



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](https://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**).

This information is not a complete description of benefits. Call **952-883-5090** or **844-363-8979** (TTY: **711**) for more information.

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/eoc19](https://healthpartners.com/eoc19). For a printed copy of the EOC, call us at the numbers on page 10.



8170 33<sup>rd</sup> Ave S  
Bloomington MN, 55425

## You're just getting started

PARTNER WITH A MEDICARE PLAN THAT KEEPS YOU DOING WHAT YOU LOVE

HealthPartners® Journey (PPO) 2019 Summary of Benefits  
**Jan. 1, 2019 – Dec. 31, 2019**





HealthPartners® Journey Pace (PPO)  
HealthPartners® Journey Stride (PPO)  
HealthPartners® Journey Steady (PPO)

It's important to choose a Medicare plan that fits your lifestyle and budget. Here are a few questions I tell people to ask themselves as they shop around:

- What doctors can I see?
- Do I need referrals to see specialists?
- Am I covered when I travel?
- Are my meds covered?
- Is there a dental benefit?
- Is there a fitness benefit?

Make sure you like the answers to these before you choose a plan!



*Sara Wagner*

**Sara Wagner**  
HealthPartners Medicare Sales Manager

# Start your next adventure

HealthPartners gives you the care and coverage you need to stay healthy for what matters most. With a Medicare Advantage plan, like Journey, you'll get all your Medicare coverage from one simple plan. That means you'll only need one ID card whether you visit your doctor or pick up your meds at the pharmacy. And, if you have questions about your medical or prescription drug coverage, you'll just have one number to call.

## Get the most from your Medicare plan

As a Journey member, you'll also have:

- More than 26,000 doctors to choose from – with no referrals needed
- More than 30 hospitals in your network
- 24/7 advice from HealthPartners nurses
- Unlimited, no-cost visits to virtuwell®
- Ways to stay fit with the Silver&Fit® Exercise & Healthy Aging Program
- Prescriptions sent right to your door
- Travel coverage for up to nine months
- Worldwide support from AssistAmerica®

## Where to get care

We've hand-picked our network to include high-performing hospitals and clinics, including our very own HealthPartners family of care. It's designed to provide top-notch care options for those living in the Twin Cities metro area and St. Cloud. Our network includes all HealthPartners and Park Nicollet clinics and hospitals, the providers listed below and more.

- CentraCare Clinics
- Entira Family Clinics
- Lakeview Clinic
- North Clinic
- North Memorial Health Care
- Northwest Family Physicians
- Ridgeview Clinics
- Stillwater Medical Group

**TIP:**  
When you use the providers in our network, you may pay less for covered services. You can also use providers that aren't in our network, but you may end up paying more. Search providers at [healthpartners.com/journeydoc19](https://healthpartners.com/journeydoc19).

BENEFIT	JOURNEY PACE	
	IN-NETWORK	OUT-OF-NETWORK
Monthly premium (You must continue to pay your Medicare Part B premium)	\$9	
Deductible	Medical: \$100   Part D: \$415	
Maximum out-of-pocket (This is the most you'll pay out of pocket for the year, not including prescription medicines)	\$6,700	\$10,000 (Combined in-and out-of network)
Inpatient hospital coverage (Cost per stay)	Days 1-5: \$330 per day Days 6+: \$0 per day	Days 1+: 40%
Outpatient hospital coverage <sup>1</sup> • Observation and non-surgical services • Outpatient surgery	\$0 20%	40%
Doctor visits (Primary care and specialists)	Primary: \$25 Specialist: \$50	40%
Preventive care (Cancer screenings, mammograms, colonoscopies, Welcome to Medicare visit and the Annual Wellness Visit)	\$0	Not covered
Emergency care (In U.S.)	\$90	\$90
Urgently needed services (In U.S.)	20%	20%
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%	40%
Hearing services • Routine exam • Diagnostic exam	\$0 \$50	40%
Dental services • Medicare-covered non-routine dental (Check your Evidence of Coverage for details) • Oral exam, cleaning and X-ray	\$0 Not covered	40%
Vision services • Routine exam • Diagnostic exam	\$0 \$50	40%
Mental health services • Therapy visits (Individual   group) • Inpatient visit (Per stay)	\$40   \$20 Days 1-5: \$330 per day Days 6+: \$0 per day	40%
Skilled nursing facility <sup>1</sup> (Cost per benefit period)	Days 1-20: \$0 Days 21-80: \$158 per day Days 81-100: \$0	Days 1-100: 40%
Physical therapy	\$40	40%
Ambulance (Air and ground in U.S.)	20%	20%
Transportation	Not covered	Not covered
Medicare Part B drugs <sup>1</sup> (Chemotherapy and other Part B drugs)	0%-20%	40%

