



HealthPartners Medicare Group Retiree Renewal Proposal

Dakota County
Effective date of January 1, 2024

Monthly premium	2023: \$504.90 2024: \$504.90 <i>Deduct \$1.70 for group bill</i>	2023: \$289.80 2024: \$289.80 <i>Deduct \$1.70 for group bill</i>	2023: \$159.10 2024: \$159.10 <i>Deduct \$1.70 for group bill</i>
Benefits	HealthPartners Retiree National Choice (RNC)	HealthPartners Journey Group (MA) with Part D	HealthPartners Journey Group (MA) No Part D
Medical			
Annual out-of-pocket maximum	\$3,400	\$3,400	\$3,400
Lifetime maximum	Unlimited	Unlimited	Unlimited
Out of Network Services	Not applicable	Same cost sharing for INN & OON Passive PPO	Same cost sharing for INN & OON Passive PPO
Annual deductible	None	None	None
Routine physical, eye and hearing exams	100% coverage	100% coverage	100% coverage
Office visit: Primary/Specialty	\$10/\$25 copay	\$10/\$25 copay	\$10/\$25 copay
Inpatient hospital	\$200 copay per benefit period	\$200 copay per stay	\$200 copay per stay
Emergency room	\$75 copay	\$75 copay	\$75 copay
Urgent care	\$25 copay	\$25 copay	\$25 copay
Outpatient hospital	\$150 copay	\$150 copay	\$150 copay
MRI/CT/Diag Tests/ X-Ray	100% coverage	100% coverage	100% coverage
Ambulance	100% coverage	100% coverage	100% coverage

The benefit information provided is not a comprehensive listing of benefits or rules. The Evidence of Coverage and Certificate of Coverage documents are considered the final and complete level of benefits. For employer group use only – not for distribution to retirees/employees.

DME/Prosthetics	80% coverage	80% coverage	80% coverage
Preventive Dental	\$10 copay: two cleanings, two exams, one set of x-rays per year		
Hearing Aids: TruHearing	\$99/\$199/\$499 per hearing aid per year; ~must use the TruHearing network		
Part D prescription drugs			
Annual deductible	None	None	None
Tier 1 (Preferred generic)	\$15 copay	\$15 copay	No coverage
Tier 2 (Non-Preferred generic)	\$15 copay	\$15 copay	No coverage
Tier 3 (Preferred brand)	\$30 copay	\$30 copay	No coverage
Tier 4 (Non-preferred brand)	\$60 copay	\$60 copay	No coverage
Tier 5 (Specialty copay)	33% coverage	33% coverage	No coverage
Coverage in the gap?	Same copay as above		No coverage
Catastrophic Coverage	\$0 member responsibility once member alone meets \$8,000 threshold		No coverage

Included benefits and discounts:

- 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. Member must be at least 100 miles from permanent residence for no longer than 90 consecutive days
- Telehealth services: E-visits, phone visits, online clinic visits (including Virtuwell)
- Healthy Discounts: Discounts at participating retailers including eyewear, healthy eating programs, meal delivery, pet insurance, skin care services, wellness programs, and many more

Additional Benefits can be added for additional cost	
~NEW~ Choice Card (request per member per month cost)	Member issued pre-paid Mastercard with an annual benefit dollar amount that can be used for medically related costs like: Over-the-Counter items, routine chiropractic care not covered by Medicare and TruHearing member out of pocket cost

The benefit information provided is not a comprehensive listing of benefits or rules. The Evidence of Coverage and Certificate of Coverage documents are considered the final and complete level of benefits. For employer group use only – not for distribution to retirees/employees.