BlueCross BlueShield Minnesota

2027
SUMMARY OF BENEFITS

SecureBlue℠ (HMO SNP)
H2425-001

January 1, 2027–December 31, 2027

Member Services: **1-888-740-6013**, TTY **711**

8 a.m. to 8 p.m. Central Time, seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. Or visit **bluecrossmn.com/secureblue**.

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SecureBlue^{SM} (HMO SNP): 2027 Summary of Benefits

Introduction

This document is a brief summary of the benefits and services covered by SecureBlue. 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 SecureBlue. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call SecureBlue at 1-888-740-6013, TTY: 711, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

A. Disclaimers

This is a summary of health services covered by SecureBlue for January 1, 2027 – December 31, 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 bluecrossmn.com/secureblue. If you would like a print copy, call SecureBlue Member Services at the number at the bottom of this page.

- SecureBlue℠ (HMO SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance program to provide benefits of both programs to enrollees. Enrollment in SecureBlue depends on contract renewal.
- SecureBlue is for people age 65 and over who live in the service area and have both Medicare Part A and Part B and have Medical Assistance.
- Under SecureBlue you can get your Medicare and Medical Assistance services in one health plan. A SecureBlue care coordinator will help manage your health care needs.
- For information about Medical Assistance and choice counseling services, call the Minnesota Department of Human Services Health Care Consumer Support (HCCS) line at 1-651-297-3862 or 1-800-657-3672.
- 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 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- You can call the Ombudsperson for Public Managed Health Care Programs at 1-800-657-3729 or 711 or your preferred relay service, Monday through Friday, 8 a.m. – 4:30 p.m.
- SilverSneakers is a registered trademark of Tivity Health, Inc. © 2026 Tivity Health, Inc. All rights reserved.
- The Blue Cross and Blue Shield of Minnesota myFlexCard Mastercard® Prepaid Card is issued by Stride Bank, Member FDIC, pursuant to license by Mastercard International. Stride Bank is an independent company offering debit card services and is solely responsible for its products.
- Ascensia Diabetes Care US, Inc. is an independent company providing diabetic supplies.
- Prime Therapeutics, LLC is an independent company that provides pharmacy solutions for SecureBlue members.
- 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 us at 1-888-740-6013. Someone that speaks your preferred language can help you. This is a free service.

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- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-888-740-6013, TTY: 711, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free.
- To make or change a standing request to get this document, now or in the future, in a language other than English or in an alternate format, call Member Services at the numbers at the bottom of this page.

B. Frequently asked questions (FAQ)

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. Our MSHO program is called SecureBlue.
Will I get the same Medicare **get now? (continued on the**	You'll get most of your covered Medicare and Medical Assistance benefits directly from SecureBlue. 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 coordinator 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. When you enroll in SecureBlue, you and your care team or care coordinator will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals.

Will I get the same Medicare get now? (continued from	If you're taking any Medicare Part D drugs that SecureBlue 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 SecureBlue to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.
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 SecureBlue and have a contract with us, you can keep going to them. • 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 SecureBlue's network.** If you use providers or pharmacies that aren't in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of SecueBlue's plan. You may also use out-of-network providers when SecureBlue authorizes the use of out-of-network providers. If SecureBlue is new for you, you can continue using the providers you use now for up to 120 days in certain situations. For more information, call Member Services. • If you're currently under treatment with a provider that's out of SecureBlue's network or have an established relationship with a provider that's out of SecureBlue's network, call Member Services to check about staying connected. 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 SecureBlue's *Provider and Pharmacy Directory* on the plan's website at bluecrossmn.com/secureblue. If SecureBlue is new for you, we'll work with you to develop a care plan to address your needs.
What's a SecureBlue care coordinator? (continued on next page)	A SecureBlue 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:

If you have questions, please call SecureBlue at 1-888-740-6013, TTY: 711, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

