

# 2024 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, 2024 – December 31, 2024**



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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.

HealthPartners has been supporting communities across Minnesota for over 50 years. As a nonprofit, we always put the health and well-being of our members first.

HealthPartners® Journey (PPO) Medicare Advantage plans offer affordable options for every lifestyle and budget. You get the benefits you really need – 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>



Check out page 20 to see our featured plan benefits and perks for 2024.

## 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, featured benefits 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 **64,000** doctors and clinicians, and **5,000** care locations.
- 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.
- No referrals are needed to see specialists.
- Access to over 56,000 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 Family Clinics
- ✓ North Memorial and more

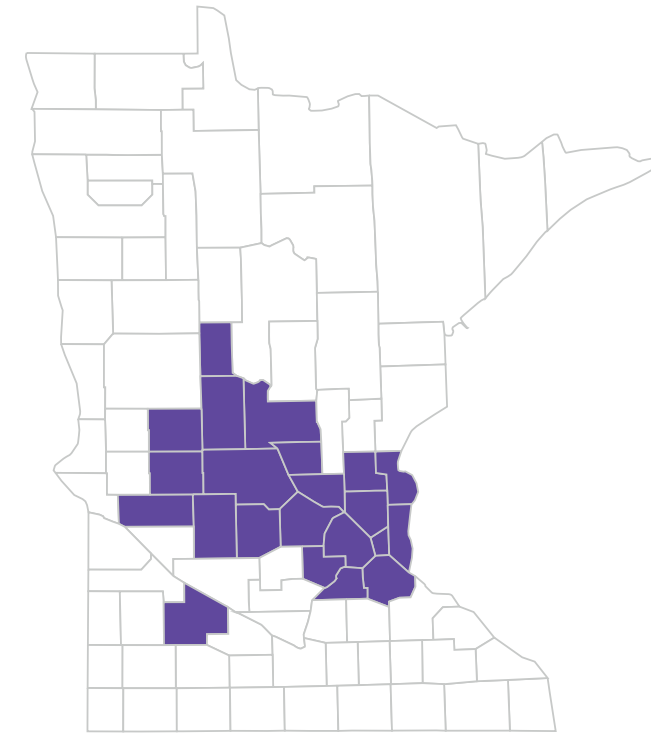
### We're here when you need us

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

Find a covered provider at  
[healthpartners.com/journeydoc24](https://healthpartners.com/journeydoc24)

### 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	

## 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.

2024 plan information		Pace	
<b>Monthly premium</b>	What you pay each month for your plan	\$0	
<b>Deductible</b>	What you pay out of pocket for services before your plan begins to pay	Medical: Not applicable	
		Part D: \$300 (applies to Tiers 3, 4 and 5)	
<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	\$5,200 in-network \$8,950 combined in- and out-of-network	
<b>Hospital</b>		<b>In-network</b>	<b>Out-of-network</b>
<b>Inpatient hospital coverage<sup>1</sup></b>		Days 1-5: \$300 per day Days 6+: \$0	30%
<b>Outpatient hospital coverage<sup>1</sup></b>	Observation stay	\$300 per day	30%
	Outpatient surgery	\$375	30%
<b>Ambulatory surgery center<sup>1</sup></b>		\$375	30%
<b>Doctor Visits and Preventive Care</b>		<b>In-network</b>	<b>Out-of-network</b>
<b>Doctor – Primary</b>	In-person and virtual visits	\$0	30%
<b>Doctor – Specialist</b>		\$40	30%
<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	\$0	30% / Part B vaccines: \$0
	Routine physical exams (once a year)	\$0	30%

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

Stride		Dash		Steady	
\$49		\$84		\$134	
Medical: Not applicable		Medical: Not applicable		Medical: Not applicable	
Part D: \$300 (applies to Tiers 3, 4 and 5)		Part D: \$250 (applies to Tiers 4 and 5)		Part D: \$300 (applies to Tiers 3, 4 and 5)	
\$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	
<b>In-network</b>	<b>Out-of-network</b>	<b>In-network</b>	<b>Out-of-network</b>	<b>In-network</b>	<b>Out-of-network</b>
Days 1-5: \$250 per day Days 6+: \$0	20%	\$200 per stay	20%	\$175 per stay	20%
\$250 per day	20%	\$175 per day	20%	\$150 per day	20%
\$300	20%	\$200	20%	\$150	20%
\$300	20%	\$200	20%	\$150	20%
<b>In-network</b>	<b>Out-of-network</b>	<b>In-network</b>	<b>Out-of-network</b>	<b>In-network</b>	<b>Out-of-network</b>
\$0	\$60	\$0	\$50	\$0	\$40
\$35	\$60	\$30	\$50	\$25	\$40
\$0	20% / Part B vaccines: \$0	\$0	20% / Part B vaccines: \$0	\$0	20% / Part B vaccines: \$0
\$0	\$60	\$0	\$50	\$0	\$40

