

Our 2020 Star Rating is a 4.5 out of 5! Join a highly-rated plan and get the quality you deserve.



Let's get started

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

HealthPartners® Robin Medicare Advantage 2020 Summary of Benefits

HealthPartners® Robin Birch (PPO) HealthPartners® Robin Maple (PPO)

Jan. 1, 2020 – Dec. 31, 2020

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

With a Medicare Advantage plan like Birch or Maple, 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, and coverage for hearing aids.

HealthPartners has teamed up with Bellin Health and ThedaCare to offer HealthPartners Robin – a local Medicare Advantage option in northeast Wisconsin. This relationship highlights the best of all companies: the provider network of Bellin Health and ThedaCare and the health plan expertise of HealthPartners. Together, we maximize our collective innovations in health care to improve the health and well-being of the communities we serve.

This booklet will help you get to know the two 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.



Robin service area includes:

- Brown
- Calumet
- Florence
- Green Lake
- Kewaunee
- Manitowoc
- Marinette
- Marquette

- Menominee
- Oconto
- Outagamie
- Shawano
- Waupaca
- Waushara
- Winnebago

Why choose a HealthPartners Medicare plan?

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 10,000 doctors and 30 hospitals.
 Find a covered provider at healthpartners.com/robindoc20
- All Bellin Health hospitals and clinics, ThedaCare hospitals and clinics, Aurora Health Care hospitals and clinics, BayCare Clinic, Holy Family Memorial hospital and clinics, 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[®]
- A health club membership or home fitness kits through the Silver&Fit[®]
 Exercise and Healthy Aging Program
- Hearing aid benefit, coverage for diabetic supplies

Are your prescription meds covered?

- You can check at healthpartners.com/robinmeds20
- 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.

| | Robin Birch | Robin Maple | |
|---|--|--|--|
| | In-network | | |
| Monthly premium (What you pay each month for your insurance plan) | \$0 | \$20 | |
| Deductible (What you pay for a service, item or drug before your insurance kicks in) | Medical: Not applicable Part D: \$200 (Only applies to Tiers 3, 4 and 5) | Medical: Not applicable Part D: \$200 (Only applies to Tiers 3, 4 and 5) | |
| Maximum out-of-pocket (This is the most you'll pay out of pocket for covered services during the plan not including prescription medicines) | \$5,100 | \$3,600 | |
| Medical benefits | | | |
| Inpatient hospital coverage ¹ (Cost per stay) | Days 1-4: \$400 per day Days 5+: \$0 per day | Days 1-4: \$350 per day Days 5+: \$0 per day | |
| Outpatient hospital coverage¹ Observation stay and non-surgical services Outpatient surgery | \$40 \$325 | \$35 \$300 | |
| Ambulatory Surgery Center ¹ | \$325 | \$300 | |
| Doctor visits (Primary specialists) | Primary: \$10 Specialist: \$40 | Primary: \$5 Specialist: \$35 | |
| 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 | \$45 | \$40 | |
| 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 | 20% \$10 \$20 \$20 20% | 20% \$5 \$10 \$10 10% | |
| Hearing services Routine exam Diagnostic exam Hearing aids through TruHearing® (See page 9) | \$0 \$40 \$699/\$999 (two per year, one per ear) | \$0 \$35 \$699/\$999 (two per year, one per ear) | |
| Dental services Medicare-covered non-routine dental¹ (Check your EOC for details) Annual exam, annual cleaning and bite wing X-ray every two years | \$40 Not covered | \$35 \$0 | |
| Vision services Routine exam Diagnostic exam | \$0 \$40 | \$0 \$35 | |
| Mental health services Therapy visits (Individual and group) Inpatient visit (Per stay) | \$40 for therapy visits Days 1-4: \$400 per day Days 5+: \$0 per day | \$35 for therapy visits Days 1-4: \$350 per day Days 5+: \$0 per day | |

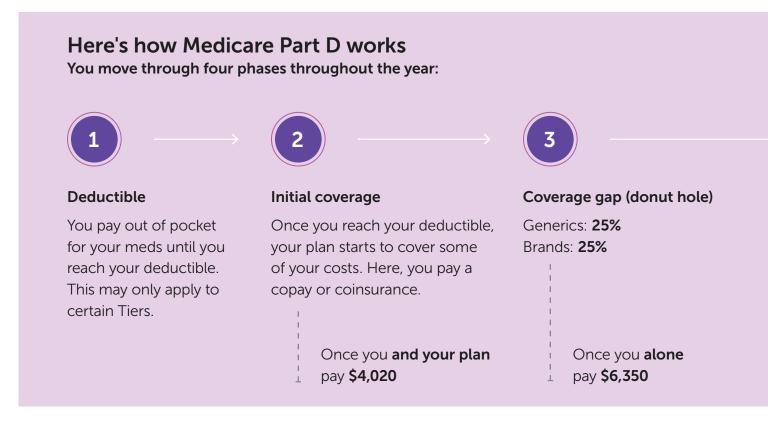
| Robin Birch | Robin Maple |
|---|---|
| Out-of- | network |
| Same as in-network | Same as in-network |
| Same as in-network | Same as in-network |
| \$10,000 (combined in- and out-of-network) | \$8,000(combined in- and out-of-network) |
| | |
| Days 1+: 40% | Days 1+: 30% |
| 40% | 30% |
| 40% | 30% |
| 40% | 30% |
| 40% | 30% |
| \$90 | \$90 |
| \$45 | \$40 |
| 40% | 30% |
| 40% Not covered | 30% Not covered |
| 40% | 30% |
| 40% | 30% |
| 40% | 30% |