What's a SecureBlue care coordinator? (continued from previous page)	• Assisting you in arranging for, getting, and coordinating assessments, tests, and health and long-term care supports and services • Working with you to develop and update your care plan • Supporting you and communicating with a variety of agencies and persons • Coordinating other services as outlined in your care plan • Helping you find a primary care provider and make an appointment • Helping you find the right person to talk to about your medications through your health plan, pharmacy, or doctor's office • Answering your questions and helping you when you aren't sure where to start • Providing information to help you and your family make health care decisions • Helping you find resources to support your health and safety to reduce the chance of illness, injury, or hospitalization • Supporting you from hospital to home by arranging care services before and after discharge • Providing resources for caregiver support
What are Long-term Services and Supports (LTSS)?	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 SecureBlue'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, SecureBlue 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.

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Where's SecureBlue available?	The service area for this plan includes: Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chisago, Clay, Cook, Crow Wing, Dakota, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Kanabec, Kittson, Koochiching, Lake, Lake of the Woods, Le Sueur, Mahnomen, Marshall, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Rice, Rock, Roseau, Scott, Sherburne, St. Louis, Stearns, Todd, Wadena, Washington, Watonwan, Wilkin, Winona, Wright Counties, Minnesota. You must live in one of these areas to join the plan.
What's prior authorization?	Prior authorization means an approval from SecureBlue to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. SecureBlue may not cover the service, procedure, item, or drug if you don't get prior authorization. **If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first**. SecureBlue can provide you or your provider with a list of services or procedures that require you to get prior authorization from SecureBlue before the service is provided. 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. 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.
Do I pay a monthly amount (also called a premium) under SecureBlue?	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 SecureBlue?	No. You don't pay deductibles in SecureBlue.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of SecureBlue?	There's no cost-sharing for medical services in SecureBlue, so your annual out-of-pocket costs will be $0.



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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	



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
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	Authorization rules may apply.
	Lab tests and diagnostic procedures, such as blood work	$0	Authorization rules may apply.
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	Service limits may apply. Some services may or may not require prior authorization due to medical necessity.

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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	Selection may be limited.
	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 (continued)	Ambulance services	$0	Prior authorization may be required for non-emergent ambulance services (air and ground).
	Emergency transportation	$0	

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help getting to health services (continued)	Transportation to medical appointments and services	$0	SecureBlue isn't required to provide transportation to your primary care clinic (PCC) if it's over 30 miles from your home. SecureBlue 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	
You need drugs to treat your illness or condition (continued on next page)	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 Tier 1-5 generic drugs Tier 1-5 brand name drugs	Tier 1-2 generic drugs: $0 Tier 3-5 Generic: Your copay for a one-month (31-day) supply is $0-$5.80. Brand: Your copay for a one-month (31-day) supply is $0-$14.40. Copays for drugs may vary based	There may be limitations on the types of drugs covered. Please refer to SecureBlue's *List of Covered Drugs* (*Drug List*) for more information. SecureBlue may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from SecureBlue for certain drugs. You must use certain pharmacies for a very limited number of drugs, due to special handling, provider

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)		on the level of Extra Help you get. Please contact the plan for more details.	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. Once you or others on your behalf pay $2,400 you have reached the catastrophic coverage stage and you pay $0 for all of your Medicare drugs. Read the *Member Handbook* for more information on this stage. You can get up to a 90-day supply for most drugs at most retail pharmacy locations or mail-order pharmacies. A 90-day supply has the same copay as a 31-day supply.
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to SecureBlue'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	Additional services are found on page 18.
	Orthotic services	$0	Authorization rules may apply.



