

Medica AccessAbility Solution[®] Enhanced (HMO D-SNP): 2024 Summary of Benefits

For accessible formats of this publication or assistance with additional equal access to our services, visit [Medica.com/ASE](https://www.Medica.com/ASE) or call toll-free at 1 (888) 347-3630 (TTY: 711).

MULTI-LANGUAGE INSERT

Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1 (888) 347-3630**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1 (888) 347-3630**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1 (888) 347-3630**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1 (888) 347-3630**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa **1 (888) 347-3630**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1 (888) 347-3630**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1 (888) 347-3630** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1 (888) 347-3630**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1 (888) 347-3630** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1 (888) 347-3630**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة مجانية فوري، ليس عليك سوى الاتصال بنا على **1 (888) 347-3630**. سيقوم شخص ما يتحدث العربية

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1 (888) 347-3630** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1 (888) 347-3630**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1 (888) 347-3630**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1 (888) 347-3630**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1 (888) 347-3630**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1 (888) 347-3630** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Medica Member Services

1 (888) 347-3630 (toll free) TTY: 711

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၢ်,ကိးဘဉ် လီၤဝဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣຄຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທໂປໂຫຼ໌ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

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Civil Rights Notice

Discrimination is against the law. Medica does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Medica. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

Medica Civil Rights Coordinator

P.O. Box 9310, Mail Route CP250, Minneapolis, MN 55443-9310

Toll Free: 1 (888) 347-3630

TTY: 711

Fax: 952-992-3422

Email: civilrightscordinator@medica.com

Auxiliary Aids and Services: Medica provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** Medica at 1 (888) 347-3630 (toll free), TTY: 711 or at medica.com/contactmedicaid.

Language Assistance Services: Medica provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** Medica at 1 (888) 347-3630 (toll free), TTY: 711 or at medica.com/contactmedicaid.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Medica. You may also contact any of the following agencies directly to file a discrimination complaint

U.S. Department of Health and Human Services Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the **OCR** directly to file a complaint:

Office for Civil Rights, U.S. Department of Health and Human Services

Midwest Region

233 N. Michigan Avenue, Suite 240 Chicago, IL 60601

Customer Response Center: 800-368-1019, TTY: 800-537-7697

Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights

540 Fairview Avenue North, Suite 201, St. Paul, MN 55104

651-539-1100 (voice), 800-657-3704 (toll-free), 711 or 800-627-3529 (MN Relay), 651-296-9042 (fax)

Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. We will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (voice) or use your preferred relay service

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

Medica AccessAbility Solution® Enhanced, HMO D-SNP | 2024 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by Medica AccessAbility Solution® Enhanced. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Medica AccessAbility Solution Enhanced. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call Medica Accessibility Solution Enhanced at 1 (888) 347-3630, (TTY 711), Oct. 1 – March 31 from 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 9 p.m. CT, Monday – Friday. The call is free. **For more information**, visit [Medica.com/ASE](https://www.Medica.com/ASE).

A. Disclaimers



This is a summary of health services covered by Medica AccessAbility Solution Enhanced for Jan. 1 – Dec. 31, 2024. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can view the *Member Handbook* on our website at [Medica.com/ASE](https://www.Medica.com/ASE). If you would like a print copy, call Medica AccessAbility Solution Enhanced Member Services at the number at the bottom of this page.

- ❖ Medica AccessAbility Solution® Enhanced is an HMO D-SNP that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in Medica AccessAbility Solution Enhanced depends on contract renewal.
- ❖ For information about choice counseling services, call the Minnesota Department of Human Services Health Care Consumer Support (HCCS) line at 1-651-297-3862 or 1-800-657-3672.
- ❖ For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1 (888) 347-3630, (TTY 711), Oct. 1 – March 31 from 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 9 p.m. CT, Monday – Friday. The call is free.
- ❖ Under Medica AccessAbility Solution Enhanced you can get your Medicare and Medical Assistance (Medicaid) services in one health plan. A Medica AccessAbility Solution Enhanced care coordinator will help manage your health care needs.
- ❖ To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call Member Services at the number at the bottom of this page. Member Services representative will submit a form to start or stop a standing request. Member's preferred language and/or alternate format request will be recorded in the member's account.
- ❖ Medica AccessAbility Solution Enhanced has a Model of Care approved by the National Committee for Quality Assurance (NCQA) and Minnesota until 2024 based on a review of Medica DUAL AccessAbility Solution's Enhanced Model of Care.




