Medica DUAL Solution® (HMO D-SNP): 2027 Summary of Benefits

For accessible formats of this publication or assistance with additional equal access to our services, visit Medica.com/MSHO or call toll-free at 1 (888) 347-3630 (TTY: 711).

H2458_61137_M

NO ENGLISH **Medica: 1-888-347-3630 (toll free) TTY: 711**

ATTENTION: If you speak English, free language assistance services are available to you free of charge and without unnecessary delay. Additionally, appropriate auxiliary aids and services to provide information in accessible formats are available free of charge and in a timely manner. Please call the number above or speak to your provider. English

ማሳሰቢያ፦ አማርኛ ተናጋሪ ከሆኑ ፤ ነጻ የቋንቋ ድጋፍ አገልግሎቶች ካለምንም ክፍያ እና ካለአላስፈላጊ መዘግየት ማግኘት ይችላሉ። በተጨማሪም መረጃን በቀላሉ ለማግኘት በሚያስችል ቅርጸት ለማቅረብ ተገቢ የሆኑ የመስማት ድጋፍ እና አገልግሎቶች ከክፍያ ነጻ በሆነ እና ግዜውን በጠበቀ መልኩ ማግኘት ይችላሉ። እባክዎ ከላይ ባለው ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ። Amharic

تنبيه: نقدم لمتحدثي اللغة العربية خدمات مساعدة لغوية مجانية وفورية، بالإضافة إلى وسائل وخدمات مساعدة مناسبة، وبصيغة معلومات سهلة بدون تكلفة وبشكل سريع. يرجى التواصل على الرقم الموضح أعلاه أو مراجعة مقدم الخدمة المباشرة. Arabic

သတိပြုရန် – အကယ်၍ သင်သည် မြန်မာဘာသာစကား ပြောဆိုသူဖြစ်လျှင် အခမဲ့ ဘာသာစကားဆိုင်ရာ ပံ့ပိုးထောက်ပံ့ပေးမှု ဝန်ဆောင်မှုများအား မလိုအပ်သည့် နှောင့်နှေးကြန့်ကြာမှုများ မရှိစေဘဲ သင် အခမဲ့ ရရှိနိုင်မည် ဖြစ်သည်။ ထို့ပြင် အချက်အလက်များအား အလွယ်တကူ ဝင်ရောက်ရယူနိုင်စေသော ဖောမတ်ပုံစံများဖြင့် ထောက်ပံ့ပေးထားသည့် သက်ဆိုင်ရာ ဖြည့်စွက် ထောက်ပံ့မှုများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့၊ အချိန်မီ ရရှိနိုင်စေရန် စီမံပေးထားပါသည်။ ကျေးဇူးပြုပြီး အထက်ဖော်ပြပါ ဖုန်းနံပါတ်သို့ ခေါ်ဆိုပါ သို့မဟုတ် သင်၏ ထောက်ပံ့သူဖြင့် ပြောဆိုဆွေးနွေးပါ။ မြန်မာဘာသာစကား Burmese

យកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (ខ្មែរ) សេវាកម្មជំនួយភាសាឥតគិតថ្លៃមានផ្តល់ជូនអ្នកដោយមិនគិតថ្លៃ និងដោយភ្ជាប់ការពន្យារពេលមិនចាំបាច់ឡើយ។ លើសពីនេះ ជំនួយ និងសេវាកម្មដែលសមស្របក្នុងការផ្តល់ព័ត៌មានក្នុងទម្រង់ដែលអាចចូលប្រើបានគឺអាចរកបានដោយឥតគិតថ្លៃ និងទាន់ពេលវេលា។ សូមហៅទូរសព្ទទៅលេខខាងលើ ឬនិយាយជាមួយអ្នកផ្តល់សេវារបស់អ្នក។ ភាសាខ្មែរ (ខ្មែរ) Cambodian (Khmer)

