HealthPartners® Journey Pace (PPO) offered by HealthPartners, Inc. (HPI)

Annual Notice of Change for 2027

You're enrolled as a member of HealthPartners Journey Pace.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in HealthPartners Journey Pace.
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at **healthpartners.com/insurance/medicare/resources/** or call Member Services at 952-883-6655 or 866-233-8734 (TTY users call 711) to get a copy by mail.

More Resources

- Call Member Services at 952-883-6655 or 866-233-8734 (TTY users call 711). Hours are:

  From **Oct. 1 through March 31**, we take calls from 8 a.m. to 8 p.m. CT, **seven days a week**. You'll speak with a representative.

  From **April 1 through Sept. 30**, call us 8 a.m. to 8 p.m. CT, **Monday through Friday** to speak with a representative. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day.

  This call is free.

- This information is available in a different format, including large print. Please call Member Services if you need plan information in another format.

About HealthPartners Journey Pace

- HealthPartners is a PPO plan with a Medicare contract. Enrollment in HealthPartners depends on contract renewal.
- When this material says "we," "us," or "our," it means HealthPartners, Inc. When it says "plan" or "our plan," it means HealthPartners Journey Pace.

- **If you do nothing by December 7, 2026, you'll automatically be enrolled in HealthPartners Journey Pace.** Starting January 1, 2027, you'll get your medical and drug coverage through HealthPartners Journey Pace. Go to Section 2 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	$0	**$20.00**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered services. (Go to Section 1.2 for details.)	From network providers: $5,900 From network and out-of-network providers combined: $8,950	**From network providers: $7,150** **From network and out-of-network providers combined: $10,000**
Primary care office visits	In-Network: $0 copayment per visit Out-of-Network: 30% of the total cost per visit	**In-Network: $0 copayment per visit** **Out-of-Network: 30% of the total cost per visit**
Specialist office visits	In-Network: $40 copayment per visit Out-of-Network: 30% of the total cost per visit	**In-Network: $55 copayment per visit** **Out-of-Network: 30% of the total cost per visit**

	2026 (this year)	2027 (next year)
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	In-Network: $400 copayment per day for days 1-5; nothing for additional days per stay Out-of-Network: 30% of the total cost	**In-Network:** **$550 copayment per day for days 1-5; nothing for additional days per stay** **Out-of-Network:** **30% of the total cost**
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible $350 for Tier 3, Tier 4, and Tier 5, except for covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage: Drug Tier 1: $0 per prescription Drug Tier 2: $8 per prescription Drug Tier 3: 20% of the total cost You pay no more than $35 per month supply of each covered insulin product on this tier.	**Part D drug coverage deductible** **$700 for Tier 3, Tier 4, and Tier 5, except for covered insulin products and most adult Part D vaccines** **Copayment/Coinsurance during the Initial Coverage Stage:** **Drug Tier 1: $0 per prescription** **Drug Tier 2: $0 per prescription** **Drug Tier 3: 25% of the total cost** **You pay no more than $35 per month supply of each covered insulin product on this tier.**

	2026 (this year)	2027 (next year)
	Drug Tier 4: 38% of the total cost	**Drug Tier 4: 32% of the total cost**
	You pay no more than $35 per month supply of each covered insulin product on this tier.	**You pay no more than $35 per month supply of each covered insulin product on this tier.**
	Drug Tier 5: 25% of the total cost	**Drug Tier 5: 25% of the total cost**
	Catastrophic Coverage Stage:	**Catastrophic Coverage Stage:**
	During this payment stage, you pay nothing for your covered Part D drugs.	**During this payment stage, you pay nothing for your covered Part D drugs.**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$0	**$20.00**
Additional premium for optional supplemental benefits If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.)	**Journey Comprehensive Dental Benefit** $36.60	**Journey Comprehensive Dental Benefit** **$42.30**

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered services for the rest of the calendar year.

	2026 (this year)	**2027 (next year)**
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers **count** toward your in-network maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$5,900	**$7,150** **Once you've paid $7,150 out of pocket for covered services, you'll pay nothing for your covered services from network providers for the rest of the calendar year.**

	2026 (this year)	2027 (next year)
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers **count** toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs **don't count** toward your maximum out-of-pocket amount for medical services.	$8,950	**$10,000** **Once you've paid $10,000 out of pocket for covered services, you'll pay nothing for your covered services from network or out-of-network providers for the rest of the calendar year.**

