

HealthPartners Retiree National Choice Plan (PDP) Overview: *St. Olaf* – 2025

Benefit/Service	Plan 1	Plan 2	Plan 3
Lifetime maximum	Unlimited	Unlimited	Unlimited
Annual deductible (medical only)	\$100	\$150	\$200
Monthly premium*	2024: \$301.51 2025: \$340.70	2024: \$231.99 2025: \$262.10	2024: \$190.41 2025: \$215.20
Annual out-of-pocket maximum	\$1,750 (Medical only)	\$3,000 (Medical only)	\$5,000 (Medical only)
Preventive Health Care			
Routine physical, eye and hearing	100% coverage	100% coverage	100% coverage
Immunizations	100% coverage	100% coverage	100% coverage
Office Visits			
For illness or injury	\$15 Primary/ \$30 Specialty	\$20 Primary /\$40 Specialty	\$25 Primary/ \$45 Specialty
Chiropractic care	\$30 copay	\$40 copay	\$45 copay
Mental health care	\$15 copay	\$20 copay	\$25 copay
Podiatry	\$30 copay	\$40 copay	\$45 copay
Medicare Part B drugs	80% coverage	80% coverage	80% coverage
E-visits	100% coverage	100% coverage	100% coverage
Inpatient Hospital Care			
For illness or injury	\$100 copay	\$200 copay	\$500 copay
Mental and chemical health care	\$100 copay	\$200 copay	\$500 copay
Skilled nursing facility	100% coverage	100% coverage	100% coverage
Emergency Care			
Emergency room in the U.S.	\$50 copay	\$50 copay	\$100 copay
Emergency and urgently needed care outside the U.S.	80% coverage	80% coverage	80% coverage
Urgently needed care in the U.S.	\$30 copay	\$40 copay	\$50 copay
Ambulance in the U.S.	100% coverage	90% coverage	80% coverage

Outpatient Medical Services			
Physical/occupational therapy	100% coverage	\$15 copay	\$50 copay
Speech/language therapy	\$30 copay	\$40 copay	\$50 copay
Durable medical equipment and	90% coverage	90% coverage	80% coverage
Diabetes self-monitoring training,	100% coverage	100% coverage	100% coverage
Diabetes supplies	90% coverage	90% coverage	80% coverage
Diagnostic tests, radiology, lab services	100% coverage	100% coverage	80% coverage
Part D Prescription Drug Benefit			
Tier1 Preferred Generic drugs	\$10 copay	\$10 copay	\$15 copay
Tier 2 Generic drugs	\$10 copay	\$15 copay	\$20 copay
Tier 3 Preferred brand drugs	\$20 copay	\$45 copay	\$50 copay
Tier 4 Non-preferred drugs	\$40 copay	\$65 copay	\$90 copay
Tier 5 Specialty drugs	25% coinsurance	25% coinsurance	33% coinsurance
Other			
Hearing aids ~ Requires use of TruHearing network	\$99/\$199/\$499 copay per aid per year*	\$99/\$199/\$499 copay per aid per year*	\$499/\$699/\$999 copay per aid per year*
SilverSneakers® program	Free basic membership at participating fitness facilities in the national network, at-home workout kit, unlimited online classes		
Assist America	Domestic and world-wide travel logistics. Experienced clinicians available by phone 24/7 to assist members in assessing their need for medical care and to coordinate post stabilization transport to the nearest medical facility or home when more than 100 miles from home.		

*Copay levels are determined by technology, style and feature differences. Member selects hearing aid after accessing care with a TruHearing network provider.

This summary is not a comprehensive list benefits and coverage information. See the Certificate of Coverage and Evidence of Coverage for a complete description of benefits. All content © 2024 TruHearing, Inc. All Rights Reserved. TruHearing® is a registered trademark of TruHearing, Inc.

Premiums are paid to Emeriti. Do not send premium payments to HealthPartners.

For premium related questions call Emeriti at 866-363-7484. Calls are taken from 7 a.m. to 4:30 p.m. CT, Monday - Friday.

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