# logo2PEIP Retiree Health

**HealthPartners Freedom Plan Options**

**January 1, 2017 through December 31, 2017**

|  | **HealthPartners Freedom Plan** **High Option****$265.70** | **HealthPartners Freedom Plan** **Low Option$147.50** |
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| **Prescription Drugs** | $15 copay for generic drugs$25 copay for brand drugs$50 copay brand non-formulary25% coinsurance for specialtyMail order is 2 copays for 90-day supplySame copays through the Donut Hole | **$15 copay for tier 1 drugs (preferred generic)****$20 copay for tier 2 drugs (generic)****$45 copay for tier 3 drugs (preferred brand)****$80 copay for tier 4 drugs (non-preferred brand)****33% coinsurance for Tier 5 drugs (specialty)**Mail order is 2 copays for 90-day supplyIn the Donut Hole, members receive some coverage. Please refer to the Evidence of Coverage for specific details. |
| **Travel Benefits** | May be out of the service area for up to 9 consecutive months annually | May be out of the service area for up to 9 consecutive months annually |
| **Medicare** | Must have Parts A & B | Must have Parts A & B |
| **Preventive Care *(Including annual physicals, cancer screenings, eye exams, and immunizations)*** | 100% coverage  | 100% coverage |
| **Office Visits** | $15 copay  | **$15 copay primary care****$30 copay specialty care including acupuncture/chiropractic, mental and chemical health, physical therapy, speech therapy, occupational therapy, podiatry** |
| **In-patient Hospital** | 100% coverage after $100 copay | 100% coverage after $300 copay |
| **Emergency Care** | $75 copay, waived if admitted in U.S.80% coverage outside U.S. | $75 copay, waived if admitted in U.S.80% coverage outside U.S. |
| **Out-of-Pocket Maximum** | $3,000 (Medical Only) | $3,400 (Medical Only) |
| **Ambulance****HealthPartners Freedom Plan Options****January 1, 2017 through December 31, 2017** | **90%** coverage in the U.S., 80% outside U.S. | 90% coverage in the U.S., 80% outside U.S. |
| **Outpatient Surgery** | **$200 copay** | **$250 copay** |
| **Urgent Care** | $15 copay, 80% coverage outside the U.S. | $30 copay, 80% coverage outside the U.S. |
| **Additional Benefits** | * $1,000 toward any hearing aid every 2 years
* Up to 35% discount off of eyewear
* Unlimited E-visits @ 100%
* Fitness Club memberships at most major clubs **at no cost**
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* Up to 35% discount off of eyewear
* Unlimited E-visits @ 100%
* Fitness Club memberships at most major clubs **at no cost**
 |
| **Catastrophic Prescription Coverage** | Once the amount both you and Medicare pay (as the extra help) reaches $4,950 in a year, your copay amount(s) will go down to **$3.30** generic, **$8.35** brand and 5% specialty but not higher than the initial Coverage Level benefit. | Once the amount both you and Medicare pay (as the extra help) reaches $4,950 in a year, your copay amount(s) will go down to **$3.30** generic, **$8.35** brand and 5% specialty but not higher than the initial Coverage Level benefit. |

You must be a Minnesota resident or a resident residing within specific counties of western Wisconsin to enroll in this plan. Please call 952-883-7979 or 1-800-233-9645 for specific information.

This is a brief summary of benefits. Not all covered services, exclusions, and limitations are shown here. Please contact HealthPartners for more information at 952-883-5601 or 1-800-247-7015.