

# 2025 Summary of Benefits

Metro / Central Minnesota

## **HealthPartners® Journey Medicare Advantage Plans**

HealthPartners® Journey Smart (PPO)

HealthPartners® Journey Pace (PPO)

HealthPartners® Journey Stride (PPO)

HealthPartners® Journey Dash (PPO)

HealthPartners® Journey Steady (PPO)

**January 1, 2025 – December 31, 2025**





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## Low-cost, high-value Medicare plans

To get the best value from a Medicare plan, it's important to find the benefits and coverage you need – all at a great price. It's the sweet spot of getting more for less.

HealthPartners has been supporting communities across Minnesota for over 65 years. As a nonprofit, we always put the health and well-being of our members first.

HealthPartners® Journey (PPO) Medicare Advantage plans offer affordable options for every lifestyle and budget. You get the benefits you really need – plus a few perks that add even more value.

Combine all this with a big network of doctors you know and trust, and one thing is clear: We're your **partner for good**.<sup>SM</sup>

Check out  
pages 24-29 to see  
our featured plan  
benefits and perks  
for 2025.

## HealthPartners Journey Medicare plans

Use this booklet to help you get to know the five plans we offer:

- **Smart – New in 2025!**
- **Pace**
- **Stride**
- **Dash**
- **Steady**

Inside, you'll find information about our plans, network, featured benefits and a summary of what's covered and what you'll pay.

You can join if you have Medicare Parts A and B and live within the service area.

# Your plan has it all – a big network with more care systems and more trusted doctors

Here’s a closer look at the HealthPartners Journey network.

## It’s easy to get the care you need

You deserve a network that gives you access to the care you need – from the doctor you want – right when you need it.

- Get access to over **67,000** doctors and clinicians, and over **8,000** care locations.
- Our network includes major care systems across the Twin Cities, central Minnesota and throughout the state. Receive care from the doctors, clinics and hospitals you know and trust.
- No referrals are needed to see specialists.
- Access to over 55,000 pharmacies across the U.S.

## Featured care systems

Receive care from major care systems in your area, including:

- ✓ HealthPartners
- ✓ Park Nicollet
- ✓ Allina Health
- ✓ M Health Fairview
- ✓ CentraCare
- ✓ Entira Family Clinics
- ✓ North Memorial and more

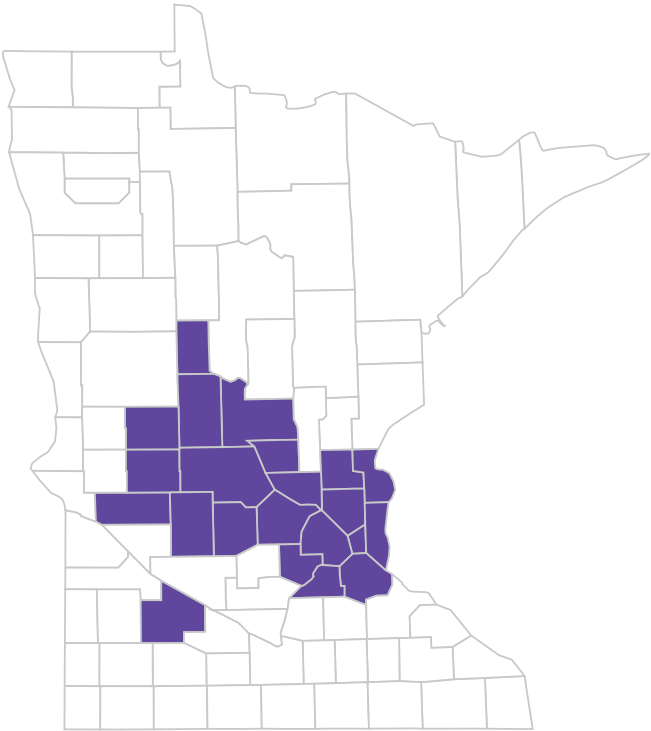
## We’re here when you need us

Your member support team is based right here in Minnesota. If you have questions about your network or coverage, we can help.

Find a covered provider at  
[healthpartners.com/journeyprovider25](https://healthpartners.com/journeyprovider25)

## Plan service area

HealthPartners Journey plans are available to you if you live in these metro and central Minnesota counties.



