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of HealthPartners Freedom Plan I (Cost), HealthPartners Freedom Plan II (Cost), or HealthPartners Freedom Plan III (Cost), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

## WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact HealthPartners Freedom Plan I (Cost), HealthPartners Freedom Plan II (Cost), or HealthPartners Freedom Plan III (Cost) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

## WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on **medicare.gov** and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service numbers are listed on the next page.

Please call HealthPartners® Freedom Plan for more information about HealthPartners Freedom Plan I (Cost), HealthPartners Freedom Plan II (Cost), and HealthPartners Freedom Plan III (Cost).

Visit us at [healthpartners.com/medicare](http://healthpartners.com/medicare) or, call us:

Customer Service hours: Seven days a week, 8 a.m. - 8 p.m. Central

Current members should call toll-free 1-800-233-9645. (TTY/TDD 1-800-443-0156)

Prospective members should call toll-free 1-800-247-7015. (TTY/TDD 1-800-443-0156)

Current members should call locally 952-883-7979. (TTY/TDD 952-883-6060)

Prospective members should call locally 952-883-5601. (TTY/TDD 952-883-6060)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or visit [medicare.gov](http://medicare.gov) on the web.

This document may be available in a different format or language. For additional information, call customer service at the phone number listed above.

If you have special needs, this document may be available in other formats.

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
<b>IMPORTANT INFORMATION</b>		
<p>1 - Premium and Other Important Information</p>	<p>In 2010, the monthly Part B premium was \$96.40 and may change for 2011 and the yearly Part B deductible amount was \$155 and may change for 2011.</p> <p>If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>General Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778</p>	<p>General \$61 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>This plan covers all Medicare-covered preventive services with zero cost sharing.</p> <p>Most people will pay the standard monthly Part B premium in addition to their plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>
<p>2 - Doctor and Hospital Choice (For more information, see Emergency Care - #15 and Urgently Needed Care - #16.)</p>	<p>You may go to any doctor, specialist or hospital that accepts Medicare.</p>	<p><b>In-Network</b> No referral required for network doctors, specialists and hospitals.</p> <p><b>In and Out-of-Network</b> You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services.</p> <p>When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p> <p><b>Out of Service Area</b> Plan covers you when you travel in the U.S.</p>

<p style="text-align: center;"><b>HealthPartners® Freedom Plan II (Cost)</b></p>	<p style="text-align: center;"><b>HealthPartners® Freedom Plan III (Cost)</b></p>
<p><b>General</b> \$93 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>This plan covers all Medicare-covered preventive services with zero cost sharing.</p> <p>Most people will pay the standard monthly Part B premium in addition to their plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p><b>In-Network</b> \$3,000 out-of-pocket limit.</p> <p>There is no limit on cost sharing for the following services:</p> <p><b>Supplemental Services:</b></p> <ul style="list-style-type: none"> <li>• Comprehensive Dental</li> </ul>	<p><b>General</b> \$134 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>This plan covers all Medicare-covered preventive services with zero cost sharing.</p> <p>Most people will pay the standard monthly Part B premium in addition to their plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p> <p><b>In-Network</b> \$3,000 out-of-pocket limit.</p> <p>There is no limit on cost sharing for the following services:</p> <p><b>Supplemental Services:</b></p> <ul style="list-style-type: none"> <li>• Comprehensive Dental</li> </ul>
<p><b>In-Network</b> No referral required for network doctors, specialists and hospitals.</p> <p><b>In and Out-of-Network</b> You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services.</p> <p>When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p> <p><b>Out of Service Area</b> Plan covers you when you travel in the U.S.</p>	<p><b>In-Network</b> No referral required for network doctors, specialists and hospitals.</p> <p><b>In and Out-of-Network</b> You can use any network doctor. If you go to out-of-network doctors the plan may not cover the services, but Medicare will pay its share for Medicare-covered services.</p> <p>When Medicare pays its share, you pay the Medicare Part B deductible and coinsurance.</p> <p><b>Out of Service Area</b> Plan covers you when you travel in the U.S.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
<b>SUMMARY OF BENEFITS</b>		
<b>INPATIENT CARE</b>		
<p>3 - Inpatient Hospital Care (Includes Substance Abuse and Rehabilitation Services)</p>	<p>In 2010, the amounts for each benefit period were:  Days 1 - 60: \$1,100 deductible  Days 61 - 90: \$275 per day  Days 91 - 150: \$550 per lifetime reserve day</p> <p>These amounts will change for 2011.  Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</p> <p>Lifetime reserve days can only be used once.</p> <p>A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network</p> <p>Plan covers 90 days each benefit period.  \$300 copay for each Medicare-covered hospital stay.</p>

