



HealthPartners  
UnityPoint Health

# You're just getting started

**PARTNER WITH A MEDICARE PLAN THAT KEEPS YOU DOING  
WHAT YOU LOVE**

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

2018 Summary of Benefits  
**Jan. 1, 2018 – Dec. 31, 2018**

# Hello!

I've talked to a lot of people on their journey to choosing the best Medicare plan for them. As the manager of our Sales team, I've seen the difference personal support can make.

I know you have things you need to stay healthy for – traveling, chasing grandkids, starting a new hobby. At the end of the day, a reliable partner in your health makes all the difference. Our passion and dedication make the transition to Medicare an easy one.

That's what sets HealthPartners UnityPoint Health apart. Personal support from one trusted team and partnership to keep you healthy for what brings you joy. You'll get the coverage you need from our Medicare Advantage plans, but it's the experience you'll have as a member that's so unique.

Use this summary of benefits to get to know your HealthPartners UnityPoint Health plan options. It outlines what each plan covers and what you pay for those services. This booklet doesn't list everything we cover, or every limitation or exclusion. For a full list of covered services, call us or check the Evidence of Coverage at [oneplanforme.com/EOC](https://oneplanforme.com/EOC).

Have questions along the way? My team and I are here to answer them. Whether you want to learn more about our plans or simply have questions about Medicare, give us or your broker a call.

In the meantime, here are a few questions I tell people to ask themselves as they shop for their Medicare plan:

- What doctors can I see?
- Do I need referrals to see specialists?
- Am I covered when I travel?
- Are my meds covered?
- Is there a dental benefit?
- Is there a fitness benefit?

We look forward to helping you find the plan that fits you best.



Sincerely,

*Becca Wise*

Rebecca Wise, Medicare Manager



## LEARN THE LINGO

Use the glossary on page 13 as a reference for the terms used throughout this book.

# One plan — everything you need

HealthPartners UnityPoint Health gives you the care and coverage you need to stay healthy for what matters most. Choose from two plan options that give you medical and prescription drug coverage all in one simple plan.

## Who can join?

Anyone who:

- Has Medicare Parts A and B
- Lives in the service area
- Does not have end-stage renal disease (there are exceptions)

The HealthPartners UnityPoint Health service area includes the following counties in Iowa and Illinois:

IOWA					ILLINOIS
Benton	Butler	Fayette	Jones	Scott	Fulton
Black Hawk	Cedar	Greene	Linn	Story	Jo Daviess
Boone	Clayton	Grundy	Marshall	Warren	Peoria
Bremer	Dallas	Hamilton	Muscatine	Webster	Rock Island
Buchanan	Delaware	Hardin	Polk	Wright	Tazewell

## Wondering where to get care?

Our network includes UnityPoint Health providers and many more. Plus, you don't need referrals to see covered specialists. If you use the providers in our network, you may pay less for covered services. You can also use providers that aren't in our network, but you may end up paying more.

To see if your doctor is in our network, visit [oneplanforme.com/finddr](https://oneplanforme.com/finddr).

Here are just a few clinic systems in our network:

- UnityPoint Health – Iowa Methodist Medical Center
- UnityPoint Health – Iowa Lutheran Hospital
- UnityPoint Health – John Stoddard Cancer Center
- UnityPoint Health – Methodist West Hospital
- UnityPoint Health – St. Luke's Hospital
- UnityPoint Health – Allen Hospital
- UnityPoint Health – Methodist
- UnityPoint Health – Proctor
- UnityPoint Health – Trinity