注意：如果您說簡體中文，您可以免費獲得語言協助服務，且不會有不必要的延誤。此外，還能免費及時獲取以無障礙格式提供資訊的適當輔助工具和服務。請撥打上面的電話號碼，或與您的服務提供商溝通。 Cantonese (Traditional Chinese)

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition, sans frais et sans délai. En outre, des aides et services auxiliaires appropriés pouvant fournir des informations dans des formats accessibles sont disponibles gratuitement et rapidement. Veuillez appeler le numéro ci-dessus ou contacter votre fournisseur. French

CEEB TOOM: Yog koj hais lus Hmoob, muaj kev pab txhais lus dawb rau koj siv. Koj tsis tas them nqi thiab yuav tsis qeeb. Kuj muaj cuab yeej thiab kev pab los pab koj nyeem cov ntaub ntawv kom yooj yim nkag siab. Koj hu tau rau tus xov tooj saum toj no lossis nrog koj tus kws kho mob tham. Hmong

NO ENGLISH **Medica: 1-888-347-3630 (toll free) TTY: 711**

ဟ်သူဉ်ဟ်သး– နမ့်ဂၤတိၤကညီကျိာ်အဃိ, နမၤန့်, ကျိာ်တၢ်ဆိဉ်ထွဲမၤစၢၤ လၢတလာ်ဘူဉ်လာ်စ့ၤ ဒီးတအိဉ်ဒီး တၢ်မၤယံာ်မၤနီၢ်သးဘဉ်နၣ်လီၤ. အါန့်အနၣ်, တၢ်အိဉ်စ့်ၢ်ကီးဒီး တၢ်မၤစၢၤတၢ်နၢ်ဟူဒီး တၢ်မၤစၢၤတၢ်မၤတဖဉ် လၢကဟ့ဉ်တၢ်ဂ့်ၢ်တၢ်ကျိၤ လၢပှၤအါဂၤန်ၢ်ပၢ်အီၤသ့ လၢတအိဉ်ဒီးအဘူးအလဲ ဒီးချူးဆၢချူးကတိၢ်နၣ်လီၤ. ဝံသးစူၤ ကီးနိဉ်ဂံၢ်လၢထး မ့တမ့်ၢ် တဲသကိးတၢ်ဒီး ပှၤလၢအဟ့ဉ်နၤတၢ်မၤစၢၤ တကွၢ်. ကညီကျိာ် Karen

안내: 한국어를 사용하시는 분께는 언어 지원 서비스를 무료로, 지체 없이 제공해 드립니다. 또한, 정보 접근성을 위한 적절한 보조 기구 및 서비스가 무료로, 시의적절하게 제공됩니다. 위에 있는 번호로 전화하시거나 담당자에게 말씀해 주십시오. Korean

ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານຈະໄດ້ຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າ ແລະ ບໍ່ມີການຊັກຊ້າ ທີ່ບໍ່ຈຳເປັນ. ນອກຈາກນັ້ນ, ເຄື່ອງມືຊ່ວຍເຫຼືອແລະ ບໍລິການເສີມທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ເຂົ້າເຖິງໄດ້ ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍ ແລະ ທັນເວລາ. ກະລຸນາໂທຫາເບີໂທລະສັບຂ້າງເທິງ ຫຼື ສົນທະນາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. Lao

HUBADHAA: Yoo Afaan Oromoo dubbattu ta'e, tajaajila gargaarsa turjumaana afaanii biliisaan akkasumas turtii barbaachisaa hin taane hambisu danda'u isiniif dhihaatee jira. Dabalataanis, odeeffannoo haala salphaan argamuu danda'an dhiyeessuuf gargaarsa fi tajaajiloota deeggarsaa qama midhamtootaaf mijatoo ta'an, kaffaltii tokko malee fi yeroo isaa eeggatee kennamu dhihaatee jira. Odeeffanno dabalataaf lakkoofsa armaan oliitti fayyadamuun namoota gargaarsa kana isiniif kennan qunnamaa. Oromo

