



Let's get started

Partner with a Medicare plan that keeps you doing what you love

HealthPartners® Journey Medicare Advantage 2020 Summary of Benefits
HealthPartners® Journey Pace (PPO), HealthPartners® Journey Stride (PPO),
HealthPartners® Journey Dash (PPO), HealthPartners® Journey Steady (PPO)

Jan. 1, 2020 – Dec. 31, 2020

With a HealthPartners Medicare Advantage plan, you're always in good shape.

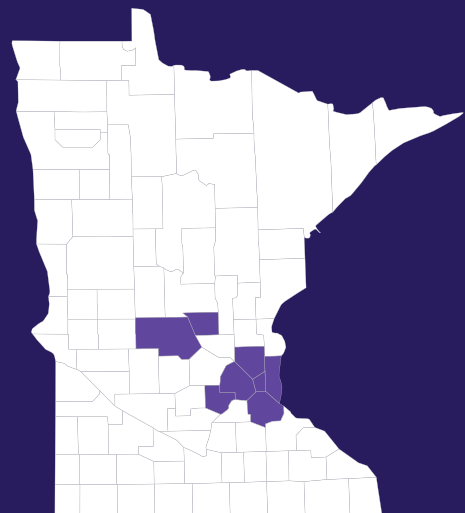
Helping Minnesotans stay healthy has been our passion for over 60 years. The health pie has many slices — physical, mental and financial, to name a few. And you can't just focus on one. You have to keep up with all of it. You don't have to be perfect. But you need to be in good shape. As your Medicare partner, we're here to help you get there.

A Medicare partner from your neck of the woods

When you enroll in a HealthPartners Medicare plan, you're teaming up with local experts who know how to keep you healthy. Your doctor, clinic and support teams are all right here in the Midwest. In fact, when you call your Member Services team, you'll talk to someone in Bloomington, Minnesota. Yep, right by Mall of America. Near the area? You can stop by our Bloomington office and chat in person with one of our Sales reps. Ask questions and get to know the people who work to keep you in good shape.

This booklet will help you get to know the four Journey plans we offer. You can join if you have Medicare Parts A and B, live in the service area and don't have end-stage renal disease (there are exceptions).

We're right with you in your pursuit of good health.



Journey service area includes:

- Anoka
- Benton
- Carver
- Dakota
- Hennepin
- Ramsey
- Stearns
- Washington

Why choose a HealthPartners Medicare plan?

It's important to choose a Medicare plan that fits your lifestyle and budget.

Here are a few questions to keep in mind as you shop around for a plan.

Where can you get in-network care?

- Over 29,000 doctors and 50 hospitals.
Find a covered provider at healthpartners.com/journeydoc20
- All HealthPartners and Park Nicollet clinics and hospitals
- Plus others, like Allina Health, CentraCare Clinics, Entira Family Clinics, Lakeview Clinic, North Clinic, North Memorial Health Care and more
- No referrals needed to see specialists

Are you covered when you travel?

- Yes – in-network coverage for up to nine months when traveling in the U.S.! (Limitations apply)
- Worldwide emergency and urgently needed care
- Plus, worldwide support from Assist America®

Are there extra perks and benefits?

- 24/7 advice from HealthPartners nurses
- Unlimited, no-cost visits to our online clinic, [virtuwell](#)®
- A health club membership or home fitness kits through the Silver&Fit® Exercise and Healthy Aging Program
- Optional supplemental dental, coverage for acupuncture, hearing aids and non-Medicare covered eyewear

Are your meds covered?

- You can check at healthpartners.com/journeymeds20
- Get prescription meds sent right to your door with mail order

WORDS TO KNOW:

Benefit period: Begins the day you're admitted as an inpatient in a hospital or skilled nursing facility (SNF) and ends when you haven't received inpatient hospital care (or care in a SNF) for 60 consecutive days.

Coinsurance: The percentage of the total bill you pay when you use a medical service or drug.

Copay or copayment: The dollar amount you pay when you use a medical service or drug; usually a flat dollar amount, like \$15.

Medicare Advantage (MA) plan ("Part C"): A type of Medicare plan that gives you coverage for Medicare Parts A, B and usually D.

Network: Doctors, hospitals, pharmacies and other health care providers who have contracted with your health plan.

