

2023 Summary of Benefits

Metro / Central Minnesota

HealthPartners® Journey Medicare Advantage Plans

HealthPartners® Journey Pace (PPO)

HealthPartners® Journey Stride (PPO)

HealthPartners® Journey Dash (PPO)

HealthPartners® Journey Steady (PPO)

January 1, 2023 – December 31, 2023





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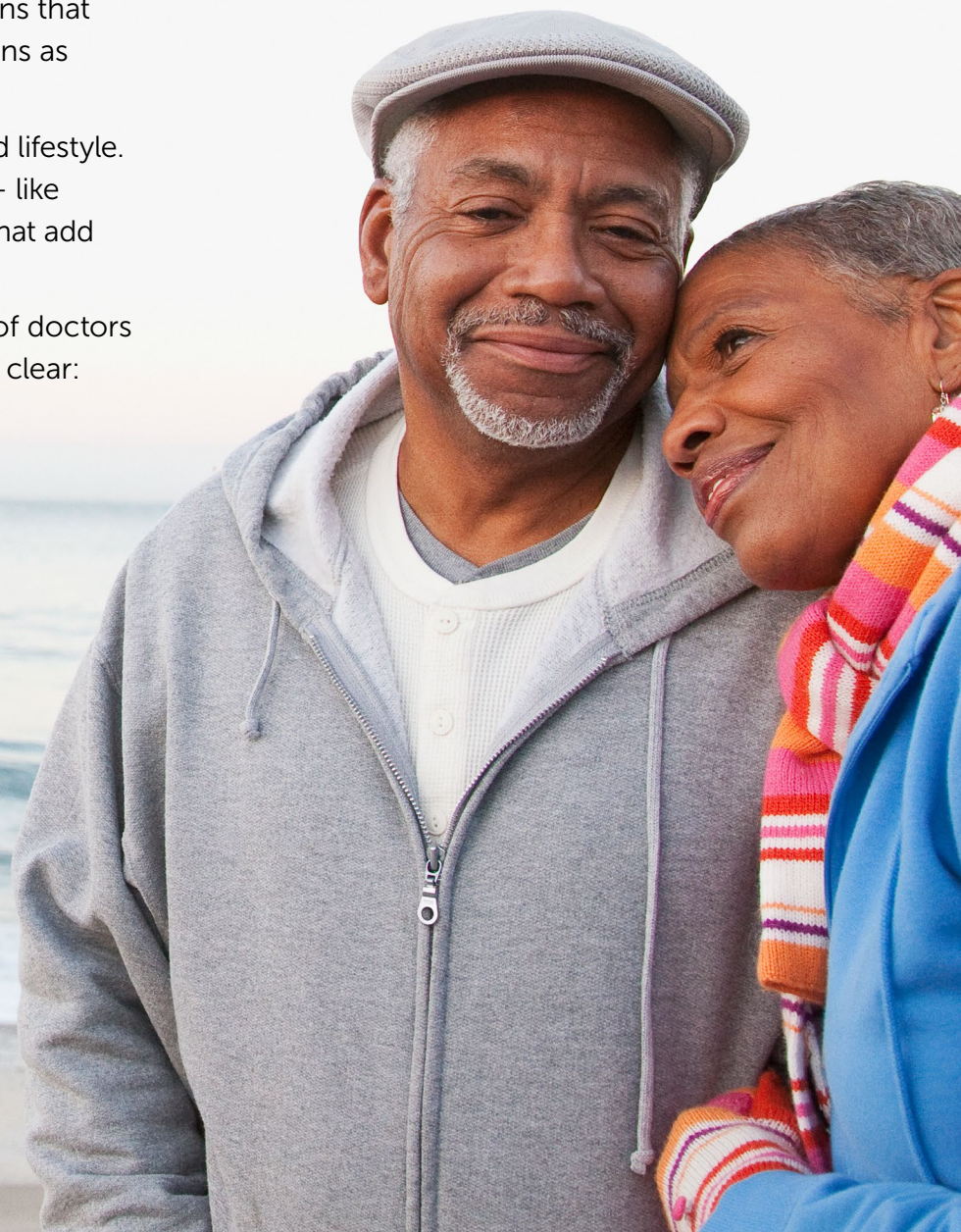
Low-cost, high-value Medicare plans

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**™.



