

2022 Summary of Benefits

HealthPartners® Robin Medicare Advantage Plans

HealthPartners® Robin Birch (PPO)

HealthPartners® Robin Maple (PPO)

January 1, 2022 – December 31, 2022





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A Medicare partner that makes things simple and affordable

When you enroll in a HealthPartners® Robin (PPO) 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 northeast Wisconsin.



Our promise to you

At HealthPartners, we believe in making Medicare simple and affordable. That means low out-of-pocket costs, low copays and low monthly premiums. We also take pride in giving you access to a network with the doctors you know and trust.

HealthPartners Robin Medicare plans

This booklet will help you get to know the two plans we offer:

→ **Birch**

→ **Maple**

Inside, you'll find information about our plans, network, key features, and a summary of the benefits we cover 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 network with trusted care systems and doctors

Here's a closer look at the HealthPartners Robin providers:

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 15,000 doctors and clinicians, and over 2,000 care locations. Find a covered provider at **healthpartners.com/robindoc22**.
- Coverage that includes major care systems in your area so you can continue to receive care from the doctors, clinics, and hospitals you know and trust.
- You can see any doctor that accepts Medicare – even if they're not in-network.
- Care is available from the comfort of your home. Members have unlimited 24/7 online care and phone visits.
- No referrals are needed to see specialists.

Featured care systems

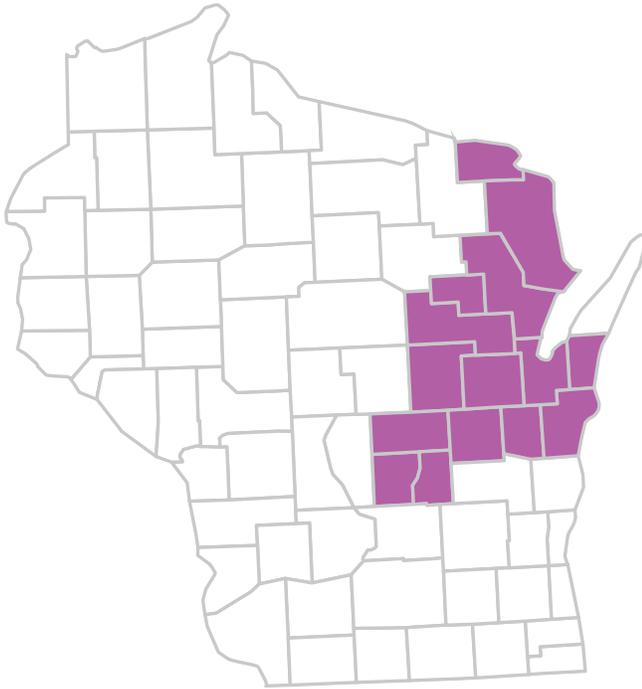
Receive care from major care systems in your area, including:

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

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

Coverage in your area

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



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



Robin Choice Card

The NEW Robin Choice Card is a pre-paid card that can be used to pay for acupuncture, chiropractic services, prescription eyewear and over-the-counter items.

The Robin Choice Card can be used to pay for one item or service, or a combination. You choose how to use it.

After you enroll, watch your mailbox for your Robin Choice Card and important instructions on how to use it



Dental benefits with bite

Dental health is important. Our Birch and Maple plans feature a dental benefit allowance that can be used for preventive care like cleanings, exams and X-rays. The best part? You can use any dental provider and there's no waiting period.

See page 12
to learn more



Stay active and healthy with SilverSneakers®

With a SilverSneakers membership, you'll have access to 16,000+ fitness locations nationwide – and you can visit as many as you'd like. Don't like the gym? Stream live, online classes or use on-demand workout videos from the comfort of home. Or join a SilverSneakers FLEX® class at a nearby park or community center. All this at no additional cost to you.

Learn more at
silversneakers.com



Vision and hearing benefits

Your eyes and ears deserve only the best. Benefits include \$0 copays for routine eye exams and hearing exams.

And, we've partnered with TruHearing® to offer high-quality hearing aids to help you hear what matters most. Choose from a variety of Advanced and Premium models with low copays.



See page 12
to learn more



Travel benefits that soar

Get back to traveling with confidence – whether you're staying close to home or jetting far across the globe. Our enhanced travel coverage includes in-network cost sharing for services when traveling within the U.S. (up to nine months) using the Visitor/Traveler Benefit and worldwide emergency

and urgent care. Before traveling overseas, a medical consultation will prepare you with health advice tailored to your upcoming trip. Plus, you'll get a full range of travel-related services from Assist America®, the nation's largest provider of global emergency services.*

See all
Assist America offers at
[healthpartners.com/
getcareeverywhere](https://healthpartners.com/getcareeverywhere)

*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.

