



2021 Summary of Benefits SeniorCare Complete (HMO SNP)

For members in the counties of: Brown, Dodge, Freeborn,
Goodhue, Kanabec, Sibley, Steele, Wabasha, and Waseca.

H2419_5333_<Accepted>
Effective January 1, 2021 — December 31, 2021



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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

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Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘဉ် လိတဲစိနီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

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Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

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

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** South Country Member Services at members@mnscha.org or call 1-866-567-7242 (toll free), TTY 1-800-627-3529 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** South Country Member Services at members@mnscha.org or call 1-866-567-7242 (toll free), TTY 1-800-627-3529 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 contact any of the following four 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:

U.S. Department of Health and Human Services' Office for Civil Rights
 200 Independence Avenue SW
 Room 515F
 HHH Building
 Washington, DC 20201
 Customer Response Center: Toll-free: 800-368-1019
 TDD 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 believe 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
- 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

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. After we get your complaint, 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 the outcome 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

South Country Complaint Notice

You have the right to file a complaint with South Country if you believe you have been discriminated against because of any of the following:

- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information
- disability (including mental or physical impairment)
- marital status
- age
- sex (including sex stereotypes and gender identity)
- sexual orientation
- national origin
- race
- color
- religion
- creed
- public assistance status
- political beliefs

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

Attn: Civil Rights Coordinator
South Country Health Alliance
2300 Park Drive, Suite 100
Owatonna, MN 55060
Toll Free: 866-567-7242
TTY: 800-627-3529 or 711
Fax: 507-444-7774
Email: grievances-appeals@mnscha.org

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.

SCHA LB/CB-5583
DHS Approved 02/03/2021

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If you have questions, please call SeniorCare Complete Member Services at 1-866-567-7242, TTY users call 1-800-627-3529 or 711. Hours of Operation are 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.

Introduction

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

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A. Disclaimers

This is a summary of health services covered by SeniorCare Complete for 2021. Please read the *Member Handbook* for the full list of benefits. You can view the *Member Handbook* on our website at www.mnscha.org. If you would like a print copy, call SeniorCare Complete Member Services at the number at the bottom of this page.

- SeniorCare Complete (HMO SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide the benefits of both programs to enrollees. Enrollment in SeniorCare Complete depends on contract renewal.
- SeniorCare Complete is for people age 65 and over who live in the service area and have both Medicare Part A and Part B and have Medical Assistance (Medicaid).
- Under SeniorCare Complete you can get your Medicare and Medical Assistance (Medicaid) services in one health plan. A SeniorCare Complete care coordinator will help manage your health care needs.
- 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. For more information about **Medical Assistance (Medicaid)**, call the Minnesota Department of Human Services at 1-651-431-2670 or toll-free at 1-800-657-3739. TTY users should call 1-800-627-3529.
- You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at the number at the bottom of this page.
- 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.
- This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information call Member Services or read the Member Handbook.



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B. Frequently asked questions

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is 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 (Medicaid) 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 SeniorCare Complete.
Will you get the same Medicare and Medical Assistance (Medicaid) benefits in SeniorCare Complete that you get now?	<p>If you are coming to SeniorCare Complete from Original Medicare or another Medicare plan, you may get benefits or services differently. You will get almost all of your covered Medicare and Medical Assistance (Medicaid) benefits directly from SeniorCare Complete. You will work with a team of providers who will help determine what services will best meet your needs. When you enroll in SeniorCare Complete, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs.</p> <p>When you join our plan, if you are taking any Medicare Part D prescription drugs that SeniorCare Complete does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for SeniorCare Complete to cover your drug, if medically necessary. For more information call Member Services.</p>
Can you go to the same health care providers you see now?	<p>That is often the case. If your providers (including doctors and pharmacies) work with SeniorCare Complete and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> • Providers with an agreement with us are “in-network.” In most cases, you must use the providers in SeniorCare Complete’s network. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of SeniorCare Complete’s network. You may also use out-of-network providers for open access services and in cases when SeniorCare Complete authorizes the use of out-of-network providers. <p>To find out if your providers are in the plan’s network, call Member Services or read SeniorCare Complete’s <i>Provider and Pharmacy Directory</i>. You can also visit our website at www.mnscha.org for the most current listing.</p> <p>If SeniorCare Complete is new for you, you can continue seeing the providers you go to now for up to 120 days in certain situations. For more information call Member Services.</p>

