

HealthPartners® Retiree National Choice (RNC) (PDP) 2023 Summary of Benefits

Jan. 1, 2023 – Dec. 31, 2023

St. 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.

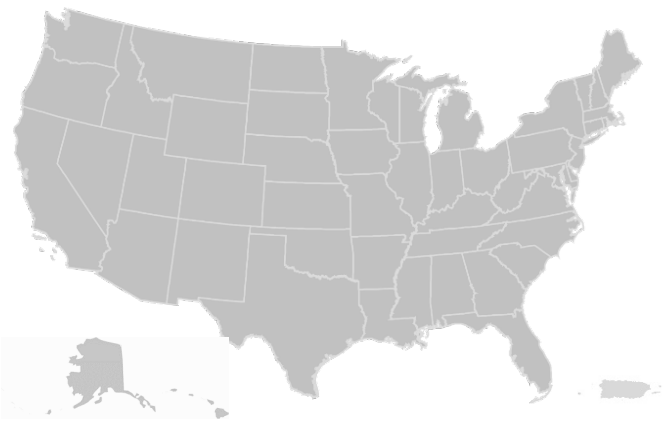
You'll receive two member ID cards after you enroll. One is for your medical plan and the other is for your prescription drug plan. You'll also get a Group Certificate and an Evidence of Coverage (EOC). The Group Certificate explains exact coverage terms and conditions for the medical plan. The EOC explains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

We're here to help

Call us at **952-883-7428** or **866-993-7428**.
(TTY 711)

**Oct. 1 through March 31: 8 a.m. to 8 p.m. CT,
seven days a week.**

**April 1 through Sept. 30: 8 a.m. to 8 p.m. CT,
Monday through Friday.**



The service area for RNC includes all 50 states and Puerto Rico.

MEDICAL BENEFITS

BENEFITS	DESCRIPTION	WHAT YOU PAY
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.		
Deductible**	What you pay out of pocket for services before your plan begins to pay	Plan 1: \$100 Plan 2: \$150 Plan 3: \$200
Maximum out-of-pocket (does not include Part D)	The most you'll pay for covered services during the plan year. Not all services apply. Please see the Group Certificate for details.	Plan 1: \$1,750 Plan 2: \$3,000 Plan 3: \$5,000
Hospital		
Inpatient hospital coverage	Per benefit period	Plan 1: \$100 Plan 2: \$200 Plan 3: \$500
Outpatient hospital coverage	Observation stay and non-surgical services	Plan 1: \$0 Plan 2: \$0 Plan 3: \$0
	Outpatient surgery	Plan 1: \$0 Plan 2: \$0 Plan 3: \$0
Ambulatory surgery center (ASC)		Plan 1: \$0 Plan 2: \$0 Plan 3: \$0
Doctor Visits and Preventive Care		
Primary	Includes virtual consultation, diagnosis, and treatment via video visits	Plan 1: \$15 Plan 2: \$20 Plan 3: \$25
Specialist		Plan 1: \$30 Plan 2: \$40 Plan 3: \$45
Additional telehealth services	Includes scheduled telephone visits, e-visits, and online clinic visits, including Virtuwell®*	Plan 1: \$0 - \$30 Plan 2: \$0 - \$40 Plan 3: \$0 - \$45
Preventive care	Medicare-covered services includes "Welcome to Medicare" preventive visit (one-time), annual wellness visit, certain screenings and counseling visits, immunizations for pneumonia and influenza and other Medicare-covered preventive services	Plan 1: \$0 Plan 2: \$0 Plan 3: \$0
	Routine physical exams (once a year)	Plan 1: \$0 Plan 2: \$0 Plan 3: \$0
Emergency and Urgent Care		
Emergency care	In U.S. / Worldwide	Plan 1: \$50 / 20% Plan 2: \$50 / 20%

		Plan 3: \$100 / 20%
Urgently needed services	In U.S. / Worldwide	Plan 1: \$30 / 20% Plan 2: \$40 / 20% Plan 3: \$50 / 20%

BENEFITS	DESCRIPTION	WHAT YOU PAY
Outpatient Diagnostic Test, Radiation Therapy, X-rays, and Labs		
Diagnostic services/Labs/Imaging <i>(Cost for these services may vary based on place of service.)</i>	Diagnostic Radiology (MRI, CT, PET)	Plan 1: \$0 Plan 2: \$0 Plan 3: 20%
	Labs	Plan 1: \$0 Plan 2: \$0 Plan 3: 20%
	Diagnostic tests and procedures	Plan 1: \$0 Plan 2: \$0 Plan 3: 20%
	X-rays	Plan 1: \$0 Plan 2: \$0 Plan 3: 20%
	Therapeutic radiology	Plan 1: \$0 Plan 2: \$0 Plan 3: 20%
Hearing / Vision		
Hearing services	Routine exam	Plan 1: \$0 Plan 2: \$0 Plan 3: \$0
	Diagnostic exam	Plan 1: \$30 Plan 2: \$40 Plan 3: \$45
	Hearing aids through TruHearing	Plan 1: \$99/\$199/\$499 Plan 2: \$99/\$199/\$499 Plan 3: \$99/\$199/\$199 per aid; one per ear annually
Vision services	Routine exam	Plan 1: \$0 Plan 2: \$0 Plan 3: \$0
	Diagnostic exam	Plan 1: \$30 Plan 2: \$40 Plan 3: \$45
	Glasses or contact lenses after cataract surgery	Plan 1: \$0 Plan 2: \$0 Plan 3: \$0
Dental Services		

