HealthPartners®

# HealthPartners® Medicare Supplement

Outline of Coverage and Disclosure of Information

## MEDICARE SUPPLEMENT PLAN WITH $20 AND $50 COPAYMENTS (PLAN N)

Use this document to get to know the HealthPartners Medicare Supplement Plan with $20 and $50 Copayments (Plan N). It outlines what the plan covers and what you pay for those services. This booklet doesn't list everything the plan covers, or every limitation or exclusion. For a full list of covered services contact us for a copy of the policy.

For more information about these plans, call Medicare Sales at **952-883-5601** or **800-247-7015, 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.

HealthPartners is required to disclose the following information to you. The Commissioner of Commerce of the state of Minnesota has established two categories of Medicare Supplement insurance and minimum standards for each, with the Extended Basic Medicare Supplement being the most comprehensive and the Basic Medicare Supplement being the least comprehensive.

**NOTICE: This policy does not cover all medical expenses beyond those covered by Medicare. The policy does not cover all skilled nursing home care expenses and does not cover custodial or residential nursing care. Read your policy carefully to determine which nursing home facilities and expenses are covered by your policy.**

## HealthPartners Medicare Supplement Plan Options and Summary of Coverage

HealthPartners offers the following Medicare Supplement policies in all 87 Minnesota counties. Minnesota law also permits the purchase of additional riders with the Basic policy. Below is an overview of the plans and premiums effective Jan 1, 2023 - Dec. 31, 2023.

All Medicare Supplement policies include the following basic benefits:

- Medicare Part A coinsurance
- Medicare Part B coinsurance (generally 20% of the Medicare-approved payment amount)
- First three pints of blood each year for Medicare Parts A and B
- Part A hospice and respite cost-sharing
- Medicare Part A or B cost-sharing for home health services and supplies

| | Available to all applicants | | | Available to Medicare eligible applicants before Jan. 1, 2020 only |
|---|---|---|---|---|
| **Benefits** | **Basic Plan** | **Extended Basic*** | **Plan with $20 and $50 Copayments (Plan N)** | **Extended Basic** |
| Basic benefits | ✓ | ✓ | ✓ | ✓ |
| Skilled nursing facility coinsurance | ✓ | ✓ | ✓ | ✓ |
| Part A inpatient hospital deductible | Optional rider | ✓ | ✓ | ✓ |
| Part B deductible | Optional rider[1] | | | ✓ |
| Part B coinsurance | ✓ | ✓ | ✓ Copays apply[2] | ✓ |
| Part B excess charges | Optional rider | ✓ | | ✓ |
| Preventive care (Not covered by Medicare) | Optional rider | ✓ | | ✓ |
| Foreign travel coverage | 80% Emergencies only | 80% | 80% Emergencies only | 80% |
| State-mandated benefits (Refer to policy for details) | 80% or 100% | 80% or 100% | 80% or 100% | 80% or 100% |

***IMPORTANT NOTICE**: This Extended Basic policy available to all applicants DOES NOT include coverage for the Medicare Part B calendar year deductible. If you have attained age 65 prior to Jan. 1, 2020, or first become eligible for Medicare due to age, disability or end-stage renal disease prior to Jan. 1, 2020, you are eligible for a Medicare Supplement policy that covers 100% of the Medicare Part B calendar year deductible.

[1] Part B deductible optional rider not available to individual first eligible for Medicare on or after Jan. 1, 2020.

[2] Plan pays 100% of Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that do not result in an inpatient admission.

## HealthPartners Medicare Supplement plans monthly premium information

| | Available to all applicants | | Available to Medicare eligible applicants before 1/1/2020 | |
|---|---|---|---|---|
| | **Standard** | **Tobacco** | **Standard** | **Tobacco** |
| **BASIC PLAN (Base premium)** | $213.20 | $245.00 | $213.20 | $245.00 |
| Rider 1: Part A inpatient hospital deductible | + $47.20 | + $54.00 | + $47.20 | + $54.00 |
| Rider 2: Part B deductible | Not applicable | Not applicable | + $19.40 | + $19.40 |
| Rider 3: Part B excess charges | + $1.00 | + $1.20 | + $1.00 | + $1.20 |
| Rider 4: Preventive care | + $4.10 | + $4.70 | + $4.10 | + $4.70 |
| **BASIC PLAN (Total with all riders)** | $265.50 | $304.90 | $284.90 | $324.30 |

