2023 Summary of Benefits

Health Partners Medicare (H9207)

Health Partners Medicare Prime (HMO-POS) (plan 002)

Health Partners Medicare Complete (HMO-POS) (plan 012)

This is a summary of drug and medical services covered by Health Partners Medicare Prime and Health Partners Medicare Complete for the plan year January 1, 2023 - December 31, 2023.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of the services we cover, please see the *Evidence of Coverage*. View it online at www.HPPMedicare.com or get a copy by calling Member Relations at 1-866-901-8000 (TTY 1-877-454-8477). From **October 1 to March 31**, we're available 8 a.m. to 8 p.m., 7 days a week. And from **April 1 to September 30**, we're available 8 a.m. to 8 p.m., Monday to Friday.

This information is available for free in other languages. This document is available in other formats such as braille and large print. Please call Member Relations at 1-866-901-8000 (TTY 1-877-454-8477).

Health Partners Medicare has a network of doctors, hospitals, pharmacies and other providers. If you use providers that are not in our network, you may pay more for these services.

For information about prescription drugs covered, please see the plan's *Formulary*. For information about providers and pharmacies in our network, see our *Provider & Pharmacy Directory*. These documents are available at www.HPPMedicare.com or by calling the plan at 1-866-901-8000 (TTY 1-877-454-8477).

To join Health Partners Medicare Prime or Health Partners Medicare Complete, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Our service area includes the following counties in Pennsylvania: Berks, Bucks, Carbon, Chester, Cumberland, Dauphin, Delaware, Lancaster, Lebanon, Lehigh, Montgomery, Northampton, Perry, Philadelphia and Schuylkill.

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

Health Partners Medicare is an HMO plan with Medicare and Pennsylvania State Medicaid program contracts. Enrollment in Health Partners Medicare depends on contract renewal.

This information is not a complete description of benefits. Call 1-833-HPP-HPP3 (1-833-477-4773) (TTY 1-877-454-8477) for more information. From **October 1 to March 31**, we're available 8 a.m. to 8 p.m., 7 days a week. And from **April 1 to September 30**, we're available 8 a.m. to 8 p.m., Monday to Friday.

	Health Partners Medicare Prime	Health Partners Medicare Complete
Monthly plan premium	$41.10 You must continue to pay your Medicare Part B premium.	$0 You must continue to pay your Medicare Part B premium.
Deductible	This plan does not have a deductible for medical services. There is a $0 deductible for prescription drugs.	This plan does not have a deductible for medical services. There is a $0 deductible for prescription drugs.
Maximum out-of-pocket amount responsibility *(does not include prescription drugs)*	$7,900 annually The most you pay for copays, coinsurance and other costs for medical services for the year.	$7,900 annually The most you pay for copays, coinsurance and other costs for medical services for the year.

	Health Partners Medicare Prime		Health Partners Medicare Complete	
Outpatient Prescription Drugs (Part D)				
	Standard retail cost-sharing (in-network) (up to a 30-day supply)	**Mail order cost-sharing** (up to a 90-day supply)	**Standard retail cost-sharing** (in-network) (up to a 30-day supply)	**Mail order cost-sharing** (up to a 90-day supply)
Deductible	There is no Rx deductible for the Prime or Complete plan for 2023.			
Tier 1 Preferred Generic	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2 Generic	$10 copay	$20 copay	$10 copay	$20 copay
Tier 3 Preferred Brand Select Insulins (all covered insulins)	$47 copay $10 copay	$94 copay $20 copay	$47 copay $10 copay	$94 copay $20 copay
Tier 4 Non-Preferred Drug	$100 copay	$200 copay	$100 copay	$200 copay
Tier 5 Specialty	33% coinsurance	A long-term supply is not available for Specialty drugs.	33% coinsurance	A long-term supply is not available for Specialty drugs.