<sup>1</sup> Prior authorization may be required for certain services.

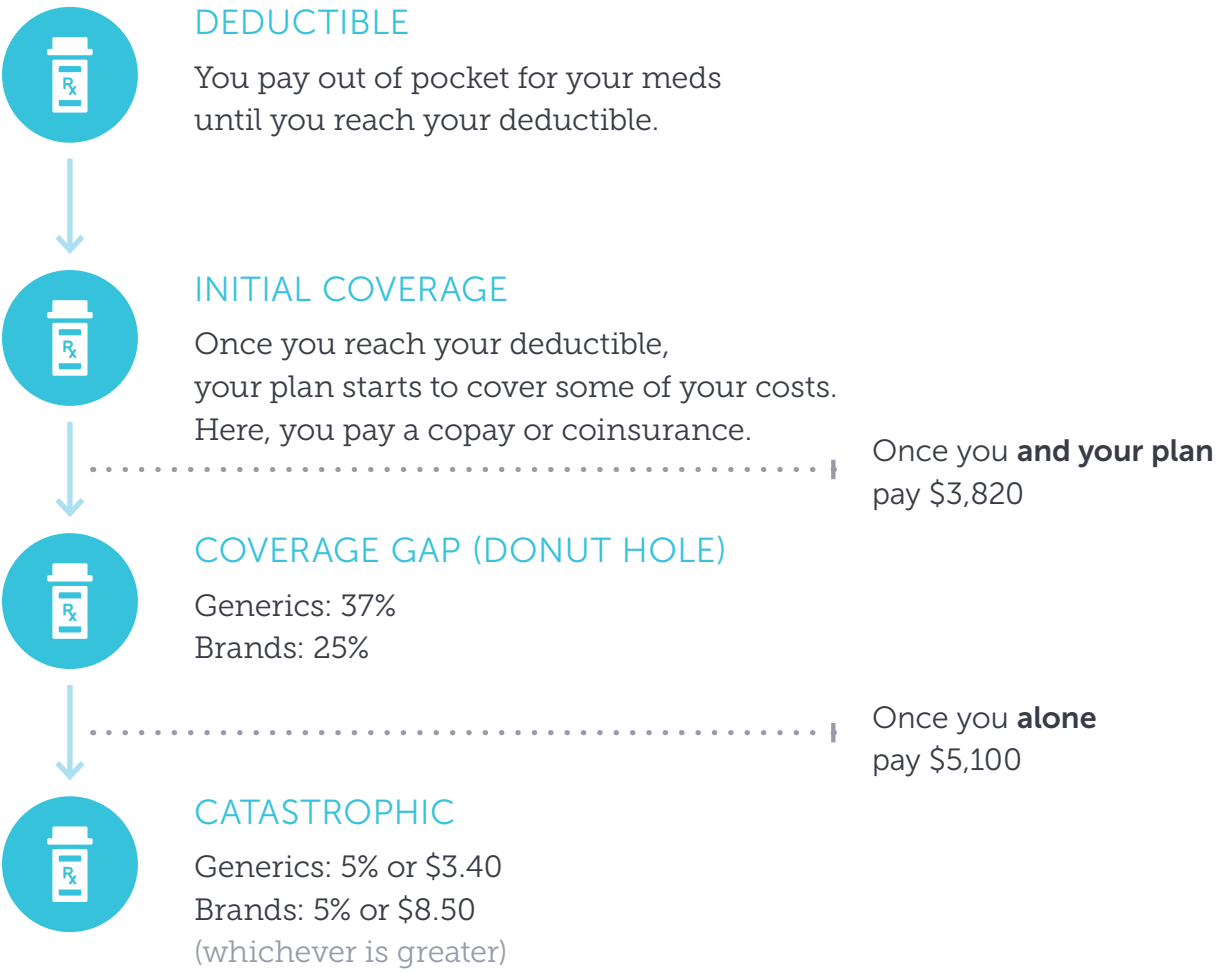
JOURNEY STRIDE		JOURNEY STEADY	
IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
\$45.70		\$130.90	
Medical: Not applicable   Part D: \$300		Medical: Not applicable   Part D: \$300	
\$4,500	\$6,000 (Combined in-and out-of network)	\$4,000	\$5,500 (Combined in-and out-of network)
Days 1-5: \$300 per day Days 6+: \$0 per day	Days 1+: 40%	Days 1-5: \$200 per day Days 6+: \$0 per day	Days 1+: 40%
\$0 \$300	40%	\$0 \$250	40%
Primary: \$15 Specialists: \$40	40%	Primary: \$5 Specialist: \$25	40%
\$0	40%	\$0	40%
\$90	\$90	\$75	\$75
\$40	\$40	\$30	\$30
20% \$0 10% 10%	40%	10% \$0 10% 10%	40%
\$0 \$40	40%	\$0 \$25	40%
\$0 Not covered	40%	\$0 One cleaning and exam annually Bite wing X-ray every two years	40%
\$0 \$40	40%	\$0 \$25	40%
\$40   \$20 Days 1-5: \$300 per day Days 6+: \$0 per day	40%	\$25   \$12.50 Days 1-5: \$200 per day Days 6+: \$0 per day	40%
Days 1-20: \$0 Days 21-80: \$150 per day Days 81-100: \$150 per day	Days 1-100: 40%	Days 1-20: \$0 Days 21-80: \$125 per day Days 81-100: \$125 per day	Days 1-100: 40%
\$40	40%	\$25	40%
20%	20%	20%	20%
Not covered	Not covered	Not covered	Not covered
0%-20%	40%	0%-20%	40%

