

## **AbilityCare (HMO D-SNP) offered by South Country Health Alliance**

### **Annual Notice of Change for 2027**

#### **Introduction**

You're currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Change* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at [www.mnscha.org](http://www.mnscha.org). Call Member Services at the number at the bottom of the page to get a copy by mail. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

#### **Additional resources**

- This document is available for free in Spanish and Somali.
- You can get this *Annual Notice of Change* for free in other formats, such as large print, braille, or audio. Call AbilityCare Member Services at the number at the bottom of the page. The call is free.
- To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, call Member Services at the number at the bottom of the page.

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OMB Approval 0938-1444 (Expires: 5/31/2029)

**If you have questions**, please call AbilityCare Member Services at 1-866-567-7242, TTY 1-800-627-3529 or 711, from 8 a.m. to 8 p.m., Monday – Friday (April – September); 8 a.m. to 8 p.m., 7 days a week (October – March). The call is free. **For more information**, visit [www.mnscha.org](http://www.mnscha.org).

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NO ENGLISH



1-866-567-7242

TRS: 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 အချိန်မ ရရှိနိုင်စေရန် စီမံပေးထားပါသည်။ ကျေးဇူးပြုပြီး အထက်ဖော်ပြပါ ဖုန်းနံပါတ်သို့ ခေါ်ဆိုပါ သို့မဟုတ် သင်၏ ထောက်ပံ့သူဖြင့် ပြောဆိုဆွေးနွေးပါ။ မြန်မာဘာသာစကား Burmese

យកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (ខ្មែរ) ស្វែងរកម្តងម្កាលភាសាភាគតិចត្រូវមានផ្តល់ជូនអ្នកដោយមិនគិតថ្លៃ និងដោយគ្មានការពន្យារពេលមិនចាំបាច់ឡើយ។ លើសពីនេះ ជំនួយ និងសេវាកម្មដែលសមស្របក្នុងការផ្តល់ព័ត៌មានក្នុង ទម្រង់ដែលអាចចូលប្រើបានគឺអាចរកបានដោយឥតគិតថ្លៃ និងទាន់ពេលវេលា។ សូមហៅទូរសព្ទទៅលេខខាងលើ ឬនិយាយជាមួយអ្នកផ្តល់សេវាបស់អ្នក។ 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 ntauv kom yooj yim nkag siab. Koj hu tau rau tus xov tooj saum toj no lossis nrog koj tus kws kho mob tham. Hmong



ဟ်သျှ်ဟ်သး- နမ့ၢ်ကတိၤကညိၣ်ကိၣ်အသိ, နမၤန့ၢ် ကိၣ်တၢ်ဆိၣ်ထွဲမၤစၢၤ လၢတလၢ်ဘျုးလၢ်စ့ၤ ဒီးတအိၣ်ဒီး တၢ်မၤယံၢ်မၤနီၢ်သးဘၣ်န့ၣ်လီၤ. အါန့ၢ်အန့ၣ်, တၢ်အိၣ်စ့ၢ်ကိးဒီး တၢ်မၤစၢၤတၢ်န့ၢ်ဟ့ၣ်ဒီး တၢ်မၤစၢၤတၢ်မၤတဖၣ် လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢပုၤအါဂၤန့ၢ်ပၢ်အီၤသ့ လၢတအိၣ်ဒီးအဘျးအလဲ ဒီးချုးဆၢချုးကတိၤန့ၣ်လီၤ. ဝံသးစ့ၤ ကိးနီၣ်ဂံၢ်လၢထး မ့တမ့ၢ် တဲသကိးတၢ်ဒီး ပုၤလၢအဟ့ၣ်န့ၢ်တၢ်မၤစၢၤ တက့ၢ်. ကညိၣ်ကိၣ် 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

ພາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານຈະໄດ້ຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າ ແລະ ບໍ່ມີການຊັກຊ້າ ທີ່ບໍ່ຈຳເປັນ. ນອກຈາກນັ້ນ, ເຄື່ອງມືຊ່ວຍເຫຼືອແລະ ບໍລິການເສີມທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ເຂົາເຈົ້າເຖິງໄດ້ 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 проводов. 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 waqigeeda. 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

LUU 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. South Country Health Alliance (South Country)** 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 South Country. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

Civil Rights Coordinator

South Country Health Alliance

6380 West Frontage Road, Medford, MN 55049

Toll Free: 866-567-7242    TTY: 800-627-3529 or 711    Fax: 507-444-7774

Email: [grievances-appeals@mnscha.org](mailto:grievances-appeals@mnscha.org)

**Auxiliary Aids and Services:** **South Country** 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** Member Services at [members@mnscha.org](mailto:members@mnscha.org) or call 866-567-7242, TTY 800-627-3529 or 711.