	Health Partners Medicare Prime	Health Partners Medicare Complete
Outpatient Prescription Drugs (Part D)		
Coverage Gap	After your total drug costs (including what our plan has paid and what you have paid) reach $4,660, you will pay no more than 25% of the negotiated price and a portion of the dispensing fee for brand name drugs. You will pay no more than 25% for generic drugs. For Select Insulins, you will pay the same copays shown in the table on the preceding page.	After your total drug costs (including what our plan has paid and what you have paid) reach $4,660, you will pay no more than 25% of the negotiated price and a portion of the dispensing fee for brand name drugs. You will pay no more than 25% for generic drugs. For Select Insulins, you will pay the same copays shown in the table on the preceding page.
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $7,400, you pay the greater of: • 5% coinsurance, or • $4.15 copay for generics (including brand drugs treated as generic) and a $10.35 copay for all other drugs.	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $7,400, you pay the greater of: • 5% coinsurance, or • $4.15 copay for generics (including brand drugs treated as generic) and a $10.35 copay for all other drugs.
Long-term care pharmacy and out-of-network pharmacy coverage	Your costs for a 30-day supply at an out-of-network pharmacy or a 31-day supply from a long-term care pharmacy are the same as those for a 30-day supply at a standard retail pharmacy, as shown above. Extended supplies are not available from out-of-network or long-term care pharmacies. For more information, please see the plan's *Evidence of Coverage* at www.HPPMedicare.com or call us at 1-866-901-8000 (TTY 1-877-454-8477).	Your costs for a 30-day supply at an out-of-network pharmacy or a 31-day supply from a long-term care pharmacy are the same as those for a 30-day supply at a standard retail pharmacy, as shown above. Extended supplies are not available from out-of-network or long-term care pharmacies. For more information, please see the plan's *Evidence of Coverage* at www.HPPMedicare.com or call us at 1-866-901-8000 (TTY 1-877-454-8477).

	Health Partners Medicare Prime	Health Partners Medicare Complete
Medical Benefits (Part C)		
Inpatient hospital coverage★	For each hospital admission/stay you pay: • $235 copay each day for days 1 to 5 and • $0 copay each day for days 6 to 90 • $704 copay each day for days 91 and beyond Our plan covers up to 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days.	For each hospital admission/stay you pay: • $230 copay per day for days 1-5 • $0 copay per day for days 6-90 • $704 copay each day for days 91 and beyond Our plan covers up to 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days.
Outpatient hospital coverage		
Outpatient hospital visits★	$300 copay	$300 copay
Outpatient hospital observation services	$300 copay per stay	$300 copay per stay
Services provided at an ambulatory surgical center☆	$200 copay	$200 copay

★ Prior authorization is required.
☆ Prior authorization may be required.

	Health Partners Medicare Prime	Health Partners Medicare Complete
Medical Benefits (Part C)		
Doctor visits		
Primary Care Providers	$0 copay	$0 copay
Specialists	$20 copay	$25 copay
Medicare-covered preventive care		
Annual wellness visit	$0 copay	$0 copay
Barium enemas	$0 copay	$0 copay
Diabetes self-management training	$0 copay	$0 copay
Digital rectal exams	$0 copay	$0 copay
EKG following preventive services	$0 copay	$0 copay
Glaucoma screening	$0 copay	$0 copay
Other Medicare-covered preventive services	$0 copay	$0 copay
Emergency care	$90 copay each Medicare-covered emergency room visit. Copay is waived if you are admitted to the same facility within 24 hours for the same condition.	$90 copay for each Medicare-covered emergency room visit. Copay is waived if you are admitted to the same facility within 24 hours for the same condition.
Urgent care	$55 copay each Medicare-covered urgent care visit. Copay is not waived if admitted to hospital.	$55 copay for each Medicare-covered urgent care visit. Copay is not waived if admitted to hospital.
Diagnostic services/labs/imaging		
Diagnostic tests and procedures★	$0 copay	$0 copay
Lab services	$0 copay	$0 copay

★ Prior authorization is required.
☆ Prior authorization may be required.

