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 **952-883-5090** or **844-363-8979** (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** or call us at the numbers on page 27.

HealthPartners®

8170 33rd Ave. S
Bloomington, MN 55425

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H4882_001917_M Accepted 09/01/2021

# 2022 Summary of Benefits

Metro / Central Minnesota

## HealthPartners® Journey Medicare Advantage Plans

HealthPartners® Journey Pace (PPO)
HealthPartners® Journey Stride (PPO)
HealthPartners® Journey Dash (PPO)
HealthPartners® Journey Steady (PPO)

**January 1, 2022 – December 31, 2022**

HealthPartners®

## What's inside


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# A Medicare partner that makes things simple and affordable

When you enroll in a HealthPartners 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 the Midwest.

## 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. Plus, our Medicare Advantage plans have a big network of doctors to choose from – this means you get access to all of the major care systems in Minnesota.



## HealthPartners Medicare plans

Use this booklet to help you get to know the four plans we offer:

- → **Journey Pace**
- → **Journey Stride**
- → **Journey Dash**
- → **Journey Steady**

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 big network with more care systems and more trusted doctors

Here's a closer look at the HealthPartners Journey network:

## Our network has it all

Take another look; our network is bigger than you might think. It's easy to get the care you need – from the doctor you want – right when you need it.

- Get access to over 45,000 doctors and clinicians, and 4,000 care locations. Find a covered provider at **healthpartners.com/journeydoc22**.
- Coverage that includes all the major care systems across the Twin Cities and central Minnesota so you can continue to receive care from the doctors, clinics, and hospitals you know and trust.
- Care is available from the comfort of your home. Members have unlimited 24/7 online care and phone or video visits.
- No referrals are needed to see specialists.

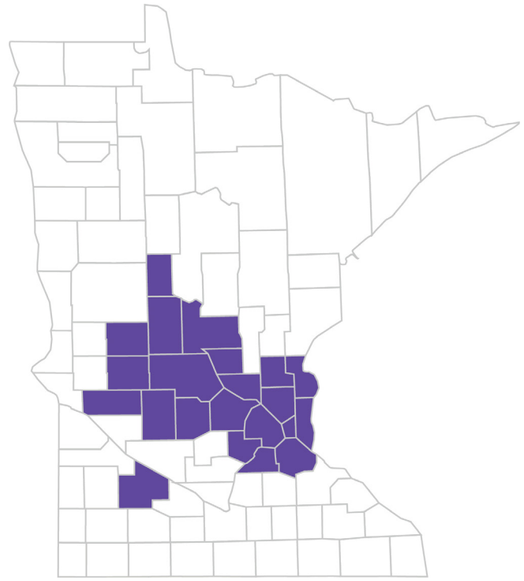
### Featured care systems

Receive care from all the major care systems in the Twin Cities metro area, including:

- ✓ HealthPartners
- ✓ Park Nicollet
- ✓ Allina Health
- ✓ M Health Fairview
- ✓ CentraCare
- ✓ Entira and more

## Coverage in your area

HealthPartners Journey plans are available to you in these Minnesota counties:



- Anoka
- Benton
- Carver
- Chisago
- Dakota
- Douglas
- Hennepin
- Isanti
- Kandiyohi
- Meeker
- Morrison
- Pope
- Ramsey
- Redwood
- Scott
- Sherburne
- Stearns
- Swift
- Todd
- Wadena
- Washington
- Wright

## 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**



## Dental benefits with bite

Dental health is important. All Journey 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 is no waiting period.

And, if you want extra dental coverage, consider the Dash plan or adding optional comprehensive dental to the Pace, Stride or Steady plan.

See pages 14-15 and 20-21 to learn more

## Over-the-counter (OTC) products

You get a quarterly benefit allowance to purchase approved OTC non-prescription medicines and supplies like pain relievers, allergy sprays, first aid supplies and more. You can conveniently order these products online, over the phone or by mail – and your items will be shipped to you at no cost.

(Benefits described not applicable to Steady plan)

Watch for a catalog from NationsOTC to learn more after you enroll

## Vision and hearing benefits

Your eyes and ears deserve only the best. Benefits include $0 copays for routine eye exams and hearing exams. Plus, all plans include an eyewear allowance for contacts or frames with standard lenses.

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 pages 14-15 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 when you're 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**

*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 Journey plans

HealthPartners Journey 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.