If you have questions, please call Medica Accessibility Solution Enhanced at 1 (888) 347-3630, (TTY 711), Oct. 1 – March 31 from 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 9 p.m. CT, Monday – Friday. The call is free. **For more information**, visit [Medica.com/ASE](https://www.Medica.com/ASE).

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What is a Special Needs BasicCare (SNBC) plan?	<p>Our plan is part of the Special Needs BasicCare (SNBC) program. This program was designed by the Minnesota Department of Human Services (DHS) to provide special care for people with disabilities ages 18 through 64. Our plan combines your Medicare and Medical Assistance services. It combines your doctors, hospital, pharmacies, home health care, nursing home care, and other health care providers into one coordinated care system. It also has care coordinators to help you manage all your providers and services. They all work together to provide the care you need.</p> <p>Our SNBC program is called Medica AccessAbility Solution Enhanced.</p>
Will I get the same Medicare and Medical Assistance benefits in Medica AccessAbility Solution Enhanced that I get now?	<p>You will get most of your covered Medicare and Medical Assistance benefits directly from Medica AccessAbility Solution Enhanced. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care coordinator assessment. You may also get other benefits outside of your health plan the same way you do now, directly from another source, such as the State, county, Federal government, or Tribal nation.</p> <p>When you enroll in Medica AccessAbility Solution Enhanced, you and your care coordinator will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that Medica AccessAbility Solution Enhanced does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Medica AccessAbility Solution Enhanced to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.</p>

 **If you have questions**, please call Medica Accessibility Solution Enhanced at 1 (888) 347-3630, (TTY 711), Oct. 1 – March 31 from 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 9 p.m. CT, Monday – Friday. The call is free. **For more information**, visit [Medica.com/ASE](https://www.Medica.com/ASE).

Frequently Asked Questions	Answers
<p>Can I go to the same doctors I use now?</p>	<p>This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Medica AccessAbility Solution Enhanced and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in the Medica AccessAbility Solution Enhanced network. If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Medica AccessAbility Solution’s Enhanced plan. You may also use out-of-network providers for open access services and in cases when Medica AccessAbility Solution Enhanced authorizes the use of out-of-network providers. • If you are currently under treatment with a provider that is out of Medica AccessAbility Solution’s Enhanced network, or have an established relationship with a provider that is out of Medica AccessAbility Solution’s Enhanced network, call Member Services to check about staying connected. <p>To find out if your providers are in the plan’s network, call Member Services or read Medica AccessAbility Solution’s Enhanced <i>Provider and Pharmacy Directory</i> on the plan’s website at Medica.com/ASE.</p> <p>If Medica AccessAbility Solution Enhanced is new for you, we will work with you to develop a care plan to address your needs.</p>



If you have questions, please call Medica Accessibility Solution Enhanced at 1 (888) 347-3630, (TTY 711), Oct. 1 – March 31 from 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 9 p.m. CT, Monday – Friday. The call is free. **For more information**, visit Medica.com/ASE.

Frequently Asked Questions	Answers
<p>What is a Medica AccessAbility Solution Enhanced care coordinator?</p>	<p>A Medica AccessAbility Solution Enhanced care coordinator is one main person for you to contact. This person helps to manage all your providers and services and makes sure you get what you need, including the following:</p> <ul style="list-style-type: none"> ● Assisting you in arranging for, getting, and coordinating assessments, tests, and health and long-term care supports and services ● Working with you to develop and update your care plan ● Supporting you and communicating with a variety of agencies and persons ● Coordinating other services as outlined in your care plan
<p>What happens if I need a service but no one in Medica AccessAbility Solution’s Enhanced network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Medica AccessAbility Solution Enhanced will pay for the cost of an out-of-network provider. A prior authorization may be required before getting services from out-of-network providers.</p>
<p>Where is Medica AccessAbility Solution Enhanced available?</p>	<p>The service area for this plan includes these Minnesota counties: Anoka, Aitkin, Becker, Carlton, Carver, Chisago, Cook, Crow Wing, Dakota, Fillmore, Freeborn, Hennepin, Isanti, Kanabec, Kandiyohi, Kittson, Koochiching, Lake, Le Sueur, Mahnommen, Mille Lacs, Morrison, Murray, Nicollet, Norman, Olmsted, Ramsey, Red Lake, Rice, Rock, Scott, Sherburne, St. Louis, Todd, Wadena, Washington, Wilkin, and Wright. You must live in one of these counties to join the plan.</p>
<p>What is prior authorization? (continued on the next page)</p>	<p>Prior authorization means an approval from Medica AccessAbility Solution Enhanced to get services outside of our network or to get services not routinely covered by our network before you get the services. Medica AccessAbility Solution Enhanced may not cover the service, procedure, item, or drug if you don’t get prior authorization.</p>



