



HealthPartners®

# You're just getting started

PARTNER WITH A MEDICARE PLAN THAT KEEPS YOU DOING  
WHAT YOU LOVE

HealthPartners® Journey Stride (PPO)  
2018 Summary of Benefits  
**Jan. 1, 2018 – Dec. 31, 2018**



# Hello!

I've talked to a lot of people on their journey to choosing the best Medicare plan for them. The one thing I hear the most? "Medicare is so confusing." As the manager of our Sales team, that's the last thing I want it to be.

I know you have things you need to stay healthy for – traveling, chasing grandkids, starting a new hobby. At the end of the day, a reliable partner in your health makes all the difference. I've seen firsthand how our passion and dedication make Medicare a simple transition.

Use this summary of benefits to get to know the HealthPartners Journey plan. It outlines what the plan covers and what you pay for those services. 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 at [healthpartners.com/EOC](https://healthpartners.com/EOC).

Have questions along the way? My team and I are here to answer them. Whether you want to learn more about the plan or simply have questions about Medicare, give us or your broker a call.

In the meantime, here are a few questions I tell people to ask themselves as they shop for their Medicare plan:

- Can I keep my doctor?
- Do I need referrals to see specialists?
- Am I covered when I travel?
- Are my meds covered?
- Is there a dental benefit?
- Is there a fitness benefit?

Let's plan for Medicare, together.



Sincerely,

Sara Wagner



## LEARN THE LINGO

Use the glossary on page 10 as a reference for the terms used throughout this book.

# Start your next adventure

HealthPartners gives you the care and coverage you need to stay healthy for what matters most. With a Medicare Advantage plan, like Journey, you'll get all your Medicare coverage from one simple plan. That means you'll only need one ID card whether you visit your doctor or pick up your meds at the pharmacy. And, if you have questions about your medical or prescription drug coverage, you'll just have one number to call.

Make your Medicare simple, so you can spend more time doing what you love.

## Wondering where to get care?

We've hand-picked our network to include high-performing hospitals and clinics, including some from our very own HealthPartners family of care. It's designed to provide top-notch care options for those living in the Twin Cities metro area and St. Cloud. Our network includes all HealthPartners and Park Nicollet clinics and hospitals, the providers listed below and more.

- HealthPartners Central Minnesota Clinics
- Methodist Hospital
- Physicians Neck & Back Center
- Regions Hospital

When you use the providers in our network, you may pay less for covered services. You can also use providers that aren't in our network, but you may end up paying more. Search providers at [healthpartners.com/journeydoc](https://healthpartners.com/journeydoc).

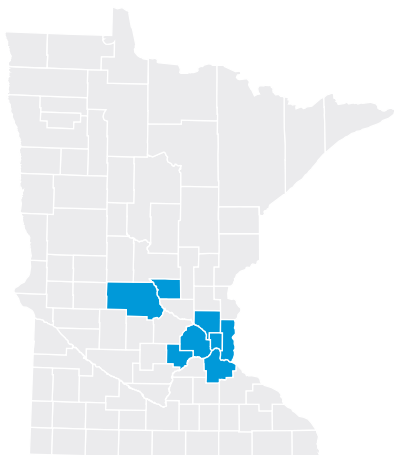
## Who can join?

Anyone who:

- Has Medicare Parts A and B
- Lives in the service area
- Does not have end-stage renal disease (there are exceptions)

The service area includes the following counties:

- Anoka
- Benton
- Carver
- Dakota
- Hennepin
- Ramsey
- Stearns
- Washington



# Stay healthy for what matters

Here's a look at some of the extra perks, benefits and support you'll get.

## Go travel — you're covered

The visitor/traveler benefit lets you keep your plan while you're continuously outside of Minnesota (anywhere in the U.S.) for at least one month. When you use this benefit, you'll pay your in-network copays and coinsurance for all covered services. And, you'll be covered for up to nine consecutive months – now that's a vacation! To use this benefit, just let Member Services know when you plan to travel.

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 – at no cost to you. Call 24/7 nationwide and worldwide to:

- Talk to experienced clinicians who can help you assess your need for medical care
- Coordinate post-stabilization transportation to the nearest facility or your home

Learn more at [assistamerica.com](http://assistamerica.com).

