



2024 PEIP 4100  
Journey Medicare Group

## Hello!

We're here to make this a smooth transition to Medicare and answer all your questions so you have time for the things 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. Use this booklet to get to know your HealthPartners Medicare plan offered through your employer:

## Ready to enroll?

Send in your completed enrollment form. Keep in mind:

- You or your authorized representative must fill it out and sign it.
- You and your spouse need two separate forms.
- We'll need it by the last business day of the month or up to 3 months before the month you want your coverage to start. For example, if you want coverage to start Feb. 1, 2024, we would need your completed form by Jan. 31, 2024, at the very latest.
- Return your form within 30 days after you sign it. Otherwise, we'll have to send it back. We'll also return incomplete forms or call if we have questions.

## Have questions along the way?

Give us a call at **952-883-7428** or **866-993-7428** (TTY: **711**). From Oct. 1 through March 31, we take calls from 8 a.m. to 8 p.m. CT, seven days a week. (With the exception of some federal holidays.)

From April 1 to Sept. 30, call us 8 a.m. to 8 p.m. CT, Monday through Friday. (With the exception of some federal holidays.)

Sincerely,

Your HealthPartners Medicare Team

## HealthPartners® Journey (PPO) Group Plan 2024 Summary of Benefits

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Jan. 1, 2024 – Dec. 31, 2024

PEIP Retirees #4100

Use this summary document to get to know your Journey Group plan. It shows you what the plan covers 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.

### **We're here to help**

Call us at **952-883-7428** or **866-993-7428**

(TTY **711**)

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**Monday-Saturday, 8 a.m. to 6 p.m. CT (Oct. 1 – Dec. 7)**

**Monday-Friday, 8 a.m. to 6 p.m. CT (Dec. 8 – Sept. 30)**

## 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>Out-of-Network Services</b>		40%
<b>Deductible</b>	What you pay out of pocket for services before your plan begins to pay	<b>Plan 1 and Plan 2:</b> 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 for details.	<b>Plan 1 and Plan 2:</b> \$3,500 in-network / \$5,000 combined in-and-out-of network
<b>Hospital</b>		
Inpatient hospital coverage <sup>1</sup>	Per stay	Plan 1: \$200 Plan 2: \$200
Outpatient hospital coverage <sup>1</sup>	Observation stay and non-surgical services	Plan 1: \$0 Plan 2: \$0
	Outpatient surgery	Plan 1: \$200 Plan 2: \$200
Ambulatory surgery center (ASC) <sup>1</sup>		Plan 1: \$200 Plan 2: \$200
<b>Doctor Visits and Preventive Care</b>		
Primary	Includes virtual consultation, diagnosis, and treatment via video visits	Plan 1: \$0 Plan 2: \$0
Specialist		Plan 1: \$35 Plan 2: \$35
Additional telehealth services	Includes scheduled telephone visits, e-visits, and online clinic visits, including Virtuwell®	Plan 1: \$0 - \$35 Plan 2: \$0 - \$35
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	Plan 1: \$0 Plan 2: \$0
	Routine physical exams (once a year)	Plan 1: \$0 Plan 2: \$0
<b>Emergency and Urgent Care</b>		
Emergency care	In U.S. / Worldwide	Plan 1: \$75 / 20% Plan 2: \$75 / 20%
Urgently needed services	In U.S. / Worldwide	Plan 1: \$35 / 20% Plan 2: \$35 / 20%

Outpatient Diagnostic Test, Radiation Therapy, X-rays, and Labs		
Diagnostic services/Labs/Imaging  <i>(Cost for these services may vary based on place of service.)</i>	Diagnostic Radiology (MRI, CT, PET) <sup>1</sup>	Plan 1: \$100 Plan 2: \$100
	Labs	Plan 1: 10% Plan 2: 10%
	Diagnostic tests and procedures	Plan 1: 10% Plan 2: 10%
	X-rays	Plan 1: 10% Plan 2: 10%
	Therapeutic radiology <sup>1</sup>	Plan 1: 10% Plan 2: 10%