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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) **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	Authorization rules may apply.
	Nebulizers	$0	
	Oxygen equipment and supplies	$0	
You need help living at home	Home care	$0	Authorization rules may apply.
	Personal care assistant	$0	Authorization rules may apply.
	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.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need interpreter services	Spoken language interpreter	$0	
	Sign language interpreter	$0	
Additional services (continued on next page)	Acupuncture	$0	Maximum 12 acupuncture visits in 90 days for members with chronic low back pain. Additional sessions for low back pain and/or other pain or specific conditions may be covered. Authorization rules may apply.
	Care coordination	$0	
	Caregiver Empowerment Program	$0	Coaching, education and support for caregivers of people living with dementia or cognitive impairment on best practices for managing the member's condition.
	Chiropractic services	$0	Authorization rules may apply.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Comfort Items	$0	Choice of one baby doll or animatronic cat, dog, or bird per year to provide comfort, companionship and improve mood. Eligibility is not guaranteed by condition alone. All eligibility requirements must be met first. Contact Member Services for details. Members must have one or more of the following chronic conditions: Alzheimer's disease, cognitive impairment, dementia, depression, intellectual and developmental disabilities, traumatic brain injuries, or social isolation. Authorization by the care coordinator is required.
	Diabetes supplies and services	$0	Coverage for test strips, meters, and lancets is limited to Ascensia/Contour brands.
	Eyeglass upgrades	$0	• Anti-glare lens coating, up to two lenses every year • Photochromatic lens tinting, up to two lenses every year • Progressive (no-line) lenses, up to two lenses every year
	Family planning	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Healthy Foods and Household Supports allowance	$0	Get a $250 quarterly allowance on your myFlexCard debit card for approved utilities, rent and healthy foods. Unused funds do not roll over to the next quarter. Benefit eligibility isn't guaranteed by condition alone. All eligibility requirements must be met first. Contact Member Services for details. Members must have one of these chronic conditions: asthma, cancer, chronic liver disease, chronic renal disease, congestive heart failure, COPD/emphysema, coronary artery disease, diabetes mellitus, peripheral vascular disease, or schizophrenia.
	Medication dispenser and reminders	$0	A medication dispenser with reminders to help you safely manage medications for multiple conditions. Includes reminders and caregiver notifications for missed doses. For members not on a home and community-based services waiver. Authorization by the care coordinator is required.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Medication Therapy Management (MTM) services	$0	If you take multiple medications, it's smart to give your medication routine a check-up at least once a year. Pharmacists will meet with you or an authorized representative (i.e. caregiver or Power of Attorney) to review all of your drugs. The goal is to make sure you understand what medications you are taking and ensure your medications are working the best for you. Pharmacists work with your doctor to help resolve any medication problems. This visit is called a Comprehensive Medication Review (CMR).
	Music Therapy	$0	Maximum of 26 therapy sessions per year by a board-certified music therapist for members who reside in a nursing facility or assisted living facility or foster home and who have one or more of the following chronic conditions: Alzheimer's disease, cognitive impairment, dementia, depression, intellectual and developmental disabilities, traumatic brain injuries, or social isolation. Authorization by the care coordinator is required.
	Over-the-Counter allowance	$0	Get a $100 quarterly allowance on your myFlexCard debit card to purchase select, over-the-counter items. Unused benefits don't roll over to the next quarter. Order by telephone, online or shop for eligible items at select retail stores.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Personal Emergency Response System (PERS)	$0	Coverage for an in-home or mobile PERS device to let you call for help in an emergency. For members not on a home and community-based service waiver. Authorization by the care coordinator is required.
	Podiatry additional services	$0	Maximum of additional 12 visits per calendar year, not related to a specific diagnosis already covered by Medicare.
	Post-discharge home-delivered meals	$0	Up to two home-delivered meals per day, for up to two weeks after discharge from a hospital or short-term skilled nursing facility. Authorization rules may apply.
	Prosthetic services	$0	Authorization rules may apply.
	Radiation therapy	$0	
	Safety items	$0	Home safety devices to help prevent injuries in the home. Items may include (but are not limited to): • Grab bars in the bathroom or other rooms in the home • Toilet safety rails • Shower bench or chair • Step support for the bed Up to $750 per year. Authorization by the care coordinator is required.