2024 plan information		Pace	
Emergency and Urgent Care		In-network	Out-of-network
<b>Emergency care</b>	In U.S.	\$120	\$120
	Worldwide	NA	20%
<b>Urgently needed services</b>	In U.S.	\$40	\$40
	Worldwide	NA	20%
Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs		In-network	Out-of-network
<b>Diagnostic services/ labs/imaging</b>	Diagnostic radiology (e.g., MRI, CT, PET) <sup>1</sup>	\$150	30%
	Labs	\$0	30%
	Diagnostic tests and procedures	\$20	30%
	X-rays	\$20	30%
	Therapeutic radiology <sup>1</sup>	\$75	30%
Hearing / Dental / Vision		In-network	Out-of-network
<b>Hearing services</b>	Common needs may include		
	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 21)	

<sup>1</sup>Prior 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
\$120	\$120	\$120	\$120	\$120	\$120
NA	20%	NA	20%	NA	20%
\$40	\$40	\$30	\$30	\$30	\$30
NA	20%	NA	20%	NA	20%
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$150	20%	\$125	20%	\$75	20%
\$0	20%	\$0	20%	\$0	20%
\$20	20%	\$20	20%	\$20	20%
\$20	20%	\$20	20%	\$20	20%
\$75	20%	\$75	20%	\$75	20%
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$0	20%	\$0	20%	\$0	20%
\$35	20%	\$30	20%	\$25	20%
\$499 / \$699 / \$999 per aid; up to two per year; Additional coverage under Choice Card (see page 21)		\$399 / \$599 / \$899 per aid; up to two per year; Additional coverage under Choice Card (see page 21)		\$399 / \$599 / \$899 per aid; up to two per year	

**2024 plan information**

Hearing / Dental / Vision <i>(continued)</i>		Pace	
Common needs may include	In-network	Out-of-network	
<b>Dental services – Medicare-covered</b>	Medicare-covered non-routine dental	\$0	30%
<b>Dental services – Non-Medicare-covered</b>	Maximum benefit amount	\$2,000 per year*	
Preventive services	Routine dental exams <i>(2 per year except Steady)</i>	\$0	50%
	Screenings <i>(1 per year)</i>	\$0	50%
	Cleanings – prophylaxis and periodontal maintenance recall	\$0 <i>(3 per year)</i>	50% <i>(3 per year)</i>
	Bitewing X-rays <i>(1 per year except Steady)</i>	\$0	50%
	Full-mouth (panoramic) X-rays <i>(1 every 3 years)</i>	\$0	50%
	Fluoride treatment <i>(2 per year except Steady)</i>	\$0	50%
	Sealants <i>(1 per tooth every 3 years)</i>	\$0	50%
Comprehensive services	Non-routine evaluations	NA	
	Fillings	50%	50%
	Cleanings – periodontal maintenance recall and prophylaxis	\$0 <i>(3 per year)</i>	50% <i>(3 per year)</i>
	Non-surgical periodontics <i>(1 per 2 years)</i>	50%	50%
	Surgical periodontics <i>(1 per 2 years)</i>	NA	
	Endodontics (root canal therapy)	NA	
	Oral surgery	NA	
	Special restorative care (crowns, onlays) <i>(1 every 5 years)</i>	NA	
<b>Optional supplemental dental benefit</b>	Optional comprehensive dental benefit	Available (see page 18)	

\*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
\$0	20%	\$0	20%	\$0	20%
\$2,000 per year*		\$2,250 per year*		\$1,000 per year*	
\$0	50%	\$0	50%	\$0 <i>(1 per year)</i>	40% <i>(1 per year)</i>
\$0	50%	\$0	50%	\$0	40%
\$0 <i>(2 per year)</i>	50% <i>(2 per year)</i>	\$0 <i>(2 per year)</i>	50% <i>(2 per year)</i>	\$0 <i>(1 per year)</i>	40% <i>(1 per year)</i>
\$0	50%	\$0	50%	\$0 <i>(1 per 2 years)</i>	40% <i>(1 per 2 years)</i>
NA		\$0	50%	NA	
\$0	50%	\$0	50%	\$0 <i>(1 per year)</i>	40% <i>(1 per year)</i>
\$0	50%	\$0	50%	\$0	40%
NA		\$0	50%	NA	
NA		50%	50%	NA	
\$0 <i>(2 per year)</i>	50% <i>(2 per year)</i>	\$0 <i>(2 per year)</i>	50% <i>(2 per year)</i>	\$0 <i>(1 per year)</i>	40% <i>(1 per year)</i>
NA		50%	50%	NA	
NA		50%	75%	NA	
NA		50%	50%	NA	
NA		50%	75%	NA	
NA		75%	75%	NA	
Available (see page 18)		NA	NA	Available (see page 18)	

