2024 Summary of Benefits



HealthPartners® Robin Medicare Advantage Plans

HealthPartners® Robin Birch (PPO) HealthPartners® Robin Maple (PPO) HealthPartners® Robin Glory (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® Robin supports communities across Wisconsin. As a nonprofit, we always put the health and well-being of our members first.

We offer affordable health plan 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.

Check out page 16 to see our new featured plan benefits and perks for 2024.

HealthPartners Robin Medicare plans

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

- → Birch
- → Maple
- → Glory New in 2024!

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.

See pages 14-15 to learn about our new Glory plan.

Your plan has it all – a strong network with trusted care systems and doctors

Here's a closer look at the HealthPartners Robin 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.

- Coverage includes major care systems in your area, 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:

- ✓ Bellin Health
- ✓ ThedaCare
- ✓ Holy Family Memorial
- ✓ Aurora Health Care
- ✓ UW Health
- ✓ Froedtert & Medical College of Wisconsin and more

Plus, any doctor who accepts Medicare and is willing to see you.

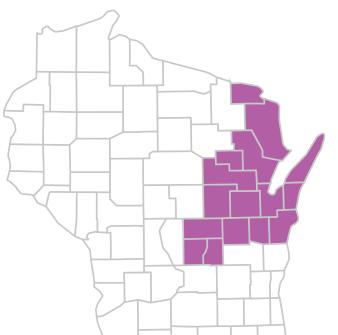
We're from the Midwest, just like you

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

Find an in-network provider at healthpartners.com/robindoc24

Plan service area

HealthPartners Robin plans are available to you in these Wisconsin counties.



Brown	Marquette
Calumet	Menominee
Door	Oconto
Florence	Outagamie
Green Lake	Shawano
Kewaunee	Waupaca
Manitowoc	Waushara
Marinette	Winnebago

HealthPartners Robin plans

HealthPartners Robin plans are Medicare Advantage (PPO) plans with a network of doctors, hospitals 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.

When looking at the charts you'll see that the cost for in-network and out-of-network services are the same.

2024 plan information

2024 plan information			
Monthly premium	What you pay each month for your plan		
Part B premium reduction	The amount you get back into your Social Security check each month		
Deductible	What you pay out of pocket for services before your plan begins to pay		
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.		
Hospital			
Inpatient hospital coverage ¹			
.	Observation stay		
Outpatient hospital coverage ¹	Outpatient surgery		
Ambulatory surgery center ¹			
Doctor Visits and Preventive Care			
Doctor - Primary Doctor - Specialist	In-person and virtual visits		
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		
	Routine physical exam (once a year)		
Emergency and Urgent Care			
Emergency care	In U.S.		
	Worldwide		
Urgently needed services	In U.S.		
	Worldwide		

¹Prior authorization may be required for certain services.

Birch		Maple		Glory (me	dical-only)
\$	\$0		\$50		50
N	NA		NA		o \$50
Medical: No	Medical: Not applicable		ot applicable	Medical: No	ot applicable
Part D: \$200 (Applies to Tiers 4 and 5)			: \$200 Tiers 4 and 5)	N	IA
, ,	\$4,500		500		500
			d out-of-network		d out-of-network
In-network & C	Out-of-network	In-network & C	Out-of-network	In-network & 0	Out-of-network
Days 1-5: \$350 per day Days 6+: \$0		Days 1-5: \$300 per day Days 6+: \$0		•	350 per day 6+: \$0
\$200 p	\$200 per day \$200 per day \$200 per day		\$200 per day		per day
\$3	\$325		25	\$3	325
\$325		\$325		\$3	325
In-network & Out-of-network In-n		In-network & C	Out-of-network	In-network & (Out-of-network
\$0		\$0		\$0	
\$3	35	\$:	35	\$40	
\$0		\$0		\$	50
\$0		\$0		\$	0
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$120	\$120	\$120	\$120	\$120	\$120
NA	\$120	NA	\$120	NA	\$120
\$40	\$40	\$40	\$40	\$40	\$40
NA	\$40	NA	\$40	NA	\$40

