

## HealthPartners® Medicare Group Solution 2023 Summary of Benefits

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Aug. 1, 2023 – July 31, 2024  
Scott County #2604

### HealthPartners® Journey Group (PPO) Plan HealthPartners® Retiree National Choice (PDP) Plan

Use this summary document to get to learn about the Medicare Group Solution, which plan you are eligible to enroll in, what is covered and what you pay for those services. It doesn't list everything we cover, or every limitation or exclusion. For a complete list of covered services and how much you pay, give us a call at one of the numbers below and ask for the Evidence of Coverage or Group Certificate.

Because your group does not renew its HealthPartners coverage on January 1<sup>st</sup>, your Medicare benefits may change on January 1, 2024 and the 2024 Part D thresholds will also take effect on January 1, 2024. All other HealthPartners medical benefit will be maintained until your group's renewal date. If you have any questions, please contact your benefits manager or Member Services.

### We're here to help

Call us at **952-883-7428** or **866-993-7428**  
(TTY **711**)

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**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.**

The **HealthPartners Medicare Group Solution** brings together your medical and Part D prescription drug coverage. To be eligible you must be enrolled in the Federal Medicare Program for Part A (hospital coverage) AND Part B (medical coverage), live in the plan's service area and meet other eligibility criteria determined by your employer group.

The HealthPartners Medicare Group Solution plan you are eligible for is based on your county of residence. The coverage under each plan is designed to be the same and there are some differences in how the plans work. These differences are highlighted below.

<p>If you live in the following Minnesota counties you are eligible for the <b>Journey Group (PPO) Plan</b>.</p> <p><b>Service area:</b> Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Cottonwood, Crow Wing, Dakota, Douglas, Grant, Hennepin, Hubbard, Isanti, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, LeSueur, Lincoln, Lyon, Mahnomon, Marshall, McLeod, Meeker, Mille Lacs, Morrison, Murray, Nobles, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Rice, Rock, Roseau, Scott, Sherburne, Sibley, Stearns, Stevens, St Louis, Swift, Todd, Traverse, Wadena, Washington, Wilkin, Wright and Yellow Medicine.</p> <p><b>Journey Group Plan</b> You'll receive one member ID card after you enroll and HealthPartners will administer all of your Medicare coverage – medical and Part D prescription drug coverage.</p> <p><b>Note:</b> For medical services you can see any provider that is eligible to participate in Medicare. The plan does have a network of contracted providers but for medical services, your in-network and out-of-network benefits are the same.</p>	<p>If you live in the following Minnesota counties OR outside of Minnesota you are eligible for the <b>Retiree National Choice (PDP) Plan</b>.</p> <p><b>Service Area:</b> Blue Earth, Brown, Dodge, Faribault, Fillmore, Freeborn, Goodhue, Houston, Martin, Mower, Nicollet, Olmsted, Steele, Wabasha, Waseca, Watonwan, Winona AND all other U.S. States and Puerto Rico.</p> <p><b>Retiree National Choice Plan (RNC)</b> You'll receive two member ID cards from HealthPartners after you enroll. One is for your medical coverage and the other is for your Part D prescription drug coverage. For medical services present your Original Medicare and HealthPartners medical ID card. Medicare is primary and HealthPartners will coordinate with Original Medicare. When you get services, the provider will bill Medicare first and then HealthPartners.</p> <p><b>Note:</b> For medical services you can see any provider that is eligible to participate in Medicare. If you need assistance locating a provider, please call our Member Services number.</p>
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Once you are enrolled in Journey Group or RNC and your plan is effective you can access your 2023 plan materials by logging in on your *myhealthpartners* account at **healthpartners.com**. If you're signed up for paperless delivery we'll send you an email when your plan materials are available for viewing. This includes your Evidence of Coverage, provider directory (if applicable), pharmacy directory and formulary.

The information in this document is not a complete description of benefits. Call 952-883-7428 or 866-993-7428; TTY: 711 for more information.