ВНИМАНИЕ: Если вы разговариваете на русском языке, воспользуйтесь услугами языковой поддержки бесплатно и без лишних проволочек. Также бесплатно и незамедлительно предоставляются соответствующие вспомогательные средства и услуги по обеспечению информацией в доступных форматах. Позвоните по указанному выше номеру или обратитесь к своему поставщику услуг. Russian

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, waxaa si bilaash ah kuugu diyaar ah adeegyada caawinada luuqadeed oo aan lahayn daahitaan aan munaasib ahayn. Intaas waxaa dheer, waxaa la heli karaa adeegyada iyo kaabitaanka naafada ee haboon si macluumaadka loogu bixiyo qaabab la adeegsan karo oo bilaash ah laguna bixinayo waqqigeeda. Fadlan wac lambarka kore ama la hadal adeegbixiyahaaga. Somali

ATENCIÓN: si habla español, tiene a su disposición los servicios gratuitos de traducción sin costo alguno y sin demoras innecesarias. Además, se encuentran disponibles de forma gratuita y oportuna ayuda y servicios auxiliares adecuados con el fin de brindarle información en formatos accesibles. Llame al número indicado anteriormente o hable con su proveedor. Spanish

LƯU Ý: Nếu bạn nói tiếng Việt, bạn có thể được hỗ trợ ngôn ngữ miễn phí mà không phải chờ đợi lâu. Ngoài ra, các thiết bị hỗ trợ và dịch vụ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng có sẵn miễn phí và kịp thời. Vui lòng gọi số điện thoại phía trên hoặc trao đổi với nhân viên y tế của bạn. Vietnamese

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

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
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

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

Office for Civil Rights, U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240 Chicago, IL 60601
Customer Response Center: 800-368-1019, TTY: 800-537-7697
Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)
In Minnesota, you have the right to file a complaint with the MDHR if you have been discriminated against because of any of the following:

- 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
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:

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

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.

Medica DUAL Solution®, HMO D-SNP | 2027 Summary of Benefits

Introduction

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

Table of Contents

A. Disclaimers 2

B. Frequently asked questions (FAQ)....3

C. List of covered services....7

D. Benefits covered outside of Medica DUAL Solution 20

E. Services that Medica DUAL Solution, Medicare, and Medical Assistance don't cover....20

F. Your rights as a member of the plan 20

G. How to file a complaint or appeal a denied service....22

H. What to do if you suspect fraud....23

A. Disclaimers

This is a summary of health services covered by Medica DUAL Solution for Jan. 1 – Dec. 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 Medica.com/MSHO. If you would like a print copy, call Medica DUAL Solution Member Services at the number at the bottom of this page.

- Medica DUAL Solution® is an HMO D-SNP that contracts with both Medicare and Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in Medica DUAL Solution depends on contract renewal.
- Medica DUAL Solution has a Model of Care approved by the National Committee for Quality Assurance (NCQA) and Minnesota until 2029 based on a review of Medica DUAL Solution's Model of Care.
- 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.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1 (888) 347-3630 (TTY: 711), Oct. 1 – March 31 from 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 9 p.m. CT, Monday – Friday. The call is free.
- 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) 347-3630 (TTY: 711). Someone that speaks your language can help you. This is a free service.
- 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.

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 Medica DUAL Solution.
Will I get the same Medicare and Medical Assistance benefits in Medica DUAL Solution that I get now?	You'll get most of your covered Medicare and Medical Assistance benefits directly from Medica DUAL Solution. 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. When you enroll in Medica DUAL Solution, you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Medica DUAL Solution 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 Medica DUAL Solution to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.

