

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 Fitness). All programs and services are not available in all areas. Silver&Fit is a federally registered trademark of ASH and used with permission herein.

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/eoc21. For a printed copy of the EOC, call us at the numbers on page 13.

Every year, Medicare evaluates plans based on a 5-Star rating system. *The Centers for Medicare and Medicaid 2021 Star Ratings Fact Sheet.



With a Star Rating of 4.5 out of 5 stars for 2021, we're one of the highest-rated plans in the Twin Cities.*



Let's get started

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

HealthPartners® Journey Medicare Advantage 2021 Summary of Benefits

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

Jan. 1, 2021 – Dec. 31, 2021



8170 33rd Ave. S.
Bloomington, MN 55425

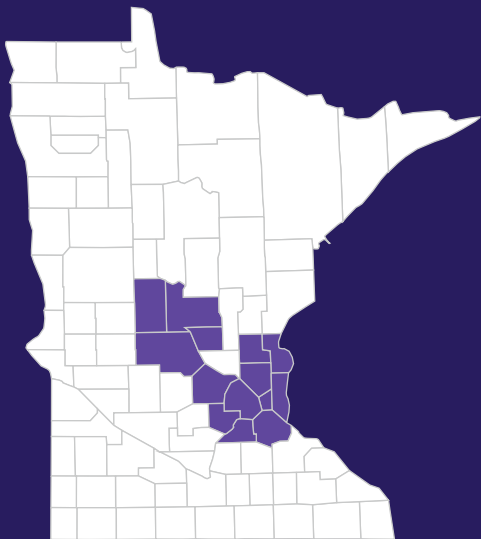
Your more-than-a- Medicare-plan partner ➤

When it comes to Medicare, you need more than a plan. You need coverage that’s in sync with your life – and your budget. You need a care network of professionals you know and trust. You need benefits you’ll actually use. You need customer service that’s as close as your own backyard. You need more than a plan, you need a partner.

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.

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 and live in the service area.



Journey service area includes:

- Anoka
- Benton
- Carver
- Chisago*
- Dakota
- Hennepin
- Isanti*
- Morrison*
- Ramsey
- Scott*
- Stearns
- Todd*
- Washington
- Wright*

**2021 Journey service area expansion*

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 30,000 doctors and clinicians, and 60 hospitals. Find a covered provider at healthpartners.com/journeydoc21
- All HealthPartners and Park Nicollet clinics and hospitals
- Plus others, like Allina Health, CentraCare Clinics, Entira Family Clinics, M Health Fairview Health system (including M Health, U of MN Physicians, Fairview and HealthEast hospitals and 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 and home fitness kits through the Silver&Fit® Healthy Aging and Exercise Program
- Dental coverage options
- Coverage for acupuncture, hearing aids and non-Medicare covered eyewear

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.

HealthPartners Journey plans

2021 product information	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 \$6,100 Combined in- and out-of-network \$10,000
Medical benefits	
Inpatient hospital coverage ¹ (Cost per stay)	Days 1-5: \$370 per day Days 6+: \$0 per day
Outpatient hospital coverage ¹ <ul style="list-style-type: none">Observation stay and non-surgical servicesOutpatient surgery	\$0 20%
Ambulatory surgery center ¹	20%
Doctor visits (Primary Specialist)	In-network: \$25 \$50 Out-of-network: 30%
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)	In-network \$0 Out-of-network: 30% Part B vaccines: \$0
Emergency care (In U.S.)	In- and out-of-network \$90
Urgently needed services (In U.S.)	In- and out-of-network \$50
Diagnostic services/Labs/Imaging (Costs for these services may vary based on place of service) <ul style="list-style-type: none">Diagnostic radiology (e.g.: MRI, CT, PET)LabsDiagnostic tests and proceduresX-rays/therapeutic radiology	20% \$0 20% 20%
Hearing services <ul style="list-style-type: none">Routine examDiagnostic examHearing aids through TruHearing® (See page 10)	\$0 \$50 \$699 / \$999 per aid; up to two per year
Dental services <ul style="list-style-type: none">Medicare-covered non-routine dental (Check the EOC for details)Annual exam, annual cleaning and bite wing X-ray every two yearsOptional supplemental dental (See page 11)	\$0 Not covered Available
Vision services <ul style="list-style-type: none">Routine examDiagnostic examNon-Medicare covered prescription eyewear (See page 9)	\$0 \$50 Not covered
Mental health services <ul style="list-style-type: none">Therapy visits (Individual Group)Inpatient visit (Per stay)	In-network: \$40 \$20 Out-of-network: 30% Days 1-5: \$370 per day Days 6+: \$0 per day Out-of-network: 30%

¹ Prior authorization may be required for certain services.