HealthPartners Journey Medicare plans

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

→ **Pace**

→ **Stride**

→ **Dash**

→ **Steady**

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**.
- Coverage includes major care systems across the Twin Cities and central Minnesota, 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:

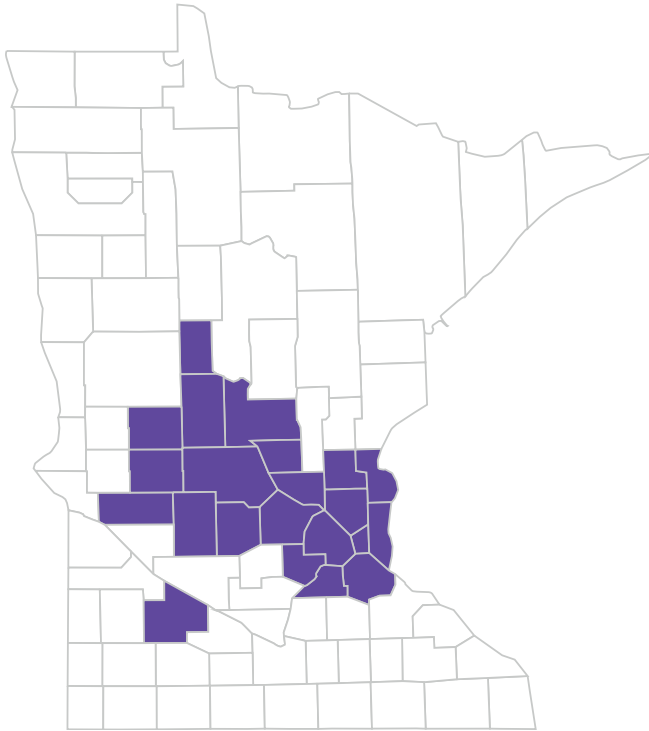
- ✓ HealthPartners
- ✓ Park Nicollet
- ✓ Allina Health
- ✓ M Health Fairview
- ✓ CentraCare
- ✓ Entira
- ✓ North Memorial and more

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 metro and central Minnesota counties.



Anoka	Ramsey
Benton	Redwood
Carver	Scott
Chisago	Sherburne
Dakota	Stearns
Douglas	Swift
Hennepin	Todd
Isanti	Wadena
Kandiyohi	Washington
Meeker	Wright
Morrison	
Pope	



Dental benefits with bite

Dental health is important to your overall well-being. All Journey plans feature an annual maximum dental benefit amount that can be used for preventive care, like cleanings, exams and X-rays, plus periodontal maintenance (deep cleanings).

Journey Dash is our most robust plan; it offers coverage for fillings, extractions, endodontics, crowns, prosthetics and more. You can also add comprehensive dental to the Pace, Stride and Steady plans.

See pages 14-17
to learn more



HealthPartners Choice Card

The new HealthPartners Choice Card* is a prepaid card that can be used to pay for chiropractic services, prescription eyewear, and hearing aids from TruHearing®.

You can use it to pay for one item or service, or a combination. You can choose how to use it.

Choice Card amounts:

\$575 Pace

\$500 Dash

*Not available for Stride and Steady plans.

See pages 18-19
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



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.

*Benefits described not applicable to Steady plan.


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



Vision and hearing benefits

Your eyes, ears and wallet all deserve the best. Plan options allow you to use your Choice Card or an allowance to pay for frames, contacts and lenses. All plans include \$0 copays for routine eye and hearing exams.

We've partnered with TruHearing® to offer high-quality hearing aids to help you hear what matters.



