2027 Summary of Benefits

Metro & Central

HealthPartners® Journey Medicare Advantage Plans

HealthPartners® Journey Smart (PPO)
HealthPartners® Journey Pace (PPO)

January 1, 2027 – December 31, 2027

HealthPartners®

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** 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, 2028.
- ☐ 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.

HealthPartners Journey Medicare plans

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

→ **Smart**

→ **Pace**

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, live within the service area, and are a United States citizen or lawfully present in the United States.

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 treat you.

Plan service area

HealthPartners Journey plans are available to you if you live in these Minnesota counties:

Metro

Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington

Central

Benton, Chisago, Isanti, Morrison, Sherburne, Stearns, Todd, Wright

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** for details.

2027 HealthPartners Journey plans information

		Smart		Pace	
Monthly premium	What you pay each month for your plan	Metro: $0	Central: $0	Metro: $20	Central: $40
Monthly Part B premium giveback*	The giveback benefit is a reduction on your Medicare Part B Premium	Metro: Up to $50	Central: Up to $38	Metro: NA	Central: NA
Deductible	What you pay out of pocket for services before your plan begins to pay	Medical: Not applicable Part D: $700 *(applies to Tiers 3-5)*			
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	$9,850 in-network $12,500 combined in- and out-of-network		$7,150 in-network $10,000 combined in- and out-of-network	
Hospital		**In-network**	**Out-of-network**	**In-network**	**Out-of-network**
Inpatient hospital coverage[1]		Days 1-4: $600 per day Days 5+: $0	30%	Days 1-5: $550 per day Days 6+: $0	30%
Outpatient hospital coverage[1]	Observation stay	$500 per day	30%	$500 per day	30%
	Outpatient surgery	$750		$600	
Ambulatory surgery center[1]		$650	30%	$500	30%
Doctor Visits and Preventive Care		**In-network**	**Out-of-network**	**In-network**	**Out-of-network**
Doctor – Primary	In-person visit and E-visit	$0	30%	$0	30%
Doctor – Specialist	In-person	$60	30%	$55	30%
	E-visit	$0	30%	$0	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)*		30%		30%
Emergency and Urgent Care		**In-network**	**Out-of-network**	**In-network**	**Out-of-network**
Emergency care	In U.S.	$115		$130	
	Worldwide	NA	20%	NA	20%
Urgently needed services	In U.S.	$40		$50	
	Worldwide	NA	20%	NA	20%

*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.

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

2027 HealthPartners Journey plans information

Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs		Smart		Pace	
		In-network	Out-of-network	In-network	Out-of-network
Diagnostic services/ labs/imaging	Diagnostic radiology[1] *(e.g. MRI, CT, PET)*	$430	30%	$400	30%
	Diagnostic colonoscopies[1]	$0		$0	
	Labs[1]	10%			
	Diagnostic tests and procedures[1]	$75		$75	
	X-rays	$100			
	Therapeutic radiology[1]	20%		20%	
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	$60		$55	
Dental services	Medicare-covered non-routine dental	$0	30%	$0	30%
Dental services – Non-Medicare-covered Diagnostic & Preventive services	Routine dental exams *(Limit applies in and out of network combined)*	$0 (1 per year)	50%	$0 (2 per year)	50%
	Cleanings – prophylaxis and periodontal maintenance *(Combined preventive and periodontal maintenance)*				
	Bitewing X-rays *(Bitewing X-rays only, limit applies in and out of network combined)*			$0 (1 per year)	
	Sealants *(1 per tooth every 3 years, limit applies in and out of network combined)*	$0		$0	
Optional supplemental dental benefit	Optional comprehensive dental benefit	Available; see page 13 for details			

[1]Prior authorization may be required for certain 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.

2027 HealthPartners Journey plans information

Hearing / Dental / Vision *(continued)*	Common needs may include	Smart		Pace	
		In-network	Out-of-network	In-network	Out-of-network
Vision services	Routine exam	$0	30%	$0	30%
	Diagnostic exam	$60		$55	
	Non-Medicare-covered prescription eyewear	NA		$150 reimbursement per year	
Mental Health Services		In-network	Out-of-network	In-network	Out-of-network
Therapy visits	Individual	$50	30%	$55	30%
	Group				
Inpatient visits		Days 1-4: $520 per day Days 5+: $0	30%	Days 1-5: $470 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[1]	Days 1-20: $0 per day Days 21-100: $221 per day	30%	Days 1-20: $0 per day Days 21-80: $221 per day Days 81-100: $0 per day	30%
Physical therapy		$35	30%	$50	30%
Medical Transportation		In-network	Out-of-network	In-network	Out-of-network
Ambulance	Air *(per one-way trip)*	20%			
	Ground in U.S. *(per one-way trip)*	$350		$300	
Other transportation	Non-emergency services	NA			

