# 2027 Summary of Benefits

## HealthPartners® Minnesota Senior Health Options

(MSHO) (HMO SNP)

**January 1, 2027 – December 31, 2027**

MedicareRx
Prescription Drug Coverage

HealthPartners®

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HealthPartners Minnesota Senior Health Options (HMO SNP): Summary of Benefits 2027

# INTRODUCTION

This document is a brief summary of the benefits and services covered by HealthPartners MSHO. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of HealthPartners MSHO. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

## TABLE OF CONTENTS

A. Disclaimers ..... 4

B. Frequently Asked Questions (FAQ) ..... 5

C. List of covered services ..... 8

D. Benefits covered outside of HealthPartners MSHO ..... 22

E. Services that HealthPartners MSHO, Medicare, and Medical Assistant don't cover ..... 22

F. Your rights as a member of the plan ..... 23

G. How to file a complaint or appeal a denied service ..... 24

H. What to do if you suspect fraud ..... 24



**If you have questions,** please call HealthPartners MSHO at **952-967-7029** or **888-820-4285** (TTY: **711**), **Oct. 1 through March 31**, 8 a.m. to 8 p.m. Central Time (CT), **seven days a week**. From **April 1 through Sept. 30**, call us 8 a.m. to 8 p.m. CT, **Monday through Friday**. The call is free. For more information, visit **healthpartners.com/mshohelp**.

## A. DISCLAIMERS

This is a summary of health services covered by HealthPartners MSHO for 2027. This is only a summary. Please read the *Member Handbook* for the full list of benefits. You can view the *Member Handbook* on our website at healthpartners.com/mshohelp. If you would like a print copy, call HealthPartners MSHO Member Services at the number on the bottom of this page.

- HealthPartners is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in HealthPartners depends on contract renewal.
- For information about Medical Assistance and choice counseling services, call the Minnesota Department of Human Services Health Care Consumer Support (HCCS) line at **651-297-3862** or **800-657-3672**.
- For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (**www.medicare.gov**) or by calling **800-MEDICARE** (**800-633-4227**), 24 hours a day, 7 days a week. TTY users should call **877-486-2048**.
- We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call Member Services at the number at the bottom of this page. Someone that speaks your requested language can help you. This is a free service.
- You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at the number at the bottom of this page. The call is free.
- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call Member Services at the number at the bottom of this page.



HealthPartners Minnesota Senior Health Options (HMO SNP): Summary of Benefits 2027

## B. FREQUENTLY ASKED QUESTIONS

The following table lists frequently asked questions.

| Frequently Asked Questions | Answers |
|---|---|
| **What's a Minnesota Senior Health Options (MSHO) plan?** | Our plan is part of the Minnesota Senior Health Options (MSHO) program. This program was designed by the Minnesota Department of Human Services (DHS) to provide special care for seniors age 65 and over. Our plan combines your Medicare and Medical Assistance services. It combines your doctors, hospital, pharmacies, home care, nursing home care, and other health care providers into one coordinated care system. It also has Care Coordinators to help you manage all your providers and services. They all work together to provide the care you need.<br>Our MSHO program is called HealthPartners Minnesota Senior Health Options. |
| **Will I get the same Medicare and Medical Assistance benefits in HealthPartners MSHO that I get now?** | You'll get most of your covered Medicare and Medical Assistance benefits directly from HealthPartners MSHO. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from another source, such as the State, county, Federal government, or Tribal nation.<br>When you enroll in HealthPartners MSHO, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals.<br>If you're taking any Medicare Part D drugs that HealthPartners MSHO doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for HealthPartners MSHO to cover your drug, if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page. |