	Health Partners Medicare Prime	Health Partners Medicare Complete
Medical Benefits (Part C)		
Diagnostic services/labs/imaging (cont'd)		
Advanced radiology services (such as MRI, PET, CT and nuclear medicine)★	$250 copay	$250 copay
Outpatient diagnostic imaging tests (such as X-rays, ultrasound and mammography)☆	$30 copay	$30 copay
Therapeutic radiology (such as radiation treatment for cancer)★	20% coinsurance	20% coinsurance
Hearing services		
Medicare-covered hearing exam	$35 copay Specialist copay may additionally apply.	$35 copay Specialist copay may additionally apply.
Routine hearing exam	$0 copay Limited to 1 visit every year	$0 copay Limited to 1 visit every year
Hearing aids	$0 copay Up to $1,500 every two years	$0 copay Up to $1,000 every two years
Dental services		
Preventive dental services	You pay $0 copay for 2 exams and cleanings per year. X-rays covered (limits apply).	You pay $0 copay for 2 exams and cleanings per year. X-rays covered (limits apply).

★ Prior authorization is required.
☆ Prior authorization may be required.

	Health Partners Medicare Prime	Health Partners Medicare Complete
Medical Benefits (Part C)		
Medicare-covered dental services★ Supplemental comprehensive dental services★	$40 copay for Medicare-covered dental services Supplemental comprehensive dental services include: • Diagnostic services • Restorative services • Endodontics • Periodontics • Extractions • Prosthodontics • Oral/maxillofacial surgery The plan pays $2,000 a year toward supplemental comprehensive dental services	$45 copay for Medicare-covered dental services Supplemental comprehensive dental services include: • Diagnostic services • Restorative services • Endodontics • Periodontics • Extractions • Prosthodontics • Oral/maxillofacial surgery The plan pays $1,200 a year toward supplemental comprehensive dental services
Vision care		
Medicare-covered services include: • Exam to diagnose and treat diseases and conditions of the eye • Eyewear after cataract surgery Routine eye exam Supplemental eyeglasses (frame and lenses) or contact lenses	$40 copay for Medicare-covered services (Specialist copay may additionally apply.) $0 copay for Medicare-covered eyewear $0 copay for routine eye exam (limited to 1 visit every year) You pay $0 copay for your choice of one of the following, up to $300 yearly: - One pair of eyeglasses (lenses and frames) - Contact lenses	$45 copay for Medicare-covered vision services (Specialist copay may additionally apply.) $0 copay for Medicare-covered eyewear $0 copay for routine eye exam (limited to 1 visit every year) You pay $0 copay for your choice of one of the following, up to $250 yearly: - One pair of eyeglasses (lenses and frames) - Contact lenses

★ Prior authorization is required.
☆ Prior authorization may be required.

	Health Partners Medicare Prime	Health Partners Medicare Complete
Medical Benefits (Part C)		
Mental health services		
Inpatient psychiatric hospital coverage★	For each hospital admission/stay you pay: • $235 copay per day for days 1 – 5 • $0 copay for days 6 – 90 • $0 copay per day for days 91 and beyond (lifetime reserve days) Our plans cover up to 90 days for an inpatient mental health hospital stay (190-day lifetime psychiatric hospital limit applies). Our plans also cover 60 "lifetime reserve days." If your hospital stay is longer than 90 days, you can use these "extra" days.	For each hospital admission/stay you pay: • $230 copay per day for days 1 – 5 • $0 copay for days 6 – 90 • $0 copay per day for days 91 and beyond (lifetime reserve days) Our plans cover up to 90 days for an inpatient mental health hospital stay (190-day lifetime psychiatric hospital limit applies). Our plans also cover 60 "lifetime reserve days." If your hospital stay is longer than 90 days, you can use these "extra" days.
Outpatient group therapy visit☆	$20 copay	$25 copay
Outpatient individual therapy visit☆	$20 copay	$25 copay
Psychiatric services☆	$20 copay	$25 copay
Partial hospitalization★	$55 copay per day	$55 copay per day

★ Prior authorization is required.
☆ Prior authorization may be required.