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* at **healthpartners.com/medicarenetworks** to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at **healthpartners.com/medicarenetworks**.
- Call Member Services at 952-883-6655 or 866-233-8734 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 952-883-6655 or 866-233-8734 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* at **healthpartners.com/medicarenetworks** to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at **healthpartners.com/medicarenetworks**.
- Call Member Services at 952-883-6655 or 866-233-8734 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 952-883-6655 or 866-233-8734 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Acupuncture (In-Network and Out-of-Network)		
• Medicare-covered acupuncture for chronic low back pain	$40 copayment per visit for services received from In-Network providers.	**$55 copayment per visit for services received from In-Network providers.**
• Non-Medicare covered acupuncture	$40 copayment per visit for services received from In-Network providers. 30% of the total cost for services received from Out-of-Network providers. Non-Medicare covered acupuncture services are allowed by state-licensed acupuncturists and limited to a combined maximum of 20 visits per calendar year for In-Network and Out-of-Network benefits.	**Non-Medicare covered acupuncture is <u>not</u> covered.**
Chiropractic services (In-Network and Out-of-Network) • Routine chiropractic services (non-Medicare covered services)	$0 copayment when paid using eligible HealthPartners Choice Card funds, up to the annual maximum amount on the card.	**Routine chiropractic services are <u>not</u> covered.**

	2026 (this year)	2027 (next year)
Dental services (In-Network and Out-of-Network)		
• Supplemental Diagnostic & Preventive and Comprehensive Dental Services	The combined In-Network and Out-of-Network annual plan benefit maximum for covered dental services is $2,000.	**There is no annual plan benefit maximum for covered dental services.**
○ Screening or assessment	$0 copayment per visit In-Network and 50% of the total cost Out-of-Network. Limited to 1 per calendar year.	**Screenings and assessments are <u>not</u> covered.**
○ Full mouth or panoramic x-rays	$0 copayment per visit In-Network and 50% of the total cost Out-of-Network. Limited to 1 every 3 years.	**Full mouth and panoramic x-rays are <u>not</u> covered.**
○ Fluoride treatment ▪ Topical fluoride application ▪ Silver diamine fluoride	$0 copayment per visit In-Network and 50% of the total cost Out-of-Network. Topical fluoride limited to twice per calendar year.	**Fluoride treatment is <u>not</u> covered.**
○ Restorations (Fillings) ▪ Amalgam (silver) fillings ▪ Resin-based composite (white) fillings – anterior or posterior ▪ Stainless steel crown (prefabricated)	$0 copayment per visit In-Network and 50% of the total cost Out-of-Network.	**Restorations (fillings) are <u>not</u> covered.**

	2026 (this year)	2027 (next year)
○ Restorations (Crowns, Inlays, Onlays) ▪ Crowns (resin-based composite, metal, porcelain, ceramic, PFM) ▪ Inlays/Onlays (resin-based composite, metal, porcelain, ceramic) ▪ Crown repair necessitated by restorative material failure ▪ Re-cement or re-bond of inlay, onlay, or crown	75% of the total cost In-Network and Out-of-Network.	**Restorations (crowns, inlays, onlays) are <u>not</u> covered.**
○ Periodontal Services (Non-surgical) ▪ Scaling – moderate or severe gingival inflammation ▪ Periodontal scaling and root planing	50% of the total cost In-Network and Out-of-Network. Limited to once every two years.	**Periodontal Services (Non-surgical) are <u>not</u> covered.**
Health and wellness education programs (In-Network and Out-of-Network) • Physical fitness benefit	$0 copayment for the SilverSneakers® program that includes: • A basic fitness membership at participating locations in the SilverSneakers network	**$0 copayment for the SilverSneakers® program that includes:** • **A basic fitness membership at participating locations in the SilverSneakers network**

	2026 (this year)	2027 (next year)
	• Fitness classes at local parks, recreation centers and more through SilverSneakers Community • Access to online resources through SilverSneakers LIVE™ classes, SilverSneakers On-Demand™ videos, and the SilverSneakers GO™ mobile app • Access to thousands of online classes as well as a supportive virtual community • One home fitness kit per year may be selected from several options Out-of-Network fitness facilities are <u>not</u> covered. This benefit does not apply to your In-Network or Combined Out-of-Pocket Maximum.	• **Fitness classes at local parks, recreation centers and more through SilverSneakers Community** • **Access to online resources through SilverSneakers LIVE™ classes, SilverSneakers On-Demand™ videos, and the SilverSneakers GO™ mobile app** • **Access to thousands of online classes as well as a supportive virtual community** • **Home fitness kits are <u>not</u> covered** **80% of the total cost for a standard monthly membership at an Out-of-Network fitness facility, up to the calendar year plan benefit maximum, after which you will be responsible for all costs.**

