

CY2024 HealthPartners Medicare Advantage and Medicare Cost Plans Additional Medical Services Covered beyond Original Medicare

Coverage and benefits may vary by plan. Refer to the applicable plan Evidence of Coverage (EOC) for specific details regarding benefits, coverage, and limitations or contact Member Services.

	-			an	d lin	nitati	ons d	or co	ntact M	embe	r Serv	vices.									
Item/Service	HP WI Freedom (Cost)			н	HP ND/SD Freedom (Cost)					HP Journey (PPO)							HP Robin (PPO)			HealthPartners UnityPoint Health (PPO)	
	Basic WI	Vital WI	Balance WI	Base	Valley	Plains	Prairie	Crest	Pace - Metro/Ctr MN	Pace - Greater MN	Stride Metro/Ctr MN	Stride Greater MN	Dash - Metro/Ctr MN	Dash - Greater MN	Steady	Birch	Glory	Maple	Align	Symmetry	
Accidental Dental Services							✓	✓													
Acupuncture (Non-Medicare covered)		✓	~		~	✓	✓	✓	✓	✓	~	~	~	~	✓	~	~	~		~	
Admission to SNF without 3-day prior hospital stay									~	~	~	~	~	~	~	~	~	~	~	~	
Dental services ¹					~		~	~	\checkmark	~	~	~	~	~	✓	\checkmark	~	~	\checkmark	✓	
Eyewear (Non-Medicare covered)					✓	✓	✓	✓						~	✓						
Fitness Benefit (SilverSneakers)		✓	~		✓	✓	~	✓	\checkmark	~	~	~	~	~	\checkmark	\checkmark	✓	✓	\checkmark	✓	
Hair Prosthesis (wig) for alopecia		✓	✓																		
Hearing Aids ²		✓	~		✓	✓	~	~	\checkmark	~	✓	✓	✓	~	\checkmark	~	✓	✓	~	✓	
Home-based Palliative Care Counseling & Coordination visits									~	~	~	~	~	~	~						
HP Choice Card - Applies to: • Non-Medicare covered eyewear, Routine chiropractic services, Hearing aids ² , OTC items ³ , & <u>Meal benefit⁴</u>																~		~			
 HP Choice Card - Applies to: Non-Medicare covered eyewear, Routine chiropractic services, Hearing aids², & Meal benefit⁴ 									~	~	~	~	~				~		~	~	
Knee walker/Crutch substitute (rental only)	~	~	~	~	~	~	~	~	\checkmark	~	~	~	~	~	~	~	~	~	~	~	
Nursing Hotline (CareLine)	✓	✓	✓	\checkmark	✓	✓	~	~	\checkmark	~	~	~	~	~	\checkmark	\checkmark	~	~	\checkmark	\checkmark	
Nutrition Counseling (all diagnoses)		✓	✓		~	✓	✓	✓	\checkmark	~	~	~	~	~	\checkmark	\checkmark	~	~			
Online visits through Virtuwell®	✓	✓	\checkmark	\checkmark	✓	✓	~	~	~	~	✓	✓	✓	~	\checkmark	\checkmark	✓	✓	✓	✓	
Over-the Counter (OTC) Benefit ³					✓	✓	√		✓	✓	✓	✓	✓	~			✓		✓	✓	
PKU Treatment		✓	~																		
Routine Annual Physical Exam		✓	~		~	✓	√	✓	~	~	~	~	~	~	~	~	✓	~	~	✓	
Routine Eye Exam		✓	~		~	✓	~	~	~	~	~	~	~	~	✓	~	~	~	\checkmark	√	
Routine Hearing Exam		✓	~		✓	✓	~	~	~	~	~	~	✓	~	✓	~	~	~	~	✓	
Scheduled Telephone Visits	✓	✓	✓	\checkmark	✓	✓	~	~	\checkmark	~	~	~	~	~	✓	\checkmark	~	~	\checkmark	✓	
Smoking/Tobacco Cessation Program (additional visits & programming)		~	~		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
Telehealth via Interactive audio/video (expanded coverage)	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
TMD/TMJ Treatment ⁵		✓	~																		
Travel Counseling (individual)		✓	~		~	✓	✓	✓	~	~	~	~	~	~	~	~	✓	~	✓	~	
Treatment at the Scene (no ambulance transport)	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
Worldwide Emergency Care and Urgently Needed Services		~	~		~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	
Worldwide Emergency Travel Logistics ⁶	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	~	

¹ Certain plans offer comprehensive dental coverage as an optional supplemental benefit which is not noted here. Check the plan EOC and verify member eligibility.

² Hearing aids purchased through TruHearing only

³ OTC items purchased through NationsOTC only

⁴ Meal benefit purchased through Mom's Meals only

⁵ Journey PPO Employer Group Retiree plans may include coverage for TMD/TMJ treatment. Refer to the plan EOC or verify coverage with Member Services.

⁶ Services arranged and coordinated through Assist America.

Updated August 29, 2023