For certain services received out-of-network you'll have a predictable copay depending on the plan. For all other non-urgent and non-emergent out-of-network care, you'll pay as low as 30% with Pace and 20% with Stride, Dash and Steady.

Journey Stride	Journey Dash	Journey Steady
\$51	\$91	\$136
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 \$3,300 Combined in- and out-of-network \$5,100
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 \$300	\$0 \$300 \$300	\$0 \$250 \$250
In-network: \$10 \$40 Out-of-network: \$60	In-network: \$5 \$30 Out-of-network: \$50	In-network: \$0 \$25 Out-of-network: \$40
In-network \$0 Out-of-network: 20% Part B vaccines: \$0	In-network \$0 Out-of-network: 20% Part B vaccines: \$0	In-network \$0 Out-of-network: 20% Part B vaccines: \$0
In- and out-of-network \$90 In- and out-of-network \$40	In- and out-of-network \$85 In- and out-of-network \$30	In- and out-of-network \$75 In- and out-of-network \$30
20% \$0 10% 10%	20% \$0 10% 10%	10% \$0 10% 10%
\$0 \$40 \$699 / \$999 per aid; up to two per year	\$0 \$30 \$599 / \$899 per aid; up to two per year	\$0 \$25 \$599 / \$899 per aid; up to two per year
\$0 \$0 Available	\$0 In- and out-of-network \$600 dental benefit allowance Not Available	\$0 \$0 Available
\$0 \$40 In- and out-of-network \$150 benefit allowance per year	\$0 \$30 In- and out-of-network \$150 benefit allowance per year	\$0 \$25 In- and out-of-network \$175 benefit allowance per year
In-network \$40 \$20 Out-of-Network: \$60 \$30 Days 1-5: \$300 per day Days 6+: \$0 per day Out-of-network: 20%	In-network \$30 \$15 Out-of-network: \$50 \$25 Days 1-5: \$250 per day Days 6+: \$0 per day Out-of-network: 20%	In-network \$25 \$12.50 Out-of-network: \$40 \$20 Days 1-5: \$200 per day Days 6+: \$0 per day Out-of-network: 20%

Part D prescription drug benefits	Journey Pace	
Phase 1: Deductible (Applies to Tiers 3, 4 and 5)	\$300	
Phase 2: Initial coverage		
Standard retail and standard mail-order pharmacies	one-month supply	three-month supply
Tier 1: Preferred generic	\$8	\$24
Tier 2: Generic	\$14	\$42
Tier 3: Preferred brand	\$47	\$141
Tier 3: Select insulin drugs	\$35	\$105
Tier 4: Non-preferred drug	35%	35%
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 3: Select insulin drugs		\$95
Tier 4: Non-preferred drugs		35%
Tier 5: Specialty		NA
Phase 3: Coverage Gap	Generics: 25% Brands: 25% Tier 3 Select insulin drugs: \$35	
Phase 4: Catastrophic	Generics: \$3.70 or 5% Brands: \$9.20 or 5% (whichever is greater)	
Additional benefits		
Chiropractic care	In-network: \$20 Out-of-network: 30%	
Acupuncture		
• Medicare-covered	In-network: \$50 Out-of-network: 30%	
• Non-Medicare covered	In-network: \$35 Out-of-network: 30%	
Routine physical exams	In-network: \$0 Out-of-network: 30%	
Medical equipment/supplies ¹ (Durable medical equipment, prosthetics, diabetes supplies)	In-network: 20% Out-of-network: 30%	
Fitness benefit (See page 23)	\$0	

Coverage for insulin: Members pay \$35 for a 30-day supply of select insulin in each of the Part D phases. To find out which drugs are select insulins, view the formulary at healthpartners.com/medicarerx.