| | **Standard** | **Tobacco** | **Standard** | **Tobacco** |
|---|---|---|---|---|
| **EXTENDED BASIC PLAN** | $322.90 | $371.30 | $342.00 | $393.00 |

| | **Standard** | **Tobacco** | **Standard** | **Tobacco** |
|---|---|---|---|---|
| **PLAN WITH $20 AND $50 COPAYMENTS (PLAN N)** | $208.20 | $239.40 | $208.20 | $239.40 |

**Note:** If you change your primary residence to a location outside of the state of Minnesota, or outside of the counties of Barron, Burnett, Douglas, Dunn, Pierce, Polk, St. Croix or Washburn in Wisconsin, your policy will remain in force; however, we will increase your premium to that which we are charging for residents outside of our local coverage area.

## HealthPartners Medicare Supplement Plan with $20 and $50 Copayments (Plan N)

The following summarizes the Medicare Supplement Plan with $20 and $50 Copayments (Plan N) coverage and your coverage under Original Medicare. It's not to be read or considered as a contract.

| **Medicare (Part A) – HOSPITAL SERVICES** | | | |
|---|---|---|---|
| **SERVICES** | **MEDICARE PAYS** | **PLAN PAYS** | **YOU PAY** |
| **HOSPITALIZATION (PER BENEFIT PERIOD*)**<br>Semiprivate room and board, general nursing and miscellaneous services and supplies | | | |
| First 60 days | All but $1,556 | $1,556 (Part A deductible) | $0 |
| 61st through 90th day | All but $389 a day | $389 a day | $0 |
| 91st day and after:<br>While using 60 lifetime reserve days | All but $778 a day | $778 a day | $0 |
| After lifetime reserve days are used:<br>— Additional 365 days | $0 | 100% of Medicare eligible expenses | $0** |
| — Beyond the additional 365 days | $0 | $0 | All costs |
| **SKILLED NURSING FACILITY CARE (PER BENEFIT PERIOD*)**<br>You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare- approved facility within 30 days after leaving the hospital | | | |
| First 20 days | All approved amounts | $0 | $0 |
| 21st through 100th day | All but $194.50 a day | Up to $194.50 a day | $0 |
| 101st day and after | $0 | $0 | All costs |
| **BLOOD** | | | |
| First 3 pints | $0 | All costs | $0 |
| Additional amounts | 100% | $0 | $0 |
| **HOSPICE CARE** | | | |
| You must meet Medicare's requirements, including a doctor's certification of terminal illness. | All but very limited copayment/ coinsurance for out-patient drugs and inpatient respite care | Medicare copayment/coinsurance | $0 |

*A benefit period begins the day you're admitted as an inpatient in a hospital or skilled nursing facility (SNF) and ends when you haven't received inpatient hospital care (or care in a SNF) for 60 days in a row.

** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

| Medicare (Part B) – MEDICAL SERVICES (PER CALENDAR YEAR) | | | |
|---|---|---|---|
| **SERVICES** | **MEDICARE PAYS** | **PLAN PAYS** | **YOU PAY** |
| **MEDICAL EXPENSES –** IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First $233 of Medicare-approved amounts* | $0 | $0 | $233 (Part B deductible) |
| Remainder of Medicare-approved amounts after annual Part B deductible | Generally 80% | Remaining balance, less member cost share | Lesser of $20 per office visit and up to $50 per emergency room visit or Part B coinsurance |
| Part B Excess Charges (above Medicare-approved amounts) | $0 | $0 | All costs |
| **BLOOD** | | | |
| First 3 pints | $0 | All costs | $0 |
| Next $233 of Medicare-approved amounts* | $0 | $0 | $233 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | $0 |
| **CLINICAL LABORATORY SERVICES** | | | |
| Tests for diagnostic services | 100% | $0 | $0 |
| **HOME HEALTH CARE –** MEDICARE-APPROVED SERVICES | | | |
| Medically necessary skilled care services and medical supplies | 100% | $0 | $0 |
| Durable Medical Equipment<br>— First $233 of Medicare-approved amounts* | $0 | $0 | $233 (Part B deductible) |
| — Remainder of Medicare-approved amounts | $0 | Remaining balance, less member cost share | Lesser of $20 copay or Part B coinsurance |

