HealthPartners

2027 PEIP
4100 Medicare group enrollment packet

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, we need your completed form by Jan. 31.
- 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.

From April 1 to 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.

Sincerely,

Your HealthPartners Medicare Team

MedicareRx Prescription Drug Coverage

HealthPartners®

HealthPartners® Journey (PPO) Group Plan

2027 Summary of Benefits

Jan. 1, 2027 – Dec. 31, 2027

PEIP Retirees #4100

Use this summary document to learn about 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**)

Oct. 1 through March 31: 8 a.m. to 8 p.m. CT, seven days a week.
April 1 through Sept. 30: 8 a.m. to 8 p.m. CT, Monday through Friday.

PEIP #4100 (09/2026) ©2026 HealthPartners
H4882_005818_M IR 09/2026

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	What you pay for most covered services when you receive care from a provider outside the Journey Group network	40%
Deductible	What you pay out of pocket for services before your plan begins to pay	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.	$3,500 in-network / $5,000 combined in- and out-of-network
Hospital		
Inpatient hospital coverage[1]	Per stay	$200
Outpatient hospital coverage[1]	Observation stays and non-surgical services	$0
	Outpatient surgery[1]	$200
Ambulatory surgery center (ASC) [1]		$200
Doctor Visits and Preventive Care		
Primary	In-person	$0
	E-visits	$0
Specialist	In-person	$35
	E-visits	$0
Preventive care	Medicare-covered services include "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	$0
	Routine physical exams (once a year)	$0
Emergency and Urgent Care		
Emergency care	In U.S. / Worldwide	$75 / 20%
Urgently needed services	In U.S. / Worldwide	$35 / 20%
Outpatient Diagnostic Tests, Radiation Therapy, X-rays, and Labs		
Diagnostic services/Labs/Imaging *(Cost for these services may vary based on place of service.)*	Diagnostic Radiology (e.g., MRI, CT, PET) [1]	$100
	Labs[1]	$0
	Diagnostic tests and procedures[1]	10%
	Diagnostic Colonoscopy[1]	$0
	X-rays	10%
	Therapeutic radiology[1]	10%

[1]Provider authorization may be required for certain services.

BENEFITS	DESCRIPTION	WHAT YOU PAY
Hearing / Dental / Vision		
Hearing services	Routine exam	$0
	Diagnostic exam	$35
	Hearing aids through TruHearing®	$499/$699/$999 per aid; one per ear annually
Dental Services	Medicare-covered non-routine dental	$0
Vision services	Routine exam	$0
	Diagnostic exam	$35
	Glasses or contact lenses after cataract surgery	$0
Mental Health Services		
Therapy visits	Individual	$35
	Group	$35
Inpatient visit		$200 per stay
Skilled Nursing Facility (SNF) / Rehabilitation Services		
Skilled nursing facility[1]	The plan covers up to 100 days in a SNF Journey Group: 3-day hospital stay waived	Journey Group: $0 days 0-20; $221 per day, days 21-100
Rehabilitation services	Physical therapy	$35
	Occupational therapy	$35
	Speech and language therapy	$35
Medical Transportation		
Ambulance	Cost per one-way trip; Air/Ground in U.S.	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]	20%
	Insulin[3] (used in a pump)	20%

[1] 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 won't pay 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	$35
	Non-Medicare covered	$35
Assist America®	Travel-related services and support when traveling more than 100 miles from home or in a foreign country	Available
Chiropractic care	Medicare-covered	$20
Fitness Benefit	SilverSneakers® Fitness Program Gym membership or one home fitness kit per year	$0
Immunizations	Pneumonia, Influenza, Hepatitis B, COVID-19	$0
Medical equipment/ supplies[1]	Durable medical equipment (DME)	20%
	Prosthetics	20%
	Diabetic Supplies	20%
Travel Counseling	Health advice before traveling internationally	$0

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

PRESCRIPTION DRUG BENEFITS

The costs listed below are what you pay at in-network pharmacies. Generally, you have to use network pharmacies to fill your prescription meds. Costs may change depending on the pharmacy you choose and when you enter another Part D phase.

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.

<table>
<tr><td>Phase 1: Deductible</td><td colspan="2">$300 (Applies to all drug tiers)</td></tr>
<tr><td rowspan="3">Phase 2: Initial Coverage

Tier 1: Preferred Generic
Tier 2: Generic
Tier 3: Preferred Brand
Tier 4: Non-preferred Drugs
Tier 5: Specialty</td><td colspan="2">What you pay at standard retail and standard mail order pharmacies:</td></tr>
<tr><td>One-month supply
Tier 1: $4
Tier 2: $10
Tier 3: $47
Tier 4: 50%
Tier 5: 27%</td><td>Three-month supply
Tier 1: $12
Tier 2: $30
Tier 3: $141
Tier 4: 50%
Tier 5: Not offered</td></tr>
<tr><td colspan="2">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.</td></tr>
<tr><td>Phase 3: Catastrophic Coverage</td><td colspan="2">Begins when your out-of-pocket costs for covered Part D drugs reach the $2,400 limit for the calendar year. You pay $0 for covered Part D drugs for the rest of the year.</td></tr>
<tr><td>Insulin Coverage</td><td colspan="2">You won’t pay more than $35 for a one-month supply or $105 for a three-month supply for each covered insulin product regardless of what drug tier it’s on, even if you haven’t paid your deductible.</td></tr>
<tr><td>Vaccine Coverage</td><td colspan="2">You pay $0 for most Part D vaccines, such as Shingrix, Tdap and MMR, even if you haven’t met your deductible and no matter which Part D coverage phase you are in.</td></tr>
</table>