See pages 14-17
to learn more



Medicare benefits that travel

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 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

Pace			
Monthly premium	What you pay each month for your plan	\$0	
Deductible	What you pay out of pocket for services before your plan begins to pay	Medical: Not applicable	
		Part D: \$300	
Maximum out-of-pocket (does not include Part D)	The most you'll pay for covered services for the year. Certain services do not count toward this amount	\$5,200 in-network / \$8,950 combined in- and out-of-network	
Hospital	Common needs may include	In-network	Out-of-network
Inpatient hospital coverage¹		Days 1-5: \$300 per day Days 6+: \$0	30%
Outpatient hospital coverage¹	Observation stay	\$300	30%
	Outpatient surgery	\$350	30%
Ambulatory surgery center¹		\$350	30%
Doctor Visits and Preventive Care		In-network	Out-of-network
Doctor visits			
Primary	Includes virtual consultation, diagnosis and treatment via video visits	\$0	30%
Specialist		\$40	30%
Additional telehealth services	Includes scheduled telephone visits, e-visits and online clinic visits, including Virtuwel®	\$0	30%
Preventive care	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	\$0	30% / Part B vaccines: \$0
	Routine physical exams (once a year)	\$0	30%

¹Prior authorization may be required for certain services.

Stride		Dash		Steady	
\$49		\$85		\$136	
Medical: Not applicable		Medical: Not applicable		Medical: Not applicable	
Part D: \$300		Part D: \$250		Part D: \$300	
\$3,900 in-network / \$6,000 combined in- and out-of-network		\$3,000 in-network / \$5,150 combined in- and out-of-network		\$2,800 in-network / \$5,100 combined in- and out-of-network	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Days 1-5: \$250 per day Days 6+: \$0	20%	\$200 per stay	20%	\$175 per stay	20%
\$250	20%	\$175	20%	\$150	20%
\$300	20%	\$175	20%	\$150	20%
\$300	20%	\$175	20%	\$150	20%
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$0	\$60	\$0	\$50	\$0	\$40
\$35	\$60	\$25	\$50	\$25	\$40
\$0	20%	\$0	20%	\$0	20%
\$0	20% / Part B vaccines: \$0	\$0	20% / Part B vaccines: \$0	\$0	20% / Part B vaccines: \$0
\$0	\$60	\$0	\$50	\$0	\$40

2023 plan information

		Pace	
Emergency and Urgent Care		In-network	Out-of-network
Emergency care	In U.S. / Worldwide	\$90 / 20%	
Urgently needed services	In U.S. / Worldwide	\$40 / 20%	
Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs		In-network	Out-of-network
Diagnostic services/ labs/imaging	Diagnostic radiology (e.g.: MRI, CT, PET)	\$150	30%
	Labs	\$0	30%
	Diagnostic tests and procedures	\$15	30%
	X-rays	\$15	30%
	Therapeutic radiology	20%	30%
Hearing / Dental / Vision	Common needs may include	In-network	Out-of-network
Hearing services	Routine exam	\$0	30%
	Diagnostic exam	\$40	30%
	Hearing aids through TruHearing®	\$499 / \$699 / \$999 per aid; up to two per year; Additional coverage under Choice Card (see page 18)	
Dental services – Medicare covered	Medicare-covered non-routine dental	\$0	30%
Dental services – Non-Medicare covered	Maximum benefit amount	\$2,000 per year*	
Preventive services	Routine dental exams	\$0	50% 2 per year
	Screenings	\$0	50% 1 per year
	Cleanings – prophylaxis and periodontal maintenance recall	\$0	50% 2 per year
	Bitewing X-rays	\$0	50% 1 per year
	Full-mouth (panoramic) X-rays	Not covered Optional comprehensive dental benefit available (see page 22)	
	Fluoride treatment	\$0	50% 2 per year
	Sealants	\$0	50% 1 per tooth every 3 years

*The 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.

