

The plan you need.  
The care you deserve.



2022 Summary of Benefits  
**Health Partners Medicare  
Prime and Complete (HMO-POS)**

Health Partners   
Medicare

# **2022 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, 2022 - December 31, 2022.

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](http://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 Member Relations 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](http://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, Montgomery, 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](http://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.

	Health Partners Medicare Prime	Health Partners Medicare Complete
<b>Monthly plan premium</b>	\$40.70 You must continue to pay your Medicare Part B premium.	\$0 You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	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.
<b>Maximum out-of-pocket amount responsibility</b> <i>(does not include prescription drugs)</i>	\$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	
<b>Outpatient Prescription Drugs (Part D)</b>				
	<b>Standard retail cost-sharing</b> (in-network) (up to a 30-day supply)	<b>Mail order cost-sharing</b> (up to a 90-day supply)	<b>Standard retail cost-sharing</b> (in-network) (up to a 30-day supply)	<b>Mail order cost-sharing</b> (up to a 90-day supply)
<b>Deductible</b>	There is no Rx deductible for the Prime or Complete plan for 2022.			
<b>Tier 1</b> (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Tier 2</b> (Generic)	\$10 copay	\$20 copay	\$10 copay	\$20 copay
<b>Tier 3</b> (Preferred Brand)	\$47 copay	\$94 copay	\$47 copay	\$94 copay
<b>Tier 4</b> (Non-Preferred Drug)	\$100 copay	\$200 copay	\$100 copay	\$200 copay
<b>Tier 5</b> (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
<b>Outpatient Prescription Drugs (Part D)</b>		
<b>Coverage Gap</b>	<p>After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, you will pay no more than 25% of the negotiated price and a portion of the dispensing fee for brand name drugs.</p> <p>You will pay no more than 25% for generic drugs.</p>	<p>After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, you will pay no more than 25% of the negotiated price and a portion of the dispensing fee for brand name drugs.</p> <p>You will pay no more than 25% for generic drugs.</p>
<b>Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% coinsurance, or</li> <li>• \$3.95 copay for generics (including brand drugs treated as generic) and a \$9.85 copay for all other drugs.</li> </ul>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of:</p> <ul style="list-style-type: none"> <li>• 5% coinsurance, or</li> <li>• \$3.95 copay for generics (including brand drugs treated as generic) and a \$9.85 copay for all other drugs.</li> </ul>
<b>Long-term care pharmacy and out-of-network pharmacy coverage</b>	<p>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.</p> <p>For more information, please see the plan's <i>Evidence of Coverage</i> at <a href="http://www.HPPMedicare.com">www.HPPMedicare.com</a> or call us at 1-866-901-8000 (TTY 1-877-454-8477). You can call 24 hours a day, seven days a week.</p>	<p>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.</p> <p>For more information, please see the plan's <i>Evidence of Coverage</i> at <a href="http://www.HPPMedicare.com">www.HPPMedicare.com</a> or call us at 1-866-901-8000 (TTY 1-877-454-8477). You can call 24 hours a day, seven days a week.</p>

	Health Partners Medicare Prime	Health Partners Medicare Complete
<b>Medical Benefits (Part C)</b>		
<b>Inpatient hospital coverage★</b>	<p>For each hospital admission/stay you pay:</p> <ul style="list-style-type: none"> <li>• \$200 copay each day for days 1 to 7 and</li> <li>• \$0 copay each day for days 8 to 90</li> <li>• \$704 copay each day for days 91 and beyond</li> </ul> <p>Our plan covers up to 90 days for an inpatient hospital stay.</p> <p>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.</p>	<p>For each hospital admission/stay you pay:</p> <ul style="list-style-type: none"> <li>• \$200 copay per day for days 1-7</li> <li>• \$0 copay per day for days 8-90</li> <li>• \$704 copay each day for days 91 and beyond</li> </ul> <p>Our plan covers up to 90 days for an inpatient hospital stay.</p> <p>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.</p>
<b>Outpatient hospital coverage</b>		
Outpatient hospital visits★	\$300 copay	\$300 copay
Outpatient hospital observation services	\$300 copay	\$300 copay
Services provided at an ambulatory surgical center☆	\$200 copay	\$200 copay

★ Prior authorization is required.

