

2022 Summary of Benefits

Greater Minnesota

HealthPartners® Journey Medicare Advantage Plans

HealthPartners® Journey Pace (PPO)

HealthPartners® Journey Dash (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 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 two plans we offer:

→ **Journey Pace**

→ **Journey Dash**

Inside, you'll find information about our plan's 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 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 52,000 doctors and clinicians, and 4,000 care locations. Find a covered provider at healthpartners.com/journeydoc22.
- Coverage that includes major care systems across 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.

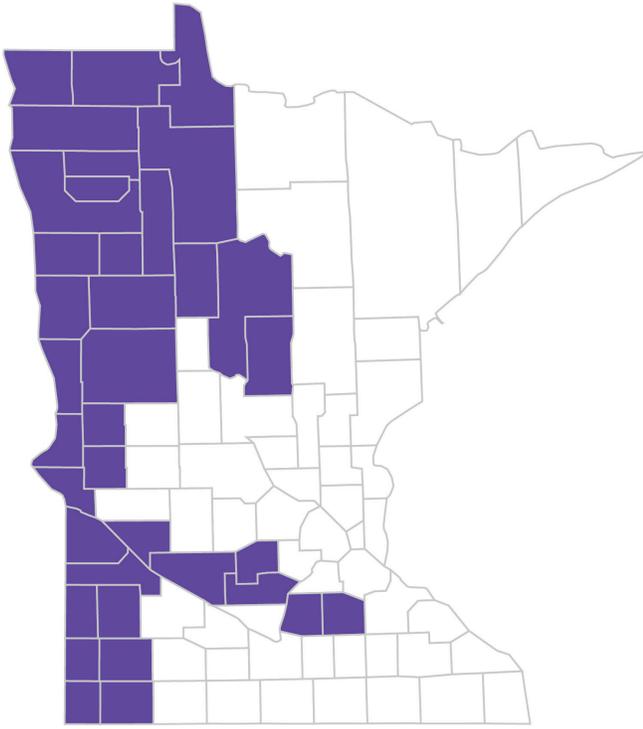
Featured care systems

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

- ✓ Altru
- ✓ Avera
- ✓ Essentia
- ✓ Sanford
- ✓ M Health Fairview
- ✓ Park Nicollet
- ✓ HealthPartners and more

Coverage in your area

HealthPartners Journey plans are available to you in the Minnesota counties highlighted below:



Becker	McLeod
Beltrami	Murray
Big Stone	Nobles
Cass	Norman
Chippewa	Otter Tail
Clay	Pennington
Clearwater	Pipestone
Crow Wing	Polk
Grant	Red Lake
Hubbard	Renville
Kittson	Rice
Lac Qui Parle	Rock
Lake of the Woods	Roseau
Le Sueur	Sibley
Lincoln	Stevens
Lyon	Traverse
Mahnomen	Wilkin
Marshall	Yellow Medicine



Stay active and healthy with SilverSneakers®

With SilverSneakers, you'll get a gym membership with access to more than 16,000+ fitness locations nationwide. 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. Both 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 adding optional comprehensive dental to your plan.



See page 18
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.

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, both 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 12-13
to learn more



Travel benefits that soar

Get back to traveling with confidence whether you're staying close to home or jetting across the globe. Our enhanced travel coverage includes in-network cost sharing when traveling within the U.S. for up to 9 months, worldwide emergency and urgent care, medical consultations with health advice for international travel and more.

Plus, you'll get expertise and support with a full range of travel related services from Assist America®, the nation's largest provider of global emergency services.



*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.



Learn more at
[healthpartners.com/
getcareeverywhere](https://healthpartners.com/getcareeverywhere)

HealthPartners Journey plans

The 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

Monthly premium	What you pay each month for your plan
Deductible	What you pay out of pocket for services before your plan begins to pay
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.
Hospital	Common needs may include
Inpatient hospital coverage¹	
Outpatient hospital coverage¹	Observation stay and non-surgical services
	Outpatient surgery
Ambulatory surgery center	
Doctor Visits / Preventive Care / Emergency and Urgent Care	
Doctor visits	
Primary	Includes e-visits, scheduled telephone visits, and video visits
Specialist	
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 exams (once a year)
Emergency care	In U.S. / Worldwide
Urgently needed services	In U.S. / Worldwide

¹Prior authorization may be required for certain services.

Premiums and plan designs described herein are pending government approval and are subject to change.