ADDITIONAL PLAN INFORMATION

MAKE SURE YOUR DOCTORS AND PHARMACIES ARE COVERED

Once your plan is effective you can access your 2027 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, Mahnomen, 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®

HealthPartners® Journey Group (PPO)

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: Start an e-visit anytime, day or night. E-visits are done via secure online messaging over an encrypted website with your doctor, who'll review your symptoms and give you a personalized treatment plan.

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? Stream live, online classes, or use on-demand workout videos from the comfort of your home. Or, you can join a SilverSneakers Community® class at a nearby park or community center. All this at no additional cost to you. With SilverSneakers, you have more options than ever. Learn more at **silversneakers.com**.

More choice, more flexibility

Our network includes high-performing hospitals and clinics, including some from our very own HealthPartners family of care. Choose from more than 90,000 providers and see specialists without a referral. You can also receive care from local or nationwide providers who accept Medicare and are willing to see you, with the same cost sharing for services received in- or out-of-network.

Travel with Assist America®*

If something unexpected happens when 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**.

Stay organized with online tools

Log on to your account at **healthpartners.com** to:

- Get your plan materials online. To sign up for paperless, visit **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, HealthDyne. 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.

Get quick advice from our team of experts

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

- **CareLine℠ 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℠ 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**.

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.

Out-of-network/non-contracted providers are under no obligation to treat Plan 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.

*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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IMPORTANT INFORMATION:

2027 Medicare Star Ratings

Official U.S. Government Medicare Information

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

HealthPartners - H4882

For 2027, HealthPartners - H4882 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★½
Health Services Rating:	★★★★½
Drug Services Rating:	★★★★½

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**.

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).

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Notice of Availability

Notice of availability of language assistance services and auxiliary aids and services

English	**ATTENTION:** If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-778-8384 (TTY: 711) or speak to your provider.
Shqip *(Albanian)*	**VINI RE:** Nëse flisni [shqip], shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 1-877-778-8384 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.
አማርኛ *(Amharic)*	**ማሳሰቢያ፦** አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-877-778-8384 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።
العربية *(Arabic)*	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانا. اتصل على الرقم 1-877-778-8384 (TTY: 711) أو تحدث إلى مقدم الخدمة.
မြန်မာ *(Burmese)*	**သတိမူရန်- သင်က မြန်မာဘာသာစကား:** ပမာဆိုကာ၊ အခြားဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများကို ရရှိနိုင်သည်။ အသိုးမ ြှိုင်ပသာ ပ ြဿဖာ်ြားမ ြှိ အခ က်အလက်ြားြ ပ ြမ ပ ားရန် သင့်ပလ ်ပသာ အရန် အကူအညီြားနှင့် ဝန်ဆောင်မှုများကိုလည်း အခြရရှိနိုင်သည်။ 1-877-778-8384 (TTY: 711) သို့ြန်းပ ခ ါ သို့ဖြိုတ် သင်၏ ပဆောင်ရွက်ပ ားသူနှင့် စကားပမ ာ ါ။
ាសាខ្មែរ *(Cambodian [Khmer])*	**ស្ង មយកចិត្តទុកដាក់៖** ប្រសិនបរីអ្នកនិយាយ ភាសាខ្មែរ បសវាកមជំនួយភាសា ឥត្គិត្ថ្លគឺមានសប្មារ់អ្នក។ ជំនួយ និងបសវាកមខ្មែលជាការជួយសែមរមយ កន ុងការផ្តល់ព័ត៌មានតាមទប្មង់ ខ្លែអាចចូលបប្រីហ្សាន ក៏អាចរកាន បដាយឥត្គិត្ថ្លផ្ែងខ្រែ។ ហៅទូរសពទ ហៅ 1-877-778-8384 (TTY: 711) ឬនិយាយ ហៅកាន់អ្នកផ្តល់បសវារស់អ្នក។
Français *(French)*	**ATTENTION:** Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition, sans frais et sans délai. En outre, des aides et services auxiliaires appropriés pouvant fournir des informations dans des formats accessibles sont disponibles gratuitement et rapidement. Veuillez appeler 1-877-778-8384 (TTY: 711) ou contacter votre fournisseur.
Deutsch *(German)*	**ACHTUNG:** Wenn Sie Englisch sprechen, steht Ihnen kostenlose Sprachunterstützung zur Verfügung. Geeignete Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie 1-877-778-8384 (TTY: 711) an oder wenden Sie sich an Ihren Anbieter.
Lus Hmoob *(Hmong)*	**LUS CEEV TSHWJ XEEB:** Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-877-778-8384 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.
ထၢနှၣ်လီ ဖဲအီ ၤ *(Karen)*	**ဆူ-** နမ ၢ်ကတီ ၤ ထၢနှၣ်လီ ၤဖဲအီ ၤ အဃ , တၢ်အှၣ်ဒီး ကၤ်တၢ်ဆ ၣ်ထဲ မီၤစၢီၤ လၢတလၢ ၣ် ဘ ၣ်လၢ ၣ် စ ၤလၢနၤဂ ၢ်လီ ၤ. တၢ်အှၣ်ဒီး တၢ်မီၤစၢီၤတၢ်နၢ်ဟ ပီးလ ဒီး တၢ်မီၤစၢီၤတၢ်မီၤ လၢအ ကကၢီးအဘ ၢ် လၢကဟ ၣ်တၢ်ဂ ၢ်ဂ ၢ်တၢ်ကီ ၤ လၢတၢ်မီၤန ၢ်အ ၤဃ တဖ ၣ် လၢတလၢ ၣ်ဘ ၣ်လၢ ၣ်စ ၤ လၢနၤဂ ၢ်လီ ၤ. ကီ း 1-877-778-8384 (TTY: 711) မ တမ ၢ် ကတီ ၤတၢ်ဒ း နပီ ၤလၢဟ ၣ်နၢ်တၢ်ဂ ၢ် ၢ်ထ ၣ်မီၤစၢီၤတက ၢ်.
한국어 *(Korean)*	**주의:** [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-778-8384 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Additional languages listed on page 2