- |           |            |
|-----------|------------|
| Anoka     | Ramsey     |
| Benton    | Redwood    |
| Carver    | Scott      |
| Chisago   | Sherburne  |
| Dakota    | Stearns    |
| Douglas   | Swift      |
| Hennepin  | Todd       |
| Isanti    | Wadena     |
| Kandiyohi | Washington |
| Meeker    | Wright     |
| Morrison  |            |
| Pope      |            |



## HealthPartners Journey plans

HealthPartners Journey plans are Medicare Advantage (PPO) plans with a network of doctors, hospitals, pharmacies and other providers. For medical care and services, you have the flexibility to access local providers and see providers nationwide who accept Medicare and are willing to see you. The chart below lists the amount you pay for in-network and out-of-network services.

2025 plan information		Smart		Pace	
Monthly premium	What you pay each month for your plan	\$0		\$0	
Monthly Part B premium giveback*	The giveback benefit is a reduction on your Medicare Part B Premium	\$80		NA	
Deductible	What you pay out of pocket for services before your plan begins to pay	Medical: Not applicable		Medical: Not applicable	
		Part D: \$400 (applies to Tiers 3, 4, and 5)		Part D: \$300 (applies to Tiers 3, 4 and 5)	
Maximum out-of-pocket (does not include Part D)	The most you'll pay for covered services for the year; certain services do not count toward this amount	\$5,900 in-network \$8,950 combined in- and out-of-network		\$5,200 in-network \$8,950 combined in- and out-of-network	
Hospital		In-network	Out-of-network	In-network	Out-of-network
Inpatient hospital coverage <sup>1</sup>		Days 1-5: \$450 per day Days 6+: \$0	30%	Days 1-5: \$400 per day Days 6+: \$0	30%
Outpatient hospital coverage <sup>1</sup>	Observation stay	\$350 per day	30%	\$350 per day	30%
	Outpatient surgery	\$450	30%	\$425	30%
Ambulatory surgery center <sup>1</sup>		\$400	30%	\$375	30%

\*The giveback is administered through the Social Security Administration and will show up monthly as an increase in your Social Security check or a credit on your Part B Premium statement.

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

Stride		Dash		Steady	
\$41		\$93		\$146	
NA		NA		NA	
Medical: Not applicable		Medical: Not applicable		Medical: Not applicable	
Part D: \$300 (applies to Tiers 3, 4 and 5)		Part D: \$250 (applies to Tiers 3, 4 and 5)		Part D: \$300 (applies to Tiers 3, 4 and 5)	
\$4,200 in-network \$6,000 combined in- and out-of-network		\$3,000 in-network \$5,150 combined in- and out-of-network		\$2,800 in-network \$5,100 combined in- and out-of-network	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Days 1-5: \$250 per day Days 6+: \$0	20%	Days 1-5: \$250 per day Days 6+: \$0	20%	\$200 per stay	20%
\$250 per day	20%	\$200 per day	20%	\$150 per day	20%
\$350	20%	\$250	20%	\$200	20%
\$300	20%	\$200	20%	\$150	20%

2025 plan information		Smart		Pace	
Doctor Visits and Preventive Care		In-network	Out-of-network	In-network	Out-of-network
Doctor – Primary	In-person and virtual visits	\$0	30%	\$0	30%
Doctor – Specialist		\$50	30%	\$40	30%
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	30% / Part B vaccines: \$0	\$0	30% / Part B vaccines: \$0
	Routine physical exams (once a year)	\$0	30%	\$0	30%
Emergency and Urgent Care		In-network	Out-of-network	In-network	Out-of-network
Emergency care	In U.S.	\$125	\$125	\$125	\$125
	Worldwide	NA	20%	NA	20%
Urgently needed services	In U.S.	\$50	\$50	\$40	\$40
	Worldwide	NA	20%	NA	20%
Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs		In-network	Out-of-network	In-network	Out-of-network
Diagnostic services/ labs/imaging	Diagnostic radiology (e.g., MRI, CT, PET) <sup>1</sup>	\$275	30%	\$250	30%
	Labs	10%	30%	\$0	30%
	Diagnostic tests and procedures <sup>1</sup>	\$50	30%	\$50	30%
	X-rays	\$50	30%	\$25	30%
	Therapeutic radiology <sup>1</sup>	20%	30%	20%	30%

