2020 QUICK MEMBER REFERENCE GUIDE

Medica DUAL Solution® (HMO D-SNP)
Minnesota Senior Health Options (MSHO)

Medica. We’ve Got You Covered.”
Whether you are new to Medica or have been with us for years, we thank you for making Medica your trusted health plan of choice. This guide contains special resources and contacts that help you take charge of your care. We hope that when you have a question, you will reach for this guide first.

We are proud of our Model of Care (MOC) that received the highest approval*, as scored by the National Committee for Quality Assurance (NCQA). This Model of Care means you get a personal Care Coordinator who will build a relationship with you to develop an individualized care plan that focuses on person-centered delivery of services to meet your needs and preferences for as long as you are a Medica Dual Solution member.

We work to know your needs to give you more as a member. Every year we hold two Member Advisory Committee meetings, where you can directly share with us what is working well and where we can do better. We would love to see you at one of these meetings. If you are interested in attending, please contact us.

We use your feedback to design added benefits that best help you be healthy. These benefits include a fitness membership, expanded access to transportation, added dental benefits and education, special services after a hospitalization, an upgrade to eyeglasses, and much more!

Our highly-trained Member Services staff wants to hear from you! If you have any questions about your health plan or the information in this guide, please contact us. You can call the numbers listed on pages 6-7 or visit our website at medica.com/ContactMedicaid.

Thank you again for trusting us with your care and letting us serve you.

Sincerely,

Tom Lindquist
Sr. Vice President & General Manager
Government Programs

* MOC as scored by the National Committee for Quality Assurance (NCQA) between 85% to 100% for a three-year approval.
Your Medica Care Coordinator is a registered nurse or social worker who is available to help with your medical, social and everyday needs. Your Care Coordinator is your go-to resource who will work with you to create a plan and to help keep you safe and healthy.

My Care Coordinator: ____________________________
Phone: ____________________________ Email: ____________________________

If you do not know who your Care Coordinator is, call Member Services toll free at 1-888-347-3630 (TTY: 711).

How Your Care Coordinator Can Help You

» Call you to see how you are doing.
» Visit you in your home at least once a year and more often if your health changes.
» Help improve your safety.
» Help arrange dental services.
» Arrange services to help you in your home.
» Give you information on resources available in your community.
» Assist you in getting rides to your health care appointments.
» Help you make appointments to see health care providers.
» Work with your health care team to assist you with any ongoing or new health conditions.
» Help you if you have been or plan to be in the hospital.
» Explain the benefits and covered services of your Medica health insurance.
» Provide education on your health conditions and topics, such as nutrition, exercise and fall prevention.

When to Call Your Care Coordinator

» When changes happen with your health.
» When you have a scheduled procedure or surgery. This includes outpatient procedures performed in a hospital or clinic.
» If you are hospitalized unexpectedly.
» If you can’t get to the doctor.
» If you are having difficulty with household tasks, such as shopping, cleaning or cooking.
» If you need help to feel safe with bathing or dressing.
» If you have a fall or have a concern about falling.
» If you move to a new home.
THEN, GET STARTED

Take a few minutes now to complete these simple start-up tasks and you’ll have easy access to everything you need to know to get the right care at the right time from the right people.

**Member Identification (ID) Card**

When you receive your Medica member ID card (in a separate mailing), check to make sure the information on it is correct. If not, please call us at the number on the back of the ID card.

**MyMedica.com**

Register for and explore mymedica.com. It’s your secure personal portal, a one-stop source for health plan information and many other helpful resources.

**Review Your Member Handbook**

The Member Handbook is your guide to using your benefits, explaining how your coverage works, the services that are covered, and your rights and responsibilities. View or download a copy any time at medica.com/DUAL.

**Find a Doctor**

Find the right doctor for you using the online directory at medica.com/DUALdoctors.

**Find a Pharmacy**

Search the Pharmacy Network at medica.com/DUALdoctors.

**Review the List of Covered Drugs (Formulary)**

Access the list of covered drugs, called the Medica DUAL Solution List of Covered Drugs (formulary), at medica.com/DUALdrugs.

**Keep This Guide**

Read this guide carefully. The information inside will help you manage your plan, your health and your care. Keep it handy!
HOW TO REACH US

We’re here to help. Remember to call us first with any questions you have about your Medica DUAL Solution plan. You’ll find important numbers on this page and throughout this guide. Keep them handy.

**Medica Member Services**

Member Services is the place to start for interpreter services, or any type of question you have about your plan — what’s covered, what’s not covered, provider or pharmacy network questions, and more. You’ll speak to a live representative if you call during our business hours, unless we are closed for a holiday.

Toll Free: **1-888-347-3630** (TTY: **711**)

Hours of Operation:
October 1 through March 31
8 a.m. to 8 p.m. Central, seven days a week

April 1 through September 30
8 a.m. to 8 p.m. Central, Monday through Friday

**Transportation & Interpreter Services/Provide-A-Ride℠**

See page 10 for Interpreter Services and page 13 for information on Getting Rides to Health Care Visits.

Toll Free: **1-888-347-3630** (TTY: **711**)

Hours of Operation:
October 1 through March 31
8 a.m. to 8 p.m. Central, seven days a week

April 1 through September 30
8 a.m. to 8 p.m. Central, Monday through Friday
OTHER NUMBERS TO CALL

**Dental Services/Provide-A-Dentist**
Toll Free: **1-800-459-8574** (TTY: 711)
Hours of Operation: 8 a.m. to 5 p.m. Central, Monday-Friday

**Tobacco Cessation**
Toll Free: **1-866-905-7430** (TTY: 711)
Hours of Operation: 8 a.m. to 5 p.m. Central, Monday-Friday

**NurseLine by HealthAdvocate™**
Toll Free: **1-866-715-0915** (TTY: 711)
Hours of Operation: Available 24 hours a day, seven days a week

**Mental Health & Substance Use Disorder Services**
Toll Free: **1-800-848-8327** (TTY: 711)
Hours of Operation: 8 a.m. to 5 p.m. Central, Monday-Friday

**Crisis Services**
Toll Free: **1-800-273-8255**
Hours of Operation: Available 24 hours a day, seven days a week

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**Centers for Medicare & Medicaid Services**
Toll Free: **1-800-MEDICARE** (1-800-633-4227)  
**(TTY: 1-877-486-2048)**

Hours of Operation:
Available 24 hours a day, seven days a week

[medicare.gov](http://medicare.gov)

**Social Security Administration**
Toll Free: **1-800-772-1213**  
**(TTY: 1-800-325-0778)**

Hours of Operation:
7 a.m. to 7 p.m. Central, Monday-Friday

[ssa.gov](http://ssa.gov)
WHAT TO EXPECT FROM MEDICA

There are several important plan documents and information you may have already received from Medica or will receive in the coming weeks.
Member ID Card
Your Medica ID card is mailed separately from your welcome packet. Keep it in a safe place and always show it when you receive care at the doctor’s office or a facility like a hospital. If you lose your ID card and need a replacement, you can call Member Services or order a new card online at medica.com/DUAL.

