2024 Summary of Benefits



HealthPartners UnityPoint Health Medicare Advantage Plans

HealthPartners UnityPoint Health Align (PPO)
HealthPartners UnityPoint Health Symmetry (PPO)

January 1, 2024 - December 31, 2024



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Low-cost, high-value Medicare plans

To get the best value from a Medicare plan, it's important to find the benefits and coverage you need – all at a great price. It's the sweet spot of getting more for less.

HealthPartners UnityPoint Health supports communities across Iowa and Illinois. As part of a nonprofit health care organization, we always put the health and well-being of our members first.

We offer affordable health plan options for every lifestyle and budget. You get the benefits you really need – plus a few perks that add even more value.

Combine all this with a strong network of doctors you know and trust, and one thing is clear: We're your partner for good.

Check out page 14 to see our featured plan benefits and perks for 2024.

HealthPartners UnityPoint Health Medicare plans

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

- → Align
- → Symmetry

Inside, you'll find information about our plans, network, featured benefits and a summary of what's covered and what you'll pay.

You can join if you have Medicare Parts A and B and live within the service area.

Your plan has it all – a strong network with more care systems and more trusted doctors

Here's a closer look at the HealthPartners UnityPoint Health network.

It's easy to get the care you need

You deserve a network that gives you access to the care you need – from the doctor you want – right when you need it.

- Coverage includes major care systems in your area, so you can receive care from the doctors, clinics and hospitals you know and trust.
- No referrals are needed to see specialists.
- Access to over 56,000 pharmacies across the U.S.

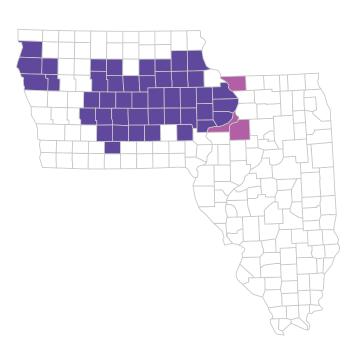
We're from the Midwest, just like you

Your member support team is based right here in the Midwest. If you have questions about your network or coverage, we can help.

Find an in-network provider at hpuph.com/finddr24

Plan service area

HealthPartners UnityPoint Health Medicare Advantage plans are available to you in these Iowa and Illinois counties.



| IOWA | |
|------------|-------------|
| Benton | Jones |
| Black Hawk | Linn |
| Boone | Madison |
| Bremer | Mahaska |
| Buchanan | Marion |
| Butler | Marshall |
| Cedar | Muscatine |
| Cherokee | Plymouth |
| Clarke | Polk |
| Clayton | Poweshiek |
| Clinton | Scott |
| Dallas | Sioux |
| Delaware | Story |
| Fayette | Tama |
| Greene | Warren |
| Grundy | Washington |
| Guthrie | Webster |
| Hamilton | Woodbury |
| Hardin | Wright |
| Humboldt | |
| lda | ILLINOIS |
| lowa | Henry |
| Jackson | Jo Daviess |
| Jasper | Rock Island |
| Johnson | |

HealthPartners UnityPoint Health plans

HealthPartners UnityPoint Health plans are Medicare Advantage (PPO) plans with a network of doctors, hospitals, pharmacies and other providers. For medical care and services, you have the flexibility to access local providers and see providers nationwide who accept Medicare and are willing to see you.

When looking at the charts you'll see that the cost for in-network and out-of-network providers and services are the same.

| 2024 plan information | |
|-----------------------|--|
| Monthly premium | |
| | |

| Monthly premium | What you pay each month for your plan |
|---------------------------|---|
| Deductible | What you pay out of pocket for services before your plan begins to pay |
| Maximum out-of-pocket | The most you'll pay for covered services for the year. Certain services |
| (does not include Part D) | do not count toward this amount. |
| Hospital | |
| | |

| Inpatient hospital coverage ¹ | |
|---|--------------------|
| Outpotions begins a suggested | Observation stay |
| Outpatient hospital coverage ¹ | Outpatient surgery |
| Ambulatory surgery center ¹ | |

| Doctor Visits and Preventive Ca | re | |
|--|---|--|
| Doctor – Primary | In-person and virtual visits | |
| Doctor – Specialist | | |
| 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. Routine physical exams (once a year) | |

