



HealthPartners® Freedom Plan

2011 Prescription Drug Summary of Benefits

HealthPartners Freedom Plan II Standard Rx (Cost)
HealthPartners Freedom Plan III Standard Rx (Cost)
HealthPartners Freedom Plan III Enhanced Rx (Cost)

Introduction to the Summary of Benefits for HEALTHPARTNERS FREEDOM PLAN II STANDARD RX (COST), HEALTHPARTNERS FREEDOM PLAN III STANDARD RX (COST) AND HEALTHPARTNERS FREEDOM PLAN III ENHANCED RX (COST)

January 1, 2011 – December 31, 2011
STATE OF MINNESOTA

Thank you for your interest in HealthPartners Freedom Plan II Standard Rx (Cost), HealthPartners Freedom Plan III Standard Rx (Cost) and HealthPartners Freedom Plan III Enhanced Rx (Cost). Our plans are offered by GROUP HEALTH, INC./HealthPartners® Freedom Plan, a Medicare Cost Managed Care organization. This Summary of Benefits tells you some features of our plans. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call HealthPartners Freedom Plan II Standard Rx (Cost), HealthPartners Freedom Plan III Standard Rx (Cost) and HealthPartners Freedom Plan III Enhanced Rx (Cost) and ask for the "Evidence of Coverage."

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like HealthPartners Freedom Plan II Standard Rx (Cost), HealthPartners Freedom Plan III Standard Rx (Cost) or HealthPartners Freedom Plan III Enhanced Rx (Cost). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may be able to join or leave a plan only at certain times. Please call HealthPartners Freedom Plan II Standard Rx (Cost), HealthPartners Freedom Plan III Standard Rx (Cost) and HealthPartners Freedom Plan III Enhanced Rx (Cost) at the

number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare HealthPartners Freedom Plan II Standard Rx (Cost), HealthPartners Freedom Plan III Standard Rx (Cost) and HealthPartners Freedom Plan III Enhanced Rx (Cost) and the Original Medicare plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare plan covers.

Our members receive all of the benefits that the Original Medicare plan offers. We also offer more benefits, which may change from year to year.

WHERE ARE HEALTHPARTNERS FREEDOM PLAN II STANDARD RX (COST), HEALTHPARTNERS FREEDOM PLAN III STANDARD RX (COST) AND HEALTHPARTNERS FREEDOM PLAN III ENHANCED RX (COST) AVAILABLE?

The service area for these plans includes: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Blue Earth, Brown, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Douglas, Faribault, Fillmore, Freeborn, Goodhue, Grant, Hennepin, Houston, Hubbard, Isanti, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, McLeod, Meeker, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Rice, Rock, Roseau, Scott, Sherburne, Sibley, St. Louis, Stearns, Steele, Stevens, Swift, Todd, Traverse, Wabasha, Wadena, Waseca, Washington, Watonwan, Wilkin, Winona, Wright, Yellow Medicine Counties, MN.

You must live in one of these areas to join the plan.

There is more than one plan listed in this Summary of Benefits. If you are enrolled in one plan and wish to switch to another plan, you may only do so during certain times of the year. Please call Customer Service for more information.

WHO IS ELIGIBLE TO JOIN HEALTHPARTNERS FREEDOM PLAN II STANDARD RX (COST), HEALTHPARTNERS FREEDOM PLAN III STANDARD RX (COST) AND HEALTHPARTNERS FREEDOM PLAN III ENHANCED RX (COST)?

You can join HealthPartners Freedom Plan II Standard Rx (Cost), HealthPartners Freedom Plan III Standard Rx (Cost) or HealthPartners Freedom Plan III Enhanced Rx (Cost) if you are entitled

to Medicare Part A and enrolled in Part B, or enrolled in Medicare Part B only, and live in the service area. However, individuals with end-stage renal disease are generally not eligible to enroll in HealthPartners Freedom Plan II Standard Rx (Cost), HealthPartners Freedom Plan III Standard Rx (Cost) or HealthPartners Freedom Plan III Enhanced Rx (Cost) unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

HealthPartners Freedom Plan II Standard Rx (Cost), HealthPartners Freedom Plan III Standard Rx (Cost) and HealthPartners Freedom Plan III Enhanced Rx (Cost) have formed a network of doctors, specialists and hospitals. You can use any doctor who is part of our network. You may also go to doctors outside of our network. The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list visit us at our website.

Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

You can always choose to go to a doctor outside our network. We may not pay for the services you receive outside of our network, but Medicare will pay for its share of charges it approves. You will be responsible for Medicare Part B deductible and coinsurance.

WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

HealthPartners Freedom Plan II Standard Rx (Cost), HealthPartners Freedom Plan III Standard Rx (Cost) and HealthPartners Freedom Plan III Enhanced Rx (Cost) have formed a network of pharmacies. You must use a network

pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at healthpartners.com/medicare. Our customer service number is listed at the end of this introduction.

HealthPartners Freedom Plan II Standard Rx (Cost), HealthPartners Freedom Plan III Standard Rx (Cost) and HealthPartners Freedom Plan III Enhanced Rx (Cost) have a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower copay or coinsurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

HealthPartners Freedom Plan II Standard Rx (Cost), HealthPartners Freedom Plan III Standard Rx (Cost) and HealthPartners Freedom Plan III Enhanced Rx (Cost) do cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

HealthPartners Freedom Plan II Standard Rx (Cost), HealthPartners Freedom Plan III Standard Rx (Cost) and HealthPartners Freedom Plan III Enhanced Rx (Cost) use a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can

see our complete formulary on our website at healthpartners.com/medicarerx.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week; and see medicare.gov 'Programs for People with Limited Income and Resources' in the publication *Medicare & You*.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Cost Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Cost Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of HealthPartners Freedom Plan II Standard Rx (Cost), HealthPartners Freedom Plan III Standard Rx (Cost) or HealthPartners Freedom Plan III Enhanced Rx (Cost), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for any item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

As a member of HealthPartners Freedom Plan II Standard Rx (Cost), HealthPartners Freedom Plan III Standard Rx (Cost) or HealthPartners Freedom Plan III Enhanced Rx (Cost), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for

an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact HealthPartners Freedom Plan II Standard Rx (Cost), HealthPartners Freedom Plan III Standard Rx (Cost) or HealthPartners Freedom Plan III Enhanced Rx (Cost) for more details.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact HealthPartners Freedom Plan II Standard Rx (Cost), HealthPartners Freedom Plan III Standard Rx (Cost) or HealthPartners Freedom Plan III Enhanced Rx (Cost) for more details.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and infusion drugs provided through DME.

WHERE CAN I FIND INFORMATION ON PLAN RATINGS?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on **medicare.gov** and select "Compare Medicare Prescription Drug Plans" or "Compare Health Plans and Medigap Policies in Your Area" to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service numbers are listed below.

Please call HealthPartners® Freedom Plan for more information about HealthPartners Freedom Plan II Standard Rx (Cost), HealthPartners Freedom Plan III Standard Rx (Cost) and HealthPartners Freedom Plan III Enhanced Rx (Cost).

Visit us at healthpartners.com/medicare or call us:

Customer Service hours: Seven days a week, 8 a.m. - 8 p.m. Central

Current members should call toll-free 1-800-233-9645 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 1-800-443-0156)

Prospective members should call toll-free 1-800-247-7015 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 1-800-443-0156)

Current members should call locally 952-883-7979 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 1-800-443-0156)

Prospective members should call locally 952-883-5601 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD 1-800-443-0156)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or visit medicare.gov on the web.

This document may be available in a different format or language. For additional information, call customer service at the phone number listed above.

If you have special needs, this document may be available in other formats.

Benefit	Original Medicare	HealthPartners® Freedom Plan II Standard Rx (Cost)
IMPORTANT INFORMATION PRESCRIPTION DRUGS		
<p>This plan offers Medicare Prescription Drug coverage (Part D) as an optional benefit.</p> <p>1 - Premium and Other Important Information</p>	<p>In 2010, the monthly Part B premium was \$96.40 and may change for 2011 and the yearly Part B deductible amount was \$155 and may change for 2011. If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</p> <p>Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778</p>	<p>General \$11.60 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800 MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>
<p>2 - Prescription Drugs</p>	<p>Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.</p>	<p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs</p> <p>Drugs covered under Medicare Part D</p> <p>This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at healthpartners.com/medicarerx on the web.</p>

HealthPartners® Freedom Plan III Standard Rx (Cost)	HealthPartners® Freedom Plan III Enhanced Rx (Cost)
<p>General \$24.90 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800 MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>	<p>General \$199.80 monthly plan premium in addition to your monthly Medicare Part B premium.</p> <p>Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay higher Part B and Part D premiums because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B and Part D premiums based on income, call Medicare at 1-800 MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.</p>
<p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at healthpartners.com/medicarerx on the web.</p>	<p>Drugs covered under Medicare Part B</p> <p>General 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs.</p> <p>Drugs covered under Medicare Part D This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at healthpartners.com/medicarerx on the web.</p>