	2026 (this year)	2027 (next year)
		There is a combined In-Network and Out-of-Network plan benefit maximum of $80 per calendar year. This is the maximum amount the plan will pay for covered services In-Network and Out-of-Network. **This benefit does not apply to your In-Network or Combined Out-of-Pocket Maximum.**
HealthPartners Choice Card	The HealthPartners Choice Card includes an annual $275 benefit allowance that may be used to help pay for eligible plan benefits.	**The HealthPartners Choice Card is <u>not</u> available to help pay for any plan benefits.**
Hearing services (In-Network and Out-of-Network)		
• Diagnostic hearing exams	$40 copayment per visit for services received from In-Network providers.	**$55 copayment per visit for services received from In-Network providers.**
• Hearing Aids	The plan covers up to two TruHearing®-branded hearing aids every year (one per ear per year) from a TruHearing provider subject to the following copayments: $499 copayment per aid for Standard Aids	**Hearing aids are <u>not</u> covered.**

	2026 (this year)	2027 (next year)
	$699 copayment per aid for Advanced Aids $999 copayment per aid for Premium Aids $50 additional cost per aid for optional hearing aid rechargeability Hearing aid purchase includes: • First year of follow-up provider visits • 60-day trial period • 3-year extended warranty • 80 batteries per aid for non-rechargeable models You have the option of using your HealthPartners Choice Card benefit allowance toward the copayment for TruHearing hearing aids, up to the annual maximum amount on the card.	
Inpatient hospital care (In-Network)	$400 copayment per day for days 1-5; nothing for additional days per stay.	**$550 copayment per day for days 1-5; nothing for additional days per stay.**
Inpatient services in a psychiatric hospital (In-Network)	$400 copayment per day for days 1-5; nothing for additional days per stay.	**$470 copayment per day for days 1-5; nothing for additional days per stay.**

	2026 (this year)	2027 (next year)
Meal Benefit (In-Network and Out-of-Network)	$0 copayment for up to 21 home-delivered meals for up to 28 days immediately following discharge from an inpatient hospital or SNF. Meals must be provided by Mom's Meals® and paid using eligible HealthPartners Choice Card funds, up to the annual maximum amount on the card.	**A meal benefit is not covered.**
Opioid treatment program services (In-Network)	$40 copayment per episode of care.	**$55 copayment per episode of care.**
Outpatient hospital observation (In-Network)	$350 copayment per day.	**$500 copayment per day.**
Outpatient mental health care (In-Network)	$40 copayment per individual and group visit.	**$55 copayment per individual and group visit.**

	2026 (this year)	2027 (next year)
Outpatient diagnostic tests and therapeutic services and supplies (in-Network)		
• X-rays	$25 copayment.	**$75 copayment.**
• Diagnostic non-laboratory tests such as CT scans, MRIs, PET scans, nuclear medicine, and ultrasonography	$250 copayment.	**$400 copayment.**
• Other outpatient diagnostic tests, such as Electrocardiograms (ECGs/EKGs) and Electroencephalograms (EEGs), cardiac stress tests, sleep studies, and pulmonary function tests	$50 copayment.	**$75 copayment.**
Outpatient rehabilitation services (In-Network)	$40 copayment per visit.	**$50 copayment per visit.**
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers (In-Network)		
• Surgery or other procedures provided in a hospital outpatient facility	$450 copayment per visit.	**$600 copayment per visit.**
• Surgery or other procedures provided in an ambulatory surgical center	$375 copayment per visit.	**$500 copayment per visit.**
Outpatient substance use disorder services (In-Network)	$40 copayment per individual and group visit.	**$55 copayment per individual and group visit.**

	2026 (this year)	2027 (next year)
Over-the-Counter (OTC) Items (In-Network and Out-of-Network)	You are eligible for a $25 quarterly benefit allowance to be used toward the purchase of over-the-counter (OTC) items from a list of eligible products through our vendor, NationsOTC.	**Over-the-Counter (OTC) items are <u>not</u> covered.**
Physician/Practitioner services (In-Network) • Specialty care services for consultation, diagnosis, and treatment	$40 copayment per visit.	**$55 copayment per visit.**
Podiatry services (In-Network)	$40 copayment per visit.	**$55 copayment per visit.**
Skilled nursing facility (SNF) care (In-Network)	$0 copayment per day for days 1-20. $218 copayment per day for days 21-80.	**$0 copayment per day for days 1-20.** **$221 copayment per day for days 21-80.**
Urgently needed care services - inside the United States (In-Network and Out-of-Network)	$40 copayment per visit.	**$50 copayment per visit.**
Vision care (In-Network and Out-of-Network) • Diagnostic eye exam	$40 copayment per visit for services received from In-Network providers.	**$55 copayment per visit for services received from In-Network providers.**

	2026 (this year)	2027 (next year)
• Non-Medicare covered prescription eyewear	$0 copayment when paid using eligible HealthPartners Choice Card funds, up to the annual maximum amount on the card.	**$0 copayment, up to a calendar year maximum benefit of $150, after which you pay all charges.** **The calendar year maximum benefit is combined for In-Network and Out-of-Network benefits.**
Worldwide emergency travel logistics	$0 copayment for services through Assist America®.	**Worldwide emergency travel logistics are not covered.**

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically and posted online at **healthpartners.com/medicareRx**.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 952-883-6655 or 866-233-8734 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you**. We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30, 2026, call Member Services at 952-883-6655 or 866-233-8734 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- ***Stage 1: Yearly Deductible***

  You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 3 (Preferred Brand Drugs), Tier 4 (Non-preferred Drugs) and Tier 5 (Specialty Drugs) drugs until you reach the yearly deductible.