Annual Notice of Changes
Every year in late September, you will receive an Annual Notice of Changes (ANOC) in the mail. This mailing, required by the Centers for Medicare and Medicaid, outlines any plan changes for the coming year that you need to be aware of, including premium or benefit changes. The Annual Election Period begins on October 15. Make sure you review your ANOC every year to ensure your plan continues to meet your needs.

Please note that documents below are all available to you electronically as of Oct. 15, 2019 at medica.com/DUAL. To request that a copy of the following documents be mailed to you, visit medica.com/OrderMedicaid or call 1-888-347-3630 (TTY: 711).

Member Handbook
This is an important legal document. The Member Handbook is your guide to using your benefits, explaining how your coverage works, the services that are covered and your rights and responsibilities. You can view or download a copy any time at medica.com/DUAL.

List of Covered Drugs (Formulary)
The formulary is a list of prescription drugs that your plan covers. You can also access the most up-to-date formulary at medica.com/DUALdrugs.

Provider & Pharmacy Directory
The combined Medica DUAL Solution provider and pharmacy network is broad and includes access to thousands of primary care and specialty practitioners, facilities, pharmacies, clinics and hospitals. If you need help finding a network provider or pharmacy, contact your Care Coordinator, or access our online, searchable directory at medica.com/DUALdoctors. You can also call 1-888-347-3630 (TTY: 711) for help.
UNDERSTANDING AND ACCESSING YOUR DUAL SOLUTION PROVIDER NETWORK

You have a network of providers to access for your care.

Accessing Network Providers

You can use any provider who is currently part of the extensive Medica DUAL Solution network of doctors, clinics and hospitals. You do not need a referral to access a network provider. Please be aware that network providers can change at any time, so check to make sure your provider is still in the network before obtaining services.

Visit medica.com/DUALdoctors to access our online, searchable provider directory. Work with your Care Coordinator or call Member Services toll free at 1-888-347-3630 (TTY: 711).

WE SPEAK YOUR LANGUAGE

Clear communication is important to your health. We can provide interpreter services in more than 150 languages. Interpreter services are covered for you and your family members, helping you make care decisions.
What Dental Providers can I use?

You have dental care coverage through Delta Dental® of Minnesota and their Minnesota Select Dental network. Your Care Coordinator can help you find a dentist or schedule a dental appointment because of their direct relationship with Delta Dental’s Provide-A-Dentist Coordinators.

Delta Dental Member Services has trained staff who can explain what dental services are covered, help with billing issues, provide education on oral health, and help you find a dental provider. Call Delta Dental Member Services toll free at 1-800-459-8574 (TTY: 711), 8 a.m. to 5 p.m. Central, Monday–Friday.

You can also find network dental providers at medica.com/DUAL.

What Vision Providers can I use?

View the list of network vision providers at medica.com/DUALdoctors. Your plan covers eyeglasses from Eye-Kraft. You can view a catalog of available frames by selecting the Eyewear tab on the Benefits and Covered Services page.

Additional Benefit: Medica covers an anti-glare coating on one pair of covered eyewear every 24 months. For detailed information about your eye care coverage, see the eye care section of your Member Handbook, also available at medica.com/DUAL.

What Virtual Providers can I use?

You can quickly and conveniently get care for more than 40 common conditions at virtuwell.com. It’s an online clinic available 24 hours a day, seven days a week offering treatment for everyday illnesses, so you can get better faster. Get a diagnosis, treatment plan and prescription, if needed — all in less than an hour.

Visit virtuwell.com from your mobile device, tablet or computer. Fill out a quick online interview about your medical history. A nurse will review your case and write a personalized treatment plan and you’ll get an email or text when it’s ready. If you need a prescription, it will be sent to a network pharmacy of your choice.

Getting Help From an Interpreter

Medica will set up foreign or sign language interpreter services for medical, dental, mental health and substance use disorder visits, and picking up prescriptions. Call Member Services at least 2–5 business days before your appointment toll free at 1–888–347–3630 (TTY: 711). Give your member ID number and provider’s full name and address.
Centers of Excellence | Transplant Access Program

The truth is, not all health care providers are created equally. For complex medical conditions, the disparity is especially high. Through a rigorous evaluation process, Optum has developed Centers of Excellence networks that provide access to clinically superior, cost-effective health care.

The Optum Transplant Centers of Excellence network is one of the largest networks of its kind in the world, managing more than 14,300 transplant referrals annually.

Patients with complex medical conditions are more likely to get better care when they are treated by experienced, knowledgeable physicians, and better care leads to shorter hospital stays, higher success rates, faster recoveries and lower costs.

You have access to the Optum Transplant Centers of Excellence network, which provides clinically superior, cost-effective health care for transplant services.

Clinically Superior Care

By choosing an Optum Centers of Excellence network medical center, you will be more likely to receive:

» More accurate diagnoses.
» Higher survival rates.
» Health care that is planned, coordinated and provided by a team of experts who specialize in your condition and regularly work together.
» Appropriate therapy (neither too much nor too little).
» Fewer complications.
» Shorter length of stay.

It is important and necessary to work with Medica beginning with your pre-transplant evaluation, for any transplant service. Transplant services, including pre-transplant evaluation, require prior authorization by Medica.

For more information, call our Care Support Transplant Case Management team toll free at 1-888-906-0958 (TTY: 711).

Source: myoptumhealthcomplexmedical.com
GET RIDES TO HEALTH CARE VISITS

If you don’t have access to transportation, Medica will help you get to and from care visits using Provide-A-Ride™. You can request rides to medical, pharmacy, dental, mental health, substance use disorder and durable medical equipment visits. For eligible members, transportation may be provided to other locations approved through your Elderly Waiver benefit.

Rides must be scheduled ahead of time, so be sure to call before the day of your appointment. Have this information ready:

» Your Medica ID number or Social Security number
» Your date of birth
» Your provider’s full name and address

Rides When the Medica Office is Closed

For urgently needed rides, call the NurseLine™ by HealthAdvocate™ toll free at 1-866-715-0915 (TTY: 711). HealthAdvocate’s NurseLine is open 24 hours a day, seven days a week. An after-hours urgent ride may not be available in all areas or at all times.

Urgent Care and Emergency Room Visits

If you call for a ride to urgent care or the emergency room, Medica will confirm with the NurseLine™ by HealthAdvocate™ that your need is urgent. If the care you need is for a life-threatening condition, call 911 for help.