If you have questions, please call Medica Accessibility Solution Enhanced at 1 (888) 347-3630, (TTY 711), Oct. 1 – March 31 from 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 9 p.m. CT, Monday – Friday. The call is free. **For more information**, visit [Medica.com/ASE](https://www.Medica.com/ASE).

Frequently Asked Questions	Answers
<p>What is prior authorization? (continued)</p>	<p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Medica AccessAbility Solution Enhanced can provide you or your provider with a list of services or procedures that require you to get prior authorization from Medica AccessAbility Solution Enhanced before the service is provided.</p> <p>Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p> <p>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services for help.</p>
<p>What is a referral?</p>	<p>A referral means that your primary care provider (PCP) must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, Medica AccessAbility Solution Enhanced may not cover the services. Medica AccessAbility Solution Enhanced can provide you with a list of services that require you to get a referral from your PCP before the service is provided.</p> <p>You don't need a referral to use certain specialists, such as women's health specialists.</p> <p>Refer to the <i>Member Handbook</i> to learn more about when you will need to get a referral from your PCP.</p>
<p>Do I pay a monthly amount (also called a premium) under Medica AccessAbility Solution Enhanced?</p>	<p>No. Because you have Medical Assistance you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.</p>
<p>Do I pay a deductible as a member of Medica AccessAbility Solution Enhanced?</p>	<p>No. You do not pay deductibles in Medica AccessAbility Solution Enhanced.</p>

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Frequently Asked Questions	Answers
What is the maximum out-of-pocket amount that I will pay for medical services as a member of Medica AccessAbility Solution Enhanced?	There is no cost sharing for medical services in Medica AccessAbility Solution Enhanced, so your annual out-of-pocket costs will be \$0.
Do I have a coverage gap for drugs?	No. Because you have Medical Assistance, you will not have a coverage gap stage for your drugs.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Outpatient hospital services, including observation	\$0	
	Ambulatory surgical center (ASC) services	\$0	
	Doctor or surgeon care	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	\$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	Wellness visits, such as a physical	\$0	
	“Welcome to Medicare” preventive visit (one time only)	\$0	
	Specialist care	\$0	
You need emergency care	Emergency room services	\$0	You may use any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. Emergency room services are NOT covered outside of the U.S. and its territories. Contact the plan for details.
	Urgent care	\$0	Urgently needed care is NOT emergency care. You do not need prior authorization and you do not have to be in-network. Urgently needed care services are NOT covered outside the U.S. and its territories. Contact the plan for details.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	
	Lab tests and diagnostic procedures, such as blood work	\$0	
You need hearing/auditory services	Hearing screenings	\$0	
	Hearing aids	\$0	
You need dental care	Dental check-ups and preventive care	\$0	
	Restorative and emergency dental care	\$0	
You need eye care	Eye exams	\$0	
	Glasses or contact lenses	\$0	
	Other vision care	\$0	
You need mental health services	Mental health services	\$0	
	Inpatient and outpatient care and community-based services for people who need mental health services	\$0	