## 2022 Plan information

| | | Pace | | Stride | | Dash | | Steady | |
|---|---|---|---|---|---|---|---|---|---|
| **Monthly premium** | What you pay each month for your plan | $0 | | $51 | | $89 | | $136 | |
| **Deductible** | What you pay out of pocket for services before your plan begins to pay | Medical: Not applicable<br>Part D: $300 | | Medical: Not applicable<br>Part D: $300 | | Medical: Not applicable<br>Part D: $300 | | Medical: Not applicable<br>Part D: $300 | |
| **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 | $5,500 in-network / $10,000 combined in- and out-of-network | | $3,900 in-network / $6,000 combined in- and out-of-network | | $3,200 in-network / $5,150 combined in- and out-of-network | | $3,000 in-network / $5,100 combined in- and out-of-network | |
| **Hospital** | **Common needs may include** | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** |
| **Inpatient hospital coverage**[1] | | Days 1-5: $300 per day<br>Days 6+: $0 | 30% | Days 1-5: $250 per day<br>Days 6+: $0 | 20% | $200 per stay | 20% | $175 per stay | 20% |
| **Outpatient hospital coverage**[1] | Observation stay and non-surgical services | $0 | 30% | $0 | 20% | $0 | 20% | $0 | 20% |
| | Outpatient surgery | $350 | 30% | $300 | 20% | $175 | 20% | $150 | 20% |
| **Ambulatory surgery center**[1] | | $350 | 30% | $300 | 20% | $175 | 20% | $150 | 20% |
| **Doctor Visits and Preventive Care** | | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** |
| **Doctor visits** | Includes e-visits, scheduled telephone visits, and video visits | | | | | | | | |
| Primary | | $0 | 30% | $0 | $60 | $0 | $50 | $0 | $40 |
| Specialist | | $40 | 30% | $35 | $60 | $25 | $50 | $25 | $40 |
| **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 | 30% / Part B vaccines: $0 | $0 | 20% / Part B vaccines: $0 | $0 | 20% / Part B vaccines: $0 | $0 | 20% / Part B vaccines: $0 |
| | Routine physical exams (once a year) | $0 | 30% | $0 | $60 | $0 | $50 | $0 | $40 |

[1]Prior authorization may be required for certain services.

## 2022 Plan information

| | | Pace | | Stride | | Dash | | Steady | |
|---|---|---|---|---|---|---|---|---|---|
| **Emergency and Urgent Care** | | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** |
| **Emergency care** | In U.S. / Worldwide | $90 / 20% | | $90 / 20% | | $85 / 20% | | $75 / 20% | |
| **Urgently needed services** | In U.S. / Worldwide | $50 / 20% | | $40 / 20% | | $30 / 20% | | $30 / 20% | |
| **Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs** | | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** |
| **Diagnostic services/ Labs/Imaging** | Diagnostic radiology (e.g.: MRI, CT, PET) | $200 | 30% | $150 | 20% | $100 | 20% | $75 | 20% |
| | Labs | $0 | 30% | $0 | 20% | $0 | 20% | $0 | 20% |
| | Diagnostic tests and procedures | $25 | 30% | $15 | 20% | $15 | 20% | $10 | 20% |
| | X-rays | $25 | 30% | $15 | 20% | $15 | 20% | $10 | 20% |
| | Therapeutic radiology | 20% | 30% | 10% | 20% | 10% | 20% | 10% | 20% |
| **Hearing / Dental / Vision** | **Common needs may include** | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** |
| **Hearing services** | Routine exam | $0 | 30% | $0 | 20% | $0 | 20% | $0 | 20% |
| | Diagnostic exam | $40 | 30% | $35 | 20% | $25 | 20% | $25 | 20% |
| | Hearing aids through TruHearing® | $699 / $999 per aid; up to two per year | | $699 / $999 per aid; up to two per year | | $599 / $899 per aid; up to two per year | | $599 / $899 per aid; up to two per year | |
| **Dental services** | Medicare-covered non-routine dental | $0 | 30% | $0 | 20% | $0 | 20% | $0 | 20% |
| | Benefit allowance | $1,000 per year | | $1,000 per year | | $1,000 per year | | $1,000 per year | |
| | Preventive services | $0 | 50% | $0 | 50% | $0 | 50% | $0 | 40% |
| | Comprehensive services | Not covered | | Not covered | | 50%-75% | 50%-75% | Not covered | |
| | Optional supplemental dental | Available | | Available | | Not available | | Available | |
| **Vision services** | Routine exam | $0 | 30% | $0 | 20% | $0 | 20% | $0 | 20% |
| | Diagnostic exam | $40 | 30% | $35 | 20% | $25 | 20% | $25 | 20% |
| | Non-Medicare covered prescription eyewear | $100 benefit allowance per year | | $150 benefit allowance per year | | $150 benefit allowance per year | | $175 benefit allowance per year | |
| **Mental Health Services** | | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** |
| **Therapy visits** | Individual | $40 | 30% | $35 | $60 | $25 | $50 | $25 | $40 |
| | Group | $20 | 30% | $17.50 | $30 | $12.50 | $25 | $12.50 | $20 |
| **Inpatient visit** | | Days 1-5: $300 per day Days 6+: $0 | 30% | Days 1-5: $250 per day Days 6+: $0 | 20% | $200 per stay | 20% | $175 per stay | 20% |
| **Skilled Nursing Facility (SNF) / Physical Therapy** | | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** |
| **Skilled nursing facility** | Cost per benefit period. No 3-day hospital stay required. The plan covers up to 100 days in a SNF | Days 1-20: $0; Days 21-80: $188 per day; Days: 81-100: $0 | 30% | Days 1-20: $0; Days 21-100: $188 per day | 20% | Days 1-20: $0; Days 21-100: $188 per day | 20% | Days 1-20: $0; Days 21-100: $188 per day | 20% |
| **Physical therapy** | | $40 | 30% | $35 | $60 | $25 | $50 | $25 | $40 |