## Care the way you want it

You'll pay nothing for unlimited visits to [virtuwell](http://virtuwell.com)®, your 24/7 online clinic. No drive time and no wait time. Visit from any computer anywhere in the U.S. or right from your phone. You'll get a personalized treatment plan from a nurse practitioner and, if needed, a prescription sent right to your pharmacy. Learn more at [virtuwell.com](http://virtuwell.com).



## Options to stay active

With the Silver&Fit® Exercise & Healthy Aging Program, you'll get a membership at a participating fitness facility at no cost to you. Visit [silverandfit.com](http://silverandfit.com) to find a facility. Prefer to work out at home? Choose the Home Fitness Program and get up to two Home Fitness kits each year.



To sign up or get more information, visit [silverandfit.com](http://silverandfit.com) or call Silver&Fit customer service at **888-797-8092** (TTY: **711**), Monday through Friday, 7 a.m. - 8 p.m., CT.

## Support to be tobacco free

Want to kick the habit? We'll help you get there. You pay nothing for additional sessions of face-to-face counseling and interactive online and phone-based coaching.

## Quick advice from a 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. Get help with:

- Knowing when to see a doctor, questions about medicines you're taking or home treatments
- Health care and benefits questions, or choosing a treatment option
- Finding a mental or chemical health professional in your network

*\*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.*

BENEFIT	JOURNEY STRIDE (IN-NETWORK)	JOURNEY STRIDE (OUT-OF-NETWORK)
<b>Monthly premium</b> (You must continue to pay your Medicare Part B premium)		\$44.30
<b>Deductible</b>	Medical: Not applicable   Part D: \$195	
<b>Maximum out-of-pocket responsibility</b> (This is the most you'll pay out of pocket for the year, not including prescription medicines)	\$3,400	\$5,100 (Combined in- and -out-of-network)
<b>Inpatient hospital coverage</b> (Cost per benefit period)	\$400	Day 1 and beyond: 40%
<b>Outpatient hospital coverage<sup>1</sup></b> • Observation and non-surgical services • Outpatient surgery	\$0 \$150	40%
<b>Doctor visits</b> (primary care and specialists)	Primary: \$15 Specialists: \$40	40%
<b>Preventive care</b>	\$0	40%
<b>Emergency care</b>	\$100	\$100
<b>Urgently needed services</b>	\$40	\$40
<b>Diagnostic services/Labs/Imaging</b> (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% \$0 10%	40%
<b>Hearing services</b> • Routine exam • Diagnostic exam	\$0 \$40	40%
<b>Dental services</b> • Medicare-covered non-routine dental (Check your Evidence of Coverage for details)	\$0	40%
<b>Vision services</b> • Routine exam • Diagnostic exam	\$0 \$40	40%
<b>Mental health services</b> • Individual therapy visit • Group therapy visit • Inpatient visit (Per benefit period)	\$40 \$20 \$400	40% for all therapy visits Days 1 and beyond: 40%
<b>Skilled nursing facility<sup>1</sup></b> (Cost per benefit period)	Days 1-20: \$0 Days 21-100: \$100 per day	Days 1-100: 40%
<b>Physical therapy</b>	\$40	40%
<b>Ambulance</b>	20%	20%
<b>Transportation</b>	Not covered	Not covered
• <b>Medicare Part B drugs<sup>1</sup></b> (Chemotherapy and other Part B drugs)	\$0-20%	40%

<sup>1</sup> Prior authorization may be required for certain services.

# Part D prescription drug coverage

The costs listed are what you pay at in-network pharmacies. Generally, you must use network pharmacies to fill your prescriptions for covered Part D medicines. The costs below may change depending on your pharmacy and when you enter another Part D phase. Call us or check the Evidence of Coverage at [healthpartners.com/EOC](https://healthpartners.com/EOC) for more information.

## PHASE 1: DEDUCTIBLE

You pay out of pocket for your meds until you reach your deductible. The deductible for Journey Stride is \$195.

## PHASE 2: INITIAL COVERAGE

Once you reach your deductible, your plan starts to cover some of your costs. Here, you'll pay a copay or coinsurance (shown in the tables on this page).