# Part D prescription drug coverage

Use this section to learn about the four Part D phases and see the Part D coverage you can choose from. The costs listed are what you pay at in-network pharmacies. Generally, you must use network pharmacies to fill your prescriptions for covered Part D medicines. The costs to the right may change depending on your pharmacy and when you enter a new Part D phase.

## Here's how Part D works

You move through four phases throughout the year:



## Your Part D coverage

Part D Phase	Journey Pace		Journey Stride		Journey Steady	
Phase 1: Deductible	\$415		\$300		\$300	
Phase 2: Initial coverage						
Standard retail and standard mail-order pharmacies	1-month supply	3-month supply	1-month supply	3-month supply	1-month supply	3-month supply
Tier 1: Preferred generic	\$8	\$24	\$6	\$18	\$4	\$12
Tier 2: Generic	\$14	\$42	\$12	\$36	\$10	\$30
Tier 3: Preferred brand	\$47	\$141	\$47	\$141	\$47	\$141
Tier 4: Non-preferred drug	50%	50%	50%	50%	50%	50%
Tier 5: Specialty	25%	NA	27%	NA	27%	NA
Preferred cost-sharing mail-order pharmacies	3-month supply		3-month supply		3-month supply	
Tier 1: Preferred generic	\$16		\$12		\$8	
Tier 2: Generic	\$28		\$24		\$20	
Tier 3: Preferred brand	\$94		\$94		\$94	
Tier 4: Non-preferred drug	50%		50%		50%	
Tier 5: Specialty	NA		NA		NA	
Phase 3: Coverage Gap (Donut Hole)	Generics: 37%   Brands: 25%					
Phase 4: Catastrophic	Generics: \$3.40 or 5%   Brands: \$8.50 or 5% (whichever is greater)					