BENEFIT	ALIGN	SYMMETRY
	IN-NETWORK	
<b>Monthly premium</b> (You must continue to pay your Medicare Part B premium)	\$0	\$39
<b>Deductible</b>	Medical: Not applicable Part D: \$100 (Only applies to drug Tiers 3, 4 and 5)	
<b>Maximum out-of-pocket responsibility</b> (This is the most you'll pay out of pocket for the year, not including prescription medicines)	\$3,950	\$3,500
<b>Inpatient hospital coverage</b> (Cost per admission)	Days 1-4: \$345 per day Days 5 and beyond: \$0 per day	Days 1-4: \$295 per day Days 5 and beyond: \$0 per day
<b>Outpatient hospital coverage<sup>1</sup></b> • Observation and non-surgical services • Outpatient surgery	\$35 \$250	\$20 \$200
<b>Doctor visits</b> (Primary care and specialists)	Primary: \$5   Specialist: \$35	Primary: \$5   Specialist: \$20
<b>Preventive care</b>	\$0	\$0
<b>Emergency care</b>	\$80	\$80
<b>Urgently needed services</b>	\$55	\$20
<b>Diagnostic services/Labs/Imaging</b> (Costs for these services may vary based on place of service) • Diagnostic radiology (e.g.: MRI, CT, PET) • Labs • Diagnostic tests and procedures • X-rays • Therapeutic radiology (e.g.: Radiation)	\$300 \$0 \$20 \$20 \$40	\$200 \$0 \$0 \$0 \$20
<b>Hearing services</b> • Routine exam • Diagnostic exam	\$0 \$35	\$0 \$20
<b>Dental services</b> • Medicare-covered non-routine dental (See Evidence of Coverage for details) • Annual oral exam and cleaning • X-ray every two years	\$35 \$0 \$0	\$20 \$0 \$0
<b>Vision services</b> • Routine exam • Diagnostic exam	\$0 \$35	\$0 \$20
<b>Mental health services</b> • Individual and group therapy visits • Inpatient visit (Per admission)	\$35 for therapy visits Days 1-4: \$345 per day Days 5 and beyond: \$0 per day	\$20 for therapy visits Days 1-4: \$295 per day Days 5 and beyond: \$0 per day
<b>Skilled nursing facility<sup>1</sup></b> (Cost per benefit period)	Days 1-20: \$0 Days 21-100: \$167.50 per day	Days 1-20: \$0 Days 21-100: \$155 per day
<b>Physical therapy</b>	\$35	\$20
<b>Ambulance</b>	\$215	\$215
<b>Transportation</b>	Not covered	Not covered
<b>Medicare Part B drugs<sup>1</sup></b> (Chemotherapy and other Part B drugs)	20%	20%

<sup>1</sup> Prior authorization may be required for certain services.

ALIGN	SYMMETRY
<b>OUT-OF-NETWORK</b>	
\$0	\$39
Medical: Not applicable Part D: \$100 (Only applies to drug Tiers 3, 4 and 5)	
\$10,000 (combined in- and out-of-network)	\$8,000 (combined in- and out-of-network)
Days 1 and beyond: 40%	Days 1 and beyond: 30%
40%	30%
40%	30%
40%	30%
\$80	\$80
\$55	\$20
40%	30%
40%	30%
40%	30%
40%	30%
40%	30%
40% for therapy visits Day 1 and beyond: 40%	30% for therapy visits Day 1 and beyond: 30%
Days 1-100: 40%	Days 1-100: 30%
40%	30%
\$215	\$215
Not covered	Not covered
40%	30%

# Part D prescription drug coverage

Use this section to see the Part D coverage included with HealthPartners UnityPoint Health Align and HealthPartners UnityPoint Health Symmetry. The costs below show what you'll pay at in-network pharmacies. Generally, you must use network pharmacies to fill your prescriptions for covered Part D medicines.

The costs below may change depending on your pharmacy and when you enter another Part D phase. Call us or check the Evidence of Coverage at [oneplanforme.com/EOC](http://oneplanforme.com/EOC) for more information.

## PHASE 1: DEDUCTIBLE

You pay out of pocket for your meds until you reach your deductible. The deductible for Align and Symmetry is \$100 and only applies to Tiers 3, 4 and 5.

## PHASE 2: INITIAL COVERAGE

Once you reach your deductible, your plan starts to cover some of your costs. Here, you pay a copay or coinsurance. The costs below show what you pay for Align and Symmetry.