| Emergency and Orgent Care | |
|--|------------------|
| <u> </u> | In U.S. |
| Emergency care | Worldwide |
| Livronthy product consists | In U.S. |
| Urgently needed services | Worldwide |
| ¹ Prior authorization may be required for | certain services |

| \$0 \$49 Medical: \$0 Medical: \$0 Part D: \$0 Part D: \$0 \$3,900 \$3,300 combined in- and out-of-network combined in- and out-of-network In-network & Out-of-network Days 1-5: \$345 per day Days 6+: \$0 \$100 per day \$300 \$49 Medical: \$0 Medical: \$0 Part D: \$0 \$3,300 \$3,300 Combined in- and out-of-network In-network & Out-of-network Days 1-5: \$300 per day \$75 per day \$250 | Align | | Symr | netry |
|---|-----------------------------|----------------|-------------------------|----------------|
| Part D: \$0 \$3,900 combined in- and out-of-network In-network & Out-of-network Days 1-5: \$345 per day Days 6+: \$0 \$100 per day Part D: \$0 \$3,300 combined in- and out-of-network In-network & Out-of-network Days 1-5: \$300 per day Days 6+: \$0 \$75 per day | \$ | 0 | \$4 | 49 |
| \$3,900 combined in- and out-of-network In-network & Out-of-network Days 1-5: \$345 per day Days 6+: \$0 \$100 per day \$3,300 combined in- and out-of-network In-network & Out-of-network Days 1-5: \$300 per day Days 6+: \$0 \$75 per day | Medic | al: \$0 | Medic | cal: \$0 |
| combined in- and out-of-network In-network & Out-of-network Days 1-5: \$345 per day Days 6+: \$0 \$100 per day Combined in- and out-of-network In-network & Out-of-network Days 1-5: \$300 per day Days 6+: \$0 \$75 per day | Part [| D: \$0 | Part I | D: \$0 |
| Days 1-5: \$345 per day Days 1-5: \$300 per day Days 6+: \$0 Days 6+: \$0 \$100 per day \$75 per day | | | | |
| Days 6+: \$0 Days 6+: \$0 \$100 per day \$75 per day | In-network & C | Out-of-network | In-network & C | Out-of-network |
| \$100 per day \$75 per day | Days 1-5: \$3 | 345 per day | Days 1-5: \$300 per day | |
| | Days (| 5+: \$0 | Days 6 | 5+: \$0 |
| \$300 \$250 | \$100 p | er day | | |
| | \$3 | 00 | \$2 | 50 |
| \$300 \$250 | \$3 | 00 | \$2 | 50 |
| In-network & Out-of-network In-network & Out-of-network | In-network & Out-of-network | | In-network & C | Out-of-network |
| \$0 \$0 | \$0 | | \$0 | |
| \$35 \$20 | \$35 | | \$20 | |
| \$0 \$0 | | | | |
| \$0 \$0 \$0 In-network Out-of-network In-network Out-of-network | \$0 | | | |
| \$120 \$120 \$90 \$90 | | | | |
| NA \$120 \$90 \$90 NA \$120 NA \$90 | | | | · |
| \$40 \$40 \$20 \$20 | | | | · |
| \$40 \$40 \$20 \$20 NA \$40 NA \$20 | | | | |

2024 plan information

| 2024 plan information | A distinct Theorem V |
|--|--|
| Outpatient Diagnostic Tests, R | Radiation Therapy, X-rays and Labs |
| | Diagnostic radiology (e.g., MRI, CT, PET) ¹ |
| Diagnostic services/ | Labs |
| labs/imaging | Diagnostic tests and procedures |
| | X-rays |
| | Therapeutic radiology ¹ |
| Hearing / Dental / Vision | Common needs may include |
| | Routine exam |
| Hearing services | Diagnostic exam |
| | Hearing aids through TruHearing® |
| Dental services — Medicare-covered | Medicare-covered non-routine dental |
| Dental services – Non-Medicare-covered | Maximum benefit amount |
| | Routine dental exams |
| | Screenings |
| | Cleanings – prophylaxis and periodontal maintenance |
| Preventive services | Bitewing X-rays |
| | Full-mouth (panoramic) X-rays |
| | Fluoride treatment |
| | Sealants |
| | Non-routine evaluations |
| | Fillings |
| | Non-surgical periodontics |
| Comprehensive services | Surgical periodontics |
| Comprehensive services | Endodontics (root canal therapy) |
| | Oral surgery |
| | Special restorative care (crowns, onlays) |
| | Bridges and partial or full removable dentures |
| Vision services | Routine exam |
| | Diagnostic exam |
| | Non-Medicare-covered prescription eyewear |
| Mental Health Services | |
| Therapy visits | Individual |
| | Group |
| Inpatient visits | Per stay; per day |
| ¹ Drior authorization may be required for | or cortain services |