BENEFITS	DESCRIPTION	WHAT YOU PAY
<b>Hearing / Vision</b>		
Hearing services	Routine exam	Plan 1: \$0 Plan 2: \$0
	Diagnostic exam	Plan 1: \$35 Plan 2: \$35
	Hearing aids through TruHearing®	Plan 1: \$499/\$699/\$999 Plan 2: \$499/\$699/\$999 per aid; one per ear annually
Vision services	Routine exam	Plan 1: \$0 Plan 2: \$0
	Diagnostic exam	Plan 1: \$35 Plan 2: \$35
	Glasses or contact lenses after cataract surgery	Plan 1: \$0 Plan 2: \$0
<b>Dental Services</b>		
Medicare-covered	Medicare-covered non-routine dental	Plan 1: \$0 Plan 2: \$0
<b>Mental Health Services</b>		
Outpatient therapy	Individual	Plan 1: \$35 Plan 2: \$35
	Group	Plan 1: \$17.50 Plan 2: \$17.50
Inpatient visit		Plan 1: \$200 per stay Plan 2: \$200 per stay

<b>Skilled Nursing Facility (SNF)/ Rehabilitation Services</b>		
Skilled nursing facility	The plan covers up to 100 days in a SNF 3-day hospital stay waived	Plan 1: \$0 Plan 2: \$0
Rehabilitation services	Physical therapy	Plan 1: \$35 Plan 2: \$35
	Occupational therapy	Plan 1: \$35 Plan 2: \$35
	Speech and language therapy	Plan 1: \$35 Plan 2: \$35
<b>Medical Transportation</b>		
Ambulance	Cost per one-way trip Air/Ground in U.S.	Plan 1: 20% Plan 2: 20%
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 <sup>2</sup>	Plan 1: 20% Plan 2: 20%
	Insulin <sup>3</sup> (used in a pump)	Plan 1: 20% Plan 2: 20%

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

<sup>2</sup> You may pay less for certain drugs on the CMS rebate list.

<sup>3</sup> You will pay no more than \$35 for a one-month supply.

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

## PRESCRIPTION DRUG BENEFITS

Costs may change depending on the pharmacy you choose and when you enter another Part D phase. Call us or check the Evidence of Coverage online when you log into your online account at [healthpartners.com](http://healthpartners.com) for more information. 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>	<b>Plan 1:</b> Your prescription drug formulary is Medicare Formulary I. <b>Plan 2:</b> Your prescription drug formulary is Medicare Formulary II.	
<b>Phase 1: Deductible</b>	<b>Plan 1:</b> \$300 (Applies to all drug tiers) <b>Plan 2:</b> Your plan does not have a deductible	
<b>Phase 2: Initial Coverage</b>  Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Drug Tier 4: Non-preferred Drugs Tier 5: Specialty	What you pay at standard retail and standard mail order pharmacies:	
	<b>Plan 1:</b> <b>One-month supply</b> Tier 1: \$4 Tier 2: \$10 Tier 3: \$47 Tier 4: 50% Tier 5: 27%	<b>Plan 2:</b> <b>One-month supply</b> Tier 1: \$5 Tier 2: \$10 Tier 3: \$47 Tier 4: 25% Tier 5: 25%
	<b>Plan 1:</b> <b>Three-month supply</b> Tier 1: \$12 Tier 2: \$30 Tier 3: \$141 Tier 4: 50% Tier 5: Not offered	<b>Plan 2:</b> <b>Three-month supply</b> Tier 1: \$15 Tier 2: \$30 Tier 3: \$141 Tier 4: 25% Tier 5: Not offered
	At preferred 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>	<b>Plan 1:</b> You pay 25% for generic drugs and 25% for brand name drugs. <b>Plan 2:</b> The same cost-sharing applies to each tier in the Coverage Gap Phase as the Initial Coverage Phase.	
<b>Phase 4: Catastrophic Coverage</b>	\$0 after Catastrophic Threshold is met	
<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	Plan 1: \$35 Plan 2: \$35
	Non-Medicare covered	Plan 1: \$35 Plan 2: \$35
Assist America	Emergency services and support when more than 100 miles from home or in a foreign country	Plan 1: Available Plan 2: Available
Chiropractic care	Medicare-covered	Plan 1: \$20 Plan 2: \$20
Fitness Benefit	SilverSneakers® Fitness Program Gym membership or one home kit per year	Plan 1: \$0 Plan 2: \$0
Immunizations	Pneumonia, Influenza, Hepatitis B, COVID-19	Plan 1: \$0 Plan 2: \$0
Medical equipment/ supplies <sup>1</sup>	Durable medical equipment (DME)	Plan 1: 20% Plan 2: 20%
	Prosthetics	Plan 1: 20% Plan 2: 20%
	Diabetic Supplies	Plan 1: 20% Plan 2: 20%
Travel Counseling	Health advice before traveling internationally	Plan 1: \$0 Plan 2: \$0

