

2024 Summary of Benefits

Metro / Central Minnesota

HealthPartners® Journey Medicare Advantage Plans

HealthPartners® Journey Pace (PPO)

HealthPartners® Journey Stride (PPO)

HealthPartners® Journey Dash (PPO)

HealthPartners® Journey Steady (PPO)

January 1, 2024 – December 31, 2024





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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 50 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**.SM



Check out
page 20 to see our
featured plan benefits
and perks for 2024.

HealthPartners Journey Medicare plans

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

→ **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 **64,000** doctors and clinicians, and **5,000** care locations.
- Coverage includes major care systems across the Twin Cities and central Minnesota, so you can receive care from the doctors, clinics and hospitals you know and trust.
- No referrals are needed to see specialists.
- Access to over 56,000 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

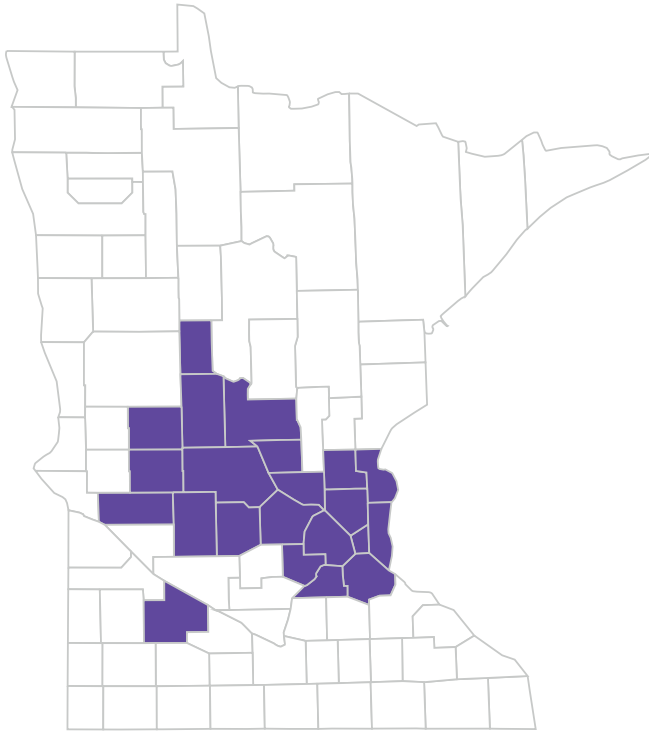
We're here when you need us

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/journeydoc24

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.

2024 plan information		Pace	
Monthly premium	What you pay each month for your plan	\$0	
Deductible	What you pay out of pocket for services before your plan begins to pay	Medical: Not applicable	
		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	\$5,200 in-network \$8,950 combined in- and out-of-network	
Hospital		In-network	Out-of-network
Inpatient hospital coverage¹		Days 1-5: \$300 per day Days 6+: \$0	30%
Outpatient hospital coverage¹	Observation stay	\$300 per day	30%
	Outpatient surgery	\$375	30%
Ambulatory surgery center¹		\$375	30%
Doctor Visits and Preventive Care		In-network	Out-of-network
Doctor – Primary	In-person and virtual visits	\$0	30%
Doctor – Specialist		\$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
	Routine physical exams (once a year)	\$0	30%

¹Prior authorization may be required for certain services.

Stride		Dash		Steady	
\$49		\$84		\$134	
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 4 and 5)		Part D: \$300 (applies to Tiers 3, 4 and 5)	
\$3,900 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%	\$200 per stay	20%	\$175 per stay	20%
\$250 per day	20%	\$175 per day	20%	\$150 per day	20%
\$300	20%	\$200	20%	\$150	20%
\$300	20%	\$200	20%	\$150	20%
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$0	\$60	\$0	\$50	\$0	\$40
\$35	\$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

2024 plan information		Pace	
Emergency and Urgent Care		In-network	Out-of-network
Emergency care	In U.S.	\$120	\$120
	Worldwide	NA	20%
Urgently needed services	In U.S.	\$40	\$40
	Worldwide	NA	20%
Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs		In-network	Out-of-network
Diagnostic services/ labs/imaging	Diagnostic radiology (e.g., MRI, CT, PET) ¹	\$150	30%
	Labs	\$0	30%
	Diagnostic tests and procedures	\$20	30%
	X-rays	\$20	30%
	Therapeutic radiology ¹	\$75	30%
Hearing / Dental / Vision	Common needs may include	In-network	Out-of-network
Hearing services	Routine exam	\$0	30%
	Diagnostic exam	\$40	30%
	Hearing aids through TruHearing®	\$499 / \$699 / \$999 per aid; up to two per year; Additional coverage under Choice Card (see page 21)	

