

Medica DUAL Solution[®] (HMO D-SNP): 2023 Summary of Benefits

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Medica Member Services

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

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

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

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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.

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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.

Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

Introduction

This document is a brief summary of the benefits and services covered by Medica DUAL Solution®. 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 DUAL Solution. 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 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).

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A. Disclaimers



This is a summary of health services covered by Medica DUAL Solution for Jan. 1 – Dec. 31, 2023. Please read the *Member Handbook* for the full list of benefits. You can view the *Member Handbook* on our website at [Medica.com/DUAL](https://www.Medica.com/DUAL). If you would like a print copy, call Medica DUAL Solution Member Services at the number of the bottom of this page.

- ❖ 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.
- ❖ The benefits mentioned in Section C under “Special supplemental benefits for the chronically ill (SSBCI)” are part of a special supplemental program for the chronically ill. Not all members qualify.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information call Member Services or read the *Member Handbook*.
- ❖ Medica DUAL Solution® is for people age 65 and over who live in the service area and have both Medicare Part A and Part B and have Medical Assistance (Medicaid).
- ❖ Under Medica DUAL Solution you can get your Medicare and Medical Assistance (Medicaid) services in one health plan. A Medica DUAL Solution care coordinator will help manage your health care needs.
- ❖ 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. For more information about **Medical Assistance (Medicaid)**, call the Minnesota Department of Human Services at 1-651-431-2670 or toll-free at 1-800-657-3739. TTY users should call 1-800-627-3529.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at the number at 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](https://www.Medica.com/DUAL).

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- ❖ 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.

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B. Frequently asked questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Minnesota Senior Health Options (MSHO) plan?	<p>Our plan is part of the Minnesota Senior Health Options (MSHO) program. This program was designed by the Minnesota Department of Human Services (DHS) to provide special care for seniors age 65 and over. Our plan combines your Medicare and Medical Assistance (Medicaid) services. It combines your doctors, hospital, pharmacies, home 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 MSHO program is called Medica DUAL Solution.</p>
Will I get the same Medicare and Medical Assistance (Medicaid) benefits in Medica DUAL Solution that I get now?	<p>If you are coming to Medica DUAL Solution from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get almost all of your covered Medicare and Medical Assistance (Medicaid) benefits directly from Medica DUAL Solution. You will work with a team of providers who will help determine what services will best meet your needs. When you enroll in Medica DUAL Solution, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs.</p> <p>When you join our plan, if you are taking any Medicare Part D prescription drugs that Medica DUAL Solution does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for Medica DUAL Solution to cover your drug, if medically necessary. For more information, call Member Services.</p>

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Frequently Asked Questions (FAQ)	Answers
Can I use the same health care providers I use now?	<p>That is often the case. If your providers (including doctors and pharmacies) work with Medica DUAL Solution and have a contract with us, you can keep using them.</p> <ul style="list-style-type: none">● Providers with an agreement with us are “in-network.” In most cases, you must use the providers in Medica DUAL Solution’s network.● If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Medica DUAL Solution’s network. You may also use out-of-network providers for open access services and in cases when Medica DUAL Solution authorizes the use of out-of-network providers. <p>To find out if your providers are in the plan’s network, call Member Services or read Medica DUAL Solution’s <i>Provider and Pharmacy Directory</i> on our website at Medica.com/DUAL. If Medica DUAL Solution is new for you, you can continue using the providers you use now for up to 120 days in certain situations. For more information, call Member Services.</p>
What happens if I need a service but no one in Medica DUAL Solution’s network can provide it?	<p>Most services will be provided by our network providers. If you need a covered service that cannot be provided within our network, Medica DUAL Solution 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>

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).