| Align | Symmetry |
|---|---|
| In-network & Out-of-network | In-network & Out-of-network |
| \$250 | \$150 |
| \$0 | \$0 |
| \$25 | \$20 |
| \$25 | \$20 |
| \$60 | \$60 |
| In-network & Out-of-network | In-network & Out-of-network |
| \$0 | \$0 |
| \$35 | \$20 |
| \$499 / \$699 / \$999 per aid; up to two per year | \$499 / \$699 / \$999 per aid; up to two per year |
| \$35 | \$20 |
| \$1,500 per year* | \$2,000 per year* |
| Covered at 100% up to \$1,500 per year | Covered at 100% up to \$2,000 per year |
| Covered at 100% up to \$1,500 per year | Covered at 100% up to \$2,000 per year |
| Covered at 50% up to \$1,500 per year | Covered at 50% up to \$2,000 per year |
| Covered at 50% up to \$1,500 per year | Covered at 50% up to \$2,000 per year |
| \$0 | \$0 |
| \$35 | \$20 |
| Additional coverage under Choice Card (see page 14) | Additional coverage under Choice Card (see page 14) |
| In-network & Out-of-network | In-network & Out-of-network |
| \$35 | \$20 |
| \$35 | \$20 |
| Days 1-5: \$345 per day Days 6+: \$0 | Days 1-5: \$300 per day Days 6+: \$0 |

¹Prior authorization may be required for certain services. *The annual maximum benefit amount is combined for all in- and out-of-network covered dental services. See the Evidence of Coverage for more information.

2024 plan information

| 2024 plan information | | |
|--|---|--|
| Skilled Nursing Facility (SNF) / F | Physical Therapy | |
| Skilled nursing facility | Cost per benefit period. No 3-day hospital stay required. The plan covers up to 100 days in a SNF | |
| Physical therapy | | |
| Medical Transportation | | |
| Ambulance | Cost per one-way trip Air / Ground in U.S. | |
| Other transportation | Non-emergency services | |
| Medicare Part B Drugs | | |
| Medicare Part B drugs | Chemotherapy and other drugs that must be administered by a health professional ¹ | |
| | Insulin (used in a pump) | |
| Additional Benefits | | |
| Acupuncturo | Medicare-covered | |
| Acupuncture | Non-Medicare-covered (combined in- and out-of-network) | |
| Assist America® | Travel-related services and support when traveling more than 100 miles from home or in a foreign country. | |
| Chivonyactic cava | Medicare-covered | |
| Chiropractic care | Non-Medicare-covered | |
| | Your prepaid card that helps you | |
| | pay for non-Medicare-covered: | |
| Choice Card | Chiropractic services | |
| Choice Card | Prescription eyewear | |
| | Hearing aids from TruHearing | |
| | Home-delivered meals through Mom's Meals | |
| Fitness benefit | SilverSneakers Fitness Program (see page 18) | |
| Immunizations | Pneumonia, Influenza, Hepatitis B, COVID-19 | |
| Meal Benefit | Post-inpatient hospital or SNF stay; limit 21 meals within a 4-week period. Offered through Mom's Meals® | |
| | Durable medical equipment | |
| Medical equipment / supplies ¹ | Prosthetics | |
| | Diabetes supplies (healthpartners.com/diabeticsupplies) | |
| Outpatient substance abuse | Individual and Group | |
| Over-the-counter (OTC) | Pain relievers, allergy sprays, first aid supplies and more through NationsOTC | |
| Smoking and tobacco use cessation | Counseling to stop smoking or tobacco use | |
| Travel counseling | Health advice before traveling internationally | |
| ¹ Prior authorization may be required for | certain services. | |