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| Frequently Asked Questions | Answers |
|---|---|
| **Can I use the same doctors I use now?** | This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with HealthPartners MSHO and have a contract with us, you can keep going to them.<br>• Providers with an agreement with us are "in-network." Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in HealthPartners MSHO's network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs.<br>• If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of HealthPartners MSHO's plan. You may also use out-of-network providers when HealthPartners MSHO authorizes the use of out-of-network providers.<br>• If you are currently under treatment with a provider that is out of HealthPartners MSHO's network, or have an established relationship with a provider that is out of HealthPartners MSHO's network, call Member Services to check about staying connected.<br>To find out if your providers are in the plan's network, call Member Services at the numbers listed at the bottom of this page or read HealthPartners MSHO's *Provider and Pharmacy Directory* on our website at **healthpartners.com/mshohelp**.<br>If HealthPartners MSHO is new for you, we'll work with you to develop a care plan to address your needs. |
| **What's a HealthPartners MSHO Care Coordinator?** | A HealthPartners MSHO Care Coordinator is one main person for you to contact. This person helps to manage all your providers and services and makes sure you get what you need, including the following:<br>• Assisting you in arranging for, getting, and coordinating assessments, tests, and health and long-term care supports and services<br>• Working with you to develop and update your care plan<br>• Supporting you and communicating with a variety of agencies and persons<br>• Coordinating other services as outlined in your care plan |
| **What are Long-Term Services and Supports?** | Long-Term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency. |
| **What happens if I need a service but no one in HealthPartners MSHO's network can provide it?** | Most services will be provided by our network providers. If you need a service that can't be provided within our network, HealthPartners MSHO will pay for the cost of an out-of-network provider. A prior authorization may be required before getting services from out-of-network providers. |



HealthPartners Minnesota Senior Health Options (HMO SNP): Summary of Benefits 2027

| Frequently Asked Questions | Answers |
|---|---|
| **Where's HealthPartners MSHO available?** | The service area for this plan includes these Minnesota counties: Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Ramsey, Scott, Sherburne, Stearns, Washington and Wright counties. You must live in one of these areas to join the plan. Call Member Services at the numbers listed at the bottom of this page for more information about whether the plan is available where you live. |
| **What's prior authorization?** | Prior authorization means an approval from HealthPartners MSHO to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. HealthPartners MSHO may not cover the service, procedure, item, or drug if you don't get prior authorization.<br>**If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first.** HealthPartners MSHO can provide you or your provider with a list of services or procedures that require you to get prior authorization from HealthPartners MSHO before the service is provided.<br>Refer to Chapter 3, of the *Member Handbook* to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the *Member Handbook* to learn which services require a prior authorization.<br>If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help. |
| **What's a referral?** | A referral means that your care team must give you approval to go to someone that isn't your primary care provider (PCP). A referral is different than a prior authorization. If you don't get referral from your care team, HealthPartners MSHO may not cover the services. HealthPartners MSHO can provide you with a list of services that require you to get a referral from your care team before the service is provided.<br>You don't need a referral to use certain specialists, such as women's health specialists.<br>Refer to the *Member Handbook* to learn more about when you'll need to get a referral from your care team. |
| **Do I pay a monthly amount (also called a premium) under HealthPartners MSHO?** | No. Because you have Medical Assistance, you won't pay any monthly premiums for your health coverage. However, you must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance or another third party. |
| **Do I pay a deductible as a member of HealthPartners MSHO?** | No. You don't pay deductibles in HealthPartners MSHO. |
| **What's the maximum out-of-pocket amount that I'll pay for medical services as a member of HealthPartners MSHO?** | There isn't cost-sharing for medical services in HealthPartners MSHO, so your annual out-of-pocket costs will be $0. |

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HealthPartners Minnesota Senior Health Options (HMO SNP): Summary of Benefits 2027

## C. LIST OF COVERED SERVICES

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

| Health need or concern | Services you may need | Your costs for *in-network* providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need hospital care** | Inpatient hospital stay | $0 | Except in an emergency, your health care provider must tell the plan of your hospital admission. |
| | Outpatient hospital services, including observation | $0 | |
| | Ambulatory surgical center (ASC) services | $0 | |
| | Doctor or surgeon care | $0 | |
| **You want a doctor** | Visits to treat an injury or illness | $0 | |
| | Care to keep you from getting sick, such as flu shots and screenings to check for cancer | $0 | |
| | Wellness visits, such as a physical | $0 | |
| | "Welcome to Medicare" (preventive visit (one time only)) | $0 | |
| | Specialist care | $0 | |
| **You need emergency care** | Emergency room services | $0 | You may use any emergency room if you reasonably believe you need emergency care. You don't need prior authorization and you don't have to be in-network. Emergency room services aren't covered outside of the U.S. and its territories. Contact the plan for details. |
| | Urgent care | $0 | Urgently needed care isn't emergency care. You don't need prior authorization and you don't have to be in-network. Urgently needed care services aren't covered outside the U.S. and its territories. Contact the plan for details. |
| **You need medical tests** | Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs) | $0 | |
| | Lab tests and diagnostic procedures, such as blood work | $0 | |
| **You need hearing/ auditory services** | Hearing screenings | $0 | |
| | Hearing aids | $0 | |
| **You need dental care** | Dental check-ups and preventive care | $0 | |
| | Restorative and emergency dental care | $0 | |