## Easy ways to get your meds

Pick up your meds from your pharmacy or have them delivered to your doorstep. With mail order, you can typically expect to get your meds within five to eight business days from the time the pharmacy receives your order. See the list of in-network pharmacies at [healthpartners.com/partdpharmacy19](https://healthpartners.com/partdpharmacy19). And check if your meds are covered at [healthpartners.com/journeymeds19](https://healthpartners.com/journeymeds19).

# Additional benefits

BENEFIT	JOURNEY PACE	JOURNEY STRIDE	JOURNEY STEADY
	IN-NETWORK		
Chiropractic care	\$20	\$20	\$20
Acupuncture	\$35	\$35	\$35
virtuwell®	\$0	\$0	\$0
Routine physical exams	\$0	\$0	\$0
Foot care (Medically necessary podiatry services)	\$50	\$40	\$25
Medical equipment/supplies <sup>1</sup> (Durable medical equipment, prosthetics, diabetes supplies)	20%	20%	20%
Fitness benefit (See page 7 for details)	\$0	\$0	\$0

<sup>1</sup> Prior authorization may be required for certain services.  
For most non-emergency services inside the U.S. and outside the network, you'll pay 40% with all plans. Check your Evidence of Coverage for more details. You'll pay 50% for an out-of-network fitness facility.

## Don't forget about your teeth!

Your mouth is just as important when it comes to your overall health. Take care of your pearly whites with optional comprehensive dental coverage for an additional premium. The table below shows what you pay for in-network care.

BENEFIT	PACE, STRIDE & STEADY
Monthly premium	Pace   Stride: \$43.10 Steady: \$34.50
Deductible (Doesn't apply for preventive and diagnostic 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%

# Get more than great health care

Here's a look at some of the extra perks, benefits and support you'll get as a HealthPartners Medicare member – all at an additional cost to you.

## Go travel – you're covered

You'll have in-network coverage up to nine months out of the year when you travel out of the service area in the U.S. Plus, worldwide emergency and urgently needed care with most plans.  
And 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-stablization transportation to the nearest facility or your home. Learn more at [assistamerica.com](#).

## Unlimited 24/7 online care

Visit virtuwell from any computer anywhere in the U.S. or right from your phone. You'll get a personalized treatment plan from a nurse practitioner and, if needed, a prescription sent right to your pharmacy. Learn more at [virtuwell.com](#).

## Ways to stay fit

With the Silver&Fit® Exercise & Healthy Aging Program, you can choose from a gym membership or Home Fitness kits. Learn more at [silverandfit.com](#).

## Support to be counseling free

You'll get additional counseling sessions in person, online or over the phone.

## 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.  
Get help with:

- Knowing when to see a doctor, questions about medicines you're taking or home treatments
- Health care and benefits questions, or choosing a treatment option
- Finding a mental or chemical health professional in your network

\*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.