Provider: Any organization, institution or individual that supplies health care services.

Service area: The geographic region where a health plan accepts members and where the plan's services are provided.

	Journey Pace
Monthly premium (What you pay each month for your insurance plan)	\$0
Deductible (What you pay for a service, item or drug before your insurance kicks in)	Medical: Not applicable Part D: \$300
Maximum out-of-pocket (This is the most you'll pay out of pocket for covered services during the plan year, not including prescription medicines)	In-network \$5,700 Combined in- and out-of-network \$10,000
Medical benefits	
Inpatient hospital coverage ¹ (Cost per stay)	Days 1-5: \$330 per day Days 6+: \$0 per day
Outpatient hospital coverage ¹ • Observation stay and non-surgical services • Outpatient surgery	\$0 20%
Ambulatory surgery center ¹	20%
Doctor visits (Primary specialists)	Primary: \$25 Specialist: \$50
Preventive care (Tests and screenings that can help you avoid illness or improve your health, including blood pressure, diabetes and cancer screenings, some vaccines and more)	\$0
Emergency care (In U.S.)	In- and out-of-network \$90
Urgently needed services (In U.S.)	In- and out-of-network \$45
Diagnostic services/Labs/Imaging (Costs for these services may vary based on place of service) • Diagnostic radiology (e.g.: MRI, CT, PET) • Labs • Diagnostic tests and procedures • X-rays/therapeutic radiology	20% \$0 20% 20%
Hearing services • Routine exam • Diagnostic exam • Hearing aids through TruHearing® (See page 9)	\$0 \$50 \$699/\$999 (two per year, one per ear)
Dental services • Medicare-covered non-routine dental (Check your EOC for details) ¹ • Annual exam, annual cleaning and bite wing X-ray every two years • Optional supplemental dental (See page 9)	\$0 Not covered Available
Vision services • Routine exam • Diagnostic exam • Non-Medicare covered prescription eyewear (See page 8)	\$0 \$50 Not covered
Mental health services • Therapy visits (Individual group) • Inpatient visit (Per stay)	\$40 \$20 Days 1-5: \$330 per day Days 6+: \$0 per day
Skilled nursing facility ¹ (Cost per stay)	Days 1-20: \$0 Days 21-80: \$158 per day Days 81-100: \$0
Physical therapy	\$40

For most out-of-network non-urgent and non-emergency care, you'll pay 40% with all plans.

Journey Stride	Journey Dash	Journey Steady
\$45.70	\$85	\$130.90
Medical: Not applicable Part D: \$300	Medical: Not applicable Part D: \$300	Medical: Not applicable Part D: \$300
In-network \$4,100 Combined in- and out-of-network \$6,000	In-network \$3,600 Combined in- and out-of-network \$6,000	In-network \$3,000 Combined in- and out-of-network \$5,100
Medical benefits		
Days 1-5: \$300 per day Days 6+: \$0 per day	Days 1-5: \$250 per day Days 6+: \$0 per day	Days 1-5: \$200 per day Days 6+: \$0 per day
\$0 \$300	\$0 \$300	\$0 \$250
\$300	\$300	\$250
Primary: \$10 Specialist: \$40	Primary: \$5 Specialist: \$30	Primary: \$0 Specialist: \$25
\$0	\$0	\$0
In- and out-of-network \$90	In- and out-of-network \$85	In- and out-of-network \$75
In- and out-of-network \$40	In- and out-of-network \$30	In- and out-of-network \$30
20% \$0 10% 10%	20% \$0 10% 10%	10% \$0 10% 10%
\$0 \$40 \$699/\$999 (two per year, one per ear)	\$0 \$30 \$599/\$899 (two per year, one per ear)	\$0 \$25 \$599/\$899 (two per year, one per ear)
\$0 Not covered Available	\$0 Not covered Available	\$0 \$0 Available
\$0 \$40 \$150 benefit allowance per year	\$0 \$30 \$150 benefit allowance per year	\$0 \$25 \$175 benefit allowance per year
\$40 \$20 Days 1-5: \$300 per day Days 6+: \$0 per day	\$30 \$15 Days 1-5: \$250 per day Days 6+: \$0 per day	\$25 \$12.50 Days 1-5: \$200 per day Days 6+: \$0 per day
Days 1-20: \$0 Days 21-100: \$150 per day	Days 1-20: \$0 Days 21-100: \$150 per day	Days 1-20: \$0 Days 21-100: \$125 per day
\$40	\$30	\$25

