

HEALTH PARTNERS PLANS

2019 PRODUCT GUIDE



HEALTH PARTNERS (MEDICAID)

Health Partners

MEMBERFIRST Q LASTNAME
ID: 9999999999
DOB: 99/99/9999
PCP: DR. FIRST LASTNAME
999-999-9999
PROV #: 9999999999

SAMPLE

RxBIN: 600428 RxCN: 02530000

Health Partners Plans

- \$0 PCP/physician specialist copay
- No referrals for plan specialists
- Behavioral health: contact county-specific Behavioral Health Managed Care Organization
- Supplemental benefits

KIDZPARTNERS (CHIP)

KidzPartners

MEMBERFIRST Q LASTNAME
ID: 9999999999
DOB: 99/99/9999
PCP: DR. FIRST LASTNAME
999-999-9999
PROV #: 9999999999
PCP \$XX SPEC \$XX ER \$XX RX \$XX/\$XX

SAMPLE

RxBIN: 600428 RxCN: 02530000

Health Partners Plans

- No referrals for plan specialists
- Behavioral health: contact Magellan of PA at 1-800-424-3701
- Supplemental benefits

GENERAL INFORMATION

- PCP required
- Balance billing restrictions apply in our Medicaid and Medicare plans
- OP lab services: Quest Diagnostics
- Member eligibility: 1-888-991-9023
- Pharmacy: 1-866-841-7659
- Pharmacy fax (Medicaid/CHIP): 1-866-609-9449
- Pharmacy fax (Medicare): 1-866-371-3239

PROVIDER INFORMATION AND PORTAL ACCESS

Website: HPPlans.com

HPP portal: hpconnect.alderaplatform.com

Navinet portal: navinet.navimedix.com



Health Partners Plans

Health Partners Medicare (Medicare Advantage)

PRIME (HMO)

Health Partners Medicare

Prime (HMO)

MEMBERFIRST Q LASTNAME
 ID: 59999999
 DOB: 99/99/9999
 PCP: DR. FIRST LASTNAME
 999-999-9999
 PROV #: 999999XX999999
 PCP \$0 Specialist \$XX ER \$XX
 RxBIN: 012353 RxPCN: 05650000

SAMPLE

MedicareRx
Prescription Drug Coverage

Health Partners Plans **H P P**
H9207-002

- \$0 PCP copay
- Referral required for plan specialists (except in plan for Lancaster/Lehigh/Northampton County residents)
- Part D prescription coverage: \$350 deductible excluding preferred generics/generics
- Behavioral health: contact Magellan of PA at 1-800-424-3706
- Supplemental benefits (including dental/vision/hearing)

SPECIAL (HMO Dual-Eligible Special Needs Plan)

Health Partners Medicare

Special (HMO SNP)

MEMBERFIRST Q LASTNAME
 ID: 59999999
 DOB: 99/99/9999
 PCP: DR. FIRST LASTNAME
 999-999-9999
 PROV #: 999999XX999999
 COPAY/COINSURANCE/DEDUCTIBLE MAY APPLY
 RxBIN: 012353 RxPCN: 05650000

SAMPLE

MedicareRx
Prescription Drug Coverage

Health Partners Plans **H P P**
H9207-004

- Requires Medicare eligibility and full Medicaid health coverage
- Referral required for plan specialists
- Part D prescription coverage
- Behavioral health: contact Magellan of PA at 1-800-424-3706
- Supplemental benefits (including dental/vision/hearing/transportation)

SERVICE AREA