¹Prior authorization may be required for certain services.

| Align | Symmetry |
|--|--|
| In-network & Out-of-network | In-network & Out-of-network |
| Days 1-20: \$0 | Days 1-20: \$0 |
| Days 21-100: \$203 per day | Days 21-100: \$203 per day |
| \$35 | \$20 |
| In-network & Out-of-network | In-network & Out-of-network |
| \$275 | \$225 |
| NA | NA |
| In-network & Out-of-network | In-network & Out-of-network |
| 0%-20%* | 0%-20%* |
| 0%-20%† | 0%-20%† |
| In-network & Out-of-network | In-network & Out-of-network |
| \$35 | \$20 |
| NA | \$20; 12 visits per year |
| Included | Included |
| \$20 | \$20 |
| Covered under Choice Card (see page 14) | Covered under Choice Card (see page 14) |
| \$350 per year benefit maximum | \$400 per year benefit maximum |
| \$0** | \$0** |
| \$0 | \$0 |
| Covered under Choice Card (see page 14) | Covered under Choice Card (see page 14) |
| 20% | 20% |
| 20% | 20% |
| \$0 | \$0 |
| \$35 | \$20 |
| \$60 per quarter, no rollover | \$80 per quarter, no rollover |
| | \$0 |
| \$0 | \$0 |

^{*}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.

**Costs apply when you access an out-of-network fitness center. The plan will reimburse up to 50% of your monthly membership fee each month.

Part D prescription drug coverage

Use this section to learn about what you'll pay at in-network pharmacies during the four Part D phases. Generally, you must use network pharmacies to fill your prescription meds. Costs may change depending on your pharmacy and when you enter a new Part D phase.

Our network includes **over 56,000 pharmacies across the U.S.**, including national chains and local pharmacies.

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

| 2024 plan information | Align | | |
|--|---|-------------------|--|
| Phase 1: Deductible | \$0 | | |
| Phase 2: Initial coverage | | | |
| Standard retail and standard mail-order pharmacies | 30-day supply | 90-day supply | |
| Tier 1: Preferred generic | \$0 | \$0 | |
| Tier 2: Generic | \$0 | \$0 | |
| Tier 3: Preferred brand | \$47* | \$141* | |
| Tier 4: Non-preferred drugs | \$100* | \$300* | |
| Tier 5: Specialty | 33% | NA | |
| Preferred cost-sharing mail-order pharmacy | 30-day supply | 90-day supply | |
| Tier 1: Preferred generic | | \$0 | |
| Tier 2: Generic | | \$0 | |
| Tier 3: Preferred brand | | \$117.50** | |
| Tier 4: Non-preferred drugs | | \$250** | |
| Tier 5: Specialty | | NA | |
| | Generics: | 25% / Brands: 25% | |
| Phase 3: Coverage gap | Insulin: no more than \$35 per one-month supply | | |
| | | | |
| | | | |
| Phase 4: Catastrophic | \$0 for all Part D-covered drugs | | |

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

Visit hpuph.com/findpharmacy24 to find a pharmacy.



Part D vaccines

Our plans cover most Part D vaccines such as Shingrix, Tdap and MMR at no cost to you. There's no deductible and no copay no matter what Part D phase you are in.

| R _x |
|----------------|
| ш |

Mail-order pharmacy

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

| Symmetry | | | | |
|---------------|---------------|--|--|--|
| \$0 | | | | |
| | | | | |
| 30-day supply | 90-day supply | | | |
| \$0 | \$0 | | | |
| \$0 | \$0 | | | |
| \$47* | \$141* | | | |
| \$100* | \$300* | | | |
| 33% | NA | | | |
| 30-day supply | 90-day supply | | | |
| | \$0 | | | |
| | \$0 | | | |
| | \$117.50** | | | |
| | \$250** | | | |
| | NA | | | |
| Tier 1: \$0 | | | | |

Tier 1: \$0

Tier 2: \$0

All other generics: 25% / Brands: 25% Insulin: no more than \$35

per one-month supply

\$0 for all Part D-covered drugs



Visit **hpuph.com/checkmeds24** or scan with your phone's camera here to see our formulary (what drugs are covered).