SCHEDULE A RIDE


» Public transit will be provided to members who live on a transit line. Call at least five days before your appointment.
» Taxi or volunteer driver program rides will be provided to members who do not live on a transit line.
  » Minneapolis/St. Paul metro area: Call at least one business day before your visit.
  » Outside the metro area: Call at least five business days before your visit.

Why a Ride Request May Be Turned Down

Here are some reasons:

» The ride was to a place or service your health plan does not cover.
» You don’t know the provider’s name and/or address.
» You do not have a referral for the appointment and one is required.
» Your coverage with Medica is not active on the date of the visit.
» You did not call early enough to schedule the ride.
» The location of your appointment is more than the state’s distance limit for a ride*
» You have access to a working vehicle.

Abusive behavior (including the use of profanity), not showing up for your ride and other misuses of transportation may result in a warning and change in the ride options available to you.

*State distance limits do not require Medica to provide transportation to primary care over 30 miles, or specialty care over 60 miles, from your home.
UNDERSTANDING YOUR PRESCRIPTION DRUG BENEFITS

With Medica DUAL Solution, you gain the convenience of one ID card and one number to call for local member services. Here are some tips and important information to help you get the most from your pharmacy benefits with Medica.
GETTING THE MOST FROM YOUR PHARMACY BENEFITS

Ask your Medica health care provider to make sure the drug you’re looking for is on Medica’s List of Covered Drugs (formulary) for Medica DUAL Solution. After you’ve done that:

» Fill your prescription at a network pharmacy.
» Show the pharmacist your Medica Member ID card.

Retail Pharmacy Network

Medica’s retail pharmacy includes more than 68,000 nationwide pharmacies, including familiar names like CVS Pharmacy, Walgreens and Walmart Pharmacy, plus thousands of independent and national chain pharmacies. Copays may apply.

Visit medica.com/DUAL to access our online pharmacy network. You can also search the pharmacy network on the go. See below for instructions on how to download the mobile app. To request that a printed directory be mailed to you or for help finding a network pharmacy, call Member Services toll free at 1-888-347-3630 (TTY: 711).

Mobile App Helps You Manage Prescriptions

As a Medica member, you have access to the mobile app through Express Scripts®, the administrator of our pharmacy benefit. Simply go to the Apple App Store or Google Play and download the free Express Scripts app for your Apple or Android phone or tablet. You can use the app to find a network pharmacy, check drug costs, refill a prescription, and more.
Stay Up-to-Date with Your List of Covered Drugs (Formulary)

The Medica Formulary (List of Covered Drugs) is your plan’s list of covered drugs. The list is updated throughout the year as new drugs come to market. Changes may be made annually or throughout the benefit year. A drug may no longer be on the list or be replaced by another drug that does the same thing. New generics may offer a less expensive, but just as effective, alternative to a brand-name drug you may have taken for years. Medica’s formulary is reviewed each year by an independent committee of physicians and pharmacists. Visit medica.com/DUALdrugs to access and download the most current formulary list. Or call Member Services toll free at 1-888-347-3630 (TTY: 711).

Know What Drugs Are Covered for You

You are covered for some drugs that Medicare will not pay for. This includes some over-the-counter (OTC) drugs. Visit medica.com/DUALdrugs to see the list of covered drugs (formulary). You can also contact Member Services toll free at 1-888-347-3630 (TTY: 711).

Tips to Remember to Track Your Medications

It’s important to take the right medications at the right time. There are three easy tips to help you get and stay organized:

☑ Keep all of your medications together in one place.

☑ Use a pill organizer to help you sort your medications by day. Use more than one if you need to organize morning, lunch, dinner or bedtime medications.

☑ Set your alarm or post a note on your phone, refrigerator, TV or computer to alert you.
Convenient Mail Order Service

Medica's mail order service, administered through Express Scripts®, may save you time and money on the cost of your long-term medicine*. On average, you can receive a 90-day supply of your medicine for less cost than three 30-day supplies. You’ll receive them within 8 days of when your order is placed. There are three ways to get started:

**Online**
Access your Express Scripts website through your secure member portal, mymedica.com, or use the Express Scripts mobile app. Follow the guided steps to request a prescription through mail order.

**Phone**
Call 1-800-290-7024 (TTY: 711), and be ready with doctor, medicine and mailing information and prescription payment method.

By submitting your 90-day prescriptions over the phone, online or app, Express Scripts will reach out to your prescriber to get your prescription.

**Mail**
Fill out and send a mail service form, available by going to mymedica.com, accessing Express Scripts and selecting Start Mail Service. Be sure to include your original prescription from your doctor for a 90-day supply.

*A long-term medicine is taken regularly for chronic conditions or long-term therapy. A few examples include medications for managing high blood pressure, asthma, diabetes or high cholesterol.
How Do I Get My Prescriptions Filled?
You may fill your prescription at any pharmacy participating with Medica. Please go online to medica.com/DUALdoctors or call Medica Member Services at the number listed on page 4.

Your local pharmacy may be able to mail your prescriptions to you, free of charge, or offer free home prescription delivery. Learn more by talking to your local pharmacy to see if they offer these convenient delivery services or visit medica.com/MSH0drugs.

Visit medica.com/DUALdrugs to see and download the most current formulary list. You can also contact Member Services toll free at 1-888-347-3630 (TTY: 711).

Protect Your Family and Community From the Flu
The flu vaccine is your family’s and community’s best protection against the flu. Call your primary care provider for information and to set up an appointment.

Adults can get their flu shots either at a clinic or by going to a pharmacy in the Vaccination Pharmacy Network in CVS, Walgreens, Kmart, Walmart or Sam’s Club.

Get Your Diabetes Supplies at the Pharmacy
Did you know you can get your diabetic test strips and other supplies from your pharmacy? Save time and pick up your supplies at the same time you pick up your prescriptions. Talk to your doctor and pharmacist for more information.
Medica DUAL Solution’s Medication Therapy Management (MTM) program helps by preventing or reducing drug-related risks, increasing your awareness, and supporting good habits.

