NORTH DAKOTA
Medica Advantage® Dual (PPO D-SNP) Plan

Summary of Benefits

January 1, 2027 – December 31, 2027

This is a summary of drug and health services covered by **Medica Advantage Dual (PPO D-SNP)**.

To join this Medicare Advantage Plan, you must keep Medicare Part A (Hospital Insurance), Medicare Part B (Medical Insurance) and North Dakota Medicaid to stay in the Medica Advantage Dual (PPO D-SNP) Plan.

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage*.

You have choices about how to get your Medicare benefits

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits by joining a Medicare Advantage plan (such as **Medica Advantage Solution (PPO D-SNP)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Medica Advantage Dual (PPO D-SNP)** plan covers and what you pay. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.medicare.gov.

If you want to know more about the coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or get a copy 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.

Sections in this booklet

- Things to Know About the **Medica Advantage Dual (PPO D-SNP)** Plan
- Monthly Premium, Deductible, and Maximums on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Part D Prescription Drug Benefits
- Additional Benefits and Services

This document is available in other formats such as braille and large print. This document may be available in a non-English language. For additional information, call us at 1 (866) 224-7306 (toll-free) (TTY: 711).

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Medica

Things to Know About the Medica Advantage Dual (PPO D-SNP) Plan

Hours of Operation

- From Oct. 1 – March 31, you can call us from 8 a.m. – 8 p.m. CT, 7 days a week.
- From April 1 – Sept. 30, you can call us from 8 a.m. – 8 p.m. CT, Monday – Friday.

Medica Advantage Dual (PPO D-SNP) Phone Numbers and Website

- If you are a member of this plan, call 1 (866) 476-7431 (toll-free) (TTY: 711).
- If you are not a member of this plan, call 1 (866) 224-7306 (toll-free) (TTY: 711).
- Our website: Medica.com/Medicare

Who Can Join?

To join the **Medica Advantage Dual (PPO D-SNP)** plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, be enrolled in North Dakota Medicaid, and live in our service area.

Our service area includes the following counties in **North Dakota**: Barnes, Burleigh, Cass, Foster, Grand Forks, Griggs, Kidder, McHenry, McLean, Mercer, Morton, Mountrail, Nelson, Oliver, Ramsey, Sheridan, Stark, Steele, Stutsman, Traill, Walsh, Ward, and Wells.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid. How much Medicaid covers depends on your income, resources, and other factors.

You can enroll in this plan if you are in one of these Medicaid categories:

- **Qualified Medicare Beneficiary Plus (QMB+)**: You get Medicaid coverage of Medicare cost-share and are also eligible for full Medicaid benefits. Medicaid pays your Part A and Part B premiums, deductibles, coinsurance, and copayment amounts for Medicare covered services. You pay nothing, except for Part D prescription drug copays (if applicable), services not covered by Medicare or Medicaid or services received from a provider not in the Medica Advantage DUAL provider network.
- **Specified Low-Income Medicare Beneficiary (SLMB+)**: Medicaid pays your Part B premium and provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from your state Medicaid agency in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid or is received from a provider who is not in the Medica Advantage DUAL provider network.
- **Full Benefits Dual Eligible (FBDE)**: Medicaid may provide limited assistance with Medicare cost-sharing. Medicaid also provides full Medicaid benefits. You are eligible for full Medicaid benefits. At times you may also be eligible for limited assistance from the State Medicaid Office in paying your Medicare cost share amounts. Generally your cost share is 0% when the service is covered by both Medicare and Medicaid. There may be cases where you have to pay cost sharing when a service or benefit is not covered by Medicaid or is received from a provider who is not in the Medica Advantage DUAL provider network.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

Which doctors, hospitals, and pharmacies can I use?

Medica Advantage Dual (PPO D-SNP) plan has a network of doctors, hospitals, pharmacies, and other providers. You pay your lowest cost sharing when you visit an in-network provider. You have coverage for services at out-of-network providers, but you may pay more. Coverage for emergency care is the same in network as it is out of network (within the U.S. and its territories). Covered services that need approval in

advance to be covered as in-network services are marked by an asterisk (*). You will not have any cost sharing if you receive Medicare-covered services from in-network providers.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You may search for network providers and pharmacies on our website at Medica.com/MyPlanDocs. Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Medica Advantage Dual (PPO D-SNP) covers everything that Original Medicare covers – plus more. Your services are paid first by Medicare and then by Medicaid when received by a network provider that participates in North Dakota Medicaid. Our plan covers medical and hospital services, Part D outpatient prescription drugs, and protects you from unlimited out-of-pocket costs.