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

## **ADDITIONAL PLAN INFORMATION**

### **MAKE SURE YOUR DOCTORS AND PHARMACIES ARE COVERED**

You can access your 2024 plan materials by logging in on your online 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, pharmacy directory and formulary.

### **WHO CAN JOIN?**

Anyone who has Medicare Parts A and B and lives in our service area can join HealthPartners Journey. Our service area includes the following counties: 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, Le Sueur, Lincoln, Lyon, Mahnomon, Marshall, McLeod, Meeker, Mill 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.

### **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** 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**.)

Out-of-network providers are under no obligation to treat HealthPartners members, except in emergency situations. Please call our Member Services 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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HealthPartners is a PPO plan with a Medicare contract. Enrollment in HealthPartners depends on contract renewal.

## HealthPartners® Journey Group (PPO) Plan

HealthPartners and your employer make sure your health care needs are covered so you can get back to doing what you love.

Signing up is easy. Our Medicare experts will help you understand everything you need to know. They'll even walk you through step by step. Here are a few additional benefits and perks of being a HealthPartners Journey member.

### Get care anywhere

**From home:** Get unlimited visits to Virtuwell®, your 24/7 online clinic. It treats everyday medical conditions, like colds, coughs, ear pain and flu. Nurse practitioners give you personalized care, a treatment plan and, if needed, a prescription sent right to your pharmacy. Visit [virtuwell.com](https://www.virtuwell.com) to learn more.

**Across the U.S.:** You're covered nine months out of the year when you travel in the U.S. And, you get worldwide emergency and urgently needed care.

### Stay active

With a SilverSneakers® membership, you'll have access to thousands of 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 Community® class at a nearby park or community center. All this at no additional cost to you. Learn more at [silversneakers.com](https://www.silversneakers.com).

### Hand-picked providers

Our network includes high-performing hospitals and clinics, including some from our very own HealthPartners family of care. Choose from more than 64,000 providers and see specialists without a referral.

### Travel with Assist America®

If something unexpected happens while you're more than 100 miles from home, you'll have Assist America on your side – at no cost to you. Call 24/7 from anywhere in the world:

- Talk to experienced clinicians who can help you decide whether or not you need medical care
- Coordinate post-stabilization to the nearest facility or your home

Learn more at

[healthpartners.com/getcareeverywhere](https://www.healthpartners.com/getcareeverywhere).

### Stay organized with online tools

Log on to your account at [healthpartners.com](https://www.healthpartners.com) to:

- Get your plan materials online. To sign up for paperless, visit [healthpartners.com/green](https://www.healthpartners.com/green).
- Email questions about your benefits, eligibility or claims.
- Check your plan balances, including your deductible, out-of-pocket maximum and more.

### Hearing aids through TruHearing

We partner with TruHearing® to offer a hearing aid benefit. You can get up to two hearing aids per year for a copayment per device. You'll also have a TruHearing consultant to answer your questions. Keep in mind, you must use TruHearing providers to use this benefit. Call TruHearing at **833-718-5803** (TTY: **711**) from 8 a.m. – 8 p.m. Monday through Friday to learn more or schedule an appointment.