Medical benefits (cont.)	Journey Pace	
Ambulance (Air Ground in U.S.)	In- and out-of-network 20% \$275	
Transportation	Not covered	
Medicare Part B drugs ¹ (Chemotherapy and other Part B drugs)	20%	
Part D prescription drug benefits		
Phase 1: Deductible (Applies to Tiers 3, 4 and 5)	\$300	
Phase 2: Initial coverage	one-month supply	three-month supply
Standard retail and standard mail-order pharmacies		
Tier 1: Preferred generic	\$8	\$24
Tier 2: Generic	\$14	\$42
Tier 3: Preferred brand	\$47	\$141
Tier 4: Non-preferred drug	50%	50%
Tier 5: Specialty	27%	NA
Preferred cost-sharing mail-order pharmacy		three-month supply
Tier 1: Preferred generic		\$16
Tier 2: Generic		\$28
Tier 3: Preferred brand		\$131
Tier 4: Non-preferred drugs		50%
Tier 5: Specialty		NA
Phase 3: Coverage Gap	Generics: 25% Brands: 25%	
Phase 4: Catastrophic	Generics: \$3.60 or 5% Brands: \$8.95 or 5% (whichever is greater)	
Additional benefits		
Chiropractic care	\$20	
Acupuncture	\$35	
Routine physical exams	\$0	
Medical equipment/supplies ¹ (Durable medical equipment, prosthetics, diabetes supplies)	20%	
Fitness benefit (See page 7)	\$0	

¹ Prior authorization may be required for certain services.
For most out-of-network non-urgent and non-emergency care, you'll pay 40% with all plans.

Journey Stride	Journey Dash	Journey Steady			
In- and out-of-network 20% \$250	In- and out-of-network 20% \$225	In- and out-of-network 20% \$200			
Not covered	Not covered	Not covered			
20%	20%	20%			
Part D prescription drug benefits					
\$300	\$300	\$300			
one-month supply	three-month supply	one-month supply	three-month supply	one-month supply	three-month supply
\$6	\$18	\$5	\$15	\$4	\$12
\$12	\$36	\$10	\$30	\$10	\$30
\$47	\$141	\$47	\$141	\$47	\$141
50%	50%	50%	50%	50%	50%
27%	NA	27%	NA	27%	NA
	three-month supply		three-month supply		three-month supply
	\$12		\$10		\$8
	\$24		\$20		\$20
	\$131		\$131		\$131
	50%		50%		50%
	NA		NA		NA
	Generics: 25% Brands: 25%				
	Generics: \$3.60 or 5% Brands: \$8.95 or 5% (whichever is greater)				
Additional benefits					
\$20	\$20	\$20			
\$35	\$35	\$35			
\$0	\$0	\$0			
20%	20%	20%			
\$0	\$0	\$0			

Part D prescription drug coverage

Use this section to learn about the four Part D phases. The costs listed on pages 4 and 5 are what you pay at in-network pharmacies. Generally, you have to use network pharmacies to fill your prescription meds. Costs may change depending on your pharmacy and when you enter a new Part D phase.

Here's how Medicare Part D works

You move through four phases throughout the year:



WORDS TO KNOW:

Coverage gap ("donut hole"): Begins after you and your drug plan have spent a certain amount for covered drugs. When you reach the coverage gap, you'll receive some coverage for generic drugs and a discount on brand name drugs.

Creditable prescription drug coverage: Coverage that's equal to or better than standard Medicare Part D.

Drug tier: A system of copays or coinsurance for the different kinds of prescription drugs.

Formulary: A list of medicines that your plan covers.

Mail-order pharmacy: Mails your prescriptions to your door. A preferred cost-sharing mail-order pharmacy usually offers the lowest price for your meds.

Specialty drugs (Tier 5): High-cost medicines used to treat rare conditions.

Get more than great health care

Here's a look at some of the extra perks, benefits and support available to you as a HealthPartners Medicare member.