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 Medica DUAL Solution 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 Medica DUAL Solution'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 Medica DUAL Solution's plan. You may also use out-of-network providers for open access services and in cases when Medica DUAL Solution authorizes the use of out-of-network providers. • If you're currently under treatment with a provider that's out of Medica DUAL Solution's network or have an established relationship with a provider that's out of Medica DUAL Solution'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 Medica DUAL Solution's *Provider and Pharmacy Directory* on the plan's website at Medica.com/MSHO. If Medica DUAL Solution is new for you, we'll work with you to develop a care plan to address your needs.
What's a Medica DUAL Solution care coordinator? (continued on the next page)	A Medica DUAL Solution care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need, including the following: • Assisting you in arranging for, getting, and coordinating assessments, tests, and health and long-term care supports and services

Frequently Asked Questions	Answers
What's a Medica DUAL Solution care coordinator? (continued from previous page)	• 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
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 Medica DUAL Solution'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, Medica DUAL Solution 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.
Where's Medica DUAL Solution 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, 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 and Wright Counties, Minnesota. You must live in one of these areas to join the plan.

Frequently Asked Questions	Answers
What's prior authorization?	Prior authorization means an approval from Medica DUAL Solution to seek services outside of our network or to get services not routinely covered by our network **before** you get the services. Medica DUAL Solution 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**. Medica DUAL Solution can provide you or your provider with a list of services or procedures that require you to get prior authorization from Medica DUAL Solution 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 Medica DUAL Solution?	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 Medica DUAL Solution?	No. You don't pay deductibles in Medica DUAL Solution.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Medica DUAL Solution?	There's no cost-sharing for medical services in Medica DUAL Solution, so your annual out-of-pocket costs will be $0.

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	

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	
	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	
You need eye care	Eye exams	$0	
	Glasses or contact lenses	$0	
	Other vision care	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
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 on the next page)	Ambulance services	$0	
	Emergency transportation	$0	
	Transportation to medical appointments and services	$0	Medica DUAL Solution isn't required to provide transportation to your primary care clinic (PCC) if it's over 30 miles from your home. Medica DUAL Solution isn't required to provide transportation to your specialty care clinic if it's over 60 miles from your home.

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 other health services	$0	
You need drugs to treat your illness or condition (continued on the 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 (continued on the next page) Covered generic drugs Covered brand name drugs	Tiers 1-5 generic drugs: $0/$1.65/$5.80 for a 30-day supply. Tiers 1-5 brand name drugs: $0/$5.00/$14.40 for a 30-day supply. Tier 6 drugs: $0 for a 30-day supply for any drug in retail pharmacy or 90-day supply for maintenance drugs in mail order through Express Scripts® Tier 6 drugs: $1 for drugs mail-ordered through another pharmacy.	There may be limitations on the types of drugs covered. Please refer to Medica DUAL Solution's *List of Covered Drugs* (*Drug List*) for more information. Medica DUAL Solution 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 Medica DUAL Solution for certain drugs. 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.

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)	Medicare Part D drugs (continued) Covered generic drugs Covered brand name drugs	Copays for Tiers 1-5 drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	Once you or others on your behalf pay $2,400 you have reached the catastrophic coverage stage and you pay $0 for all your Medicare drugs. Read the *Member Handbook* for more information on this stage. An extended-day supply is available at both mail order and select retail pharmacy locations. The cost-sharing amount for this extended-day supply is the same as for a one-month supply.
	Over-the-counter (OTC) drugs	$0	There may be limitations on the types of drugs covered. Please refer to Medica DUAL Solution's *List of Covered Drugs* (*Drug List*) for more information. Additional Over-the-counter drug and item coverage is available under this plan. Refer to Over-the-Counter (OTC) Items Allowance in the Additional Services section 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	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need foot care	Podiatry services	$0	Unlimited routine foot care that includes cutting or removal of corns and calluses, trimming, cutting, clipping, or debriding of nails as well as hygienic and preventive maintenance care that includes cleaning the feet, soaking the feet, and use of skin creams to maintain skin tone of feet of walking members.
	Orthotic services	$0	
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	
	Nebulizers	$0	
	Oxygen equipment and supplies	$0	
	Continuous glucose monitors (CGMS)	$0 copayment for Medicare-covered Abbott FreeStyle Libre and Dexcom CGMs when obtained at a retail pharmacy or 20% of the total cost when obtained from a medical supplier and for Medica-approved non-preferred	CGMs are covered with a prior authorization. CGMs from manufacturers other than Abbott FreeStyle Libre or Dexcom are not covered unless approved as an exception by Medica.
You need help living at home (continued on the next page)	Home care	$0	
	Personal care assistant	$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued)	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	
Additional services (continued on the next page)	Acupuncture	$0	
	Additional Sessions of Smoking and Tobacco Cessation (continued on the next page)	$0	In addition to the Medicare-covered face to face counseling sessions, Medica partners with Active Health® to offer additional services to help you quit tobacco. They include: • Confidential telephonic coaching sessions • Written self-help materials • Digital support/coaching via app

