

HealthPartners® Retiree National Choice (RNC) 2019 Summary of Benefits

Jan. 1, 2019 – Dec. 31, 2019
Saint Olaf (Emeriti) #19946

The RNC medical plan is paired with HealthPartners RNC Prescription Drug Plan (PDP) which provides coverage for your prescription medicines. These are separate plans so you'll have separate plan materials and member ID cards, but they work together to cover your health care needs.

You'll receive two member ID cards after you enroll. One is for your medical plan and the other is for your prescription drug plan. You'll also get a Group Certificate and an Evidence of Coverage (EOC). The Group Certificate explains exact coverage terms and conditions for the medical plan. The EOC explains exact coverage terms and conditions for your prescription drug plan.

We're here to help

Call us at **952-883-7373** or **877-816-9539**.
(TTY 711)

Oct. 1 through March 31

8 a.m. to 8 p.m. CT, seven days a week

April 1 to Sept. 30

8 a.m. to 8 p.m. CT, Monday through Friday



MEDICAL BENEFITS

BENEFITS	WHAT YOU PAY		
	PLAN 1	PLAN 2	PLAN 3
Monthly Premium: Contact your employer for premium information. If you're billed directly by HealthPartners, call us at the numbers on the front page for your premium information. You must continue to pay your Medicare Part B premium.			
Deductible	You have a \$100 annual deductible for outpatient services for illness or injury. Part B drugs, durable medical equipment and diabetes supplies filled through the pharmacy network are excluded.	You have a \$150 annual deductible for outpatient services for illness or injury. Part B drugs, durable medical equipment and diabetes supplies filled through the pharmacy network are excluded.	You have a \$200 annual deductible for outpatient services for illness or injury. Part B drugs, durable medical equipment and diabetes supplies filled through the pharmacy network are excluded.
Maximum out-of-pocket responsibility <i>(The most you'll pay out-of-pocket for the year; does not include prescription drugs)</i>	\$1,750 (Medical)	\$3,000 (Medical)	\$5,000 (Medical)
Inpatient hospital coverage	\$100 per benefit period	\$200 per benefit period	\$500 per benefit period
Outpatient hospital services	\$0	\$0	\$0
Outpatient surgery	\$0	\$0	\$0
Doctor visits	Primary: \$15 Specialty: \$30	Primary: \$20 Specialty: \$40	Primary: \$25 Specialty: \$45
Preventive care	\$0	\$0	\$0
Emergency care <i>(If you're admitted to the hospital for the same condition within 24 hours, you don't pay your share of the cost for emergency care.)</i>	\$50	\$50	\$100
Urgently needed services	\$30	\$40	\$50
Diagnostic services/Labs/Imaging <i>(Cost for these services may vary based on place of service.)</i>	Diagnostic radiology (i.e. MRI, CT scans): \$0 Labs: \$0 Diagnostic tests and procedures: \$0 Outpatient X-rays: \$0	Diagnostic radiology (i.e. MRI, CT scans): \$0 Labs: \$0 Diagnostic tests and procedures: \$0 Outpatient X-rays: \$0	Diagnostic radiology (i.e. MRI, CT scans): 20% Labs: 20% Diagnostic tests and procedures: 20% Outpatient X-rays: 20%
Hearing services	Routine exam: \$0 Hearing aids: \$1,000 credit every two years	Routine exam: \$0 Hearing aids: \$1,000 credit every two years	Routine exam: \$0 Hearing aids: \$1,000 credit every two years