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
<p>In-Network            No limit to the number of days covered by the plan each benefit period.            \$150 copay for each Medicare-covered hospital stay.            \$0 copay for additional hospital days.</p>	<p>In-Network            No limit to the number of days covered by the plan each benefit period.            \$0 copay.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
4 - Inpatient Mental Health Care	<p>Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above).</p> <p>190 day lifetime limit in a Psychiatric Hospital.</p>	<p>In-Network</p> <p>You get up to 190 days in a Psychiatric Hospital in a lifetime.</p> <p>\$300 copay for each Medicare-covered hospital stay.</p>
<p>5 - Skilled Nursing Facility (SNF)</p> <p>(In a Medicare-certified skilled nursing facility)</p>	<p>In 2010, the amounts for each benefit period after at least a 3-day covered hospital stay were:</p> <p>Days 1 - 20: \$0 per day</p> <p>Days 21 - 100: \$137.50 per day</p> <p>These amounts will change for 2011.</p> <p>100 days for each benefit period.</p> <p>A “benefit period” starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p>In-Network</p> <p>Plan covers up to 100 days each benefit period.</p> <p>\$0 copay for SNF services.</p>

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
<p>In-Network Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days. \$150 copay for each Medicare-covered hospital stay. \$0 copay for additional hospital days.</p>	<p>In-Network Contact the plan for details about coverage in a Psychiatric Hospital beyond 190 days. \$0 copay.</p>
<p>In-Network Plan covers up to 100 days each benefit period. \$0 copay for SNF services.</p>	<p>In-Network Plan covers up to 100 days each benefit period. \$0 copay for SNF services.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
6 - Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	\$0 copay.	In-Network \$0 copay for Medicare-covered home health visits.
7 - Hospice	You pay part of the cost for outpatient drugs and inpatient respite care. You must get care from a Medicare-certified hospice.	General You must get care from a Medicare-certified hospice.
<b>OUTPATIENT CARE</b>		
8 - Doctor Office Visits	20% coinsurance.	In-Network 20% of the cost for each primary care doctor visit for Medicare-covered benefits. 20% of the cost for each in-area, network urgent care Medicare-covered visit. 20% of the cost for each specialist visit for Medicare-covered benefits.

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
<p>In-Network \$0 copay for Medicare-covered home health visits.</p>	<p>In-Network \$0 copay for Medicare-covered home health visits.</p>
<p>General You must get care from a Medicare-certified hospice.</p>	<p>General You must get care from a Medicare-certified hospice.</p>
<p>General See “Welcome to Medicare, and Annual Wellness Visit” for more information.</p> <p>In-Network \$15 copay for each primary care doctor visit for Medicare-covered benefits. \$15 copay for each in-area, network urgent care Medicare-covered visit. \$15 copay for each specialist visit for Medicare-covered benefits.</p>	<p>General See “Welcome to Medicare, and Annual Wellness Visit” for more information.</p> <p>In-Network \$0 copay for each primary care doctor visit for Medicare-covered benefits. \$0 copay for each specialist doctor visit for Medicare-covered benefits.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
9 - Chiropractic Services	Routine care not covered. 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.	In-Network 20% of the cost for each Medicare-covered visit. Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.
10 - Podiatry Services	Routine care not covered. 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs.	In-Network 20% of the cost for each Medicare-covered visit. Medicare-covered podiatry benefits are for medically-necessary foot care.
11 - Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services.	In-Network 20% of the cost for each Medicare-covered individual or group therapy visit.
12 - Outpatient Substance Abuse Care	20% coinsurance.	In-Network 20% of the cost for Medicare-covered individual or group visits.
13 - Outpatient Services/ Surgery	20% coinsurance for the doctor. Specified copayment for outpatient hospital facility charges. Copay cannot exceed Part A inpatient hospital deductible. 20% copayment for ambulatory surgical center facility charges.	In-Network 20% of the cost for each Medicare-covered ambulatory surgical center visit. 20% of the cost for each Medicare-covered outpatient hospital facility visit.