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Frequently Asked Questions (FAQ)	Answers
<p>What is a care coordinator?</p>	<p>A care coordinator is your main contact person. This person helps 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 are long-term services and supports?</p>	<p>Long-term services and supports are services that help people who need assistance doing everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services help you stay in your home so you don't need to move to a nursing home or hospital.</p>
<p>Where is Medica DUAL Solution available?</p>	<p>The service area for this plan includes the following counties in Minnesota: Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chisago, Clay, Crow Wing, Dakota, Faribault, Fillmore, Hennepin, Houston, Isanti, Kittson, Koochiching, Lac Qui Parle, Lake, Lake of the Woods, Le Sueur, Mahnommen, Marshall, Mille Lacs, Morrison, Mower, Nicollet, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Rice, Roseau, Scott, Sherburne, St. Louis, Stearns, Todd, Wadena, Washington, Watonwan, Wilkin, Winona, and Wright. You must live in one of these counties to join the plan. Call Member Services for more information about whether the plan is available where you live.</p>

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

Frequently Asked Questions (FAQ)	Answers
What is prior authorization?	<p>Prior authorization means that you must get approval from Medica DUAL Solution before you can get a specific service or drug or use an out-of-network provider. Medica DUAL Solution may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</p> <p>Refer to Chapter 3, of the <i>Member Handbook</i> to learn more about prior authorization. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.</p>
What is a referral?	<p>A referral means getting approval from your primary care provider (PCP) before you can use a specialist or other providers in the plan's network. Our plan is a direct access plan. This means you do not need to get a referral or plan approval to use network providers, including specialists. If you don't get approval, Medica DUAL Solution may not cover the services. You don't need a referral to use certain specialists, such as women's health specialists. For more information on when a referral is necessary, call Member Services or read the <i>Member Handbook</i>.</p>
What is Extra Help?	<p>Extra Help is a Medicare program that helps people with limited incomes and resources reduce their Medicare Part D prescription drug costs such as premiums, deductibles, and copayments. Extra Help is also called the "Low-Income Subsidy," or "LIS."</p> <p>Your prescription drug copayments under Medica DUAL Solution already include the amount of Extra Help you qualify for. For more information about Extra Help, contact your local Social Security Office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. These calls are free.</p>

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Frequently Asked Questions (FAQ)	Answers
Do I pay a monthly amount (also called a premium) as a member of Medica DUAL Solution?	No. Because you have Medical Assistance (Medicaid), you will not pay any monthly premiums for your health coverage. You must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance (Medicaid) or another third party.
Do I pay a deductible as a member of Medica DUAL Solution?	No. You do not pay deductibles in Medica DUAL Solution.
What is the maximum out-of-pocket amount that I will pay for medical services as a member of Medica DUAL Solution?	There is no cost-sharing for medical services in Medica DUAL Solution, so your annual out-of-pocket costs will be \$0.

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

C. Overview of Services

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need hospital care	Hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Doctor or surgeon care	\$0	
	Ambulatory surgical center (ASC) services	\$0	
You want to use a health care provider (continued on the next page)	Visits to treat an injury or illness	\$0	
	Specialist care	\$0	
	Wellness visits, such as a physical	\$0	
	Care to keep you from getting sick, such as flu shots	\$0	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You want to use a health care provider (continued)	“Welcome to Medicare” preventive visit (one time only)	\$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 except under limited circumstances. Contact the plan for details.
	Urgently needed 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.
You need medical tests (continued on the next page)	Lab tests, such as blood work	\$0	
	X-rays or other pictures, such as CAT scans	\$0	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need medical tests (continued)	Screening tests, such as tests to check for cancer	\$0	
You need hearing/auditory services	Hearing screenings	\$0	
	Hearing aids	\$0	
You need dental care	Dental services, including preventive care	\$0	
You need eye care	Eye exams	\$0	
	Glasses or contact lenses	\$0	One pair of eyeglasses or contact lenses after each cataract surgery, or contact lenses for certain conditions when eyeglasses will not work
	Other vision care including diagnosis and treatment for diseases and conditions of the eye	\$0	

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You have a mental health condition	Mental or behavioral health services	\$0	State eligibility requirements may apply.
	Inpatient care for people who need long-term mental health services	\$0	State eligibility requirements may apply.
You have a substance use disorder	Substance use disorder services	\$0	
You need a place to live with people available to help you	Customized Living (services provided in an assisted living setting)	\$0	State eligibility requirements may apply.
	Skilled nursing care	\$0	
	Nursing home care	\$0	
	Adult Foster Care	\$0	State eligibility requirements may apply.
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.