| Medical benefits (cont.) | Robin Birch | Robin Maple |
|--|---|--|
| | In-network | |
| Skilled nursing facility ¹ (Cost per benefit period) | Days 1-20: \$0 Days 21-100: \$167.50 per day | Days 1-20: \$0 Days 21-100: \$155 per day |
| Physical therapy | \$40 | \$35 |
| Ambulance (Air ground in U.S.) | 20% \$300 | 20% \$275 |
| Transportation | Not covered | Not covered |
| Medicare Part B drugs ¹ (Chemotherapy and other Part B drugs) | 20% | 20% |

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.



| Robin Birch | Robin Maple | |
|-----------------|-----------------|--|
| Out-of-network | | |
| Days 1-100: 40% | Days 1-100: 30% | |
| 40% | 30% | |
| 20% \$300 | 20% \$275 | |
| Not covered | Not covered | |
| 40% | 30% | |

4

Catastrophic

Generics: **5%** or **\$3.60** Brands: **5%** or **\$8.95** (whichever is greater)

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 | Robin Birch | | Robin Maple | e |
|---|-------------------------------------|-------------------------------------|--|-------------------------------------|
| Phase 1: Deductible (Applies to Tiers 3, 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 Tier 2: Generic Tier 3: Preferred brand Tier 4: Non-preferred drugs Tier 5: Specialty | \$2 \$9 \$47 \$100 29% | \$6 \$27 \$141 \$300 NA | \$2 \$9 \$47 \$100 29% | \$6 \$27 \$141 \$300 NA |
| Preferred cost-sharing mail-order pharmacy | three-month su | pply | three-month su | ıpply |
| Tier 1: Preferred generic Tier 2: Generic Tier 3: Preferred brand Tier 4: Non-preferred drugs Tier 5: Specialty | \$4 \$18 \$131 \$290 NA | | \$4 \$18 \$131 \$290 NA | |
| Phase 3: Coverage Gap | Generics: 25% | 6 Brands: 25% | Tier 1: \$2 Tier 2: \$9 All other Gener Brands: 25% | ics: 25% |
| Phase 4: Catastrophic | Generics: \$3.6 | 0 or 5% Brands: | \$8.95 or 5% (which | chever is greater) |

| Additional benefits | Robin Birch | Robin Maple |
|--|-------------|-------------|
| | In-network | |
| Chiropractic care | \$20 | \$20 |
| Routine physical exams | \$0 | \$0 |
| Foot care (Medically necessary podiatry services) | \$40 | \$35 |
| Medical equipment/supplies ¹ (Durable medical equipment, prosthetics) | 20% | 20% |
| Diabetic supplies ¹ (See page 9) | \$0 | \$0 |
| Fitness benefit (See page 9) | \$0 | \$0 |

¹ Prior authorization may be required for certain services.

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.

| Robin Birch | Robin Maple | |
|----------------|-------------|--|
| Out-of-network | | |
| 40% | 30% | |
| 40% | 30% | |
| 40% | 30% | |
| 40% | 30% | |
| 40% | 30% | |
| Not covered | Not covered | |

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 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. 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**.

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 healthpartners.com/robinpharmacy20.

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 two-month 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.

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

Hearing aids through TruHearing

We're excited to partner with TruHearing to offer hearing aids for a \$699 or \$999 copay per aid (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.

\$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 us for details.

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 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 ofyour 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

Our health plans offer support 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 healthpartners.com/enrollrobin20
- 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**.
- 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 healthpartners.com/mymeetings to find one near you.

Give us a call:

833-256-7046 (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:

healthpartners.com/robinblog

Chat with us online:

healthpartners.com/medicare

Send us a note:

medicaresales@healthpartners.com

Contact your broker

Follow us online:

- G
- Facebook: **@HealthPartnersMN**
- Twitter: @_HealthPartners
- Instagram: @HealthPartners

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 **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/eoc20 or call 833-256-7046 (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 noncontracted 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

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

Other providers are available in our network.

Every year, Medicare evaluates plans based on a 5-Star rating system.



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