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Benefit	Original Medicare	HealthPartners® Freedom Plan II Standard Rx (Cost)
		<p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from HealthPartners® Freedom Plan II Standard Rx (Cost) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and HealthPartners® Freedom Plan II Standard Rx (Cost) approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost-sharing for that drug.</p>

HealthPartners® Freedom Plan III Standard Rx (Cost)	HealthPartners® Freedom Plan III Enhanced Rx (Cost)
<p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from HealthPartners® Freedom Plan III Standard Rx (Cost) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and HealthPartners® Freedom Plan III Standard Rx (Cost) approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost-sharing for that drug.</p>	<p>Different out-of-pocket costs may apply for people who:</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service). <p>The plan offers national in-network prescription coverage (i.e., this would include 50 states and DC). This means that you will pay the same cost-sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan’s service area (for instance when you travel).</p> <p>Total yearly drug costs are the total drug costs paid by both you and the plan.</p> <p>The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from HealthPartners® Freedom Plan III Enhanced Rx (Cost) for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements for these drugs that cannot be met by most pharmacies in your network. These drugs are listed on the plan’s website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on medicare.gov.</p> <p>If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.</p> <p>If you request a formulary exception for a drug and HealthPartners® Freedom Medicare Plan III Enhanced Rx (Cost) approves the exception, you will pay Tier 3: Non-Preferred Brand Drugs cost-sharing for that drug.</p>

Benefit	Original Medicare	HealthPartners® Freedom Plan II Standard Rx (Cost)
In-Network		\$230 deductible on all drugs except Tier 1: Generic Drugs and Tier 4: Specialty Tier Drugs.
Initial Coverage		After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,840:
Retail Pharmacy		<p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30 day) supply of drugs in this tier - \$30 copay for a three-month (90 day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$45 copay for a one-month (30 day) supply of drugs in this tier - \$135 copay for a three-month (90 day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$95 copay for a one-month (30 day) supply of drugs in this tier - \$285 copay for a three-month (90 day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (30 day) supply of drugs in this tier
Long Term Care Pharmacy		<p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31 day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$45 copay for a one-month (31 day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$95 copay for a one-month (31 day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (31 day) supply of drugs in this tier

HealthPartners® Freedom Plan III Standard Rx (Cost)	HealthPartners® Freedom Plan III Enhanced Rx (Cost)
\$150 deductible on all drugs except Tier 1: Generic Drugs and Tier 4: Specialty Tier Drugs.	\$100 deductible on all drugs except Tier 1: Generic Drugs and Tier 4: Specialty Tier Drugs.
After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,840:	After you pay your yearly deductible, you pay the following until total yearly drug costs reach \$2,840:
<p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30 day) supply of drugs in this tier - \$30 copay for a three-month (90 day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$45 copay for a one-month (30 day) supply of drugs in this tier - \$135 copay for a three-month (90 day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$95 copay for a one-month (30 day) supply of drugs in this tier - \$285 copay for a three-month (90 day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (30 day) supply of drugs in this tier 	<p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30 day) supply of drugs in this tier - \$30 copay for a three-month (90 day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$40 copay for a one-month (30 day) supply of drugs in this tier - \$120 copay for a three-month (90 day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$65 copay for a one-month (30 day) supply of drugs in this tier - \$195 copay for a three-month (90 day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (30 day) supply of drugs in this tier
<p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31 day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$45 copay for a one-month (31 day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$95 copay for a one-month (31 day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (31 day) supply of drugs in this tier 	<p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31 day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$40 copay for a one-month (31 day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$65 copay for a one-month (31 day) supply of drugs in this tier <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (31 day) supply of drugs in this tier

Benefit	Original Medicare	HealthPartners® Freedom Plan II Standard Rx (Cost)
Mail Order Pharmacy		<p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - \$20 copay for a three-month (90 day) supply of drugs in this tier from a preferred mail order pharmacy - \$10 copay for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy - \$30 copay for a three-month (90 day) supply of drugs in this tier from a non-preferred mail order pharmacy <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$45 copay for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - \$90 copay for a three-month (90 day) supply of drugs in this tier from a preferred mail order pharmacy - \$45 copay for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy - \$135 copay for a three-month (90 day) supply of drugs in this tier from a non-preferred mail order pharmacy <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$95 copay for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - \$190 copay for a three-month (90 day) supply of drugs in this tier from a preferred mail order pharmacy - \$95 copay for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy - \$285 copay for a three-month (90 day) supply of drugs in this tier from a non-preferred mail order pharmacy <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - 33% coinsurance for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy