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Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need help getting to health services	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 a health care provider for medical appointments	\$0	<p>Medica DUAL Solution is not required to provide transportation to your primary care clinic (PCC) if it is over 30 miles from your home.</p> <p>Medica DUAL Solution is not required to provide transportation to your specialty care clinic if it is over 60 miles from your home.</p>
	Transportation to other health services	\$0	

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<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 health care provider in their office, some oral anti-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) (continued on the next page)</p>	<p>\$0/\$1.45/\$4.15 for a 30-day supply.</p> <p>Copayments for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Medica DUAL Solution's <i>List of Covered Drugs</i> (Drug List) at Medica.com/DUAL for more information.</p> <p>Medica DUAL Solution 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 DUAL Solution for certain drugs.</p>

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Tier 1 Generic drugs (no brand name) (continued)</p>	<p>When you reach the out-of-pocket limit of \$7,400 for your Part D prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year. During this stage, your copayments for Part D drugs will be \$0.</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>
	<p>Tier 1 Brand name drugs (continued on the next page)</p>	<p>\$0/\$4.30/\$10.35 for a 30-day supply.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Medica DUAL Solution's <i>List of Covered Drugs</i> (Drug List) at Medica.com/DUAL for more information.</p>

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Tier 1 Brand name drugs (continued)</p>	<p>Copayments for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p> <p>When you reach the out-of-pocket limit of \$7,400 for your Part D prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year. During this stage, your copayments for Part D drugs will be \$0.</p>	<p>Medica DUAL Solution 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 DUAL Solution 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>

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	Tier 1 Brand name drugs (continued)		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.
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered.
	Diabetes medications (continued on the next page)	<p>\$0/\$1.45/\$4.15 or \$0/\$4.30/\$10.35 for 30-day supply.</p> <p>Copayment for diabetes medications will vary depending on whether they are Generic or Brand name and based on the level of Extra Help you get. Please contact the plan for more details.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Medica DUAL Solution's <i>List of Covered Drugs</i> (Drug List) at Medica.com/DUAL for more information.</p> <p>Medica DUAL Solution 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 DUAL Solution for certain drugs.</p>

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Diabetes medications (continued)</p>	<p>When you reach the out-of-pocket limit of \$7,400 for your Part D prescription drugs, the Catastrophic Coverage Stage begins.</p> <p>You will stay in the Catastrophic Coverage Stage until the end of the calendar year.</p> <p>During this stage, your copays for Part D drugs will be \$0.</p>	
<p>You need help getting better or have special health needs</p>	<p>Rehabilitation services</p>	<p>\$0</p>	
	<p>Medical equipment for home care</p>	<p>\$0</p>	

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need foot care	Podiatry services	\$0	Unlimited routine foot care that includes cutting or removal of corns and calluses, trimming, cutting, clipping, or debriding of nails as well as hygienic and preventive maintenance care that includes cleaning the feet, soaking the feet, and use of skin creams to maintain skin tone of feet of walking members.
	Orthotic services	\$0	
You need durable medical equipment (DME) or supplies	Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example (Note: This is not a complete list of covered DME or supplies. Call Member Services or read the <i>Member Handbook</i> for more information.)	\$0	

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need help living at home	Home care services	\$0	
	Personal care assistant	\$0	
	Changes to your home, such as ramps and wheelchair access	\$0	State eligibility requirements may apply.
	Home services, such as cleaning or housekeeping	\$0	State eligibility requirements may apply.
	Meals brought to your home	\$0	State eligibility requirements may apply.
	Adult day services or other support services	\$0	State eligibility requirements may apply.
	Services to help you live on your own	\$0	State eligibility requirements may apply.
Your caregiver needs some time off	Respite care	\$0	State eligibility requirements may apply.
You need interpreter services	Spoken language interpreter	\$0	
	Sign language interpreter	\$0	