Travel coverage

You'll have in-network coverage up to nine months out of the year when you travel outside Minnesota in the U.S. Plus, worldwide emergency and urgently needed care.

Unlimited 24/7 online care virtuwell.

virtuwell is your convenient online clinic. It treats over 60 common conditions like sinus infections, pink eye, ear infections and more. Here's how it works:

- **Step 1:** virtuwell guides you through questions that are straightforward and easy to answer. It'll ask about symptoms, medicines and allergies.
- **Step 2:** Board-certified nurse practitioners review your answers, make a diagnosis and recommend the best care for you. If needed, prescriptions get sent right to your pharmacy.
- **Step 3:** You'll enter your credit card and insurance information and virtuwell will submit the insurance claim.
- **Step 4:** You'll get a text and email as soon as your treatment plan is ready (about 30 minutes). If you have questions, the nurse practitioners are available by phone around the clock to help. Learn more at virtuwell.com.

Benefit allowance for eyewear

We've made our benefit allowance for non-Medicare covered prescription eyewear even better this year. With Stride, Dash and Steady plans, you can go to any optical provider and the plan will cover up to the benefit maximum.

Assist America^{®*} assist america

If something unexpected happens while you're more than 100 miles from home or in a foreign country, you'll have Assist America on your side. Call 24/7 nationwide and worldwide to talk to experienced clinicians who can help determine your need for medical care, or coordinate post-stabilization transportation to the nearest facility or your home. Learn more at assistamerica.com.

Easy ways to get your meds

Pick up your meds from your pharmacy or have them delivered. With HealthPartners preferred cost-sharing mail-order pharmacy, you can typically expect to get your meds within five to eight business days from the time the pharmacy gets your order. Or you can pick up your meds from your favorite pharmacy. To see the list of in-network pharmacies, visit healthpartners.com/partdpharmacy20.

Silver&Fit

Ways to stay active with Silver&Fit[®]

With the Silver&Fit exercise and healthy aging program, you can choose from a gym membership or a home fitness kit. Pick from 34 home fitness kits to be sent to your home twice each year. They cover topics like cardio and strength, yoga, chair exercises, stress management and more. Learn more at silverandfit.com.

*Assist America services are only available during the first 90 consecutive days that you're away from your home and all arrangements must be made through Assist America.

Quick advice from our team of experts

Don't spend time searching the Web for answers. As a member, you'll have a personal support team as your trusted resource.

- **CareLineSM Service** (staffed by registered nurses): To find out if you should see a doctor, ask questions about a medicine you're taking, or learn about home treatment options
- **Nurse NavigatorSM Program:** If you have questions about your health care and benefits, or need help choosing a treatment option
- **Behavioral Health Navigators:** To find a mental or chemical health professional in your network
- **Pharmacy Navigators:** If you have pharmacy-related questions

Hearing aids through TruHearing

We're excited to partner with TruHearing to offer hearing aids for a \$599 to \$999 copay (depending on technology level and Journey plan). You can purchase up to two each year, one per ear. You'll have a TruHearing consultant to call with questions about benefits, for help finding providers and even scheduling an appointment through a three-way call. At your appointments, you'll get an audiogram and discuss hearing aid options. Plus, you can place an order and make copays at the doctor's office. After your purchase, you'll get three follow-up visits for fittings and adjustments, and a 45-day risk-free trial. Hearing aids arrive in two to seven days. Keep in mind, you must use TruHearing providers to get this benefit.

Optional comprehensive dental

The Journey Steady plan includes preventive dental coverage, like you saw on page 3, but you may want extra dental coverage. The dental coverage listed below is optional and costs an additional monthly premium. The table shows what you pay for in-network care.

Benefit	Pace, Stride, Dash, Steady
Monthly premium	Pace Stride Dash: \$43.10 Steady: \$34.50
Deductible (Only applies to restorative services)	\$50
Maximum benefit (Preventive and diagnostic services apply to the annual maximum)	\$1,100 per calendar year (\$200 may be applied to out-of-network services)
Preventive and diagnostic care (Routine exams, cleanings and X-rays)	\$0
Sealants (Pit and fissure)	50%
Regular and restorative care (Fillings, oral surgery, periodontics and endodontics)	50%
Special restorative care (Crowns and onlays)	50%
Prosthetics (Bridges, dentures and partial dentures)	50%

Other optional dental plans are available!
Call us to learn more.

