

Medica DUAL Solution® (HMO D-SNP) offered by Medica Health Plans

Annual Notice of Changes for 2023

Introduction

You are currently enrolled as a member of Medica DUAL Solution. Next year, there will be changes to the plan's benefits, coverage, and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at [Medica.com/DUAL](https://www.Medica.com/DUAL). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*, which will be available at a later date.

H2458_57423 Accepted

If you have questions, please call Medica DUAL Solution Member Services 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/DUAL](https://www.Medica.com/DUAL).



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။

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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.

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

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.

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If you have questions, please call Medica DUAL Solution Member Services 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/DUAL](https://www.Medica.com/DUAL).



A. Disclaimers

- ❖ Medica DUAL Solution® 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 DUAL Solution depends on contract renewal.
- ❖ Medica DUAL Solution has a Model of Care approved by the National Committee for Quality Assurance (NCQA) and Minnesota until 2023 based on a review of Medica DUAL Solution's Model of Care.

B. Reviewing your Medicare and Medical Assistance (Medicaid) coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section E2 for more information.

If you leave our plan, you will still be in the Medicare and Medical Assistance (Medicaid) programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (refer to section E, How to choose a plan, for your options).
- If you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance (Medicaid) services if our MSC+ plan is offered in your county.
 - You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's Minnesota Senior Health Options (MSHO) enrollment.
 - If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county.

Contact your county financial worker if you have questions. If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance (Medicaid) will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance (Medicaid) services.

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B1. Additional resources

- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call Medica DUAL Solution Member Services at the number at the bottom of this page. The call is free.
- 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.

B2. Information about Medica DUAL Solution

- Medica DUAL Solution® is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in Medica DUAL Solution® depends on contract renewal.
- Coverage under Medica DUAL Solution is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- Medica DUAL Solution is offered by Medica Health Plans. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means Medica Health Plans. When it says “the plan” or “our plan,” it means Medica DUAL Solution.

B3. Important things to do:

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - It is important to review benefit and cost changes to make sure they will work for you next year.
 - Look in sections D1 and D2 for information about benefit and cost changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**

If you have questions, please call Medica DUAL Solution Member Services 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/DUAL.



- Will your drugs be covered? Are they in a different cost-sharing tier? Can you continue to use the same pharmacies?
- It is important to review the changes to make sure our drug coverage will work for you next year.
- Look in section D2 for information about changes to our drug coverage.
- Your drug costs may have risen since last year.
 - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
 - To get additional information on drug prices, visit www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage (Click the “dashboards” link in the middle of the Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information.)
 - Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Look in section C for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

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If you decide to stay with Medica DUAL Solution:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to section E2 for more information). If you enroll in a new plan, you will get a notice of when your new coverage will begin. Look in section E to learn more about your choices.

C. Changes to the network providers and pharmacies

We have not made any changes to our network of providers and pharmacies for next year.

However, it is important that you know that we may make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your *Member Handbook*.

D. Changes to benefits and costs for next year

D1. Changes to benefits and costs for medical services

Please note that the *Annual Notice of Changes* only tells you about changes to your Medicare benefits and costs.

We are changing our coverage for certain medical services and what you pay for these covered medical services next year. The following table describes these changes.

If you have questions, please call Medica DUAL Solution Member Services 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/DUAL](https://www.Medica.com/DUAL).



| | 2022 (this year) | 2023 (next year) |
|---|---|---|
| Activity Tracker | Activity Tracker is not covered. | You can get a personalized smartwatch that tracks steps and heart rate. You can access a web-based portal to view and download your health data and trends as well as share viewing rights with your authorized caregivers. |
| Additional Telemonitoring | Additional Telemonitoring Services are not covered. | Receive a blood pressure cuff and weight scale that wirelessly connect with the Reemo™ smartwatch to securely track your vital data over time. Reemo will teach you how to use this equipment and setup your preferred times to check your blood pressure and weight. |
| General Supports For Living - Utility Bill Pay | General Supports For Living - Utility Bill Pay is not covered. | Receive a monthly allowance of \$100 to help pay your utility bills. You have two easy options: go to any Walmart store and use their Bill Pay service or log in to your secure account to conveniently pay your utility provider anytime. |

If you have questions, please call Medica DUAL Solution Member Services 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/DUAL](https://www.Medica.com/DUAL).