^{*}You won't pay more than \$35 for a one-month supply or \$105 for a three-month supply of each covered insulin product regardless of the drug tier, even if you haven't paid your deductible.

^{**}You won't pay more than \$87.50 for a three-month supply of each covered insulin product regardless of the drug tier, even if you haven't paid your deductible.



HealthPartners Choice Card

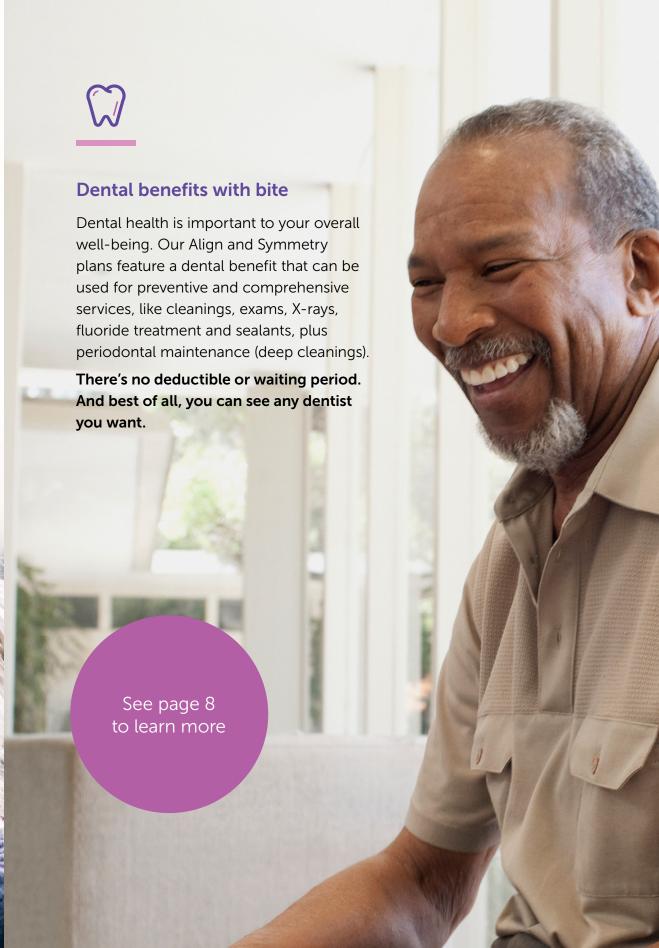
The HealthPartners Choice Card is a prepaid card that can be used to pay for non-Medicare-covered chiropractic care, prescription eyewear, hearing aids from TruHearing® and home-delivered meals through Mom's Meals®.