# Enrolling is a breeze

## Sign up in one of the following ways:

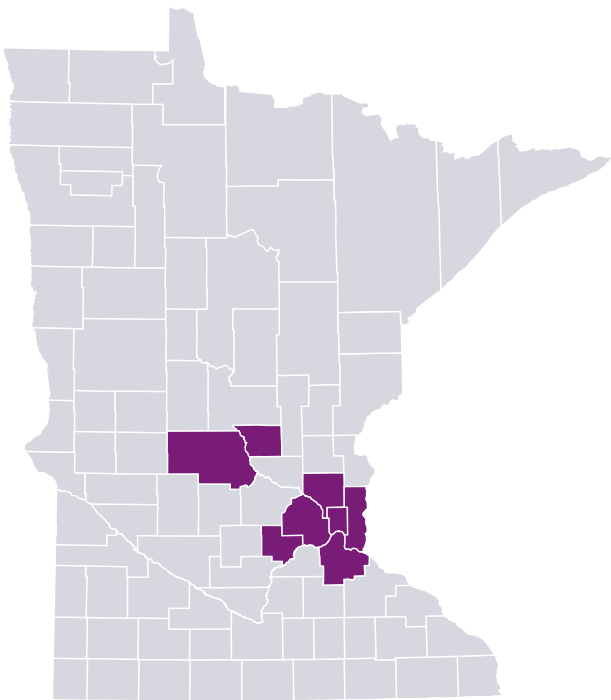
- Visit [healthpartners.com/shopjourney](https://healthpartners.com/shopjourney)
- Call us at **952-883-6644** or **844-363-8980** (TTY: **711**)
- Fill out and send in the paper application using the prepaid envelope in your enrollment kit.  
Or, you can fax it to us at **952-853-8746**.

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’ve enrolled, a member of our Member Services team will call to confirm your enrollment. They’ll also review the Journey plan rules to help you get to know your new plan. Plus, you’ll get a welcome packet with your member ID card and other helpful materials.

### YOU CAN JOIN IF YOU:

- Have Medicare Parts A and B
- Live in the service area  
(Anoka, Benton, Carver, Dakota, Hennepin, Ramsey, Stearns, Washington)
- Don't have end-stage renal disease (there are exceptions)



## Here are the most common Medicare enrollment periods:

### The Initial Enrollment Period (IEP)



### The Annual Election Period (AEP)



### The Special Enrollment Period (SEP) is for special life events.





# Looking for more info?

## Come to an informational meeting

Call or visit [healthpartners.com/mymeetings](https://healthpartners.com/mymeetings) to find a meeting near you.

## Give us a call – we're here to help

**952-883-5090** or **844-363-8979** (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

## Visit online

[healthpartners.com/medicare](https://healthpartners.com/medicare)

## Stop by and see us

HealthPartners Medicare Sales  
8170 33rd Ave. S., Bloomington, MN 55425

## Email

[medicaresales@healthpartners.com](mailto:medicaresales@healthpartners.com)

## Talk to your broker

## Follow us



# Words to know

**Annual election period:** When you can join or switch your Medicare plan.

**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 days in a row.

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

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

**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 coverage:** Prescription drug coverage that is equal to or better than standard Medicare Part D.

**Deductible:** What you pay for a service, item or drug before your insurance kicks in.

**Drug tier:** A system of copays or coinsurance for the different kinds of prescription drugs. Generally, a drug in a lower tier will cost less than a drug in a higher tier.

**Formulary:** A list of medicines that your plan covers.

**Medicare Advantage plan ("Part C" or "MA"):** A type of Medicare plan that gives you coverage for Medicare Parts A, B and D. This means you get your hospital, medical and prescription coverage all in one plan. HealthPartners Journey is a Medicare Advantage Plan.

**Network:** Doctors, hospitals, pharmacies and other health care providers who have contracted with your health plan. Typically, plan members get the lowest cost for services when using network providers.

**Preferred cost-sharing mail-order pharmacy:** Mails your prescriptions to your door. This type of pharmacy usually offers the lowest price for your meds.

**Premium:** What you pay each month for your health or prescription drug plan.

**Preventive care:** Tests and screenings that can help you avoid illness or improve your health. This includes blood pressure, diabetes and cancer screenings, some vaccines and more.

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

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

**Specialty drugs:** High-cost medicines used to treat rare conditions.

### Check out our blog

Written by some of our own Medicare experts, this educational blog is a helpful tool to help you plan for Medicare. Learn about eligibility, Medicare basics and more.

Visit [healthpartners.com/blog](https://healthpartners.com/blog).

# 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 customer service 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 that you routinely see a doctor. Visit [healthpartners.com/eoc19](https://healthpartners.com/eoc19) 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.
- 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 January 1, 2019.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- 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.