| | 2022 (this year) | 2023 (next year) |
|--|---|---|
| One Pass™ Fitness Program - Transportation | 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 locations. | Access to unlimited public transportation where available to One Pass fitness program locations. Where public transportation is not available you may get up to one (1) round trip per day with a volunteer driver or taxi to One Pass fitness program locations. |
| Over-the-Counter (OTC) Item Allowance | OTC Item Allowance not covered. | You receive a quarterly allowance of \$300 (January, April, July, October) to obtain over the counter items available through our partner CVS' mail order service online or by phone delivered to your home. There is no carry-over quarter to quarter. |
| Over-The-Counter (OTC) Oral Health Items (continued on the next page) | <p>You will be offered an electric toothbrush kit that contains:</p> <ul style="list-style-type: none"> • An Oral-B® Vitality™ Sensitive Clean™ Electric Rechargeable Toothbrush • Two Oral-B® Sensitive GumCare Brush Head Refills | <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 <p>For those members who received an electric toothbrush kit within the past three years you will be offered a flosser kit that contains:</p> |

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| | 2022 (this year) | 2023 (next year) |
|---|--|---|
| Over-The-Counter (OTC) Oral Health Items (continued) | | <ul style="list-style-type: none"> • An Oral-B® brand water flosser • Two Oral-B® Sensitive Gum Care Brush Head Refills |
| Services Supporting Self-Direction | Services Supporting Self-Direction are not covered. | Talk with your care coordinator to enroll in web-based courses that provide life skills training. Course examples include practical math and safe online browsing. Once enrolled you can access your account anytime from a computer or device. |
| Healthy Savings® Healthy Foods Program | Healthy Savings® Fresh Produce program provides you with a quarterly allowance of \$210 to be used on any combination of fresh fruits and vegetables. Simply scan your Healthy Savings card to receive your savings at participating retail grocers. The benefit is available at the beginning of each quarter of the calendar year (January, April, July and October). There is no carry-over quarter to quarter. 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). | Healthy Savings® Healthy Foods program provides you with a monthly allowance of \$150 to be used on any combination of healthy foods such as fresh fruits, vegetables, nutritional drinks, coffee, breakfast foods, pasta, 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). |

If you have questions, please call Medica DUAL Solution Member Services 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/DUAL.



| | 2022 (this year) | 2023 (next year) |
|--|--|---|
| Transportation to Healthy Savings locations | Transportation to Healthy Savings locations is not covered. | For members who meet the criteria, access to unlimited public transportation where available to Healthy Savings Program retail grocery locations. Where public transportation is not available, you may get up to one (1) round trip per day with a volunteer driver or taxi to Healthy Savings Program retail grocery locations. |

If you have questions, please call Medica DUAL Solution Member Services 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/DUAL](https://www.Medica.com/DUAL).



D2. Changes to prescription drug coverage

Changes to our Drug List

The *List of Covered Drugs* is also called the “Drug List.”

An updated *List of Covered Drugs* (Drug List) is located on our website at [Medica.com/DUAL](https://www.Medica.com/DUAL). You may also call Member Services at the number at the bottom of this page for updated drug information or to ask us to mail you a Drug List.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to find out if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at the number at the bottom of this page or contact your care coordinator to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Work with your health care provider (or other prescriber) and ask the plan to make an exception to cover the drug.
 - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber’s supporting statement).
 - To learn what you must do to ask for an exception, refer to Chapter 9 of the *2023 Member Handbook* or call Member Services at the number at the bottom of this page.
 - If you need help asking for an exception, you can contact Member Services or your care coordinator. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your care coordinator.
- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.

If you have questions, please call Medica DUAL Solution Member Services 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/DUAL](https://www.Medica.com/DUAL).



- This temporary supply will be for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the *Member Handbook*.)
- When you get a temporary supply of a drug, you should talk with your health care provider to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

There are two payment stages for your Medicare Part D prescription drug coverage under Medica DUAL Solution. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:

| Stage 1 Initial Coverage Stage | Stage 2 Catastrophic Coverage Stage |
|---|---|
| <p>During this stage, the plan pays part of the costs of your drugs, and you pay your share. Your share is called the copayment.</p> <p>You begin this stage when you fill your first prescription of the year.</p> | <p>During this stage, the plan pays all of the costs of your drugs through December 31, 2023.</p> <p>You begin this stage when you have paid a certain amount of out-of-pocket costs.</p> |

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches \$7,400. At that point, the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to Chapter 6 of the *Member Handbook* for more information on how much you will pay for prescription drugs.

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

D3. Stage 1: “Initial Coverage Stage”

During the Initial Coverage Stage, the plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the copayment. The copayment depends on the cost-sharing tier level of the drug. You will pay a copayment each time you fill a prescription. If your covered drug costs less than the copayment, you will pay the lower price.

Our plan’s Drug List will have only one tier of drugs in 2023. However, what you pay for a drug on the Drug List depends on whether the drug is a generic or brand drug. These amounts apply **only** during the time when you are in the Initial Coverage Stage.