¹Prior 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
\$120	\$120	\$120	\$120	\$120	\$120
NA	20%	NA	20%	NA	20%
\$40	\$40	\$30	\$30	\$30	\$30
NA	20%	NA	20%	NA	20%
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$150	20%	\$125	20%	\$75	20%
\$0	20%	\$0	20%	\$0	20%
\$20	20%	\$20	20%	\$20	20%
\$20	20%	\$20	20%	\$20	20%
\$75	20%	\$75	20%	\$75	20%
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$0	20%	\$0	20%	\$0	20%
\$35	20%	\$30	20%	\$25	20%
\$499 / \$699 / \$999 per aid; up to two per year; Additional coverage under Choice Card (see page 21)		\$399 / \$599 / \$899 per aid; up to two per year; Additional coverage under Choice Card (see page 21)		\$399 / \$599 / \$899 per aid; up to two per year	

2024 plan information

Hearing / Dental / Vision (continued)		Pace	
		In-network	Out-of-network
Dental services – Medicare-covered	Common needs may include Medicare-covered non-routine dental	\$0	30%
Dental services – Non-Medicare-covered	Maximum benefit amount	\$2,000 per year*	
Preventive services	Routine dental exams (2 per year except Steady)	\$0	50%
	Screenings (1 per year)	\$0	50%
	Cleanings – prophylaxis and periodontal maintenance recall	\$0 (3 per year)	50% (3 per year)
	Bitewing X-rays (1 per year except Steady)	\$0	50%
	Full-mouth (panoramic) X-rays (1 every 3 years)	\$0	50%
	Fluoride treatment (2 per year except Steady)	\$0	50%
	Sealants (1 per tooth every 3 years)	\$0	50%
Comprehensive services	Non-routine evaluations	NA	
	Fillings	50%	50%
	Cleanings – periodontal maintenance recall and prophylaxis	\$0 (3 per year)	50% (3 per year)
	Non-surgical periodontics (1 per 2 years)	50%	50%
	Surgical periodontics (1 per 2 years)	NA	
	Endodontics (root canal therapy)	NA	
	Oral surgery	NA	
	Special restorative care (crowns, onlays) (1 every 5 years)	NA	
Optional supplemental dental benefit	Optional comprehensive dental benefit	Available (see page 18)	

*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%
\$2,000 per year*		\$2,250 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 (2 per year)	50% (2 per year)	\$0 (2 per year)	50% (2 per year)	\$0 (1 per year)	40% (1 per year)
\$0	50%	\$0	50%	\$0 (1 per 2 years)	40% (1 per 2 years)
NA		\$0	50%	NA	
\$0	50%	\$0	50%	\$0 (1 per year)	40% (1 per year)
\$0	50%	\$0	50%	\$0	40%
NA		\$0	50%	NA	
NA		50%	50%	NA	
\$0 (2 per year)	50% (2 per year)	\$0 (2 per year)	50% (2 per year)	\$0 (1 per year)	40% (1 per year)
NA		50%	50%	NA	
NA		50%	75%	NA	
NA		50%	50%	NA	
NA		50%	75%	NA	
NA		75%	75%	NA	
Available (see page 18)		NA	NA	Available (see page 18)	

2024 plan information		Pace	
Hearing / Dental / Vision (continued)	Common needs may include	In-network	Out-of-network
Vision services	Routine exam	\$0	30%
	Diagnostic exam	\$40	30%
	Non-Medicare-covered prescription eyewear	Additional coverage under Choice Card (see page 21)	
Mental Health Services		In-network	Out-of-network
Therapy visits	Individual	\$40	30%
	Group	\$20	30%
Inpatient visits		Days 1-5: \$300 per day Days 6+: \$0	30%
Skilled Nursing Facility (SNF) / Physical Therapy		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 21-80: \$203 per day; Days: 81-100: \$0	30%
Physical therapy		\$40	30%
Medical Transportation		In-network	Out-of-network
Ambulance	Air (per one-way trip)	20%	
	Ground in U.S. (per one-way trip)	\$260	
Other transportation	Non-emergency services	NA	
Medicare Part B Drugs		In-network	Out-of-network
Medicare Part B drugs	Chemotherapy and other drugs that must be administered by a health professional ¹	0%-20%*	30%
	Insulin (used in a pump)	0%-20%†	30%