BENEFITS	WHAT YOU PAY		
	PLAN 1	PLAN 2	PLAN 3
Dental services	Medicare-covered dental: \$0	Medicare-covered dental: \$0	Medicare-covered dental: \$0
Vision services	Up to one routine eye exam per year: \$0 Glasses or contact lenses after cataract surgery: \$0	Up to one routine eye exam per year: \$0 Glasses or contact lenses after cataract surgery: \$0	Up to one routine eye exam per year: \$0 Glasses or contact lenses after cataract surgery: \$0
Mental health services <i>(Including inpatient)</i>	Inpatient visit: \$100 per benefit period Outpatient group therapy visit: \$15 Outpatient individual therapy visit: \$15	Inpatient visit: \$200 per benefit period Outpatient group therapy visit: \$20 Outpatient individual therapy visit: \$20	Inpatient visit: \$500 per benefit period Outpatient group therapy visit: \$25 Outpatient individual therapy visit: \$25
Skilled nursing facility	\$0 <i>(We cover up to 100 days per benefit period.)</i>	\$0 <i>(We cover up to 100 days per benefit period.)</i>	\$0 <i>(We cover up to 100 days per benefit period.)</i>
Rehabilitation services	Occupational therapy visit: \$0 Physical therapy visit: \$0 Speech and language therapy visit: \$30	Occupational therapy visit: \$15 Physical therapy visit: \$15 Speech and language therapy visit: \$40	Occupational therapy visit: \$50 Physical therapy visit: \$50 Speech and language therapy visit: \$50
Ambulance transportation in the US	\$0	10%	20%
Foot care <i>(Podiatry services)</i>	Foot exams and treatment: \$30	Foot exams and treatment: \$40	Foot exams and treatment: \$45
Chiropractic care	\$30	\$40	\$45
Medical equipment/supplies <i>(Things like wheelchairs, oxygen, braces, artificial limbs, etc.)</i>	Durable medical equipment: 10% Prosthetics: 10% Diabetes supplies: 10%	Durable medical equipment: 10% Prosthetics: 10% Diabetes supplies: 10%	Durable medical equipment: 20% Prosthetics: 20% Diabetes supplies: 20%
Wellness program	The Silver&Fit® Exercise & Healthy Aging Program: \$0 – Get a membership at a large network of fitness facilities. Or, a home fitness kit for members who prefer to work out at home.		
Medicare Part B drugs <i>(Prior authorization may be required.)</i>	0-20% of the cost for chemotherapy drugs and other Part B drugs		

The summary of benefits above is for your medical plan. Your HealthPartners® Retiree National Choice Prescription Drug Plan (PDP) benefits are outlined below. If you have questions about your HealthPartners RNC summary of benefits, give us a call at the numbers on the front page.

This plan may not cover all of your health care expenses. It's important to read your Group Certificate closely to see which expenses are covered.

PRESCRIPTION DRUG BENEFITS

Costs may change depending on the pharmacy you choose and when you enter another Part D phase. Call us or check the Evidence of Coverage online when you log into your *myHealthPartners* account at healthpartners.com for more information. If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

Prescription Drug Formulary	Your prescription drug formulary is Medicare Formulary II.		
Phase 1: Deductible <i>(If you have one)</i>	You have an annual \$150 deductible for Tier 3 (Preferred-Brand), Tier 4 (Non-Preferred Brand) and Tier 5 (Specialty) Part D prescription drugs.		
Phase 2: Initial Coverage <i>(After you reach your deductible, if you have one)</i>	What you pay at standard retail and standard mail order pharmacies:		
	Plan 1: One-month supply Tier 1: \$10 Tier 2: \$10 Tier 3: \$20 Tier 4: \$40 Tier 5: 25%	Plan 2: One-month supply Tier 1: \$10 Tier 2: \$15 Tier 3: \$45 Tier 4: \$65 Tier 5: 25%	Plan 3: One-month supply Tier 1: \$15 Tier 2: \$20 Tier 3: \$50 Tier 4: \$90 Tier 5: 34%
	Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-preferred Brand Tier 5: Specialty	Three-month supply Tier 1: \$30 Tier 2: \$30 Tier 3: \$60 Tier 4: \$120 Tier 5: Not offered	Three-month supply Tier 1: \$30 Tier 2: \$45 Tier 3: \$135 Tier 4: \$195 Tier 5: Not offered
	At preferred mail order pharmacies, you get a three-month supply for the price of two months. You pay the same amount listed above for a one-month supply.		
Phase 3: Coverage Gap <i>(“Donut Hole”)</i>	Plan 1: The same cost-sharing applies to each tier in the Coverage Gap Stage as in the Initial Coverage Stage. Plan 2 and Plan 3: You pay 37% for generics and 25% for brand name drugs.		
Phase 4: Catastrophic Coverage	Plan 1: You pay \$3.40 or 5%, whichever is greater, for generic drugs. You pay \$8.50 or 5%, whichever is greater, for brand name drugs. (Not to exceed the copays in the Initial Coverage stage.) Plan 2 and Plan 3: You pay \$3.40 or 5%, whichever is greater, for generic drugs. You pay \$8.50 or 5%, whichever is greater, for brand name drugs.		