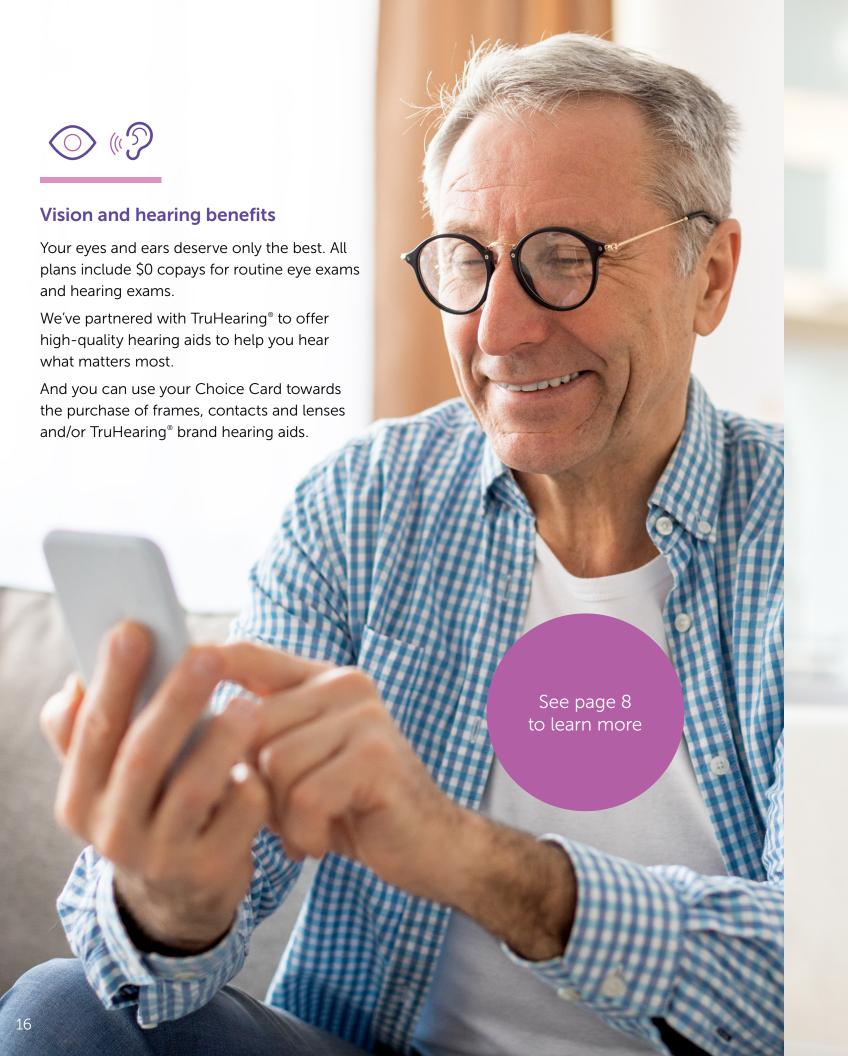
You can use it to pay for one item or service, or a combination. You choose how to use it.

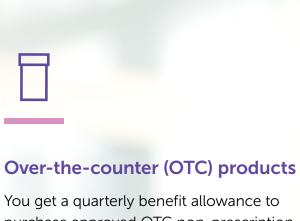
Choice Card amounts:

Align \$350 per year Symmetry \$400 per year









You get a quarterly benefit allowance to purchase approved OTC non-prescription medicines and supplies like pain relievers, allergy sprays, first aid supplies and more. You can order these products online, over the phone or by mail – and your items will be shipped to you at no cost.

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

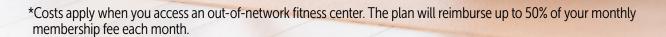


Stay active and healthy with SilverSneakers®

With SilverSneakers, you get a fitness membership with access to thousands of gyms and fitness locations nationwide.

Don't like the gym? Order a home fitness kit, stream live, online classes or use on-demand workout videos from the comfort of your home. Or join a SilverSneakers Community® class at a nearby park or community center. All at no additional cost to you.*

Learn more at silversneakers.com





Medicare benefits that travel

Our enhanced travel coverage includes in-network cost sharing when you're traveling within the U.S. (up to nine months) using the Visitor/Traveler benefit, and worldwide emergency and urgent care.

Medical consultations are also an included benefit for all overseas travels.

Plus, you'll get a full range of travel-related services from Assist America®, the nation's largest provider of global emergency services.*



Learn more at assistamerica.com

*Assist America® offers support when you're over 100 miles from home or in a foreign country. Services are only available during the first 90 consecutive days that you're away from your home. All arrangements must be made through Assist America.

Healthy DiscountsSM Program

Healthy discounts. Healthy savings. Healthy lifestyle.

Our members enjoy savings and discounts on many products and services that promote a healthy and active lifestyle. From meal kits to exercise equipment, there are discounts for retailers and services that will help you achieve better health. Once you've enrolled, you'll receive information to sign in and view your discounts.

Healthy Discounts categories

Eating well

Meal planning, meal delivery, weight loss support and more

Fitness

Virtual fitness options, fitness equipment and more

Health products and education

Home medical equipment, allergy relief, educational resources and more

Hearing and vision

Eyewear, laser vision correction, hearing aids and more

Personal care

Skin and body care products and more

Additional services

Pet insurance and more

Learn more at healthpartners.com/healthydiscounts

Assist America® travel support

Finding care. Anytime. Anywhere.

If something unexpected happens when you're more than 100 miles* from home or in a foreign country, you'll have Assist America® on your side. Assist America provides emergency services for 40 million travelers worldwide.