	ONE-MONTH SUPPLY (standard retail and standard mail-order pharmacies)	THREE-MONTH SUPPLY (standard retail and standard mail-order pharmacies)
Tier 1: Preferred generic	\$6	\$18
Tier 2: Generic	\$20	\$60
Tier 3: Preferred brand	\$47	\$141
Tier 4: Non-preferred drugs	50%	50%
Tier 5: Specialty	28%	Not applicable
	THREE-MONTH SUPPLY (preferred cost-sharing mail-order pharmacies)	
Tier 1: Preferred generic	\$12	
Tier 2: Generic	\$40	
Tier 3: Preferred brand	\$94	
Tier 4: Non-preferred drugs	50%	

**A 90-day supply is not available for drugs in Tier 5: Specialty.**

## PHASE 3: COVERAGE GAP ("DONUT HOLE")

Once you and your plan pay \$3,750, you enter the coverage gap. Here, you'll pay 44% for Generics and 35% for Brands.

## PHASE 4: CATASTROPHIC

Once you alone pay \$5,000, you enter the catastrophic phase. If you reach this phase, you'll pay 5% or \$3.35 for Generics and 5% or \$8.35 for Brands (whichever is greater).

## Easy ways to get your meds

Pick up your meds from your pharmacy or have them delivered to your doorstep. With mail order, you can typically expect to get your meds within five to eight business days from the time the pharmacy receives your order. See the list of covered pharmacies at [healthpartners.com/partdpharmacy](https://healthpartners.com/partdpharmacy). And check if your meds are covered at [healthpartners.com/medicarerx](https://healthpartners.com/medicarerx).

# Additional benefits

BENEFIT	JOURNEY STRIDE (IN-NETWORK)	JOURNEY STRIDE (OUT-OF-NETWORK)
<b>Chiropractic care</b>	\$15	40%
<b>Acupuncture</b>	\$35	
<b>Remote access technologies</b> <ul style="list-style-type: none"> <li>e-visits, scheduled telephone visits, virtuwel<sup>®</sup>, Careline</li> <li>Real-time interactive audio and video technologies</li> </ul>	\$0 \$15-\$40	
<b>Emergency and urgently needed services outside the U.S.</b> (Including ground ambulance)	Not applicable	20%
<b>Foot care</b> (Podiatry services; medically necessary)	\$40	40%
<b>Medical equipment/supplies<sup>1</sup></b> (Durable medical equipment, prosthetics, diabetes supplies)	20%	40%
<b>Fitness benefit</b> (See page 4 for details)	\$0	50%*

\*Out-of-network fitness facility

<sup>1</sup> Prior authorization may be required for certain services.

## Don't forget about your teeth!

Your mouth is just as important when it comes to your overall health. Take care of your pearly whites with optional comprehensive dental coverage for an additional premium. The table below shows what you pay for in-network care.

<b>Monthly premium</b>	\$41.50
<b>Deductible</b> (Doesn't apply for preventive and diagnostic services)	\$50
<b>Maximum benefit</b> (Preventive and diagnostic services apply to the annual maximum)	\$1,100 per calendar year. (\$200 may be applied to out-of-network services)
<b>Preventive and diagnostic care</b> (Routine exams, cleanings and X-rays)	\$0
<b>Sealants</b> (Pit and fissure)	50%
<b>Regular and restorative care</b> (Fillings, oral surgery, periodontics and endodontics)	50%
<b>Special restorative care</b> (Crowns and onlays)	50%
<b>Prosthetics</b> (Bridges, dentures and partial dentures)	50%

# Signing up is easy

## When can I enroll in HealthPartners Journey?

You can enroll at any time. However, there may be limitations. Call us or visit [medicare.gov](https://www.medicare.gov) for more information. Here are the most common Medicare enrollment periods:

### 3 MONTHS ▲



**The Initial Enrollment Period (IEP)** is the 7-month window beginning three months before and ending three months after your 65th birthday month.

### 3 MONTHS ▼



**The Annual Election Period (AEP)** runs from Oct. 15 to Dec. 7.



**The Special Enrollment Period (SEP)** is an enrollment period for special life events.

## Next steps

### SIGN UP IN ONE OF THE FOLLOWING WAYS:



Visit [healthpartners.com/ShopMA](https://healthpartners.com/ShopMA)



Call us at **952-883-6644** or **844-363-8980**



Fill out and send in the paper application using the prepaid envelope in your enrollment kit. Or, you can 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. Call us at the numbers on page 9 to order your enrollment kit.

## GET BACK TO DOING WHAT YOU LOVE

After you've enrolled, a member of our Member Services team will call to confirm your enrollment. They'll also review the Journey plan rules to help you get to know your new plan.

