

Minnesota



2022 Medica AccessAbility Solution[®]

Special Needs BasicCare (SNBC)

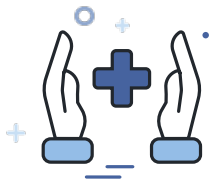
AT A GLANCE

Coverage that works for you

Designed for adults with certified mental health, physical, and developmental disabilities.



- \$0 premium
- \$0 medical and hospital costs
- \$0 copays for medical care
- \$0 deductibles
- \$0 to enroll



- 1 Medica Member Services phone number
- 1 Personal Care Coordinator



- No-cost rides to your medical, dental, mental health, medical equipment, and substance use disorder appointments

**EXTRA BENEFITS,
NO EXTRA COST**



Dental education



Eyeglasses



Save on healthy foods



24/7 Nurse Line



eVisits through virtuwell



Help finding health services
and scheduling appointments



MEDICA ACCESSABILITY SOLUTION

What you need to know

Eligibility

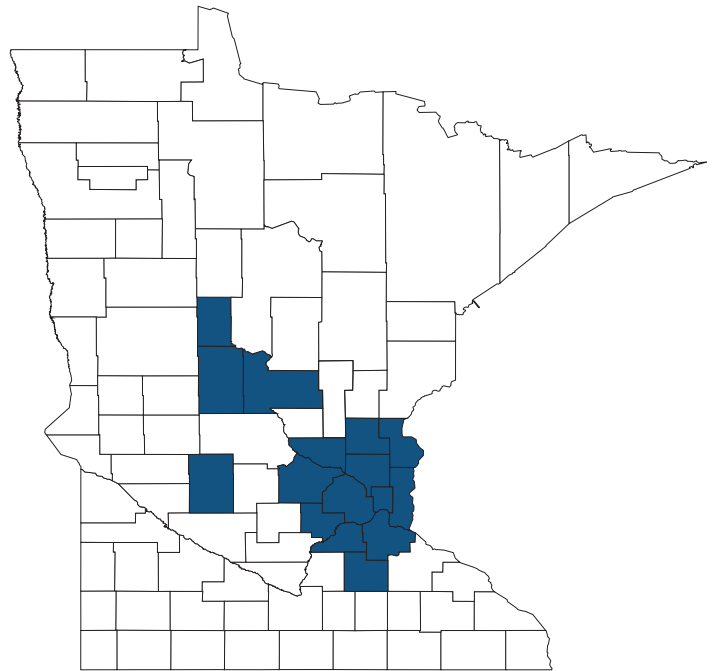
You're eligible to enroll in Medica AccessAbility Solution if:

- You're 18-64 years old
- You have a certified disability
- You're eligible for Medicaid (Medical Assistance)
- You live in our 14-county service area

Service

AccessAbility Solution is available to permanent residents of these counties:

- Anoka
- Carver
- Dakota
- Hennepin
- Kandiyohi
- Morrison
- Ramsey
- Rice
- Scott
- Sherburne
- Todd
- Wadena
- Washington
- Wright



Doctors, clinics, and hospitals

Our large network gives you your choice of high-quality health, dental, mental health, and specialty care providers. **No referrals needed.**

Want to know if your doctor, clinic, or hospital is in the Medica AccessAbility Solution network or if your medications are covered? Get answers at [Medica.com/2022SNBC](https://www.Medica.com/2022SNBC) or call us at **1 (888) 885-104** (TTY: 711).

Support that makes a difference



Healthy Savings® program

- Save on healthy foods at participating grocery stores.
- The large network includes Cub, Coborn's, Festival, Hy-Vee, and more



Healthy Pregnancy program

Support throughout pregnancy with app tools that include:

- One-on-one coaching
- Menstrual cycle tracker
- Pregnancy calendar and daily baby updates
- Child development checklist
- And much more

CARE COORDINATOR

Care you can count on

Your personal Care Coordinator puts you and your health first by:

- Visiting you in your home or choice of location
- Helping you make appointments and schedule rides
- Explaining plan benefits and covered services
- Helping you with health care paperwork
- Finding helpful community resources
- Working closely with you to help you create, follow, and update your personal care plan

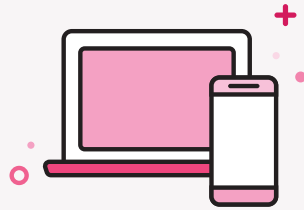


Plan comparison

With AccessAbility Solution, you get extra resources and support at no cost to you.

