



Let's get started

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

HealthPartners UnityPoint Health Medicare Advantage 2020 Summary of Benefits HealthPartners UnityPoint Health Align (PPO) HealthPartners UnityPoint Health Symmetry (PPO)

Jan. 1, 2020 – Dec. 31, 2020

With a HealthPartners UnityPoint Health Medicare plan, you're always in good shape.

With a Medicare Advantage plan like Align or Symmetry, you get all your Medicare coverage from one simple plan. That means you only need one ID card for medical and prescription drug coverage, one number to call and one password online. Plus, travel coverage, a fitness benefit, coverage for hearing aids, and allowances for important things like eyewear and dental.

This booklet will help you get to know the two HealthPartners UnityPoint Health plans we offer. You can join if you have Medicare Parts A and B, live in the service area and don't have end-stage renal disease (there are exceptions).

We're right with you in your pursuit of good health.



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- Benton
- Black Hawk
- Boone
- Bremer
- Buchanan
- Butler
- Cedar
- Clayton
- Dallas
- Delaware
- Fayette
- Greene
- Grundy
- Hamilton
- Hardin

Illinois

- Fulton
- JoDaviess
- Peoria

- Iowa
- Jackson
- Jones
- Linn
- Marshall
- Muscatine
- Polk
- Poweshiek
- Scott
- Story
- Tama
- Warren
- Webster
- Wright
- Rock Island
- Tazewell

Why choose HealthPartners UnityPoint Health?

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 7,000 doctors and 40 hospitals.
 Find a covered provider at oneplanforme.com/finddr20
- All UnityPoint Health clinics and hospitals
- Plus others, like Mary Greeley Medical Center, McFarland clinics, Boone County Hospital, Virginia Gay Hospital, Broadlawns Medical Center, Cedar Valley Medical Specialists, The Iowa Clinic, Physicians Clinic of Iowa, 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 benefits and perks?

- 24/7 advice from HealthPartners nurses
- Unlimited, no-cost visits to our online clinic, virtuwell[®] (Only available in Iowa)
- A health club membership or home fitness kits through the Silver&Fit[®]
 Exercise and Healthy Aging Program
- Dental, hearing and vision benefits

Are your prescription meds covered?

- You can check at oneplanforme.com/checkmeds20
- Get prescription meds sent right to your door with mail order

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.

	Align	Symmetry	
	In-network		
Monthly premium (What you pay each month for your insurance plan)	\$0	\$39	
Deductible (What you pay for a service, item or drug before your insurance kicks in)	No medical or Part D deductible	No medical or Part D deductible	
Maximum out-of-pocket (This is the most you'll pay out of pocket for covered services during the plan not including prescription medicines)	\$3,700	\$3,300	
Medical benefits			
Inpatient hospital coverage ¹ (Cost per stay)	Days 1-5: \$325 per day Days 6+: \$0 per day	Days 1-5: \$300 per day Days 6+: \$0 per day	
 Outpatient hospital coverage¹ Observation stay and non-surgical services Outpatient surgery 	\$35 \$250	\$20 \$200	
Ambulatory Surgery Center	\$250	\$200	
Doctor visits (Primary specialists)	Primary: \$0 Specialist: \$35	Primary: \$0 Specialist: \$20	
Preventive care (Tests and screenings that can help you avoid illness or improve your health, including blood pressure, bone mass measurement, diabetes, flu and pneumonia vaccines, mammogram, colonoscopy, other cancer screenings and more)	\$0	\$0	
Emergency care	\$90	\$90	
Urgently needed services	\$55	\$20	
 Diagnostic services/Labs/Imaging (Costs for these services may vary based on place of service) Diagnostic radiology (e.g.: MRI, CT, PET) Labs Diagnostic tests and procedures X-rays Therapeutic radiology 	\$300 \$0 \$20 \$20 \$40	\$200 \$0 \$0 \$0 \$0 \$20	
 Hearing services Routine exam Diagnostic exam Hearing aids through TruHearing[®] (See page 9) 	\$0 \$35 \$699/\$999 (two per year, one per ear)	\$0 \$20 \$699/\$999 (two per year, one per ear)	
 Dental services Medicare-covered non-routine dental¹ (Check your EOC for details) Preventive, diagnostic and basic services 	\$35 \$1,000 benefit allowance per year	\$20 \$1,000 benefit allowance per year	
 Vision services Routine exam Diagnostic exam Non-Medicare covered prescription eyewear (See page 9) 	\$0 \$35 \$100 benefit allowance per year	\$0 \$20 \$100 benefit allowance per year	