In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, Medica.com/MyPlanDocs. Or, call us and we will send you a copy of the formulary.

SUMMARY OF BENEFITS

January 1, 2027 – December 31, 2027

	Medica Advantage Dual (PPO D-SNP) ($0)
MONTHLY PREMIUM, DEDUCTIBLE, AND MAXIMUMS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
Monthly Plan Premium	$0
Medical Deductible	No deductible
Maximum Out-Of-Pocket Responsibility *(does not include prescription drugs or any Medicaid cost shares)*	In-Network: $9,850 In-Network and Out-of-Network combined: $14,800

	Medica Advantage Dual (PPO D-SNP) ($0)
COVERED MEDICAL AND HOSPITAL BENEFITS	
Medicare Cost Sharing	
In-Network	If you have full Medicare benefits or if you are a Qualified Medicare Beneficiary Plus (QMB+), Specified Low-Income Medicare Beneficiary Plus (SLMB+), or Full Benefit Dual Eligible Member (FBDE), are enrolled in North Dakota Department of Health and Human Services, Medical Services Division (Medicaid) and our provider accepts Medicaid, you will have a $0 copay for Medicare-covered services unless a separate Medicaid copay or coinsurance applies, as noted in the charts below.
Out-of-Network	If you are a QMB+, SLMB+, or FBDE and your provider accepts Medicaid, you will have a $0 copay for Medicare-covered services unless a separate Medicaid copay or coinsurance applies, as noted in the charts below.
Inpatient Hospital Coverage	
In-Network	$0 copay OR $6,068 copay for each Medicare-covered hospital stay. * $0 copay for up to 60 Medicare-covered lifetime reserve days.

	Medica Advantage Dual (PPO D-SNP) ($0)
COVERED MEDICAL AND HOSPITAL BENEFITS	
Out-of-Network	$0 copay OR $6,068 copay for each Medicare-covered hospital stay. $0 copay for up to 60 Medicare-covered lifetime reserve days.
Outpatient Hospital Coverage	**Outpatient Hospital Services:**
In-Network	$0 copay OR 20% of the total cost *
	$0 copay OR 20% of the total cost for diagnostic colonoscopies
Out-of-Network	$0 copay OR 30% of the total cost
	Outpatient Hospital Observation Services:
In-Network	$0 copay OR 20% of the total cost
Out-of-Network	$0 copay OR 30% of the total cost
Ambulatory Surgery Center	
In-Network	$0 copay OR 20% of the total cost *
	$0 copay OR 20% of the total cost for diagnostic colonoscopies
Out-of-Network	$0 copay OR 30% of the total cost
Doctor Visits	**Primary Care Provider:**
In-Network	$0 copay OR 20% of the total cost
Out-of-Network	$0 copay OR 30% of the total cost
	Specialist:
In-Network	$0 copay OR 20% of the total cost
Out-of-Network	$0 copay OR 30% of the total cost

	Medica Advantage Dual (PPO D-SNP) ($0)
COVERED MEDICAL AND HOSPITAL BENEFITS	
Preventive Care (e.g., Flu Vaccine, Diabetic Screenings)	
In-Network	$0 copay
Out-of-Network	$0 copay
	Preventive Care includes: • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screening • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings and monitoring • Hepatitis C screening • HIV screening • Lung cancer with low dose computed tomography (LDCT) screening • Medical nutrition therapy services • Medicare Diabetes Prevention Program (MDPP) • Obesity screenings and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screenings and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including those for the flu, Hepatitis B, pneumonia, or COVID-19 • "Welcome to Medicare" preventive visit (one-time)