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SeniorCare Complete (HMO SNP): Summary of Benefits 2021

Frequently Asked Questions (FAQ)	Answers
What happens if you need a service but no one in SeniorCare Complete's network can provide it?	Most services will be provided by our network providers. If you need a covered service that cannot be provided within our network, SeniorCare Complete 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.
What is a care coordinator?	A care coordinator is your main contact person. This person helps manage all your providers and services and makes sure you get what you need including the following: <ul style="list-style-type: none"> • Assisting you in arranging for, getting, and coordinating assessments, tests, and health and long-term care supports and services • Working with you to develop and update your care plan • Supporting you and communicating with a variety of agencies and persons • Coordinating other services as outlined in your care plan
What are long-term services and supports?	Long-term services and supports are services that help people who need assistance doing everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services help you stay in your home so you don't need to move to a nursing home or hospital.
Where is SeniorCare Complete available?	The service area for this plan includes the following counties in Minnesota: Brown, Dodge, Freeborn, Goodhue, Kanabec, Sibley, Steele, Wabasha, and Waseca. You must live in one of these counties to join the plan. Call Member Services for more information about whether the plan is available where you live.
What is prior authorization?	Prior authorization means that you must get approval from SeniorCare Complete before you can get a specific service or drug or see an out-of-network provider. SeniorCare Complete may not cover the service or drug if you don't get approval. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first. See Chapter 3 of the <i>Member Handbook</i> to learn more about prior authorization. See the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a prior authorization.
What is Extra Help? (continued on next page)	Extra Help is a Medicare program that helps people with limited incomes and resources reduce their Medicare Part D prescription drug program costs such as premiums, deductibles, and copays. Extra Help is also called the "Low-Income Subsidy" or "LIS." Your prescription drug copays under SeniorCare Complete already include the amount of Extra Help you qualify for. For more information



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SeniorCare Complete (HMO SNP): Summary of Benefits 2021

Frequently Asked Questions (FAQ)	Answers
What is Extra Help? (continued)	about Extra Help, contact your local Social Security Office, or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. These calls are free.
Do you pay a monthly amount (also called a premium) as a member of SeniorCare Complete?	No. Because you have Medical Assistance (Medicaid), you will not pay any monthly premiums for your health coverage. You must continue to pay your Medicare Part B premium unless your Part B premium is paid for you by Medical Assistance (Medicaid) or another third party.
Do you pay a deductible as a member of SeniorCare Complete?	No. You do not pay deductibles in SeniorCare Complete.
What is the maximum out-of-pocket amount that you will pay for medical services as member of SeniorCare Complete?	There is no cost-sharing for medical services in SeniorCare Complete, so your annual out-of-pocket costs will be \$0.

C. List of covered services

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

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
You need hospital care	Hospital stay	\$0	Except in an emergency, your health care provider must tell the plan of your hospital admission.
	Doctor or surgeon care	\$0	
	Ambulatory surgical center (ASC) services	\$0	
You want to see a health care provider	Visits to treat an injury or illness	\$0	
	Specialist Care	\$0	Authorization rules may apply.
	Wellness visits, such as a physical	\$0	
	Care to keep you from getting sick, such as flu shots	\$0	
	"Welcome to Medicare" preventive visit (one time only)	\$0	

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SeniorCare Complete (HMO SNP): Summary of Benefits 2021