Journey Stride	Journey Dash	Journey Steady
\$300	\$300	\$300
one-month supply	three-month supply	one-month supply
three-month supply	one-month supply	three-month supply
\$6	\$5	\$4
\$12	\$10	\$10
\$47	\$47	\$47
\$35	\$35	\$35
40%	40%	40%
27%	27%	27%
	three-month supply	three-month supply
	\$12	\$8
	\$24	\$20
	\$131	\$131
	\$95	\$95
	40%	40%
	NA	NA
Generics: 25% Brands: 25% Tier 3 Select insulin drugs: \$35		
Generics: \$3.70 or 5% Brands: \$9.20 or 5% (whichever is greater)		
In-network: \$20 Out-of-network: \$25	In-network: \$20 Out-of-network: \$25	In-network: \$20 Out-of-network: \$25
In-network: \$40 Out-of-network: \$60	In-network: \$30 Out-of-network: \$50	In-network: \$25 Out-of-network: \$40
In-network: \$35 Out-of-network: 20%	In-network: \$35 Out-of-network: 20%	In-network: \$35 Out-of-network: 20%
In-network: \$0 Out-of-network: \$60	In-network: \$0 Out-of-network: \$50	In-network: \$0 Out-of-network: \$40
In- and out-of-network 20%	In- and out-of-network 20%	In- and out-of-network 20%
\$0	\$0	\$0

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. If you have questions, the nurse practitioners are available by phone around the clock to help. Learn more at [virtuwell.com](https://www.virtuwell.com).

Non-Medicare covered eyewear

With the Stride, Dash and Steady plans you can visit any optical provider to use your annual benefit allowance for non-Medicare covered prescription eyewear.

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 from anywhere 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](https://www.assistamerica.com).

Easy ways to get your meds

Pick up your meds from your pharmacy or have them delivered to your doorstep. With our preferred mail order pharmacy through WellDyneRx, you can typically expect to get your meds within seven to ten business days from the time the pharmacy gets your order. All mail order prescriptions are shipped in a plain package to protect your privacy. Plus, in most cases you can order a three-month supply, so you don't have to worry about refills as often. Or you can pick up your meds from your favorite pharmacy. To see the list of in-network pharmacies, visit healthpartners.com/partdpharmacy21.

*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.



Ways to stay active with Silver&Fit®

With the Silver&Fit Healthy Aging and Exercise program, you can get a gym membership and a home fitness kit. Choose up to two home fitness kits and one Stay Fit kit to be sent to your home each year. They cover topics like cardio and strength, yoga, chair exercises, stress management and more. Learn more at silverandfit.com.

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 \$699 to \$999 or \$599 to \$899 copay per aid (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.

Dental coverage options

Journey Dash dental benefit

This year, Dash offers an embedded preventive dental benefit allowance of up to \$600. This benefit is included with the plan at no additional cost. Here are the details. Your costs may be less when receiving care at a Benefit Level 1 or Benefit Level 2 provider. To get a complete description of your dental coverage, please see your Evidence of Coverage (EOC).

Benefit	In-network		Out-of-network
	Benefit level I	Benefit level II	
Monthly premium	None		None
Deductible	None		None
Maximum benefit	\$600 per calendar year (combined in- and out-of-network services)		
Preventive and diagnostic care (Routine exams, cleanings, and X-rays)	\$0	\$0	50%
Sealants (Pit and fissure)	\$0	\$0	50%
Regular and restorative care			
• Fillings	\$0	50%	50%
• Oral surgery	50%	75%	75%
• Non-surgical periodontics	\$0	50%	50%
• Endodontics	20%	50%	50%
Special restorative care (Crowns and onlays)	75%	75%	75%
Prosthetics (Bridges, dentures and partial dentures)	Not Covered		

Journey optional comprehensive dental

The Journey Pace, Stride and Steady plans include some 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, Steady
Monthly premium	Pace/Stride: \$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 (combined in- and out-of-network)
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%

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**

Our health plans offer support 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/shopjourney21
- 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?

Learn more during a Medicare meeting:

- Visit healthpartners.com/mymeetings to find an option that works for 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

Chat with us online:




healthpartners.com/medicare

Send us a note:

medicaresales@healthpartners.com

Contact your broker

Follow us online:

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-  Twitter: [@_HealthPartners](https://twitter.com/_HealthPartners)
-  Instagram: [@HealthPartners](https://www.instagram.com/HealthPartners)

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/eoc21 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, 2022.
- 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.

Notes

Notes