## Already a member of our HealthPartners family?

It's a seamless transition. You'll keep your same online account and member ID number. Plus, continue to get the same outstanding service you've come to know.

## Get your meds your way

Skip the trip to the pharmacy with the HealthPartners preferred cost-sharing mail order pharmacy, WellDyne. Get most of your prescriptions delivered right to your door. There's no additional cost and shipping is free.

Typically, you can expect to get your meds within seven to ten business days from the time the pharmacy gets your order.

Most HealthPartners members will save on a three-month supply of their medicine.

Head to [healthpartners.com/mailtome](https://healthpartners.com/mailtome) to sign up. Or, call **800-591-0011** (TTY: **711**). You can also choose to get your medicines from one of our many in-network pharmacies.

## Get quick advice from our team of experts

Don't spend time searching the Web for answers. Call your personal support team:

- **CareLine<sup>SM</sup> Service:** To find out if you should see a doctor, ask questions about a medicine you're taking, or learn about home treatment options, call **612-339-3663** or **800-551-0859**.
- **Member Services:** For questions about your plan benefits, account balance or finding a doctor in your network, call **952-883-6655** or **866-233-8734**.
- **Nurse Navigator<sup>SM</sup> Program:** For questions about your health care and benefits, or help choosing a treatment option, call Member Services and ask to talk to a Nurse Navigator.
- **Behavioral Health Navigators:** To find a mental or chemical health professional in your network, call Member Services and ask for a Behavioral Health Navigator.

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

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## Here are your next steps

Call our Medicare experts at **952-883-7428** or **866-993-7428** (TTY: **711**). From Oct. 1 through March 31, we take calls from 8 a.m. to 8 p.m. CT, seven days a week. You'll speak with a representative. From April 1 through Sept. 30, call us 8 a.m. to 8 p.m. CT, Monday through Friday to speak with a representative. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day.

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\*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.

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H4882\_003821\_M IR 09/2023

## IMPORTANT INFORMATION:

### 2023 Medicare Star Ratings



#### HealthPartners - H4882

For 2023, HealthPartners - H4882 received the following Star Ratings from Medicare:

**Overall Star Rating:** ★★★★★

**Health Services Rating:** ★★★★★

**Drug Services Rating:** ★★★★★

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

#### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.



This plan got  
**MEDICARE'S  
HIGHEST  
RATING (5 stars)**

**The number of stars show how well a plan performs.**

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

#### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

#### Questions about this plan?

Contact HealthPartners 7 days a week from 8:00 a.m. to 8:00 p.m. Central time at 844-363-8979 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time. Current members please call 866-233-8734 (toll-free) or 711 (TTY).

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## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-233-9645. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-233-9645. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-233-9645。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-233-9645。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-233-9645. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-233-9645. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-233-9645 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-233-9645. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-233-9645 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-233-9645. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-233-9645. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-233-9645 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-233-9645. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-233-9645.irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-233-9645. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-233-9645. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-233-9645 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

## 2024 HEALTHPARTNERS® JOURNEY GROUP (PPO) WITH PART D ENROLLMENT INSTRUCTIONS FOR GROUP ENROLLEES

Each individual must complete a separate enrollment form.

### Generally, you are eligible to join the HealthPartners® Journey Group Plan if:

- You are enrolled in the Federal Medicare Program for Part A (hospital coverage) AND Part B (medical coverage); and
- You live in the plan's service area. If you are a current member and live outside the service area, contact Medicare Sales at the numbers below. If you move to a different out-of-area address after the initial enrollment, CMS requires HealthPartners to disenroll you from the plan; and

### Important information:

- After we receive your enrollment form, we will send your member identification card and a letter stating when your coverage begins. HealthPartners must receive your completed, signed and dated enrollment form by the last working day of the month before you want coverage to begin. Coverage always begins on the first day of a future month.
- Beneficiaries interested in assistance for prescription drug costs should contact Medicare Sales at the numbers below or contact Medicare at **800-MEDICARE**, 24 hours a day, 7 days a week. TTY **877-486-2048**.
- People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay for up to 75 percent or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help contact your local Social Security office or call Social Security at **800-772-1213**. TTY users should call **800-325-0778**. You can also apply for Extra Help online at [ssa.gov/medicare/part-d-extra-help](https://ssa.gov/medicare/part-d-extra-help).