Medicare-covered	Medicare-covered dental	Plan 1: \$0 Plan 2: \$0 Plan 3: \$0
Mental Health		
Outpatient Therapy	Individual	Plan 1: \$15 Plan 2: \$20 Plan 3: \$25
	Group	Plan 1: \$15 Plan 2: \$20 Plan 3: \$25
Inpatient visit	Per benefit period	Plan 1: \$100 Plan 2: \$200 Plan 3: \$500

BENEFITS	DESCRIPTION	WHAT YOU PAY
Skilled Nursing Facility (SNF) Rehabilitation Services		
Skilled nursing facility	3-day hospital stay required	Plan 1: \$0 Plan 2: \$0 Plan 3: \$0
Rehabilitation services	Physical therapy	Plan 1: \$0 Plan 2: \$15 Plan 3: \$50
	Occupational therapy	Plan 1: \$0 Plan 2: \$15 Plan 3: \$50
	Speech and language therapy	Plan 1: \$30 Plan 2: \$40 Plan 3: \$50
Medical Transportation		
Ambulance	Cost per one-way trip; Air/Ground in U.S.	Plan 1: \$0 Plan 2: 10% Plan 3: 20%
Other transportation	Non-emergency services	Not covered
Medicare Part B drugs		
Medicare Part B drugs	Chemotherapy and other drugs that must be administered by a health professional	Plan 1: 20% Plan 2: 20% Plan 3: 20%

*Virtuwell® diagnosis and treatment is available in the following states– Arizona, California, Colorado, Connecticut, Iowa, Michigan, Minnesota, New York, North Dakota, Pennsylvania, South Dakota, Virginia, and Wisconsin. You must live in one of the states that Virtuwell® operates in or be traveling to one of these states to use our service.

The summary of benefits above is for your medical plan. This information is not a complete description of benefits. Call 952-883-7428 or 866-993-7428; TTY: 711 for more information. Your HealthPartners® Retiree National Choice Prescription Drug Plan (PDP) benefits are outlined on the next page. 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

The costs listed below are what you pay at in-network pharmacies. Generally, you have to use network pharmacies to fill your prescription meds. Costs may change depending on your pharmacy and when you enter a new Part D phase.

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	Plan 1: \$150 (Applies to tiers 3, 4, 5) Plan 2: \$150 (Applies to tiers 3, 4, 5) Plan 3: \$150 (Applies to tiers 3, 4, 5)		
Phase 2: Initial Coverage Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-preferred Brand Drug Tier 5: Specialty	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: 33%
	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	Three-month supply Tier 1: \$15 Tier 2: \$60 Tier 3: \$150 Tier 4: \$270 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	Plan 1: The same cost-sharing applies to each tier in the Coverage Gap Phase as in the Initial Coverage Phase. Plan 2 and Plan 3: You pay 25% for generic drugs and 25% for brand name drugs.		
Phase 4: Catastrophic Coverage	Plan 1: Generics: \$4.15 or 5% Brands: \$10.35 or 5%, whichever is greater. (Not to exceed the copays in the Initial Coverage Phase) Plan 2 and 3: Generics: \$4.15 or 5% Brands: \$10.35 or 5%, whichever is greater.		

Insulin Coverage	You won't pay more than \$35 or the tier cost sharing if less than \$35 for a one-month supply of each insulin product covered by our plan. Not subject to any Part D deductible.
Vaccine Coverage	Our plan covers most Part D vaccines at no cost to you. Not subject to any Part D deductible.

This information is not a complete description of benefits. Call 952-883-7428 or 866-993-7428; TTY: 711 for more information.

ADDITIONAL BENEFITS

BENEFITS	DESCRIPTION	WHAT YOU PAY
Acupuncture	Medicare covered	Plan 1: \$30 Plan 2: \$40 Plan 3: \$45
	Non-Medicare covered	Plan 1: \$30 Plan 2: \$40 Plan 3: \$45
Assist America	Emergency services and support when more than 100 from home or in foreign country	Available
Chiropractic care	Medicare-covered	Plan 1: \$30 Plan 2: \$40 Plan 3: \$45
Fitness Benefit	SilverSneakers® Fitness Program Gym membership or one home kit per year	Plan 1: \$0 Plan 2: \$0 Plan 3: \$0
Immunizations	Pneumonia, Influenza, Hepatitis B, COVID-19	Plan 1: \$0 Plan 2: \$0 Plan 3: \$0
Medical equipment/ supplies	Durable medical equipment (DME)	Plan 1: 10% Plan 2: 10% Plan 3: 20%
	Prosthetics	Plan 1: 10% Plan 2: 10% Plan 3: 20%
	Diabetic Supplies	Plan 1: 10% Plan 2: 10% Plan 3: 20%
Travel Counseling	Health advice before traveling internationally	Plan 1: \$15 Plan 2: \$20 Plan 3: \$25

** Review the Group Certificate of Coverage for a listing of services that apply to the deductible

ADDITIONAL PLAN INFORMATION

MAKE SURE YOUR PHARMACIES ARE COVERED

You can access your 2023 plan materials by logging in on your online account at **healthpartners.com**. If you're signed up for paperless delivery we'll send you an email when your plan materials are available for viewing. This includes Certificate of Coverage, Evidence of Coverage, pharmacy directory and formulary.

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.

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HealthPartners is a PDP plan with a Medicare contract. Enrollment in HealthPartners depends on contract renewal.