Pace		Dash	
\$0		\$99	
Medical: Not applicable		Medical: Not applicable	
Part D: \$300		Part D: \$300	
\$5,500 in-network / \$10,000 combined in and out-of-network		\$3,200 / \$5,150 combined in and out-of-network	
In-network	Out-of-network	In-network	Out-of-network
Days 1-5: \$300 per day Days 6+: \$0 per day	30%	\$200 per stay	20%
\$0	30%	\$0	20%
\$350	30%	\$175	20%
\$350	30%	\$175	20%
In-network	Out-of-network	In-network	Out-of-network
\$0	30%	\$0	\$50
\$40	30%	\$25	\$50
\$0	30% / Part B vaccines: \$0	\$0	20% / Part B vaccines: \$0
\$0	30%	\$0	\$50
\$90 / 20%		\$85 / 20%	
\$50 / 20%		\$30 / 20%	

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
	Benefit allowance
	Preventive services
	Optional supplemental dental
Vision services	Routine exam
	Diagnostic exam
	Non-Medicare covered prescription eyewear

Mental health services

Therapy visits	Individual / Group
Inpatient visit	

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	Cost per one-way trip Air / Ground in U.S.
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Medicare Part B Drugs

Medicare Part B drugs¹	Chemotherapy and other drugs that must be administered by a health professional
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¹Prior authorization may be required for certain services.

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Pace		Dash	
In-network	Out-of-network	In-network	Out-of-network
\$200	30%	\$100	20%
\$0	30%	\$0	20%
\$25	30%	\$15	20%
\$25	30%	\$15	20%
20%	30%	10%	20%
In-network	Out-of-network	In-network	Out-of-network
\$0	30%	\$0	20%
\$40	30%	\$25	20%
\$699 / \$999 per aid; up to two per year		\$599 / \$899 per aid; up to two per year	
\$0	30%	\$0	20%
\$1,000 per year		\$1,000 per year	
\$0	50%	\$0	50%
Available		Available	
\$0	30%	\$0	20%
\$40	30%	\$25	20%
\$100 benefit allowance per year		\$150 benefit allowance per year	
In-network	Out-of-network	In-network	Out-of-network
\$40 / \$20	30%	\$25 / \$12.50	\$50 / \$25
Days 1-5: \$300 Days 6+: \$0	30%	\$200 per stay	20%
In-network	Out-of-network	In-network	Out-of-network
Days 1-20: \$0; Days 21-80: \$188; Days: 81-100: \$0	30%	Days 1-20: \$0; Days 21-100: \$188	20%
\$40	30%	\$25	\$50
In-network	Out-of-network	In-network	Out-of-network
20% / \$275		20% / \$225	
In-network	Out-of-network	In-network	Out-of-network
20%	30%	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

	Pace		Dash	
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	\$10	\$30
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		\$20
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% Tier 3 Select insulin drugs: \$35		Generics: 25% Brands: 25% Tier 3 Select insulin drugs: \$35	
Phase 4: Catastrophic	Generics: 5% or \$3.95 Brands: 5% or \$9.85 (whichever is greater)		Generics: 5% or \$3.95 Brands: 5% or \$9.85 (whichever is greater)	

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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 a discount on 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/medicarerx](https://www.healthpartners.com/medicarerx).

Additional benefits / perks

2022 Plan information

Chiropractic care	Medicare-covered
Acupuncture	Medicare-covered
	Non-Medicare covered
Medical equipment / supplies	Durable medical equipment
	Prosthetics
	Diabetes supplies
Fitness benefit	SilverSneakers Fitness Program (see page 4)
Over-the-counter (OTC)	Pain relievers, allergy sprays, first aid supplies and more

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Pace		Dash	
In-network	Out-of-network	In-network	Out-of-network
\$20	30%	\$20	\$25
\$40	30%	\$25	\$50
\$40	30%	\$25	\$50
20%	30%	20%	
\$0		\$0	
\$40 per quarter, no rollover		\$50 per quarter, no rollover	

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Dental coverage option

Journey optional comprehensive benefit

The Journey Pace, and Dash plans include some dental coverage, like you saw on pages 12-13, but you may want extra dental coverage. The dental coverage listed below is optional and costs and additional monthly premium. The table shows what you pay for in-network care.

2022 Plan information

		Pace and Dash
Monthly premium		\$27.90
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%

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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 **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, call us or check the Evidence of Coverage (EOC) at [healthpartners.com/eoc22](https://www.healthpartners.com/eoc22).

Every year, Medicare evaluates plans based on a 5-Star rating system. *The Centers for Medicare and Medicaid 2021 Star Ratings Fact Sheet.



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