- ***Stage 2: Initial Coverage***

  Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach $2,400.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	**2027 (next year)**
Yearly Deductible The deductible does not apply to covered insulin products and most adult Part D vaccines.	$350 During this stage, you pay $0 for drugs on Tier 1 (Preferred Generic Drugs), $8 for drugs on Tier 2 (Generic Drugs), and the full cost of drugs on Tier 3 (Preferred Brand Drugs), Tier 4 (Non-preferred Drugs) and Tier 5 (Specialty Drugs) until you've reached the yearly deductible.	**$700** **During this stage, you pay $0 for drugs on Tier 1 (Preferred Generic Drugs), $0 for drugs on Tier 2 (Generic Drugs), and the full cost of drugs on Tier 3 (Preferred Brand Drugs), Tier 4 (Non-preferred Drugs) and Tier 5 (Specialty Drugs) until you've reached the yearly deductible.**

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1 (Preferred Generic Drugs):	$0 Your cost for a one-month (30-day) mail-order prescription is $0.	**$0** **Your cost for a one-month (30-day) mail-order prescription is $0.**
Tier 2 (Generic Drugs):	$8 Your cost for a one-month (30-day) mail-order prescription is $8.	**$0** **Your cost for a one-month (30-day) mail-order prescription is $0.**
Tier 3 (Preferred Brand Drugs):	20% of the total cost. Your cost for a one-month (30-day) mail-order prescription is 20% of the total cost. You pay no more than $35 per month supply of each covered insulin product on this tier.	**25% of the total cost.** **Your cost for a one-month (30-day) mail-order prescription is 25% of the total cost.** **You pay no more than $35 per month supply of each covered insulin product on this tier.**
Tier 4 (Non-preferred Drugs):	38% of the total cost. Your cost for a one-month (30-day) mail-order prescription is 38% of the total cost. You pay no more than $35 per month supply of each covered insulin product on this tier.	**32% of the total cost.** **Your cost for a one-month (30-day) mail-order prescription is 32% of the total cost.** **You pay no more than $35 per month supply of each covered insulin product on this tier.**

	2026 (this year)	2027 (next year)
Tier 5 (Specialty Drugs):	25% of the total cost. Your cost for a one-month (30-day) mail-order prescription is 25% of the total cost.	**25% of the total cost.** **Your cost for a one-month (30-day) mail-order prescription is 25% of the total cost.**

SECTION 2 How to Change Plans

To stay in HealthPartners Journey Pace, you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, 2026 you'll automatically be enrolled in HealthPartners Journey Pace.

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from HealthPartners Journey Pace. Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from HealthPartners Journey Pace.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 952-883-6655 or 866-233-8734 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (Go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit Medicare.gov, check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 4), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, HealthPartners, Inc. offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 2.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 2.2 Are there other times of the year to make a change?

In certain situations, people can have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 3 Get Help Paying for Prescription Drugs

You can qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
    - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday -Friday for a representative. Automated messages are available 24 hours a day. TTY users call 1-800-325-0778.
    - Your State Medicaid Office.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Minnesota Department of Human Services at 651-431-2414 or 800-657-3761. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 651-431-2414 or 800-657-3761. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027 you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-866-845-1803 (TTY users call 1-800-716-3231) or visit Medicare.gov.

SECTION 4 Questions?

Get Help from HealthPartners Journey Pace

- **Call Member Services at 952-883-6655 or 866-233-8734. (TTY users call 711.)**

  We're available for phone calls **Oct. 1 through March 31** from 8 a.m. to 8 p.m. CT, **seven days a week**. You'll speak with a representative. From **April 1 through Sept. 30**, call us 8 a.m. to 8 p.m. CT, **Monday through Friday** to speak with a representative. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for HealthPartners Journey Pace. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at **healthpartners.com/insurance/medicare/resources/** or call Member Services at 952-883-6655 or 866-233-8734 (TTY users call 711) to ask us to mail you a copy.

- **Visit healthpartners.com/medicarenetworks**

  Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Minnesota, the SHIP is called Minnesota Aging Pathways.

Call Minnesota Aging Pathways to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Minnesota Aging Pathways at 800-333-2433. Learn more about Minnesota Aging Pathways by visiting mn.gov/aging-pathways/.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

  You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

  You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit Medicare.gov**

  The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You* 2027**

  The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

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Out-of-network/non-contracted providers are under no obligation to treat Plan 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.