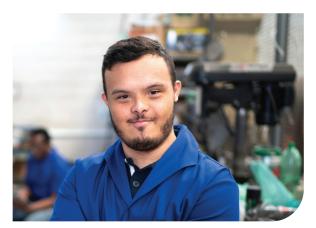
Minnesota









2024 Medica AccessAbility Solution® Enhanced (HMO D-SNP)

Special Needs BasicCare (SNBC)

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



\$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 for: medical, dental, mental health, pharmacy, medical equipment and substance use disorder

\$0 rides to gyms

EXTRA BENEFITS, NO EXTRA COST



\$0 gym membership



Expanded dental services



Eyewear upgrade



\$20 monthly allowance on healthy foods



\$0 Part D Rx copays



Savings on groceries





*Restrictions and conditions apply.

MEDICA ACCESSABILITY SOLUTION ENHANCED

What you need to know

Eligibility

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

- You're 18-64 years old
- You have a certified disability
- You have Medicare Part A and Part B
- You're eligible for Medicaid (Medical Assistance)
- You live in our 38-county service area:
 - Aitkin
 - Anoka
 - Becker
 - Carlton
 - Com/o
 - Carve
 - Chisago
 - Cook
 - Crow Wing
 - Dakota
 - Fillmore
 - Freeborn
 - Hennepin
 - Isanti
 - Kanabec

- Kandiyohi
- Kittson
- Koochiching
- Lake
- Le Sueur
- Mahnomen
- Mille Lacs
- Morrison
- Murray
- Nicollet
- Norman
- Olmsted
- Ramsey
- Red Lake

- Rice
- Rock
- Scott
- Sherburne
- St. Louis
- Todd
- Wadena
- Washington
- Wilkin
- Wright

Doctors, clinics, and hospitals

No referrals needed.

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

Want to know if your doctor, clinic, or hospital is in the Medica AccessAbility Solution Enhanced network or if your medications are covered? Get answers at Medica.com/2024DSNP or call us at 1 (888) 222-0949 (TTY: 711).

Support that makes a difference



Healthy Savings® program

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



Pregnancy support

Support throughout pregnancy with app tools that include:

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

CARE YOU CAN COUNT ON

Your personal care coordinator can:

- Visit you in your home or choice of location
- Make appointments and schedule rides
- Explain plan benefits and covered services
- Help you with health care paperwork
- Find helpful community resources
- Help you create, follow, and update your personal care plan



Plan Comparison

AccessAbility Solution Enhanced gives you more at no cost to you. Compare it to Medica AccessAbility Solution, our Special Needs BasicCare (SNBC) plan without Medicare.

Questions + coaching	AccessAbility Solution Enhanced	AccessAbility Solution
Personal Care Coordinator who's a registered nurse or social worker — committed to helping you achieve your health goals	\bigcirc	\otimes
24/7 NurseLine to get guidance on appropriate treatment options, support for non-urgent illnesses, and simple, self-care tips for non-urgent concerns	\bigcirc	\bigotimes
24/7 Personal Health Advocate to answer health insurance questions, find a doctor, schedule appointments, and resolve health insurance issues	\bigcirc	\otimes
Physical + mental fitness	AccessAbility Solution Enhanced	AccessAbility Solution
Online services for convenient, accessible mental health, and substance use disorder care from our mental health network providers	\bigcirc	\otimes
\$0 gym membership that includes 20,000+ fitness locations, on-demand and live streaming fitness classes and home kits	\bigcirc	

Money-saving extras	AccessAbility Solution Enhanced	AccessAbility Solution
\$20 monthly allowance with our Healthy Food benefit on, fresh fruits, vegetables, milk, eggs, bread, nutritional drinks, coffee, breakfast foods, pasta, and more.	\bigcirc	
Instant weekly savings on healthy food through our Healthy Savings program.	\otimes	\otimes
\$0 rides to medical, dental, pharmacy, medical equipment, mental health, and substance use disorder services	\bigcirc	\bigcirc
\$0 rides to in-network gyms and fitness centers	\bigcirc	
\$25 - \$50 gift card rewards for completing preventive care visits and screenings*	\bigcirc	

US Health care extras	AccessAbility Solution Enhanced	AccessAbility Solution
24/7 Virtuwell® online care for treatment of dozens of common conditions	\bigcirc	\bigcirc
Extra support on pregnancy and parenting through an app health and menstrual cycle tracker, pregnancy calendar and daily baby updates, child development checklist, one-on-one coaching, and more	\bigcirc	\bigcirc
Extra dental benefits to support healthy habits and address issues. Get help making dental appointments, oral health education, and additional preventive and endodontic care.	\bigcirc	
Prescription drugs through Express Scripts® and from the broadest list of our Part D-covered medications that can be filled nationwide	\bigcirc	
Eyewear upgrade with anti-glare coating on one new pair of glasses from our eyewear vendor, Eye Kraft®	\bigcirc	

^{*}Restrictions and conditions apply.



Ready to enroll?

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



Over the phone

Call **1 (888) 222-0949** (TTY: **711**) for fast and easy enrollment.



Online

Go to Medica.com/2024DSNP.



By mail

Complete and sign a paper enrollment form and submit as indicated on the form. You can get a paper application by calling **1** (888) 222-0949 (TTY: **711**). Send your completed paper forms by mail or fax to:

MAIL

Medica AccessAbility Solution Enhanced 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 and call from your Care Coordinator

Medica Member Services

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

Attention. If you need free help interpreting this document, call the above number.

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

သတိ။ ဤစာရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ် ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意,如果您需要免費協助傳譯這份文件,請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, 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.

ဟ်သူဉ်ဟ်သးဘဉ်တက္၊ ဖဲနမ္၊်လိဉ်ဘဉ်တ၊်မးစၢးကလီလးတ၊်ကကျိုးထံဝဲဒဉ်လံဉ် တီလံဉ်မီတခါအံးနှဉ်,ကိုးဘဉ် လီတဲစိနီါဂ်ဴၤလာထးအံးနှဉ်တက္၊်

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທຣໄປທີ່ໝາຍເລກຂ້າງເທີງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (10-20)

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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

colornational origin

creedreligion

• sexual orientation

• publicassistance status

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

gender identity)marital statuspolitical beliefs

medical condition

health status

receipt of health care services

claims experience

medical history

geneticinformation

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 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

• national origin

disability

sex

religion (in some cases)

color

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

Office for Civil Rights, U.S. Department of Health and Human Services

age

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

creed

• public assistance status

disability

sexsexual orientation

national originreligion

marital status

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:

racecolor

religion (in some cases)

disability (including physical or mental

impairment)

 sex (includingsex stereotypes and genderidentity)

• 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.



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

Connect with us

Call us at **1 (888) 222-0949** (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/2024DSNP.

Follow us on social media with the handle @Medica4Me.



Medica AccessAbility Solution Enhanced 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 AccessAbility Solution Enhanced depends on contract renewal.

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