¹Prior 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
\$0	20%	\$0	20%	\$0	20%
\$35	20%	\$30	20%	\$25	20%
Additional coverage under Choice Card (see page 21)		Additional coverage under Choice Card (see page 21)		\$350 benefit allowance per year	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$35	\$60	\$30	\$50	\$25	\$40
\$17.50	\$30	\$15	\$25	\$12.50	\$20
Days 1-5: \$250 per day Days 6+: \$0	20%	\$200 per stay	20%	\$175 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: \$203 per day	20%	Days 1-20: \$0; Days 21-100: \$203 per day	20%	Days 1-20: \$0; Days 21-100: \$203 per day	20%
\$35	\$60	\$30	\$50	\$25	\$40
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
20%		20%		20%	
\$250		\$250		\$200	
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%

2024 plan information		Pace	
		In-network	Out-of-network
Additional benefits		In-network	Out-of-network
Acupuncture	Medicare-covered	\$40	30%
	Non-Medicare-covered; 20 visits combined INN/OON	\$40	30%
Assist America®	Travel-related services and support when traveling more than 100 miles from home or in a foreign country.	Included	
Chiropractic care	Medicare-covered	\$20	30%
	Non-Medicare-covered	Covered under Choice Card (see page 21)	
Choice Card	<p>Your prepaid card that helps you pay for non-Medicare-covered:</p> <ul style="list-style-type: none"> • Chiropractic services • Prescription eyewear • Hearing aids from TruHearing® • Home delivered meals through Mom's Meals® <p>The card can be used to pay for one item or service, or a combination</p>	\$575 per year benefit maximum	
Fitness benefit	SilverSneakers Fitness Program (see page 22)	\$0	
Immunizations	Pneumonia, Influenza, Hepatitis B, COVID-19	\$0	
Meal Benefit	Post-inpatient hospital SNF stay; limit 21 meals within a 4-week period. Offered through Mom's Meals®	Covered under Choice Card (see page 21)	
Medical equipment / supplies¹	Durable medical equipment	20%	30%
	Prosthetics		
	Diabetes supplies (healthpartners.com/diabeticsupplies)		
Outpatient substance abuse	Individual / Group	\$40	30%
Over-the-counter (OTC)	Pain relievers, allergy sprays, first aid supplies and more through NationsOTC®	\$75 per quarter, no rollover	
Smoking and tobacco use cessation	Counseling to stop smoking or tobacco use	\$0	30%
Travel counseling	Health advice before traveling internationally	\$0	30%

¹Prior 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
\$35	\$60	\$30	\$50	\$25	\$40
\$35	\$60	\$30	\$50	\$25	\$40
Included		Included		Included	
\$20	\$20	\$20	\$20	\$20	\$20
Covered under Choice Card (see page 21)		Covered under Choice Card (see page 21)		NA	
\$475 per year benefit maximum		\$500 per year benefit maximum		NA	
\$0		\$0		\$0	
\$0		\$0		\$0	
Covered under Choice Card (see page 21)		Covered under Choice Card (see page 21)		NA	
20%	20%	20%	20%	20%	20%
\$35	\$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 four 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 56,000 pharmacies across the U.S.**, including national chains and local pharmacies.

There's no preferred cost-sharing retail pharmacy. That means you can choose to go to any national chain or local pharmacy in our network and pay the same amount. You'll have one level of cost sharing for each Part D drug tier.

2024 plan information	Pace	
Phase 1: Deductible	\$300 (Applies to Tiers 3, 4 and 5)	
Phase 2: Initial coverage		
Standard retail and standard mail-order pharmacies	30-day supply	90-day supply
Tier 1: Preferred generic	\$0	\$0
Tier 2: Generic	\$14	\$42
Tier 3: Preferred brand	\$47*	\$141*
Tier 4: Non-preferred drugs	35%*	35%*
Tier 5: Specialty	27%	NA
Preferred cost-sharing mail-order pharmacy	90-day supply	
Tier 1: Preferred generic	\$0	
Tier 2: Generic	\$28	
Tier 3: Preferred brand	\$131**	
Tier 4: Non-preferred drugs	35%**	
Tier 5: Specialty	NA	
Phase 3: Coverage gap	Generics: 25% / Brands: 25% Insulin: no more than \$35 per one-month supply	
Phase 4: Catastrophic	\$0 for all Part D-covered drugs	

Visit healthpartners.com/partd to learn more about Part D prescription drug coverage.