Who Qualifies for the MTM Program?
We will automatically enroll you in the Medica DUAL Solution MTM program at no cost to you if all three conditions apply:

1. **You take eight or more Medicare Part D covered maintenance drugs.**
2. **You have three or more of these long-term health conditions:**
   » Asthma
   » Chronic obstructive pulmonary disease
   » Diabetes
   » Depression
   » Osteoporosis
   » Chronic heart failure
   » Cardiovascular disorders, such as high blood pressure, high cholesterol or coronary artery disease
3. **You are on track to reach $4,044 in yearly prescription drug costs paid by you and the plan.**

Your participation is voluntary and does not affect your coverage. This program is at no cost to you and open only to those who are invited to participate. The program is not a benefit to all members.
SPECIAL PROGRAMS FOR THOSE WHO NEED THEM

Not everyone needs extra assistance, but we want you to have peace of mind knowing that the services are there if you need them.
At times, life can be demanding and stressful. Medica Behavioral Health* manages and arranges mental health and substance use disorder services for our members. If you or a family member needs this help, all you need to do is call. Medica Behavioral Health staff can help:

» Select a provider who specializes in the services you need.
» Find a provider based on your preference (for example, gender, culturally appropriate or language spoken).
» Find additional services you may need.
» Monitor the quality of the care you receive.

Toll Free: 1-800-848-8327 (TTY: 711)
*United Behavioral Health manages the Medica Behavioral Health program.

What To Do In A Crisis
If you have a crisis involving mental health, alcohol or drugs, call Medica Behavioral Health toll free right away at 1-800-273-8255 (TTY: 711). If you go to an emergency room, ask the hospital staff to call Medica Behavioral Health for you. Crisis services are available 24 hours a day, seven days a week.

In an emergency that needs treatment right away, either call 911 or go to the nearest emergency room.

Visit With A Virtual Mental Health Professional
Go to medica.com/MSH0doctors and click on Mental Health and Substance Use Disorder Providers and Counselors.

Want More Resources?
Find educational resources and support programs on a wide variety of mental health and wellness services at liveandworkwell.com.
Consult With a Nurse, Get Personal Advocacy Support

You and your family have a place to turn for trusted advice and information when you need it most. Through HealthAdvocate™ NurseLine™, highly trained nurses are available 24/7 to help answer your questions about symptoms, medications and health conditions, and offer self-care tips for non-urgent medical issues. The service is at no additional cost as part of your Medica plan membership.

Have questions about your Medica plan coverage? Need help navigating medical plan options? It’s good to have someone to call for help. HealthAdvocate is that health support lifeline. Personal Health Advocates will help you tackle health and insurance-related questions. They can assist you in making an appointment with that hard-to-reach doctor, or dentist. The service is strictly confidential and provided to you as part of your Medica plan.

Toll Free: **1-866-715-0915** (TTY: **711**)

Email: answers@HealthAdvocate.com

HealthAdvocate.com/Medicaid

Senior LinkAge Line®

The Senior LinkAge Line is a free statewide information and assistance service for seniors, caregivers, Medicare beneficiaries and any Minnesotan who needs help with reducing prescription drug costs or planning for long-term care. This service of the Minnesota Board on Aging is provided locally by six Area Agencies that cover all 87 counties in Minnesota, Senior LinkAge Line specialists provide one-to-one assistance, including in-person assistance to help people understand their long-term care and health options, as well as access supports and services to help remain independent in the community.

Toll Free: **1-800-333-2433** (TTY: **711**)

Email: senior.linkage@state.mn.us

seniorlinkageline.org

**Important Note:** Always seek the advice of your doctor or other qualified health provider if you have questions about a medical condition. *The information offered by the NurseLine is not meant to provide a medical diagnosis or treatment. In an emergency that needs treatment right away, either call 911 or go to the nearest emergency room.*
SilverSneakers™ Membership
Your health and well-being are important to us. That’s why your health plan covers membership in SilverSneakers, a nationwide network of 16,000 fitness centers recognized for their innovative programs and classes. You can go to any fitness center location in their nationwide network — close to home, across town or even in another state. You can even take advantage of SilverSneakers FLEX classes at locations throughout your community. Get:

» Online support, education and inspiration
» Workshops and social events
» Self-directed fitness options, including a mobile app

Call in advance to make arrangements through Provide-A-Ride (see page 13). There is no monthly limit for trips using public transit. Where public transit is not available, you may request up to three round-trips a week using a volunteer driver or taxi.

Toll Free: 1-877-871-7053 (TTY: 711)
Hours of Operation: 7 a.m. to 7 p.m. Central, Monday-Friday
SilverSneakers.com

Tobacco Cessation
When you’re ready to quit tobacco, we’re here to help with confidential sessions with a specially trained health coach. You can count on your coach to help you:

» Tap into your motivation.
» Set goals and solve problems.
» Cheer you on your journey to becoming tobacco-free.

If it’s medically appropriate, you’ll get over-the-counter nicotine replacement therapy (NRT) in the form of patches, gum or lozenges delivered to your home at no additional cost. Your coach may refer to you a prescription NRT if the over-the-counter versions are not working for you.

Not sure if you’re ready to quit just yet? Ask us for information and tools to help you decide when the time is right.

Toll Free: 1-866-905-7430 (TTY: 711)
Hours of Operation: 8 a.m. to 5 p.m. Central, Monday-Friday
medica.com/Wellness/Medicaid-Tobacco-Cessation
THE EXTRA BENEFITS YOU VALUE

Use these extra benefits to get and stay healthier.

Healthy Savings®

Eating healthy is an important part of improving and maintaining your health. That’s why Medica provides the extra benefits of Healthy Savings to you. This provides you with instant discounts at participating retailers on healthier foods. Simply buy the promoted products and scan the bar code on your Healthy Savings card or from the Healthy Savings mobile app at checkout. You will receive your Healthy Savings card in a separate mailing. Visit medica.com/HealthySavings to learn more.

CogniFit®

Train your brain. Brain health is an important part of your overall health. Medica provides the extra benefits of CogniFit, web-based brain training to help you keep sharp. Visit your member plan page to get started today.

Reemo Smartwatch™

This ready-to-use smart watch features a step tracker, heart rate monitor, messaging and self-reporting options, and 24/7 telephonic support (PERS). Medica provides this extra benefit for up to 12 months to members not eligible for an Elderly Waiver. Members on Elderly Waiver, talk to your Medica Care Coordinator to see if this could be part of your waiver services.

Routine Foot Care

Medica offers extra unlimited routine foot care with no medical necessity requirements. Schedule with a network podiatrist to help keep your feet healthy.
IT’S EASY TO REGISTER

Access Plan Information Anywhere, Anytime

Register today for access to your secure member portal for a one-stop, online resource that puts your health plan benefits and drug coverage activity at your fingertips.

MyMedica.com gives you access to the personalized information that you need to understand your health plan benefits and get important questions answered. There are a variety of useful self-service tools that let you access your Medica plan information 24/7, 365 days a year. Registering is easy and only takes a few minutes. Once you’re registered, you can:

» Track your medical and pharmacy claims.
» Find a network provider, facility or pharmacy near you.
» Order a replacement ID card.
» Check prescription drug prices and find out if they are covered.