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, and benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	You may go to any emergency room if you reasonably believe you need emergency care. You do not need prior authorization and you do not have to be in-network. Emergency room services are NOT covered outside of the U.S. and its territories except under limited circumstances. Contact the plan for details.
	Urgently needed care	\$0	Urgently needed care is NOT emergency care. You do not need prior authorization and you do not have to be in-network. Urgently needed care services are NOT covered outside the U.S. and its territories except under limited circumstances. Contact the plan for details.
You need medical tests	Lab tests, such as blood work	\$0	
	X-rays or other pictures, such as CAT scans	\$0	
	Screening tests, such as tests to check for cancer	\$0	
You need hearing/auditory services	Hearing screenings	\$0	
	Hearing aids	\$0	Authorization rules may apply.
You need dental care	Dental services, including preventive care	\$0	
You need eye care (section continued on the next page)	Eye exams	\$0	
	Glasses or contact lenses	\$0	Selection may be limited. One pair of eyeglasses or contact lenses after each cataract surgery, or contact lenses for certain conditions when eyeglasses will not work.



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SeniorCare Complete (HMO SNP): Summary of Benefits 2021

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, and benefit information (rules about benefits)
You need eye care (continued)	Other vision care including diagnosis and treatment for diseases and conditions of the eye	\$0	
You have a mental health condition	Mental or behavioral health services	\$0	State eligibility requirements may apply.
	Inpatient care for people who need long-term mental health services	\$0	State eligibility requirements may apply.
You have a substance use disorder	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	These services are available through the Elderly Waiver. State eligibility requirements may apply. Call your care coordinator for more information.
	Skilled Nursing Care	\$0	Authorization rules may apply.
	Nursing home care	\$0	
	Adult foster care	\$0	These services are available through the Elderly Waiver. State eligibility requirements may apply. Call your care coordinator for more information.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	There may be limits on physical therapy, occupational therapy, and speech therapy services. If so, there may be exceptions to these limits
You need help getting to health services (section continued on the next page)	Ambulance services	\$0	Ambulance services must be medically necessary. You do not need prior authorization for ambulance services and you do not have to be in-network.
	Emergency transportation	\$0	

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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, and benefit information (rules about benefits)
You need help getting to health services <i>(continued)</i>	Transportation to a health care provider for medical appointments	\$0	<p>Authorization rules may apply.</p> <p>SeniorCare Complete is not required to provide transportation to your primary care clinic (PCC) if it is over 30 miles from your home.</p> <p>SeniorCare Complete is not required to provide transportation to your specialty care clinic if it is over 60 miles from your home.</p>
	Transportation to other health services	\$0	Authorization rules may apply.
You need drugs to treat your illness or condition <i>(section continued on the next page)</i>	Medicare Part B prescription drugs	\$0	<p>Part B drugs include drugs given by your health care provider in his or her office, some oral anti-cancer drugs, and some drugs used with certain medical equipment. Read the <i>Member Handbook</i> for more information on these drugs.</p>
	Tier 1 Generic drugs (no brand name)	<p>\$0/\$1.30/\$3.70 for up to a 90-day supply for some medications.</p> <p>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p> <p>When you reach the out-of-pocket limit of \$6,550 for your Part D prescription drugs, the Catastrophic Coverage Stage begins.</p> <p>You will stay in the Catastrophic</p>	<p>There may be limitations on the types of drugs covered. Please see SeniorCare Complete's <i>List of Covered Drugs</i> (Drug List) at www.mnscha.org (click on <i>Find A Drug</i>) for more information.</p> <p>SeniorCare Complete may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from SeniorCare Complete for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, <i>List of Covered Drugs</i> (Drug List), and printed materials, as well as on the Medicare Plan Finder on www.medicare.gov.</p>