Visit healthpartners.com/partdpharmacy24 to find a pharmacy.

*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.

**You won't pay more than \$95 for a three-month supply of each covered insulin product regardless of the drug tier, even if you haven't paid your deductible.



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.



Mail-order pharmacy

Want to skip the trips to the pharmacy? Get your prescriptions mailed to your home from WellDyne, our preferred cost-sharing mail-order pharmacy.

Stride		Dash		Steady	
\$300 (Applies to Tiers 3, 4 and 5)		\$250 (Applies to Tiers 4 and 5)		\$300 (Applies to Tiers 3, 4 and 5)	
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*	\$47*	\$141*	\$47*	\$141*
40%*	40%*	40%*	40%*	40%*	40%*
27%	NA	27%	NA	27%	NA
	90-day supply		90-day supply		90-day supply
	\$0		\$0		\$8
	\$24		\$20		\$20
	\$131**		\$131**		\$131**
	40%**		40%**		40%**
	NA		NA		NA

Generics: 25% / Brands: 25%

Insulin: no more than \$35 per one-month supply

\$0 for all Part D-covered drugs



Visit healthpartners.com/journeymeds24 or scan with your phone's camera here to see our formulary (what drugs are covered).

Dental coverage option

Journey optional comprehensive benefit

The Journey Pace, Stride and Steady plans include some great routine and preventive dental coverage, like you saw on pages 10-11, 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.

2024 plan information

Monthly premium	
Deductible	Does not apply to preventive and diagnostic services
Maximum benefit amount	
Preventive and diagnostic services	Routine dental exams (<i>up to 2 per year</i>)
	Screenings (<i>up to 2 per year</i>)
	Cleanings (<i>up to 2 per year</i>)
	Bitewing X-rays (<i>up to 1 per year</i>)
	Full-mouth (panoramic) X-rays (<i>up to 1 every 3 years</i>)
	Fluoride treatment (<i>up to 1 per year</i>)
	Sealants (<i>up to 1 per tooth every 3 years</i>)
	Non-routine evaluations
Comprehensive	Fillings
	Oral surgery
	Non-surgical periodontics (<i>up to 1 every 2 years</i>)
	Surgical periodontics (<i>up to 1 every 2 years</i>)
	Endodontics (root canal therapy)
	Special restorative care (crowns and onlays) (<i>up to 1 every 5 years</i>)
	Bridges and partial or full removable dentures (<i>up to 1 every 5 years</i>)
	Dental implant maximum benefit amount
Dental implant services (<i>up to 1 every 5 years</i>)	

*The \$1,100 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		Steady	
\$30		\$30		\$34	
In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
\$50		\$50		\$50	
\$1,100*		\$1,100*		\$1,100*	
\$0	\$0	\$0	\$0	\$0	\$0
50%	50%	50%	50%	50%	50%
\$0	\$0	\$0	\$0	\$0	\$0
50%	50%	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	\$500 Applied to the overall dental maximum benefit amount	\$500 Applied to the overall dental maximum benefit amount
50%	50%	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, like cleanings, exams and X-rays, plus periodontal maintenance (deep cleanings).

Journey Dash is our most robust plan; it offers coverage for fillings, extractions, endodontics, crowns, prosthetics and more. You can also add comprehensive dental to the Pace, Stride and Steady plans.

Best of all, now you'll have greater access to even more dentists in our network.

See pages 10-11
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 \$575 per year

Stride \$475 per year

Dash \$500 per year

*Not available in the Steady plan.