	Medica Advantage Dual (PPO D-SNP) ($0)
COVERED MEDICAL AND HOSPITAL BENEFITS	
Emergency Care	$0 copay OR 20% of the total cost Copay is waived if you are admitted to a hospital within 1 day within the U.S. and its territories.
Urgently Needed Services	$0 copay OR 20% of the total cost
Diagnostic and Therapeutic Services/Labs/Imaging	**Diagnostic Tests and Procedures:**
In-Network	$0 copay OR 20% of the total cost for tests other than diagnostic colonoscopies and home-based sleep studies. * Out-of-Network $0 copay OR 30% of the total cost
In-Network	$0 copay OR 20% of the total cost for diagnostic colonoscopies and home-based sleep studies. Out-of-Network $0 copay OR 30% of the total cost
	Lab Services
In-Network	$0 copay OR 20% of the total cost Out-of-Network $0 copay OR 30% of the total cost
	Diagnostic Radiology Services (e.g., MRI, CAT Scan):
In-Network	$0 copay OR 20% of the total cost for basic imaging and diagnostic mammograms. Out-of-Network $0 copay OR 30% of the total cost
In-Network	$0 copay OR 20% of the total cost for advanced imaging. * Out-of-Network $0 copay OR 30% of the total cost
	Therapeutic Radiology Services:
In-Network	$0 copay OR

	Medica Advantage Dual (PPO D-SNP) ($0)
COVERED MEDICAL AND HOSPITAL BENEFITS	
	20% of the total cost *
Out-of-Network	$0 copay OR 20% of the total cost
	X-Rays:
In-Network	$0 copay OR 20% of the total cost
Out-of-Network	$0 copay OR 30% of the total cost
Hearing Services	**Exam to Diagnose and Treat Hearing and Balance Issues:**
In-Network	$0 copay OR 20% of the total cost
Out-of-Network	$0 copay OR 30% of the total cost
Dental Services	**Medicare-Covered Dental:**
In-Network	$0 copay OR 20% of the total cost
Out-of-Network	$0 copay OR 30% of the total cost
Vision Services	**Exam to Diagnose and Treat Diseases and Conditions of the Eye:**
In-Network	$0 copay OR 20% of the total cost
Out-of-Network	$0 copay OR 30% of the total cost
	Eyewear After Cataract Surgery: One pair of Medicare-covered eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens.
In-Network	$0 copay OR 20% of the total cost
Out-of-Network	$0 copay OR 30% of the total cost

	Medica Advantage Dual (PPO D-SNP) ($0)
COVERED MEDICAL AND HOSPITAL BENEFITS	
Mental Health Services	**Outpatient Individual and Group Therapy Visit:**
In-Network	$0 copay OR 20% of the total cost
Out-of-Network	$0 copay OR 30% of the total cost
	Inpatient Hospital:
In-Network	$0 copay OR $3,339 copay for each Medicare-covered hospital stay * $0 copay for up to an additional 60 lifetime reserve days.
Out-of-Network	$0 copay OR $3,339 copay for each Medicare-covered hospital stay $0 copay for up to an additional 60 lifetime reserve days.
Skilled Nursing Facility (SNF)	
In-Network	$0 copay for days 1 through 20 and $0 copay OR $221 copay each day for days 21 through 100 *
Out-of-Network	$0 copay for days 1 through 20 and $0 copay OR $221 copay each day for days 21 through 100
Outpatient Rehabilitation Services	**Physical, Speech, or Occupational Therapy Visit:**
In-Network	$0 copay OR 20% of the total cost
Out-of-Network	$0 copay OR 30% of the total cost
Ambulance Services	
In-Network	$0 copay OR 20% of the total cost for ground ambulance. $0 copay OR 20% of the total cost for air ambulance. *
Out-of-Network	$0 copay OR 30% of the total cost

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COVERED MEDICAL AND HOSPITAL BENEFITS	
Transportation	Not covered
Medicare Part B Drugs Part B rebatable drugs may be subject to a lower coinsurance. For Part B insulin furnished through an external insulin pump, you will pay up to a $35 copay per a one-month supply.	
In-Network	$0 copay OR 20% of the total cost *
Out-of-Network	$0 copay OR 20% of the total cost

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PART D PRESCRIPTION DRUG BENEFITS	
Deductible Stage	$0 You will not have to pay any deductible and will start receiving coverage immediately.
Initial Coverage Stage	$0