## 2022 Plan information

| | | Pace | | Stride | | Dash | | Steady | |
|---|---|---|---|---|---|---|---|---|---|
| **Medical Transportation** | | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** |
| **Ambulance** | Cost per one-way trip<br>Air / Ground in U.S. | 20% / $275 | | 20% / $250 | | 20% / $225 | | 20% / $200 | |
| **Medicare Part B Drugs** | | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** | **In-network** | **Out-of-network** |
| **Medicare Part B drugs**[1] | Chemotherapy and other drugs that must be administered by a health professional | 20% | 30% | 20% | | 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. 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

| | Pace | | Stride | |
|---|---|---|---|---|
| **Phase 1: Deductible** (Applies to Tiers 3, 4 and 5) | $300 | | $300 | |
| **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 | $0 | $0 |
| Tier 2: Generic | $14 | $42 | $12 | $36 |
| Tier 3: Preferred brand | $47 | $141 | $47 | $141 |
| Tier 3: Select insulin drugs | $35 | $105 | $35 | $105 |
| Tier 4: Non-preferred drugs | 35% | 35% | 40% | 40% |
| Tier 5: Specialty | 27% | NA | 27% | NA |
| **Preferred cost-sharing mail order pharmacy** | | **three-month supply** | | **three-month supply** |
| Tier 1: Preferred generic | | $0 | | $0 |
| Tier 2: Generic | | $28 | | $24 |
| Tier 3: Preferred brand | | $131 | | $131 |
| Tier 3: Select insulin drugs | | $95 | | $95 |
| Tier 4: Non-preferred drugs | | 35% | | 40% |
| Tier 5: Specialty | | NA | | NA |
| **Phase 3: Coverage Gap** | Generics: 25% / Brands: 25%<br>Tier 3 Select insulin drugs: $35 | | | |
| **Phase 4: Catastrophic** | Generics: 5% or $3.95 / Brands: 5% or $9.85 (whichever is greater) | | | |

| | Dash | | Steady | |
|---|---|---|---|---|
| **Phase 1: Deductible** (Applies to Tiers 3, 4 and 5) | $300 | | $300 | |
| **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 | $4 | $12 |
| Tier 2: Generic | $10 | $30 | $10 | $30 |
| Tier 3: Preferred brand | $47 | $141 | $47 | $141 |
| Tier 3: Select insulin drugs | $35 | $105 | $35 | $105 |
| Tier 4: Non-preferred drugs | 40% | 40% | 40% | 40% |
| Tier 5: Specialty | 27% | NA | 27% | NA |
| **Preferred cost-sharing mail order pharmacy** | | **three-month supply** | | **three-month supply** |
| Tier 1: Preferred generic | | $0 | | $8 |
| Tier 2: Generic | | $20 | | $20 |
| Tier 3: Preferred brand | | $131 | | $131 |
| Tier 3: Select insulin drugs | | $95 | | $95 |
| Tier 4: Non-preferred drugs | | 40% | | 40% |
| Tier 5: Specialty | | NA | | NA |
| **Phase 3: Coverage Gap** | Generics: 25% / Brands: 25%<br>Tier 3 Select insulin drugs: $35 | | | |
| **Phase 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/journeymeds22**.