HealthPartners® Freedom Plan III Standard Rx (Cost)	HealthPartners® Freedom Plan III Enhanced Rx (Cost)
<p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - \$20 copay for a three-month (90 day) supply of drugs in this tier from a preferred mail order pharmacy - \$10 copay for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy - \$30 copay for a three-month (90 day) supply of drugs in this tier from a non-preferred mail order pharmacy <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$45 copay for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - \$90 copay for a three-month (90 day) supply of drugs in this tier from a preferred mail order pharmacy - \$45 copay for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy - \$135 copay for a three-month (90 day) supply of drugs in this tier from a non-preferred mail order pharmacy <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$95 copay for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - \$190 copay for a three-month (90 day) supply of drugs in this tier from a preferred mail order pharmacy - \$95 copay for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy - \$285 copay for a three-month (90 day) supply of drugs in this tier from a non-preferred mail order pharmacy <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - 33% coinsurance for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy 	<p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - \$20 copay for a three-month (90 day) supply of drugs in this tier from a preferred mail order pharmacy - \$10 copay for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy - \$30 copay for a three-month (90 day) supply of drugs in this tier from a non-preferred mail order pharmacy <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$40 copay for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - \$80 copay for a three-month (90 day) supply of drugs in this tier from a preferred mail order pharmacy - \$40 copay for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy - \$120 copay for a three-month (90 day) supply of drugs in this tier from a non-preferred mail order pharmacy <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$65 copay for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - \$130 copay for a three-month (90 day) supply of drugs in this tier from a preferred mail order pharmacy - \$65 copay for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy - \$195 copay for a three-month (90 day) supply of drugs in this tier from a non-preferred mail order pharmacy <p>Tier 4: Specialty Tier Drugs</p> <ul style="list-style-type: none"> - 33% coinsurance for a one-month (30 day) supply of drugs in this tier from a preferred mail order pharmacy - 33% coinsurance for a one-month (30 day) supply of drugs in this tier from a non-preferred mail order pharmacy

Benefit	Original Medicare	HealthPartners® Freedom Plan II Standard Rx (Cost)
Coverage Gap		After your total yearly drug costs reach \$2,840, you receive a discount on brand name drugs and pay 93% of the plan's costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,550.

HealthPartners® Freedom Plan III Standard Rx (Cost)	HealthPartners® Freedom Plan III Enhanced Rx (Cost)
<p>After your total yearly drug costs reach \$2,840, you receive a discount on brand name drugs and pay 93% of the plan's costs for all generic drugs until your yearly out-of-pocket drug costs reach \$4,550.</p>	<p>You pay the following:</p> <p>Retail Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30 day) supply of all drugs covered in this tier - \$30 for a three-month (90 day) supply of all drugs covered in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$130 copay for a one-month (30 day) supply of all drugs covered in this tier - \$390 for a three-month (90 day) supply of all drugs covered in this tier <p>Long Term Care Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (31 day) supply of all drugs covered in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$130 copay for a one-month (31 day) supply of all drugs covered in this tier <p>Mail Order Pharmacy</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30 day) supply of all drugs covered in this tier from a preferred mail order pharmacy - \$20 copay for a three-month (90 day) supply of all drugs covered in this tier from a preferred mail order pharmacy - \$10 copay for a one-month (30 day) supply of all drugs in this tier from a non-preferred mail order pharmacy - \$30 copay for a three-month (90 day) supply of all drugs in this tier from a non-preferred mail order pharmacy <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$130 copay for a one-month (30 day) supply of all drugs covered in this tier from a preferred mail order pharmacy - \$260 copay for a three-month (90 day) supply of all drugs covered in this tier from a preferred mail order pharmacy

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Benefit	Original Medicare	HealthPartners® Freedom Plan II Standard Rx (Cost)
Catastrophic Coverage		<p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance.
Out-of-Network		<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from HealthPartners® Freedom Plan II Standard Rx (Cost).</p>
Out-of-Network Initial Coverage		<p>After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,840:</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30 day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$45 copay for a one-month (30 day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$95 copay for a one-month (30 day) supply of drugs in this tier