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

Stride		Dash		Steady	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$0	\$60	\$0	\$50	\$0	\$40
\$40	\$60	\$30	\$50	\$25	\$40
\$0	20% / Part B vaccines: \$0	\$0	20% / Part B vaccines: \$0	\$0	20% / Part B vaccines: \$0
\$0	\$60	\$0	\$50	\$0	\$40
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$125	\$125	\$140	\$140	\$140	\$140
NA	20%	NA	20%	NA	20%
\$40	\$40	\$45	\$45	\$30	\$30
NA	20%	NA	20%	NA	20%
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$225	20%	\$125	20%	\$100	20%
\$0	20%	\$0	20%	\$0	20%
\$50	20%	\$50	20%	\$20	20%
\$25	20%	\$25	20%	\$20	20%
20%	20%	20%	20%	20%	20%

2025 plan information		Smart		Pace	
Hearing / Dental / Vision	Common needs may include	In-network	Out-of-network	In-network	Out-of-network
Hearing services	Routine exam	\$0	30%	\$0	30%
	Diagnostic exam	\$50	30%	\$40	30%
	Hearing aids through TruHearing®	\$499 / \$699 / \$999 per aid; up to two per year		\$499 / \$699 / \$999 per aid; up to two per year; Additional coverage under Choice Card (see page 25)	
Dental services – Medicare-covered	Medicare-covered non-routine dental	\$0	30%	\$0	30%
Dental services – Non-Medicare-covered	Maximum benefit amount	\$2,000 per year*		\$2,000 per year*	
Diagnostic & Preventive services	Routine dental exams (2 per year except Steady)	\$0	50%	\$0	50%
	Screenings (1 per year)	\$0	50%	\$0	50%
	Cleanings – prophylaxis and periodontal maintenance (2 per year except Steady)	\$0	50%	\$0	50%
	Bitewing X-rays (1 per year except Steady)	\$0	50%	\$0	50%
	Full-mouth & panoramic X-rays (1 every 3 years)	NA		\$0	50%
	Fluoride treatment (2 per year except Steady)	\$0	50%	\$0	50%
	Sealants (1 per tooth every 3 years)	\$0	50%	\$0	50%

\*The annual maximum benefit amount is combined for all in- and out-of-network covered dental services. For dental services performed by an out-of-network dentist, you are responsible for paying any difference between the billed charge and the usual and customary reimbursement amount, even for services listed as \$0. See the Evidence of Coverage for more information.

Stride		Dash		Steady	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$0	20%	\$0	20%	\$0	20%
\$40	20%	\$30	20%	\$25	20%
\$499 / \$699 / \$999 per aid; up to two per year; Additional coverage under Choice Card (see page 25)		\$399 / \$599 / \$899 per aid; up to two per year; Additional coverage under Choice Card (see page 25)		\$399 / \$599 / \$899 per aid; up to two per year	
\$0	20%	\$0	20%	\$0	20%
\$2,000 per year*		\$2,000 per year*		\$1,000 per year*	
\$0	50%	\$0	50%	\$0 (1 per year)	40% (1 per year)
\$0	50%	\$0	50%	\$0	40%
\$0	50%	\$0	50%	\$0 (1 per year)	40% (1 per year)
\$0	50%	\$0	50%	\$0 (1 per 2 years)	40% (1 per 2 years)
\$0	50%	\$0	50%	NA	
\$0	50%	\$0	50%	\$0 (1 per year)	40% (1 per year)
\$0	50%	\$0	50%	\$0	40%

2025 plan information		Smart		Pace	
Hearing / Dental / Vision (continued)	Common needs may include	In-network	Out-of- network	In-network	Out-of- network
Comprehensive services	Restorative services – fillings	NA		0%	50%
	Cleanings – periodontal maintenance (2 per year except Steady)	\$0	50%	\$0	50%
	Non-surgical periodontics (1 per 2 years)	NA		50%	50%
Optional supplemental dental benefit	Optional comprehensive dental benefit	Available (see page 22)		Available (see page 22)	
Vision services	Routine exam	\$0	30%	\$0	30%
	Diagnostic exam	\$50	30%	\$40	30%
	Non-Medicare- covered prescription eyewear	\$350 benefit allowance per year		Additional coverage under Choice Card (see page 25)	

Stride		Dash		Steady	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
50%	50%	0%	50%	NA	
\$0	50%	\$0	50%	\$0 (1 per year)	40% (1 per year)
50%	50%	50%	50%	NA	
Available (see page 22)		Available (see page 22)		Available (see page 22)	
\$0	20%	\$0	20%	\$0	20%
\$40	20%	\$30	20%	\$25	20%
Additional coverage under Choice Card (see page 25)		Additional coverage under Choice Card (see page 25)		\$250 benefit allowance per year	