At standard retail and standard mail-order pharmacies	ONE-MONTH SUPPLY	THREE-MONTH SUPPLY
Tier 1: Preferred generic	\$2	\$6
Tier 2: Generic	\$9	\$27
Tier 3: Preferred brand	\$47	\$141
Tier 4: Non-preferred drugs	\$100	\$300
Tier 5: Specialty	31%	Not available

At preferred cost-sharing mail-order pharmacy	ONE-MONTH SUPPLY	THREE-MONTH SUPPLY
Tier 1: Preferred generic	\$2	\$4
Tier 2: Generic	\$9	\$18
Tier 3: Preferred brand	\$47	\$117.50
Tier 4: Non-preferred drugs	\$100	\$250
Tier 5: Specialty	31%	Not available

**A 90-day supply is not available for drugs in Tier 5: Specialty.**

*If you live in a long-term care facility, you pay the same as at a retail pharmacy. You may get your meds from an out-of-network pharmacy at the same cost as an in-network pharmacy.*

### PHASE 3: COVERAGE GAP ("DONUT HOLE")

Once you and your plan pay \$3,750, you enter the coverage gap. Here's what you'll pay:

ALIGN	SYMMETRY
Generics: 44% Brands: 35%	Tier 1: \$2 Tier 2: \$9 All other Generics: 44% Brands: 35%



Few people make it to this phase in their plan year. If you think you might be close, here are two tips to help you plan and budget for the coverage gap:

- Take a quick inventory of the meds you're on and write down how much you're spending on them.
- Then, look at your plan's Part D coverage. Use the plan's formulary to see if your meds are covered and how much you'll have to pay for them.

### PHASE 4: CATASTROPHIC

Once you alone pay \$5,000, you enter the catastrophic phase. If you reach this phase, you'll pay 5% or \$3.35 for Generics and 5% or \$8.35 for Brands (whichever is greater).

### Easy ways to get your meds

Pick up your meds from your pharmacy or have them delivered to your doorstep. With mail order, you can typically expect to get your meds within five to eight business days from the time the pharmacy receives your order. Check the list of in-network pharmacies at [oneplanforme.com/findpharmacy](https://oneplanforme.com/findpharmacy). And check if your meds are covered at [oneplanforme.com/checkmeds](https://oneplanforme.com/checkmeds).

# Additional benefits

BENEFIT	ALIGN	SYMMETRY	ALIGN	SYMMETRY
	IN-NETWORK		OUT-OF-NETWORK	
<b>Chiropractic care</b>	\$20	\$20		
<b>Remote access technologies</b>			40%	30%
• e-visits, scheduled telephone visits, CareLine	\$0	\$0		
• Real-time interactive audio and video technologies	\$5-\$35	\$5-\$20		
<b>Annual Routine Physical</b>	\$0	\$0		
<b>Worldwide emergency care</b>	Not applicable	Not applicable	\$80	\$80
<b>Worldwide urgently needed services</b>	Not applicable	Not applicable	\$55	\$20
<b>Foot care</b> ( <i>Medically necessary podiatry services</i> )	\$35	\$20		
<b>Medical equipment/supplies<sup>1</sup></b> ( <i>Durable medical equipment, prosthetics, diabetes supplies</i> )	20%	20%	40%	30%
<b>Fitness benefit</b> ( <i>See page 9 for details</i> )	\$0	\$0	50%*	50%*

\*Out-of-network fitness facility

<sup>1</sup>Prior authorization may be required for certain services.

## Go travel — you're covered

The visitor/traveler benefit lets you keep your plan while you're continuously outside your state of residence (anywhere in the U.S.) for at least one month. When you use this benefit, you'll pay your in-network copays and coinsurance for all covered services. And, you'll be covered for up to nine consecutive months – now that's a vacation! To use this benefit, just let Member Services know when you plan to travel. Need emergency or urgent care on your vacation? No problem. You'll pay a small copay for the care you need – even if you're miles away from home.

### NEW FOR 2018

If something unexpected happens while you're more than 100 miles from home or in a foreign country, you'll have Assist America® on your side – at no cost to you. Call 24/7 nationwide and worldwide to:

- Talk to experienced clinicians who can help you assess your need for medical care
- Coordinate post-stabilization transportation to the nearest facility or your home

Learn more at [assistamerica.com](http://assistamerica.com).