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need substance use disorder services	Substance use disorder services	\$0	
You need a place to live with people available to help you	Skilled nursing care	\$0	Medically necessary skilled nursing care is covered.
	Nursing home care	\$0	
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	There may be limits on physical therapy, occupational therapy, and speech therapy services. If so, there may be exceptions to these limits.
You need help getting to health services (continued on the next page)	Ambulance services	\$0	Ambulance services must be medically necessary. You do not need prior authorization for ambulance services and you do not have to be in-network.
	Emergency transportation	\$0	
	Transportation to medical appointments and services	\$0	Medica AccessAbility Solution Enhanced is not required to provide transportation to your primary care clinic (PCC) if it is over 30 miles from your home.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help getting to health services (continued)</p>			<p>Medica AccessAbility Solution Enhanced is not required to provide transportation to your specialty care clinic if it is over 60 miles from your home.</p>
	<p>Transportation to other health services</p>	<p>\$0</p>	
<p>You need drugs to treat your illness or condition (Continued on the next page)</p>	<p>Medicare Part B prescription drugs</p>	<p>\$0</p>	<p>Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.</p>
	<p>Tier 1 generic drugs (no brand name)</p>	<p>\$0 for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to the Medica AccessAbility Solution Enhanced <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Medica AccessAbility Solution Enhanced may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Medica AccessAbility Solution Enhanced for certain drugs.</p>

If you have questions, please call Medica Accessibility Solution Enhanced at 1 (888) 347-3630, (TTY 711), Oct. 1 – March 31 from 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 9 p.m. CT, Monday – Friday. The call is free. **For more information**, visit [Medica.com/ASE](https://www.Medica.com/ASE).

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>			<p>You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, <i>List of Covered Drugs</i> (Drug List), and printed materials, as well as on the Medicare Plan Finder on www.medicare.gov.</p> <p>Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's <i>List of Covered Drugs</i> (Drug List). Our plan covers most Part D vaccines at no cost to you.</p>
	Tier 1 brand name drugs	\$0 for a 30-day supply.	<p>There may be limitations on the types of drugs covered. Please refer to Medica AccessAbility Solution's Enhanced <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Medica AccessAbility Solution Enhanced may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p>

If you have questions, please call Medica Accessibility Solution Enhanced at 1 (888) 347-3630, (TTY 711), Oct. 1 – March 31 from 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 9 p.m. CT, Monday – Friday. The call is free. **For more information**, visit Medica.com/ASE.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>			<p>Your provider must get prior authorization from Medica AccessAbility Solution Enhanced for certain drugs.</p> <p>You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, <i>List of Covered Drugs</i> (Drug List), and printed materials, as well as on the Medicare Plan Finder on www.medicare.gov.</p> <p>An extended-day supply is available at both mail order and select retail pharmacy locations. The cost-sharing amount for this extended-day supply is the same as for a one-month supply.</p>
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered. Please refer to Medica AccessAbility Solution's Enhanced <i>List of Covered Drugs</i> (Drug List) for more information.
	Diabetes medications	<p>\$0 for a 30-day supply.</p> <p>When you reach the out-of-pocket limit of \$8,000 for your Part D</p>	There may be limitations on the types of drugs covered. Please refer to Medica AccessAbility Solution's Enhanced <i>List of Covered Drugs</i> (Drug List) at Medica.com/ASE for more information.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)		<p>prescription drugs, the Catastrophic Coverage Stage begins.</p> <p>You will stay in the Catastrophic Coverage Stage until the end of the calendar year. During this stage, your copays for Part D drugs will be \$0.</p>	<p>Medica AccessAbility Solution Enhanced may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from Medica AccessAbility Solution Enhanced for certain drugs.</p>
You need help getting better or have special health needs	Rehabilitation services	\$0	Medically necessary rehabilitation services are covered.
	Medical equipment for home care	\$0	
	Dialysis services	\$0	
You need foot care	Podiatry services	\$0	Podiatry visits are for medically necessary foot care.
	Orthotic services	\$0	
	Wheelchairs, crutches, and walkers	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) Note: This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the <i>Member Handbook</i> .	Nebulizers	\$0	
	Oxygen equipment and supplies	\$0	
You need help living at home	Home health care services	\$0	
You need interpreter services	Spoken language interpreter	\$0	
	Sign language interpreter		
Additional services (continued on the next page)	Acupuncture	\$0	
	Care coordination	\$0	
	Chiropractic services	\$0	



