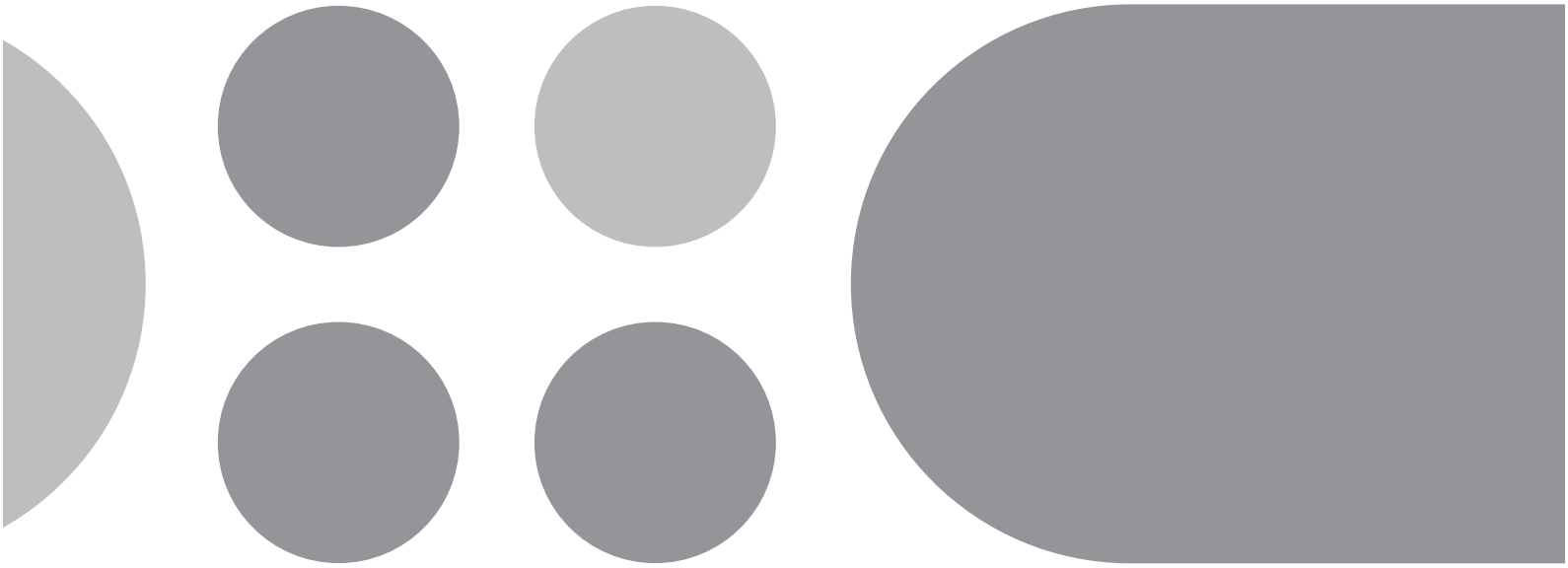
2027 Summary of Benefits

Wisconsin



HealthPartners® Freedom (Cost) Plans

HealthPartners® Freedom Basic WI (Cost)
HealthPartners® Freedom Vital WI (Cost)
HealthPartners® Freedom Balance WI (Cost)

January 1, 2027 – December 31, 2027

HealthPartners®

Pre-enrollment checklist

Before making an enrollment decision, it's important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Sales representative at **800-247-7015** (TTY: **711**).

Understanding the benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit **healthpartners.com/eoc** or call **800-247-7015** (TTY: **711**) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding important rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on Jan. 1, 2028.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services the provider must agree to treat you. Except in emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.

HealthPartners Freedom Medicare plans

Use this booklet to help you get to know the three plans we offer:

- → **Basic**
- → **Vital**
- → **Balance**

Inside, you'll find information about our plans, network, featured benefits and a summary of what's covered and what you'll pay.

You can join if you have Medicare Parts A and B, or are enrolled in Part B only, live within the service area, and are a United States citizen or lawfully present in the United States.

HealthPartners Freedom Plans

HealthPartners Freedom plans are medical-only Cost plans with a network of doctors, hospitals and other providers. For medical care and services, you have the flexibility to access local providers and see providers nationwide who accept Medicare and are willing to treat you.

Plan service area

HealthPartners Freedom plans are available to you if you live in these Wisconsin counties: Burnett, Douglas, Dunn, Pierce, Polk, St. Croix, Washburn.

When to sign up

Annual Enrollment Period (AEP)

Join or switch your Medicare plan Oct. 15 to Dec. 7 for coverage starting Jan. 1.

Initial Enrollment Period (IEP)

Three months before to three months after your 65th birthday month (seven months total).

Special Enrollment Period (SEP)

During special life events, like moving or retiring. Check with HealthPartners or **medicare.gov** for details.