HealthPartners Robin plans

HealthPartners Robin 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 that 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 providers and services are the same.

2022 Plan information

		Birch	Maple
Monthly premium	What you pay each month for your plan	\$0	\$26
Deductible	What you pay out of pocket for services before your plan begins to pay	Medical: Not applicable	Medical: Not applicable
		Part D: \$200 (Applies to Tiers 4 and 5)	Part D: \$200 (Applies to Tiers 4 and 5)
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	\$4,700 combined in- and out-of-network	\$4,200 combined in- and out-of-network
Hospital	Common needs may include	In-network & Out-of-network	In-network & Out-of-network
Inpatient hospital coverage¹		Days 1-5: \$350 per day Days 6+: \$0	Days 1-5: \$295 per day Days 6+: \$0
Outpatient hospital coverage¹	Observation stay and non-surgical services	\$40	\$35
	Outpatient surgery	\$325	\$300
Ambulatory surgery center¹		\$325	\$300

¹Prior authorization may be required for certain services.

2022 Plan information

Doctor Visits and Preventive Care	
Doctor visits	
Primary	Includes virtual consultation, diagnosis, and treatment via video visits
Specialist	
Additional telehealth services	Includes scheduled telephone visits, e-visits, and online clinic visits, including Virtuwell®
Preventive care	Medicare-covered services includes “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
Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs	
Diagnostic services/ Labs/Imaging	Diagnostic radiology (e.g.: MRI, CT, PET)
	Labs
	Diagnostic tests and procedures
	X-rays
	Therapeutic radiology
Hearing / Dental / Vision	
	Common needs may include
Hearing services	Routine exam
	Diagnostic exam
	Hearing aids through TruHearing®
Dental services	Medicare-covered non-routine dental
	Preventive services
Vision services	Routine exam
	Diagnostic exam
	Prescription eyewear
Mental Health Services	
Therapy visits	Individual
	Group
Inpatient visit	

Birch	Maple
In-network & Out-of-network	In-network & Out-of-network
\$0	\$0
\$40	\$35
\$0	\$0
\$0	\$0
\$0	\$0
In-network & Out-of-network	In-network & Out-of-network
\$90	\$90
\$45	\$40
In-network & Out-of-network	In-network & Out-of-network
\$180	\$150
\$0	\$0
\$20	\$10
\$20	\$10
20%	10%
In-network & Out-of-network	In-network & Out-of-network
\$0	\$0
\$40	\$35
\$699 / \$999 per aid; up to two per year	\$699 / \$999 per aid; up to two per year
\$40	\$35
\$1,000 benefit allowance	\$500 benefit allowance
\$0	\$0
\$40	\$35
Covered under Robin Choice Card (see page 18)	Covered under Robin Choice Card (see page 18)
In-network & Out-of-network	In-network & Out-of-network
\$30	\$25
\$30	\$25
Days 1-5: \$350 per day Days 6+: \$0	Days 1-5: \$295 per day Days 6+: \$0

2022 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	Per one-way trip; Air / Ground in U.S.
Medicare Part B Drugs	
Medicare Part B drugs¹	Chemotherapy and other drugs that must be administered by a health professional

¹Prior authorization may be required for certain services.

Birch	Maple
In-network & Out-of-network	In-network & Out-of-network
Days 1-20: \$0 Days 21-100: \$188 per day	Days 1-20: \$0 Days 21-100: \$155 per day
\$35	\$30
In-network & Out-of-network	In-network & Out-of-network
\$300	\$275
In-network & Out-of-network	In-network & Out-of-network
20%	20%

Part D prescription drug coverage

Use this section to learn about the four Part D phases. The costs are what you'll pay at in-network pharmacies. 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.

2022 Plan information

	Birch		Maple	
Phase 1: Deductible (Applies to Tiers 4 and 5)	\$200		\$200	
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	\$0	\$0	\$2	\$6
Tier 2: Generic	\$9	\$27	\$9	\$27
Tier 3: Preferred brand	\$47	\$141	\$47	\$141
Tier 3: Select insulin drugs	\$35	\$105	\$35	\$105
Tier 4: Non-preferred drugs	\$100	\$300	\$100	\$300
Tier 5: Specialty	29%	NA	29%	NA
Preferred cost-sharing mail order pharmacy		three month supply		three month supply
Tier 1: Preferred generic		\$0		\$4
Tier 2: Generic		\$18		\$18
Tier 3: Preferred brand		\$131		\$131
Tier 3: Select insulin drugs		\$95		\$95
Tier 4: Non-preferred drugs		\$290		\$290
Tier 5: Specialty		NA		NA
Phase 3: Coverage Gap	Tier 3 Select insulin drugs: \$35 Generics: 25% Brands: 25%		Tier 1: \$2 Tier 2: \$9 Tier 3 Select insulin drugs: \$35 All other generics: 25% Brands: 25%	
Phase 4: Catastrophic	Generics: 5% or \$3.95 / Brands: 5% or \$9.85 (whichever is greater)			