MyMedica.com

MyMedica is your secure member portal where you can get answers to most questions. Take a minute to read about the benefits of signing up. Then, follow the easy three-step registration process:

2. Click on the Register Now button.
3. You’ll be guided through a quick three-step registration process.

Technical Questions?

Call toll free at 1-877-844-4999 (TTY: 711), 7 a.m. to 9 p.m. Central, Monday through Friday.
TELL US HOW YOU FEEL

You or someone in your home may receive one or more member experience surveys in your mailbox:

» Consumer Assessment of Healthcare Providers and Systems (CAHPS)
» Health Outcomes Survey (HOS)

Members are randomly selected to receive a questionnaire about your experience as a Medica member. If you receive this survey, please take a few moments to complete it with your honest feedback.

Results of the survey are collected by the Centers for Medicare & Medicaid Services (CMS). CMS values your opinions and wants to know how well Medica is serving you. Responses about health plan satisfaction are anonymous. Participation does not impact your plan coverage in any way.

CMS uses your responses to give Medica a quality rating — up to five stars. We want to be your five-star, trusted health plan of choice. Medica uses your anonymous feedback to build better programs that deliver the quality care you deserve.

We hope you will provide your feedback if you receive a survey.
Important information about your right to services as an older Minnesotan is available for you to read online. To view the booklet online, go to medica.com/DUAL. Click on Older Minnesotans-Know Your Rights. To ask for a printed copy, call Member Services toll free at 1-888-347-3630 (TTY: 711).

Important Notices
Please take a look at the notices throughout this guide:

» Non-discrimination statement
» Notice of Women’s Health and Cancer Rights Act of 1998
» Other information important for you to know

Women’s Health and Cancer Rights Act
Federally Required Member Notification News from Medica Health Plans Information About the Federal Women’s Health and Cancer Rights Act of 1998.

In October 1998, Congress passed the Women’s Health and Cancer Rights Act of 1998. This federal law requires health insurers and group health plans that cover mastectomies to provide certain covered services if a member chooses reconstructive surgery after a mastectomy. It also requires that health plans provide written notice of the availability of such coverage to its members. You’ll be pleased to know that these are already covered services with Medica. The federal law requires that health plans provide coverage for the following services:

» Reconstruction of the breast on which the mastectomy was performed.
» Surgery and reconstruction of the other breast to produce symmetrical appearance.
» Cost of a Medicare-eligible prosthesis and the treatment of any physical complications resulting from the mastectomy, including swelling of the lymph glands (lymphedema).

Coverage shall be provided “in a manner determined in consultation with the attending contracted physician and the patient.” Coverage for breast reconstruction is described in your Member Handbook.

If you have any questions, call Member Services toll free at 1-888-347-3630 (TTY: 711).

Visit dol.gov and search WHCRA for more information.
Summary

There are several state and federal laws requiring Medica Health Plans, Medica Community Health Plan and Medica Insurance Company (collectively, “Medica”) to protect its members’ personal health information. The most comprehensive regulations were issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). These regulations have been updated from time to time. Essentially, HIPAA regulations require entities like Medica to provide you with information about how your protected health information may be used and disclosed, and to whom. This notice explains what your protected health information is. Regulations also describe how Medica must protect this information and how you can access your protected health information. Medica must follow the terms of its privacy notice. Medica may also change or amend its privacy notice as the laws and regulations change. However, if the notice is materially changed, Medica will make the revised privacy notice available to you.

There are also state and federal laws requiring Medica to protect your non-public personal financial information. The most comprehensive regulations were issued under the Gramm-Leach-Bliley Act (GLBA). The GLBA requires Medica to provide you with a notice about how your non-public personal financial information may be used and disclosed, and to whom.

When the Law Permits Use & Disclosure

The law permits Medica to use and disclose your personal health information for purposes of treatment, payment and health care operations without first obtaining your authorization. There are other limited circumstances when Medica may use and disclose your personal health information without your authorization, such as public health, regulatory and law enforcement activities. Whether personal health information is used or disclosed with or without your authorization, Medica uses and discloses personal health information only to those persons who need to know and only the minimum amount necessary to perform the required activity.

Your Privacy Rights

The law also gives you rights to access, copy and amend your personal health information. You have the right to request restrictions on certain uses and disclosures of your personal health information. You also have the right to obtain information about how and when your personal health information has been used and disclosed.

These duties, responsibilities and rights are described in more detail on the next pages.

Your privacy is important to us. Please take a minute to read about measures we take to ensure that your information is safe and used appropriately. Medica reviews this notice annually.
What is PHI?
Medica is committed to protecting and maintaining the privacy and confidentiality of information that relates to your past, present or future physical or mental health, healthcare services and payment for those services. HIPAA refers to this information as “protected health information” or “PHI.” PHI includes information related to diagnosis and treatment plans, as well as demographic information such as name, address, telephone number, age, date of birth, and health history.

How Does Medica Protect Your PHI?
Medica takes its responsibility of protecting your PHI seriously. Where possible, Medica de-identifies PHI. Medica uses and discloses only the minimum amount of PHI necessary for treatment, payment and operations, or to comply with legal or similar requirements. In addition to physical and technical safeguards, Medica has administrative safeguards such as policies and procedures that require Medica’s employees to protect your PHI. Medica also provides training on privacy and security to its employees. Medica protects the PHI of former members just as it protects the PHI of current members.

Under What Circumstances Does Medica Use or Disclose PHI?
Medica receives, maintains, uses and shares PHI only as needed to conduct or support: (i) treatment-related activities, such as referring you to a doctor; (ii) payment-related activities, such as paying a claim for medical services; and (iii) healthcare operations, such as developing wellness programs. Additional examples of these activities include:

» Enrollment and eligibility, benefits management and utilization management
» Customer service
» Coordination of care
» Health improvement and disease management (for example, sending information on treatment alternatives or other health-related benefits)
» Premium billing and claims administration
» Complaints and appeals, underwriting, actuarial studies and premium rating (however, Medica is prohibited from using or disclosing your PHI that is genetic information for underwriting purposes)
» Credentialing and quality assurance
» Business planning or management and general administrative activities (for example, employee training and supervision, legal consultation, accounting, auditing)

Medica may, from time to time, contact you with important information about your health plan benefits. Such contacts may include telephone, mail or electronic mail messages.

With Whom Does Medica Share PHI?
Medica shares PHI for treatment, payment and health care operations with your health care providers and other businesses that assist it in its operations. These businesses are called “business associates” in the HIPAA regulations. Medica requires these business associates to follow the same laws and regulations that Medica follows.