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn't cover.

- This document and plan information is available in accessible formats and languages. Please contact Medicare Sales for more information.

### To enroll, please follow these steps:

- 1) Fill out ALL of the form except for the boxes that say HealthPartners or Employer Use Only. Incomplete or incorrect forms may delay the effective date of your coverage.
- 2) Provide a PHOTOCOPY of your Medicare card or your Letter of Verification from the Social Security Administration or Railroad Retirement Board with this enrollment form. Or you may fill out the information in Section Two exactly as it appears on your Medicare card.
- 3) Carefully read, sign and date the enrollment form.
- 4) Mail the completed form to HealthPartners in the enclosed postage-paid envelope.

### Contact HealthPartners Medicare Sales

Call **952-883-7428** or **866-993-7428**

TTY: **711**

### Return paper applications to:

Riverview Membership Accounting, MS 21103R

P.O. Box 9463

Minneapolis, MN 55440

Or fax them to **952-853-8746**.

### Hours of Operation

From **Oct. 1 through March 31**, we take calls from 8 a.m. to 8 p.m. CT, **seven days a week**. You'll speak with a representative. From **April 1 through Sept. 30**, call us 8 a.m. to 8 p.m. CT, **Monday through Friday** to speak with a representative. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day.

# 2024 HealthPartners® Journey Group Plan Enrollment Form (With Part D)

## SECTION ONE: Personal Information (Required unless marked optional)

LAST NAME	FIRST NAME	M.I.	
BIRTH DATE / /	SEX: <input type="checkbox"/> F <input type="checkbox"/> M	EMAIL ADDRESS* (optional)	
TELEPHONE Home ( ) -	Alternate ( ) -		
Is this a cell phone? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is this a cell phone? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PERMANENT HOME ADDRESS (P.O. Box is not allowed)		APT #	
CITY	STATE	ZIP	COUNTY
IN CARE OF NAME (If applicable)			
IN CARE OF MAILING ADDRESS (If different from permanent home address)			APT #
CITY	STATE	ZIP	COUNTY

\*By providing your email address, you agree that HealthPartners may send you emails.

## SECTION TWO: Medicare Information (Required)

**Please take out your red, white and blue Medicare card to complete this section.**

- Fill out this information as it appears on your Medicare card.
- OR
- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

You must have Medicare Part A and Part B to join a Medicare Advantage plan.

**Name (as it appears on your Medicare card):**

**Medicare Number:**

**Is Entitled To:**  
**HOSPITAL (Part A)**  
**MEDICAL (Part B)**

**Effective Date:**

## SECTION THREE: Requested Effective Date (Required)

We must receive your completed, signed and dated enrollment form no later than the last working day of the month before you want coverage to begin. Coverage always begins the first day of a future month.

**I am selecting the following plan option:**  Journey Plan 1  Journey Plan 2

**I would like coverage to start:** (Month) \_\_\_\_\_, 2024.

We will accommodate your requested effective date as best we can while still following Medicare guidelines.

**NOTE:** Applications can be received up to 90 days prior to or 120 days after your Medicare Part B effective date (or the first day of the month you turn 65). If you are past your Medicare Part B effective date and over age 65, your application cannot be received until 30 days prior to your requested effective date.