2027 HealthPartners Freedom plans information

		Basic	Vital	Balance
Monthly premium	What you pay each month for your plan	$55	$80	$145
Deductible	What you pay out of pocket for services before your plan begins to pay	None		
Maximum out-of-pocket	The most you'll pay for covered services for the year; certain services do not count toward this amount	None	$5,000	$4,000
Hospital				
Inpatient hospital coverage[1]	Cost per benefit period, unlimited days	$600	Days 1-4: $350 per day Days 5+: $0	$400
Outpatient hospital coverage[1]	Observation stay	$0		
	Outpatient surgery	20%	$250	$200
Ambulatory surgery center[1]		20%	$250	$200
Doctor Visits and Preventive Care				
Doctor – Primary	In-person	20%	$15	
	E-visit	$0		
Doctor – Specialist	In-person	20%	$40	$15
	E-visit	$0		
Preventive care	Medicare-covered services include "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		
	Routine physical exams *(once a year)*	Not covered	$0	
Emergency and Urgent Care				
Emergency care	In U.S.	$100	$140	
	Worldwide	NA	20%	
Urgently needed services	In U.S.	20%	$40	$15
	Worldwide	NA	20%	
Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs				
Diagnostic services/ labs/imaging	Diagnostic radiology[1] *(e.g. MRI, CT, PET)*	20%		$200
	Diagnostic colonoscopies[1]	$0		
	Labs[1]			
	Diagnostic tests and procedures[1]			
	X-rays	20%	$10	
	Therapeutic radiology[1]		$60	

[1]Prior authorization may be required for certain services.

2027 HealthPartners Freedom plans information

Hearing / Dental / Vision	Common needs may include	Basic	Vital	Balance
Hearing services	Routine exam	Not covered	$0	
	Diagnostic exam	20%	$40	$15
	Hearing aids through TruHearing®	Not covered	$499 / $699 / $999 per aid; up to two per year	
Dental services	Medicare-covered non-routine dental	20%	$0	
	Optional supplemental dental	NA	Available	
Vision services	Routine exam	Not covered	$0	
	Medicare-covered Diagnostic exam	20%	$40	$15
Mental Health Services				
Therapy visits	Individual	20%	$40	$15
	Group		$20	$7.50
Inpatient visits	Cost per benefit period	$600	Days 1-4: $350 per day Days 5+: $0	$400
Skilled Nursing Facility (SNF) / Physical Therapy				
Skilled nursing facility[1]	Cost per benefit period; the plan covers up to 100 days in a SNF	Days 1-100: $0		
Physical therapy		20%	$40	$15
Medical Transportation				
Ambulance	Air *(per one-way trip)*	20%	20%	$100
	Ground in U.S. *(per one-way trip)*		$200	
Other transportation	Non-emergency services	NA		
Medicare Part B Drugs				
Medicare Part B drugs	Chemotherapy and other drugs that must be administered by a health professional[1]	0%-20%*		
	Insulin *(used in a pump)*	0%-20%†		

[1]Prior authorization may be required for certain services.

*You may pay less than 20% for certain drugs on the CMS rebate list.

†You will pay no more than $35 for a one-month supply

2027 HealthPartners Freedom plans information

Additional benefits		Basic	Vital	Balance
Acupuncture	Medicare-covered	20%	$40	$15
	Non-Medicare-covered; 20 visits	NA		
Chiropractic care	Medicare-covered	20%	$15	$15
Extended absence benefit	Coverage for care when traveling out of the service area for up to 9 months	Included	Included	Included
Fitness benefit	Basic fitness membership	NA	$0 SilverSneakers®	
Medical equipment / supplies[1]	Durable medical equipment	20%	0%-20%**	
	Prosthetics			
	Diabetic supplies (**healthpartners.com/diabeticsupplies**)		20%	
Outpatient substance abuse	Individual / Group	20%	$40	$15
Smoking and tobacco use cessation	Counseling to stop smoking or tobacco use	NA	$0	
Travel counseling	Health advice before traveling internationally	NA	$0	

[1]Prior authorization may be required for certain services.

**0% applies to Medicare-covered home infusion drugs. 20% applies to all other DME.

Freedom Wisconsin optional benefits

Freedom Wisconsin Balance optional benefit rider

With our Freedom Balance plan, Wisconsin residents can add this optional benefit rider to their coverage for an additional monthly premium.

2027 plan information	Balance
Monthly premium	$42
Additional chiropractic care	$0 for Medicare-covered and routine chiropractic services
Additional home health agency care	$0 for up to 365 home care visits per year, combined Medicare- and non-Medicare-covered services
Additional skilled nursing facility care	$0 for 30 days of care per year without a prior hospital stay

Freedom Wisconsin optional comprehensive dental benefit

Your mouth is just as important when it comes to your overall health. The dental coverage listed below is optional and costs an additional monthly premium.