Stride		Dash		Steady	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$90 / 20%		\$85 / 20%		\$75 / 20%	
\$40 / 20%		\$30 / 20%		\$30 / 20%	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$150	20%	\$100	20%	\$75	20%
\$0	20%	\$0	20%	\$0	20%
\$15	20%	\$15	20%	\$10	20%
\$15	20%	\$15	20%	\$10	20%
10%	20%	10%	20%	10%	20%
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$0	20%	\$0	20%	\$0	20%
\$35	20%	\$25	20%	\$25	20%
\$499 / \$699 / \$999 per aid; up to two per year		\$399 / \$599 / \$899 per aid; up to two per year; Additional coverage under Choice Card (see page 18)		\$399 / \$599 / \$899 per aid; up to two per year	
\$0	20%	\$0	20%	\$0	20%
\$2,000 per year*		\$2,250 per year*		\$1,000 per year*	
\$0	50%	\$0	50%	\$0	40%
2 per year		2 per year		1 per year	
\$0	50%	\$0	50%	\$0	40%
1 per year		1 per year		1 per year	
\$0	50%	\$0	50%	\$0	40%
2 per year		2 per year		1 per year	
\$0	50%	\$0	50%	\$0	40%
1 per year		1 per year		1 every 2 years	
Not covered				Not covered	
Optional comprehensive dental benefit available (see page 22)		\$0	50%	Optional comprehensive dental benefit available (see page 22)	
		1 every 3 years			
\$0	50%	\$0	50%	\$0	40%
2 per year		2 per year		1 per year	
\$0	50%	\$0	50%	\$0	40%
1 per tooth every 3 years		1 per tooth every 3 years		1 per tooth every 3 years	

Dental continues on next page

2023 plan information

		Pace	
Hearing / Dental / Vision (cont.)	Common needs may include	In-network	Out-of-network
Dental comprehensive services	Non-routine evaluations	Not covered Optional comprehensive dental benefit available (see page 22)	
	Fillings		
	Non-surgical periodontics		
	Surgical periodontics		
	Endodontics (root canal therapy)		
	Oral surgery		
	Special restorative care (crowns, onlays)		
Vision services	Routine exam	\$0	30%
	Diagnostic exam	\$40	30%
	Non-Medicare covered prescription eyewear	Additional coverage under Choice Card (see page 18)	
Mental Health Services		In-network	Out-of-network
Therapy visits	Individual	\$40	30%
	Group	\$20	30%
Inpatient visit		Days 1-5: \$300 per day Days 6+: \$0	30%
Skilled Nursing Facility (SNF) / Physical Therapy		In-network	Out-of-network
Skilled nursing facility	Cost per benefit period. No 3-day hospital stay required. The plan covers up to 100 days in a SNF	Days 1-20: \$0; Days 21-80: \$196 per day; Days: 81-100: \$0	30%
Physical therapy		\$40	30%
Medical Transportation		In-network	Out-of-network
Ambulance	Cost per one-way trip Air / Ground in U.S.	20% / \$260	
Other transportation	Non-emergency services	Not covered	
Medicare Part B Drugs		In-network	Out-of-network
Medicare Part B drugs¹	Chemotherapy and other drugs that must be administered by a health professional	20%	30%

¹Prior authorization may be required for certain services.

Stride		Dash		Steady	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Not covered Optional comprehensive dental benefit available (see page 22)		\$0	50%	Not covered Optional comprehensive dental benefit available (see page 22)	
		50%	50%		
		50%	50%		
		1 every 2 years			
		50%	75%		
		1 every 2 years			
		50%	50%		
50%	75%				
75%	75%				
\$0	20%	\$0	20%	\$0	20%
\$35	20%	\$25	20%	\$25	20%
\$150 benefit allowance per year		Additional coverage under Choice Card (see page 18)		\$350 benefit allowance per year	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$35	\$60	\$25	\$50	\$25	\$40
\$17.50	\$30	\$12.50	\$25	\$12.50	\$20
Days 1-5: \$250 per day Days 6+: \$0	20%	\$200 per stay	20%	\$175 per stay	20%
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Days 1-20: \$0; Days 21-100: \$196 per day	20%	Days 1-20: \$0; Days 21-100: \$196 per day	20%	Days 1-20: \$0; Days 21-100: \$196 per day	20%
\$35	\$60	\$25	\$50	\$25	\$40
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
20% / \$250		20% / \$225		20% / \$200	
Not covered		Not covered		Not covered	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
20%		20%		20%	

