

# 2023 Summary of Benefits

Greater Minnesota

## **HealthPartners® Journey Medicare Advantage Plans**

HealthPartners® Journey Pace (PPO)

HealthPartners® Journey Dash (PPO)

**January 1, 2023 – December 31, 2023**







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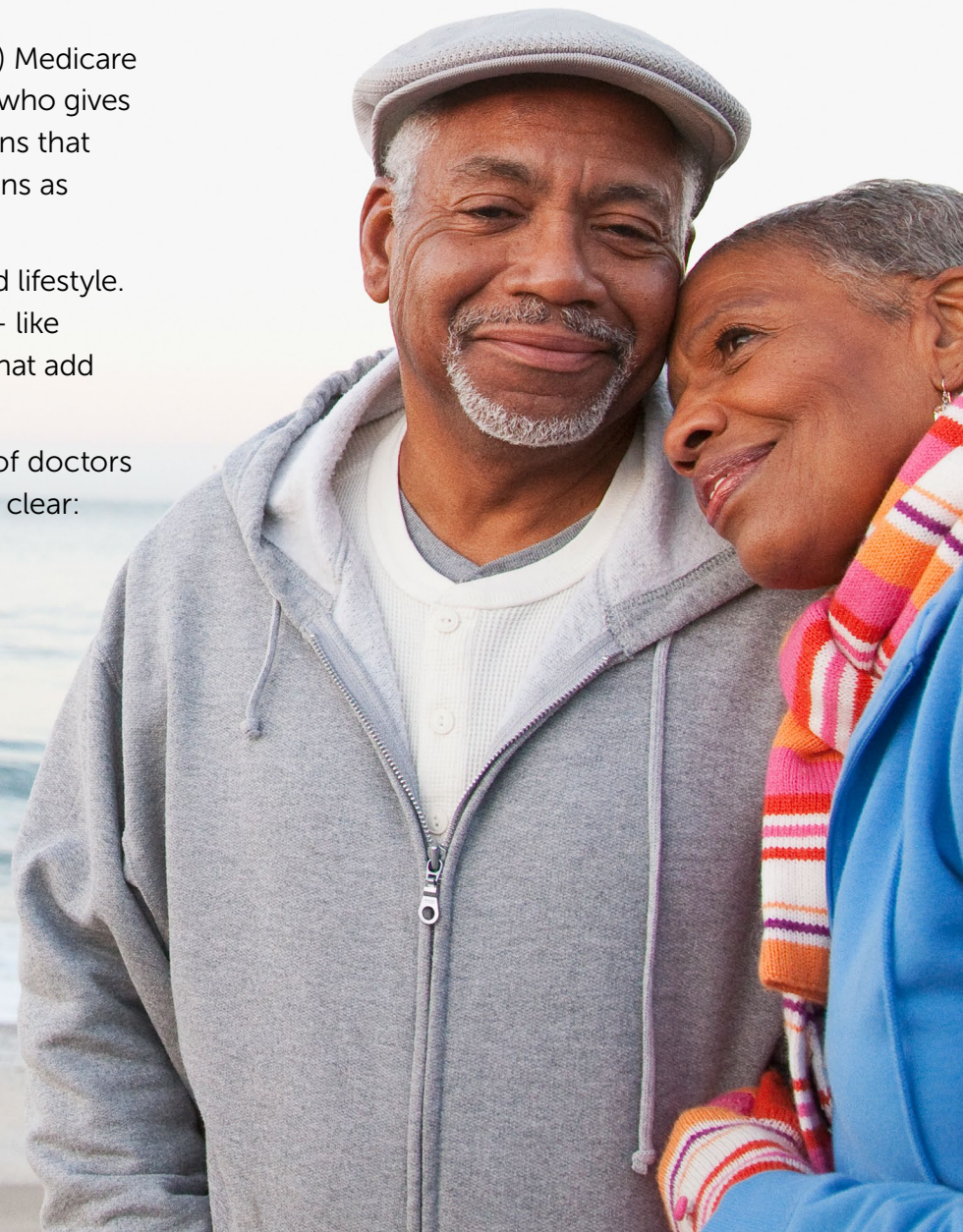
## Low-cost, high-value Medicare plans

To get the best value from a Medicare plan, it's important to find the benefits and coverage you need – all at a great price. It's the sweet spot of getting more for less.

With a HealthPartners® Journey (PPO) Medicare Advantage plan, you've got a partner who gives you affordable options, including plans that start at \$0 per month and prescriptions as low as \$0.