# Stay healthy for what matters

Here's a look at some of the extra perks, benefits and support you'll get no matter which HealthPartners UnityPoint Health plan you choose.

## Options to stay active

With the Silver&Fit® Exercise & Healthy Aging Program, you'll get a membership at a participating fitness facility at no cost to you. Visit [silverandfit.com](https://silverandfit.com) to find a facility. Prefer to work out at home? Choose the Home Fitness Program and get up to two Home Fitness kits each year.



To sign up or get more information, visit [silverandfit.com](https://silverandfit.com) or call Silver&Fit customer service at **888-797-8092** (TTY: **711**), Monday through Friday, 7 a.m. - 8 p.m., CT.

## Support to be tobacco free

Want to kick the habit? We'll help you get there. You pay nothing for additional sessions of face-to-face counseling and interactive online and phone-based coaching.

## Quick advice from our team of experts

Don't spend time searching the Web for answers. As a member, you'll have a personal support team as a trusted resource. Get help with:

- Knowing when to see a doctor, questions about medicines you're taking or home treatments
- Health care and benefits questions, or choosing a treatment option
- Finding a mental or chemical health professional in your network

# Signing up is easy

## When can I enroll in HealthPartners UnityPoint Health?

You can enroll at any time. However, there may be limitations. Call us or visit [medicare.gov](https://www.medicare.gov) for more information. Here are some common Medicare enrollment periods:

### 3 MONTHS ▲



The **Initial Enrollment Period (IEP)** is the 7-month window beginning three months before and ending three months after your 65th birthday month.

### 3 MONTHS ▼



The **Annual Election Period (AEP)** runs from Oct. 15 to Dec. 7.



The **Special Enrollment Period (SEP)** is an enrollment period for special life events.

## Next steps

### STEP 1: PICK YOUR PLAN

Deciding between Align and Symmetry? Here are the main differences you might want to look at:

- Maximum out-of-pocket spending, monthly premium, and copays for speciality visits, urgent care and labs (pages 4,5)
- Prescription drug coverage in the coverage gap (page 7)

### STEP 2: SIGN UP IN ONE OF THE FOLLOWING WAYS



Visit [oneplanforme.com/compare](https://oneplanforme.com/compare)



Call us at **888-347-7199**



Fill out and send in the paper application using the prepaid envelope in your enrollment kit. Or, you can 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. Call us at the number on page 12 to order your enrollment kit.

### STEP 3: GET BACK TO DOING WHAT YOU LOVE

After you've enrolled, a member of our Member Services team will call to confirm your enrollment. They'll also review the HealthPartners UnityPoint Health plan rules to help you get to know your new plan.

Plus, you'll get a welcome packet with your member ID card, Evidence of Coverage and other helpful materials.

# FAQs

## \$0 premium? How?

Here's how we can offer a \$0 premium plan.

### 1. **You're still paying your Medicare Part B monthly premium**

Every month, you pay your Medicare Part B premium to the federal government. So, you're still paying something for your Medicare coverage.

### 2. **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.

### 3. **We use a network to provide affordable, high quality care**

Our network includes specific doctors, clinics and other care providers – ones that deliver high quality care at a lower cost. So, if your doctor is in the network, or you're willing to pick one from the clinics included, our plans could be a great fit for you.

## Why get preventive care?

- **You'll pay nothing.** All health plans cover the cost of preventive services.
- **You could live longer.** Screenings help catch potential issues early on so you can stay as healthy as possible.
- **You can see your doctor.** Yearly physicals (a preventive visit) are a way to have honest conversations with the provider you trust. Use that time to discuss health concerns.
- **You can get healthy – for good.** Some health plans offer wellness programs for things like tobacco and alcohol use. These services can help you make positive lifestyle changes.
- **You'll protect yourself and others.** Immunizations like the flu shot can help keep you and those around you healthy.

# Looking for more info?

## COME TO AN INFORMATIONAL MEETING

Call or visit [oneplanforme.com/workshop](http://oneplanforme.com/workshop) to find a meeting near you.