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HealthPartners Minnesota Senior Health Options (HMO SNP): Summary of Benefits 2027

| Health need or concern | Services you may need | Your costs for *in-network* providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need eye care** | Eye exams | $0 | |
| | Glasses or contact lenses | $0 | |
| | Other vision care | $0 | |
| **You need mental health services** | Mental health services | $0 | |
| | Inpatient and outpatient care and community-based services for people who need mental health services | $0 | |
| **You need substance use disorder services** | Substance use disorder services | $0 | |
| **You need a place to live with people available to help you** | Customized Living (services provided in an assisted living setting) | $0 | State eligibility requirements may apply. |
| | Skilled nursing care | $0 | Medically necessary skilled nursing care is covered. |
| | Nursing home care | $0 | |
| | Adult Foster Care and Group Adult Foster Care | $0 | State eligibility requirements may apply. |
| **You need therapy after a stroke or accident** | Occupational, physical, or speech therapy | $0 | |
| **You need help getting to health services** | Ambulance services | $0 | |
| | Emergency transportation | $0 | |
| | Transportation to medical appointments and services | $0 | HealthPartners MSHO isn't required to provide transportation to your primary care clinic (PCC) if it's over 30 miles from your home.<br>HealthPartners MSHO isn't required to provide transportation to your specialty care clinic if it's over 60 miles from your home. |
| | Transportation to other health services | $0 | |



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|---|---|---|---|
| **You need drugs to treat your illness or condition** | Medicare Part B drugs | $0 | Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the *Member Handbook* for more information on these drugs. |
| | Medicare Part D drugs<br><br>Tier 1 generic drugs<br><br>Tier 1 brand name drugs | Tier 1 generic drugs:<br>$0 for a 30-day supply.<br><br>Tier 1 brand name drugs:<br>$0 for a 30-day supply. | There may be limitations on the types of drugs covered. Please refer to HealthPartners MSHO's *List of Covered Drugs (Drug List)* for more information. HealthPartners MSHO may require you to first try one drug to treat your condition before it will cover another drug for that condition.<br>Some drugs have quantity limits.<br>Your provider must get prior authorization from HealthPartners MSHO for certain drugs.<br>You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that can't be met by most pharmacies in your network. These drugs are listed on the plan's website, *List of Covered Drugs (Drug List),* and printed materials, as well as on the Medicare Plan Finder on **www.medicare.gov**.<br>You can get up to a 100-day supply of your prescription drugs at select pharmacies or sent directly to your home through a mail order pharmacy. A 100-day supply has the same copay as a 30-day supply. |
| | Over-the-counter (OTC) drugs | $0 | There may be limitations on the types of drugs covered. Please refer to HealthPartners MSHO's *List of Covered Drugs (Drug List)* for more information. |
| **You need help getting better or have special health needs** | Rehabilitation services | $0 | |
| | Medical equipment for home care | $0 | |
| | Dialysis services | $0 | |
| **You need foot care** | Podiatry services | $0 | |
| | Orthotic services | $0 | |



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HealthPartners Minnesota Senior Health Options (HMO SNP): Summary of Benefits 2027

| Health need or concern | Services you may need | Your costs for *in-network* providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **You need durable medical equipment (DME)**<br><br>**Note:** This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the *Member Handbook*. | Wheelchairs, crutches and walkers | $0 | |
| | Nebulizers | | |
| | Oxygen equipment and supplies | | |
| **You need help living at home** | Personal care assistant | $0 | |
| | Changes to your home, such as ramps and wheelchair access | $0 | State eligibility requirements may apply. |
| | Home services, such as cleaning or housekeeping | $0 | State eligibility requirements may apply. |
| | Meals brought to your home | $0 | State eligibility requirements may apply. |
| | Adult day services or other support services | $0 | State eligibility requirements may apply. |
| | Services to help you live on your own | $0 | State eligibility requirements may apply. |
| **Your caregiver needs some time off** | Respite care | $0 | State eligibility requirements may apply. |
| **You need interpreter services** | Spoken language interpreter | $0 | |
| | Sign language interpreter | $0 | |