We offer options for every budget and lifestyle. You get the benefits you really need – like dental and vision – plus a few perks that add even more value.

Combine all this with a big network of doctors you know and trust, and one thing is clear: We're your **partner for good<sup>SM</sup>**.



## HealthPartners Journey Medicare plans

Use this booklet to help you get to know the two plans we offer:

→ **Pace**

→ **Dash**

Inside, you'll find information about our plans, network, key features and a summary of what's covered and what you'll pay.

You can join if you have Medicare Parts A and B and live within the service area.

# Your plan has it all – a big network with more care systems and more trusted doctors

Here's a closer look at the HealthPartners Journey network.

## It's easy to get the care you need

You deserve a network that gives you access to the care you need – from the doctor you want – right when you need it.

- Get access to over **51,000** doctors and clinicians, and **4,800** care locations. Find a covered provider at **[healthpartners.com/journeydoc23](https://healthpartners.com/journeydoc23)**.
- Coverage includes major care systems near you, so you can receive care from the doctors, clinics and hospitals you know and trust.
- Get care from anywhere. Members have unlimited 24/7 online care, phone visits and video visits.
- No referrals are needed to see specialists.
- Travel coverage includes in-network cost sharing within the U.S. and worldwide emergency and urgent care.
- Access to over 57,000 pharmacies across the U.S.

## Featured care systems

Receive care from major care systems in your area, including:

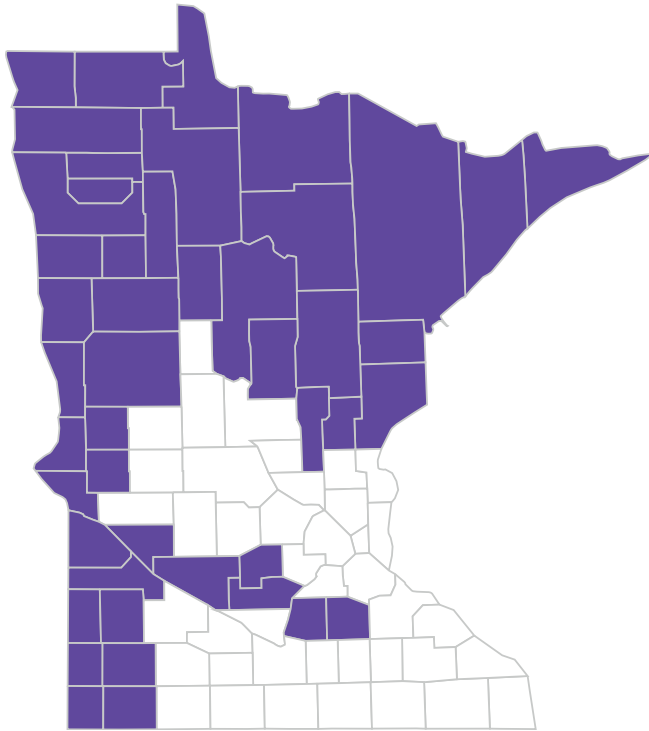
- ✓ Altru
- ✓ Avera
- ✓ CentraCare
- ✓ Essentia
- ✓ St. Luke's
- ✓ Sanford Health
- ✓ M Health Fairview
- ✓ Park Nicollet
- ✓ HealthPartners and more

## We're here when you need us

Your member support team is based right here in Minnesota. If you have questions about your network or coverage, we can help.

## Plan service area

HealthPartners Journey plans are available to you if you live in these greater Minnesota counties:



Aitkin	Mahnomen
Becker	Marshall
Beltrami	McLeod
Big Stone	Mille Lacs
Carlton	Murray
Cass	Nobles
Chippewa	Norman
Clay	Otter Tail
Clearwater	Pennington
Cook	Pine
Crow Wing	Pipestone
Grant	Polk
Hubbard	Red Lake
Itasca	Renville
Kanabec	Rice
Kittson	Rock
Koochiching	Roseau
Lac qui Parle	St. Louis
Lake	Sibley
Lake of the Woods	Stevens
Le Sueur	Traverse
Lincoln	Wilkin
Lyon	Yellow Medicine





## Dental benefits with bite

Dental health is important to your overall well-being. Both Journey plans feature a \$2,000 annual maximum dental benefit amount that can be used for preventive care and comprehensive care, like cleanings, exams and X-rays, fluoride treatment and sealants, plus periodontal maintenance (deep cleanings).

And, if you want additional coverage for fillings, extractions, endodontics, crowns, prosthetics and more, consider adding the comprehensive dental benefit to your plan.