See pages 14-15
to learn more



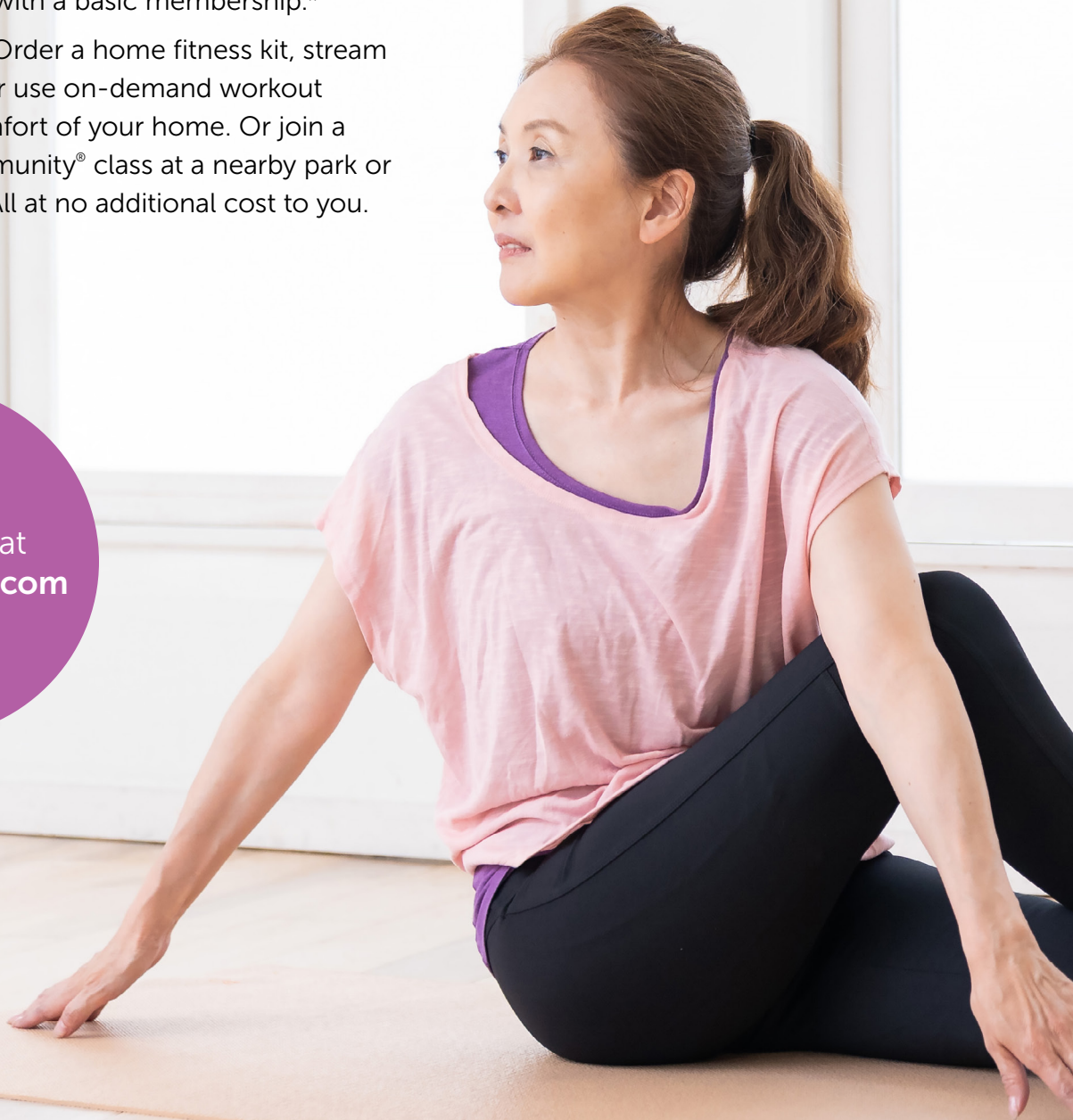


Stay active and healthy with SilverSneakers®

With SilverSneakers, you get a fitness membership with access to thousands of gyms and fitness locations nationwide, including access to Lifetime Fitness' premium locations, with a basic membership.*

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.

Learn more at
silversneakers.com



*Other participating fitness locations available in the network. Visit silversneakers.com to find a location near you.



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.

*Benefits described not applicable to the Steady plan.


We've partnered with NationsOTC; watch for a catalog after you enroll.



Vision and hearing benefits

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

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, and worldwide emergency and urgent care.

Medical consultations are also an included benefit 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://www.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.

Healthy DiscountsSM 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

Learn more at healthpartners.com/healthydiscounts

Assist America® travel support

Finding care. Anytime. Anywhere.