Align	Symmetry
	network
Same as in-network	Same as in-network
Same as in-network	Same as in-network
\$10,000	\$5,100
Days 1+: 40%	Days 1+: 30%
40%	30%
40%	30%
40%	30%
40%	30%
\$90	\$90
\$55	\$20
40%	30%
40% Not covered	30% Not covered
40% \$1,000 benefit allowance per year	30% \$1,000 benefit allowance per year
40% \$100 benefit allowance per year	30% \$100 benefit allowance per year

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Medical benefits (cont.)	Align	Symmetry		Align	Symmetry
	ln-ne	In-network		Out-of-network	
 Mental health services Therapy visits (Individual and group) Inpatient visit (Per stay) 	\$35 for therapy visits Days 1-5: \$325 per day Days 6+: \$0 per day	\$20 for therapy visits Days 1-5: \$300 per day Days 6+: \$0 per day	-	40%	30%
Skilled nursing facility ¹ (Cost per stay)	Days 1-20: \$0 Days 21-100: \$172 per day	Days 1-20: \$0 Days 21-100: \$155 per day		Days 1-100: 40%	Days 1-100: 30%
Physical therapy	\$35	\$20		40%	30%
Ambulance (Air and ground in U.S.)	\$225	\$225		\$225	\$225
Transportation	Not covered	Not covered		Not covered	Not covered
Medicare Part B drugs ¹ (Chemotherapy and other Part B drugs)	20%	20%		40%	30%

¹ Prior authorization may be required for certain services.

Part D prescription drug coverage

Use this section to learn about the four Part D phases and see the Part D coverage you can choose from. The costs listed are what you pay at in-network pharmacies. Generally, you have to use network pharmacies to fill your prescription meds. These costs may change depending on your pharmacy and when you enter a new Part D phase.



WORDS TO KNOW:

Coverage gap ("donut hole"): Begins after you and your drug plan have spent a certain amount for covered drugs. When you reach the coverage gap, you'll receive some coverage for generic drugs and a discount on brand name drugs.

Creditable prescription drug coverage: Coverage that's equal to or better than standard Medicare Part D.

Drug tier: A system of copays or coinsurance for the different kinds of prescription drugs.

Formulary: A list of medicines that your plan covers.

Mail-order pharmacy: Mails your prescriptions to your door. A preferred cost-sharing mail-order pharmacy usually offers the lowest price for your meds.

Specialty drugs (Tier 5): High-cost medicines used to treat rare conditions.

Part D prescription drug benefits	Align		Symmetry	
Phase 1: Deductible	\$0		\$0	
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 Tier 2: Generic Tier 3: Preferred brand Tier 4: Non-preferred drugs Tier 5: Specialty	\$2 \$9 \$47 \$100 31%	\$6 \$27 \$141 \$300 NA	\$2 \$9 \$47 \$100 31%	\$6 \$27 \$141 \$300 NA
Preferred cost-sharing mail-order pharmacy	three-month sup	oply	three-month su	pply
Tier 1: Preferred generic Tier 2: Generic Tier 3: Preferred brand Tier 4: Non-preferred drugs Tier 5: Specialty	\$0 \$0 \$117.50 \$250 NA		\$0 \$0 \$117.50 \$250 NA	
Phase 3: Coverage Gap	Generics: 25%	Brands: 25%	Tier 1: \$2 Tier 2: \$9 All other Generi Brands: 25%	cs: 25%
Phase 4: Catastrophic	Generics: 5% o	r \$3.60 Brands:	5% or \$8.95 (whic	hever is greater)

See if you qualify for Extra Help

This is a Medicare program for people with a certain level of income. Those who qualify get help with their Medicare Part D costs. Call Social Security to find out if you qualify at **800-772-1213** (TTY **800-325-0778**), 7 a.m. to 7 p.m., Monday through Friday.

Additional benefits	Align	Symmetry		
	In-ne	In-network		
Chiropractic care	\$20	\$20		
Routine physical exams	\$0	\$0		
Foot care (Medically necessary podiatry services)	\$35	\$20		
Medical equipment/supplies ¹ (Durable medical equipment, prosthetics)	20%	20%		
Diabetic supplies (See page 9)	\$0	\$0		
Fitness benefit (See page 9)	\$0	\$0		

	Align	Symmetry		
Out-of-network				
40%		30%		
40%		30%		
40%		30%		
40%		30%		
40%		30%		
50%		50%		

¹ Prior authorization may be required for certain services.