See pages 14-15  
to learn more





## Stay active and healthy with SilverSneakers®

With SilverSneakers, you get a fitness membership with access to thousands of fitness locations nationwide. Don't like the gym? Stream live, online classes or use on-demand workout videos from the comfort of home. Or join a SilverSneakers FLEX® class at a nearby park or community center. All this at no additional cost to you.

Learn more at  
[silversneakers.com](https://silversneakers.com)





## Over-the-counter (OTC) products

You get a quarterly benefit allowance to purchase approved OTC non-prescription medicines and supplies like pain relievers, allergy sprays, first aid supplies and more. You can order these products online, over the phone or by mail – and your items will be shipped to you at no cost.

We've partnered with NationsOTC for this benefit; watch for a catalog after you enroll.








## Vision and hearing benefits

Your eyes and ears deserve only the best. Benefits include \$0 copays for routine eye exams and hearing exams. Both plans include an allowance for contacts or frames with standard lenses.

We've partnered with TruHearing® to offer high-quality hearing aids; choose from a variety of models with low copays.



See pages 14-15  
to learn more







## Medicare benefits that travel

Whether you're staying close to home or jetting across the globe, you can travel with confidence. Our enhanced travel coverage includes in-network cost sharing when you're traveling within the U.S. (up to nine months) using the Visitor/Traveler benefit, and worldwide emergency and urgent care.

Medical consultations are also an included benefit for all overseas travels.

Plus, you'll get a full range of travel-related services from Assist America®, the nation's largest provider of global emergency services.\*

See all  
Assist America offers at  
[healthpartners.com/  
getcareeverywhere](https://healthpartners.com/getcareeverywhere)

\*Assist America® offers support when you're over 100 miles from home or in a foreign country. Services are only available during the first 90 consecutive days that you're away from your home. All arrangements must be made through Assist America.

**healthpartners.com/medicare** or call **844-363-8979** (TTY: **711**)



# HealthPartners Journey plans

HealthPartners Journey plans are Medicare Advantage (PPO) plans with a network of doctors, hospitals, pharmacies and other providers. For medical care and services, you have the flexibility to access local providers and see providers nationwide who accept Medicare and are willing to see you.

## 2023 plan information

<b>Monthly premium</b>	What you pay each month for your plan
<b>Deductible</b>	What you pay out of pocket for services before your plan begins to pay
<b>Maximum out-of-pocket</b> (does not include Part D)	The most you'll pay for covered services for the year. Certain services do not count toward this amount
<b>Hospital</b>	<b>Common needs may include</b>
<b>Inpatient hospital coverage<sup>1</sup></b>	
<b>Outpatient hospital coverage<sup>1</sup></b>	Observation stay
	Outpatient surgery
<b>Ambulatory surgery center<sup>1</sup></b>	
<b>Doctor Visits / Preventive Care / Emergency and Urgent Care</b>	
<b>Doctor visits</b>	
Primary	Includes virtual consultation, diagnosis and treatment via video visits
Specialist	
Additional telehealth services	Includes scheduled telephone visits, e-visits and online clinic visits, including Virtuwell®
<b>Preventive care</b>	Medicare-covered services include "Welcome to Medicare" preventive visit (one-time), annual wellness visit, certain screenings and counseling visits, immunizations for pneumonia and influenza and other Medicare-covered preventive services
	Routine physical exams (once a year)
<b>Emergency care</b>	In U.S. / Worldwide
<b>Urgently needed services</b>	In U.S. / Worldwide

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

Pace		Dash	
\$0		\$97	
Medical: Not applicable		Medical: Not applicable	
Part D: \$300		Part D: \$250	
\$6,000 in-network / \$8,950 combined in- and out-of-network		\$3,200 in-network / \$5,150 combined in- and out-of-network	
In-network	Out-of-network	In-network	Out-of-network
Days 1-5: \$300 per day Days 6+: \$0	30%	\$200 per stay	20%
\$300 per day	30%	\$175 per day	20%
\$375	30%	\$175	20%
\$375	30%	\$175	20%
In-network	Out-of-network	In-network	Out-of-network
\$0	30%	\$0	\$50
\$40	30%	\$25	\$50
\$0	30%	\$0	20%
\$0	30% / Part B vaccines: \$0	\$0	20% / Part B vaccines: \$0
\$0	30%	\$0	\$50
\$110 / 20%		\$85 / 20%	
\$50 / 20%		\$30 / 20%	