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HealthPartners Minnesota Senior Health Options (HMO SNP): Summary of Benefits 2027

| Health need or concern | Services you may need | Your costs for *in-network* providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **Additional services** | Acupuncture | $0 | |
| | Animatronic Support Pet* | $0 | One animatronic support pet per member, per year. Life-like pet provides companionship, reduces isolation, and can improve well-being and emotional function.<br>*This is part of a special supplemental benefit for members with certain chronic conditions such as: heart failure, dementia, diabetes, cancer, or a disabling mental health condition. Not all members will qualify, and all applicable eligibility requirements must be met. Contact the plan for details and a complete list of eligible conditions. |
| | Care coordination | $0 | |
| | Chiropractic services | $0 | |
| | Coatings for eyeglasses | $0 | Upgrade includes protective coatings for plastic lenses on eyeglasses. |
| | Dental | $0 | Coverage for restorative services includes coverage for porcelain crowns limited to $1,500 maximum (one per year). All dental services must be received from a network provider. |
| | Diabetes supplies and services | $0 | |
| | Family Caregiver Services* for members with dementia diagnosis | $0 | Services provided to caregivers includes training, education, coaching, and counseling. Available to members not on the Elderly Waiver. Training/Education coverage up to 12 hours per year. Coaching/Counseling coverage up to 12 hours per year.<br>*This is part of a special supplemental benefit for members with certain chronic conditions such as: heart failure, dementia, diabetes, cancer, or a disabling mental health condition. Not all members will qualify, and all applicable eligibility requirements must be met. Contact the plan for details and a complete list of eligible conditions. |
| | Family planning | $0 | |



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HealthPartners Minnesota Senior Health Options (HMO SNP): Summary of Benefits 2027

| Health need or concern | Services you may need | Your costs for *in-network* providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **Additional services (continued)** | Foot Care Visits | $0 | Covered services include: soaking, filing, nail clipping, debridement and education around prevention/management. |
| | Fruits and Veggies Rx* | $0 | $40 monthly voucher-based food benefit allowance to be used toward the purchase of fresh fruits and vegetables from participating grocery stores.<br>*This is part of a special supplemental benefit for members with certain chronic conditions such as: heart failure, dementia, diabetes, cancer, or a disabling mental health condition. Not all members will qualify, and all applicable eligibility requirements must be met. Contact the plan for details and a complete list of eligible conditions. |
| | Health Education classes –<br>• Healthy Aging (Juniper) classes<br>• PowerUp cooking classes | $0 | Healthy Aging classes include, but are not limited to, A Matter of Balance, Tai Ji Quan, Stepping On and Get Fit classes.<br>Members can participate in up to six PowerUp cooking classes per year. Classes provide tools and guidance in a group setting for better eating, activity and thinking. Classes provided by a certified health educator or other qualified health professional. |
| | Home-Based Palliative Care | | Coverage of home-based palliative care for coordination and counseling for those diagnosed with a life-threatening, non-curable condition with a maximum of 12 visits per calendar year. Medicare homebound requirement is waived if eligibility criteria is met. |
| | Over-the-counter (OTC) benefit allowance | NA | A $75 quarterly benefit allowance to be used toward the purchase of over-the-counter (OTC) non-prescription medications and health-related items from a list of eligible products. The benefit allowance does not carry-over from quarter to quarter. |
| | Pocket Hearing Amplifier | $0 | Coverage for one pocket hearing amplifier per member, per year to amplify sound, improve independent living skills, and improve ability to hear and understand health care providers, caregivers, and care coordinators. |
| | Progressive lenses for eyeglasses | $0 | Members can receive one pair of progressive lenses each year. |
| | Prosthetic services | $0 | |
| | Psychotherapy for Caregivers* of members with dementia diagnosis | $0 | Up to six visits per year. Available to members not on the Elderly Waiver.<br>*This is part of a special supplemental benefit for members with certain chronic conditions such as: heart failure, dementia, diabetes, cancer, or a disabling mental health condition. Not all members will qualify, and all applicable eligibility requirements must be met. Contact the plan for details and a complete list of eligible conditions. |
| | Radiation therapy | $0 | |
| | Respite Care* | $0 | Short-term services for members with a dementia diagnosis when the primary caregiver is absent or needs relief. Available to members not on the Elderly Waiver.<br>*This is part of a special supplemental benefit for members with certain chronic conditions such as: heart failure, dementia, diabetes, cancer, or a disabling mental health condition. Not all members will qualify, and all applicable eligibility requirements must be met. Contact the plan for details and a complete list of eligible conditions. |
| | Services to help manage your disease | $0 | |
| | SilverSneakers® | $0 | With SilverSneakers, you get a fitness membership with access to a nationwide network of participating locations – enroll in as many locations as you like, at any time.<br>Don't like the gym? Stream live, online classes or use on-demand workout videos from the comfort of your home. All at no additional cost to you. With SilverSneakers, you have more options than ever. |



