

HealthPartners® Retiree National Choice (RNC) (PDP) 2025 Summary of Benefits

Jan. 1, 2025 – Dec. 31, 2025

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		
		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.				
Deductible	What you pay out of pocket for services before your plan begins to pay	\$100	\$150	\$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.	\$1,750	\$3,000	\$5,000
Hospital				
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
Doctor Visits and Preventive Care				
Primary	In-person and virtual visits	\$15	\$20	\$25
Specialist		\$30	\$40	\$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	\$0	\$0	\$0
	Routine physical exams (once a year)	\$0	\$0	\$0
Emergency and Urgent Care				
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
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 (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%
Hearing / Dental / Vision				
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
Mental Health				
Therapy visits	Individual	\$15	\$20	\$25
	Group	\$15	\$20	\$25
Inpatient visit	Per benefit period	\$100	\$200	\$500
Skilled Nursing Facility (SNF) / Rehabilitation Services				
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
Medical Transportation				
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
Medicare Part B drugs				
Medicare Part B drugs	Chemotherapy and other drugs that must be administered by a health professional	20%	20%	20%
	Insulin (used in a pump)	20%	20%	20%

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 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 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, 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.

Phase 1: Deductible Applies to tiers 3, 4, 5	Plan 1: \$150	Plan 2: \$150	Plan 3: \$150
Phase 2: Initial Coverage 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:		
	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: \$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.		
Phase 3: Catastrophic Coverage	\$0 after Catastrophic Threshold is met		
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 PLAN INFORMATION

MAKE SURE YOUR PHARMACIES ARE COVERED

You can access your 2025 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.



HealthPartners® Retiree National Choice Plan

HealthPartners and your employer make sure your health care needs are covered so you can get back to doing what you love. With this plan, you're free to see any provider in the U.S. who accepts Medicare.

Signing up is easy. Our Medicare experts will help you understand everything you need to know. They'll even walk you through step by step. Here are a few additional benefits and perks of being a HealthPartners Retiree National Choice (RNC) member.

Stay active

With SilverSneakers®, you get a fitness membership with access to a nationwide network of participating locations – enroll in as many locations as you like, at any time. Don't like the gym? Order a home fitness kit, stream online classes, or use on-demand workout videos from the comfort of your home. Or join a SilverSneakers Community® class at a nearby park or community center. All this at no additional cost to you. Learn more at silversneakers.com.

Travel with Assist America®

If something unexpected happens while you're more than 100 miles from home, you'll have Assist America on your side – at no cost to you. Call 24/7 from anywhere in the world:

- Talk to experienced clinicians who can help you decide whether or not you need medical care
- Coordinate post-stabilization to the nearest facility or your home

Learn more at

healthpartners.com/getcareeverywhere

Stay organized with online tools

Log on to your account at healthpartners.com to:

- Get your plan materials online. To sign up for paperless, visit healthpartners.com/green.
- Email questions about your benefits, eligibility or claims.
- Check your plan balances, including your deductible, out-of-pocket maximum and more.

Get your meds your way

Skip the trip to the pharmacy with the HealthPartners preferred cost-sharing mail order pharmacy, WellDyne. Get most of your prescriptions delivered right to your door. There's no additional cost and shipping is free.

Typically, you can expect to get your meds within seven to ten business days from the time the pharmacy gets your order.

Most HealthPartners members will save on a three-month supply of their medicine.

Head to healthpartners.com/mailtome to sign up. Or, call **800-591-0011** (TTY: **711**). You can also choose to get your medicines from one of our many in-network pharmacies.

Already a member of our HealthPartners family?

It's a seamless transition. You'll keep your same online account and member ID number. Plus, continue to get the same outstanding service you've come to know.

Hearing aids through TruHearing

We partner with TruHearing® to offer a hearing aid benefit. You can get up to two hearing aids per year for a copayment per device. You'll also have a TruHearing consultant to answer your questions. Keep in mind, you must use TruHearing providers to use this benefit. Call TruHearing at **833-718-5803** (TTY: **711**) from 8 a.m. – 8 p.m. Monday through Friday to learn more or schedule an appointment.

Here are your next steps

Call our Medicare experts at **952-883-7428** or **866-993-7428** (TTY: **711**). From Oct. 1 through March 31, we take calls from 8 a.m. to 8 p.m. CT, seven days a week. You'll speak with a representative. From April 1 through Sept. 30, call us 8 a.m. to 8 p.m. CT, Monday through Friday to speak with a representative. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day.

Get quick advice from our team of experts

Don't spend time searching the Web for answers. Call your personal support team:

- **CareLineSM Service:** To find out if you should see a doctor, ask questions about a medicine you're taking, or learn about home treatment options, call **612-339-3663** or **800-551-0859**.
- **Member Services:** For questions about your plan benefits, account balance or finding a doctor in your network, call **952-883-7373** or **877-816-9539**.
- **Nurse NavigatorSM Program:** For questions about your health care and benefits, or help choosing a treatment option, call Member Services and ask to talk to a Nurse Navigator.

Learn more at healthpartners.com/myteam.

*Assist America services are only available during the first 90 consecutive days that you're away from your home and all arrangements must be made through Assist America.

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IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



HealthPartners - S1822

For 2024, HealthPartners - S1822 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★
Health Services Rating: Service not offered
Drug Services Rating: ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.



This plan got
**MEDICARE'S
HIGHEST
RATING** (5 stars)

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact HealthPartners 7 days a week from 8:00 a.m. to 8:00 p.m. Central time at 866-993-7428 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time. Current members please call 877-816-9539 (toll-free) or 711 (TTY).

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