2024 plan information

2024 plan information			
Outpatient Diagnostic Tests, Rad	diation Therapy, X-rays and Labs		
	Diagnostic radiology (e.g., MRI, CT, PET) ¹		
Diagnostic comices	Labs		
Diagnostic services	Diagnostic tests and procedures		
labs/imaging	X-rays		
	Therapeutic radiology ¹		
Hearing / Dental / Vision	Common needs may include		
	Routine exam		
	Diagnostic exam		
Hearing services	Hearing aids through TruHearing®		
Dental services – Medicare-covered	Medicare-covered non-routine dental		
	Maximum benefit amount		
	Routine dental exams (2 per year except Maple)		
	Screenings (2 per year except Maple)		
Dental services – non-Medicare-covered	Cleanings – combined prophylaxis and periodontal maintenance (2 per year except Maple)		
Preventive services	Bitewing X-rays (1 per year except Maple)		
	Fluoride treatment (2 per year except Maple)		
	Sealants (1 per tooth every 3 years)		
	Routine exam		
Vision services	Diagnostic exam		
VISION SCI VICES	Non-Medicare covered prescription eyewear		
Mental Health Services			
Therapy visits	Individual		
	Group		
Inpatient visits			
¹ Prior authorization may be required for certain services.			

¹Prior authorization may be required for certain services.

Birch	Maple	Glory (medical-only)
In-network & Out-of-network	In-network & Out-of-network	In-network & Out-of-network
\$180	\$150	\$180
\$0	\$0	\$0
\$20	\$15	\$20
\$20	\$15	\$20
20%	10%	20%
In-network & Out-of-network	In-network & Out-of-network	In-network & Out-of-network
\$0	\$0	\$0
\$35	\$35	\$40
\$499 / \$699 / \$999 per aid; up to two per year; Additional coverage under Choice Card (see page 16)	\$499 / \$699 / \$999 per aid; up to two per year; Additional coverage under Choice Card (see page 16)	\$499 / \$699 / \$999 per aid; up to two per year; Additional coverage under Choice Card (see page 16)
\$35	\$35	\$40
\$1,000 per year*	\$500 per year*	\$1,000 per year*
\$0	\$0	\$0
\$0	\$0	\$0
\$35	\$35	\$40
Additional coverage under Choice Card (see page 16)	Additional coverage under Choice Card (see page 16)	Additional coverage under Choice Card (see page 16)
In-network & Out-of-network	In-network & Out-of-network	In-network & Out-of-network
\$30	\$25	\$30
\$30	\$25	\$30
Days 1-5: \$350 per day	Days 1-5: \$300 per day	Days 1-5: \$350 per day
Days 6+: \$0	Days 6+: \$0	Days 6+: \$0

^{*}The annual maximum benefit amount is combined for all in- and out-of-network covered dental services. See the Evidence of Coverage for more information.

2024 plan information

2024 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	Air (per one-way trip)			
	Ground in U.S. (per one-way trip)			
Other transportation	Non-emergency services			
Medicare Part B Drugs				
Medicare Part B drugs ¹	Chemotherapy and other drugs that must be administered by a health professional			
	Insulin (used in a pump)			
Additional Benefits				
Acupuncture	Medicare- and 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.			
	Medicare-covered			
Chiropractic	Non-Medicare-covered			
Choice Card	Your prepaid card that helps you pay for non-Medicare-covered: • Chiropractic services • Hearing aids from TruHearing® • Prescription eyewear • Over-the-counter items through NationsOTC, if applicable • Home-delivered meals through Mom's Meals The card can be used to pay for one item or service, or a combination			
Over-the-counter (OTC) Pain relievers, allergy sprays, first aid supplies and more the NationsOTC				
Fitness benefit	SilverSneakers Fitness Program (see page 19)			
Immunizations	Pneumonia, Influenza, Hepatitis B, COVID-19			
Meal Benefit	Post-inpatient hospital or SNF stay; limit 21 meals within a 4-week period. Offered through Mom's Meals®			
	Durable medical equipment			
Medical equipment / supplies ¹	Prosthetics			
	Diabetic supplies (healthpartners.com/diabeticsupplies)			
Outpatient substance abuse	Individual and Group			
Smoking and tobacco use cessation	Counseling to stop smoking or tobacco use			
Travel counseling	Health advice before traveling internationally			
1Drior authorization may be required for so	rtain cornicos			