FAQs

\$0 premium? How?

Here's how we can offer a \$0 premium plan.

- **You're still paying your Medicare Part B monthly premium**

Every month, you pay your Medicare Part B premium to the federal government. So, you're still paying something for your Medicare coverage.

- **We focus on preventive care to keep costs down**

We partner with you to stay on top of your regular checkups and recommended procedures. That means you stay healthy and use less care.

- **We use a network to provide affordable, high quality care**

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.

Why get preventive care?

- **You'll pay nothing**

All health plans cover the cost of preventive services. And as a HealthPartners member, you'll pay \$0 for things like your Welcome to Medicare visit or Annual Wellness Visit, routine physical exam, colon cancer screening and annual mammogram. Keep in mind, if you get treated for an illness or injury, you may have costs related to that portion of your visit.

- **You could live longer**

Screenings help catch potential issues early on so you can stay as healthy as possible.

- **You can see your doctor**

Yearly physicals (preventive visits) are a way to have honest conversations with the provider you trust. Use that time to discuss health concerns.

- **You can get healthy – for good**

Some health plans offer wellness programs for things like tobacco and alcohol use. These services can help you make positive lifestyle changes.

- **You'll protect yourself and others**

Immunizations like the flu shot can help keep you and those around you healthy.

Ready to sign up?

Here's how:

- Visit healthpartners.com/shopjourney
- Call us at **952-883-6644** or **844-363-8980** (TTY: **711**)
- Fill out and send in the paper application using the prepaid envelope in your enrollment kit. You can also fax it to us at **952-853-8746**.

Completed enrollment forms we receive by the last day of the month are generally effective for the first day of the next calendar month.

After you enroll, you'll get a welcome packet with your member ID card and other helpful materials.

Here's when:

- **The Annual Enrollment Period (AEP):**
Join or switch your Medicare plan Oct. 15 to Dec. 7 for coverage starting Jan. 1.
- **The Initial Enrollment Period (IEP):** Three months before to three months after your 65th birthday month (seven months total).
- **The Special Enrollment Period (SEP):**
During special life events, like moving or retiring. Check with HealthPartners or [medicare.gov](https://www.medicare.gov) for details.

Remember to:

Enroll in Parts A and B before you sign up for a private plan. And have your Medicare card ready when you enroll.

Looking for more info?

Come in for an informational meeting:

- Visit healthpartners.com/mymeetings to find one near you.

Give us a call:

952-883-5090 or **844-363-8979** (TTY: **711**).

Oct. 1 through Dec. 7: 8 a.m. to 6 p.m. CT, Monday through Saturday

Dec. 8 through Sept. 30: 8 a.m. to 6 p.m. CT, Monday through Friday

Check out our educational blog:

healthpartners.com/education

Stop by and see us:

8170 33rd Ave. S., Bloomington, MN 55425

Chat with us online:

healthpartners.com/medicare

Send us a note:

medicaresales@healthpartners.com

Contact your broker

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Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Sales representative at **952-883-5090** or **844-363-8979** (TTY: **711**).

Understanding the benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit **healthpartners.com/eoc20** or call **952-883-5090** or **844-363-8979** (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 unless you choose to see the doctor using your out-of-network benefits.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines 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, 2021.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, 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.

To learn about what Original Medicare covers and what it costs, read through your “Medicare & You” handbook. Or, visit [medicare.gov](https://www.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 PPO plan with a Medicare contract. Enrollment in HealthPartners depends on contract renewal.

For accommodations of persons with special needs at meetings, call **952-883-5090** or **844-363-8979** (TTY: **711**).

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Out-of-network/non-contracted providers are under no obligation to treat HealthPartners 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.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Silver&Fit is a federally registered trademark of ASH. Contact your health plan or Silver&Fit for more information. You can also refer to the Silver&Fit website. Please check the searchable directory on the Silver&Fit website to see if your location participates in the program.

This booklet doesn't list everything we cover, or every limitation or exclusion. For a full list of covered services, call us or check the Evidence of Coverage (EOC) at healthpartners.com/eoc20. For a printed copy of the EOC, call us at the numbers on page 11.



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