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Additional Sessions of Smoking and Tobacco Cessation (continued)		• Home delivered nicotine replacement therapy not covered under Part D for 8-10 weeks per year (as medically appropriate) Tobacco cessation coaching plans typically last about 10 weeks and are tailored to your individual needs and goals. You may participate in unlimited quit attempts, with ongoing support to help you successfully quit tobacco.
	Care coordination	$0	
	Chiropractic services	$0	
	Diabetes supplies and services	$0	
	Eyewear supplemental benefit	$0	You are eligible to get anti-glare lens coating on one pair of covered glasses or two covered lenses once per year through our eyewear partner Eye-Kraft®.
	Family planning	$0	
	Fitness Benefit (continued on the next page)	$0	The One Pass™ fitness program is a fitness benefit that includes access to 20,000+ fitness locations nationwide, exercise equipment and other gym amenities including group exercise classes led by certified instructors. • Memory fitness program provides unlimited access to an online platform with activities and exercises that support brain speed, memory, intelligence and cognitive resilience

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Fitness Benefit (continued)		• Online resources include on-demand and live-streaming fitness classes as well as individual exercises • A Home Fitness Kit is available to members residing 15 miles outside of a participating fitness location, or members physically unable to visit a fitness location. Home Fitness Kit choices include: 1) Fit Kit (includes a resistance band, exercise tubing, door anchor and exercise cards specific to balance, coordination, agility, strength, cardio, and flexibility) 2) Yoga Kit (DVD with two 20-minute videos plus a yoga mat, yoga block, yoga strap) 3) Dance Kit (Zumba Gold dance kit includes quick start and 20-minute express DVD) Members get their One Pass code and find locations and classes at Medica.com/MSHO. Members with additional questions should call 1 (877) 504-6830 (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.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Fitness Expenses Allowance	$0	Use your Health+ by Medica card with a monthly allowance of $135 towards fitness expenses at participating retailers in the OTC Network® or eligible fitness companies. There is no carry-over month to month and the allowance amount is shared across OTC items and fitness expenses. Members who qualify for SSBCI may also use this shared allowance for healthy foods and utility expenses.
	HealthAdvocate℠ personal advocacy	$0	This benefit provides 24/7 telephonic support through our partner, HealthAdvocate℠. You will have access to a dedicated, non-clinical Personal Health Advocate who can: • Answer questions about your Medica services and benefits. • Help resolve health insurance or coverage issues. • Connect you with a registered nurse if you need clinical support.
	Health education program (continued on the next page)	$0	Access personalized health education coaching administered by partner CHW Solutions. You are eligible to receive a combination of six total face-to-face and telephonic visits over six months from a highly trained community health worker (CHW). Visits are tailored to you and focused on condition specific health education, self-management skill development, and social determinants of health (SDOH) that are important to you and include: • Hypertension • Diabetes

