



<Plan Year> <Group Name>
<Packet Code>

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, 2025, we would need your completed form by Jan. 31, 2025, 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 2025 Summary of Benefits

Jan. 1, 2025 – Dec. 31, 2025

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**)

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
Monthly Premium: 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.		
Out-of-Network Services		40%
Deductible	What you pay out of pocket for services before your plan begins to pay	Plan 1 and Plan 2: Your plan doesn't have a deductible.
Maximum out-of-pocket (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.	Plan 1 and Plan 2: \$3,500 in-network / \$5,000 combined in-and-out-of network
Hospital		
Inpatient hospital coverage ¹	Per stay	Plan 1: \$200 Plan 2: \$200
Outpatient hospital coverage ¹	Observation stay and non-surgical services	Plan 1: \$0 Plan 2: \$0
	Outpatient surgery	Plan 1: \$200 Plan 2: \$200
Ambulatory surgery center (ASC) ¹		Plan 1: \$200 Plan 2: \$200
Doctor Visits and Preventive Care		
Primary	In-person and virtual visits	Plan 1: \$0 Plan 2: \$0
Specialist		Plan 1: \$35 Plan 2: \$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
Emergency and Urgent Care		
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%

BENEFITS	DESCRIPTION	WHAT YOU PAY
Outpatient Diagnostic Tests, 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 (e.g., MRI, CT, PET) ¹	Plan 1: \$100 Plan 2: \$100
	Labs	Plan 1: \$0 Plan 2: \$0
	Diagnostic tests and procedures ¹	Plan 1: 10% Plan 2: 10%
	X-rays	Plan 1: 10% Plan 2: 10%
	Therapeutic radiology ¹	Plan 1: 10% Plan 2: 10%
Hearing / Dental / Vision		
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
Dental Services	Medicare-covered non-routine dental	Plan 1: \$0 Plan 2: \$0
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
Mental Health Services		
Therapy visits	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: \$200per stay

¹Journey Group: Provider authorization may be required for certain services.

BENEFITS	DESCRIPTION	WHAT YOU PAY
Skilled Nursing Facility (SNF) / Rehabilitation Services		
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
Medical Transportation		
Ambulance	(Cost per one-way trip;) Air/Ground in U.S.	Plan 1: 20% Plan 2: 20%
Other transportation	Non-emergency services	Not covered
Medicare Part B Drugs		
Medicare Part B drugs ¹	Chemotherapy and other drugs that must be administered by a health professional ²	Plan 1: 20% Plan 2: 20%
	Insulin ³ (used in a pump)	Plan 1: 20% Plan 2: 20%

¹ Journey Group: Provider authorization may be required for certain services.

² If you have cost sharing, you may pay less for certain drugs on the CMS rebate list.

³ 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.

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®	Travel-related services and support when traveling more than 100 miles from home or in 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 ¹	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

¹ Journey Group: Provider prior authorization may be required for certain services

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** 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.

Phase 1: Deductible	Plan 1: \$300 (Applies to all drug tiers) Plan 2: Your plan does not have a deductible	
Phase 2: Initial Coverage Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-preferred Drugs Tier 5: Specialty	What you pay at standard retail and standard mail order pharmacies:	
	Plan 1: One-month supply Tier 1: \$4 Tier 2: \$10 Tier 3: \$47 Tier 4: 50% Tier 5: 27%	Plan 2: One-month supply Tier 1: \$5 Tier 2: \$10 Tier 3: \$47 Tier 4: 25% Tier 5: 25%
	Plan 1: Three-month supply Tier 1: \$12 Tier 2: \$30 Tier 3: \$141 Tier 4: 50% Tier 5: Not offered	Plan 2: Three-month supply Tier 1: \$15 Tier 2: \$30 Tier 3: \$141 Tier 4: 50% 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.	
Phase 3: Catastrophic Coverage	Plan 1 and Plan 2: \$0 after Catastrophic Threshold is met.	
Insulin Coverage	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.	
Vaccine Coverage	Our plan covers most Part D vaccines at no cost to you. Not subject to any Part D deductible.	

ADDITIONAL PLAN INFORMATION

MAKE SURE YOUR DOCTORS AND PHARMACIES ARE COVERED

Once your plan is effective you can access your 2025 plan materials by signing in to your HealthPartners 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, LeSueur, Lincoln, Lyon, Mahnommen, 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](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**.)

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.

All content ©2024 TruHearing, Inc. All Rights Reserved. TruHearing® is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners.

SilverSneakers® is a registered trademark of Tivity Health, Inc. ©2024 Tivity Health, Inc. All rights reserved.

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 SilverSneakers®, you get a fitness membership with access to a nationwide network of participating locations – enroll in as many locations as you like, at any time. Don't like the gym? Order a home fitness kit, stream online classes, or use on-demand workout videos from the comfort of your 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 67,000 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 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.

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.

Get quick advice from our team of experts

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

- **CareLineSM 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 NavigatorSM 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.

*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.

SilverSneakers[®] and SilverSneakers Community are registered trademarks of Tivity Health, Inc. © 2024 Tivity Health, Inc. All rights reserved. All content ©2024 TruHearing, Inc. All Rights Reserved. TruHearing[®] is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners. HealthPartners is a PPO plan with a Medicare contract. Enrollment in HealthPartners depends on contract renewal.

24-3208152-3208687 (9/24) © 2024 HealthPartners
H4882_004544_M IR 09/2024

IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



HealthPartners - H4882

For 2024, 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.

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 866-993-7428 (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).

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

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。