Birch	Maple	Glory (medical-only)
In-network & Out-of-network	In-network & Out-of-network	In-network & Out-of-network
Days 1-20: \$0	Days 1-20: \$0	Days 1-20: \$0
Days 21-100: \$203 per day	Days 21-100: \$203 per day	Days 21-100: \$203 per day
\$35	\$30	\$35
In-network & Out-of-network	In-network & Out-of-network	In-network & Out-of-network
\$300	\$275	\$300
NA	NA	NA
In-network & Out-of-network	In-network & Out-of-network	In-network & Out-of-network
0%-20%*	0%-20%*	0%-20%*
0%-20%t	0%-20%t	0%-20%t
In-network & Out-of-network	In-network & Out-of-network	In-network & Out-of-network
\$35	\$35	\$40
Included	Included	Included
\$20	\$20	\$20
Covered under Choice Card (see page 16)	Covered under Choice Card (see page 16)	Covered under Choice Card (see page 16)
\$675 per year benefit maximum	\$325 per year benefit maximum	\$300 per year benefit maximum
Covered under Choice Card (see page 16)	Covered under Choice Card (see page 16)	\$75/quarter, no rollover
\$0	\$0	\$0
\$0	\$0	\$0
Covered under Choice Card (see page 16)	Covered under Choice Card (see page 16)	Covered under Choice Card (see page 16)
20%	20%	20%
20%	20%	20%
\$0	\$0	\$0
\$30	\$25	\$30
\$0	\$0	\$0
\$0	\$0	\$0

¹Prior 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.

Part D prescription drug coverage

Our Birch and Maple plans include 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 56,000 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.

2024 plan information	Birch		
Phase 1: Deductible	\$200 (Applies to Tiers 4 and 5)		
Phase 2: Initial coverage			
Standard retail and standard mail-order pharmacies	30-day supply	90-day supply	
Tier 1: Preferred generic	\$0	\$0	
Tier 2: Generic	\$0	\$0	
Tier 3: Preferred brand	\$47*	\$141*	
Tier 4: Non-preferred drugs	\$100*	\$300*	
Tier 5: Specialty	29%	NA	
Preferred cost-sharing mail-order pharmacy		90-day supply	
Tier 1: Preferred generic		\$0	
Tier 2: Generic		\$0	
Tier 3: Preferred brand		\$131**	
Tier 4: Non-preferred drugs		\$290**	
Tier 5: Specialty		NA	
Phase 3: Coverage gap		25% / Brands: 25% n \$35 per one-month supply	
Phase 4: Catastrophic	\$0 for all Pa	rt D-covered drugs	

Visit **healthpartners.com/partd** to learn more about Part D prescription drug coverage.

Visit healthpartners.com/partdpharmacy24 to find a pharmacy.

Maple	
\$200 (Applies to Tiers 4 and 5)

30-day supply	90-day supply
\$0	\$0
\$9	\$27
\$47*	\$141*
\$100*	\$300*
29%	NA
	90-day supply
	\$0
	\$18
	\$131**
	\$290**
	NA
Tion	1. ¢0

Tier 1: \$0 Tier 2: \$9

All other generics: 25% / Brands: 25% Insulin: no more than \$35 per one-month supply

\$0 for all Part D-covered drugs



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. Visit **healthpartners.com/welldyne** to get started.



Visit **healthpartners.com/robinmeds24** or scan with your phone's camera here to see our formulary (what drugs are covered).

^{*}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.

New in 2024: Robin Glory

We're proud to offer a new Medicare Advantage-only plan in 2024: Robin Glory.

This is a medical-only plan and may be the right fit for you if you have separate prescription drug coverage through Wisconsin SeniorCare®, TRICARE or Veterans Affairs (VA) prescription benefits.

\$0 monthly premium plan

You won't pay an additional premium when you enroll in this plan.* Plus, your cost-sharing will be the same no matter where you go to get care.

Part B premium reduction

Each month, you can get up to \$50 credited back to your Social Security check (if premiums are automatically deducted) or to your Medicare Part B premium statement.

Protection and financial peace of mind

This plan limits how much you pay each year out of pocket. That means you won't pay more than the combined \$4,500 for covered medical services.

More benefits than Original Medicare

This plan offers extra benefits and perks, such as the Choice Card, dental, gym membership and coverage when you travel. Check out the featured benefits starting on page 16 to learn more.

Compare plans with and without prescription drug coverage on the next page.

*You must continue to pay your Part B premium.

Choosing the right plan

HealthPartners Robin offers Medicare plans with and without prescription drug coverage. Here's how to determine which plan is right for you.

Medicare Advantage plans with Part D (MA-PD)

Birch and Maple

These Medicare Advantage plans include Medicare Part D prescription drug coverage and often are selected by people who want medical and prescription drug coverage in a single, comprehensive plan.

Medicare Advantage plan without Part D (MA-only)

Glory

This is a medical-only plan and is often selected by people who have separate, creditable drug coverage, such as prescription drug coverage from entities like Wisconsin SeniorCare, TRICARE or VA.



HealthPartners Choice Card

The HealthPartners Choice Card is a prepaid card that can be used to pay for over-the-counter (OTC) items and supplies*, 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.