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Get more than great health care

Here's a look at some of the extra perks, benefits and support you'll get as a HealthPartners UnityPoint Health Medicare member.

Travel coverage

You'll have in-network coverage up to nine months when you travel outside your state of residence anywhere in the U.S for at least one month. And, you'll only pay a copay for emergency and urgently needed care worldwide.

Unlimited 24/7 online care virtuwell

virtuwell is a convenient online clinic (currently only available to Iowa residents). 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 guestions 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 (about 30 minutes). If you have questions, the nurse practitioners are available by phone around the clock to help. Learn more at **virtuwell.com**.

Non-Medicare covered eyewear

Visit any optical provider to use your \$100 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 nationwide and worldwide to talk to experienced clinicians who can help determine your need for medical care, or coordinate poststabilization transportation to the nearest facility or your home. Learn more at assistamerica.com.

Easy ways to get your meds

Pick up your meds from your pharmacy or have them delivered to your doorstep. With HealthPartners preferred cost-sharing mail-order pharmacy, you can typically expect to get your meds within five to eight 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 oneplanforme.com/findpharmacy20.

TIP

When you use our preferred cost-sharing mail-order pharmacy, you get a three-month supply of Tier 1 and 2 meds for a \$0 copay!

*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.

Silver&Fit.

Ways to stay active with Silver&Fit®

With the Silver&Fit Exercise and Healthy Aging Program, you can choose from a gym membership or a home fitness kit. Learn more at **silverandfit.com**.

- Silver&Fit Fitness Facility Program*: Get a health club membership at participating fitness clubs.
- Silver&Fit Home Fitness Program: Pick from 34 home fitness kits to be sent to your home twice each year. They cover topics like cardio and strength, yoga, chair exercises, stress management and more.

\$0 Diabetic supplies

You'll have diabetic supplies to monitor blood glucose, like a blood glucose monitor, test strips, lancet devices, lancets and glucose-control solutions. Keep in mind, you must use a network pharmacy or provider and you can order up to a three-month supply at one time. Certain diabetic supplies, including blood glucose testing products, are limited to specific brands and manufacturers. Call Sales for details.

Benefit allowance for dental services

New this year, you'll have a \$1,000 dental benefit to use for preventive care or basic restorative services (things like fillings, simple tooth extractions, non-surgical periodontics and root canals). You can use any dental provider and there are no waiting periods!

Hearing aids through TruHearing

We're excited to partner with TruHearing to offer hearing aids for a \$699 or \$999 copay (depending on technology level) per ear, two each year. 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.

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.

- **CareLine[™] 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 Navigator[™] 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

*Members are able to access out-of-network fitness clubs and may have coverage for a portion of the cost of their monthly membership fee. Limitations apply.

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 UnityPoint Health Medicare 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

Some health plans offer wellness programs 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 oneplanforme.com/compare20
- Call us at 888-347-7199 (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.
- Contact your local broker

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.
- 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** 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?

Come in for an informational meeting:

• Visit **oneplanforme.com/workshop** to find one near you.

Give us a call:

888-360-0796 (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:

oneplanforme.com/tips

Chat with us online: oneplanforme.com

Send us a note:

medicaresales@ healthpartnersunitypointhealth.com

Contact your broker

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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 **888-360-0796** (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 oneplanforme.com/eoc20 or call 888-360-0796 (TTY: 711) to view a copy of the EOC.
- O 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.
- O 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.
- O Benefits, premiums and/or copayments/ coinsurance may change on Jan. 1, 2021.
- O 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

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

healthpartnersunitypointhealth.com/ hpuph/privacy.

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**).

HealthPartners UnityPoint Health is a PPO plan with a Medicare contract. Enrollment in HealthPartners UnityPoint Health depends on contract renewal.

For accommodations of persons with special needs at meetings, call **888-360-0796** (TTY: **711**).

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The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. Silver&Fit is a federally registered trademark of ASH. Contact your health plan or Silver&Fit for more information. You can also refer to the Silver&Fit website. Please check the searchable directory on the Silver&Fit website to see if your location participates in the program.

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 **oneplanforme.com/eoc20**. For a printed copy of the EOC, call us at the numbers on page 11.



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