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
<p>In-Network \$15 copay for each Medicare-covered visit.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>	<p>In-Network \$0 copay for Medicare-covered chiropractic visits.</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>
<p>In-Network \$15 copay for each Medicare-covered visit. \$15 copay for each routine visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>	<p>In-Network \$0 copay for each Medicare-covered visit. \$0 copay for each routine visit.</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care.</p>
<p>In-Network \$15 copay for each Medicare-covered individual therapy visit. \$7.50 copay for each Medicare-covered group therapy visit.</p>	<p>In-Network \$0 copay for Medicare-covered mental health visits.</p>
<p>In-Network \$15 copay for Medicare-covered individual or group visits.</p>	<p>In-Network \$0 copay for Medicare-covered visits.</p>
<p>In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit. \$0 copay for each Medicare-covered outpatient hospital facility visit.</p>	<p>In-Network \$0 copay for each Medicare-covered ambulatory surgical center visit. \$0 copay for each Medicare-covered outpatient hospital facility visit.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
14 - Ambulance Services (Medically necessary ambulance services)	20% coinsurance.	In-Network 20% of the cost for Medicare-covered ambulance benefits.
15 - Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.)	20% coinsurance for the doctor. Specified copayment for outpatient hospital emergency room (ER) facility charge. ER copay cannot exceed Part A inpatient hospital deductible. You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. Not covered outside the U.S. except under limited circumstances.	General \$50 copay for Medicare-covered emergency room visits. Not covered outside the U.S. except under limited circumstances. Contact the plan for more details. If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.
16 - Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.)	20% coinsurance, or a set copay. NOT covered outside the U.S. except under limited circumstances.	General 20% of the cost for Medicare-covered urgently needed care visits.
17 - Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/Psychological Services and more)	20% coinsurance.	In-Network 20% of the cost for Medicare-covered occupational therapy visits. 20% of the cost for Medicare-covered physical and/or speech and language therapy visits. 20% of the cost for Medicare-covered cardiac rehab services.

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
<p>In-Network \$0 copay for Medicare-covered ambulance benefits.</p>	<p>In-Network \$0 copay for Medicare-covered ambulance benefits.</p>
<p>General \$50 copay for Medicare-covered emergency room visits. Worldwide coverage. If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit. See Page 33 for additional information about emergency care.</p>	<p>General 0% of the cost for Medicare-covered emergency room visits. Worldwide coverage. See Page 33 for additional information about emergency care.</p>
<p>General \$15 copay for Medicare-covered urgently needed care visits. See Page 33 for additional information about urgently needed care.</p>	<p>General \$0 copay for Medicare-covered urgent-care visits. See Page 33 for additional information about urgently needed care.</p>
<p>In-Network \$15 copay for Medicare-covered occupational therapy visits. \$15 copay for Medicare-covered physical and/or speech and language therapy visits. \$0 copay for Medicare-covered cardiac rehab services.</p>	<p>In-Network \$0 copay for Medicare-covered occupational therapy visits. \$0 copay for Medicare-covered physical and/or speech and language therapy visits. \$0 copay for Medicare-covered cardiac rehab services.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
<b>OUTPATIENT MEDICAL SERVICES AND SUPPLIES</b>		
18 - Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	20% coinsurance.	In-Network 20% of the cost for Medicare-covered items.
19 - Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	20% coinsurance.	In-Network 20% of the cost for Medicare-covered items.
20 - Diabetes Self-Monitoring Training, Nutrition Therapy and Supplies (Includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/glaucoma test and foot exam/therapeutic soft shoes)	20% coinsurance. Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.	In-Network \$0 copay for diabetes self-monitoring training. \$0 copay for nutrition therapy for diabetes. 20% of the cost for diabetes supplies.