2024 plan information		Pace	
Hearing / Dental / Vision (continued)	Common needs may include	In-network	Out-of-network
Vision services	Routine exam	\$0	30%
	Diagnostic exam	\$40	30%
	Non-Medicare-covered prescription eyewear	Additional coverage under Choice Card (see page 21)	
Mental Health Services		In-network	Out-of-network
Therapy visits	Individual	\$40	30%
	Group	\$20	30%
Inpatient visits		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: \$203 per day; Days 81-100: \$0	30%
Physical therapy		\$40	30%
Medical Transportation		In-network	Out-of-network
Ambulance	Air (per one-way trip)	20%	
	Ground in U.S. (per one-way trip)	\$260	
Other transportation	Non-emergency services	NA	
Medicare Part B Drugs		In-network	Out-of-network
Medicare Part B drugs	Chemotherapy and other drugs that must be administered by a health professional <sup>1</sup>	0%-20%*	30%
	Insulin (used in a pump)	0%-20%†	30%

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

\*You may pay less than 20% for certain drugs on the CMS rebate list.

†You will pay no more than \$35 for a one-month supply.

Stride		Dash		Steady	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$0	20%	\$0	20%	\$0	20%
\$35	20%	\$30	20%	\$25	20%
Additional coverage under Choice Card (see page 21)		Additional coverage under Choice Card (see page 21)		\$350 benefit allowance per year	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$35	\$60	\$30	\$50	\$25	\$40
\$17.50	\$30	\$15	\$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: \$203 per day	20%	Days 1-20: \$0; Days 21-100: \$203 per day	20%	Days 1-20: \$0; Days 21-100: \$203 per day	20%
\$35	\$60	\$30	\$50	\$25	\$40
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
20%		20%		20%	
\$250		\$250		\$200	
NA		NA		NA	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
0%-20%*	20%	0%-20%*	20%	0%-20%*	20%
0%-20%†	20%	0%-20%†	20%	0%-20%†	20%



## 2024 plan information

Additional benefits		Pace	
		In-network	Out-of-network
<b>Acupuncture</b>	Medicare-covered	\$40	30%
	Non-Medicare-covered; 20 visits combined INN/OON	\$40	30%
<b>Assist America®</b>	Travel-related services and support when traveling more than 100 miles from home or in a foreign country.	Included	
<b>Chiropractic care</b>	Medicare-covered	\$20	30%
	Non-Medicare-covered	Covered under Choice Card (see page 21)	
<b>Choice Card</b>	Your prepaid card that helps you pay for non-Medicare-covered: <ul style="list-style-type: none"> <li>• Chiropractic services</li> <li>• Prescription eyewear</li> <li>• Hearing aids from TruHearing®</li> <li>• Home delivered meals through Mom's Meals®</li> </ul> The card can be used to pay for one item or service, or a combination	\$575 per year benefit maximum	
<b>Fitness benefit</b>	SilverSneakers Fitness Program (see page 22)	\$0	
<b>Immunizations</b>	Pneumonia, Influenza, Hepatitis B, COVID-19	\$0	
<b>Meal Benefit</b>	Post-inpatient hospital SNF stay; limit 21 meals within a 4-week period. Offered through Mom's Meals®	Covered under Choice Card (see page 21)	
<b>Medical equipment / supplies<sup>1</sup></b>	Durable medical equipment	20%	30%
	Prosthetics		
	Diabetes supplies ( <a href="https://healthpartners.com/diabeticsupplies">healthpartners.com/diabeticsupplies</a> )		
<b>Outpatient substance abuse</b>	Individual / Group	\$40	30%
<b>Over-the-counter (OTC)</b>	Pain relievers, allergy sprays, first aid supplies and more through NationsOTC®	\$75 per quarter, no rollover	
<b>Smoking and tobacco use cessation</b>	Counseling to stop smoking or tobacco use	\$0	30%
<b>Travel counseling</b>	Health advice before traveling internationally	\$0	30%