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Dental Services	\$0	<p>You are eligible to receive additional dental services:</p> <ul style="list-style-type: none"> • One additional dental exam each year in addition to the one covered by Medical Assistance • One full mouth x-ray once every five years • One molar root canal per tooth per lifetime • One molar root canal retreatment per tooth per lifetime; only covered if completed at least 24 months after the original root canal <p>You will receive a telephone call from a trained Delta Dental staff who will help you best use all your dental benefits. This help includes assistance to:</p> <ul style="list-style-type: none"> • Find a nearby dentist office, • Schedule a routine dental appointment, • Arrange transportation to your dental appointment and back to your home, • Arrange an interpreter during your dental visit. <p>This Delta Dental staff will provide you tips and answer questions about daily oral care of your teeth or dentures.</p>
	Diabetes supplies and services	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Eyewear	\$0	You are eligible to get anti-glare lens coating on one pair of covered glasses or two covered lenses once per 24 months through our eyewear partner Eye-Kraft®.
	Family planning	\$0	
	Fitness Benefit	\$0	<p>The One Pass fitness program is a fitness benefit that includes access to 20,000+ fitness locations nationwide, exercise equipment and other gym amenities including group exercise classes led by certified instructors.</p> <ul style="list-style-type: none"> • Online resources include on-demand and livestreaming fitness classes as well as individual exercises. • BrainHQ provides unlimited access to an online platform with activities that support brain speed, memory and cognitive resilience. • A Home Fitness Kit is available to members residing 15 miles outside of a participating fitness location, or members physically unable to visit a fitness location. <p>Members get their One Pass code and find locations and classes at Medica.com/Fitness. Members with additional questions should call 1-877-504-6830 (TTY: 711), Monday through Friday, 8:00am — 9:00pm CT.</p>

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			Access to unlimited public transportation where available to One Pass fitness program locations. Where public transportation is not available you may get up to three (3) round trips per week with a volunteer driver or taxi to One Pass fitness program location.
	HealthAdvocate Personal Advocacy	\$0	24/7 telephonic support service through partner HealthAdvocate SM provides a dedicated nonclinical personal health advocate who will assist you with talking to a registered nurse for clinical support, answer your questions about Medica services and benefits, and resolve your health insurance issues.
	Healthy Savings [®] Healthy Foods program	\$0	The Healthy Savings [®] Healthy Foods program provides you with a monthly allowance of \$20 to be used on any combination of healthy foods such as fresh fruits, vegetables, milk, eggs, bread, and more. Simply scan your Healthy Savings card to receive your savings at participating retail grocers. There is no carry-over month to month. You can find more information, including a list of participating retail grocers at www.Medica.com/HealthySavings or contact Member Services for additional benefit details (phone numbers are printed on the bottom of this page).
	Housing stabilization services	\$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Over-the-Counter (OTC) Oral Health Items	\$0	<p>You will also be offered an electric toothbrush kit (once every three years) that contains:</p> <ul style="list-style-type: none"> • An Oral-B® Vitality™ Sensitive Clean™ Electric Rechargeable Toothbrush • Two Oral-B® Sensitive Gum Care Brush Head Refills
	Prosthetic services	\$0	
	Radiation therapy	\$0	
	Services to help manage your disease	\$0	
	Smoking Cessation	\$0	<p>In addition to the Medicare-covered face to face counseling sessions, Medica partners with Active Health® to offer additional services to help you quit tobacco. They include:</p> <ul style="list-style-type: none"> • Confidential telephonic coaching sessions • Written self-help materials • Digital support/coaching via app • Home delivered nicotine replacement therapy not covered under Part D for 8-10 weeks per year (as medically appropriate) <p>Coaching plans run about ten (10) weeks. You may make unlimited attempts to quit tobacco.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)			Coaching plans are customized and structured based on your individual needs.

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the Medica AccessAbility Solution Enhanced *Member Handbook*. If you don't have an *Member Handbook*, call Medica AccessAbility Solution Enhanced Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit [Medica.com/ASE](https://www.Medica.com/ASE).