*Once you have been billed $233 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

| Additional / State Mandated Benefits – Non-Medicare covered | | | |
|---|---|---|---|
| **SERVICES** | **MEDICARE PAYS** | **PLAN PAYS** | **YOU PAY** |
| **Foreign Travel**<br>Medically necessary emergency care services | Not covered; except under limited circumstances | 80% | 20% and remaining balance above the allowed amount |

In addition, the policies cover 80% of the cost unless otherwise specified below for the following state-mandated benefits:

Payment of benefits will not duplicate benefits payable under Medicare or any other coverage provided by this Plan.

(a) **IMMUNIZATIONS.** We will cover 100% of the cost of immunizations not otherwise covered under Part D of the Medicare program.

(b) **SUBSTANCE USE DISORDER.** We will provide coverage for the treatment of alcoholism and chemical dependency on the same basis as coverage for any other medical condition for outpatient and inpatient hospital services, respectively.

(c) **TEMPOROMANDIBULAR JOINT DISORDER AND CRANIOMANDIBULAR DISORDER TREATMENT.** We will cover the surgical or non-surgical treatment of temporomandibular joint disorder and craniomandibular disorder on the same basis as that for treatment to any other joint in the body. Such treatment must be administered or prescribed by a physician or dentist.

(d) **SCALP HAIR PROSTHESES.** We will cover a scalp hair prosthesis needed because of hair loss suffered as a result of alopecia areata. We will pay the expense incurred that is not paid by Medicare or paid under any other part of the policy. Coverage is limited to one hair prosthesis per calendar Year.

(e) **ROUTINE CANCER SCREENINGS.** We will cover 100% of the charges incurred for routine screening procedures for cancer, including:

- Mammograms including digital breast tomosynthesis for those who are at risk for breast cancer
- Pap smears
- Surveillance tests for women who are at risk for ovarian cancer
- Colorectal screening tests for both men and women when ordered or provided by physician in accordance with the standard practice of medicine.
- Coverage for prostate cancer screening, consisting of a prostate-specific antigen blood test and a digital rectal exam for men 40 years or older who are symptomatic or in a high-risk category, and for all men 50 years of age or older.

(f) **RECONSTRUCTIVE SURGERY.** We will cover reconstructive surgery on the same basis as that for any other surgery when such service is incidental to or follows surgery resulting from injury, sickness, or other diseases of the involved part. The coverage limitations on reconstructive surgery do not apply to reconstructive breast surgery following mastectomies. In these cases, coverage for reconstructive surgery must be provided if the mastectomy is Medically Necessary as determined by the attending physician.

Reconstructive surgery benefits include all stages of reconstruction of the breast on which the mastectomy was performed, surgery of the other breast to produce a symmetrical appearance and prosthesis and physical complications at all stages of the mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician.

(g) **LYME DISEASE TREATMENT.** We will cover the treatment of diagnosed Lyme disease the same extent as any other medical illness covered under the plan.

(h) **PHENYLKETONURIA TREATMENT.** We will cover special dietary treatment for phenylketonuria (PKU) when recommended by a physician.

(i) **DIABETES EQUIPMENT AND SUPPLIES.** We will cover physician-prescribed medically appropriate and necessary diabetic equipment and supplies used in the management and treatment of diabetes not otherwise covered under Part D of the Medicare program. Coverage includes diabetes outpatient self-management training and education, including medical nutrition therapy, that is provided by a certified, registered, or licensed health care professional working in a program consistent with the national standards of diabetes self-management education as established by the American Diabetes Association. Coverage includes insured persons with gestational, type I or type II diabetes. Coverage is subject to the same deductibles and coinsurance provisions applicable under this plan. Benefits are not payable under this part of your policy for any charge payable under Medicare.