## MEDICAL BENEFITS

BENEFITS	DESCRIPTION	WHAT YOU PAY
<b>Monthly Premium:</b> Contact your employer for premium information. If you're billed directly by HealthPartners, call us at the numbers on the front page for your premium information.		
<b>Deductible</b>	What you pay out of pocket for services before your plan begins to pay	Your plan doesn't have a deductible.
<b>Maximum out-of-pocket</b> (does not include Part D)	The most you'll pay for covered services during the plan year. Not all services apply. Please see the plan's EOC or Group Certificate for details.	\$3,000 Journey Group: combined in- and out-of-network RNC: no network
<b>Hospital</b>		
Inpatient hospital coverage <sup>1</sup>		\$0 per stay
Outpatient hospital coverage <sup>1</sup>	Observation stay and non-surgical services	\$0
	Outpatient surgery	\$0
Ambulatory surgery center (ASC) <sup>1</sup>		\$0
<b>Doctor Visits and Preventive Care</b>		
Primary	Includes virtual consultation, diagnosis, and treatment via video visits	\$10
Specialist		\$10
Additional telehealth services	Includes scheduled telephone visits, e-visits, and online clinic visits, including Virtuwell®*	\$0
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	\$0
	Routine physical exams (once a year)	\$0
<b>Emergency and Urgent Care</b>		
Emergency care	In U.S./Worldwide	\$30 / 20%
Urgently needed services	In U.S./Worldwide	\$10 / 20%
<b>Outpatient Diagnostic Test, Radiation Therapy, X-rays, and Labs</b>		
Diagnostic services/Labs/Imaging  <i>(Cost for these services may vary based on place of service.)</i>	Diagnostic Radiology (MRI, CT, PET)	\$0
	Labs	\$0
	Diagnostic tests and procedures	\$0
	X-rays	\$0
	Therapeutic radiology	\$0

\*Virtuwell® online diagnosis and treatment is available in the following states – Arizona, California, Colorado, Connecticut, Iowa, Michigan, Minnesota, New York, North Dakota, Pennsylvania, South Dakota, Virginia, and Wisconsin. You must live in one of the states that Virtuwell® operates in or be traveling to one of these states to use our service.

BENEFITS	DESCRIPTION	WHAT YOU PAY
<b>Hearing / Vision</b>		
Hearing services	Routine exam	\$0
	Diagnostic exam	\$10
	Hearing aids through TruHearing®	\$99/\$199/\$499 per aid; one per ear annually
Vision services	Routine exam	\$0
	Diagnostic exam	\$10
	Glasses or contact lenses after cataract surgery	\$0
<b>Dental Services</b>		
Medicare-covered	Medicare-covered dental	\$10
Preventive	2 cleanings, 2 exams, 1 x-ray annually	\$10
<b>Mental Health Services</b>		
Outpatient therapy	Individual	\$10
	Group	\$5
Inpatient visit		\$0 per stay
<b>Skilled Nursing Facility (SNF)/ Rehabilitation Services</b>		
Skilled nursing facility	The plan covers up to 100 days in a SNF Journey Group: 3-day hospital stay waived RNC: 3-day hospital stay required	Journey Group: \$0 RNC: \$0
Rehabilitation services	Physical therapy	\$0
	Occupational therapy	\$0
	Speech and language therapy	\$10
<b>Medical Transportation</b>		
Ambulance	Cost per one-way trip; Air/Ground in U.S.	\$0
Other transportation	Non-emergency services	Not covered
<b>Medicare Part B Drugs</b>		
Medicare Part B drugs <sup>1</sup>	Chemotherapy and other drugs that must be administered by a health professional	\$0

<sup>1</sup> Journey Group: Provider prior authorization may be required for certain services

This plan may not cover all of your health care expenses. It's important to read your Evidence of Coverage or Group Certificate closely to see which expenses are covered.