Public Health, Law Enforcement & Health Care Oversight
There are also other activities where the law allows or requires Medica to use or disclose your PHI without your authorization. Examples of these activities include:

» Public health activities (such as disease intervention)
» Healthcare oversight activities required by law or regulation (such as professional licensing, member satisfaction surveys, quality surveys or insurance regulation)
» Law enforcement purposes (such as fraud prevention or in response to a subpoena or court order)
» Assisting in the avoidance of a serious and imminent threat to health or safety
» Reporting instances of abuse, neglect, domestic violence or other crimes
Employee Benefit Plans
Medica has policies that limit the disclosure of PHI to employers. However, Medica must share some PHI (for example, enrollment information) with a group policyholder to administer its business. The group policyholder is responsible for protecting the PHI from being used for purposes other than health plan benefits.

Research
Medica may use or release PHI for research. Medica will ensure that only the minimum amount of information that identifies you will be disclosed or used for research. HIPAA allows Medica to disclose a very limited amount of your PHI, called a “limited data set” for research without your authorization. You have the right to opt-out of disclosing your PHI for research by contacting Medica as described below. If Medica uses any identifiers, Medica will request your permission first.

Family Members
Under some circumstances Medica may disclose information about you to a family member. However, Medica cannot disclose information about one spouse to another spouse, without permission. Medica may disclose some information about minor children to their parents. You should know, however, that state laws do not allow Medica to disclose certain information about minors—even to their parents.

When Does Medica Need Your Permission to Use or Disclose Your PHI?
From time to time, Medica may need to use or disclose PHI where the laws require Medica to get your permission. Medica will not be able to release the PHI until you have provided a valid authorization. In this situation, you do not have to allow Medica to use or disclose your PHI. Medica will not take any action against you if you decide not to give your permission. You, or someone you authorize (such as under a power of attorney or court-appointed guardian), may cancel an authorization you have given, except to the extent that Medica has already relied on and acted on your permission.

Your authorization is generally required for uses and disclosures of not PHI described in this notice, as well as uses and disclosures in connection with:

» Psychotherapy Notes. Medica must obtain your permission before making most uses and disclosures of psychotherapy notes.
» Marketing. Subject to limited exceptions, Medica must also obtain your permission before using or disclosing your PHI for marketing purposes.
» Sales. Additionally, Medica is not permitted to sell your PHI without your permission. However, there are some limited exceptions to this rule — such as where the purpose of the disclosure of PHI is for research or public health activities.

What Are Your Rights to Your PHI?
You have the following with regard to the PHI that Medica has about you. You, or your personal representative on your behalf, may:

Request restrictions of disclosure.
You may ask Medica to limit how it uses and discloses PHI about you. Your request must be in writing and be specific as to the restriction requested and to whom it applies. Medica is not required to always agree to your restriction. However, if Medica does agree, Medica will abide by your request.

Request confidential communications.
You may ask Medica to send your PHI to a different address or by fax instead of mail. Your request must be in writing. Medica will agree to your request if it is able.
Inspect or obtain a copy of your PHI.
Medica keeps a designated record set of its members’ medical records, billing records, enrollment information and other PHI used to make decisions about members and their benefits. You have the right to inspect and get a copy of your PHI maintained in this designated record set. Your request must be in writing on Medica’s form. If the PHI is maintained electronically in a designated record set, you have a right to obtain a copy of it in electronic form. Medica will respond to your request within thirty (30) days of receipt. Medica may charge you a reasonable amount for providing copies. You should know that not all information Medica maintains is available to you and there are certain times when other individuals, such as your doctor, may ask Medica not to disclose information to you.

Request a change to your PHI.
If you think there is a mistake in your PHI or information is missing, you may send Medica a written request to make a correction or addition. Medica may not be able to agree to make the change. For example, if Medica received the information from a clinic, Medica cannot change the clinic information—only the clinic can. If Medica cannot make the change, it will let you know within thirty (30) days. You may send a statement explaining why you disagree, and Medica will respond to you. Your request, Medica’s disagreement and your statement of disagreement will be maintained in Medica’s designated record set.

Request an accounting of disclosures.
You have the right to receive a list of disclosures Medica has made of your PHI. There are certain disclosures Medica does not have to track. For example, Medica is not required to list the times it disclosed your PHI when you gave Medica permission to disclose it. Medica is also not required to identify disclosures it made that go back more than six (6) years from the date you asked for the listing.

Receive a notice in the event of a breach.
Medica will notify you, as required under federal regulations, of an unauthorized release, access, use or disclosure of your PHI. “Unauthorized” means that the release, access, use or disclosure was not authorized by you or permitted by law without your authorization. The federal regulations further define what is and what is not a “breach.” Not every violation of HIPAA, therefore, will constitute a breach requiring a notice.

Request a copy of this notice.
You may ask for a separate paper copy of this notice.

File a complaint or grievance about Medica’s privacy practices.
If you feel your privacy rights have been violated by Medica, you may file a complaint. You will not be retaliated against for filing a complaint. To file a complaint with Medica, please contact Member Services at the contact information listed above. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. To do so, write to the Office for Civil Rights, U.S. Department of Health & Human Services, 233 N. Michigan Ave. Suite 240, Chicago, IL 60601.

About This Notice
Medica is required by law to maintain the privacy of PHI and to provide this notice. Medica is required to follow the terms and conditions of this notice. However, Medica may change this notice and its privacy practices, as long as the change is consistent with state and federal law. If Medica makes a material change to this notice, it will make the revised notice available to you within sixty (60) days of such change.

TO EXERCISE ANY OF THESE RIGHTS, PLEASE CONTACT MEMBER SERVICES AT THE TELEPHONE NUMBER ON THE BACK OF YOUR MEDICA ID CARD, OR CONTACT MEDICA AT P.O. BOX 9310, MINNEAPOLIS, MN 55440-9310.
How Does Medica Protect Your Information?
Medica takes its responsibility of protecting your information seriously. Medica maintains measures to protect your information from unauthorized use or disclosure. These measures include the use of policies and procedures, physical, electronic and procedural safeguards, secured files and buildings and restrictions on who and how your information may be accessed.

What Information Does Medica Collect?
Medica may collect information about you including your name, street address, telephone number, date of birth, medical information, social security number, premium payment and claims history information.

How Does Medica Collect Your Information?
Medica collects information about you in a variety of ways. Medica obtains such information about you from:

» You, on your application for insurance coverage
» You, concerning your transactions with Medica, its affiliates or others
» Your physician, healthcare provider or other participants in the healthcare system
» Your employer
» Other third parties

Under What Circumstances Does Medica Use or Disclose Non-Public Personal Financial Information?
Medica uses your non-public financial information for its everyday business operations. This includes using your information to perform certain activities in order to implement and administer the product or service in which you are enrolled. Examples of these activities include enrollment, customer service, processing premium payment, claims payment transactions, and benefit management.