**Language Assistance Services:** **South Country** 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** Member Services at [members@mnscha.org](mailto:members@mnscha.org) or call 866-567-7242, TTY 800-627-3529 or 711.

## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by South Country. 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](mailto: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](mailto: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.

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## A. Disclaimers

- ❖ AbilityCare (HMO D-SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance. Enrollment depends on contract renewal.
- 

## B. Reviewing your Medicare and Medical Assistance coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave our plan. Refer to **Section D** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You'll still be in the Medicare and Medical Assistance programs as long as you are eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section E2**, Changing plans.
- Medical Assistance options and services in **Section E2**, Changing plans.

### B1. Information about AbilityCare

- AbilityCare is a health plan that contracts with both Medicare and Medical Assistance to provide benefits of both programs to members.
- When this *Annual Notice of Change* says “we,” “us,” or “our,” or “our plan,” it means AbilityCare.

### B2. Important things to do:

- **Check if there are any changes to our benefits that may affect you.**
  - Are there any changes that affect the services you use?
  - Review benefit changes to make sure they will work for you next year.
  - Refer to **Section D1** for information about benefit changes for our plan.
- **Check if there are any changes to our drug coverage that may affect you.**
  - Will your drugs be covered? Can you continue to use the same pharmacies? Will there be any changes such as prior authorization, step therapy or quantity limits?
  - Review the changes to make sure our drug coverage will work for you next year.
  - Refer to **Section D2** for information about changes to our drug coverage.
  - Your drug costs may have risen since last year.
    - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
    - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
  - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
  - Refer to **Section C** for information about our *Provider and Pharmacy Directory*.

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**If you have questions**, please call AbilityCare Member Services at 1-866-567-7242, TTY 1-800-627-3529 or 711, from 8 a.m. to 8 p.m., Monday – Friday (April – September); 8 a.m. to 8 p.m., 7 days a week (October – March). The call is free. **For more information**, visit [www.mnscha.org](http://www.mnscha.org).

- **Think about your overall costs in the plan.**
  - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

| If you decide to stay with AbilityCare:                                                                                                                            | If you decide to change plans:                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in AbilityCare. | If you decide other coverage will better meet your needs, you may be able to switch plans (refer to <b>Section E2</b> for more information). If you enroll in a new plan, you will get a notice of when your new coverage will begin. Look in <b>Section E2</b> to learn more about your choices. |

## C. Changes to our network providers and pharmacies

Amounts you pay for your drugs depends on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered *only* if they're filled at one of our network pharmacies.

Our provider and pharmacy networks have changed for 2027.

**Please review the 2027 Provider and Pharmacy Directory** to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at [www.mnscha.org](http://www.mnscha.org). You may also call Member Services at the number at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook* or call Member Services at the number at the bottom of the page for help.

## D. Changes to benefits and costs for next year

### D1. Changes to benefits and costs for medical services

We're changing our coverage for certain medical services next year. The table below describes these changes.

**Note:** (\*) denotes Prior Authorization is Required.

| Benefit                      | 2026 (this year)       | 2027 (next year)                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Healthy Foods Benefit</b> | Benefit not available. | Healthy Foods benefit is available to AbilityCare members with certain chronic conditions. See your member handbook for more details. \$130 quarterly spending amount. Funds must be spent by the end of the quarter and do not roll over to the next quarter. Funds renew every quarter as long as you remain a member of the plan. Max \$520 per annual amount. |

**If you have questions**, please call AbilityCare Member Services at 1-866-567-7242, TTY 1-800-627-3529 or 711, from 8 a.m. to 8 p.m., Monday – Friday (April – September); 8 a.m. to 8 p.m., 7 days a week (October – March). The call is free. **For more information**, visit [www.mnscha.org](http://www.mnscha.org).

## D2. Changes to drug coverage

### Changes to our *List of Covered Drugs (Formulary)*

Our *List of Covered Drugs* is also called the *Formulary* or *Drug List*. A copy of our *Drug List* is posted online at [www.mnscha.org](http://www.mnscha.org).

You can get the complete Drug List by calling Member services at the number at the bottom of the page or visiting our website at [www.mnscha.org](http://www.mnscha.org).