	Health Partners Medicare Prime	Health Partners Medicare Complete
Medical Benefits (Part C)		
Skilled nursing facility★	Days 1 to 20: $0 copay per day Days 21 to 100: $176 copay each day Our plan covers up to 100 days in a skilled nursing facility during each benefit period. (A benefit period begins the day you go into a hospital or skilled nursing facility. A new benefit period is available after 60 days in a row that you haven't received any inpatient hospital care or skilled care in a SNF.)	Days 1 to 20: $0 copay per day Days 21 to 100: $176 copay each day Our plan covers up to 100 days in a skilled nursing facility during each benefit period. (A benefit period begins the day you go into a hospital or skilled nursing facility. A new benefit period is available after 60 days in a row that you haven't received any inpatient hospital care or skilled care in a SNF.)
Physical/occupational/speech & language therapy★	$20 copay	$25 copay
Ambulance services Ground ambulance☆	$210 copay	$210 copay
Air ambulance★	20% coinsurance	20% coinsurance

★ Prior authorization is required.
☆ Prior authorization may be required.

	Health Partners Medicare Prime	Health Partners Medicare Complete
Medical Benefits (Part C)		
Transportation (routine)	Transportation is covered using taxi, rideshare services, van or medical transport. Members are required to coordinate trips with Health Partners Medicare's vendor at least two business days in advance. Mileage restrictions apply. See Evidence of Coverage for full details and restrictions related to benefit. $0 copay for up to 50 one-way trips to plan approved health-related facilities per year.	Transportation is covered using taxi, rideshare services, van or medical transport. Members are required to coordinate trips with Health Partners Medicare's vendor at least two business days in advance. Mileage restrictions apply. See Evidence of Coverage for full details and restrictions related to benefit. $0 copay for up to 22 one-way trips to plan approved health-related facilities per year.
Medicare Part B prescription drugs Chemotherapy drugs★	20% coinsurance	20% coinsurance
Other Part B drugs☆	20% coinsurance Step therapy may apply	20% coinsurance Step therapy may apply
Acupuncture for chronic low back pain Medicare-covered acupuncture for chronic low back pain	$0 copay for each Medicare-covered visit for chronic low back pain. Up to 12 visits are covered during 90 days, and 8 additional visits during the year, subject to limitations and restrictions.	$0 copay for each Medicare-covered visit for chronic low back pain. Up to 12 visits are covered during 90 days, and 8 additional visits during the year, subject to limitations and restrictions.
Supplemental acupuncture services	$10 copay for each supplemental acupuncture visit, limited to 20 visits each year.	$10 copay for each supplemental acupuncture visit, limited to 20 visits each year.
Cardiac rehabilitation services	$40 copay	$40 copay

★ Prior authorization is required.
☆ Prior authorization may be required.

	Health Partners Medicare Prime	Health Partners Medicare Complete
Medical Benefits (Part C)		
Chiropractic services★ Medicare-covered services: • Manual manipulation of the spine to correct subluxation	$20 copay	$20 copay
Diabetic supplies☆	0% coinsurance for diabetic monitoring supplies from preferred manufacturers 20% coinsurance for diabetic monitoring supplies from non-preferred manufacturers 20% coinsurance for all other Part B diabetic supplies	0% coinsurance for diabetic monitoring supplies from preferred manufacturers 20% coinsurance for diabetic monitoring supplies from non-preferred manufacturers 20% coinsurance for all other Part B diabetic supplies
Durable medical equipment (DME) and related supplies☆	20% coinsurance DME must be obtained from HPP network providers only. HPP will not reimburse purchases made at out-of-network retail or on-line stores	20% coinsurance DME must be obtained from HPP network providers only. HPP will not reimburse purchases made at out-of-network retail or on-line stores
Fitness program	$0 copay for SilverSneakers® membership or membership in the Salvation Army Kroc Center of Philadelphia.	$0 copay for SilverSneakers® membership or membership in the Salvation Army Kroc Center of Philadelphia.
Home health care★	$0 copay	$0 copay
Opioid treatment program services	$20 copay	$25 copay
Over-the-counter (OTC) items The benefit period corresponds to the quarters of the calendar year: 1st quarter: Jan - March 2nd quarter: April - June 3rd quarter: July - Sept 4th quarter: Oct - Dec	$0 copay for up to $165 every calendar quarter toward eligible OTC items. Unused amounts will not be rolled over from quarter to quarter. Allowance must be used for items for the member only.	$0 copay for up to $150 every calendar quarter toward eligible OTC items. Unused amounts will not be rolled over from quarter to quarter. Allowance must be used for items for the member only.