## 2023 plan information

Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs	
<b>Diagnostic services/ labs/imaging</b>	Diagnostic radiology (e.g.: MRI, CT, PET)
	Labs
	Diagnostic tests and procedures
	X-rays
	Therapeutic radiology
Hearing / Dental / Vision	
<b>Hearing services</b>	Common needs may include
	Routine exam
	Diagnostic exam
<b>Dental services – Medicare covered</b>	Hearing aids through TruHearing®
	Medicare-covered non-routine dental
<b>Dental services – Non-Medicare covered</b>	Maximum benefit amount
<b>Preventive services</b>	Routine dental exams (up to 2 per year)
	Screenings (up to 1 per year)
	Cleanings – prophylaxis and periodontal maintenance recall (up to 2 per year)
	Bitewing X-rays (up to 1 per year)
	Fluoride treatment (up to 2 per year)
	Sealants (up to 1 per tooth every 3 years)
<b>Optional supplemental dental benefit</b>	Optional comprehensive dental benefit
<b>Vision services</b>	Routine exam
	Diagnostic exam
	Non-Medicare covered prescription eyewear
Mental Health Services	
<b>Therapy visits</b>	Individual
	Group
<b>Inpatient visit</b>	

\*The \$2,000 annual maximum benefit amount is combined for all in- and out-of-network covered dental services. For dental services performed by an out-of-network dentist, you may be responsible for paying the difference between the billed charge and the usual and customary reimbursement amount, even for services listed as \$0. See the Evidence of Coverage for more information

Pace		Dash	
In-network	Out-of-network	In-network	Out-of-network
\$200	30%	\$100	20%
\$0	30%	\$0	20%
\$25	30%	\$15	20%
\$25	30%	\$15	20%
20%	30%	10%	20%
In-network	Out-of-network	In-network	Out-of-network
\$0	30%	\$0	20%
\$40	30%	\$25	20%
\$499 / \$699 / \$999 per aid; up to two per year		\$399 / \$599 / \$899 per aid; up to two per year	
\$0	30%	\$0	20%
\$2,000 per year*		\$2,000 per year*	
\$0	50%	\$0	50%
\$0	50%	\$0	50%
\$0	50%	\$0	50%
\$0	50%	\$0	50%
\$0	50%	\$0	50%
\$0	50%	\$0	50%
Available (See page 20)		Available (See page 20)	
\$0	30%	\$0	20%
\$40	30%	\$25	20%
\$100 benefit allowance per year		\$150 benefit allowance per year	
In-network	Out-of-network	In-network	Out-of-network
\$40	30%	\$25	\$50
\$20	30%	\$12.50	\$25
Days 1-5: \$300 per day Days 6+: \$0	30%	\$200 per stay	20%

## 2023 plan information

Skilled Nursing Facility (SNF) / Physical Therapy	
Skilled nursing facility	Cost per benefit period. No 3-day hospital stay required. The plan covers up to 100 days in a SNF.
Physical therapy	
Medical Transportation	
Ambulance	Cost per one-way trip Air / Ground in U.S.
Other transportation	Non-emergency services
Medicare Part B Drugs	
Medicare Part B drugs <sup>1</sup>	Chemotherapy and other drugs that must be administered by a health professional
Additional Benefits	
Acupuncture	Medicare-covered
	Non-Medicare covered; 20 visits combined INN/OON
Assist America®	Travel-related services and support when traveling more than 100 miles from home or in a foreign country.
Chiropractic care	Medicare-covered
Fitness benefit	SilverSneakers Fitness Program (see page 7)
Immunizations	Pneumonia, Influenza, Hepatitis B, COVID-19
Medical equipment / supplies <sup>1</sup>	Durable medical equipment
	Prosthetics
	Diabetes supplies
Outpatient substance abuse	Individual/Group
Over-the-counter (OTC)	Pain relievers, allergy sprays, first aid supplies and more through NationsOTC
Smoking and tobacco use cessation	Counseling to stop smoking or tobacco use
Travel counseling	Health advice before traveling internationally

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



Pace		Dash	
In-network	Out-of-network	In-network	Out-of-network
Days 1-20: \$0; Days 21-80: \$196 per day; Days: 81-100: \$0	30%	Days 1-20: \$0; Days 21-100: \$196 per day	20%
\$40	30%	\$25	\$50
In-network	Out-of-network	In-network	Out-of-network
20% / \$260		20% / \$225	
Not covered	Not covered	Not covered	Not covered
In-network	Out-of-network	In-network	Out-of-network
20%	30%	20%	
In-network	Out-of-network	In-network	Out-of-network
\$40	30%	\$25	\$50
\$40	30%	\$25	\$50
Available		Available	
\$20	30%	\$20	\$20
\$0		\$0	
\$0		\$0	
20%	30%	20%	
\$40	30%	\$25	\$50
\$30 per quarter, no rollover		\$50 per quarter, no rollover	
\$0	30%	\$0	20%
\$0 / 30%		\$0 / \$50	

## Part D prescription drug coverage

Use this section to learn about what you'll pay at in-network pharmacies during the four Part D phases. 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.

