

HealthPartners® Freedom Valley (Cost) offered by HealthPartners, Inc. (HPI)

Annual Notice of Changes for 2024

You are currently enrolled as a member of HealthPartners Freedom Valley. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at healthpartners.com/medicare. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **If you wish to enroll in a Medicare Advantage health plan or Medicare prescription drug plan, you have from October 15 until December 7 to make changes to your Medicare coverage for next year. If you decide other cost plan coverage better meets your needs, you can switch cost plans anytime the cost plan is accepting members. You may also change to Original Medicare. For more information see Section 2.2 of this document.**

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in HealthPartners Freedom Valley.
- To change to a Medicare Advantage health plan or Medicare prescription drug plan, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with HealthPartners Freedom Valley.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Member Services number at 800-233-9645 for additional information. (TTY users should call 711.) Hours are:

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.

This call is free.

- This information is available in a different format, including large print. Please call Member Services if you need plan information in another format.

About HealthPartners Freedom Valley

- HealthPartners is a Cost plan with a Medicare contract. Enrollment in HealthPartners depends on contract renewal.
- When this document says "we," "us," or "our," it means HealthPartners, Inc. When it says "plan" or "our plan," it means HealthPartners Freedom Valley.

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for HealthPartners Freedom Valley in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* See Section 1.1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	\$4,500	\$4,500
Doctor office visits	Primary care visits: \$0 copay per visit Specialist visits: \$40 copay per visit	Primary care visits: \$0 copay per visit Specialist visits: \$40 copay per visit
Inpatient hospital stays	\$600 copay per benefit period	\$300 copay per day for days 1-5; nothing for additional days per benefit period

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount.	\$4,500	\$4,500 Once you have paid \$4,500 out-of-pocket for covered services, you will pay nothing for your covered services for the rest of the calendar year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at healthpartners.com/medicare. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Ambulance services	You pay 20% of the total cost for air ambulance one-way trips.	You pay a \$350 copay for air ambulance one-way trips.
Dental services		
<ul style="list-style-type: none"> • Preventive and Comprehensive Dental Services 	The combined In-Network and Out-of-Network calendar year maximum benefit for covered preventive dental services is \$2,000. You may receive dental services from any licensed dental provider	The combined In-Network and Out-of-Network calendar year maximum benefit for covered preventive and comprehensive dental services is \$1,000. You may receive dental services from any licensed dental provider.
<ul style="list-style-type: none"> ○ Full-mouth (panoramic) x-rays 	Full-mouth (panoramic) x-rays are <u>not</u> covered.	You pay a \$0 copay. Limited to once every three years

Cost	2023 (this year)	2024 (next year)
<ul style="list-style-type: none"> ○ Comprehensive dental services 	<p>Comprehensive dental services are <u>not</u> covered.</p>	<p>You pay a \$0 copay for the following services:</p> <ul style="list-style-type: none"> • Diagnostic x-rays • Non-routine evaluations <p>You pay 20% of the total cost for the following services:</p> <ul style="list-style-type: none"> • Emergency treatment for relief of pain • Fillings • Endodontics (root canal therapy) • Non-surgical extractions • Non-surgical periodontics (gum disease) – Limited to once every two years <p>You pay 50% of the total cost for the following services:</p> <ul style="list-style-type: none"> • Surgical periodontics (gum disease) – Limited to once every two years • Oral surgery (other than non-surgical extractions) <p><i>These services do not apply to your maximum out-of-pocket amount for medical services.</i></p>
<p>Emergency care – inside the United States</p>	<p>You pay a \$90 copay per visit.</p>	<p>You pay a \$135 copay per visit.</p>
<p>Emergency care – outside the United States</p>	<p>You pay a \$90 copay per visit.</p>	<p>You pay a \$135 copay per visit.</p>
<p>Inpatient hospital care</p>	<p>You pay a \$600 copay per benefit period.</p>	<p>You pay a \$300 copay per day for days 1-5; nothing for additional days per benefit period.</p>