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
In-Network 20% of the cost for Medicare-covered items.	In-Network 20% of the cost for Medicare-covered items.
In-Network 20% of the cost for Medicare-covered items.	In-Network 20% of the cost for Medicare-covered items.
In-Network \$0 copay for diabetes self-monitoring training. \$0 copay for nutrition therapy for diabetes. 20% of the cost for diabetes supplies.	In-Network \$0 copay for diabetes self-monitoring training. \$0 copay for nutrition therapy for diabetes. 20% of the cost for diabetes supplies.

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
21 - Diagnostic Tests, X-Rays, Lab Services and Radiology Services	<p>20% coinsurance for diagnostic tests and x-rays.</p> <p>\$0 copay for Medicare-covered lab services.</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p>In-Network</p> <p>0% of the cost for Medicare-covered lab services.</p> <p>20% of the cost for Medicare-covered diagnostic procedures and tests.</p> <p>0% to 20% of the cost for Medicare-covered x-rays.</p> <p>0% to 20% of the cost for Medicare-covered diagnostic radiology services (not including x-rays).</p> <p>0% to 20% of the cost for Medicare-covered therapeutic radiology services.</p> <p>See Page 33 for additional information about diagnostic tests, x-rays, lab services and radiology services.</p>

**HealthPartners®  
Freedom Plan II (Cost)**

In-Network  
\$0 copay for Medicare-covered:  
- lab services  
- diagnostic procedures and tests  
- x-rays  
- diagnostic radiology services (not including x-rays)  
- therapeutic radiology services

**HealthPartners®  
Freedom Plan III (Cost)**

In-Network  
\$0 copay for Medicare-covered:  
- lab services  
- diagnostic procedures and tests  
- x-rays  
- diagnostic radiology services (not including x-rays)  
- therapeutic radiology services

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
<b>PREVENTIVE SERVICES</b>		
22 - Bone Mass Measurement (for people with Medicare who are at risk)	No coinsurance, copayment or deductible. Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	In-Network \$0 copay for Medicare-covered bone mass measurement.
23 - Colorectal Screening Exams (for people with Medicare age 50 and older)	No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy. Covered when you are high risk or when you are age 50 and older.	In-Network \$0 copay for Medicare-covered colorectal screenings.
24 - Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, pneumonia vaccine)	\$0 copay for flu, pneumonia and Hepatitis B vaccines. You may only need the pneumonia vaccine once in your lifetime. Call your doctor for more information.	In-Network \$0 copay for flu and pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for flu and pneumonia vaccines.
25 - Mammograms (Annual Screening) (for women with Medicare age 40 and older)	No coinsurance, copayment or deductible. No referral needed. Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	In-Network \$0 copay for Medicare-covered screening mammograms.
26 - Pap Smears and Pelvic Exams (for women with Medicare)	No coinsurance, copayment or deductible for Pap smears.	In-Network \$0 copay for Medicare-covered Pap smears and pelvic exams.