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HealthPartners Minnesota Senior Health Options (HMO SNP): Summary of Benefits 2027

| Health need or concern | Services you may need | Your costs for *in-network* providers | Limitations, exceptions, & benefit information (rules about benefits) |
|---|---|---|---|
| **Additional services (continued)** | Tablet (GrandPad)* | $0 | A GrandPad Tablet to support eligible members with depression or cognitive impairment. The tablet features built-in cellular connectivity and a simplified interface tailored to older adults. Those who qualify will have access to 24/7 technical and customer service support. By reducing barriers related to technology, social isolation, and access to care, the tablet supports improved self-management of chronic conditions and contributes to better health outcomes and quality of life.<br>*This is part of a special supplemental benefit for members with certain chronic conditions such as: heart failure, dementia, diabetes, cancer, or a disabling mental health condition. Not all members will qualify, and all applicable eligibility requirements must be met. Contact the plan for details and a complete list of eligible conditions. |
| | Transportation for Caregivers to Attend Covered Caregiver Support Services* | $0 | Roundtrip transportation for caregivers to support services for caregivers of members with a dementia diagnosis. Transportation must be coordinated through RideCare.<br>*This is part of a special supplemental benefit for members with certain chronic conditions such as: heart failure, dementia, diabetes, cancer, or a disabling mental health condition. Not all members will qualify, and all applicable eligibility requirements must be met. Contact the plan for details and a complete list of eligible conditions. |
| | Transportation to/from Supplemental Benefit covered services | $0 | Roundtrip transportation to locations of covered supplemental benefits including:<br>• SilverSneakers<br>• Health Education Classes<br>• Alcoholics Anonymous or Narcotics Anonymous meetings.<br>Transportation must be coordinated through RideCare. |
| | E-visit | $0 | Start an e-visit anytime, day or night. Our expert clinicians will review your symptoms and deliver a personalized treatment plan. |

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the *HealthPartners MSHO Member Handbook*. If you don't have a *Member Handbook*, call HealthPartners MSHO Member Services at **952-967-7029** or **888-820-4285** (TTY: **711**) to get one. If you have questions, you can also visit **healthpartners.com/mshohelp.**



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## D. BENEFITS COVERED OUTSIDE OF HEALTHPARTNERS MSHO

There are some services that you can get that aren't covered by HealthPartners MSHO but are covered by Medicare, Medical Assistance, or a State or county agency. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

| Other services covered by Medicare, Medical Assistance, or a State Agency | Your costs |
|---|---|
| Certain hospice care services covered outside of MSHO HealthPartners | $0 |
| Except Elderly Waiver services, other waiver services provided under Home and Community-Based Services waivers | $0 |

## E. SERVICES THAT HEALTHPARTNERS MSHO, MEDICARE AND MEDICAL ASSISTANCE don't cover

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

| Services HealthPartners MSHO, Medicare, and Medical Assistance don't cover |
|---|
| Services not considered "reasonable and necessary" according to the standards of Medicare and Medical Assistance. |
| Experimental medical and surgical treatments, items, or drugs unless covered by Medicare or under a Medicare-approved clinical study. |
| Surgical treatment for morbid obesity except when medically necessary. |
| Elective or voluntary enhancement procedures. |
| Cosmetic surgery or other cosmetic work unless criteria is met. |
| Lasik surgery |



HealthPartners Minnesota Senior Health Options (HMO SNP): Summary of Benefits 2027

## F. YOUR RIGHTS AS A MEMBER OF THE PLAN

As a member of HealthPartners MSHO, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
  - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed or public assistance
  - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
  - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
  - Description of the services we cover
  - How to get services
  - How much services will cost you
  - Names of health care providers and care coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
  - Choose a primary care provider (PCP). and change your PCP at any time during the year
  - Use a women's health care provider without a referral
  - Get your covered services and drugs quickly
  - Know about all treatment options, no matter what they cost or whether they're covered
  - Refuse treatment, even if your health care provider advises against it
  - Stop taking medicine, even if your health care provider advises against it
  - Ask for a second opinion. HealthPartners MSHO will pay for the cost of your second opinion visit.
  - Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
  - Get timely medical care
  - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act.
  - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
  - Get emergency services without prior authorization in an emergency
  - Use an out-of-network urgent or emergency care provider, when necessary

**If you have questions,** please call HealthPartners MSHO at **952-967-7029** or **888-820-4285** (TTY: **711**), **Oct. 1 through March 31**, 8 a.m. to 8 p.m. Central Time (CT), **seven days a week**. From **April 1 through Sept. 30**, call us 8 a.m. to 8 p.m. CT, **Monday through Friday**. The call is free. For more information, visit **healthpartners.com/mshohelp**.