2027 plan information		Vital and Balance	
Monthly premium		$ 51.60	
Deductible	Does not apply to preventive and diagnostic services	$50	
		In-network	**Out-of-network**
Maximum benefit amount		$1,100	$200[1]
Preventive and diagnostic services	Routine dental exams *(up to 2 per year)*	$0	
	Screenings *(up to 2 per year)*		
	Cleanings – prophylaxis and periodontal maintenance *(up to 2 per year)*		
	Bitewing X-rays *(up to 1 per year)*		
	Full-mouth & panoramic X-rays *(up to 1 every 3 years)*		
	Fluoride treatment *(up to 2 per year)*		
	Sealants *(up to 1 per tooth every 3 years)*	50%	
	Non-routine evaluations	$0	
Comprehensive services	Fillings	50%	
	Oral surgery		
	Non-surgical periodontics *(up to 1 every 2 years)*		
	Surgical periodontics *(up to 1 every 2 years)*		
	Endodontics *(root canal therapy)*		
	Special restorative care *(crowns and onlays) (up to 1 every 5 years)**		
	Bridges and partial or full removable dentures *(up to 1 every 5 years)**		
	Dental implant maximum benefit amount	$500[1]	
	Dental implant services *(up to 1 every 5 years)**	50%	

[1]The out-of-network and dental implant maximum benefit amounts count toward the overall $1,100 in-network annual maximum benefit. For dental services performed by an out-of-network dentist, you are responsible for paying any difference between the billed charge and the usual and customary reimbursement amount, even for services listed as $0. See the Evidence of Coverage for more information.

*Benefit for the replacement of a crown or onlay, replacement of an existing prosthetic appliance, or replacement of an implant will be provided only after a five-year period measured from the date in which the procedure or installment was last provided, whether under this EOC or not.

Virtual care options

Get the quality care you need; no waiting rooms or long commutes required.

Trusted care is available wherever you are with your phone, tablet or computer.

By phone call

Our CareLine℠ Service, Nurse Navigator℠ team, Pharmacy Navigators and Behavioral Health Navigators can help you with everything from general questions to understanding the best treatment options.

By video visit

Most of the care you receive in a clinic can be done via video visit. Talk with a doctor and receive the same personalized care, expert answers and a care plan tailored to you. And enjoy faster access to high-demand services, like dermatology.

E-visit

Start an e-visit anytime, day or night. E-visits are done via secure online messaging over an encrypted website with your doctor, who'll review your symptoms and give you a personalized treatment plan.

Healthy Discounts℠ Program

Healthy discounts. Healthy savings. Healthy lifestyle.

Healthy Discounts makes managing your health and well-being easier through special HealthPartners member savings. Once you've enrolled, you'll receive information to sign in and view which Healthy Discounts are available with your plan.

For example, you could save on:

- Travel (car rental, flights, hotels)
- Restaurants
- Electronics
- Hearing aids
- Home improvements
- Legal services
- Pet insurance
- And much more

These additional discounts described on this page cannot be applied to services covered under our Medicare plans, nor can they be combined with any other discounts. The availability of a product and service may vary by geographic service area. Additionally, these products and services described are neither offered nor guaranteed under our contract with the Medicare program and are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the HealthPartners grievance process.

Frequently asked questions

How do you select which doctors are in network?

Our network includes specific doctors, clinics and other care providers – ones that deliver high-quality care at a lower cost. So, if your doctor is in the network, or you're willing to pick one from the clinics included, our plans could be a great fit for you. Explore our network at **healthpartners.com/wisconsinprovider27**.

Do I have to pay for preventive care?

No. Freedom members pay a $0 copay for preventive services, like the Welcome to Medicare visit or Annual Wellness Visit, routine physical exams, colon cancer screenings and annual mammograms. Keep in mind, if you get treated for an illness or injury, you may have costs related to that portion of your visit.

Why is preventive care so important?

Screenings help catch potential issues early on so you can stay as healthy as possible. Yearly physicals and preventive visits give you an opportunity to have honest conversations about your health with a doctor you trust.

Questions?

Give us a call at **800-247-7015** (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

Check out our educational blog **healthpartners.com/medicareblog**

Send us a note by email **medicaresales@healthpartners.com**.

Scan with your phone's camera to get answers to other frequently asked questions.

Notes

To learn about what Original Medicare covers and what it costs, read through your Medicare & You handbook. Or, visit **medicare.gov** to view it online. Don't have one? Call **800-MEDICARE** (**800-633-4227**) to get yours. They're available 24 hours a day, seven days a week (TTY: **877-486-2048**).

Your information is protected. For information on how HealthPartners manages and protects Health Information and Personal Information that you give us, how we will use and share that information, and how you may exercise your rights with regard to your Personal Information and Health Information, visit **healthpartners.com/public/privacy**.

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

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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This booklet doesn't list everything we cover, or every limitation or exclusion. For a full list of covered services, check the Evidence of Coverage (EOC) at **healthpartners.com/eoc** or call us at the numbers on page 14.

HealthPartners®

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