2025 plan information		Smart		Pace	
Mental Health Services		In-network	Out-of-network	In-network	Out-of-network
Therapy visits	Individual	\$50	30%	\$40	30%
	Group	\$25	30%	\$20	30%
Inpatient visits		Days 1-5: \$450 per day Days 6+: \$0	30%	Days 1-5: \$400 per day Days 6+: \$0	30%
Skilled Nursing Facility (SNF) / Physical Therapy		In-network	Out-of-network	In-network	Out-of-network
Skilled nursing facility	Cost per benefit period; no 3-day hospital stay required; the plan covers up to 100 days in a SNF	Days 1-20: \$0; Days 21-100: \$214 per day	30%	Days 1-20: \$0; Days 21-80: \$214 per day; Days 81-100: \$0	30%
Physical therapy		\$45	30%	\$40	30%
Medical Transportation		In-network	Out-of-network	In-network	Out-of-network
Ambulance	Air (per one-way trip)	20%		20%	
	Ground in U.S. (per one-way trip)	\$350		\$300	
Other transportation	Non-emergency services	NA		NA	
Medicare Part B Drugs		In-network	Out-of-network	In-network	Out-of-network
Medicare Part B drugs	Chemotherapy and other drugs that must be administered by a health professional <sup>1</sup>	0%-20%*	30%	0%-20%*	30%
	Insulin (used in a pump)	0%-20%†	30%	0%-20%†	30%

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

\*You may pay less than 20% for certain drugs on the CMS rebate list.

†You will pay no more than \$35 for a one-month supply.

Stride		Dash		Steady	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$40	\$60	\$30	\$50	\$25	\$40
\$20	\$30	\$15	\$25	\$12.50	\$20
Days 1-5: \$250 per day Days 6+: \$0	20%	Days 1-5: \$250 per day Days 6+: \$0	20%	\$200 per stay	20%
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Days 1-20: \$0; Days 21-100: \$214 per day	20%	Days 1-20: \$0; Days 21-100: \$214 per day	20%	Days 1-20: \$0; Days 21-100: \$214 per day	20%
\$40	\$60	\$30	\$50	\$25	\$40
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
20%		20%		20%	
\$300		\$300		\$250	
NA		NA		NA	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
0%-20%*	20%	0%-20%*	20%	0%-20%*	20%
0%-20%†	20%	0%-20%†	20%	0%-20%†	20%

2025 plan information		Smart		Pace	
Additional benefits		In-network	Out-of-network	In-network	Out-of-network
Acupuncture	Medicare-covered	\$50	30%	\$40	30%
	Non-Medicare-covered; 20 visits combined INN/OON	\$50	30%	\$40	30%
Assist America®	Travel-related services and support when traveling more than 100 miles from home or in a foreign country	Included		Included	
Chiropractic care	Medicare-covered	\$20	30%	\$20	30%
	Non-Medicare-covered	NA		Covered under Choice Card (see page 25)	
Choice Card	Your prepaid card that helps you pay for non-Medicare-covered: <ul style="list-style-type: none"> <li>• Chiropractic services</li> <li>• Prescription eyewear</li> <li>• Hearing aids from TruHearing®</li> <li>• Home delivered meals through Mom’s Meals®</li> </ul> The card can be used to pay for one item or service, or a combination	NA		\$750 per year benefit maximum	
Fitness benefit	SilverSneakers® Fitness Program (see page 26)	\$0		\$0	

Stride		Dash		Steady	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$40	\$60	\$30	\$50	\$25	\$40
\$40	\$60	\$30	\$50	\$25	\$40
Included		Included		Included	
\$20	\$20	\$20	\$20	\$20	\$20
Covered under Choice Card (see page 25)		Covered under Choice Card (see page 25)		NA	
\$475 per year benefit maximum		\$400 per year benefit maximum		NA	
\$0		\$0		\$0	

