Partner up with Health Partners Medicare

2021 Summary of Benefits

Health Partners Medicare Prime and Complete (HMO-POS)

Health Partners Plans HPP

2021 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, 2021 - December 31, 2021.

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), 24 hours a day, seven days a week.

This information is available for free in other languages. This document is available in other formats such as braille and large print. Please call our Member Relations number at 1-866-901-8000 (TTY 1-877-454-8477), 24 hours a day, seven days a week.

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). You can call 24 hours a day, seven days a week.

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, Dauphin, Delaware, Lancaster, Lebanon, Lehigh, Northampton, Perry and Philadelphia.

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, 7 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.

	Health Partners Medicare Prime	Health Partners Medicare Complete
Monthly plan premium	$37.50 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)*	$7,550 annually The most you pay for copays, coinsurance and other costs for medical services for the year.	$7,550 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 2021.			
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)	$47 copay	$94 copay	$47 copay	$94 copay
Tier 4 (Non-Preferred Drug)	$100 copay	$200 copay	$100 copay	$200 copay
Tier 5 (Specialty Tier)	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 $4,130, 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.	After your total drug costs (including what our plan has paid and what you have paid) reach $4,130, 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.
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $6,550, you pay the greater of: • 5% coinsurance, or • $3.70 copay for generics (including brand drugs treated as generic) and a $9.20 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 $6,550, you pay the greater of: • 5% coinsurance, or • $3.70 copay for generics (including brand drugs treated as generic) and a $9.20 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). You can call 24 hours a day, seven days a week.	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). You can call 24 hours a day, seven days a week.

	Health Partners Medicare Prime	Health Partners Medicare Complete
Medical Benefits (Part C)		
Inpatient hospital coverage	For each hospital admission/stay you pay: • $200 copay each day for days 1 to 10 and • $0 copay each day for days 11 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. ***Prior authorization is required.***	For each hospital admission/stay you pay: • $170 copay per day for days 1 -10 • $0 copay per day for days 11-90 • $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. ***Prior authorization is required.***
Outpatient hospital coverage		
Outpatient hospital visits	$300 copay ***Prior authorization is required.***	$300 copay ***Prior authorization is required.***
Outpatient hospital observation services	$300 copay	$300 copay
Services provided at an ambulatory surgical center	$200 copay ***Prior authorization is required.***	$200 copay ***Prior authorization is required.***

	Health Partners Medicare Prime	Health Partners Medicare Complete
Medical Benefits (Part C)		
Doctor visits		
Primary Care Providers	$0 copay	$0 copay
Specialists	$30 copay 20% coinsurance if out-of-network	$45 copay 20% coinsurance if out-of-network
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 20% coinsurance if out-of-network	$0 copay 20% coinsurance if out-of-network
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.	$55 copay for each Medicare-covered urgent care visit.
Diagnostic services/labs/imaging		
Diagnostic tests and procedures	$0 copay ***Prior authorization is required.***	$0 copay ***Prior authorization is required.***
Lab services	$0 copay	$0 copay

	Health Partners Medicare Prime	Health Partners Medicare Complete
Medical Benefits (Part C)		
Diagnostic services/labs/imaging (cont)		
Advanced radiology services (such as MRI, PET, CT and nuclear medicine)	$250 copay ***Prior authorization is required.***	$250 copay ***Prior authorization is required.***
Outpatient diagnostic imaging tests (such as X-rays, ultrasound and mammography)	$30 copay ***Prior authorization is required (except for X-rays).***	$30 copay ***Prior authorization is required (except for X-rays).***
Therapeutic radiology (such as radiation treatment for cancer)	20% coinsurance Specialist copay also applies if service is provided during a specialist office visit. ***Prior authorization is required.***	20% coinsurance Specialist copay also applies if service is provided during a specialist office visit. ***Prior authorization is required.***
Hearing services		
Medicare-covered hearing exam	$35 copay	$35 copay
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).

	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 $1,500 a year toward supplemental comprehensive dental services ***Prior authorization is required.***	$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 ***Prior authorization is required.***
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), frame only, lenses only, or contact lenses	$40 copay for Medicare-covered services $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 yearly: - one pair of eyeglasses (lenses and up to $150 for frame) - one pair of eyeglass lenses - up to $150 for one eyeglass frame - up to $200 for contact lenses.	$45 copay for Medicare-covered vision services $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 yearly: - one pair of eyeglasses (lenses and up to $150 for frame) - one pair of eyeglass lenses - up to $150 for one eyeglass frame - up to $200 for contact lenses.