## PRESCRIPTION DRUG BENEFITS

The costs listed below are what you 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.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

<b>Prescription Drug Formulary</b>	Your prescription drug formulary is Medicare Formulary II												
<b>Phase 1: Deductible</b>	You plan does not have a deductible.												
<b>Phase 2: Initial Coverage</b>	What you pay at standard retail and standard mail order pharmacies:												
	<table border="0"> <tr> <td><b>One-month supply</b></td> <td><b>Three-month supply</b></td> </tr> <tr> <td>Tier 1: \$10</td> <td>Tier 1: \$30</td> </tr> <tr> <td>Tier 2: \$10</td> <td>Tier 2: \$30</td> </tr> <tr> <td>Tier 3: \$10</td> <td>Tier 3: \$30</td> </tr> <tr> <td>Tier 4: \$10</td> <td>Tier 4: \$30</td> </tr> <tr> <td>Tier 5: \$10</td> <td>Tier 5: Not offered</td> </tr> </table>	<b>One-month supply</b>	<b>Three-month supply</b>	Tier 1: \$10	Tier 1: \$30	Tier 2: \$10	Tier 2: \$30	Tier 3: \$10	Tier 3: \$30	Tier 4: \$10	Tier 4: \$30	Tier 5: \$10	Tier 5: Not offered
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Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-preferred Brand Drugs Tier 5: Specialty	At preferred cost sharing mail order pharmacies, you get a three-month supply for the price of two months. You pay the same amount listed above for a one-month supply.												
<b>Phase 3: Coverage Gap</b>	The same cost-sharing applies to each tier in the Coverage Gap Stage as the Initial Coverage Stage.												
<b>Phase 4: Catastrophic Coverage</b>	Generics: \$4.15 or 5%   Brands: \$10.35 or 5%, whichever is greater (Not to exceed the copays in the Initial Coverage Phase).												
<b>Insulin Coverage</b>	You won't pay more than \$35 or the tier cost sharing if less than \$35 for a one-month supply of each insulin product covered by our plan. Not subject to any Part D deductible.												
<b>Vaccine Coverage</b>	Our plan covers most Part D vaccines at no cost to you. Not subject to any Part D deductible.												

## ADDITIONAL BENEFITS

BENEFITS	DESCRIPTION	WHAT YOU PAY
Acupuncture	Medicare-covered	\$10
	Non-Medicare covered	\$10
Assist America	Emergency services and support when more than 100 from home or in foreign country	Available
Chiropractic care	Medicare-covered	\$10
Fitness Benefit	SilverSneakers® Fitness Program Gym membership or one home kit per year	\$0
Immunizations	Pneumonia, Influenza, Hepatitis B, COVID-19	\$0
Medical equipment/ supplies <sup>1</sup>	Durable medical equipment (DME)	10%
	Prosthetics	10%
	Diabetic Supplies	10%
Travel Counseling	Health advice before traveling internationally	\$10

<sup>1</sup> Journey Group: Provider prior authorization may be required for certain services

## ADDITIONAL PLAN INFORMATION

### MAKE SURE YOUR DOCTORS AND PHARMACIES ARE COVERED

You can access your 2023 plan materials by logging in on your online account at [healthpartners.com](https://healthpartners.com). If you're signed up for paperless delivery, we'll send you an email when your plan materials are available for viewing. This includes your Evidence of Coverage or Group Certificate, provider directory (if applicable), pharmacy directory and formulary.

### KNOW ALL YOUR OPTIONS

You can get your Medicare coverage through an employer group-sponsored plan, like HealthPartners, or through Original Medicare. However, if you decide not to enroll in the employer group plan you may not be allowed to return or may have to wait until your employer group's next Open Enrollment Period. To learn more 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. Want a hard copy? Call **800-MEDICARE (800-633-4227)** to get yours. They're available 24 hours a day, seven days a week. (TTY **877-486-2048**.)

For Journey Group, out-of-network providers are under no obligation to treat HealthPartners members, except in emergency situations. If you need assistance locating a provider, please call our Member Services number.

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