GREAT BENEFITS TO SUPPORT YOUR HEALTH	AccessAbility Solution	Families and Children (Minnesota Medical Assistance)
No-cost rides to medical, dental, pharmacy, medical equipment, and substance use disorder services	✓	✓
One new pair of eyeglasses when medically necessary	✓	✓
24/7 NurseLine by Health Advocate SM to consult on your health issues, help you find care, and get at-home self-care tips	✓	24/7 phone access to care through a contracted service
Prescription drug services thorough Express Scripts [®]	Medica's list of 1,000+ covered drugs	Minnesota Medicaid Preferred Drug List
Phone support for quitting smoking, mental health, and substance use disorders	✓	
Medica Care Coordinator who's a registered nurse or social worker, knows about disability services, and is committed to help you achieve your health goals	✓	
Dental education from Delta Dental [®] about your dental benefits and oral health, along with help to find and schedule a dental visit	✓	
Healthy Savings [®] program offering instant savings on healthy foods	✓	
Extra support on your pregnancy and parenting journey through an app that includes a health and menstrual cycle tracker, pregnancy calendar and daily baby updates, child development checklist, one-on-one coaching, and more	✓	
24/7 phone support for help answering health care questions, finding a doctor, scheduling appointments, and resolving health insurance issues	✓	
virtuwell [®] online care for 24/7 treatment health concerns	✓	
Access MyMedica.com online tools about plan benefits and medical resources	✓	

If you're an SNBC member who also has Medicare, you must get most of your prescription drugs through a Medicare prescription drug (Medicare Part D) plan. You may have a Part D plan premium. You may also have a copay with no monthly limit for some of these services.



Ready to enroll?

There are three ways to enroll. Choose the one that works best for you:



Over the phone

Call **1 (888) 885-1041** (TTY: **711**) for fast and easy enrollment.



Online

Go to **Medica.com/2022SNBC**



By mail

Fill out, sign, and mail or fax the application to the address or number listed below. If you don't have a paper application, you can find one online at **Medica.com/2022SNBC** or request one by calling **1 (888) 885-1041**.

MAIL

Medica AccessAbility Solution
Mail Route CW140
P.O. Box 9310
Minneapolis, MN 55440-9310

FAX

(952) 992-2682

What to happen after you enroll?

We'll send you:

- A letter that tells you we've received your enrollment information
- Your member ID card
- A Quick Member Reference Guide to help you make the most of your benefits
- A welcome letter and call from your Care Coordinator

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 សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

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. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်, ကိးဘဉ်လိတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປຣໂປຣເຟຊະນາຍເລກຂ້າງເທິງນີ້.

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.

LB2 (10-20)

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

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 contact any of the following four 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:

Director
U.S. Department of Health and Human Services' Office for Civil Rights
200 Independence Avenue SW
Room 515F
HHH Building
Washington, DC 20201
Customer Response Center: Toll-free: 800-368-1019
TDD: 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 believe 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
- 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

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. After we get your complaint, 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 the outcome 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

Medica Complaint Notice

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

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

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

Medica Civil Rights Coordinator
Medica Health Plans
PO Box 9310, Mail Route CP250
Minneapolis, MN 55443-9310
952-992-3422 (voice and fax) TTY: 711
Email: civilrightscordinator@medica.com

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.



You're not just covered, you're cared for.

Connect with us

Call us at **1 (888) 885-1041** (TTY: **711**) 8 a.m. - 5 p.m. CT, Monday - Friday.

Email us at MedicaCCPSales@Medica.com.

Visit us on the web at [Medica.com/2022SNBC](https://www.Medica.com/2022SNBC).

Follow us on social media with the handle [@Medica4Me](https://www.instagram.com/Medica4Me).



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