<sup>1</sup>Prior 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	\$30	\$50	\$25	\$40
\$35	\$60	\$30	\$50	\$25	\$40
Included		Included		Included	
\$20	\$20	\$20	\$20	\$20	\$20
Covered under Choice Card (see page 21)		Covered under Choice Card (see page 21)		NA	
\$475 per year benefit maximum		\$500 per year benefit maximum		NA	
\$0		\$0		\$0	
\$0		\$0		\$0	
Covered under Choice Card (see page 21)		Covered under Choice Card (see page 21)		NA	
20%	20%	20%	20%	20%	20%
\$35	\$60	\$30	\$50	\$25	\$40
\$50 per quarter, no rollover		\$50 per quarter, no rollover		NA	
\$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 must 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 56,000 pharmacies across the U.S.**, including national chains and local pharmacies.

There's no preferred cost-sharing retail pharmacy. That means you can choose to go to any national chain or local pharmacy in our network and pay the same amount. You'll have one level of cost sharing for each Part D drug tier.

2024 plan information	Pace	
<b>Phase 1: Deductible</b>	\$300 (Applies to Tiers 3, 4 and 5)	
<b>Phase 2: Initial coverage</b>		
<b>Standard retail and standard mail-order pharmacies</b>	<b>30-day supply</b>	<b>90-day supply</b>
Tier 1: Preferred generic	\$0	\$0
Tier 2: Generic	\$14	\$42
Tier 3: Preferred brand	\$47*	\$141*
Tier 4: Non-preferred drugs	35%*	35%*
Tier 5: Specialty	27%	NA
<b>Preferred cost-sharing mail-order pharmacy</b>		<b>90-day supply</b>
Tier 1: Preferred generic		\$0
Tier 2: Generic		\$28
Tier 3: Preferred brand		\$131**
Tier 4: Non-preferred drugs		35%**
Tier 5: Specialty		NA
<b>Phase 3: Coverage gap</b>	Generics: 25% / Brands: 25% Insulin: no more than \$35 per one-month supply	
<b>Phase 4: Catastrophic</b>	\$0 for all Part D-covered drugs	

Visit [healthpartners.com/partd](https://healthpartners.com/partd) to learn more about Part D prescription drug coverage.

Visit [healthpartners.com/partdpharmacy24](https://healthpartners.com/partdpharmacy24) to find a pharmacy.

\*You won't pay more than \$35 for a one-month supply or \$105 for a three-month supply of each covered insulin product regardless of the drug tier, even if you haven't paid your deductible.

\*\*You won't pay more than \$95 for a three-month supply of each covered insulin product regardless of the drug tier, even if you haven't paid your deductible.



## 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.

Stride		Dash		Steady	
\$300 (Applies to Tiers 3, 4 and 5)		\$250 (Applies to Tiers 4 and 5)		\$300 (Applies to Tiers 3, 4 and 5)	
<b>30-day supply</b>	<b>90-day supply</b>	<b>30-day supply</b>	<b>90-day supply</b>	<b>30-day supply</b>	<b>90-day supply</b>
\$0	\$0	\$0	\$0	\$4	\$12
\$12	\$36	\$10	\$30	\$10	\$30
\$47*	\$141*	\$47*	\$141*	\$47*	\$141*
40%*	40%*	40%*	40%*	40%*	40%*
27%	NA	27%	NA	27%	NA
	<b>90-day supply</b>		<b>90-day supply</b>		<b>90-day supply</b>
	\$0		\$0		\$8
	\$24		\$20		\$20
	\$131**		\$131**		\$131**
	40%**		40%**		40%**
	NA		NA		NA
Generics: 25% / Brands: 25% Insulin: no more than \$35 per one-month supply					
\$0 for all Part D-covered drugs					



Visit [healthpartners.com/journeymeds24](https://healthpartners.com/journeymeds24) or scan with your phone's camera here to see our formulary (what drugs are covered).