If you have questions, please call Medica DUAL Solution Member Services 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/DUAL](https://www.Medica.com/DUAL).



| | 2022 (this year) | 2023 (next year) |
|--|---|--|
| <p>Drugs in Tier 1 – Generic</p> <p>(Tier 1 – Generic includes Generic drugs. This is the lowest cost-sharing tier.)</p> <p>Cost for a one-month supply of a drug in Tier 1 – Generic that is filled at a network pharmacy</p> | <p>Your copayment for a one-month (30-day) supply is \$0/\$1.35/\$3.95 per prescription.</p> | <p>Your copayment for a one-month (30-day) supply is \$0/\$1.45/\$4.15 per prescription.</p> |
| <p>Drugs in Tier 1 – Brand</p> <p>(Tier 1 – Brand includes Brand drugs, including Specialty drugs. This is the highest cost-sharing tier)</p> <p>Cost for a one-month supply of a drug in Tier 1 – Brand that is filled at a network pharmacy</p> | <p>Your copayment for a one-month (30-day) supply is \$0/\$4.00/\$9.85 per prescription.</p> | <p>Your copayment for a one-month (30-day) supply is \$0/\$4.30/\$10.35 per prescription.</p> |

The Initial Coverage Stage ends when your total out-of-pocket costs reach \$7,400. At that point the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to Chapter 6 of the *Member Handbook* for more information about how much you will pay for prescription drugs.

D4. Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit of \$7,400 for your prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year. You will pay nothing while you are in this stage.

Changes to prescription drug costs

The following table shows your costs for drugs in each of our drug cost-sharing tier levels.

If you have questions, please call Medica DUAL Solution Member Services 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/DUAL](https://www.Medica.com/DUAL).



| | 2022 (this year) | 2023 (next year) |
|---|---|--|
| <p>Drugs in Tier 1 – Generic</p> <p>Tier 1 – Generic includes Generic drugs. This is the lowest cost-sharing tier.</p> <p>Cost for a one-month supply of a drug in Tier 1 – Generic that is filled at a network pharmacy</p> | <p>Your copayment for a one-month (30-day) supply is \$0/\$1.35/\$3.95 per prescription.</p> | <p>Your copayment for a one-month (30-day) supply is \$0/\$1.45/\$4.15 per prescription.</p> |
| <p>Drugs in Tier 1 – Brand</p> <p>Tier 1 – Brand includes Brand drugs, including Specialty drugs. This is the highest cost-sharing tier.</p> <p>Cost for a one-month supply of a drug in Tier 1 – Brand that is filled at a network pharmacy</p> | <p>Your copayment for a one-month (30-day) supply is \$0/\$4.00/\$9.85 per prescription.</p> | <p>Your copayment for a one-month (30-day) supply is \$0/\$4.30/\$10.35 per prescription.</p> |

E. How to choose a plan

E1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in our health plan. If you want to stay in our plan, you will automatically stay enrolled.

E2. How to change plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medicaid, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June

If you have questions, please call Medica DUAL Solution Member Services 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/DUAL](https://www.Medica.com/DUAL).



- July to September

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in Medica DUAL Solution will end on December 31 and your membership in the new plan will start on January 1.
- The **Medicare Advantage Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan will start the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example, such as when:

- You have moved out of our service area,
- Your eligibility for Medicaid or Extra Help has changed, **or**
- You recently moved into, currently are getting care in, or just moved out of a nursing home or a long-term care hospital.

Eligibility for enrollment periods can vary. Contact Medica DUAL Solution at the number at the bottom of this page if you are unsure which enrollment periods you may use.

These are the four ways people can end membership in our plan:

| | |
|---|--|
| <p>1. You can change to:</p> <p>A different Minnesota Senior Health Options (MSHO) Plan</p> | <p>Here is what to do:</p> <p>Enroll in the new Minnesota Senior Health Options (MSHO) Plan by calling the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711 or use your preferred relay service). In Minnesota, the SHIP is called the Senior LinkAge Line®.</p> <p>You will automatically be disenrolled from Medica DUAL Solution when your new plan's coverage begins.</p> |
|---|--|

If you have questions, please call Medica DUAL Solution Member Services 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/DUAL](https://www.Medica.com/DUAL).



| | |
|--|---|
| <p>2. You can change to:</p> <p>A Medicare health plan, such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE) and another choice for Medical Assistance (Medicaid)</p> | <p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711 or use your preferred relay service). In Minnesota, the SHIP is called the Senior LinkAge Line®. These calls are free. <p>You will automatically be disenrolled from Medica DUAL Solution when your new plan's coverage begins.</p> <p>If you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance (Medicaid) services if our MSC+ plan is offered in your county. You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's MSHO enrollment. If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county. Contact your county financial worker if you have questions. If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance (Medicaid) will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance (Medicaid) services.</p> |
|--|---|