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RETAIL COST SHARING	
LIS Level 1	$5.80 for generic drugs $14.40 for brand and all other drugs
LIS Level 2	$1.65 for generic drugs $5.00 for brand and all other drugs
LIS Level 3	$0 for generic drugs $0 for brand and all other drugs

	Medica Advantage Dual (PPO D-SNP) ($0)
MAIL-ORDER COST SHARING	
LIS Level 1	$5.80 for generic drugs $14.40 for brand and all other drugs
LIS Level 2	$1.65 for generic drugs $5.00 for brand and all other drugs
LIS Level 3	$0 for generic drugs $0 for brand and all other drugs

	Medica Advantage Dual (PPO D-SNP) ($0)
PART D COVERAGE STAGES	
Catastrophic Stage	$0 copay

	Medica Advantage Dual (PPO D-SNP) ($0)
ADDITIONAL BENEFITS AND SERVICES	
Cardiac Rehabilitation Services	
In-Network	$0 copay OR 20% of the total cost
Out-of-Network	$0 copay OR 30% of the total cost
Chiropractic Services	
In-Network	$0 copay OR 20% of the total cost
Out-of-Network	$0 copay OR 30% of the total cost
Diabetic Testing Supplies	**Medicare-covered Abbott FreeStyle® (InsuLinx, Lite, Optium EZ, Optium Neo, Precision Neo, or Precision Xtra) and Ascensia Contour® (Next or Plus) test strips, diabetic testing supplies, and blood glucose monitors (BGMs) and Abbott FreeStyle**

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ADDITIONAL BENEFITS AND SERVICES	
	Libre and Dexcom continuous glucose monitors (CGMs): $0 copay for Medicare-covered CGMs when obtained at a retail pharmacy or $0 copay OR 20% of the total cost when obtained from a medical supplier and for Medica-approved non-preferred manufacturer exceptions. * $0 copay for Medicare-covered BGMs, test strips, and diabetic testing supplies when obtained at a retail pharmacy or $0 copay OR 20% of the total cost when obtained from a medical supplier and for Medica-approved non-preferred manufacturer exceptions.
Durable Medical Equipment (DME) and Related Supplies In-Network Out-of-Network	 $0 copay OR 20% of the total cost * $0 copay OR 20% of the total cost
Fitness Benefit	**One Pass™ Fitness Program:** $0 annual fee to access over 20,000 fitness locations nationwide, online resources that include thousands of on-demand fitness videos and livestreaming fitness content, personalized brain training with CogniFit, and live and virtual social events and clubs to support your social well-being.
Health+ by Medica card The healthy food items and utility expenses benefits mentioned are part of a special supplemental program for the chronically ill. You may be eligible if: • Medica has paid a claim that shows you have been diagnosed with one or more of these chronic conditions, including but not limited to: depression, diabetes, high blood pressure or high cholesterol. • You have a high risk of hospitalization or other adverse health outcomes. • You require intensive care coordination.	$80 monthly allowance for over-the-counter (OTC) and fitness items. $100 monthly allowance for health food items and utility bill assistance. Benefits are easily accessed through the Health+ card with a large network. There is no carryover month to month.

	Medica Advantage Dual (PPO D-SNP) ($0)
ADDITIONAL BENEFITS AND SERVICES	
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.	
Home Health Agency Care	$0 copay
Nurse Line	**HealthAdvocate℠ 24-hour NurseLine:** $0 copay 24/7 telephonic support service through partner HealthAdvocate provides a dedicated nonclinical personal health advocate who will assist you, talk to a registered nurse for clinical support, answer your questions about Medica services and benefits, and resolve your health insurance issues.
Podiatry Services In-Network Out-of-Network	 $0 copay OR 20% of the total cost $0 copay OR 30% of the total cost
Pulmonary Rehabilitation Services In-Network Out-of-Network	 $0 copay OR 20% of the total cost $0 copay OR 30% of the total cost
Welcome to Medicare Preventive Visit	$0 copay

The benefits listed below are covered by North Dakota (ND) Medicaid. If Medicare doesn't cover a service or a benefit runs out, Medicaid may provide additional coverage. In most situations, Medicaid may pay your Medicare cost sharing amount. See your Medicaid Member Handbook or call ND Medicaid at 1 (866) 614-6005 with questions.