The network includes over 57,000 pharmacies across the U.S., including national chains and local pharmacies. There's also no preferred cost-sharing retail pharmacy – you'll have one level of cost sharing for each Part D drug tier.

### 2023 plan information

	Pace		Dash	
<b>Phase 1: Deductible</b>	\$300 (applies to Tiers 3, 4 and 5)		\$250 (applies to Tiers 4 and 5)	
<b>Phase 2: Initial coverage</b>				
<b>Standard retail and standard mail-order pharmacies</b>	<b>one-month supply</b>	<b>three-month supply</b>	<b>one-month supply</b>	<b>three-month supply</b>
Tier 1: Preferred generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$14	\$42	\$10	\$30
Tier 3: Preferred brand	\$47	\$141	\$47	\$141
Tier 4: Non-preferred drugs	35%	35%	40%	40%
Tier 5: Specialty	27%	NA	27%	NA
<b>Preferred cost-sharing mail-order pharmacy</b>		<b>three-month supply</b>		<b>three-month supply</b>
Tier 1: Preferred generic		\$0		\$0
Tier 2: Generic		\$28		\$20
Tier 3: Preferred brand		\$131		\$131
Tier 4: Non-preferred drugs		35%		40%
Tier 5: Specialty		NA		NA
<b>Phase 3: Coverage Gap</b>	Generics: 25% Brands: 25%		Generics: 25% Brands: 25%	
<b>Phase 4: Catastrophic</b>	Generics: 5% or \$4.15 Brands: 5% or \$10.35 (whichever is greater)		Generics: 5% or \$4.15 Brands: 5% or \$10.35 (whichever is greater)	



## Coverage for insulin

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible. To learn more, view the formulary at [healthpartners.com/journeymeds23](https://healthpartners.com/journeymeds23).



## Part D vaccines

Our plans cover most Part D vaccines such as Shingrix, Tdap and MMR at no cost to you. There's no deductible and no copay no matter what Part D phase you are in.

Point your phone's camera here to learn more about Part D prescription drug coverage.



## Mail-order pharmacy

Want to skip the trips to the pharmacy? Get your prescriptions mailed to your home from WellDyne, our preferred cost-sharing mail-order pharmacy.

# Dental coverage option

## Journey optional comprehensive benefit

The Journey Pace and Dash plans include some great routine and preventive dental coverage, like you saw on pages 14-15, but you may want extra coverage for services like fillings and crowns. The dental coverage listed below is optional and costs an additional monthly premium.

### 2023 plan information

Monthly premium	
Deductible	
	Does not apply to preventive and diagnostic services
Maximum benefit amount	
Preventive and diagnostic services	Routine dental exams (up to 2 per year)
	Screenings (up to 2 per year)
	Cleanings – prophylaxis and periodontal maintenance recall (up to 2 per year)
	Bitewing X-rays (up to 1 per year)
	Full-mouth (panoramic) X-rays (up to 1 every 3 years)
	Fluoride treatment (up to 1 per year)
	Sealants (up to 1 per tooth every 3 years)
Comprehensive services	Fillings
	Oral surgery
	Non-surgical periodontics (up to 1 every 2 years)
	Surgical periodontics (up to 1 every 2 years)
	Endodontics (root canal therapy)
	Special restorative care (crowns and onlays)
	Bridges and partial or full removable dentures
	Dental implant maximum benefit amount
	Dental implant services

\*The \$1,100 annual maximum benefit amount is combined for all in- and out-of-network covered dental services. For dental services performed by an out-of-network dentist, you are responsible for paying any difference between the billed charge and the usual and customary reimbursement amount, even for services listed as \$0. See the Evidence of Coverage for more information.