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services (continued on the next page)	Activity Tracker	\$0	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.
	Acupuncture	\$0	
	Care coordination	\$0	
	Chiropractic services	\$0	
	Dental Services (continued on the next page)	\$0	You are eligible to receive additional dental services: <ul style="list-style-type: none"> • Two porcelain-fused-to-metal crowns on any two teeth per year • 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

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services (continued)	Dental Services (continued)		<ul style="list-style-type: none"> • 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>
	Diabetic supplies	\$0	

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services (continued)	Eyewear supplemental benefit	\$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 (continued on the next page)	\$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 live-streaming fitness classes as well as individual exercises • 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.

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services (continued)	Fitness Benefit (continued)		<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, 8:00 a.m. – 9:00 p.m. CT.</p> <p>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.</p>
	HealthAdvocate personal advocacy	\$0	24/7 telephonic support service through partner HealthAdvocate SM provides a dedicated nonclinical personal health advocate who will assist you talk to a registered nurse for clinical support, answer your questions about Medica services and benefits, and resolve your health insurance issues.

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services (continued)	Health education program	\$0	Access personalized health education coaching administered by partner CHW Solutions. You are eligible to receive a combination of six (6) total face-to-face and telephonic visits over six (6) months from a highly trained community health worker (CHW). Visits are tailored to you and focused on condition specific health education, self-management skill development, and social determinants of health (SDOH) that are important to you and include: <ul style="list-style-type: none"> • Hypertension • Diabetes • Pre-diabetes • Asthma/COPD • Heart conditions • Mental health • Alzheimer’s and related dementias
	Housing stabilization services	\$0	

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services (continued)	Over-the-Counter (OTC) Items	\$0	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.
	OTC Oral Health Items	\$0	You will be offered an electric toothbrush kit (once every three years) that contains: <ul style="list-style-type: none"> • An Oral-B® Vitality™ Sensitive Clean™ Electric Rechargeable Toothbrush • Two Oral-B® Sensitive Gum Care Brush Head Refills For those members who received an electric toothbrush kit within the past three years you will be offered a flosser kit that contains: <ul style="list-style-type: none"> • An Oral-B® brand water flosser • Two Oral-B® Sensitive Gum Care Brush Head Refills
	Prosthetic services	\$0	

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services (continued)	Readmission prevention	\$0	<p>If you experience a qualifying hospital stay you are eligible for up to four post-discharge visits from a Community Companion trained by partner Lutheran Social Service of Minnesota. Visits are both face-to-face and telephonic with services that include:</p> <ul style="list-style-type: none"> • Medication review and reconciliation • Home safety evaluation to prevent falls • Short-term home-delivered meals (available if you are not on the Elderly Waiver) • A post-hospitalization member care kit that includes: <ul style="list-style-type: none"> ○ Reacher ○ Long-handled scrub brush ○ Long-handled shoehorn ○ Four-row one-week pill minder container ○ Educational materials on self-care tips and the use of these items • Referral to additional community resources

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services (continued)	Reemo™ Smartwatch	\$0	The stylish and ready-to-use Reemo™ smartwatch includes a step tracker, heart rate monitor, messaging and self-reporting on health measures, and 24/7 telephonic support. You can register with your email to access an online information dashboard and share that access with family or caregivers as you desire.
	Services to help manage your disease	\$0	
	Smoking and tobacco cessation counseling (continued on the next page)	\$0	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: <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)