Covered services are subject to change based on changes in funding, ND legislative action, and federal rules and policies. The services listed below are a general listing, some covered services have limitations or restrictions.

- Breast and Cervical Cancer Early Detection Program: Medicaid pays for breast and cervical cancer screenings. Medicaid also pays for tools and tests that a provider uses to know if a patient has cancer. Medicaid covers women who don't have insurance and need medical care for breast cancer, cervical cancer, or pre-cancer. To learn more about Medicaid Breast and Cervical Cancer Early Detection Program, visit Women's Way webpage at https://www.hhs.nd.gov/health/women/womens-way.

- Hospital
    - Inpatient: Covers room and board, regular nursing services, supplies and equipment, operating and delivery room, X-rays, lab, and therapy.
    - Outpatient: Covers emergency room services and supplies, lab, X-ray, therapies, drugs and biologicals, and outpatient surgery.
- Nursing Facility: Covers room and board, nursing care, therapies, general medical supplies, wheelchairs, and durable medical equipment.
- Clinics, Rural Health Clinics: Covers outpatient medical services and supplies furnished under the direction of a doctor.
- Hospice: Provides health care and support services to terminally ill individuals and their families.
- Physicians: Covers medical and surgical services performed by a doctor, supplies and drugs given at the doctor's office, and X-rays and laboratory tests needed for diagnosis and treatment.
- Extended Post-Partum Coverage: Medicaid provides health care coverage for new mothers up to twelve (12) months after her baby is born without re-applying. Learn more at ND Medicaid extended coverage for new moms at https://www.hhs.nd.gov/human-services/medicaid/about/newmoms.
- Prescription Drugs: Covers a wide range of, but not all, prescription drugs, insulin, family planning prescriptions, supplies, and devices. Requires a prescription from a doctor. Pharmacists can tell you if a particular drug is covered by Medicaid.
- Chiropractor: Covers X-rays and manual manipulation of the spine for certain diagnoses.
- Health Tracks: Covers screening and diagnostic services to determine physical and mental status, and treatment to correct or eliminate defects or chronic conditions and help prevent health problems from occurring for children under twenty-one (21). Also covers medically necessary orthodontia and vaccinations. Learn more about Health Tracks at https://www.hhs.nd.gov/healthcare/medicaid/health-tracks.
- Home Health: Covers nursing care, therapy, and medical supplies when provided in a member's home. Care must be ordered by a physician.
- Durable Medical Equipment and Supplies: Covers medical supplies, such as oxygen and catheters and reusable equipment that is primarily medical in nature. Items must be medically necessary and do not include exercise equipment, personal comfort, or environmental control equipment.
- Dental: Medicaid helps pay for dental care. Medicaid covers dental for children and adults. Coverage starts over for each person every January 1. Some covered dental services include: two (2) cleanings per year, two (2) exams per year, cleanings, tooth removal, anesthesia, dentures (partial and full), X-Rays, fluoride varnish, sealants (children only), braces (children only), and fillings. To find a dentist in your area visit www.insurekidsnow.gov.
- Family Planning: Covers diagnosis and treatment, drugs, supplies, devices, procedures, and counseling for persons of childbearing age.
- Sterilization: Covers sterilization procedures if: (1) The recipient is at least twenty-one (21) years old; (2) The recipient is legally competent; (3) The recipient signs an informed consent form; and (4) At least thirty (30) days but not more than one hundred eighty (180) days have passed between the signing of the consent form and the sterilization.