### HealthPartners Use Only:

Eff. Date: \_\_\_\_\_ MR #: \_\_\_\_\_  
Ctrct #: \_\_\_\_\_ Received: \_\_\_\_\_

**SECTION FOUR: Please answer the following questions (Required unless marked optional)**

**Some individuals may have additional prescription drug coverage including other private insurance, TRICARE, federal employee health benefits, VA benefits, or state pharmaceutical assistance programs.**

- YES  NO **1. Will you have other prescription drug coverage in addition to this plan?**  
 If YES, what is the name of the additional prescription drug coverage? \_\_\_\_\_  
 What is your ID number? \_\_\_\_\_  
 What is your group number? \_\_\_\_\_

**Questions 2-6 are optional**

**Answering these questions is your choice. You can't be denied coverage because you don't fill them out.**

- YES  NO **2. What is the name of the Employer Group you will be enrolling in?** \_\_\_\_\_  
 Are you the retiree of the Employer Group?  
 If YES, what is/was your retirement date? \_\_\_\_\_  
 If NO, what is the name of the retiree whose coverage you're joining? \_\_\_\_\_
- YES  NO **3. I have both Medicare and Medicaid or the state helps pay for my Medicare premiums.**  
 If YES, what is your Medicaid number? \_\_\_\_\_
- YES  NO **4. Are you currently a HealthPartners member?**  
 If YES, please give your identification number (to avoid duplication): \_\_\_\_\_

**5. Are you of Hispanic, Latino/a or Spanish origin? Select all that apply.**

- No, not of Hispanic, Latino/a or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino/a or Spanish origin
- I choose not to answer.**

**6. What's your race? Select all that apply.**

- American Indian or Alaska Native
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Native Hawaiian
- Other Asian
- Other Pacific Islander
- Samoan
- Other
- White
- I choose not to answer.**
- Vietnamese

**Employer Use Only:**

Group Name: \_\_\_\_\_ Group Number: \_\_\_\_\_ Site Number: \_\_\_\_\_  
(if applicable)

**SECTION FIVE: Authorization and Acknowledgement**

**PLEASE READ AND SIGN BELOW**

**By completing this enrollment application, I agree to the following:**

HealthPartners® Journey Group Plan (The “Plan”) is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I will continue to pay my Medicare Part B premium. I can only be in one Medicare Advantage health plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available or under certain special circumstances.

The Plan serves a specific service area. I understand that I must use network pharmacies except in an emergency when I cannot reasonably use HealthPartners network pharmacies. If I move out of the area that the Plan serves, I need to notify the Plan so I can disenroll and find a new plan in my new area. Once I am a member of the Plan, I have the right to appeal plan decisions about payment and services if I disagree. I will read the Plan’s Evidence of Coverage (EOC) to know which rules I must follow to get coverage with this Medicare Advantage plan.

I understand that beginning on the date the Plan coverage begins, using services in-network can cost less than using services out-of-network, except for emergency or urgently needed services or out-of-area dialysis services. If medically necessary, the Plan provides refunds for all covered benefits, even if I get services out-of-network. Services authorized by the Plan and other services contained in my HealthPartners® Journey Group Plan Evidence of Coverage document (also known as a member contract or a subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR THE PLAN WILL PAY FOR THE SERVICES.**

Medicare beneficiaries are generally not covered under Medicare while out of the country except for limited coverage near the U.S. border. Services authorized by the Plan and other services contained in my HealthPartners® Journey Group Plan Evidence of Coverage document (also known as a member contract) will be covered.

I understand that if I am getting assistance from a sales agent, broker or other individual employed by or contracted with the Plan, he/she may be paid based on my enrollment in the Plan.

If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or Railroad Retirement Board. DO NOT pay the Plan the Part D-IRMAA.

**Release of Information:** By joining this Medicare health plan, I acknowledge that HealthPartners will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that HealthPartners will release my information, including my prescription drug event data, to Medicare if applicable, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on the form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above) this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

\_\_\_\_\_  
**Signature (Enrollee or authorized representative)**

\_\_\_\_\_  
**Today’s Date**

If you are the authorized representative, you must sign above and provide the following information:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Relationship to Enrollee \_\_\_\_\_