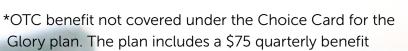
Choice Card amounts:

Birch \$675 per year

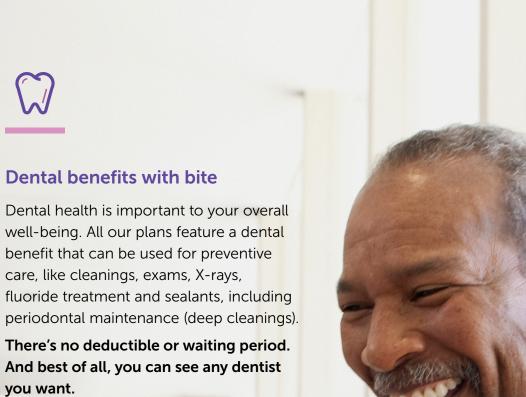
Maple \$325 per year

Glory \$300 per year

Glory plan. The plan includes a \$75 quarterly benefit allowance.







See pages 8-9 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.

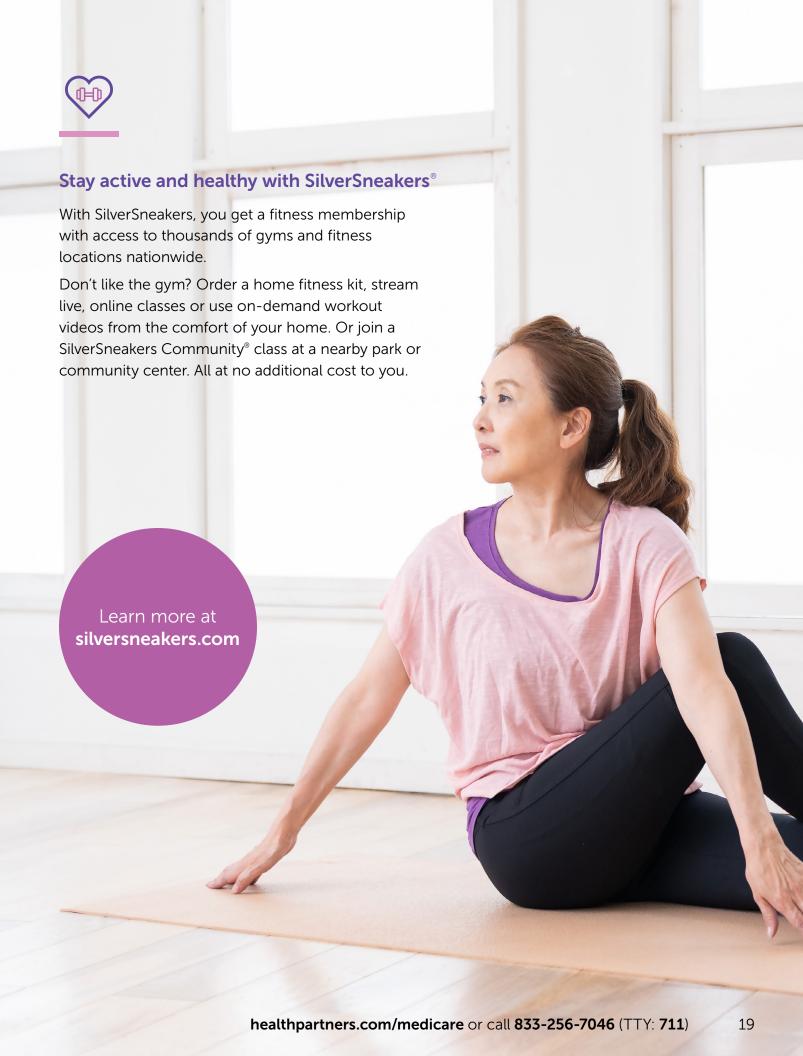
Medical consultations are also an included benefit for all overseas travels.

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

*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 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 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

Learn more at healthpartners.com/healthydiscounts

Assist America® 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® 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

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

Learn more at assistamerica.com

These additional discounts described on pages 20 and 21 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.

^{*}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.

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. With our Robin plans, even if your doctor isn't in our network, you can still receive care as long as they accept Medicare and are willing to see you.

Do I have to pay for preventive care?

No. Robin 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**. 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[™] Service, Nurse Navigator[™] 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 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/enrollrobin24
- Call us at **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 Robin 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 833-256-7046 (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/robinblog

Chat with us online

healthpartners.com/medicare

Send us a note by email

medicaresales@healthpartners.com

Find a Medicare broker

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.

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 **833-256-7046** (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/eoc24 or call 833-256-7046 (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, 2025.
- 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.
- Effect on current coverage: If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

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 **833-256-7046** (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** or call us at the number on page 24.



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