» Medica may disclose your information to the following entities for the following purposes:
» To Medica’s affiliates to provide certain products and services.
» To Medica’s contracted vendors who provide certain products and services on Medica’s behalf.
» To a regulatory authority, government agency or a law enforcement official as permitted or required by law, subpoena or court order.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT MEMBER SERVICES AT THE TELEPHONE NUMBER ON THE BACK OF YOUR MEDICA ID CARD, OR CONTACT MEDICA AT P.O. BOX 9310, MINNEAPOLIS, MN 55440-9310.
Advance Directives

An advance directive, also known as a health care directive, is a written instruction that allows you to inform others of your health care wishes. You don’t have to have a health care directive, but writing one helps to make sure your wishes are followed. You will still receive medical treatment if you don’t have a health care directive. You have the right to accept or refuse medical or surgical treatment and to execute a living will, durable power of attorney for health care decisions, or other advance directive. A suggested health care directive form is conveniently located in this Medica Member Resource Guide, or can be downloaded from HonoringChoices.org (click on the Health Care Directives tab).

Medica and your health care provider generally will follow your health care directive, or any instructions from your agent, as long as the health care follows reasonable medical practice. But, you or your agent cannot request treatment that will not help you or which the provider cannot provide. In the event that state law changes your health care directive, Medica will notify you no later than 90 days after the effective date of the change.

If you believe that your health care provider has not followed your health care directive requirements, then you can file a complaint with the Minnesota Department of Health (MDH) Office of Health Facility Complaints at 651-201-4200 (TTY: 711) for the Metro Area or toll free at 1-800-369-7994. Alternatively, you may file a grievance with Medica or file a complaint about Medica with the MDH Health Policy and Systems Compliance Monitoring division. See your Member Handbook for more information.
Advance Care Planning is a process which helps you think about, talk about, and write down your choices for future health care decisions. While it’s not an easy topic to consider, it is important for every adult to have a Health Care Directive—a written plan for loved ones and health care providers to follow—so that your wishes are known if a time comes when you cannot speak for yourself.

Honoring Choices Minnesota is focused on helping every Minnesotan understand what Advance Care Planning is, and working with health care providers to make sure they offer assistance to all patients, and will honor your choices.

The most important part of advance care planning is the conversations you have with your family and friends. Writing down your wishes is only helpful if the people in your life who will be involved know about them and understand them.

Usually, the first step in creating a health care directive is choosing who will be your Health Care Agent. This person, sometimes called a Proxy or Health Care Power of Attorney, will be the one you trust to make decisions for you if you cannot do so yourself. Often, the best person for the role of Agent is not the first person you think of. It’s important to talk about this with those closest to you and determine who will be best suited to carry out your wishes.

The other part of a health care directive is stating your treatment choices. This part may be as detailed or as simple as you would like; it’s all about what is important to you. There are no right or wrong choices, and you can change your directive at any time—in fact, we encourage you to look at it periodically throughout your life to make sure it is still an accurate expression of your wishes.

It can be hard to do this on your own.

Help is available from Medica, from the Honoring Choices website, or you may contact Honoring Choices directly.

How do I get Advance Care Planning information?

MEDICA®
1-800-234-8755 / TTY: 711
Hours of operation are 8 a.m. to 8 p.m.
Central time, seven days a week.
www.Medica.com/ACP

Honoring Choices®
MINNESOTA
An initiative of the Twin Cities Medical Society.
HonoringChoices.org  •  612-362-3704  •  info@HonoringChoices.org
1300 Godward Street NE, Suite 2000  •  Minneapolis, MN 55413
When will my directive be used? As long as you can make your own choices, you control your own medical care. If you can’t make choices for yourself, your health care team, in cooperation with your Agent, will follow your wishes as described in your health care directive. Therefore it is very important that you give your health care provider(s) a copy of your directive for your medical record.

Will my directive be valid in other states?
You should always keep a copy with you when you travel, but be aware that every state has their own rules about directives. Many will honor a document which is legal in the state where it was written, but if you spend significant time away, you should check on local laws.

Do I need a lawyer (or to pay someone) to complete my health care directive?
No. Adults may complete their own legal directives, providing it meets the following Minnesota requirements:
1. Your directive must be in writing, with your full name clearly visible, and be signed and dated.
2. Your directive must list one or both of these components:
   - A named health care agent
   - Health care or treatment instructions
3. Your directive must be witnessed by two adults or by a notary public.

There are two Honoring Choices Health Care Directives. Which one is right for you?

1. The traditional directive is comprehensive and detailed. Eight pages long, it leads you through many decisions about medical, spiritual, and personal choices. This is the directive most commonly recommended for the majority of adults.
2. The short form is a new, simple directive which allows you to simply name your agent, and/or list basic health care wishes—but it does not go into detail. This form is meant for young adults or others who do not feel the longer version is right for them.

Both can be downloaded from HonoringChoices.org (click on the “Resources” tab) or request a copy: info@HonoringChoices.org or 612-362-3704.

Note: a healthcare directive is not a POLST (Provider Orders for Life-Sustaining Treatment). If you have questions about POLST please contact your healthcare provider directly.

Selecting your Agent:

Many people choose an immediate family member to speak for them, but many choose someone else. How do you make the best choice? Ask yourself:

1. Do you trust this person to be able to make tough decisions?
2. Will this person honor your wishes ever if they don’t personally agree?
3. Is this person emotionally strong enough to make choices at a difficult time?
4. Can this person stand up for you if family members or others disagree?
5. Is this person likely to be nearby and available in case of emergency?

Then sit down and talk with the person you’ve chosen, asking them if they are willing and able to take on the role. Once they agree, make sure they clearly understand your wishes and your goals for future healthcare.

A healthcare directive is meant to be updated throughout your life. When should you revisit it? Remember the 5 D’s:

- **Decade**: each time you celebrate a milestone birthday
- **Divorce**: or other life-changing event or relationship change
- **Death**: of a family member or friend, or that affects you strongly
- **Diagnosis**: a new or changed health care challenge
- **Decline**: disease progression or change which leads to a decline in health
This document replaces any health care directive made before this one.
This document doesn’t apply to electroconvulsive therapy or neuroleptic medications for mental illness.
I will give copies to my health care agents and health care teams when completed.
I will make a new health care directive if my agents, goals, preferences, or instructions change.

My Full Name __________________________________________ My Date of Birth __________________
My Address ________________________________________________________________________________
My Cell # __________________ Home # __________________ Work # __________________

My Health Care Agents
My health care agent is my voice if I can’t make health care decisions for myself. I trust my agent to be my advocate, to follow my instructions, and to make decisions based on what I would want. My agents are at least 18 years old. If I chose my health care provider to be an agent, I have given my reason below.