## GIVE US A CALL – WE'RE HERE TO HELP

**888-360-0796** (TTY: 711)

Oct. 1 through Feb. 14:  
8 a.m. to 8 p.m. CT, seven days a week

Feb. 15 through Sept. 30:  
8 a.m. to 8 p.m. CT, Monday through Friday

## VISIT ONLINE

[oneplanforme.com/SB](http://oneplanforme.com/SB)

## EMAIL

[medicaresales@healthpartnersunitypointhealth.com](mailto:medicaresales@healthpartnersunitypointhealth.com)

## TALK TO YOUR BROKER



## CHECK OUT OUR BLOG

Written by some of our own Medicare experts, this educational blog is a helpful tool to help you plan for Medicare. Learn about eligibility, Medicare basics and more. Visit [oneplanforme.com/tips](http://oneplanforme.com/tips).

## Ask these as you shop

The questions on the left are important things to consider while comparing your options. Have a few more must-haves? Use the blank boxes to write those in.

QUESTIONS	PLANS I'M INTERESTED IN		
	HealthPartners UnityPoint Health		
What doctors can I see?	All UnityPoint Health docs and more <a href="http://oneplanforme.com/finddr">oneplanforme.com/finddr</a>		
Do I need referrals to see specialists?	No		
Am I covered when I travel?	Yes – up to nine months!		
Are my meds covered?	<a href="http://oneplanforme.com/checkmeds">oneplanforme.com/checkmeds</a>		
Is there a dental benefit?	Yes		
Is there a fitness benefit?	Yes		

# Words to know

**Annual election period:** When you can join or switch your Medicare plan.

**Benefit period:** Begins the day you're admitted as an inpatient in a skilled nursing facility (SNF) and ends when you haven't received care in a SNF for 60 days in a row.

**Coinsurance:** The percentage of the total bill you pay when you use a medical service or drug.

**Copay or copayment:** What you pay when you use a medical service or drug; usually a flat dollar amount, like \$15.

**Coverage gap ("donut hole"):** Begins after you and your drug plan have spent a certain amount for covered drugs. When you reach the coverage gap, you'll receive some coverage for generic drugs and a discount on brand name drugs.

**Creditable coverage:** Prescription drug coverage that is equal to or better than standard Medicare Part D.

**Deductible:** What you pay for a service, item or drug before your insurance kicks in.

**Drug tier:** A system of copays or coinsurance for the different kinds of prescription drugs.

**Formulary:** A list of medicines that your plan covers.

**Medicare Advantage plan:** A type of Medicare plan that gives you coverage for Medicare Parts A, B and D. This means you get your hospital, medical and prescription coverage all in one plan. HealthPartners UnityPoint Health offers Medicare Advantage plans.

**Network:** Doctors, hospitals, pharmacies and other health care providers who have contracted with your health plan. Typically, plan members get the lowest cost for services when using network providers.

**Outpatient hospital services:** Any type of care you get at a hospital that doesn't require an overnight hospital stay. (Things like lab tests, same-day surgery and blood transfusions.)

**Outpatient surgery:** A type of outpatient hospital service known as "same-day surgery." A surgery that doesn't require you to stay overnight in a hospital.

**Premium:** What you pay each month for your health or prescription drug plan.

**Preventive care:** Tests and screenings that can help you avoid illness or improve your health. This includes blood pressure, diabetes and cancer screenings, some vaccines and more.

**Provider:** Any organization, institution or individual that supplies health care services.

**Service area:** The defined geographic region where a health plan accepts members and where the plan's services are provided.

**Specialty drugs:** High-cost medicines used to treat rare conditions.

To learn about what Original Medicare covers and what it costs, read through your “Medicare & You” handbook. Or, visit [medicare.gov](http://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**).

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

If you attend a community meeting, a sales person will be present with information and applications. For accommodations of persons with special needs at sales meetings, call HealthPartners UnityPoint Health Medicare Sales at the numbers on page 12.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and copayments/coinsurance may change on Jan. 1 of each year.

Out-of-network/non-contracted providers are under no obligation to treat HealthPartners UnityPoint Health members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.

The formulary, pharmacy network and provider network may change at any time. You will receive notice when necessary.

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For a printed copy of our formulary, provider directory or pharmacy directory, call us at the numbers on page 12.



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55425