★ Prior authorization is required.
☆ Prior authorization may be required.

	Health Partners Medicare Prime	Health Partners Medicare Complete
Medical Benefits (Part C)		
Podiatry services Medicare-covered services include: • Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs) • Foot care for members with certain medical conditions affecting the lower limbs	$20 copay for Medicare-covered services	$25 copay for Medicare-covered services
Routine foot care, including corn/callus treatment, nail care and other preventive/maintenance care.	$20 copay for routine foot care (limited to one visit every three months)	$20 copay for routine foot care (limited to one visit every three months)
Point of service option★ These are "out-of-network" benefits. You may see any provider who participates with Medicare within the United States. Contact plan for full list of services covered under this option.	20% coinsurance for covered out-of-network services	20% coinsurance for covered out-of-network services
Prosthetics/Orthotics★	20% coinsurance	20% coinsurance
Pulmonary rehabilitation services	$20 copay	$20 copay

★ Prior authorization is required.
☆ Prior authorization may be required.

	Health Partners Medicare Prime	Health Partners Medicare Complete
Medical Benefits (Part C)		
Remote Access Technology (Teladoc®) Members have 24/7/365 access to credentialed doctors by phone or video. This service will not replace the role of the member's PCP and is a convenient option that allows members to talk to a doctor who can diagnose, recommend treatment and prescribe medication, when appropriate, for many non-emergent medical issues, including: bronchitis/ sinus problems, allergies, cold/flu symptoms, respiratory infections and ear infections.	$0 copay for Teladoc services.	$0 copay for Teladoc services.
Telehealth You have the option of receiving physician and certain other services either through an in-person visit or via telehealth using electronic audio-video technology. If you choose to receive one of these services via telehealth, then you must use a provider that is set up to provide the service through telehealth.	$0 copay for each PCP telehealth service $20 copay for each specialist telehealth service $20 copay for each mental health specialty individual session $20 copay for each psychiatric service individual session Note: Prior authorization is not required for the telehealth process. However, services that require authorization for in-person visits (including all out-of-network services) also require authorization when provided through telehealth.	$0 copay for each PCP telehealth service $25 copay for each specialist telehealth service $25 copay for each mental health specialty individual session $25 copay for each psychiatric service individual session Note: Prior authorization is not required for the telehealth process. However, services that require authorization for in-person visits (including all out-of-network services) also require authorization when provided through telehealth.

★ Prior authorization is required.
☆ Prior authorization may be required.

	Health Partners Medicare Prime	Health Partners Medicare Complete
Medical Benefits (Part C)		
Telemonitoring An in-home telemonitoring program is covered for members who have congestive heart failure (CHF), hypertension or uncontrolled diabetes. Members will be provided clinical support while on the program through an application which allows chat, phone calls and video chat. In addition, blood pressure cuffs will be offered to members with uncontrolled hypertension. A doctor must recommend that a member needs these items. Limitations may apply.	$0 copay for telemonitoring services.	$0 copay for telemonitoring services.
Worldwide emergency/urgent coverage	$0 copay up to $5,000 maximum per year.	$0 copay up to $5,000 maximum per year.

★ Prior authorization is required.
☆ Prior authorization may be required.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to Member Relations at 1-866-901-8000 (TTY 1-877-454-8477).

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 www.HPPMedicare.com or call 1-866-901-8000 (TTY 1-877-454-8477) to view a copy of the EOC.
- ☐ Review the *Provider & Pharmacy 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. However, the plans shown in this Summary of Benefits are point-of-service plans that allow you to obtain physician specialist and certain other services from out-of-network providers. Please contact the plan for more information.
- ☐ Review the *Provider & 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 January 1, 2024.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay higher cost-sharing for services received by non-contracted providers.

H9207_HPM-220S05-3826-002-012_M