HealthPartners® Freedom Plan III Standard Rx (Cost)	HealthPartners® Freedom Plan III Enhanced Rx (Cost)
	<ul style="list-style-type: none"> - \$130 copay for a one-month (30 day) supply of all drugs in this tier from a non-preferred mail order pharmacy - \$390 copay for a three-month (90 day) supply of all drugs in this tier from a non-preferred mail order pharmacy <p>Additional Coverage Gap</p> <p>After your total yearly drug costs reach \$2,840, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 93% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,550.</p>
<p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance. 	<p>After your yearly out-of-pocket drug costs reach \$4,550, you pay the greater of:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance.
<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from HealthPartners® Freedom Plan III Standard Rx (Cost).</p>	<p>Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from HealthPartners® Freedom Plan III Enhanced Rx (Cost).</p>
<p>After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,840:</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30 day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$45 copay for a one-month (30 day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$95 copay for a one-month (30 day) supply of drugs in this tier 	<p>After you pay your yearly deductible, you will be reimbursed up to the full cost of the drug minus the following for drugs purchased out-of-network until total yearly drug costs reach \$2,840:</p> <p>Tier 1: Generic Drugs</p> <ul style="list-style-type: none"> - \$10 copay for a one-month (30 day) supply of drugs in this tier <p>Tier 2: Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$40 copay for a one-month (30 day) supply of drugs in this tier <p>Tier 3: Non-Preferred Brand Drugs</p> <ul style="list-style-type: none"> - \$65 copay for a one-month (30 day) supply of drugs in this tier

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Benefit	Original Medicare	HealthPartners® Freedom Plan II Standard Rx (Cost)
		<p>Tier 4: Specialty Tier Drugs - 33% coinsurance for a one-month (30 day) supply of drugs in this tier</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>
Out-of-Network Coverage Gap		<p>You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550.</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>

HealthPartners® Freedom Plan III Standard Rx (Cost)	HealthPartners® Freedom Plan III Enhanced Rx (Cost)
<p>Tier 4: Specialty Tier Drugs - 33% coinsurance for a one-month (30 day) supply of drugs in this tier You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>	<p>Tier 4: Specialty Tier Drugs - 33% coinsurance for a one-month (30 day) supply of drugs in this tier You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>
<p>You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out of network until total yearly out-of-pocket drug costs reach \$4,550.</p> <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>	<p>You will be reimbursed for these drugs purchased out-of-network up to the full cost of the drug minus the following:</p> <p>Tier 1: Generic Drugs -- \$10 copay for a one-month (30 day) supply of all drugs covered in this tier</p> <p>Tier 2: Preferred Brand Drugs - \$130 copay for a one-month (30 day) supply of all drugs covered in this tier</p> <p>Tier 3: Non-Preferred Brand Drugs - After your total yearly drug costs reach \$2,840, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by HealthPartners® Freedom Plan III Enhanced Rx (Cost) for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to HealthPartners® Freedom Plan III Enhanced Rx (Cost) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>Tier 4: Specialty Tier Drugs - After your total yearly drug costs reach \$2,840, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,550. You will not be reimbursed by HealthPartners® Freedom Plan III Enhanced Rx (Cost) for out-of-network purchases when you are in the coverage gap.</p>

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Benefit	Original Medicare	HealthPartners® Freedom Plan II Standard Rx (Cost)
Out-of-Network Catastrophic Coverage		<p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>

HealthPartners® Freedom Plan III Standard Rx (Cost)	HealthPartners® Freedom Plan III Enhanced Rx (Cost)
	<p>However, you should still submit documentation to HealthPartners® Freedom Plan III Enhanced Rx (Cost) so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p> <p>Additional Out-of-Network Coverage Gap</p> <p>Tier 1: Generic Drugs</p> <p>You will be reimbursed up to 7% of the plan allowable cost for generic drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550.</p> <p>You will be reimbursed up to the discounted price for brand name drugs purchased out-of-network until total yearly out-of-pocket drug costs reach \$4,550.</p>
<p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>	<p>After your yearly out-of-pocket drug costs reach \$4,550, you will be reimbursed for drugs purchased out-of-network up to the full cost of the drug minus your cost share, which is the greater of:</p> <ul style="list-style-type: none"> - A \$2.50 copay for generic (including brand drugs treated as generic) and a \$6.30 copay for all other drugs, or - 5% coinsurance <p>You will not be reimbursed for the difference between the Out-of-Network Pharmacy charge and the plan's In-Network allowable amount.</p>



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