Plus, you'll get a welcome packet with your member ID card, Evidence of Coverage and other helpful materials.



# Looking for more info?

## COME TO AN INFORMATIONAL MEETING

Call or visit [healthpartners.com/journeymtg](http://healthpartners.com/journeymtg) to find a meeting near you.

## GIVE US A CALL – WE'RE HERE TO HELP

952-883-5090 or 844-363-8979 (TTY: 711)

Oct. 1 through Feb. 14:  
8 a.m. to 8 p.m. CT, seven days a week

Feb. 15 through Sept. 30:  
8 a.m. to 8 p.m. CT, Monday through Friday

## VISIT ONLINE

[healthpartners.com/medicare](http://healthpartners.com/medicare)

## STOP BY AND SEE US

HealthPartners Medicare Sales  
8170 33rd Ave. S., Bloomington, MN 55425

## EMAIL

[medicaresales@healthpartners.com](mailto:medicaresales@healthpartners.com)

## TALK TO YOUR BROKER

## Ask these as you shop

The questions on the left are important things to consider while comparing your options. Have a few more must-haves? Use the blank boxes to write those in.

QUESTIONS	PLANS I'M INTERESTED IN		
	HealthPartners		
Can I keep my doctor?	<a href="http://healthpartners.com/journeydoc">healthpartners.com/journeydoc</a>		
Do I need referrals to see specialists?	No		
Am I covered when I travel?	Yes		
How are my meds covered?	<a href="http://healthpartners.com/medicarerx">healthpartners.com/medicarerx</a>		
Is there a dental option?	Yes		
Is there a fitness benefit?	Yes		



## CHECK OUT OUR BLOG

Written by some of our own Medicare experts, this educational blog is a helpful tool to help you plan for Medicare. Learn about eligibility, Medicare basics and more. Visit [healthpartners.com/journeyblog](http://healthpartners.com/journeyblog).

# Words to know

**Annual election period:** When you can join or switch your Medicare plan.

**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 days in a row.

**Coinsurance:** The percentage of the total bill you pay when you use a medical service or drug.

**Copay or copayment:** What you pay when you use a medical service or drug; usually a flat dollar amount, like \$15.

**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 coverage:** Prescription drug coverage that is equal to or better than standard Medicare Part D.

**Deductible:** What you pay for a service, item or drug before your insurance kicks in.

**Drug tier:** A system of copays or coinsurance for the different kinds of prescription drugs. Generally, a drug in a lower tier will cost less than a drug in a higher tier.

**Formulary:** A list of medicines that your plan covers.

**Medicare Advantage plan ("Part C" or "MA"):** A type of Medicare plan that gives you coverage for Medicare Parts A, B and D. This means you get your hospital, medical and prescription coverage all in one plan. HealthPartners Journey Stride is a Medicare Advantage Plan.

**Medicare Cost plan:** A type of Medicare plan that lets you use benefits outside the plan's network or service area, and covered services within those benefits are paid for by Original Medicare.

**Network:** Doctors, hospitals, pharmacies and other health care providers who have contracted with your health plan. Typically, plan members get the lowest cost for services when using network providers.

**Preferred cost-sharing mail-order pharmacy:** Mails your prescriptions to your door. This type of pharmacy usually offers the lowest price for your meds.

**Premium:** What you pay each month for your health or prescription drug plan.

**Preventive care:** Tests and screenings that can help you avoid illness or improve your health. This includes blood pressure, diabetes and cancer screenings, some vaccines and more.

**Provider:** Any organization, institution or individual that supplies health care services.

**Service area:** The defined geographic region where a health plan accepts members and where the plan's services are provided.

**Specialty drugs:** High-cost medicines used to treat rare conditions.

To learn about what Original Medicare covers and what it costs, read through your “Medicare & You” handbook. Or, visit [medicare.gov](http://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](http://healthpartners.com/public/privacy).

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

If you attend a community meeting, a sales person will be present with information and applications. For accommodations of persons with special needs at sales meetings, call HealthPartners Medicare Sales at the numbers on page 9.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and copayments/coinsurance may change on Jan. 1 of each year.

Out-of-network/non-contracted providers are under no obligation to treat HealthPartners members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

The formulary, pharmacy network and provider network may change at any time. You will receive notice when necessary.

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For a printed copy of our formulary, pharmacy directory or provider directory, call us at the numbers on page 9.



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55425