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	Health Partners Medicare Prime	Health Partners Medicare Complete
<b>Medical Benefits (Part C)</b>		
<b>Doctor visits</b>		
Primary Care Providers	\$0 copay	\$0 copay
Specialists	\$25 copay	\$30 copay
<b>Medicare-covered preventive care</b>		
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
<b>Emergency care</b>	\$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.
<b>Urgent care</b>	\$55 copay each Medicare-covered urgent care visit.	\$55 copay for each Medicare-covered urgent care visit.
<b>Diagnostic services/labs/imaging</b>		
Diagnostic tests and procedures ★	\$0 copay	\$0 copay
Lab services	\$0 copay	\$0 copay

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	Health Partners Medicare Prime	Health Partners Medicare Complete
<b>Medical Benefits (Part C)</b>		
<b>Diagnostic services/labs/imaging (cont'd)</b>		
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
<b>Hearing services</b>		
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
<b>Dental services</b>		
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).

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	Health Partners Medicare Prime	Health Partners Medicare Complete
<b>Medical Benefits (Part C)</b>		
<p>Medicare-covered dental services★</p> <p>Supplemental comprehensive dental services★</p>	<p>\$40 copay for Medicare-covered dental services</p> <p>Supplemental comprehensive dental services include:</p> <ul style="list-style-type: none"> <li>• Diagnostic services</li> <li>• Restorative services</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Extractions</li> <li>• Prosthodontics</li> <li>• Oral/maxillofacial surgery</li> </ul> <p>The plan pays \$2,000 a year toward supplemental comprehensive dental services</p>	<p>\$45 copay for Medicare-covered dental services</p> <p>Supplemental comprehensive dental services include:</p> <ul style="list-style-type: none"> <li>• Diagnostic services</li> <li>• Restorative services</li> <li>• Endodontics</li> <li>• Periodontics</li> <li>• Extractions</li> <li>• Prosthodontics</li> <li>• Oral/maxillofacial surgery</li> </ul> <p>The plan pays \$1,200 a year toward supplemental comprehensive dental services</p>
<b>Vision care</b>		
<p>Medicare-covered services include:</p> <ul style="list-style-type: none"> <li>• Exam to diagnose and treat diseases and conditions of the eye</li> <li>• Eyewear after cataract surgery</li> </ul> <p>Routine eye exam</p> <p>Supplemental eyeglasses (frame and lenses) or contact lenses</p>	<p>\$40 copay for Medicare-covered services (Specialist copay may additionally apply.)</p> <p>\$0 copay for Medicare-covered eyewear</p> <p>\$0 copay for routine eye exam (limited to 1 visit every year)</p> <p>You pay \$0 copay for your choice of one of the following, up to \$300 yearly:</p> <ul style="list-style-type: none"> <li>- One pair of eyeglasses (lenses and frames)</li> <li>- Contact lenses</li> </ul>	<p>\$45 copay for Medicare-covered vision services (Specialist copay may additionally apply.)</p> <p>\$0 copay for Medicare-covered eyewear</p> <p>\$0 copay for routine eye exam (limited to 1 visit every year)</p> <p>You pay \$0 copay for your choice of one of the following, up to \$200 yearly:</p> <ul style="list-style-type: none"> <li>- One pair of eyeglasses (lenses and frames)</li> <li>- Contact lenses</li> </ul>

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	Health Partners Medicare Prime	Health Partners Medicare Complete
<b>Medical Benefits (Part C)</b>		
<b>Mental health services</b>		
Inpatient mental health coverage★	<p>For each hospital admission/stay you pay:</p> <ul style="list-style-type: none"> <li>• \$210 copay per day for days 1 – 7</li> <li>• \$0 copay for days 8 – 90</li> <li>• \$704 copay per day for days 91 and beyond (lifetime reserve days)</li> </ul> <p>Our plans cover up to 90 days for an inpatient mental health hospital stay (190-day lifetime psychiatric hospital limit applies).</p> <p>Our plans also cover 60 “lifetime reserve days.” If your hospital stay is longer than 90 days, you can use these “extra” days.</p>	<p>For each hospital admission/stay you pay:</p> <ul style="list-style-type: none"> <li>• \$210 copay per day for days 1 – 7</li> <li>• \$0 copay for days 8 – 90</li> <li>• \$704 copay per day for days 91 and beyond (lifetime reserve days)</li> </ul> <p>Our plans cover up to 90 days for an inpatient mental health hospital stay (190-day lifetime psychiatric hospital limit applies).</p> <p>Our plans also cover 60 “lifetime reserve days.” If your hospital stay is longer than 90 days, you can use these “extra” days.</p>
Outpatient group therapy visit☆	\$25 copay	\$30 copay
Outpatient individual therapy visit☆	\$25 copay	\$30 copay
Psychiatric services☆	\$25 copay	\$30 copay
Partial hospitalization★	\$55 copay per day	\$55 copay per day