*Continued on next page*

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
<p>In-Network \$0 copay for Medicare-covered bone mass measurement.</p>	<p>In-Network \$0 copay for Medicare-covered bone mass measurement.</p>
<p>In-Network \$0 copay for Medicare-covered colorectal screenings.</p>	<p>In-Network \$0 copay for Medicare-covered colorectal screenings.</p>
<p>In-Network \$0 copay for flu and pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for flu and pneumonia vaccines. No referral needed for other immunizations. See page 33 for more information about immunizations.</p>	<p>In-Network \$0 copay for flu and pneumonia vaccines. \$0 copay for Hepatitis B vaccine. No referral needed for flu and pneumonia vaccines. No referral needed for other immunizations. See page 33 for more information about immunizations.</p>
<p>In-Network \$0 copay for Medicare-covered screening mammograms.</p>	<p>In-Network \$0 copay for Medicare-covered screening mammograms.</p>
<p>In-Network \$0 copay for Medicare-covered Pap smears and pelvic exams.</p>	<p>In-Network \$0 copay for Medicare-covered Pap smears and pelvic exams.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
	<p>No coinsurance, copayment or deductible for pelvic and clinical breast exams.</p> <p>Covered once every 2 years.</p> <p>Covered once a year for women with Medicare at high risk.</p>	
<p>27 - Prostate Cancer Screening Exams (For men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam.</p> <p>\$0 for the PSA test; 20% coinsurance for other related services.</p> <p>Covered once a year for all men with Medicare over age 50.</p>	<p>In-Network</p> <p>\$0 copay for Medicare-covered prostate cancer screening.</p>
<p>28 - End-Stage Renal Disease</p>	<p>20% coinsurance for renal dialysis.</p> <p>20% coinsurance for nutritional therapy for end-stage renal disease.</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p>General</p> <p>Cost plan members pay fee-for-service cost sharing for out-of-area dialysis.</p> <p>In-Network</p> <p>20% of the cost for renal dialysis.</p> <p>\$0 copay for nutrition therapy for end-stage renal disease.</p>
<p>29 - Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including</p>	<p>Drugs covered under <b>Medicare Part B</b></p> <p>General</p> <p>Most drugs not covered.</p> <p>20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under <b>Medicare Part D</b></p>

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p>	<p>In-Network \$0 copay for Medicare-covered prostate cancer screening.</p>
<p>General Cost plan members pay fee-for-service cost sharing for out-of-area dialysis.</p> <p>In-Network \$0 copay for renal dialysis. \$0 copay for nutrition therapy for end-stage renal disease.</p>	<p>General Cost plan members pay fee-for-service cost sharing for out-of-area dialysis.</p> <p>In-Network \$0 copay for renal dialysis. \$0 copay for nutrition therapy for end-stage renal disease.</p>
<p>Drugs covered under <b>Medicare Part B</b></p> <p>General Most drugs not covered. 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under <b>Medicare Part D</b></p>	<p>Drugs covered under <b>Medicare Part B</b></p> <p>General Most drugs not covered. 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under <b>Medicare Part D</b></p>

*Continued on next page*

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
	prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	General This plan does not offer prescription drug coverage.
30 - Dental Services	Preventive dental services (such as cleaning) not covered.	In-Network In general, preventive dental benefits (such as cleaning) not covered. 20% of the cost for Medicare-covered dental benefits.
31 - Hearing Services	Routine hearing exams and hearing aids not covered. 20% coinsurance for diagnostic hearing exams.	In-Network 20% of the cost for Medicare-covered diagnostic hearing exams. Hearing aids not covered.
32 - Vision Services	20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. Routine eye exams and glasses not covered. Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. Annual glaucoma screenings covered for people at risk.	In-Network Non-Medicare-covered eye exams and glasses not covered. \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery. 20% of the cost for exams to diagnose and treat diseases and conditions of the eye.