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there will be any restrictions.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes as allowed by Medicare and/or the state that will affect you during the calendar year. We update our online *Drug List* at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
  - You can call Member Services at the number at the bottom of the page or contact your care coordinator to ask for a list of covered drugs that treat the same condition.
  - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask us to make an exception to cover the drug.
  - You can ask for an exception before next year and we'll give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
  - To learn what you must do to ask for an exception, refer to **Chapter 9** of your *Member Handbook* or call Member Services at the number at the bottom of the page.
  - If you need help asking for an exception, contact Member Services or your care coordinator. Refer to **Chapters 2 and 3** of the *Member Handbook* to learn more about how to contact your care coordinator.
- Ask us to cover a temporary supply of the drug.
  - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
  - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.
- Most current formulary exceptions will still be covered in 2027, with exceptions for opioid drugs and specialty drugs. If you have questions about whether your current exception will carry over into 2027, please call Member Services.

Starting in 2027, we can immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name

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**If you have questions**, please call AbilityCare Member Services at 1-866-567-7242, TTY 1-800-627-3529 or 711, from 8 a.m. to 8 p.m., Monday – Friday (April – September); 8 a.m. to 8 p.m., 7 days a week (October – March). The call is free. **For more information**, visit [www.mnscha.org](http://www.mnscha.org).

drug or original biological product with the same or fewer rules. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our *Drug List*, but immediately add new rules.

For example, if you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance, or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types, please go to **Chapter 12** of your *Member Handbook*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: [www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars](http://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars). You can also call Member Services at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

## Changes to drug costs

Because you're eligible for Medical Assistance, you get Extra Help from Medicare to help pay for your Medicare Part D drugs. We have included a separate insert, called the "*Member Handbook Rider for People Who Get Extra Help Paying for Prescription Drugs*" (also known as the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug coverage. If you don't have this insert, please call Member Services and ask for the "LIS Rider."

There are two payment stages for your Medicare Part D drug coverage under our plan. How much you pay depends on which stage you're in when you get a prescription filled or refilled. These are the two stages:

| Stage 1<br>Initial Coverage Stage                                                                                                                                                                 | Stage 2<br>Catastrophic Coverage Stage                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay. You begin this stage when you fill your first prescription of the year. | During this stage, our plan pays all of the costs of your drugs through December 31, 2027. You begin this stage after you pay a certain amount of out-of-pocket costs. |

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches \$2,400. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you'll pay for drugs.

Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount program don't count toward out-of-pocket costs.

## D3. Stage 1: "Initial Coverage Stage"

During the Initial Coverage Stage, our plan pays a share of the cost of your covered drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

The following table shows your costs for a one-month supply filled at a network pharmacy with standard copays in each of our five drug tiers. These amounts apply **only** during the time when you're in the Initial Coverage Stage.

Most adult Part D vaccines are covered at no cost to you.

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**If you have questions**, please call AbilityCare Member Services at 1-866-567-7242, TTY 1-800-627-3529 or 711, from 8 a.m. to 8 p.m., Monday – Friday (April – September); 8 a.m. to 8 p.m., 7 days a week (October – March). The call is free. **For more information**, visit [www.mnscha.org](http://www.mnscha.org).

## ABILITYCARE ANNUAL NOTICE OF CHANGES FOR 2027

For information about the costs of vaccines, or information about the costs for a long term supply go to **Chapter 6, Section D** of your *Member Handbook*.

**The structure of our *Drug List* is changing for 2027. In 2026, covered drugs were one tier grouped into Generic and Brand categories. Beginning in 2027, covered drugs will be placed into one of five cost-sharing tiers. Refer to the 2027 *Drug List* for information about your drugs and their assigned tier.**

|                                                                                                                                                 | 2026 (this year)                                                                   | 2027 (next year)                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>Drugs in Tier 1 – Generic</b><br>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy                        | Your copay for a one-month (30-day) supply is \$0/\$1.60/\$5.10 per prescription.  | Transitioned to new tier structure. See below.                                     |
| <b>Drugs in Tier 1 – Brand</b><br>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy                          | Your copay for a one-month (30-day) supply is \$0/\$4.90/\$12.65 per prescription. | Transitioned to new tier structure. See below.                                     |
| <b>Drugs in Tier 1 (<i>Preferred Generic Drugs</i>)</b><br>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy | Not available                                                                      | Your copay for a one-month (30-day) supply is \$0/\$1.65/\$5.80 per prescription.  |
| <b>Drugs in Tier 2 (<i>Generic Drugs</i>)</b><br>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy           | Not available                                                                      | Your copay for a one-month (30-day) supply is \$0/\$1.65/\$5.80 per prescription.  |
| <b>Drugs in Tier 3 (<i>Preferred Brand Drugs</i>)</b><br>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy   | Not available                                                                      | Your copay for a one-month (30-day) supply is \$0/\$5.00/\$14.40 per prescription. |
| <b>Drugs in Tier 4 (<i>Non-Preferred Drugs</i>)</b><br>Cost for a one-month supply of a drug in Tier 4 that is filled at a network pharmacy     | Not available                                                                      | Your copay for a one-month (30-day) supply is \$0-\$14.40 per prescription.        |
| <b>Drugs in Tier 5 (<i>Specialty Drugs</i>)</b><br>Cost for a one-month supply of a drug in Tier 5 that is filled at a network pharmacy         | Not available                                                                      | Your copay for a one-month (30-day) supply is \$0-\$14.40 per prescription.        |