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	Health Partners Medicare Prime	Health Partners Medicare Complete
<b>Medical Benefits (Part C)</b>		
<b>Skilled nursing facility</b> ★	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.)
<b>Physical/occupational/speech &amp; language therapy</b> ★	\$25 copay	\$25 copay
<b>Ambulance services</b> Ground ambulance☆	\$210 copay	\$210 copay
Air ambulance★	20% coinsurance	20% coinsurance

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	Health Partners Medicare Prime	Health Partners Medicare Complete
<b>Medical Benefits (Part C)</b>		
<b>Transportation (routine)</b>	<p>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.</p> <p>\$0 copay for up to 50 one-way trips to plan approved health-related facilities per year.</p>	<p>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.</p> <p>\$0 copay for up to 22 one-way trips to plan approved health-related facilities per year.</p>
<b>Medicare Part B prescription drugs</b>		
Chemotherapy drugs★	20% coinsurance	20% coinsurance
Other Part B drugs☆	20% coinsurance Step therapy may apply	20% coinsurance Step therapy may apply
<b>Acupuncture for chronic low back pain</b>		
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.
<b>Cardiac rehabilitation services</b>	\$50 copay	\$50 copay

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	Health Partners Medicare Prime	Health Partners Medicare Complete
<b>Medical Benefits (Part C)</b>		
<b>Chiropractic services</b> ★ Medicare-covered services: • Manual manipulation of the spine to correct subluxation	\$20 copay	\$20 copay
<b>Diabetic supplies</b> ☆	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
<b>Durable medical equipment (DME) and related supplies</b> ☆	20% coinsurance	20% coinsurance
<b>Fitness program</b>	\$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.
<b>Home health care</b> ★	\$0 copay	\$0 copay
<b>Opioid treatment program services</b>	\$25 copay	\$30 copay
<b>Over-the-counter (OTC) items</b> 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 \$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.	\$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.

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	Health Partners Medicare Prime	Health Partners Medicare Complete
<b>Medical Benefits (Part C)</b>		
<p><b>Podiatry services</b> Medicare-covered services include:</p> <ul style="list-style-type: none"> <li>• Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs)</li> <li>• Foot care for members with certain medical conditions affecting the lower limbs</li> </ul> <p>Routine foot care, including corn/callus treatment, nail care and other preventive/maintenance care.</p>	<p>\$25 copay for Medicare-covered services</p> <p>\$20 copay for routine foot care (limited to one visit every three months)</p>	<p>\$30 copay for Medicare-covered services</p> <p>\$20 copay for routine foot care (limited to one visit every three months)</p>
<p><b>Point of service option ★</b> 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.</p>	20% coinsurance for covered out-of-network services	20% coinsurance for covered out-of-network services
<b>Prosthetics/Orthotics ★</b>	20% coinsurance	20% coinsurance
<b>Pulmonary rehabilitation services</b>	\$30 copay	\$30 copay

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	Health Partners Medicare Prime	Health Partners Medicare Complete
<b>Medical Benefits (Part C)</b>		
<p><b>Remote Access Technology (Teladoc®)</b></p> <p>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.</p>	<p>\$0 copay for Teladoc services.</p>	<p>\$0 copay for Teladoc services.</p>
<p><b>Telehealth</b></p> <p>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.</p>	<p>\$0 copay for each PCP telehealth service</p> <p>\$25 copay for each specialist telehealth service</p> <p>\$25 copay for each mental health specialty individual session</p> <p>\$25 copay for each psychiatric service individual session</p> <p>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.</p>	<p>\$0 copay for each PCP telehealth service</p> <p>\$30 copay for each specialist telehealth service</p> <p>\$30 copay for each mental health specialty individual session</p> <p>\$30 copay for each psychiatric service individual session</p> <p>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.</p>

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	Health Partners Medicare Prime	Health Partners Medicare Complete
<b>Medical Benefits (Part C)</b>		
<p><b>Telemonitoring★</b></p> <p>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.</p> <p>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.</p>	\$0 copay for telemonitoring services.	\$0 copay for telemonitoring services.
<b>Worldwide emergency/urgent coverage</b>	\$0 copay up to \$5,000 maximum per year.	\$0 copay up to \$5,000 maximum per year.

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## 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](http://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, 2023.
- 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.

**Health Partners Medicare**

901 Market Street, Suite 500  
Philadelphia, PA 19107

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

**HPPMedicare.com**



The plan you need. The care you deserve.