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
<p>General This plan does not offer prescription drug coverage. See the enclosed HealthPartners® Freedom Medicare Prescription Drug Plan (Cost) Summary of Benefits for plan options.</p>	<p>General This plan does not offer prescription drug coverage. See the enclosed HealthPartners® Freedom Medicare Prescription Drug Plan (Cost) Summary of Benefits for plan options.</p>
<p>In-Network \$0 copay for Medicare-covered dental benefits. \$0 copay for the following preventive dental benefits: - up to 1 oral exam(s) every year - up to 1 cleaning(s) every year - up to 1 dental x-ray(s) every year</p>	<p>In-Network \$0 copay for Medicare-covered dental benefits. \$0 copay for the following preventive dental benefits: - up to 1 oral exam(s) every year - up to 1 cleaning(s) every year - up to 1 dental x-ray(s) every year</p>
<p>In-Network \$15 copay for Medicare-covered diagnostic hearing exams. \$0 copay for up to 1 routine hearing test(s) every year. Hearing aids not covered.</p>	<p>In-Network \$0 copay for Medicare-covered diagnostic hearing exams. Up to 1 routine hearing test(s) every year. Hearing aids not covered.</p>
<p>In-Network \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery. \$15 copay for exams to diagnose and treat diseases and conditions of the eye. \$0 copay for up to 1 routine eye exam(s) every year.</p>	<p>In-Network \$0 copay for diagnosis and treatment for diseases and conditions of the eye and up to 1 routine eye exam(s) every year. \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
33 - Welcome to Medicare; And Annual Wellness Visit	<p>When you join Medicare Part B, then you are eligible as follows:</p> <p>During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare exam or an Annual Wellness visit.</p> <p>After your first 12 months, you can get one Annual Wellness visit every 12 months.</p> <p>There is no coinsurance, copayment or deductible for either the Welcome to Medicare exam or the Annual Wellness visit.</p> <p>The Welcome to Medicare exam does not include lab tests.</p>	<p>In-Network</p> <p>\$0 copay for the Medicare-covered initial preventive physical exam and annual wellness visits.</p>
34 - Health/Wellness Education	<p>Smoking Cessation:</p> <p>Covered if ordered by your doctor. Includes two counseling attempts within a 12 month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p>	<p>In-Network</p> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p> <p>\$0 copay for each Medicare-covered HIV screening. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
<p>In-Network \$0 copay for routine exams. \$0 copay for the Medicare-covered initial preventive physical exam and annual wellness visits. No plan coverage limit on the number of covered exams.</p>	<p>In-Network \$0 copay for routine exams. \$0 copay for the Medicare-covered initial preventive physical exam and annual wellness visits. No plan coverage limit on the number of covered exams.</p>
<p>In-Network This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including newsletters</li> <li>- Additional smoking cessation</li> <li>- Health club membership/fitness classes</li> <li>- Nursing hotline</li> </ul> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>	<p>In-Network This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> <li>- Written health education materials, including newsletters</li> <li>- Additional smoking cessation</li> <li>- Health club membership/fitness classes</li> <li>- Nursing hotline</li> </ul> <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p>

*Continued on next page*

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
	<p>\$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>	
Transportation (Routine)	Not covered.	<p>In-Network</p> <p>This plan does not cover routine transportation.</p>
Acupuncture	Not covered.	<p>In-Network</p> <p>This plan does not cover acupuncture.</p>
<b>OPTIONAL SUPPLEMENTAL PACKAGE #1</b>		
Premium and Other Important Information		Not available.

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
<p>\$0 copay for each Medicare-covered HIV screening. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>	<p>\$0 copay for each Medicare-covered HIV screening. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>
<p>In-Network This plan does not cover routine transportation.</p>	<p>In-Network This plan does not cover routine transportation.</p>
<p>In-Network \$15 copay per visit.</p>	<p>In-Network \$0 copay.</p>
<p>General Package: 1 - Freedom Comprehensive Dental Benefit \$37.80 monthly premium, in addition to your \$93 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: -Comprehensive Dental \$1,100 plan coverage limit every year for these benefits.</p>	<p>General Package: 1 - Freedom Comprehensive Dental Benefit \$37.80 monthly premium, in addition to your \$134 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: -Comprehensive Dental \$1,100 plan coverage limit every year for these benefits.</p>

Benefit Category	Original Medicare	HealthPartners® Freedom Plan I (Cost)
Dental Services		Not available.