- **You have a right to confidentiality and privacy.** This includes the right to:
  - » Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
  - » Have your personal health information kept private
  - » Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
  - » File a complaint or grievance against us or our providers
  - » Ask for a State Appeal
  - » Get a detailed reason for why services were denied

For more information about your rights, you can read the HealthPartners MSHO *Member Handbook*. If you have questions, you can call HealthPartners MSHO Member Services at the numbers listed at the bottom of this page.

You can also call the Office of the Ombudsperson for Public Managed Health Care Programs at **800-657-3729** (TTY: **711** or use your preferred relay service). The call is free.

## G. HOW TO FILE A COMPLAINT OR APPEAL A DENIED SERVICE

If you have a complaint or think HealthPartners MSHO should cover something we denied, call Member Services at the numbers listed at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the HealthPartners MSHO *Member Handbook*. You can also call HealthPartners MSHO Member Services at the numbers listed at the bottom of this page.

For information about filing a complaint, appeal or grievance, please call Member Services**.**

## H. WHAT TO DO IF YOU SUSPECT FRAUD

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or pharmacy is doing something wrong, please contact us.

- Call HealthPartners MSHO Member Services. Phone numbers are at the bottom of the page.
- Or, call the Minnesota Program Integrity Oversight Hotline at **1-651-431-2650** or **800-657-3750** TTY users may call **711**. The call is free.
- Call Medicare at **800-MEDICARE** (**800-633-4227**). TTY users may call **877-486-2048**. You can call these numbers for free.





# HEALTHPARTNERS MSHO PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Services representative at **952-883-5050** or **877-713-8215** (TTY: **711**). From Oct. 1 through March 31, we take calls from 8 a.m. to 8 p.m. CT, seven days a week. You'll speak with a representative. From April 1 through Sept. 30, call us 8 a.m. to 8 p.m. CT, Monday through Friday to speak with a representative. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day.

This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and Medical Assistance from a state plan under Medicaid.

Additional requirements are as follows:

- You live in our service area; and
- You have both Medicare Part A and Medicare Part B; and
- You are a United States citizen or are lawfully present in the United States; and
- You are age 65 or over.

### Understanding the Benefits

- The *Member Handbook* provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **healthpartners.com/mshohelp** or call **952-883-5050** or **877-713-8215** (TTY: **711**) to get a copy of the *Member Handbook*.
- Review the *Provider and Pharmacy Directory* (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the *Provider and Pharmacy Directory* to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the Formulary *(List of Covered Drugs)* to make sure your drugs are covered.

### Understanding Important Rules

- Benefits and/or copays may change on January 1, 2028.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the *Provider and Pharmacy Directory*).

# Notes

**If you have questions,** please call HealthPartners MSHO at **952-967-7029** or **888-820-4285** (TTY: **711**), **Oct. 1 through March 31**, 8 a.m. to 8 p.m. Central Time (CT), **seven days a week**. From **April 1 through Sept. 30**, call us 8 a.m. to 8 p.m. CT, **Monday through Friday**. The call is free. For more information, visit **healthpartners.com/mshohelp**.

**If you have questions,** please call HealthPartners MSHO at **952-967-7029** or **888-820-4285** (TTY: **711**), **Oct. 1 through March 31**, 8 a.m. to 8 p.m. Central Time (CT), **seven days a week**. From **April 1 through Sept. 30**, call us 8 a.m. to 8 p.m. CT, **Monday through Friday**. The call is free. For more information, visit **healthpartners.com/mshohelp**.

**If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call HealthPartners MSHO Member Services:**

**952-967-7029** or **888-820-4285**

This call is free.

Member Services also has free language interpreter services available for non-English speakers
TTY: **711**. This call is free.

From **Oct. 1 through March 31,** we take calls from 8 a.m. to 8 p.m. CT, **seven days a week.**
You'll speak with a representative.

From **April 1 to Sept. 30,** call us 8 a.m. to 8 p.m. CT, **Monday through Friday** to speak with a representative. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day.

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**healthpartners.com/mshohelp**

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