### 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)

# Dental coverage options

## Journey Dash dental benefit

This year, Dash offers an embedded preventive and comprehensive dental benefit allowance of up to $1,000. This benefit is included with the plan at no additional cost.

**2022 Plan information**

| | | In-network | Out-of-network |
|---|---|---|---|
| **Maximum benefit** | | $1,000 per calendar year (combined in- and out-of-network services) | |
| **Preventive and diagnostic care** | Routine exams, cleanings, and X-rays | $0 | 50% |
| **Sealants** | Pit and fissure | $0 | 50% |
| **Regular and restorative care** | Amalgam fillings | 50% | 50% |
| | Posterior composites | | 50% |
| | Simple extractions | | 50% |
| | Non-surgical periodontics | | 50% |
| | Endodontics | | 50% |
| | Surgical periodontics | | 75% |
| | Other oral surgery | | 75% |
| **Special restorative care** | Crowns and onlays | 75% | 75% |
| **Prosthetics** | Bridges, dentures and partial dentures | Not covered | |

## Journey optional comprehensive benefit

The Journey Pace, Stride and Steady plans include some dental coverage, like you saw on page 14, but you may want extra dental coverage. The dental coverage listed below is optional and costs an additional monthly premium. The table shows what you pay for in-network care.

**2022 Plan information**

| | | Pace, Stride, Steady |
|---|---|---|
| **Monthly premium** | | Pace / Stride: $27.90<br>Steady: $32.80 |
| **Deductible** | Only applies to restorative services | $50 |
| **Maximum benefit** | Preventive and diagnostic services apply to the annual maximum | $1,100 per calendar year (combined in- and out-of-network) |
| **Preventive and diagnostic care** | Routine exams, cleanings, and X-rays | $0 |
| **Sealants** | Pit and fissure | 50% |
| **Regular and restorative care** | Fillings | 50% |
| | Oral surgery | |
| | Non-surgical periodontics | |
| | Endodontics | |
| **Special restorative care** | Crowns and onlays | 50% |
| **Prosthetics** | Bridges, dentures and partial dentures | 50% |

# Additional benefits and perks

## 2022 Plan information

| | | Pace | | Stride | | Dash | | Steady | |
|---|---|---|---|---|---|---|---|---|---|
| | | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network |
| **Acupuncture** | Medicare-covered | $40 | 30% | $35 | $60 | $25 | $50 | $25 | $40 |
| | Non-Medicare covered | $40 | 30% | $35 | $60 | $25 | $50 | $25 | $40 |
| **Chiropractic care** | Medicare-covered | $20 | 30% | $20 | $25 | $20 | $25 | $20 | $25 |
| **Fitness benefit** | SilverSneakers Fitness Program (see page 6) | $0 | | $0 | | $0 | | $0 | |
| **Medical equipment / supplies**[1] | Durable medical equipment | 20% | 30% | 20% | | 20% | | 20% | |
| | Prosthetics | | | | | | | | |
| | Diabetes supplies | | | | | | | | |
| **Over-the-counter (OTC)** | Pain relievers, allergy sprays, first aid supplies and more through NationsOTC | $40 per quarter, no rollover | | $50 per quarter, no rollover | | $50 per quarter, no rollover | | Not available | |
| **Travel counseling** | Health advice before traveling internationally | $0 | | $0 | | $0 | | $0 | |

[1]Prior authorization may be required for certain services.

# Healthy Discounts℠ 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/enroll2022**
- Call us at **952-883-6644** or **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** for details.

Enroll in Parts A and B before you sign up for a private plan. And have your Medicare card ready when you enroll.

## 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 **952-883-5090** or **844-363-8979** (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/education**

**Chat with us online**
**healthpartners.com/medicare**

**Send us a note by email**
**medicaresales@healthpartners.com**

**Contact your broker**

## 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 **952-883-5090** or **844-363-8979** (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 **952-883-5090** or **844-363-8979** (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.



## Notes