Minnesota







2024 Medica DUAL Solution[®] (HMO D-SNP)

Minnesota Senior Health Options (MSHO) Dual-Eligible Special Needs Plan (D-SNP)



AT A GLANCE

Coverage that works for you

Combine your Medicaid (Medical Assistance) and Medicare benefits into one plan.



\$0 premiums, deductibles, and medical copays
\$0 Part D Rx copays
\$0 medical and hospital costs
\$0 to enroll
Plus extra rewards:
\$25 - \$50 gift card rewards for taking care of your health*



1 member identification (ID) card 1 Medica Member Services phone number 1 personal Care Coordinator



\$0 rides to appointments:

- Medical, dental, mental health, medical equipment, and substance use disorder appointments
- \$0 rides to grocery stores and gyms



EXTRA BENEFITS, NO EXTRA COST

Up to \$800 per year for over-the-counter items



\$150 monthly allowance for healthy food

<u></u>

\$100 monthly allowance to pay utility bills

\$0 gym membership



One crown per year

*Restrictions and conditions apply.





MEDICA DUAL SOLUTION What you need to know

Eligibility

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

- You're at least 65 years old
- You have Medicare Part A and B
- You're eligible for Medicaid (Medical Assistance)
- You live in our 50-county service area:
 - Aitkin
 - Anoka
 - Becker
 - Benton
 - Blue Earth
 - Carlton
 - Carver
 - Cass
 - Chisago •
 - Clay
 - Crow Wing
 - Dakota
 - Faribault
 - Fillmore
 - Hennepin

- Houston
- Isanti Kittson
- Koochiching
- Lac gui Parle
- Lake
- Lake of the Woods
- Le Sueur
- Mahnomen
- Marshall
- Mille Lacs
- Morrison
- Mower
- Nicollet

- Norman
- Olmsted •

- Otter Tail
- Pennington
- Pine
- Polk
- Ramsey
- Red Lake
 - Rice
 - Roseau •
 - Scott

Doctors, clinics, and hospitals

No referrals needed.

Our large network gives you your choice of high-quality health, dental, mental health, and specialty care doctors.

Want to know if your doctor, clinic, or hospital is in the Medica DUAL Solution network or if your medications are covered? Get answers at Medica.com/2024DUAL or call us at 1 (888) 221-1679 (TTY: 711).

Extra benefits for members who qualify

Most members are eligible for these additional benefits.*



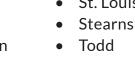
\$0 smartwatch with blood pressure cuff and weight scale



Medically tailored food and nutrition education

*The benefits mentioned are part of special supplemental benefits. Not all members will qualify.

Have questions? Call a Medica DUAL Solution sales consultant at 1 (888) 221-1679 (TTY: 711) 4



- Wadena
- Washington
- Watonwan

- Winona
- Wilkin
- Wright

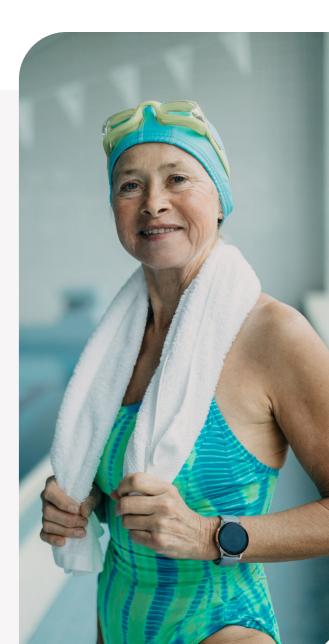




Personal Care Coordinator

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

- Visiting you in your home or chosen location
- Helping make appointments and schedule rides
- Explaining plan benefits and covered services
- Helping with health care paperwork
- Finding community resources



Plan comparison

Medica DUAL Solution gives you more at no cost to you. Compare it to Medica Choice Care MSC+, our Medical Assistance-only plan for members 65 and older.

| $\sqrt{2}$ Questions + coaching | DUAL Solution | MSC+ |
|---|------------------|--------------|
| Personal Care Coordinator who's a registered nurse or social worker — committed to helping you achieve your health goals | \heartsuit | \bigcirc |
| 24/7 NurseLine to get guidance on appropriate treatment options, support for non-urgent illnesses, and simple, self-care tips for non-urgent concerns | \heartsuit | \bigotimes |
| 24/7 Personal Health Advocate phone support for help answering insurance questions, finding a doctor, scheduling appointments, and resolving health insurance issues | \bigcirc | \bigcirc |
| Personalized health education with a trained community health worker | \bigotimes | |

| Vy Health care extras | DUAL Solution | MSC+ |
|---|------------------|------|
| Eyewear upgrade with anti-glare coating on one new pair of glasses from Eye-Kraft [®] | \bigcirc | |
| Extra dental benefits — one restorative dental crown, extra preventive, endodontic and periodontal care, oral health education and help making dental appointments | \bigcirc | |
| \$0 medically tailored and culturally relevant staple foods , nutrition education, and community referrals to food resources through our FOODRx program* | \bigcirc | |
| The Express Scripts large network of pharmacies that can fill your prescriptions nationwide | \bigcirc | |
| Hospital readmission prevention with visits by a highly trained Healthy Transitions worker to help you recover at home after a hospital stay | \bigotimes | |
| Unlimited routine foot care to help keep you moving | \bigotimes | |