- Podiatry: Covers office visits, supplies, X-rays, and surgery procedures.
- Medicare Savings Programs: These programs assist with Medicare costs for Medicare-eligible individuals who have low income and assets. These plans are for people who are entitled to or enrolled in Medicare Part A. Medicaid Saving Programs pay for Medicare Part A and/or B premiums, and in some cases, Part A and B cost sharing, as well.
- Behavioral Health services offered: Psychiatric and psychological exams and psychotherapy: individual, in a small group, with your family; psychiatric treatment with a hospital or psychiatric unit stay (in-patient treatment), psychiatric treatment without a hospital stay (partial hospitalization), residential treatment centers for people under age twenty-one (21), and substance use disorder (SUD) treatment centers. You can visit ND Medicaid webpage to find out more. Visit ND's Mental Health Directory at https://www.hhs.nd.gov/behavioral-health/directory to find a mental health program.
- Ambulance: Covers ground and air ambulance trips, attendant, oxygen, and mileage when medically necessary to transport a recipient to the closest health care facility meeting his needs. House Bill 1282 permits ambulance personnel to refuse transport to an individual where medical necessity cannot be demonstrated and recommend an alternative course of action for the individual. If the ambulance was not medically necessary, Medicaid will not pay for the service.
- Transportation: Covers non-emergency transportation services to and from the recipient's home to the closest medical provider capable of providing a medically necessary examination or treatment.
- Vision: Covers exam, glasses, frames, and some hard contact lenses for the correction of certain conditions. Replacement eyeglasses may only be provided after a minimum of twelve (12) months for children under twenty-one (21) or twenty-four (24) months for adults if a lens change is medically necessary.
- An exception to the replacement limitation may be made if new eyeglasses are required for a significant change in correction and the eyeglasses are prior approved. Lost or broken glasses for individuals over twenty-one (21) will not be replaced within the first two (2) years.
- Therapies: Covers physical and occupational therapy and speech and language pathology.
- Waiver Services - Home and Community-Based Services, Traumatic Brain Injury: Provides personal care and other services not otherwise covered under the Medicaid program to individuals who are at risk of institutionalization in a nursing facility.
- Out-of-State Services: Medically necessary covered services may be provided outside of North Dakota if the services are not available within ND and have been prior approved by STATE or if the services are provided in an emergency situation.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-952-3455 (TTY: 711) for Medica, call 1-877-317-2410 (TTY: 711) for Dean Health Plan/Prevea360 Health Plan, or speak to your provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia de idiomas. También están disponibles de forma gratuita asistencia y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-952-3455 (TTY: 711) para Medica, llame al 1-877-317-2410 (TTY: 711) para Dean Health Plan/Prevea360 Health Plan o hable con su proveedor de atención médica.

Vietnamese/Việt: LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-952-3455 (TTY: 711) đối với Medica, gọi theo số 1-877-317-2410 (TTY: 711) đối với Dean Health Plan/Prevea360 Health Plan hoặc trao đổi với nhà cung cấp dịch vụ của quý vị.

Chinese Traditional: 注意：如果您說中文，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-952-3455 (TTY: 711) 聯絡 Medica，致電 1-877-317-2410 (TTY: 711) 聯絡 Dean Health Plan/Prevea360 Health Plan，或與您的提供者討論。

Hmong/Lus Hmoob: LUS CEEV: Yog hais tias koj hais Lus Hmoob ces muaj kev pab txhais lus pub dawb rau koj. Muaj khoom siv thiab muaj kev saib xyuas pab uas tsim nyog los npaj kom muaj cov ntaub ntawv uas siv tau dawb. Hu rau 1-800-952-3455 (TTY: 711) rau Medica, hu rau 1-877-317-2410 (TTY: 711) rau Dean Health Plan/Prevea360 Health Plan, los sis tham rau koj tus kws kuaj mob.

German/Deutsch: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-952-3455 (TTY: 711) für Medica bzw. 1-877-317-2410 (TTY: 711) für Dean Health Plan/Prevea360 Health Plan oder sprechen Sie mit Ihrem Gesundheitsdienstleister.

Cushitic-Oromo: XIYYEEFFANNOO: Ingiliffaa dubbattu taanaan, tajaajilli deggersa afaan bilisaa ni jira. Tajaajilli deggersa bu'ura dhiheessii odeeffannoo kaffaltii tokko malee ni jira. Lakkoofsa bilbilaa 1-800-952-3455 (TTY: 711) Tajaajila Fayyaaf, lakkoofsa Medica 1-877-317-2410 (TTY: 711), Dean Health Plan/Prevea360 Health Plan, ykn dhiheessaa keessan dubbisaa.