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Health education program (continued)		• Pre-diabetes • Asthma/COPD • Heart conditions • Mental health • Alzheimer's and related dementias
	Over-the-Counter (OTC) Items Allowance	$0	Use your Health+ by Medica card with a monthly allowance of $135 towards Over-the-Counter (OTC) Items at participating retailers in the OTC Network®. There is no carry-over month to month and the allowance amount is shared across OTC items and fitness expenses. Members who qualify for SSBCI may also use this shared allowance for healthy foods and utility expenses.
	Prosthetic services	$0	
	Radiation therapy	$0	
	Readmission Prevention (continued on the next page)	$0	If you experience a qualifying hospital stay you are eligible for up to four post-discharge visits from a Community Health Worker trained by partner Lutheran Social Service of Minnesota. Visits are both face-to-face and telephonic with services that include: • Medication review and reconciliation • Home safety evaluation to prevent falls

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)

Additional services (continued)	Readmission Prevention (continued)		• Up to seven home-delivered meals per week for up to four weeks (28 meals) for each qualifying admission. Members on Elderly Waiver have access to home-delivered meals through the waiver instead.
			• A post-hospitalization member care kit that includes:
			  ○ Reacher
			  ○ Long-handled scrub brush
			  ○ Long-handled shoehorn
			  ○ Four-row one-week pill minder container
			  ○ Educational materials on self-care tips and the use of these items
			• Referral to additional community resources

	Services to help manage your disease	$0	
	Special supplemental benefits for the chronically ill (SSBCI) (continued on the next page)	$0	The benefits mentioned are part of a special supplemental program for the chronically ill. You may be eligible if you are diagnosed with one or more of the following chronic conditions: diabetes, high blood pressure, high cholesterol or depression. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued)	Special supplemental benefits for the chronically ill (SSBCI) (continued)		**Healthy Food Allowance:** Use your Health+ by Medica card with a monthly allowance of $135 towards Healthy Food Items at participating retailers in the OTC Network®. There is no carry-over month to month and the allowance amount is combined with Over-the-Counter (OTC) Items, Fitness Expenses, and Utility Expenses allowances. **Utility Expenses Allowance:** Use your Health+ by Medica card with a monthly allowance of $135 towards utility expenses at eligible utility companies. There is no carry-over month to month and the allowance amount is combined with Over-the-Counter (OTC) Items, Fitness Expenses, and Healthy Food allowances.

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 Medica DUAL Solution *Member Handbook*. If you don't have a *Member Handbook*, call Medica DUAL Solution 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 Medica.com/MSHO.

D. Benefits covered outside of Medica DUAL Solution

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

E. Services that Medica DUAL Solution, 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 Medica DUAL Solution, 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
Lasik surgery

F. Your rights as a member of the plan

As a member of Medica DUAL Solution, 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. Medica DUAL Solution 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

- **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 Medica DUAL Solution 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 Medica DUAL Solution 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 Medica DUAL Solution Member Services at the numbers listed at the bottom of this page.

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 Medica DUAL Solution Member Services. Phone numbers are the numbers listed 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 general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Medica DUAL Solution Member Services:

1 (888) 347-3630 The call is free. We are available for phone calls Oct. 1 – March 31 from 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 9 p.m. CT, Monday – Friday.
Member Services also has free language interpreter services available for non-English speakers.

TTY: 711. The call is free. We are available for phone calls Oct. 1 – March 31 from 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30 from 8 a.m. – 9 p.m. CT, Monday – Friday.

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 NurseLine™ by HealthAdvocate℠. A nurse will listen to your problem and tell you how to get care. (*Example:* urgent care, emergency room). The numbers for the NurseLine™ by HealthAdvocate℠ are:

1 (866) 715-0915 The call is free. 24 hours per day, 7 days per week.

Medica DUAL Solution also has free language interpreter services available for non-English speakers.

TTY: 711. The call is free. 24 hours per day, 7 days per week.

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

1 (800) 848-8327 The call is free. 24 hours per day, 7 days per week.

Medica DUAL Solution also has free language interpreter services available for non-English speakers.

TTY: 711. The call is free. 24 hours per day, 7 days per week.



Route CP540, PO Box 9310 Minneapolis, MN 55440-9310

All other trademarks are the property of their respective owners.

© 2026 Medica | MCD61137-701026A