Here's how Medicare Part D works

You move through four phases throughout the year:

1

Deductible

You pay out of pocket for your meds until you reach your deductible. This may only apply to certain Tiers.

2

Initial coverage

Once you reach your deductible, your plan starts to cover some of your costs. Here, you pay a copay or coinsurance.

Once you **and your plan** pay \$4,430

3

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 brand name drugs.

Generics: **25%**

Brands: **25%**

Once you **alone** pay \$7,050

4

Catastrophic

Generics: **5%** or **\$3.95**

Brands: **5%** or **\$9.85**

(whichever is greater)

Coverage for insulin

Members pay \$35 for a 30-day supply of select insulin in the deductible, initial coverage and coverage gap phases. To find out which drugs are select insulins, view the formulary at healthpartners.com/robinmeds22.

Additional benefits and perks

2022 Plan information

Robin Choice Card	<p>Your prepaid card that helps you pay for non-Medicare covered:</p> <ul style="list-style-type: none"> • Acupuncture • Chiropractic services • Prescription eyewear • Over-the-counter items through NationsOTC <p>The card can be used to pay for one item or service, or a combination</p>
Fitness benefit	<p>SilverSneakers Fitness Program (see page 8)</p>
Medical equipment / supplies¹	<p>Durable medical equipment</p> <hr/> <p>Prosthetics</p> <hr/> <p>Diabetic supplies</p>

¹Prior authorization may be required for certain services.

Birch	Maple
In-network & Out-of-network	In-network & Out-of-network
\$550 per year	\$250 per year
\$0	\$0
20%	20%
20%	20%
\$0	\$0

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 healthy meal kits to exercise equipment to essential health products, there are discounts for retailers and services that will help you feel better and achieve the health you want.

Eat healthy, eat well

Fruitshare

FruitShare brings the farm to your table with organic fruit delivery.

- ✓ 5% off any fruit box

Healthy for Life Meals

Healthy For Life Meals is a fresh, nutritionally controlled meal service designed for weight loss, weight maintenance, and those looking to eat healthy without having to cook. Menus focus on clean, whole, real foods, with a huge amount of variety – over 105 meals with traditional and vegetarian options.

- ✓ \$5 discount per week on full-week orders

Great fitness starts at home

Johnson Fitness & Wellness

Johnson Fitness & Wellness has nearly 100 retail showrooms and carries the top brands in home fitness. Bring your running shoes and try out their huge selection of new and used treadmills, ellipticals, exercise bikes, rowers and strength machines in person.

- ✓ 20% off MSRP of any new fitness equipment
- ✓ Free delivery to room of your choice for any new fitness equipment

Save on essential health products

HealthPartners Home Medical Equipment

HealthPartners Home Medical Equipment offers many products for your health care needs.

- ✓ CPAP and Bi-Level supplies
- ✓ Light boxes
- ✓ Nebulizers and accessories and more!
- ✓ 15% off any item

Take a look at eyewear savings

Eyewear Discounts

Show your EyeMed discount card to save money on eyeglass frames, lenses, contacts, retinal imaging and more at participating retail stores nationwide.

- ✓ Up to 35% off eyewear and services at participating locations

Learn more at
healthpartners.com/healthydiscounts

The additional products and services described are neither offered nor guaranteed under our contract with the Medicare program. In addition, they 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.

Are there still monthly costs?

You're still paying your Medicare Part B monthly premium to the federal government. So, you're still paying something for your Medicare coverage.

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.

Do I have to pay for preventive care?

All of our 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.

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.

What other types of care and support are included?

Our health plans offer support for things like tobacco and alcohol use. These services can help you make positive lifestyle changes. Immunizations like the flu shot can help keep you and those around you healthy.

Sign up today or get more information

Are you ready to sign up? Here's how:

- Visit healthpartners.com/enrollrobin22
- 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](https://www.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 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

Contact your broker



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

- 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/eoc22 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 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, 2023.
- 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.

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://www.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 833-256-7045 (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/eoc22](https://www.healthpartners.com/eoc22) or call us at the number on page 24.



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