If you have questions, please call Medica DUAL Solution Member Services 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/DUAL](https://www.Medica.com/DUAL).



| | |
|--|--|
| <p>3. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan and stay with the current Medical Assistance (Medicaid) services</p> | <p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711 or use your preferred relay service). In Minnesota, the SHIP is called the Senior LinkAge Line®. These calls are free. <p>You will automatically be disenrolled from Medica DUAL Solution when your Original Medicare coverage begins.</p> <p>If you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance (Medicaid) services if our MSC+ plan is offered in your county. You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's MSHO enrollment. If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county. Contact your county financial worker if you have questions. If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance (Medicaid) will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance (Medicaid) services.</p> |
|--|--|

If you have questions, please call Medica DUAL Solution Member Services 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/DUAL](https://www.Medica.com/DUAL).



4. You can change to:

Original Medicare without a separate Medicare prescription drug plan and another choice for Medical Assistance (Medicaid)

NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the Senior LinkAge® at 1-800-333-2433 (TTY users call 711 or use your preferred relay service).

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you need help or more information:

- Call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711 or use your preferred relay service). In Minnesota, the SHIP is called the Senior LinkAge Line®. These calls are free.

You will automatically be disenrolled from Medica DUAL Solution when your Original Medicare coverage begins.

If you choose to leave our plan, you will be automatically enrolled in our plan's Minnesota Senior Care Plus (MSC+) plan for your Medical Assistance (Medicaid) services if our MSC+ plan is offered in your county. You can ask in writing to be enrolled in the MSC+ plan you were enrolled in before our plan's MSHO enrollment. If our plan does not have an MSC+ plan in your county, you will be enrolled in the MSC+ plan that is available in your county. Contact your county financial worker if you have questions. If you currently have a medical spenddown and you choose to leave our plan, your Medical Assistance (Medicaid) will be provided fee-for-service. You will not be enrolled in another health plan for Medical Assistance (Medicaid) services.

If you have questions, please call Medica DUAL Solution Member Services 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/DUAL](https://www.Medica.com/DUAL).



F. How to get help

F1. Getting help from Medica DUAL Solution

Questions? We're here to help. Please call Member Services at the number at the bottom of this page.

Your 2023 Member Handbook

The *2023 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2023 Member Handbook* will be available by October 15. An up-to-date copy of the *2023 Member Handbook* will be available on our website at [Medica.com/DUAL](https://www.Medica.com/DUAL). You may also call Member Services at the number at the bottom of this page to ask us to mail you a current *Member Handbook*.

Our website

You can also visit our website at [Medica.com/DUAL](https://www.Medica.com/DUAL). As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

F2. Getting help from the Ombudsperson for Public Managed Health Care Programs

The Ombudsperson for Public Managed Health Care Programs is an ombudsperson program that can help you if you are having a problem with Medica DUAL Solution. The ombudsperson's services are free. The Ombudsperson for Public Managed Health Care Programs:

- Works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- Makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- Is not connected with us or with any insurance company or health plan. The phone number for the Ombudsperson for Public Managed Health Care Programs is 1-651-431-2660 (Twin Cities metro area); 1-800-657-3729 (outside the Twin Cities metro area). TTY users call 711 or use your preferred relay service.

If you have questions, please call Medica DUAL Solution Member Services 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/DUAL](https://www.Medica.com/DUAL).



F3. Getting help from the State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Assistance Program (SHIP). The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. The services are free. In Minnesota, the SHIP is called the Senior LinkAge Line®. Senior LinkAge Line® counselors can help you understand your MSHO Plan choices and answer questions about switching plans. The Senior LinkAge Line® is not connected with us or with any insurance company or health plan. The phone number for the Senior LinkAge Line® is 1-800-333-2433 (TTY users call 711 or use your preferred relay service). These calls are free.

F4. Getting help from Medicare

To get information directly from Medicare, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Medicare's website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from your MSHO Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2023

You can read the *Medicare & You 2023* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) 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.

F5. Getting help from Medical Assistance (Medicaid)

Minnesota's office of Medical Assistance (Medicaid) is the Department of Human Services. Call 1-800-657-3739 (outside Twin Cities metro area) or 1-651-431-2670 (Twin Cities metro area). TTY users should call 1-800-627-3429 or 711 or use your preferred relay service.

If you have questions, please call Medica DUAL Solution Member Services 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/DUAL.





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