Pace and Dash	
\$26.80	
In-network	Out-of-network
\$50	
\$1,100*	
\$0	
\$0	
\$0	
\$0	
\$0	
\$0	
\$0	
50%	
50%	
50%	
50%	
50%	
50%	
50%	
50%	
\$500	
Applied to the overall dental maximum benefit amount	
50%	



## Healthy Discounts<sup>SM</sup> Program

Healthy discounts. Healthy savings. Healthy lifestyle.

Our members enjoy savings and discounts on many products and services that promote a healthy and active lifestyle. From eating well to eyewear to essential health products, there are discounts for retailers and services that will help you feel better and achieve the health you want. Once you've enrolled, you'll receive information to sign in and view your discounts. Save by showing your member ID card to participating retailers.

### Take a look at eyewear savings

Save money on eyeglass frames, lenses, contacts, retinal imaging and more at participating retail stores nationwide. Discounts cannot be combined with any other vision discount or benefit.

### Eat healthy, eat well

Savings include fresh, nutritionally controlled meal service designed for weight loss, weight maintenance and those looking to eat healthy without having to cook.

### Save on essential health products

Discounts on products for your health care needs. This discount applies to services and supplies not covered under your health plan.

### Pet insurance

Discounts on comprehensive pet insurance to help you cover unexpected vet bills.

Learn more at:

**[healthpartners.com/healthydiscounts](https://healthpartners.com/healthydiscounts)**

## Assist America

Additional travel-related services from Assist America include:

- ✓ Pre-trip information on travel alerts and travel restrictions
- ✓ Finding a pharmacy to fill needed medications or prescriptions
- ✓ Replacing essential travel documents
- ✓ Access to skilled interpreters
- ✓ Help finding lost luggage
- ✓ Much more

*These additional discounts cannot be applied to services covered under our Medicare plans, nor can they be combined with any other discounts. The availability of a product and service may vary by geographic service area. Additionally, these products and services described are neither offered nor guaranteed under our contract with the Medicare program and are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the HealthPartners grievance process.*

## Frequently asked questions

### How can you offer a \$0 premium plan?

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. However, you must continue to pay your Medicare Part B premium to the federal government.

### How do you select which doctors are in network?

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.

### Do I have to pay for preventive care?

No. Journey members pay \$0 for preventive services, like the Welcome to Medicare visit or Annual Wellness Visit, routine physical exams, colon cancer screenings and annual mammograms. Keep in mind, if you get treated for an illness or injury, you may have costs related to that portion of your visit.

### Why is preventive care so important?

Screenings help catch potential issues early on so you can stay as healthy as possible. Yearly physicals and preventive visits give you an opportunity to have honest conversations about your health with a doctor you trust.

### What other types of care and support are included?

You have personal support when you need it, including CareLine<sup>SM</sup> Service, Nurse Navigator<sup>SM</sup> Program, and Behavioral Health Navigators. Nurses and navigators can help you select the best treatment option and decide if you should see a doctor.

Point your phone's camera here to get answers to other frequently asked questions.



## Sign up today or get more information

### Are you ready to sign up? Here's how:

- Visit **healthpartners.com/enroll2023**
- 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.

### When to sign up

#### Annual Enrollment Period (AEP)

Join or switch your Medicare plan Oct. 15 to Dec. 7 for coverage starting Jan. 1.

#### Initial Enrollment Period (IEP)

Three months before to three months after your 65th birthday month (seven months total).

#### Special Enrollment Period (SEP)

During special life events, like moving or retiring. Check with HealthPartners or **medicare.gov** for details.

### Attend a Medicare meeting to learn more

You're invited to learn about the basics of Medicare and your HealthPartners Journey plan options at an informational meeting.

Visit **healthpartners.com/mymeetings** to see the full list of meetings and reserve your seat.

### Questions?

Give us a call at **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

**Check out our educational blog**  
**healthpartners.com/education**

**Chat with us online**  
**healthpartners.com/medicare**

**Send us a note by email**  
**medicaresales@healthpartners.com**

**Find a Medicare broker**  
**healthpartners.com/findbroker**



Before you can sign up for a HealthPartners Journey Medicare plan, you must first enroll in Parts A and B.

## Pre-enrollment checklist

Before making an enrollment decision, it's 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

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit **healthpartners.com/eoc23** 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 medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

### 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, 2024.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services 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.



## Notes

To learn about what Original Medicare covers and what it costs, read through your Medicare & You handbook. Or, visit **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.

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This booklet doesn't list everything we cover, or every limitation or exclusion. For a full list of covered services, check the Evidence of Coverage (EOC) at **healthpartners.com/eoc23** or call us at the numbers on page 26.



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Bloomington, MN 55425