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches \$2,400. At that point, the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you'll pay for drugs.

**If you have questions**, please call AbilityCare Member Services at 1-866-567-7242, TTY 1-800-627-3529 or 711, from 8 a.m. to 8 p.m., Monday – Friday (April – September); 8 a.m. to 8 p.m., 7 days a week (October – March). The call is free. **For more information**, visit [www.mnscha.org](http://www.mnscha.org).

#### **D4. Stage 2: “Catastrophic Coverage Stage”**

When you reach the out-of-pocket limit **\$2,400** for your drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered Part D drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

For more information about your costs in the Catastrophic Coverage stage, refer to **Chapter 6, Section E**.

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### **E. Choosing a plan**

#### **E1. Staying in our plan**

We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do not change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2027.

#### **E2. Changing plans**

Most people with Medicare can end their membership during certain times of the year. Because you have Medical Assistance, you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Open Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan will end on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan will start the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Medical Assistance or Extra Help has changed, **or**
- you recently moved into or are currently getting care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

#### **Your Medicare services**

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section E2**. By choosing one of these options, you automatically end your membership in our plan.

|                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>1. You can change to:</b><br/> <b>Another plan that provides your Medicare and most or all of your Medical Assistance benefits and services in one plan, also known as an integrated dual-eligible special needs plan (D-SNP), if one is available where you live.</b></p> | <p><b>Here is what to do:</b><br/> Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.<br/> If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711 or use your preferred relay service). In Minnesota, the SHIP is called the Minnesota Aging Pathways. These calls are free. You can also visit <a href="https://mn.gov/aging-pathways/">https://mn.gov/aging-pathways/</a></li> </ul> <p><b>OR</b><br/> Enroll in a new integrated D-SNP.<br/> You'll automatically be disenrolled from our plan when your new plan's coverage begins.</p>                                                                                                                                                                                                                                   |
| <p><b>2. You can change to:</b><br/> <b>Original Medicare with a separate Medicare drug plan.</b></p>                                                                                                                                                                            | <p><b>Here is what to do:</b><br/> Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.<br/> If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711 or use your preferred relay service). In Minnesota, the SHIP is called the Minnesota Aging Pathways. These calls are free. You can also visit <a href="https://mn.gov/aging-pathways/">https://mn.gov/aging-pathways/</a></li> </ul> <p><b>OR</b><br/> Enroll in a new Medicare drug plan.<br/> You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>If you choose to leave our plan, your Medical Assistance will be provided fee-for-service. You can re-enroll in the non-integrated SNBC plan you were in before AbilityCare by filling out a new enrollment form.</p> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>3. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare drug plan.</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and do not enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711 or use your preferred relay service). You can also visit <a href="https://mn.gov/aging-pathways/">https://mn.gov/aging-pathways/</a></p> | <p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711 or use your preferred relay service). In Minnesota, the SHIP is called the Minnesota Aging Pathways These calls are free. You can also visit <a href="https://mn.gov/aging-pathways/">https://mn.gov/aging-pathways/</a></li> </ul> <p>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>If you choose to leave our plan, your Medical Assistance will be provided fee-for-service. You can re-enroll in the non-integrated SNBC plan you were in before AbilityCare by filling out a new enrollment form.</p>                                                      |
| <p><b>4. You can change to:</b></p> <p><b>Any Medicare health plan</b> during certain times of the year including the <b>Open Enrollment Period</b> and the <b>Medicare Advantage Open Enrollment Period</b> or other situations described in <b>Section E</b>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-333-2433 (TTY users call 711 or use your preferred relay service). In Minnesota the SHIP is called the Minnesota Aging Pathways These calls are free. You can also visit <a href="https://mn.gov/aging-pathways/">https://mn.gov/aging-pathways/</a></li> </ul> <p><b>OR</b></p> <p>Enroll in a new Medicare plan.</p> <p>You're automatically disenrolled from our Medicare plan when your new plan's coverage begins.</p> <p>If you choose to leave our plan, your Medical Assistance will be provided fee-for-service. You can re-enroll in the non-integrated SNBC plan you were in before AbilityCare by filling out a new enrollment form.</p> |

### Your Medical Assistance services

For questions about how to get your Medical Assistance services after you leave our plan, contact the Minnesota Department of Human Services Health Care Consumer Support (HCCS) line at 1-651-297-3862 or 1-800-657-3672; Monday – Friday from 8:00 a.m. – 4:30 p.m. TTY users may call 711. This call is free. Ask how joining another plan or returning to Original Medicare affects how you get your Medical Assistance coverage.