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services (continued)	Smoking and tobacco cessation counseling (continued)		Coaching plans run about ten (10) weeks. You may make unlimited attempts to quit tobacco. Coaching plans are customized and structured based on your individual needs.
	Special supplemental benefits for the chronically ill (SSBCI) (continued on the next page)	\$0	<p>Members with certain chronic conditions may be eligible for special supplemental benefits for the chronically ill. Members are identified through Medica analytical tools that look at a combination of chronic conditions and other information. Eligible members may receive one or more of the benefits listed below. Your care coordinator will assist you access these special supplemental benefits for the chronically ill.</p> <p>The FOODRx program administered by partner Second Harvest Heartland provides a food box delivered to your home each month for up to six (6) months that includes:</p> <ul style="list-style-type: none"> • Medically-tailored, culturally-relevant staple foods to use in meal creation for approximately 25 meals

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<p>Additional services (continued)</p>	<p>Special supplemental benefits for the chronically ill (SSBCI) (continued)</p>		<ul style="list-style-type: none"> • A monthly telephonic call from a Second Harvest Heartland engagement coordinator to educate about the food box and to obtain feedback • Referrals to additional community resources based on your feedback <p>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 Medica.com/HealthySavings or contact Member Services for additional benefit details (phone numbers are printed on the bottom of this page).</p>

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<p>Additional services (continued)</p>	<p>Special supplemental benefits for the chronically ill (SSBCI) (continued)</p>		<p>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.</p> <p>Get paired with a trained caregiver “Papa Pal” who can increase your community connections and monitor your well-being and quality of life. You receive up to 72 hours of combined in-person and virtual visits within the calendar year. Your Papa Pal will help you with unskilled services such as companionship to reduce social isolation, grocery shopping, light household chores like laundry, technology training, and reminders about your benefits and health care.</p>

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
<p>Additional services (continued)</p>	<p>Special supplemental benefits for the chronically ill (SSBCI) (continued)</p>		<p>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.</p> <p>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.</p> <p>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.</p>

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Additional services (continued)	Web-based Memory Fitness	\$0	You have unlimited access to digital app and web-based brain memory fitness tools. Train your brain with scientifically validated cognitive tests and training programs developed by partner CogniFit®. First test your cognitive abilities and then train personalized skills important to remain mentally sharp. Visit Medica.com/Brain to sign up and login to your personal account anytime.

This summary of benefits is provided for informational purposes only and is not a complete list of benefits. Call Member Services or read the *Member Handbook* to find out about other covered services.

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Medica DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

D. Services covered outside of Medica DUAL Solution

This is not a complete list. Call Member Services to find out about other services not covered by Medica DUAL Solution but available through Medicare or Medical Assistance (Medicaid).

Other services covered by Medicare or Medical Assistance (Medicaid)	Your costs
Some hospice care services	\$0

E. Services not covered by Medica DUAL Solution, Medicare, or Medical Assistance (Medicaid)

This is not a complete list. Call Member Services to find out about other excluded services.

Services not covered by Medica DUAL Solution, Medicare, or Medical Assistance (Medicaid)
Services not considered “reasonable and necessary” according to standards of Medicare and Medical Assistance (Medicaid)
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

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 DUAL Solution® (HMO D-SNP): Summary of Benefits 2023

F. Your rights as a member of the plan

As a member of Medica DUAL Solution, 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 status
 - Get information in other formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **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 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
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP 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 DUAL Solution will pay for the cost of your second opinion visit.
 - Make your health care wishes known in an advance directive

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).

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- **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 urgently needed 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
- **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
- **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 Medica DUAL Solution *Member Handbook*. If you have questions, you can also call Medica DUAL Solution Member Services.

G. What to do if you want to file a complaint or appeal a denied service or drug

If you have a complaint or think Medica DUAL Solution should cover something we denied, call the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the Medica DUAL Solution *Member Handbook*. You can also call Medica DUAL Solution Member Services.

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

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).

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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 health care provider, hospital, or pharmacy is doing something wrong, please contact us.

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

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).

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

1 (888) 347-3630

The call is free. We are available for phone calls 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 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 DUAL Solution also has free language interpreter services available for non-English speakers.

TTY: Call 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 DUAL Solution 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.

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).



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