Cost	2023 (this year)	2024 (next year)
Inpatient services in a psychiatric hospital	You pay a \$600 copay per benefit period.	You pay a \$300 copay per day for days 1-5; nothing for additional days per benefit period.
Outpatient diagnostic tests and therapeutic services and supplies <ul style="list-style-type: none"> <li data-bbox="204 642 537 785">• Radiation (radium and isotope) therapy including technician materials and supplies <li data-bbox="204 821 529 894">• Outpatient diagnostic procedures and tests 	<p>You pay 10% of the total cost.</p> <p>You pay a \$0 copay.</p>	<p>You pay a \$60 copay.</p> <p>You pay a \$40 copay.</p>
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers	You pay a \$200 copay per visit.	You pay a \$250 copay per visit.
Partial hospitalization services and Intensive outpatient services	<p>You pay a \$0 copay for partial hospitalization services.</p> <p>Intensive outpatient services are <u>not</u> covered.</p>	You pay a \$0 copay for partial hospitalization services and intensive outpatient services.
Skilled nursing facility (SNF) care	<p>You pay a \$0 copay per day for days 1-20.</p> <p>You pay a \$196 copay per day for days 21-100.</p>	<p>You pay a \$0 copay per day for days 1-20.</p> <p>You pay a \$203 copay per day for days 21-100.</p>

Cost	2023 (this year)	2024 (next year)
<p>Services Requiring Prior Authorization</p> <p>Outpatient diagnostic tests and therapeutic services and supplies</p> <ul style="list-style-type: none"> • Radiation (radium and isotope) therapy including technician materials and supplies • Other outpatient diagnostic tests – Diagnostic Radiology, including MRI and CT 		
	Services do not require prior authorization.	Services may require prior authorization.
	Services do not require prior authorization.	Services may require prior authorization.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in HealthPartners Freedom Valley

To stay in our plan, you don’t need to do anything. If you do not sign up for a different Medicare health plan or change to Original Medicare by December 7, you will automatically be enrolled in our plan.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan, if you don’t already have one.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, HealthPartners, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from our plan.
- To **add a Medicare prescription drug plan or change to a different drug plan**, enroll in the new drug plan. You will continue to receive your medical benefits from HealthPartners Freedom Valley.
- To **change to Original Medicare with a prescription drug plan**, you must enroll in the new drug plan and ask to be disenrolled from our plan. Enrolling in the new drug plan will not automatically disenroll you from our plan. To disenroll from our plan you must *either*:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different type of plan, like a Medicare Advantage plan, or make a change to your prescription drug coverage for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

If you want to change to a different Cost plan, you can do so anytime the plan is accepting members. The new plan will let you know when the change will take effect.

If you want to disenroll from our plan and have Original Medicare for next year, you can make the change up to December 31. The change will take effect on January 1, 2024.

ANO-COST-NSD-V-GINS05-0066-24

OMB Approval 0938-1051 (Expires: February 29, 2024)

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, and those who move out of the service area.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In North Dakota, the SHIP is called State Health Insurance Counseling Program (SHIC). In South Dakota, the SHIP is called Senior Health Information & Insurance Education (SHIINE).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call your State Health Insurance Assistance Program at:

Method	State Health Insurance Counseling Program (SHIC) (North Dakota’s SHIP) – Contact Information
CALL	888-575-6611
TTY	800-366-6888 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	NDSHIC@nd.gov
WEBSITE	www.insurance.nd.gov/consumers/medicare-assistance

Method	Senior Health Information & Insurance Education (SHIINE) (South Dakota's SHIP) – Contact Information
CALL	Eastern SHIINE: 605-333-3314 or 800-536-8197 Central SHIINE: 605-494-0219 or 877-331-4834 Western SHIINE: 605-342-8635 or 877-286-9072
WRITE	Eastern SHIINE: easternoffice@shiine.net Central SHIINE: centraloffice@shiine.net Western SHIINE: westernoffice@shiine.net
WEBSITE	shiine.net/contact-us.html

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).

SECTION 6 Questions?

Section 6.1 – Getting Help from our plan

Questions? We're here to help. Please call Member Services at 800-233-9645. (TTY only, call 711.) We are available for phone calls from **Oct. 1 through March 31**, 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. Calls to these numbers are free.

Read your 2024 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for our plan. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at healthpartners.com/medicare. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at healthpartners.com/medicare. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2024

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.