	Health Partners Medicare Prime	Health Partners Medicare Complete
Medical Benefits (Part C)		
Mental health services		
Inpatient mental health coverage	For each hospital admission/stay you pay: • $210 copay per day for days 1 – 7 • $0 copay for days 8 – 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. ***Prior authorization is required.***	For each hospital admission/stay you pay: • $210 copay per day for days 1 – 7 • $0 copay for days 8 – 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. ***Prior authorization is required.***
Outpatient group therapy visit	$30 copay	$40 copay
Outpatient individual therapy visit	$30 copay	$40 copay
Psychiatric services	$30 copay ***Prior authorization may be required for services other than routine outpatient therapy and medication management.***	$40 copay ***Prior authorization may be required for services other than routine outpatient therapy and medication management.***
Partial hospitalization	$55 copay per day ***Prior authorization is required.***	$55 copay per day ***Prior authorization is 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.) ***Prior authorization is required.***	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.) ***Prior authorization is required.***
Physical/occupational/speech & language therapy	$25 copay ***Prior authorization is required.***	$25 copay ***Prior authorization is required.***
Ambulance services Ground ambulance	$210 copay ***Prior authorization is required for non-emergency ambulance transportation except transport to behavioral health facilities.***	$210 copay ***Prior authorization is required for non-emergency ambulance transportation except transport to behavioral health facilities.***
Air ambulance	20% coinsurance ***Prior authorization is required for non-emergency ambulance transportation.***	20% coinsurance ***Prior authorization is required for non-emergency ambulance transportation.***

	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 may 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 may apply. See Evidence of Coverage for full details and restrictions related to benefit. $0 copay for up to 24 one-way trips to plan approved health-related facilities per year.
Medicare Part B prescription drugs Chemotherapy drugs	20% coinsurance ***Prior authorization is required.***	20% coinsurance ***Prior authorization is required.***
Other Part B drugs	20% coinsurance Step therapy may apply ***Prior authorization is required.***	20% coinsurance Step therapy may apply ***Prior authorization is required.***
Acupuncture services 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	$50 copay	$50 copay

	Health Partners Medicare Prime	Health Partners Medicare Complete
Medical Benefits (Part C)		
Chiropractic services Medicare-covered services: • We only cover manual manipulation of the spine to correct subluxation.	$20 copay ***Prior authorization is required.***	$20 copay ***Prior authorization is required.***
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 ***Prior authorization is required for diabetes monitoring supplies from non-preferred manufacturers.***	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 ***Prior authorization is required for diabetes monitoring supplies from non-preferred manufacturers.***
Durable medical equipment (DME) and related supplies	20% coinsurance ***Prior authorization is required for certain DME and all DME rentals.***	20% coinsurance ***Prior authorization is required for certain DME and all DME rentals.***
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 ***Prior authorization is required.***	$0 copay ***Prior authorization is required.***
Opioid treatment services	$30 copay	$40 copay

	Health Partners Medicare Prime	Health Partners Medicare Complete
Medical Benefits (Part C)		
Over-the-counter (OTC) items The benefit period corresponds to the quarters of the calendar year: 1st quarter: Jan - Mar 2nd quarter: Apr - Jun 3rd quarter: Jul - Sept 4th quarter: Oct - Dec	$0 copay for up to $150 per quarter (every 3 months) towards eligible OTC items. Unused portions can be rolled over from quarter to quarter. Allowance must be used by December 31, 2021 and for items for the member only.	$0 copay for up to $150 per quarter (every 3 months) towards eligible OTC items. Unused portions can be rolled over from quarter to quarter. Allowance must be used by December 31, 2021 and for items for the member only.
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.	$30 copay for Medicare-covered services 20% coinsurance if out-of-network	$45 copay for Medicare-covered services 20% coinsurance if out-of-network
Routine foot care	$20 copay for routine foot care (limited to one visit every three months) 20% coinsurance if out-of-network	$20 copay for routine foot care (limited to one visit every three months) 20% coinsurance if out-of-network
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 ***Prior authorization is required.***	20% coinsurance ***Prior authorization is required.***

	Health Partners Medicare Prime	Health Partners Medicare Complete
Medical Benefits (Part C)		
Pulmonary rehabilitation services	$30 copay	$30 copay
Telehealth (by a PCP or specialist) You have the option of receiving PCP and specialist services either through an in-person visit or via telehealth. If you choose to receive one of these services via telehealth, then you must use a network provider that currently offers the service via telehealth.	$0 copay for each PCP telehealth service $30 copay for each specialist telehealth service $30 copay for each mental health specialty individual session $30 copay for each psychiatric service individual session ***Prior authorization is required (out-of-network only).***	$0 copay for each PCP telehealth service $45 copay for each specialist telehealth service $40 copay for each mental health specialty individual session $40 copay for each psychiatric service individual session ***Prior authorization is required (out-of-network only).***
Telemedicine Members have 24/7/365 access to credentialed providers 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 telemedicine services.	$0 copay for telemedicine services.

	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) 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. The purpose for this item is to enable these specific members to monitor their blood pressure and report to their doctor according to the doctor's direction. A doctor must recommend that a member needs these items. Limitations may apply.	$0 copay for telemonitoring services. ***Prior authorization is required.***	$0 copay for telemonitoring services. ***Prior authorization is required.***
Worldwide emergency/urgent coverage	$0 copay up to $5,000 maximum per year.	$0 copay up to $5,000 maximum per year.

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

- ☐ Review the full list of benefits found in the *Evidence of Coverage* (EOC), especially for those services for which you routinely see a doctor. 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.

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, 2022.
- ☐ 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 situations, non-contracted providers may deny care. In addition, you will pay higher cost-sharing for services received by non-contracted providers.

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1-833-HPP-HPP3 (TTY 1-877-454-8477)

HPPMedicare.com

Health Partners Plans

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