(j) **VENTILATOR DEPENDENCY.** We will cover up to 120 hours of services provided by a private duty nurse or personal care assistant to a ventilator dependent person during the time the ventilator dependent person is in a licensed hospital. The personal care assistant or private duty nurse shall perform only the services of communicator or interpreter for the ventilator dependent patient during a transition period to assure adequate training of the hospital staff to communicate with the patient and to understand the comfort, safety and personal care needs of the ventilator dependent person.

(k) **HOSPICE CARE AND RESPITE CARE.** We will provide coverage for the cost sharing portion for all Medicare Part A eligible hospice care and Respite Care expenses.

(l) **MENTAL HEALTH SERVICES.** When you receive outpatient or inpatient hospital mental health services, we will pay benefits on the same basis as coverage for outpatient and inpatient hospital services, respectively.

Coverage for court-ordered mental health services are covered when ordered by a court of competent jurisdiction under a court order that is issued on the basis of a behavioral care evaluation performed by a licensed psychiatrist or a doctoral level licensed psychologist, which includes a diagnosis and an individual treatment plan for care in the most appropriate, least restrictive environment. You may be required to send us a copy of the court order and the behavioral care evaluation.

(m) **OUTPATIENT MEDICAL AND SURGICAL SERVICES BENEFIT.** We will cover health care treatment or surgery on an outpatient basis at an Outpatient Medical and Surgical Services Center equipped to perform these services, whether or not the facility is part of a Hospital. Coverage shall be on the same basis as coverage provided for the same health care treatment or service in a Hospital.

**Rules and disclosures**

**READ YOUR POLICY OR CERTIFICATE VERY CAREFULLY**
This outline of coverage is a summary of the policy issued or applied for and the policy should be consulted to determine governing contractual provisions. Additionally, it does not give all the details of Medicare coverage. Contact your local Social Security office or consult the Medicare & You handbook (sent by Medicare) for more details.

You must read the contract itself to understand all of the rights and duties of both you and your insurance company. Carefully read your Membership Contract that you receive with your new member materials.

**LOSS RATIO**
This policy provides an anticipated loss ratio of 77.6%. This means that, on the average, policyholders may expect that $77.60 of every $100 in premium will be returned as benefits to the policyholders over the life of the contract.

**PREMIUMS AND RENEWABILITY**
HealthPartners guarantees to renew this contract as long as the premium is paid on or before the due date or within the grace period. This contract will not be cancelled or non-renewed on the grounds of the deterioration of your health.

We may change the premium rates if we change all policies that we issue like yours in Minnesota. Premiums must first be approved by the Commissioner of Commerce. We will tell you in advance of any changes in premium. Benefits under this contract that are designed to cover cost-sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible and coinsurance percentage factors.

**MEDICARE COST-SHARING AMOUNTS**
Benefits under this contract that are designed to cover cost-sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible and coinsurance percentage factors.

**RIGHT TO RETURN MEMBERSHIP CONTRACT**
If you find that you are not satisfied with your policy or certificate for any reason, you may return it to:

**HealthPartners Riverview Membership Accounting**
**MS 21103R**
**P.O. Box 9463**
**Minneapolis, MN 55440-9643**

If you send the contract back to us within 30 days after you receive it, we will treat the contract as if it has never been issued and return all of your payments within ten days.

**POLICY OR CERTIFICATE REPLACEMENT**
If you are replacing another health insurance policy or certificate, do NOT cancel it until you have actually received your new policy or certificate and are sure you want to keep it.

Notice: This policy may not fully cover all your medical costs. Neither HealthPartners nor its agents are connected with Medicare.

**COMPLETE ANSWERS ARE VERY IMPORTANT**
When you fill out the application for the new policy or certificate, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy or certificate and refuse to pay any claims if you leave out or falsify important medical information. **IF YOU ARE ELIGIBLE FOR GUARANTEED ISSUE, (INCLUDING THE SIX (6)-MONTH OPEN-ENROLLMENT WINDOW FOLLOWING YOUR PART B EFFECTIVE DATE) YOU DO NOT NEED TO PROVIDE HEALTH HISTORY INFORMATION.**

**EXCLUSIONS**
Certain services are excluded from coverage. Please refer to the policy for more information.