If something unexpected happens when you're more than 100 miles* from home or in a foreign country, you'll have Assist America® 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

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

Learn more at assistamerica.com

**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 pages 26 and 27 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. Explore our network at healthpartners.com/journeydoc24.

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.

Are online clinics covered?

Yes. Your 24/7 online clinic is virtuwell.com. Get a diagnosis, treatment plan and prescription if needed from board-certified nurse practitioners. All in about an hour for a \$0 copay.

Who can I call with health questions?

You have personal support when you need it, including CareLineSM Service, Nurse NavigatorSM Program, and Behavioral Health Navigators. Nurses and navigators can help you select the best treatment option and decide if you should see a doctor.

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



Sign up today or get more information

Are you ready to sign up? Here's how:

- Visit healthpartners.com/enroll2024
- 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.

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.

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 to see the full list of meetings and reserve your seat.

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/education

Chat with us online
healthpartners.com/medicare

Send us a note by email
medicaresales@healthpartners.com

Find a Medicare broker
healthpartners.com/findbroker



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/eoc24 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, 2025.
- 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.

To learn 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. 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 HealthPartners 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/eoc24 or call us at the numbers on page 30.



8170 33rd Ave. S.
Bloomington, MN 55425

IMPORTANT INFORMATION:

2023 Medicare Star Ratings



HealthPartners - H4882

For 2023, 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.



This plan got
**MEDICARE'S
HIGHEST
RATING** (5 stars)

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 844-363-8979 (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。

2024 INDIVIDUAL HEALTHPARTNERS® JOURNEY METRO-CENTRAL ENROLLMENT FORM

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:
HealthPartners Riverview Membership Accounting
MS21103R

P.O. Box 9463
Minneapolis, MN 55440

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call HealthPartners at **952-883-5090** or **844-363-8979**. TTY users can call **711**.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a HealthPartners al 952-883-5090 o 844-363-8979/711 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

Section 1 – All fields on this page are required (unless marked optional)

Select the plan you want to join:

- HealthPartners Journey Pace (PPO) - \$0 per month HealthPartners Journey Dash (PPO) - \$84 per month
 HealthPartners Journey Stride (PPO) - \$49 per month HealthPartners Journey Steady (PPO) - \$134 per month

Optional Comprehensive Dental Benefit – Check this box if you’d like to add this benefit for an additional premium (listed below by plan). This benefit is not available with Journey Dash. You can disenroll from this benefit at any time. Pace and Stride plans: \$30 per month Steady plan: \$34 per month

LAST name: _____ FIRST name: _____ Optional: Middle Initial: _____

Birth date: (MM/DD/YYYY) (____/____/____)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone number: (____) _____
--	---	-------------------------------

Permanent Residence street address: _____

City: _____	Optional: County: _____	State: _____	ZIP Code: _____
-------------	-------------------------	--------------	-----------------

In care of name, if applicable: _____

In care of mailing address, if different from your permanent address (PO Box allowed):

Street address: _____	City: _____	State: _____	ZIP Code: _____
-----------------------	-------------	--------------	-----------------

Optional: Email address: _____

Your Medicare information:

Medicare Number: _____ - _____ - _____

Answer these important questions:

Some individuals may have additional prescription drug coverage including other private insurance, TRICARE, federal employee health benefits or VA benefits.

Yes No **1. Will you receive 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? _____

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period. Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. Questions 2-15 are optional but encouraged.

- Yes No **2. I am new to Medicare.**
- Yes No **3. I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).**
- Yes No **4. I recently moved outside the service area for my current plan or have recently returned to the U.S. after living permanently outside the U.S.**
 If YES, when did you move? (MM/DD/YYYY) ____/____/____
- Yes No **5. I recently had a change in my Medicaid (newly got Medicaid, level of Medicaid Assistance changed, or lost Medicaid).**
 If YES, when did this happen? (MM/DD/YYYY) ____/____/____
- Yes No **6. I am moving into, live in or recently moved out of a long-term care facility (for example, a nursing home or rehabilitation hospital).**
 If YES, I moved/will move into/out of the facility on (MM/DD/YYYY) ____/____/____

Yes No **7. I recently left a PACE program.**
If YES, I left the program on (MM/DD/YYYY) ____ / ____ / ____