2025 plan information		Smart		Pace	
Additional benefits		In-network	Out-of-network	In-network	Out-of-network
Meal benefit	Post-inpatient hospital or SNF stay; limit 21 meals within a 4-week period; offered through Mom’s Meals®	NA		Covered under Choice Card (see page 25)	
Medical equipment / supplies <sup>1</sup>	Durable medical equipment	20%	30%	20%	30%
	Prosthetics				
	Diabetic supplies ( <b>healthpartners.com/diabeticsupplies</b> )	\$0 diabetic supplies; 20% diabetic shoes/ inserts		\$0 diabetic supplies; 20% diabetic shoes/ inserts	
Outpatient substance abuse	Individual / Group	\$50	30%	\$40	30%
Over-the-counter (OTC)	Pain relievers, allergy sprays, first aid supplies and more through NationsOTC®	NA		\$120 per quarter, no rollover	
Smoking and tobacco use cessation	Counseling to stop smoking or tobacco use	\$0	30%	\$0	30%
Travel counseling	Health advice before traveling internationally	\$0	30%	\$0	30%

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

Stride		Dash		Steady	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Covered under Choice Card (see page 25)		Covered under Choice Card (see page 25)		NA	
20%	20%	20%	20%	20%	20%
		\$0 diabetic supplies; 20% diabetic shoes/inserts			
\$40	\$60	\$30	\$50	\$25	\$40
\$50 per quarter, no rollover		\$50 per quarter, no rollover		NA	
\$0	20%	\$0	20%	\$0	20%
\$0	\$60	\$0	\$50	\$0	\$40

## Part D prescription drug coverage

Use this section to learn about what you’ll pay at in-network pharmacies during the three Part D phases. Generally, you must use network pharmacies to fill your prescription meds. Costs may change depending on your pharmacy and when you enter a new Part D phase.

The network includes **over 55,000 pharmacies across the U.S.**, including national chains and local pharmacies. You can also get your prescriptions mailed to your home from WellDyne, our preferred cost-sharing mail order pharmacy.

2025 plan information	Smart		Pace		
Phase 1: Deductible	\$400 (Applies to Tiers 3-5)		\$300 (Applies to Tiers 3-5)		
Phase 2: Initial coverage	Standard retail and standard mail-order pharmacies				
	30-day supply	90-day supply	30-day supply	90-day supply	
	Tier 1: Preferred generic	\$0	\$0	\$0	\$0
	Tier 2: Generic	\$8	\$24	\$12	\$36
	Tier 3: Preferred brand	20%*	20%*	\$47*	\$141*
	Tier 4: Non-preferred drugs	50%*	50%*	50%*	50%*
	Tier 5: Specialty	25%	NA	29%	NA
	Preferred cost-sharing mail-order pharmacy (only available for a 90-day supply)				
	30-day supply	90-day supply	30-day supply	90-day supply	
	Tier 1: Preferred generic		\$0		\$0
	Tier 2: Generic		\$16		\$24
	Tier 3: Preferred brand	NA	18%*	NA	\$131*
	Tier 4: Non-preferred drugs		50%*		50%*
Tier 5: Specialty		NA		NA	
Phase 3: Catastrophic Coverage <sup>1</sup>	\$0		\$0		
All covered Part D drugs					


<sup>1</sup>Begins when your out-of-pocket costs have reached the \$2,000 limit for the calendar year. See Chapter 6 of the Evidence of Coverage for more details.

\*You won’t pay more than \$35 for a one-month supply or \$105 for a three-month supply of each covered insulin product regardless of the drug tier, even if you haven’t paid your deductible.

Visit [healthpartners.com/partd](https://healthpartners.com/partd) to learn more about Part D prescription drug coverage.

Visit [healthpartners.com/partdpharmacy25](https://healthpartners.com/partdpharmacy25) to find a pharmacy.

Visit [healthpartners.com/partdmeds25](https://healthpartners.com/partdmeds25) or scan with your phone’s camera to see our formulary (what drugs are covered).



Stride		Dash		Steady	
\$300 (Applies to Tiers 3-5)		\$250 (Applies to Tiers 3-5)		\$300 (Applies to Tiers 3-5)	
Standard retail and standard mail-order pharmacies					
30-day supply	90-day supply	30-day supply	90-day supply	30-day supply	90-day supply
\$0	\$0	\$0	\$0	\$4	\$12
\$12	\$36	\$10	\$30	\$10	\$30
\$47*	\$141*	20%*	20%*	20%*	20%*
50%*	50%*	50%*	50%*	40%*	40%*
29%	NA	30%	NA	29%	NA
Preferred cost-sharing mail-order pharmacy (only available for a 90-day supply)					
30-day supply	90-day supply	30-day supply	90-day supply	30-day supply	90-day supply
NA	\$0	NA	\$0	NA	\$8
	\$24		\$20		\$20
	\$131*		18%*		18%*
	50%*		50%*		50%*
	NA		NA		NA
\$0		\$0		\$0	



### Part D vaccines

Our plans cover most Part D vaccines such as Shingrix, Tdap and MMR at no cost to you. There’s no deductible and no copay no matter what Part D phase you are in.