$\overset{\circ}{\smile}$ Money-saving extras

\$200 every three months (up to \$800 per year) are not covered under Medical Assistance, such online or by phone through CVS' mail order serv

\$150 monthly allowance for healthy foods such eggs, bread, and more through our Healthy Savir

\$100 monthly allowance to help pay utility bills

\$0 rides to medical, dental, pharmacy, medical equipations substance use disorder services

\$0 rides daily to in-network grocery stores and a

\$25-\$50 gift card rewards to complete your prev

Online classes that provide life skills training, such browsing

Physical + mental fitness

\$0 gym membership that includes 20,000+ fitnes of on-demand fitness videos, livestreamed fitness brain training, and access to in-person and virtua to support your social well-being

\$0 Smartwatch and activity tracker to track you Eligible members may also get a smart blood pre scale* and/or a 24/7 Personal Emergency Respon

Unlimited access to web-based memory fitness

*The benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.

** Restrictions and conditions apply.

| | DUAL Solution | MSC+ |
|---|------------------|--------------|
|) for over-the-counter items that as an electric toothbrush, ordered vice and shipped to your home | \bigcirc | |
| h as fresh fruits, vegetables, milk, ngs® Healthy Foods program | \bigotimes | |
| | \bigotimes | |
| equipment, mental health and | \bigotimes | \bigotimes |
| gyms | \bigotimes | |
| ventive care visits and screenings** | \bigotimes | |
| n as practical math and safe online | \bigotimes | |

| | DUAL Solution | MSC+ |
|---|------------------|------|
| ess locations, thousands ess content and events, al social events and clubs | \bigotimes | |
| our steps and heartrate. essure cuff* and smart onse System (PERS). | \oslash | |
| s training tools | \bigotimes | |



Ready to enroll?

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



Over the phone

Call 1 (888) 221-1679 (TTY: 711) for fast and easy enrollment.

Online

Go to Medica.com/2024DUAL



By mail

Fill out, sign and mail, or fax the enrollment form to the address or number listed below. If you don't have a paper application, you can find one online at Medica.com/2024DUAL or request one by calling 1 (888) 221-1679.

MAIL

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

FAX (952) 992-2682

What happens after you enroll?

We'll send you:

- A letter that tells you we've received your enrollment information
- Your member ID card
- A Member Plan Guide to help you make the most of your benefits
- A welcome letter (you'll also get a call from your Care Coordinator)

Attention. If you need free help interpreting this document, call the above number. ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጉምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أر دت مساعدة مجانبة لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ် ဆိုပါ။ កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលើខខាងលើ ។ 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, veuillex 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. ဟ်သူဉ်ဟ်သးဘဉ်တက္နာ်. ဖဲနမ္နာ်လိဉ်ဘဉ်တာ်မာစားကလီလာတာ်ကကျိုးထံဝဲဒဉ်လံဉ် တီလံဉ်မီတခါအံးနှဉ်,ကိုးဘဉ်

လီတဲစိနိၢဂံၢလၢထးအံၤန္ဉ်တက္၊်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오. ້ ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ

ໂທຣໄປທີ່ໝາຍເລກຂ້າງເທີງນີ.

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.

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

.B2 (10-20)

Civil Rights Notice

CB5 (MCOs) (10-2021)

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
- age • disability (including physical or mental

• public assistance

impairment)

status

- sex (including sex stereotypes and genderidentity)
- marital status
- political beliefs
- medical condition
- claims experience medical history

health status

services

geneticinformation

• receipt of health care

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: civilrightscoordinator@medica.com

Auxiliary Aids and Services: Medica provides auxiliary aids and services, like gualified 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
- national origin
- color

- age
 - sex

disability

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:

- creed
- race color
- national origin
- religion

sex

•

Contact the **MDHR** directly to file a complaint: Minnesota Department of Human Rights

540 Fairview Avenue North, Suite 201, St. Paul, MN 55104 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
 - religion (in some cases)
- color national origin
 - age

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.

- public assistance status
- disability

sexual orientation marital status

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

 sex (including sex • disability (including stereotypes and physical or mental genderidentity) impairment)



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

Connect with us

Call us at **1 (888) 221-1679** (TTY: **711**) Oct. 1 - March 31 from 8 a.m. - 8 p.m. CT, 7 days a week, and April 1-Sept. 30 from 8 a.m. - 8 p.m. CT, Monday - Friday.

Email us at MedicaCCPSales@Medica.com.

Visit us on the web at Medica.com/2024DUAL.

Follow us on social media with the handle @Medica4Me.



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.

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