Yes No **8. I recently involuntarily lost my creditable drug coverage.**
If YES, what was the last date of this coverage? (MM/DD/YYYY) ____ / ____ / ____

Yes No **9. I am leaving employer or union coverage.**
If YES, what was or will be the last date of coverage? (MM/DD/YYYY) ____ / ____ / ____

Yes No **10. I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, level of Extra Help changed, or lost Extra Help).**
If YES, when did this happen? (MM/DD/YYYY) ____ / ____ / ____

Yes No **11. I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.**

Yes No **12. My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.**
If YES, when does your coverage end? (MM/DD/YYYY) ____ / ____ / ____

Yes No **13. I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan.**
If YES, when did your enrollment in that plan start? (MM/DD/YYYY) ____ / ____ / ____

Yes No **14. I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan.**
If YES, I was disenrolled from the SNP on (MM/DD/YYYY) ____ / ____ / ____

Yes No **15. Are you currently a HealthPartners member?**
If YES, please give your identification number (to avoid duplication): _____

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in HealthPartners Journey.
- By joining this Medicare Advantage plan, I acknowledge that HealthPartners Journey 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 I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my HealthPartners Journey coverage begins, I must get all of my medical and prescription drug benefits from HealthPartners Journey. Benefits and services provided by HealthPartners Journey and contained in my HealthPartners Journey “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor HealthPartners Journey will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (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 by Medicare.

Signature:	Today's date:
-------------------	----------------------

If you're the authorized representative, sign above and fill out these fields:

Name:	Address:
Phone number:	Relationship to enrollee:

Section 2 – All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

I would like coverage to start: (Month) _____, 2024. We will accommodate your requested effective date as best we can while still following Medicare guidelines.

Are you of Hispanic, Latino/a or Spanish origin? Select all that apply.

- No, not of Hispanic, Latino/a or Spanish origin Yes, Mexican, Mexican American, Chicano/a
 Yes, Puerto Rican Yes, Cuban
 Yes, another Hispanic, Latino/a or Spanish origin **I choose not to answer.**

What's your race? Select all that apply.

- American Indian or Alaska Native Asian Indian Black or African American
 Chinese Filipino Guamanian or Chamorro
 Japanese Korean Native Hawaiian
 Other Asian Other Pacific Islander Samoan
 Vietnamese White **I choose not to answer.**

Select one if you want us to send you information in an accessible format.

- Braille Large print Audio CD

Please contact HealthPartners Journey at **952-883-5090** or **844-363-8979** if you need information in an accessible format other than what's listed above. Our office hours are 8 a.m. to 8 p.m. CT, seven days a week, Oct. 1 through March 31, and 8 a.m. to 8 p.m. CT, Monday through Friday, April 1 through Sept. 30. TTY users can call **711**.

Do you work? Yes No Does your spouse work? Yes No

Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty you may owe) by mail or have it automatically deducted from your Social Security or Railroad Retirement Board (RRB) benefit check each month. Once you're a member of our plan, you can sign up to automatically receive and pay your bills online. If you do not select a payment option, we will bill you directly.

Choose ONE payment option (If you don't select an option, you will get a paper bill each month.):

- Paper billing (You'll receive a monthly paper bill unless you sign up for online billing.)
 I am a HealthPartners member and want my current auto-pay method and bank information applied to this plan.
 Electronic funds transfer (EFT) from your bank account each month. Your payment will be taken on the first business day of the month. Please enclose a VOIDED check or provide the following:

Account holder name: _____ Bank name: _____

Bank routing number: _____ Bank account number: _____

Account type: Checking Savings

- Automatic deduction from your monthly Social Security (SS) or Railroad Retirement Board (RRB) benefit check
I get monthly benefits from: Social Security RRB

The SS/RRB deduction may take two or more months to begin. In some cases, we will send you a paper bill for your premiums while we wait for a response from SS/RRB. If SS/RRB accepts your request for automatic deduction, the first deduction from your SS/RRB benefit generally begins the following month. If your request is not approved, we'll send you a letter explaining that we will be billing you directly. If you enroll in the dental benefit, you will receive a separate invoice.

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). **DON'T** pay HealthPartners Journey the Part D-IRMAA.

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 and 1860D-1 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.

Agent Use Only:

Agent name (please print): _____ Agent signature: _____

Agent code: _____ Agent telephone: _____ Agent's receipt date: ____ / ____ / ____