

## HealthPartners® Retiree National Choice (RNC) (PDP) 2026 Summary of Benefits

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Jan. 1, 2026 – Dec. 31, 2026

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.

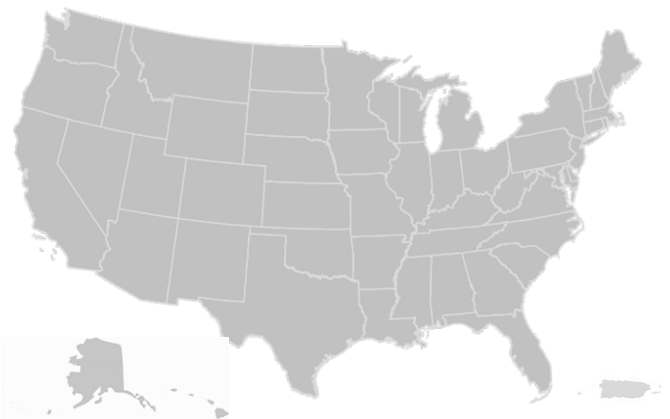
### We're here to help

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

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**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		
		PLAN 1	PLAN 2	PLAN 3
<b>Monthly Premium:</b> 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.				
<b>Deductible</b>	What you pay out of pocket for services before your plan begins to pay	\$100	\$150	\$200
<b>Maximum out-of-pocket</b> (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.	\$1,750	\$3,000	\$5,000
<b>Hospital</b>				
Inpatient hospital coverage	Per benefit period	\$100	\$200	\$500
Outpatient hospital coverage	Observation stay and non-surgical services	\$0	\$0	\$0
	Outpatient surgery	\$0	\$0	\$0
Ambulatory surgery center (ASC)		\$0	\$0	\$0
<b>Doctor Visits and Preventive Care</b>				
Primary	In-person and virtual visits	\$15	\$20	\$25
Specialist		\$30	\$40	\$45
Preventive care	Medicare-covered services include "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	\$0	\$0	\$0
	Routine physical exams (once a year)	\$0	\$0	\$0
<b>Emergency and Urgent Care</b>				
Emergency care	In U.S. / Worldwide	\$50 / 20%	\$50 / 20%	\$100 / 20%
Urgently needed services	In U.S. / Worldwide	\$30 / 20%	\$40 / 20%	\$50 / 20%

BENEFITS	DESCRIPTION	WHAT YOU PAY		
		PLAN 1	PLAN 2	PLAN 3
<b>Outpatient Diagnostic Tests, Radiation Therapy, X-rays, and Labs</b>				
Diagnostic services/Labs/Imaging  <i>(Cost for these services may vary based on place of service.)</i>	Diagnostic Radiology (e.g., MRI, CT, PET)	\$0	\$0	20%
	Labs	\$0	\$0	20%
	Diagnostic tests and procedures	\$0	\$0	20%
	X-rays	\$0	\$0	20%
	Therapeutic radiology	\$0	\$0	20%
<b>Hearing / Dental / Vision</b>				
Hearing services	Routine exam	\$0	\$0	\$0
	Diagnostic exam	\$30	\$40	\$45
	Hearing aids through TruHearing® - cost per aid; one per ear annually	\$99/\$199/\$499	\$99/\$199/\$499	\$499/\$699/\$999
Dental services	Medicare-covered non-routine dental	\$0	\$0	\$0
Vision services	Routine exam	\$0	\$0	\$0
	Diagnostic exam	\$30	\$40	\$45
	Glasses or contact lenses after cataract surgery	\$0	\$0	\$0
<b>Mental Health</b>				
Therapy visits	Individual	\$15	\$20	\$25
	Group	\$15	\$20	\$25
Inpatient visit	Per benefit period	\$100	\$200	\$500
<b>Skilled Nursing Facility (SNF) / Rehabilitation Services</b>				
Skilled nursing facility	3-day hospital stay required	\$0	\$0	\$0
Rehabilitation services	Physical therapy	\$0	\$15	\$50
	Occupational therapy	\$0	\$15	\$50
	Speech and language therapy	\$30	\$40	\$50
<b>Medical Transportation</b>				
Ambulance	Cost per one-way trip; Air/Ground in U.S.	\$0	10%	20%
Other transportation	Non-emergency services	Not covered	Not covered	Not covered
<b>Medicare Part B drugs</b>				
Medicare Part B drugs	Chemotherapy and other drugs that must be administered by a health professional <sup>1</sup>	20%	20%	20%
	Insulin <sup>2</sup> (used in a pump)	20%	20%	20%

<sup>1</sup> If you have cost sharing, you may pay less for certain drugs on the CMS list.

<sup>2</sup> You won't pay more than \$35 for a one-month supply, \$105 for a three-month supply, or 25% of the price for each covered insulin product regardless of what drug tier it's on, even if you haven't paid your deductible.

## ADDITIONAL BENEFITS

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

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 or PDP 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.

<b>Phase 1: Deductible</b> Applies to tiers 3, 4, 5	<b>Plan 1: \$150</b>	<b>Plan 2: \$150</b>	<b>Plan 3: \$150</b>
<b>Phase 2: Initial Coverage</b>  Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-preferred Drugs Tier 5: Specialty	What you pay at standard retail and standard mail order pharmacies:		
	<b>Plan 1:</b> <b>One-month supply</b> Tier 1: \$10 Tier 2: \$10 Tier 3: \$20 Tier 4: \$40 Tier 5: 25%	<b>Plan 2:</b> <b>One-month supply</b> Tier 1: \$10 Tier 2: \$15 Tier 3: \$45 Tier 4: \$65 Tier 5: 25%	<b>Plan 3:</b> <b>One-month supply</b> Tier 1: \$15 Tier 2: \$20 Tier 3: \$50 Tier 4: \$90 Tier 5: 33%
	<b>Three-month supply</b> Tier 1: \$30 Tier 2: \$30 Tier 3: \$60 Tier 4: \$120 Tier 5: Not offered	<b>Three-month supply</b> Tier 1: \$30 Tier 2: \$45 Tier 3: \$135 Tier 4: \$195 Tier 5: Not offered	<b>Three-month supply</b> Tier 1: \$45 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.		
<b>Phase 3: Catastrophic Coverage</b>	\$0 after Catastrophic Threshold is met.		
<b>Insulin Coverage</b>	You won't pay more than \$35 for a one-month supply, \$105 for a three-month supply, or 25% of the price for each covered insulin product regardless of what drug tier it's on, even if you haven't paid your deductible.		
<b>Vaccine Coverage</b>	Our plans cover most Part D vaccines such as Shingrix, Tdap and MMR at no cost to you. There's no deductible and no copay no matter what Part D phase you are in.		

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

## **ADDITIONAL PLAN INFORMATION**

### **MAKE SURE YOUR PHARMACIES ARE COVERED**

Once your plan is effective, you can access your 2026 plan materials by signing in to your HealthPartners online account at [healthpartners.com](https://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 your 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.