2023 plan information

		Pace	
Additional Benefits		In-network	Out-of-network
Acupuncture	Medicare-covered	\$40	30%
	Non-Medicare covered	\$40	30%
Assist America®	Travel-related services and support when traveling more than 100 miles from home or in a foreign country.	Available	
Chiropractic care	Medicare-covered	\$20	30%
	Non-Medicare covered	Covered under Choice Card (see page 18)	
Choice Card	<p>Your prepaid card that helps you pay for non-Medicare covered:</p> <ul style="list-style-type: none"> • Chiropractic services • Prescription eyewear • Hearing aids from TruHearing <p>The card can be used to pay for one item or service, or a combination</p>	\$575 per year benefit maximum	
Fitness benefit	SilverSneakers Fitness Program (see page 8)	\$0	
Immunizations	Pneumonia, Influenza, Hepatitis B, COVID-19	\$0	
Medical equipment / supplies¹	Durable medical equipment	20%	30%
	Prosthetics		
	Diabetes supplies		
Outpatient substance abuse	Individual / Group	\$40	30%
Over-the-counter (OTC)	Pain relievers, allergy sprays, first aid supplies and more through NationsOTC	\$75 per quarter, no rollover	
Smoking and tobacco use cessation	Counseling to stop smoking or tobacco use	\$0	30%
Travel counseling	Health advice before traveling internationally	\$0	30%

¹Prior authorization may be required for certain services.

Stride		Dash		Steady	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$35	\$60	\$25	\$50	\$25	\$40
\$35	\$60	\$25	\$50	\$25	\$40
Available		Available		Available	
\$20	\$20	\$20	\$20	\$20	\$20
Not covered		Covered under Choice Card (see page 18)		Not covered	
Not covered		\$500 per year benefit maximum		Not covered	
\$0		\$0		\$0	
\$0		\$0		\$0	
20%		20%		20%	
\$35	\$60	\$25	\$50	\$20	\$40
\$50 per quarter, no rollover		\$50 per quarter, no rollover		Not available	
\$0	20%	\$0	20%	\$0	20%
\$0	\$60	\$0	\$50	\$0	\$40

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		Stride	
Phase 1: Deductible	\$300 (Applies to Tiers 3, 4 and 5)		\$300 (Applies to Tiers 3, 4 and 5)	
Phase 2: Initial coverage				
Standard retail and standard mail-order pharmacies	one-month supply	three-month supply	one-month supply	three-month supply
Tier 1: Preferred generic	\$0	\$0	\$0	\$0
Tier 2: Generic	\$14	\$42	\$12	\$36
Tier 3: Preferred brand	\$47	\$141	\$47	\$141
Tier 4: Non-preferred drugs	35%	35%	40%	40%
Tier 5: Specialty	27%	NA	27%	NA
Preferred cost-sharing mail-order pharmacy		three-month supply		three-month supply
Tier 1: Preferred generic		\$0		\$0
Tier 2: Generic		\$28		\$24
Tier 3: Preferred brand		\$131		\$131
Tier 4: Non-preferred drugs		35%		40%
Tier 5: Specialty		NA		NA
Phase 3: Coverage Gap	Generics: 25% / Brands: 25%			
Phase 4: Catastrophic	Generics: 5% or \$4.15 / Brands: 5% or \$10.35 (whichever is greater)			



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



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.

Dash		Steady	
\$250 (applies to Tiers 4 and 5)		\$300 (Applies to Tiers 3, 4 and 5)	
one-month supply	three-month supply	one-month supply	three-month supply
\$0	\$0	\$4	\$12
\$10	\$30	\$10	\$30
\$47	\$141	\$47	\$141
40%	40%	40%	40%
27%	NA	27%	NA
	three-month supply		three-month supply
	\$0		\$8
	\$20		\$20
	\$131		\$131
	40%		40%
	NA		NA
Generics: 25% / Brands: 25%			
Generics: 5% or \$4.15 / Brands: 5% or \$10.35 (whichever is greater)			



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.



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, Stride and Steady plans include some great routine and preventive dental coverage, like you saw on pages 14-17, 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 for permanent molars)
	Non-routine evaluations
Comprehensive	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, Stride and Steady

Pace and Stride \$28.50

Steady \$33.50

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

Healthy DiscountsSM 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

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 CareLineSM Service, Nurse NavigatorSM 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 28.



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