



## PEIP HealthPartners Medicare Group Plans

Effective January 1, 2025

Monthly premium	\$287.90	\$304.60
Benefits	HealthPartners Journey Group (MA) Plan 1	HealthPartners Journey Group (MA) Plan 2
<b>Medical</b>		
Service Area	You must live in one of the following counties to be eligible for the HealthPartners Journey group plan: Aitkin, Anoka, Becker, Beltrami, Benton, Big Stone, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Cottonwood, Crow Wing, Dakota, Douglas, Grant, Hennepin, Hubbard, Isanti, Itasca, Jackson, Kanabec, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, LeSueur, Lincoln, Lyon, Mahnomon, Marshall, McLeod, Meeker, Mille Lacs, Morrison, Murray, Nobles, Norman, Otter Tail, Pennington, Pine, Pipestone, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Rice, Rock, Roseau, Scott, Sherburne, Sibley, St Louis, Stearns, Stevens, Swift, Todd, Traverse, Wadena, Washington, Wilkin, Wright, Yellow Medicine	
Annual out-of-pocket maximum	\$3,500 –In network \$5,000 -Combined in and out of network	\$3,500 –In network \$5,000 -Combined in and out of network
Lifetime maximum	Unlimited	Unlimited
Out of Network Services	40% coinsurance	40% coinsurance
Annual deductible	None	None
Routine physical, eye and hearing exams	No charge	No charge
Primary & Convenience care office visit	\$0 copay	\$0 copay
Specialty care office visit	\$35 copay	\$35 copay
Inpatient hospital	\$200 copay	\$200 copay
Emergency room	\$75 copay	\$75 copay
Outpatient hospital	\$200 copay	\$200 copay
MRI/CT/Diagnostic Tests/ X-Ray	\$100 copay	\$100 copay

The benefit information provided is not a comprehensive listing of benefits or rules. The Evidence of Coverage and Certificate of Coverage documents are considered the final and complete level of benefits. For employer group use only – not for distribution to retirees/employees.

Chiropractic Care	\$20 copay	\$20 copay
Ambulance	20% coinsurance	20% coinsurance
DME/Prosthetics	20% coinsurance	20% coinsurance
Travel Coverage	In-network cost sharing when traveling within the U.S. (up to 9 months) using the Visitor/Traveler benefit. Assist America® Domestic and world-wide travel logistics Travel-related services and support when traveling more than 100 miles from home of in a foreign country.	
Hearing Aids: TruHearing®	\$499/\$699/\$999 per hearing aid, per year; ~requires use of TruHearing® provider network	

<b>Part D prescription drugs</b>		
Annual deductible	\$300	\$0
Tier 1 (Preferred generic)	\$4 copay	\$5 copay
Tier 2 (Non-preferred generic)	\$10 copay	\$10 copay
Tier 3 (Preferred brand)	\$47 copay	\$47 copay
Tier 4 (Non-preferred brand)	50% coinsurance	25% coinsurance
Tier 5 (Specialty)	27% coinsurance	25% coinsurance

**Included benefits and discounts:**

- SilverSneakers® program: Free basic membership at participating fitness facilities in the national network, at-home workout kit, unlimited online classes
- Assist America®: Domestic and world-wide travel logistics. Experienced clinicians available by phone 24/7 to assist members in assessing their need for medical care and to coordinate post stabilization transport to the nearest medical facility or home. Member must be at least 100 miles from permanent residence for no longer than 90 consecutive days
- Telehealth services: E-visits, phone visits, online clinic visits (including Virtuwel®)
- Healthy Discounts: Discounts at participating retailers including eyewear, healthy eating programs, meal delivery, pet insurance, skin care services, wellness programs, and many more

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