

HealthPartners Retiree National Choice Plan (PDP) Overview

St. Olaf – 2024

Benefit/Service within U.S.	Plan 1	Plan 2	Plan 3
Lifetime maximum	Unlimited	Unlimited	Unlimited
Annual deductible	\$100	\$150	\$200
Monthly premium*	2023: \$274.10 2024: \$301.51	2023: \$210.90 2024: \$231.99	2023: \$173.10 2024: \$190.41
Annual out-of-pocket maximum	\$1,750 (Medical only)	\$3,000 (Medical only)	\$5,000 (Medical only)
Preventive Health Care			
Routine physical, eye and hearing exams	100% coverage	100% coverage	100% coverage
Immunizations	100% coverage	100% coverage	100% coverage
Office Visits			
For illness or injury	\$15 Primary/ \$30 Specialty	\$20 Primary /\$40 Specialty	\$25 Primary/ \$45 Specialty
Chiropractic care	\$30 copay	\$40 copay	\$45 copay
Mental health care	\$30 copay	\$40 copay	\$45 copay
Podiatry	\$30 copay	\$40 copay	\$45 copay
E-visits	100% coverage	100% coverage	100% coverage
Inpatient Hospital Care			
For illness or injury	\$100 copay	\$200 copay	\$500 copay
Mental health care	\$100 copay	\$200 copay	\$500 copay
Chemical health care	\$100 copay	\$200 copay	\$500 copay
Skilled nursing facility	100% coverage	100% coverage	100% coverage

***Premiums are paid to Emeriti. Do not send premium payments to HealthPartners. For premium related questions call Emeriti at 866-363-7484. Calls are taken from 7 a.m. to 4:30 p.m. CT, Monday - Friday.**

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

This summary is not a comprehensive list benefits and coverage information. See the Certificate of Coverage and Evidence of Coverage for a complete description of benefits. All content © 2023 TruHearing, Inc. All Rights Reserved. TruHearing® is a registered trademark of TruHearing, Inc.

Emergency Care	Plan 1	Plan 2	Plan 3
Emergency room in the U.S.	\$50 copay	\$50 copay	\$100 copay
Emergency room outside the U.S.	80% coverage	80% coverage	80% coverage
Urgently needed care in the U.S.	\$30 copay	\$40 copay	\$50 copay
Urgently needed care outside the U.S.	80% coverage	80% coverage	80% coverage
Ambulance in the U.S.	100% coverage	90% coverage	80% coverage
Ambulance outside the U.S.	80% coverage	80% coverage	80% coverage
Outpatient Medical Services			
Physical/occupational therapy	100% coverage	\$15 copay	\$50 copay
Speech/language therapy	\$30 copay	\$40 copay	\$50 copay
Durable medical equipment	90% coverage	90% coverage	80% coverage
Prosthetics	90% coverage	90% coverage	80% coverage
Diabetes self-monitoring training, nutrition	100% coverage	100% coverage	100% coverage
Diabetes supplies	90% coverage	90% coverage	80% coverage
Diagnostic tests, radiology, lab services	100% coverage	100% coverage	80% coverage
Part D Prescription Drug Benefit	Includes gap coverage	Member experiences coverage gap	
Preferred Generic drugs	\$10 copay	\$10 copay	\$15 copay
Generic drugs	\$10 copay	\$15 copay	\$20 copay
Preferred brand drugs	\$20 copay	\$45 copay	\$50 copay
Non-preferred brand drugs	\$40 copay	\$65 copay	\$90 copay
Specialty drugs	25% coinsurance	25% coinsurance	33% coinsurance
Other			
Medicare Part B drugs	80% coverage	80% coverage	80% coverage
Hearing aids ~ Requires use of TruHearing network	\$99/\$199/\$499 copay per aid per year*	\$99/\$199/\$499 copay per aid per year*	\$499/\$699/\$999 copay per aid per year*

*Copay is determined by the device technology, style and features. Member must see a TruHearing provider to use this benefit.

Questions? Give us a call at 866-993-7428 (TTY: 711)

Oct. 1 through March 31: 8 a.m. to 8 p.m. CT, seven days a week and April 1 through Sept. 30: 8 a.m. to 8 p.m. CT, Monday through Friday