العربية/Arabic

كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. تنبيه: (الهاتف النصي: 711) للتواصل مع 1-800-952-3455اتصل على الرقم المعلومات بتنسيقات يمكن الوصول إليها مجانًا. Dean Health Plan، اتصل على الرقم 1-877-317-2410 (الهاتف النصي: 711) بشأن خطة الرعاية الصحية Medica Plan/Prevea360 Health Plan

Korean/한국어: 주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. Medica 의 경우 1-800-952-3455(TTY: 711)번으로, Dean Health Plan/Prevea360 Health Plan 의 경우 1-877-317-2410(TTY: 711)번으로 전화하시거나, 서비스 제공업체에 문의하십시오.

Russian/Русский: Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-952-3455 (TTY: 711) относительно Medica, позвоните по телефону 1-877-317-2410 (TTY: 711) относительно Dean Health Plan/Prevea360 Health Plan или обратитесь к своему поставщику услуг.

Laos/ ລາວ: ຂໍ້ຄວນເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ນອກຈາກນີ້ ຈະມີເຄື່ອງຊ່ວຍເສີມ ແລະ
ບໍລິການແບບທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້ໂດຍບໍ່ເສຍຄ່າ. ໂທຫາເບີ 1-800-952-3455 (TTY: 711) ສຳລັບ Medica, ໂທ 1-877-317-2410 (TTY: 711) ສຳລັບ Dean Health Plan/Prevea360 Health Plan ຫຼື ຕິດຕໍ່ຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

French/ Français: ATTENTION : si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-952-3455 (TTY : 711) pour Medica, appelez le 1-877-317-2410 (TTY : 711) pour le régime de santé Dean Health Plan/Prevea360, ou parlez à votre prestataire de santé.

Serbo-Croatian: PAŽNJA: Ako govorite srpski, dostupne su vam besplatne usluge tumača. Odgovarajuća dodatna pomagala i usluge za pružanje informacija u pristupačnim formatima su takođe dostupne besplatno. Za Medica zdravstveno osiguranje pozovite 1-800-952-3455 (TTY: 711), za Dean/Prevea360 zdravstveno osiguranje pozovite 1-877-317-2410 (TTY: 711) ili razgovarajte sa svojim pružaocem usluga.

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-952-3455 (TTY: 711) para sa Medica, tumawag sa 1-877-317-2410 (TTY: 711) para sa Dean Health Plan/Prevea360 Health Plan, o makipag-usap sa iyong tagapagbigay ng serbisyo.

Karen/ထၢနှာ်လီၤဖဲအံၤ: ဟ်သူဉ်ဟ်သး– နမ့ၢ်ကတိၤကညီကျိာ်နၫ် တၢ်အိဉ်ဒီး ကျိာ်တၢ်ဆိဉ်ထွဲမၤစၢၤ လၢတလာ်ဘူဉ်လာ်စ့ၤလၢနဂီၢ်လီၤ. တၢ်အိဉ်ဒီး ပှၤနီၢ်ခိက့ၢ်ဂီၤတဆူဉ်တကျၢၤအဂီၢ်
ပီးလီဒီးတၢ်တိစၢၤမၤစၢၤလၢအကြၢးအဘဉ် လၢကဟ့ဉ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤနှ်အီၤသ့တဖဉ် လၢတလာ်ဘူဉ်လာ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး 1-800-952-3455 (TTY: 711) လၢ Medica အဂီၢ်, ကိး 1-877-317-2410 (TTY: 711) လၢ Dean Health Plan/Prevea360 Health Plan အဂီၢ်, မ့တမ့ၢ် ကတိၤတၢ်ဒီး နပှၤလၢဟ့ဉ်နၤတၢ်ကွၢ်ထွဲတက့ၢ်.

Amharic/ አማርኛ:- ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። ለMedica በ1-800-952-3455 (TTY: 711) ይደውሉ፣ ለDean የጤና እቅድ/Prevea360 የጤና እቅድ በ1-877-317-2410 (TTY: 711) ይደውሉ ወይም ለእርስዎን አቅራቢ የሆነውን ያነጋግሩ።

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Medica.

Medica is a PPO D-SNP plan with a Medicare contract. Enrollment in Medica depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

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