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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Services to help manage your disease	$0	Authorization rules may apply.
	SilverSneakers® Fitness Benefit	$0	Membership includes access to thousands of locations[1] across the country that may include weights and machines plus group fitness classes[2] at select locations. Find a location at SilverSneakers.com/locations. Members can also access online education on SilverSneakers.com, participate in SilverSneakers Live virtual classes, get workout videos on SilverSneakers On-Demand™, or download the SilverSneakers GO™ fitness app for more workout ideas. Always talk with your doctor before starting an exercise program.
	Transportation for grocery shopping	$0	Maximum six round-trip rides per month for grocery shopping. Benefit eligibility isn't guaranteed by condition alone. All eligibility requirements must be met first. Contact Member Services for details. Members must have one of these chronic conditions: cardiovascular disorders, chronic lung disorders, cognitive impairment, diabetes mellitus, stroke or other eligible conditions not listed.
	Transportation for non-medical needs	$0	Maximum one round-trip ride per day per benefit to: • SilverSneakers® participating fitness location[1] • Alcoholics Anonymous (AA) or Narcotics Anonymous (NA)



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1. Participating locations ("PL") are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities is limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL. Inclusion of specific PLs is not guaranteed and PL participation may differ by health plan.
2. Membership includes SilverSneakers® instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

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 SecureBlue *Member Handbook*. If you don't have a *Member Handbook*, call SecureBlue Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit bluecrossmn.com/secureblue.

D. Benefits covered outside of SecureBlue

There are some services that you can get that aren't covered by SecureBlue 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 SecureBlue	$0
Except Elderly Waiver services, other waiver services provided under Home and Community-Based Services waivers	$0

E. Services that SecureBlue, 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 SecureBlue, Medicare, and Medical Assistance don't cover
Services not considered "reasonable and necessary" according to 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



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Services SecureBlue, Medicare, and Medical Assistance don't cover
Lasik surgery

F. Your rights as a member of the plan

As a member of SecureBlue, 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'll 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. SecureBlue will pay for the cost of your second opinion visit.



If you have questions, please call SecureBlue at 1-888-740-6013, TTY: 711, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

- 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

- **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 *Member Handbook*. If you have questions, you can call SecureBlue 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 1-800-657-3729 (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 SecureBlue should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

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

If you have questions, please call SecureBlue at 1-888-740-6013, TTY: 711, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

To file a complaint, grievance, and/or appeal please contact Member Services at 1-888-740-6013, TTY: 711, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free.

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 other pharmacy is doing something wrong, please contact us.

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



If you have questions, please call SecureBlue at 1-888-740-6013, TTY: 711, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit bluecrossmn.com/secureblue.

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BlueCross BlueShield Minnesota

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

1-888-740-6013
The call is free. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.
Member Services also has free language interpreter services available for non-English speakers.

TTY: **711**
The call is free. 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

If you have questions about your health:
Call your primary care provider (PCP). Follow your PCP's instructions for getting care when the office is closed.

If your PCP's office is closed, you can also call the Nurse Line. A nurse will listen to your problem and tell you how to get care. (Example: urgent care, emergency room). The numbers for the Nurse Line are:

1-888-275-3974
The call is free. Nurse Line is available 24 hours a day, seven days a week. SecureBlue also has free language interpreter services available for non-English speakers.

TTY: **711**
The call is free. Nurse Line is available 24 hours a day, seven days a week.

If you need immediate behavioral health care, please call the Behavioral Health Crisis Line:

1-888-275-3974
The call is free. 24 hours a day, seven days a week.
SecureBlue also has free language interpreter services available for non-English speakers.

TTY: **711**
The call is free. 24 hours a day, seven days a week.

If you have questions, please call SecureBlue at 1-888-740-6013, TTY: 711, 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. The call is free. **For more information**, visit bluecrossmn.com/secureblue.