ລາວ *(Laotian)*	**ເຊີນຊາບ:** ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-877-778-8384 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.
Afaan Oromoo *(Oromo)*	**XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-877-778-8384 (TTY: 711).
Pennsylvanisch Deitsch *(Pennsylvania German)*	**ACHTUNG:** Wann du Pennsylvanisch Deitsch schwetzscht, sin Hilfsdienst fer die Sprooch fer dich gratis verfügbar. Passende Hilfsmittel un Dienscht, fer Informatione in zugängliche Formate ze gebbe, sin aa gratis verfügbar. Ruf 1-877-778-8384 (TTY: 711) oder schwetz mit dein Anbieter.
Polski *(Polish)*	**UWAGA:** Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-877-778-8384 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ *(Russian)*	**ВНИМАНИЕ:** Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-778-8384 (TTY: 711) или обратитесь к своему поставщику услуг.
Soomaali *(Somali)*	**FIIRO GAAR AH:** Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-877-778-8384 (TTY: 711) ama la hadal bixiyahaaga.
Español *(Spanish)*	**ATENCIÓN:** si habla español, tiene a su disposición los servicios gratuitos de traducción sin costo alguno y sin demoras innecesarias. Además, se encuentran disponibles de forma gratuita y oportuna ayuda y servicios auxiliares adecuados con el fin de brindarle información en formatos accesibles. Llame 1-877-778-8384 (TTY: 711) o hable con su proveedor.
Tagalog *(Tagalog)*	**PAALALA:** Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-778-8384 (TTY: 711) o makipag-usap sa iyong provider.
台語 *(Traditional Chinese)*	**注意：**如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-877-778-8384 (TTY: 711) 或與您的提供者討論。
Việt *(Vietnamese)*	**LƯU Ý:** Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-778-8384 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Y0095 H6309 S1822_005110_C IR 06/2025

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HealthPartners

MedicareRx
Prescription Drug Coverage

2027 HEALTHPARTNERS® JOURNEY GROUP (PPO) 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.

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 your drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify won't have a late enrollment penalty. Many people qualify 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**.

  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
P.O. Box 21662
Eagan, MN 55121

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.

SECTION ONE: Personal Information (Required unless marked optional)

LAST NAME FIRST NAME M.I.

BIRTH DATE / / SEX: ❑ F ❑ M EMAIL ADDRESS* (optional)

TELEPHONE Home ( ) - Alternate ( ) -

Is this a cell phone? ❑ YES ❑ NO Is this a cell phone? ❑ YES ❑ NO

PERMANENT RESIDENCE STREET ADDRESS (Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.):

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)

Medicare Number: __ __ __ __ - __ __ __ - __ __ __ __

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 would like coverage to start: (Month) _____, 2027.

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.

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 and 3 are optional. You can't be denied coverage because you don't fill them out.

2. What is the name of the Employer Group you will be enrolling in? _____

❑ YES ❑ NO 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. Are you currently a HealthPartners member?**

If YES, please give your identification number (to avoid duplication): _____

SECTION FIVE: Authorization and Acknowledgement

PLEASE READ AND SIGN ON BACK PAGE

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 premiums. 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 Plan, I acknowledge that HealthPartners will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in 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 _____

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Employer Use Only:

Group Name:_____ Group Number: _____ Site Number: _____ (if applicable)

HealthPartners Use Only:

Eff. Date: _____ MR #:_____

Ctrct #: _____ Received: _____

HealthPartners®

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MA JOURNEY GROUP ENROLLMENT FORM

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8170 33rd Ave. S.
PO Box 1309
Minneapolis, MN 55440-1309