

HealthPartners® Journey (PPO) Group Plan 2022 Summary of Benefits

Jan. 1, 2022 – Dec. 31, 2022

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	WHAT YOU PAY	
	PLAN 1	PLAN 2
Out of Network Services	40% unless stated otherwise	
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.		
Deductible	Your plan doesn't have a deductible.	Your plan doesn't have a deductible.
Maximum out-of-pocket responsibility (Not all services apply to the maximum out-of-pocket. Please see the plan's EOC or Group Certificate for details.)	\$3,500 (Medical In-network only) \$5,000 (In- and Out-of-network medical services combined)	\$4,500 (Medical In-network only) \$6,000 (In- and Out-of-network medical services combined)
Inpatient hospital coverage ¹	\$400 per stay	\$500 per stay
Outpatient hospital services	\$0	\$0
Outpatient surgery ¹	\$200	\$300
Ambulatory surgery center (ASC) ¹	\$200	\$300
Doctor visits	Primary: \$10 Specialist: \$15	Primary: \$15 Specialty: \$30
Preventive care	\$0	\$0
Emergency care (If you're admitted to the hospital for the same condition within 24 hours, you don't pay your share of the cost for emergency care.)	In- and Out-of-network Services: \$75	In- and Out-of-network Services: \$90
Urgently needed services	In- and Out-of-network Services: \$15	In- and Out-of-network Services: \$30
Diagnostic services/Labs/Imaging (Cost for these services may vary based on place of service.)	Diagnostic radiology (i.e. MRI, CT scans): 10% Labs: \$0 Diagnostic tests and procedures: 10% Outpatient X-rays: 10%	Diagnostic radiology (i.e. MRI, CT scans): 20% Labs: \$0 Diagnostic tests and procedures: 20% Outpatient X-rays: 20%
Hearing services	Routine exam: \$0 Hearing aids through TruHearing®: \$699/\$999 per aid; up to two each year	Routine exam: \$0 Hearing aids through TruHearing®: \$699/\$999 per aid; up to two each year
Dental services	Medicare-covered dental: \$0	Medicare-covered dental: \$0
Vision services	Up to one routine eye exam per year: \$0 Glasses or contact lenses after cataract surgery: \$0	Up to one routine eye exam per year: \$0 Glasses or contact lenses after cataract surgery: \$0

BENEFITS	WHAT YOU PAY	
	PLAN 1	PLAN 2
Out of Network Services	40% unless stated otherwise	
Mental health services <i>(Including inpatient)</i>	Inpatient visit: \$400 per stay Outpatient group therapy visit: \$7.50 Outpatient individual therapy visit: \$15	Inpatient visit: \$500 per stay Outpatient group therapy visit: \$15 Outpatient individual therapy visit: \$30
Skilled nursing facility¹	Days 1-20: \$0 Days 21-100: \$125 per day	Days 1-20: \$0 Days 21-100: \$150 per day
Rehabilitation services	Occupational therapy visit: \$15 Physical therapy visit: \$15 Speech and language therapy visit: \$15	Occupational therapy visit: \$30 Physical therapy visit: \$30 Speech and language therapy visit: \$30
Ambulance transportation in the US	In- and Out-of-network Services: 20%	In- and Out-of-network Services: 20%
Transportation	Not covered	Not covered
Medicare Part B drugs¹	20% of the cost for chemotherapy drugs and other Part B drugs	

¹ Prior authorization may be required for certain services

The summary of benefits above is for your medical plan. Your HealthPartners® Journey Group prescription drug benefits are outlined on the next page. If you have questions about your HealthPartners Journey summary of benefits, give us a call at the numbers on the front page.

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 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.

Prescription Drug Formulary	Your prescription drug formulary is Medicare Formulary I.	
Phase 1: Deductible <i>(If you have one)</i>	Your plan has a \$300 Part D deductible on all drug tiers.	
Phase 2: Initial Coverage <i>(After you reach your deductible, if you have one)</i>	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: \$6 Tier 2: \$12 Tier 3: \$47 Tier 4: 50% Tier 5: 27%
	Tier 1: Preferred Generic Tier 2: Generic Tier 3: Preferred Brand Tier 4: Non-preferred Drugs Tier 5: Specialty	Three-month supply Tier 1: \$12 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: Coverage Gap <i>("Donut Hole")</i>	Plan 1 and Plan 2: You pay 25% for generic drugs and 25% for brand name drugs.	
Phase 4: Catastrophic Coverage	Plan 1 and Plan 2: You pay \$3.95 or 5% or \$9.85 or 5%, whichever is greater.	

ADDITIONAL BENEFITS

Chiropractic care	\$15 (Medicare covered services only)	\$30 (Medicare covered services only)
Acupuncture	\$15	\$30
Routine physical exams	\$0	\$0
Medical equipment/supplies¹ <i>(Things like wheelchairs, oxygen, braces, artificial limbs, etc.)</i>	Durable medical equipment: 20% Prosthetics: 20% Diabetes supplies: 20%	Durable medical equipment: 20% Prosthetics: 20% Diabetes supplies: 20%
Wellness program	The SilverSneakers® Fitness Program: \$0 Get a membership at a large network of fitness facilities. Home fitness kits for members who prefer to work out at home.	

ADDITIONAL MEDICAL PLAN INFORMATION

MAKE SURE YOUR DOCTORS AND PHARMACIES ARE COVERED

You can access your 2022 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: Anoka, Becker, Beltrami, Benton, Big Stone, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cottonwood, Crow Wing, Dakota, Douglas, Grant, Hennepin, Hubbard, Isanti, Jackson, Kandiyohi, Kittson, Lac qui Parle, Lake of the Woods, LeSueur, Lincoln, Lyon, Mahnomen, Marshall, McLeod, Meeker, Morrison, Murray, Nobles, Norman, Otter Tail, Pennington, Pipestone, Polk, Pope, Ramsey, Red Lake, Redwood, Renville, Rice, Rock, Roseau, Scott, Sherburne, Sibley, Stearns, Stevens, Swift, Todd, Traverse, Wadena, Washington, Wilkin, Wright and Yellow Medicine.

KNOW ALL YOUR OPTIONS

You can get your Medicare coverage through a private health insurance plan, like HealthPartners, or through Original Medicare. 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.

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

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