When you're navigating a medical emergency, Assist America's vast network of resources can support you. Travel support services include:

- Pre-trip information on travel alerts and travel restrictions
- Finding a pharmacy to fill needed medications and prescriptions
- ✓ Replacing essential travel documents
- ✓ Access to skilled interpreters
- ✓ Help finding lost luggage
- ✓ App-based services
- Much more

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

Learn more at assistamerica.com

*Services are only available during the first 90 consecutive days that you're away from your home. All arrangements must be made through Assist America.

These additional discounts described on pages 20 and 21 cannot be applied to services covered under our Medicare plans, nor can they be combined with any other discounts. The availability of a product and service may vary by geographic service area. Additionally, these products and services described are neither offered nor guaranteed under our contract with the Medicare program and are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the HealthPartners grievance process.

Frequently asked questions

How can you offer a \$0 premium plan?

We focus on preventive care to keep costs down. We partner with you to stay on top of your regular checkups and recommended procedures. That means you stay healthy and use less care. However, you must continue to pay your Medicare Part B premium to the federal government.

How do you select which doctors are in network?

Our network includes specific doctors, clinics and other care providers – ones that deliver high-quality care. With our HealthPartners UnityPoint Health plans, even if your doctor isn't in our network, you can still receive care as long as they accept Medicare and are willing to see you.

Do I have to pay for preventive care?

No. HealthPartners UnityPoint Health members pay \$0 for preventive services, like the Welcome to Medicare visit or Annual Wellness Visit, routine physical exams, colon cancer screenings and annual mammograms. Keep in mind, if you get treated for an illness or injury, you may have costs related to that portion of your visit.

Why is preventive care so important?

Screenings help catch potential issues early on so you can stay as healthy as possible. Yearly physicals and preventive visits give you an opportunity to have honest conversations about your health with a doctor you trust.

Are online clinics covered?

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

Who can I call with health questions?

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

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



*Not available in Ilinois.

Sign up today or get more information

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

- Visit hpuph.com/enroll24
- Call us at **888-347-7199** (TTY: **711**)
- Fill out and send in the paper application using the prepaid envelope in your enrollment kit. You can also fax it to us at 952-853-8746.

Completed enrollment forms we receive by the last day of the month are generally effective for the first day of the next calendar month. After you enroll, you'll get a welcome packet with your member ID card and other helpful materials.

When to sign up

Annual Enrollment Period (AEP)

Join or switch your Medicare plan Oct. 15 to Dec. 7 for coverage starting Jan. 1.

Initial Enrollment Period (IEP)

Three months before to three months after your 65th birthday month (seven months total).

Special Enrollment Period (SEP)

During special life events, like moving or retiring. Check with HealthPartners UnityPoint Health or **medicare.gov** for details.

Attend a Medicare meeting to learn more

You're invited to learn about the basics of Medicare and your HealthPartners UnityPoint Health plan options at an informational meeting.

Visit **hpuph.com/mymeetings** to see the full list of meetings and reserve your seat.

Questions?

Give us a call at **888-360-0796** (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

hpuph.com/tips

Chat with us online

hpuph.com

Send us a note by email

medicaresales@

healthpartnersunitypointhealth.com

Find a Medicare broker

hpuph.com/findbroker



Enroll in Parts A and B before you sign up for a private plan. And have your Medicare card ready when you enroll.

Pre-enrollment checklist

Before making an enrollment decision, it's important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Sales representative at **888-360-0796** (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 hpuph.com/eoc24 or call 888-360-0796 (TTY: 711) to view a copy of the EOC.
 □ Review the provider directory (or ask your
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding important rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/ coinsurance may change on Jan. 1, 2025.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care.
- 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.

| Motes | | |
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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 UnityPoint Health 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 healthpartnersunitypointhealth.com/hpuph/privacy.

HealthPartners UnityPoint Health is a PPO plan with a Medicare contract. Enrollment in HealthPartners UnityPoint Health depends on contract renewal.

For accommodations of persons with special needs at meetings, call **888-360-0796** (TTY: **711**).

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Out-of-network/non-contracted providers are under no obligation to treat HealthPartners UnityPoint Health 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 **hpuph.com/eoc24** or call us at the number on page 24.



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