ADDITIONAL BENEFITS

<p>Remote Access Technologies</p>	<p>Real-time Interactive Audio and Video Technologies: Primary: \$15 Specialty: \$30</p> <p>\$0 for:</p> <ul style="list-style-type: none"> • Electronic visit (e-visit) • Scheduled Telephone Visit • CareLineSM Services 	<p>Real-time Interactive Audio and Video Technologies: Primary: \$20 Specialty: \$40</p> <p>\$0 for:</p> <ul style="list-style-type: none"> • Electronic visit (e-visit) • Scheduled Telephone Visit • CareLineSM Services 	<p>Real-time Interactive Audio and Video Technologies: Primary: \$25 Specialty: \$45</p> <p>\$0 for:</p> <ul style="list-style-type: none"> • Electronic visit (e-visit) • Scheduled Telephone Visit • CareLineSM Services
<p>Travel logistics benefit</p>	<p>\$0: You must be at least 100 miles from your permanent residence for no longer than 90 consecutive days. Clinicians available by phone to assist in assessing the need for medical care and to coordinate post stabilization transport to the nearest medical facility. All arrangements must be through Assist America[®].</p>		

ADDITIONAL MEDICAL PLAN INFORMATION

MAKE SURE YOUR PHARMACIES ARE COVERED

You can find the pharmacy directories at healthpartners.com/resources. Prefer printed copies of the pharmacy directories? Contact Member Services at the number listed on the front cover. To see if your medication is covered, check the plan's formulary at healthpartners.com/medicarerx. See the Prescription Drug Benefit chart for your plan's formulary name. Or, give us a call at the numbers on the front and we'll make sure you find what you're looking for.

SERVICES NOT COVERED

For details about benefits and services, ask your employer or contact Member Services. This plan does not cover all health care expenses. In general, any service not provided by a licensed physician is not covered.

Items that are excluded or limited include:

- Treatment, services or procedures which are experimental, investigative or are not medically necessary
- Dental care and oral surgery*
- Non-rehabilitative chiropractic services
- Eyeglasses, contact lenses, hearing aids and their fittings*
- Private-duty nursing; rest, respite and custodial care*
- Cosmetic surgery*
- Vocational rehabilitation; recreational and educational therapy
- Sterilization reversal and artificial conception processes*
- Physical, mental or substance-abuse examinations done for or ordered by third parties*

* Except as specifically described in the Group Certificate

PROVIDER PAYMENT

Because you're a Medicare beneficiary, your providers will bill Medicare first when you get services.

For covered services from providers that are Medicare certified and accept Medicare assignment, provider payment is:

1. The Medicare allowable amount of the provider's billed charges for a given medical/surgical service, procedure or item.
2. Or, the usual and customary charge if Medicare has not established a fee for a particular service.

For covered services from providers that are Medicare certified but do not accept Medicare assignment, provider payment is:

1. The Medicare limiting amount of the provider's billed charges for a given medical/surgical service, procedure or item.
2. Or, the usual and customary charge if Medicare has not established a fee for a particular service.

For covered services from providers that are not Medicare certified, payment is the provider's charge for a given medical/surgical service procedure or item, according to the Usual and Customary Charge.

The Usual and Customary Charge is the maximum amount allowed that we consider in the calculation of payment of charges incurred for certain covered services. It's consistent with the charge of other providers of a given service or item in the same community.

A charge is incurred for covered ambulatory medical and surgical services on the date the service or item is provided. A charge is incurred for covered inpatient services on the date of admission to a hospital. To be covered, a charge must be incurred on or after this plan's effective date, and on or before this plan's termination date.

HealthPartners negotiates with some providers to pay discounted rates. In those cases, coinsurance (a specific percentage of the charge) is based on that discounted amount. Copays (flat amounts specified in advance for categories of service, such as office visits or prescriptions) are based on an aggregate of billed charges for that type of service.

This information is not a complete description of benefits. Call 952-883-7373 or 877-816-9539; TTY: 711 for more information.