### Medicare Prescription Payment Plan

This is a new payment option available to all plan members with Part D prescription drug coverage. It can help manage your drug costs by spreading them across monthly payments throughout the year (January – December). Visit [healthpartners.com/MPPP](https://healthpartners.com/MPPP) to learn more.



## Dental coverage option

### Journey optional comprehensive benefit

The Journey plans include some great routine and preventive dental coverage, like you saw on pages 10-13, but you may want extra coverage for services like fillings and crowns. The dental coverage listed below is optional and costs an additional monthly premium.

2025 plan information		Smart	
Monthly premium		\$39.20	
		In-network	Out-of-network
Deductible	Does not apply to preventive and diagnostic services	\$50	
Maximum benefit amount		\$1,500	
Preventive and diagnostic services	Routine dental exams (up to 2 per year)	\$0	
	Screenings (up to 2 per year)		
	Cleanings – Prophylaxis and periodontal maintenance (up to 2 per year)		
	Bitewing X-rays (up to 1 per year)		
	Full-mouth & panoramic X-rays (up to 1 every 3 years)		
	Fluoride treatment (up to 2 per year)		
	Sealants (up to 1 per tooth every 3 years)	50%	
	Non-routine evaluations (unlimited)	\$0	
Comprehensive	Restorative services – fillings (unlimited)	50%	
	Oral surgery (unlimited)		
	Non-surgical periodontics (up to 1 every 2 years)		
	Surgical periodontics (up to 1 every 2 years)		
	Endodontics (root canal therapy) (unlimited)		
	Special restorative care (crowns and onlays) (up to 1 every 5 years)		
	Bridges and partial or full removable dentures (up to 1 every 5 years)		
	Dental implant maximum benefit amount	\$500 Applied to the overall dental maximum benefit amount	
	Dental implant services (up to 1 every 5 years)	50%	

\*The \$1,500 annual maximum benefit amount is combined for all in- and out-of-network covered dental services. For dental services performed by an out-of-network dentist, you are responsible for paying any difference between the billed charge and the usual and customary reimbursement amount, even for services listed as \$0. See the Evidence of Coverage for more information.

Pace		Stride		Dash		Steady	
\$36.60		\$36.60		\$36.60		\$39.20	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$50		\$50		\$50		\$50	
\$1,500		\$1,500		\$1,500		\$1,500	
\$0		\$0		\$0		\$0	
50%		50%		50%		50%	
\$0		\$0		\$0		\$0	
50%		50%		50%		50%	
\$500 Applied to the overall dental maximum benefit amount		\$500 Applied to the overall dental maximum benefit amount		\$500 Applied to the overall dental maximum benefit amount		\$500 Applied to the overall dental maximum benefit amount	
50%		50%		50%		50%	





### Dental benefits with bite

Dental health is important to your overall well-being. All Journey plans feature an annual maximum dental benefit amount that can be used for preventive care and comprehensive care, like cleanings, exams and X-rays, fluoride treatment and sealants, plus periodontal maintenance (deep cleanings).

And, if you want additional coverage for fillings, extractions, endodontics, crowns, prosthetics and more, consider adding the comprehensive dental benefit to your plan.

See pages 10-13  
to learn more



### HealthPartners Choice Card

The HealthPartners Choice Card\* is a prepaid card that can be used to pay for non-Medicare-covered chiropractic care, prescription eyewear, hearing aids from TruHearing® and home-delivered meals through Mom's Meals®.

You can use it to pay for one item or service, or a combination. You choose how to use it.

**Choice Card amounts:**

- Pace \$750 per year
- Stride \$475 per year
- Dash \$400 per year

\*Benefit described not applicable with the Smart or the Steady plan.

See pages 16-17  
to learn more





### Stay active and healthy with SilverSneakers®

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 live, 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 at no additional cost to you. With SilverSneakers, you have more options than ever.