## 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 10-11, 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.

#### 2024 plan information

##### Monthly premium

<b>Deductible</b>	Does not apply to preventive and diagnostic services
<b>Maximum benefit amount</b>	
<b>Preventive and diagnostic services</b>	Routine dental exams <i>(up to 2 per year)</i>
	Screenings <i>(up to 2 per year)</i>
	Cleanings <i>(up to 2 per year)</i>
	Bitewing X-rays <i>(up to 1 per year)</i>
	Full-mouth (panoramic) X-rays <i>(up to 1 every 3 years)</i>
	Fluoride treatment <i>(up to 1 per year)</i>
	Sealants <i>(up to 1 per tooth every 3 years)</i>
	Non-routine evaluations
<b>Comprehensive</b>	Fillings
	Oral surgery
	Non-surgical periodontics <i>(up to 1 every 2 years)</i>
	Surgical periodontics <i>(up to 1 every 2 years)</i>
	Endodontics (root canal therapy)
	Special restorative care (crowns and onlays) <i>(up to 1 every 5 years)</i>
	Bridges and partial or full removable dentures <i>(up to 1 every 5 years)</i>
	Dental implant maximum benefit amount
	Dental implant services <i>(up to 1 every 5 years)</i>

Pace		Stride		Steady	
\$30		\$30		\$34	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$50		\$50		\$50	
\$1,100*		\$1,100*		\$1,100*	
\$0	\$0	\$0	\$0	\$0	\$0
50%	50%	50%	50%	50%	50%
\$0	\$0	\$0	\$0	\$0	\$0
50%	50%	50%	50%	50%	50%
\$500 Applied to the overall dental maximum benefit amount	\$500 Applied to the overall dental maximum benefit amount	\$500 Applied to the overall dental maximum benefit amount	\$500 Applied to the overall dental maximum benefit amount	\$500 Applied to the overall dental maximum benefit amount	\$500 Applied to the overall dental maximum benefit amount
50%	50%	50%	50%	50%	50%

\*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.



### 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.

Best of all, now you'll have greater access to even more dentists in our network.

See pages 10-11  
to learn more



### HealthPartners Choice Card

The HealthPartners Choice Card\* is a prepaid card that can be used to pay for non-Medicare-covered chiropractic care, prescription eyewear, hearing aids from TruHearing® and home-delivered meals through Mom's Meals.

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

#### Choice Card amounts:

Pace \$575 per year

Stride \$475 per year

Dash \$500 per year

\*Not available in the Steady 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 gyms and fitness locations nationwide, including access to Lifetime Fitness® premium locations, with a basic membership.\*

Don't like the gym? Order a home fitness kit, stream live, online classes or use on-demand workout videos from the comfort of your home. Or join a SilverSneakers Community® class at a nearby park or community center. All at no additional cost to you.

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

\*Other participating fitness locations available in the network. Visit [silversneakers.com](https://silversneakers.com) to find a location near you.



### 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 the 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 10-13  
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.\*

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

\*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.

## 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 meal kits to exercise equipment, there are discounts for retailers and services that will help you achieve better health. Once you've enrolled, you'll receive information to sign in and view your discounts.

### Healthy Discounts categories

#### Eating well

Meal planning, meal delivery, weight loss support and more

#### Fitness

Virtual fitness options, fitness equipment and more

#### Health products and education

Home medical equipment, allergy relief, educational resources and more

#### Hearing and vision

Eyewear, laser vision correction, hearing aids and more

#### Personal care

Skin and body care products and more

#### Additional services

Pet insurance and more

## Assist America<sup>®</sup> travel support

Finding care. Anytime. Anywhere.

If something unexpected happens when you're more than 100 miles\* from home or in a foreign country, you'll have Assist America<sup>®</sup> on your side. Assist America provides emergency services for 40 million travelers worldwide.

When you're navigating a medical emergency, Assist America's vast network of resources can support you. Travel support services include:

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

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Operations centers are staffed 24/7 by experienced, multilingual emergency assistance professionals.

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

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

*\*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.*

*These additional discounts described on pages 26 and 27 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. Explore our network at [healthpartners.com/journeydoc24](https://healthpartners.com/journeydoc24).

### 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.

### Are online clinics covered?

Yes. Your 24/7 online clinic is [virtuwell.com](https://virtuwell.com). Get a diagnosis, treatment plan and prescription if needed from board-certified nurse practitioners. All in about an hour for a \$0 copay.

### Who can I call with health questions?

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.

Scan with your phone's camera 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/enroll2024](https://healthpartners.com/enroll2024)
- 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](https://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](https://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](https://healthpartners.com/education)

Chat with us online [healthpartners.com/medicare](https://healthpartners.com/medicare)

Send us a note by email [medicaresales@healthpartners.com](mailto:medicaresales@healthpartners.com)

Find a Medicare broker [healthpartners.com/findbroker](https://healthpartners.com/findbroker)



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







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**).

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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/eoc24](https://healthpartners.com/eoc24) or call us at the numbers on page 30.



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