Health Care Agent
Name__________________________________________Relationship to me__________________________
Address ________________________________________________________________________________
Cell # __________________ Home # __________________ Work # __________________

First Alternate Health Care Agent—If my health care agent isn’t willing, able, or reasonably available.
Name__________________________________________Relationship to me__________________________
Address ________________________________________________________________________________
Cell # __________________ Home # __________________ Work # __________________

Second Alternate Health Care Agent—If my first alternate agent isn’t willing, able, or reasonably available.
Name__________________________________________Relationship to me__________________________
Address ________________________________________________________________________________
Cell # __________________ Home # __________________ Work # __________________

Why I chose these health care agents:
________________________________________________________________________________________
________________________________________________________________________________________

Health Care Agents: Powers and Special Situations
If I’m not able to make my own health care decisions, my health care agent can: access my medical records, decide when to start and stop treatments, and choose my health care team and place of care.

I also want my health care agent to:
☐ Make decisions about continuing a pregnancy if I can’t make them myself.
☐ Make decisions about the care of my body after death (autopsy, burial, cremation).
My Goals and Values

*These answers should be used to help make health care decisions if I can’t make them myself.*

Three non-medical things I want others to know about me:

What gives me strength or keeps me going in difficult times:

My worries and fears about my health:

My goals if my health gets worse:

What I want others to know about my spiritual, cultural, religious, or other beliefs:

Things that make my life worth living:

When I am nearing death, I would find comfort and support from:

My idea of a good death is:
Life-Sustaining Treatments

Mechanical or artificial treatments may keep a person alive when the body can’t function on its own. Examples are: ventilation (breathing machine) when the lungs aren’t working, cardiopulmonary resuscitation (CPR) to try to restart a heart that has stopped beating, artificial feeding through tubes, intravenous (IV) fluids, and dialysis when the kidneys aren’t working.

My Future Care Preferences if I’m Permanently Unconscious

Permanent unconsciousness can be caused by an accident, a stroke, and other illnesses. My health care team may call this a **permanent vegetative state**. This means the brain is so badly hurt that the person isn’t aware of self or others, can’t understand or communicate, and the health care team believes the person won’t get better.

**If I’m permanently unconscious:**

☐ I want some or all possible life-sustaining treatments if I’m permanently unconscious.
   My health care agent should work with my health care team to make decisions about treatments based on my goals and values.

**OR**

☐ I don’t want life-sustaining treatments if I’m permanently unconscious.
   Focus on making me comfortable and allow natural death.

**OR**

☐ I can’t make a decision now about life-sustaining treatments if I’m permanently unconscious.
   My health care agent should work with my health care team to decide whether or not to use life-sustaining treatments based on my goals and values.

My Future Care Preferences if I’m Terminally Ill

A terminal condition means no cure is possible and death is expected in the near future. This can be caused by: failure of vital organs (including end-stage heart failure, lung failure, kidney failure, and liver failure), advanced cancer, advanced dementia, a massive heart attack or stroke, and other causes.

**If I’m terminally ill:**

☐ I want some or all possible life-sustaining treatments if I’m terminally ill.
   My health care agent should work with my health care team to make decisions about treatments based on my goals and values.

**OR**

☐ I don’t want life-sustaining treatments if I’m terminally ill.
   Focus on making me comfortable and allow natural death.

**OR**

☐ I can’t make a decision now about life-sustaining treatments if I’m terminally ill.
   My health care agent should work with my health care team to decide whether or not to use life-sustaining treatments based on my goals and values.
Organ Donation

☐ I want to donate my eyes, tissues and/or organs, if I can. My health care agent may start and continue any treatments needed until the donation is complete.

☐ I don’t want to donate my eyes, tissues and/or organs.

After I Die

These are my wishes about what to do with my body after I have died (autopsy, burial, cremation, etc.) and how I wish to be remembered (obituary, funeral, memorial service, etc.):

Additional Instructions

☐ I have attached #______ page(s) of additional instructions to this document.

Making This Document Legal

1. Sign and date: My Signature _______________________ Date Signed __________________________

2. Have your signature notarized OR verified by 2 witnesses

MINNESOTA NOTARY PUBLIC: County of _____________ (county name)  NOTARY SEAL  BELOW
In my presence on the date of __________________________ (date notarized)
______________________________________________ (person signing above)
acknowledged their signature on this document. I am not named as a health care agent in this document.
Signature of Notary __________________________________________

OR

STATEMENT OF WITNESSES: I am at least 18 years old. I am not named as a health care agent in this document. Only one witness can be an employee of the health care system providing care to the person on this date.

Witness # 1 Signature _______________________  Witness # 2 Signature _____________________
Date Signed __________________________________  Date Signed __________________________
Print Name _______________________________  Print Name _______________________________
Attention. If you need free help interpreting this document, call the above number.

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

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenneame 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 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.
Civil Rights Notice

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

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

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

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

Civil Rights Complaints

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

U.S. Department of Health and Human Services’ Office for Civil Rights (OCR)
You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
Contact the **OCR** directly to file a complaint:

Director  
U.S. Department of Health and Human Services’ Office for Civil Rights  
200 Independence Avenue SW  
Room 509F  
HHH Building  
Washington, DC 20201  
800-368-1019 (voice)  
800-537-7697 (TDD)  
Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

**Minnesota Department of Human Rights (MDHR)**

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

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

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

Minnesota Department of Human Rights  
Freeman Building, 625 North Robert Street  
St. Paul, MN 55155  
651-539-1100 (voice)  
800-657-3704 (toll free)  
711 or 800-627-3529 (MN Relay)  
651-296-9042 (fax)  
Info.MDHR@state.mn.us (email)

**Minnesota Department of Human Services (DHS)**

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

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

Complaints must be in writing and filed within **180 days** of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.
DHS will notify you in writing of the investigation’s outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

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

**Contact DHS directly to file a discrimination complaint:**
- Civil Rights Coordinator
- Minnesota Department of Human Services
- Equal Opportunity and Access Division
- P.O. Box 64997
- St. Paul, MN 55164-0997
- 651-431-3040 (voice) or use your preferred relay service

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

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

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

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

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.
Call toll free at 1-888-347-3630 (TTY: 711)

Hours of operation:
October 1–March 31
8 a.m. to 8 p.m. Central, seven days a week

April 1–September 30
8 a.m. to 8 p.m. Central, Monday–Friday

Visit us online to learn more at medica.com/DUAL

Medica DUAL Solution® is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide covered services of both programs to enrollees. Enrollment in Medica DUAL Solution depends on contract renewal.

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