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



### Over-the-counter (OTC) products\*

You get a quarterly benefit allowance to purchase approved OTC non-prescription medicines and supplies like pain relievers, allergy sprays, first aid supplies and more. You can order these products online, over the phone or by mail – and your items will be shipped to you at no cost.

\*Benefit described not applicable with the Smart or the Steady plan.

We've partnered  
with NationsOTC  
to make ordering  
simple.





## Vision and hearing benefits

Your eyes, ears and wallet all deserve the best. All plans include \$0 copays for routine eye and hearing exams. Select plans allow you to use the Choice Card or an allowance to pay for frames, contacts, and lenses.

We've partnered with TruHearing® to offer high-quality hearing aids to help you hear what matters.

See pages 10-13  
to learn more



## Medicare benefits that travel

Our enhanced travel coverage includes in-network cost sharing when you're traveling within the U.S. (up to nine months) using the Visitor/Traveler benefit.

Plans also include worldwide emergency and urgent care, including medical consultations for all overseas travels.

Plus, you'll get a full range of travel-related services from Assist America®, the nation's largest provider of global emergency services.\*

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

\*Assist America® offers support when you're over 100 miles from home or in a foreign country. Services are only available during the first 90 consecutive days that you're away from your home. All arrangements must be made through Assist America.



## Access to care. Anytime. Anywhere.

Get the quality care you need; no waiting rooms or long commutes required.

Trusted care is available wherever you are with your phone, tablet or computer.

### By phone call

Our CareLine<sup>SM</sup> Service, Nurse Navigator<sup>SM</sup> team, Pharmacy Navigators and Behavioral Health Navigators can help you with everything from general questions to understanding the best treatment options.

### By video visit

Most of the care you receive in a clinic can be done via video visit. Talk with a doctor and receive the same personalized care, expert answers and a care plan tailored to you. And enjoy faster access to high-demand services, like dermatology.

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

### Virtuwell<sup>®</sup> is your 24/7 online clinic

Get a diagnosis, treatment plan and prescription (if needed) from board-certified nurse practitioners. All in about an hour for a \$0 copay.

**Top 5 conditions treated virtually**

1. Bladder and urinary tract infections
2. Cough, cold and allergy
3. Pink eye
4. Skin and nail
5. Ear pain

## Assist America<sup>®</sup> travel support

Travel confidently with global emergency medical services.

If something unexpected happens when you're more than 100 miles\* from home or in a foreign country, you'll have Assist America<sup>®</sup> on your side. Assist America provides emergency services for 40 million travelers worldwide.

When you're navigating a medical emergency, Assist America's vast network of resources can support you. Travel support services include:

- ✓ Pre-trip information on travel alerts and travel restrictions
- ✓ Finding a pharmacy to fill needed medications and prescriptions
- ✓ Replacing essential travel documents
- ✓ Access to skilled interpreters
- ✓ Help finding lost luggage
- ✓ App-based services
- ✓ Much more

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

Operations centers are staffed 24/7 by experienced, multilingual emergency assistance professionals.

*\*Services are only available during the first 90 consecutive days that you're away from your home. All arrangements must be made through Assist America.*

*These additional discounts described on this page cannot be applied to services covered under our Medicare plans, nor can they be combined with any other discounts. The availability of a product and service may vary by geographic service area. Additionally, these products and services described are neither offered nor guaranteed under our contract with the Medicare program and are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the HealthPartners grievance process.*

# Healthy Discounts<sup>SM</sup> Program

Healthy discounts. Healthy savings. Healthy lifestyle.

Our members enjoy savings and discounts on many products and services that promote a healthy and active lifestyle. From meal kits to exercise equipment, there are discounts for retailers and services that will help you achieve better health. Once you’ve enrolled, you’ll receive information to sign in and view your discounts.

## Healthy Discounts categories

### Eating well

Meal planning, meal delivery, weight loss support and more

### Fitness

Virtual fitness options, fitness equipment and more

### Health products and education

Home medical equipment, allergy relief, educational resources and more

### Hearing and vision

Eyewear, laser vision correction, hearing aids and more

### Personal care

Skin and body care products and more

### Additional services

Pet insurance and more

*These additional discounts described on this page cannot be applied to services covered under our Medicare plans, nor can they be combined with any other discounts. The availability of a product and service may vary by geographic service area. Additionally, these products and services described are neither offered nor guaranteed under our contract with the Medicare program and are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the HealthPartners grievance process.*

# Frequently asked questions

## How can you offer a \$0 premium plan?

We focus on preventive care to keep costs down. We partner with you to stay on top of your regular checkups and recommended procedures. That means you stay healthy and use less care. However, you must continue to pay your Medicare Part B premium to the federal government.