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

2027 HealthPartners Journey plans information

		Smart		Pace	
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[1]	0%-20%*	30%	0%-20%*	30%
	Insulin *(used in a pump)*	0%-20%†		0%-20%†	
Additional benefits		**In-network**	**Out-of-network**	**In-network**	**Out-of-network**
Acupuncture	Medicare-covered	$60	30%	$55	30%
Chiropractic care	Medicare-covered	$15	30%	$15	30%
Fitness benefit	Basic fitness membership	$0 SilverSneakers®	80%	$0 SilverSneakers®	80%
	Annual benefit allowance combined in and out of network	$80		$80	
Medical equipment / supplies[1]	Durable medical equipment	20%	30%	20%	30%
	Prosthetics				
	Diabetic supplies (**healthpartners.com/diabeticsupplies**)	0%-20% diabetic supplies[2]; 20% diabetic shoes/inserts		0%-20% diabetic supplies[2]; 20% diabetic shoes/inserts	
Outpatient substance abuse	Individual / Group	$50	30%	$55	30%
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%

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

[2]20% coinsurance applies to Continuous Glucose Monitors (CGMs) and Continuous Glucose Monitor (CGM) related supplies.

*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.

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 national chain pharmacies and local pharmacies. You can also have your prescriptions delivered to your home through a mail-order pharmacy.

2027 plan information	Smart		Pace	
Phase 1: Deductible	$700 *(Applies to Tiers 3-5)*		$700 *(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	$0	$0	$0	$0
Tier 3: Preferred brand	25%	25%	25%	25%
Tier 4: Non-preferred drugs	29%	29%	32%	32%
Tier 5: Specialty	25%	NA	25%	NA
Phase 3: Catastrophic Coverage[1]	$0		$0	
All covered Part D drugs				

[1]Begins when your out-of-pocket costs have reached the $2,400 limit for the calendar year. See Chapter 6 of the Evidence of Coverage for more details.

Insulin coverage: 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.

Dental coverage option

Journey optional comprehensive benefit

The Journey plans include some great routine and preventive dental coverage, but you may want extra coverage for services like fillings and crowns. The dental coverage listed below for both Smart and Pace is optional and costs an additional monthly premium.

2027 plan information		Smart and Pace	
Monthly premium		$42.30	
		In-network	**Out-of-network**
Deductible	Does not apply to preventive and diagnostic services	$50	
Maximum benefit amount		$1,500[1]	
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	$0	
Comprehensive	Restorative services – fillings	50%	
	Oral surgery		
	Non-surgical periodontics *(up to 1 every 2 years)*		
	Surgical periodontics *(up to 1 every 2 years)*		
	Endodontics (root canal therapy)		
	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%	

[1]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.

*Benefit for the replacement of a crown or onlay, replacement of an existing prosthetic appliance, or replacement of an implant will be provided only after a five-year period measured from the date in which the procedure or installment was last provided, whether under this EOC or not.

Virtual care options

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℠ Service, Nurse Navigator℠ 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.

E-visit

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.

Healthy Discounts℠ Program

Healthy discounts. Healthy savings. Healthy lifestyle.

Healthy Discounts makes managing your health and well-being easier through special HealthPartners member savings. Once you've enrolled, you'll receive information to sign in and view which Healthy Discounts are available with your plan.

For example, you could save on:

- Travel (car rental, flights, hotels)
- Restaurants
- Electronics
- Hearing aids
- Home improvements
- Legal services
- Pet insurance
- And much 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 I find a provider, pharmacy or list of covered drugs?

Find a covered provider at **healthpartners.com/mnprovider27**.

Visit **healthpartners.com/partdmeds27** to see our formulary (what drugs are covered).

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

Visit **healthpartners.com/partdpharmacy27** to find a pharmacy.

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/mnprovider27** to explore our network.

Do I have to pay for preventive care?

No. Journey members pay a $0 copay 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.

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**

Send us a note by email **medicaresales@healthpartners.com**.

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

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.

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 16.

HealthPartners®

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