

***HealthPartners® Freedom Balance WI (Cost), offered by HealthPartners, Inc. and HealthPartners Insurance Company, jointly and severally.***

## **Annual Notice of Changes for 2024**

You are currently enrolled as a member of HealthPartners Freedom Balance WI. 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](https://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.**

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### **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](https://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 Balance WI.
- 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 Balance WI.
- 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 Balance WI**

- 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 Balance WI.

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## Summary of Important Costs for 2024

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

Cost	2023 (this year)	2024 (next year)
<b>Monthly plan premium*</b> See Section 1.1 for details.	\$87.60	\$87.60
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	\$3,400	\$3,400
<b>Doctor office visits</b>	Primary care visits: \$15 copay per visit Specialist visits: \$15 copay per visit	Primary care visits: \$15 copay per visit Specialist visits: \$15 copay per visit
<b>Inpatient hospital stays</b>	\$200 copay per benefit period	\$200 copay 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)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$87.60	\$87.60
<b>Optional Supplemental Benefit: Freedom Comprehensive Dental Benefit</b>	\$43.10	\$46.50
<b>Optional Benefit Rider</b>	\$42.00	\$42.00

**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)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$3,400	\$3,400 Once you have paid \$3,400 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](https://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)
<b>Emergency care – inside the United States</b>	You pay a \$65 copay per visit.	You pay a \$90 copay per visit.
<b>Outpatient diagnostic tests and therapeutic services and supplies</b>		
<ul style="list-style-type: none"> <li>X-rays</li> </ul>	You pay a \$0 copay.	You pay a \$10 copay.
<ul style="list-style-type: none"> <li>Radiation (radium and isotope) therapy including technician materials and supplies</li> </ul>	You pay a \$0 copay.	You pay a \$60 copay.
<b>Partial hospitalization services and Intensive outpatient services</b>	<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.

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

**SECTION 2 Deciding Which Plan to Choose**

**Section 2.1 – If you want to stay in HealthPartners Freedom Balance WI**

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](http://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 Balance WI.
- 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.



## 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 Wisconsin, the SHIP is called the Board on Aging and Long Term Care.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The Board on Aging and Long Term Care 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 the Board on Aging and Long Term Care at 1-800-242-1060. You can learn more about the Board on Aging and Long Term Care by visiting their website ([longtermcare.wi.gov](http://longtermcare.wi.gov)).

## SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“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).

- **Help from your state’s pharmaceutical assistance program.** Wisconsin has a program called SeniorCare that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.

## 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](https://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](https://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](http://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](http://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.