D. Services covered outside of Medica AccessAbility Solution Enhanced

There are some services that you can get that are not covered by Medica AccessAbility Solution Enhanced but are covered by Medicare, Medical Assistance, or a State or county agency. This is not a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medical Assistance, or a State agency	Your costs
Some hospice care services	\$0
Personal care assistant services	\$0
Home care nursing services	\$0
Waiver services provided under Home and Community-Based	\$0

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E. Services that Medica AccessAbility Solution Enhanced, Medicare, and Medical Assistance do not cover

This is not a complete list. Call Member Services at the numbers in the footer of this document to find out about other excluded services.

Services Medica AccessAbility Solution Enhanced, Medicare, and Medicaid do not cover
Services not considered “reasonable and necessary” according to standards of Medicare and Medical Assistance
Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study
Surgical treatment for morbid obesity except when medically necessary
Elective or voluntary enhancement procedures
Cosmetic surgery or other cosmetic work unless criteria is met
Lasik surgery

F. Your rights as a member of the plan

As a member of Medica AccessAbility Solution Enhanced, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to: Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion

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- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider and change your primary care provider at any time during the year
 - Use a women’s health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. Medica AccessAbility Solution Enhanced will pay for the cost of your second opinion visit
 - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider’s office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary

If you have questions, please call Medica Accessibility Solution Enhanced at 1 (888) 347-3630, (TTY 711), Oct. 1 – March 31 from 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 9 p.m. CT, Monday – Friday. The call is free. **For more information**, visit [Medica.com/ASE](https://www.Medica.com/ASE).

- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - Ask for a State Appeal (Medicaid Fair Hearing with the State)
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Member Handbook*. If you have questions, you can call Medica AccessAbility Solution Enhanced Member Services at the number listed at the bottom of this page.

You can also call the Office of the Ombudsperson for Public Managed Health Care Programs at 1-800-657-3729. The call is free.

G. How to file a complaint or appeal a denied service

If you have a complaint or think Medica AccessAbility Solution Enhanced should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the *Member Handbook*. You can also call Medica AccessAbility Solution Enhanced Member Services at the numbers listed at the bottom of this page.

For more information regarding complaints, grievances, and appeals, please call 1 (888) 347-3630 (TTY: 711).

If you have questions, please call Medica Accessibility Solution Enhanced at 1 (888) 347-3630, (TTY 711), Oct. 1 – March 31 from 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 9 p.m. CT, Monday – Friday. The call is free. **For more information**, visit [Medica.com/ASE](https://www.Medica.com/ASE).

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Medica AccessAbility Solution Enhanced Member Services. Phone numbers are listed at the bottom of this page.
- Call Medica AccessAbility Solution Enhanced Fraud Hot Line at 1-866-821-1331.
- Or, call the Minnesota Fraud Hotline at 1-800-627-9977. The call is free. TTY users may call 711.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.



If you have questions, please call Medica Accessibility Solution Enhanced at 1 (888) 347-3630, (TTY 711), Oct. 1 – March 31 from 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 9 p.m. CT, Monday – Friday. The call is free. **For more information**, visit [Medica.com/ASE](https://www.Medica.com/ASE).

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Medica AccessAbility Solution Enhanced Member Services:

1 (888) 347-3630

The call is free. We are available for phone calls from Oct. 1 – March 31 from 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 9 p.m. CT, Monday – Friday.

Member Services also has free language interpreter services available for non-English speakers.

TTY: 711

The call is free. We are available for phone calls from Oct. 1 – March 31 from 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 9 p.m. CT, Monday – Friday.

If you have questions about your health:

- Call your clinic if it's open. Follow your clinic's instructions for getting care when the clinic is closed.
- If your clinic is closed, you can also call NurseLine™ by HealthAdvocateSM. A nurse will listen to your problem and tell you how to get care. (Examples: urgently needed care, emergency room.) The numbers for the NurseLine by HealthAdvocate are:

1 (866) 715-0915

Calls to this number are free. 24 hours a day, 7 days per week.

Medica AccessAbility Solution Enhanced also has free language interpreter services available for non-English speakers.

TTY: 711.

The call is free. 24 hours a day, 7 days per week.

If you need immediate behavioral health care, please call the Medica Behavioral Health Line:

1 (800) 848-8327

Calls to this number are free. 24 hours per day, 7 days per week.

Medica AccessAbility Solution Enhanced also has free language interpreter services available for non-English speakers.

TTY: 711

The call is free. 24 hours per day, 7 days per week.



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