HealthPartners® Freedom Plan II (Cost)	HealthPartners® Freedom Plan III (Cost)
<p>General Plan offers additional comprehensive dental benefits.</p> <p>In-Network \$1,100 plan coverage limit for comprehensive dental benefits every year. See page 33 for more information on dental option.</p>	<p>General Plan offers additional comprehensive dental benefits.</p> <p>In-Network \$1,100 plan coverage limit for comprehensive dental benefits every year. See page 33 for more information on dental option.</p>

### Additional Benefit Information

(for selected Summary of Benefits categories)

#### 15 - Emergency Care (p. 16/17)

Plan II: You pay \$50 for each Medicare-covered emergency room visit in the U.S.

You pay 20% outside the U.S.

Plan III: There is no copayment for Medicare-covered emergency room visits in the U.S. You pay 20% outside the U.S.

#### 16 - Urgently Needed Care (p. 16/17)

Plan II: You pay \$15 for each Medicare-covered urgently needed care visit in the U.S.

You pay 20% for each urgently needed care visit outside the U.S.

Plan III: There is no copayment for Medicare-covered urgently needed care in the U.S. You pay 20% for each urgently needed care visit outside the U.S.

#### 21 - Diagnostic Tests, X-Rays, Lab Services and Radiology Services (p. 20)

Plan I: The level of coverage is determined by place of service.

#### 24 - Immunizations (p. 22)

Plans II, III: Tetanus and diphtheria vaccines are covered every 10 years.

#### Optional Supplemental Dental Package (p. 30/31)

Benefit includes 100% coverage for preventive and diagnostic care and sealants, and 50% coverage for fillings, oral surgery, prosthetics and more. For more details, please see the enclosed 2011 HealthPartners® Freedom Plan (Cost) Optional Dental Benefit grid.



 **HealthPartners®**

8170 33rd Avenue South  
P.O. Box 1309  
Bloomington, MN 55425

[healthpartners.com/medicare](http://healthpartners.com/medicare)

H2462\_SB Med\_149 CMS Approved 09/30/2010  
420090 (10/10) © 2010 HealthPartners



## 2011 HealthPartners® Freedom Plan (Cost) Comprehensive Dental Benefit

This is a list of benefits for the optional dental plan available with HealthPartners® Freedom Plan II or III. For additional details, please consult your Evidence of Coverage.

Covered dental services are limited to those summarized below when care is provided by a network dentist. For a list of dentists, go to [medicare.healthpartners.com](http://medicare.healthpartners.com) or return the enclosed card to request a medical directory.

Benefit	Coverage
Monthly Premium	\$37.80
<b>Preventive and Diagnostic Care</b> - Routine examinations and cleanings - Other preventive services	100% Coverage 100% Coverage
<b>Sealants</b> - Pit and fissure sealants	100% Coverage
<b>Regular and Restorative Care</b> - Fillings - Oral surgery - Periodontics (gum treatment) - Endodontics (root canal therapy)	50% Coverage 50% Coverage 50% Coverage 50% Coverage
<b>Special Restorative Care</b> - Restorative crowns - Onlays	50% Coverage 50% Coverage
<b>Prosthetics</b> - Bridges - Dentures - Partial Dentures	50% Coverage 50% Coverage 50% Coverage
<b>Plan Annual Deductible</b>	\$50 per member per calendar year for regular and restorative care, special restorative care and prosthetics.
<b>Plan Annual Maximum</b>	\$1,100 per calendar year. \$200 may be applied to out-of-network services or dentists while in the Freedom plan service area.
<b>Waiting Periods</b>	If you had previous coverage under this plan, you may receive a benefit waiting period on all services except for preventive and diagnostic care. Waiting periods will be waived for those who are brand new to this plan.

**IMPORTANT NOTE:** You can only change plan options between November 15 and December 31 each year. If you discontinue this dental coverage, you may be subject to waiting periods on some services if you rejoin. For more details, see your Evidence of Coverage.