**If you have questions**, please call AbilityCare Member Services at 1-866-567-7242, TTY 1-800-627-3529 or 711, from 8 a.m. to 8 p.m., Monday – Friday (April – September); 8 a.m. to 8 p.m., 7 days a week (October – March). The call is free. **For more information**, visit [www.mnscha.org](http://www.mnscha.org).

## F. Getting help

### F1. Our plan

We're here to help if you have any questions. Call Member Services at the number at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

#### **Read your *Member Handbook***

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It details benefits and costs for 2027. It explains your rights and the rules to follow to get services and drugs we cover.

The *Member Handbook* for 2027 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at [www.mnscha.org](http://www.mnscha.org). You may also call Member Services at the number at the bottom of the page to ask us to mail you a *Member Handbook* for 2027.

#### **Our website**

You can visit our website at [www.mnscha.org](http://www.mnscha.org). As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List* (*List of Covered Drugs*).

### F2. Minnesota Aging Pathways

You can also call the State Health Insurance Assistance Program (SHIP). In Minnesota, the SHIP is called the Minnesota Aging Pathways. Minnesota Aging Pathways can help you understand your plan choices and answer questions about switching plans. Minnesota Aging Pathways is not connected with us or with any insurance company or health plan. Minnesota Aging Pathways has trained counselors and services are free. The Minnesota Aging Pathways phone number is 1-800-333-2433 (TTY users call 711). For more information or to find a local Minnesota Aging Pathways office in your area, please visit <https://mn.gov/aging-pathways/>.

### F3. Getting help from the Ombudsperson for Public Managed Health Care Programs

The Ombudsperson Program can help you if you have a problem with our plan. The ombudsperson's services are free and available in all languages. The Ombudsperson Program:

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- isn't connected with us or with any insurance company or health plan. The phone number for the Ombudsperson Program is 1-651-431-2660 (Twin Cities metro area); 1-800-657-3729 (outside the Twin Cities metro area). TTY users call 711 or use your preferred relay service.

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**If you have questions**, please call AbilityCare Member Services at 1-866-567-7242, TTY 1-800-627-3529 or 711, from 8 a.m. to 8 p.m., Monday – Friday (April – September); 8 a.m. to 8 p.m., 7 days a week (October – March). The call is free. **For more information**, visit [www.mnscha.org](http://www.mnscha.org).

## F4. Medicare

To get information directly from Medicare:

- Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- chat live at [www.Medicare.gov/talk-to-someone](https://www.Medicare.gov/talk-to-someone)
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

### Medicare's website

You can visit the Medicare website ([www.medicare.gov](https://www.medicare.gov)). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using the Medicare Plan Finder on Medicare's website. (For information about plans, refer to [www.medicare.gov](https://www.medicare.gov) and click on "Find plans.")

### Medicare & You 2027

You can read the *Medicare & You 2027* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

## F5. Medical Assistance

For information about choice counseling services, call the Department of Human Services Health Care Consumer Support (HCCS) line at 1-651-297-3862 or 1-800-657-3672 or your preferred relay service.

## F6. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December) as monthly payments. Anyone with a Medicare drug plan or Medicare health plan with drug coverage can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, you don't need to do anything to continue participating in 2027. This payment option might help you manage your expenses, but it doesn't save you money or lower your total out-of-pocket drug costs.

"Extra Help" from Medicare and help from your state's pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this program please contact us at the phone number at the bottom of this page or visit [www.medicare.gov](https://www.medicare.gov).

## F7. Disability Hub MN

**Disability Hub MN™** is a free statewide resource network for people with disabilities and those who support them. You can contact the Hub to get general information, resources, and to get help understanding your health care options. The Hub isn't connected with us or with us or with any insurance company or health plan. Contact the Hub by calling 1-866-333-2466 Monday through Friday from 8:30 a.m. to 5:00 p.m. (this call is free) or use your preferred relay service or by going to their website to chat or use the email form - <https://disabilityhubmn.org/contact-us/>.

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