## How do you select which doctors are in network?

Our network includes specific doctors, clinics and other care providers – ones that deliver high-quality care at a lower cost. So, if your doctor is in the network, or you’re willing to pick one from the clinics included, our plans could be a great fit for you. Visit [healthpartners.com/journeyprovider25](https://healthpartners.com/journeyprovider25) to explore our network.

## Do I have to pay for preventive care?

No. Journey members pay \$0 for preventive services, like the Welcome to Medicare visit or Annual Wellness Visit, routine physical exams, colon cancer screenings and annual mammograms. Keep in mind, if you get treated for an illness or injury, you may have costs related to that portion of your visit.

## Why is preventive care so important?

Screenings help catch potential issues early on so you can stay as healthy as possible. Yearly physicals and preventive visits give you an opportunity to have honest conversations about your health with a doctor you trust.

Scan with your phone’s camera to get answers to other frequently asked questions.



## Sign up today or get more information

### Questions?

Give us a call at **952-883-5090** or **844-363-8979** (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

**Check out our educational blog**  
[healthpartners.com/medicareblog](https://healthpartners.com/medicareblog)

**Send us a note by email**  
[medicaresales@healthpartners.com](mailto:medicaresales@healthpartners.com)

**Find a Medicare broker**  
[healthpartners.com/findbroker](https://healthpartners.com/findbroker)

### When to sign up

#### Annual Enrollment Period (AEP)

Join or switch your Medicare plan Oct. 15 to Dec. 7 for coverage starting Jan. 1.

#### Initial Enrollment Period (IEP)

Three months before to three months after your 65th birthday month (seven months total).

#### Special Enrollment Period (SEP)

During special life events, like moving or retiring. Check with HealthPartners or [medicare.gov](https://www.medicare.gov) for details.

### Are you ready to sign up?

#### Here's how:


- Visit [healthpartners.com/enroll25](https://healthpartners.com/enroll25)
- Call us at **952-883-6644** or **844-363-8980** (TTY: **711**)
- Fill out and send in the paper application using the prepaid envelope in your enrollment kit. You can also fax it to us at **952-853-8746**.

Completed enrollment forms we receive by the last day of the month are generally effective for the first day of the next calendar month. After you enroll, you'll get a welcome packet with your member ID card and other helpful materials.

### Attend a Medicare meeting to learn more

You're invited to learn about the basics of Medicare and your HealthPartners Journey plan options at an informational meeting.

Visit [healthpartners.com/mymeetings](https://healthpartners.com/mymeetings) to see the full list of meetings and reserve your seat.

 Enroll in Parts A and B before you sign up for a private plan. And have your Medicare card ready when you enroll.

## Pre-enrollment checklist

Before making an enrollment decision, it's important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Sales representative at **952-883-5090** or **844-363-8979** (TTY: **711**).

### Understanding the benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs and benefits before you enroll. Visit [healthpartners.com/eoc](https://healthpartners.com/eoc) or call **952-883-5090** or **844-363-8979** (TTY: **711**) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

### Understanding important rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/coinsurance may change on Jan. 1, 2026.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services the provider must agree to treat you. Except in emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher copay for services received by non-contracted providers.
- ☐ Effect on current coverage: If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage health care coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

## Notes



To learn about what Original Medicare covers and what it costs, read through your Medicare & You handbook. Or, visit **medicare.gov** to view it online. Don't have one? Call **800-MEDICARE (800-633-4227)** to get yours. They're available 24 hours a day, seven days a week (TTY: **877-486-2048**).

Your information is protected. For information on how HealthPartners manages and protects Health Information and Personal Information that you give us, how we will use and share that information, and how you may exercise your rights with regard to your Personal Information and Health Information, visit **healthpartners.com/public/privacy**.

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

For accommodations of persons with special needs at meetings, call **952-883-5090** or **844-363-8979** (TTY: **711**).

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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.

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This booklet doesn't list everything we cover, or every limitation or exclusion. For a full list of covered services, check the Evidence of Coverage (EOC) at **healthpartners.com/eoc** or call us at the numbers on page 34.



8170 33<sup>rd</sup> Ave. S.  
Bloomington, MN 55425