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Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, and benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued)		Coverage Stage until the end of the calendar year. During this stage, your copays for Part D drugs will be \$0.	
You need drugs to treat your illness or condition (section continued on the next page)	Tier 1 Brand name drugs	<p>\$0/\$4.00/\$9.20 for up to a 90-day supply for some medications.</p> <p>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p> <p>When you reach the out-of-pocket limit of \$6,550 for your Part D prescription drugs, the Catastrophic Coverage Stage begins.</p> <p>You will stay in the Catastrophic Coverage Stage until the end of the calendar year. During this stage, your copays for Part D drugs will be \$0.</p>	<p>There may be limitations on the types of drugs covered. Please see SeniorCare Complete's <i>List of Covered Drugs</i> (Drug List) at www.mnscha.org (click on <i>Find A Drug</i>) for more information.</p> <p>SeniorCare Complete may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from SeniorCare Complete for certain drugs.</p> <p>You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, <i>List of Covered Drugs</i> (Drug List), and printed materials, as well as on the Medicare Plan Finder on www.medicare.gov.</p>
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered

If you have questions, please call SeniorCare Complete Member Services at 1-866-567-7242, TTY users call 1-800-627-3529 or 711. Hours of Operation are 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.



SeniorCare Complete (HMO SNP): Summary of Benefits 2021

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, and benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	Diabetes Medications	<p>\$0/\$1.30/\$3.70 or \$0/\$4.00/\$9.20 for a 31-day supply.</p> <p>Copays for diabetes medications will vary depending on whether they are Generic or Brand and based on the level of Extra Help you get. Please contact the plan for more details.</p> <p>When you reach the out-of-pocket limit of \$6,550 for your Part D prescription drugs, the Catastrophic Coverage Stage begins.</p> <p>You will stay in the Catastrophic Coverage Stage until the end of the calendar year. During this stage, your copays for Part D drugs will be \$0.</p>	<p>There may be limitations on the types of drugs covered. Please see SeniorCare Complete's <i>List of Covered Drugs</i> (Drug List) at www.mnscha.org for more information.</p> <p>SeniorCare Complete may require you to first try one drug to treat your condition before it will cover another drug for that condition.</p> <p>Some drugs have quantity limits.</p> <p>Your provider must get prior authorization from SeniorCare Complete for certain drugs</p>



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SeniorCare Complete (HMO SNP): Summary of Benefits 2021

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, and benefit information (rules about benefits)
You need help getting better or have special health needs	Rehabilitation services	\$0	
	Medical equipment for home care	\$0	
You need foot care	Podiatry services	\$0	For medically necessary foot care.
	Orthotic services	\$0	For covered services.
You need durable medical equipment (DME) or supplies	Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example (Note: This is not a complete list of covered DME or supplies. Call Member Services or read the <i>Member Handbook</i> for more information.)	\$0	Authorization rules may apply.
You need help living at home (section continued on the next page)	Home care services	\$0	Authorization rules may apply.
	Personal care assistant	\$0	Authorization rules may apply.
	Changes to your home, such as ramps and wheelchair access	\$0	These services are available through the Elderly Waiver. State eligibility requirements may apply. Call your care coordinator for more information.
	Home services, such as cleaning or house-keeping	\$0	
	Meals brought to your home	\$0	

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SeniorCare Complete (HMO SNP): Summary of Benefits 2021

Health need or problem	Services you may need	Your costs for <u>in-network</u> providers	Limitations, exceptions, and benefit information (rules about benefits)
You need help living at home <i>(continued)</i>	Adult day services or other support services	\$0	These services are available through the Elderly Waiver. State eligibility requirements may apply.
	Services to help you live on your own	\$0	Call your care coordinator for more information.
Your caregiver needs some time off	Respite care	\$0	These services are available through the Elderly Waiver. State eligibility requirements may apply. Call your care coordinator for more information.
You need interpreter services	Spoken language interpreter	\$0	For covered services.
	Sign language interpreter	\$0	For covered services.
Additional services	Acupuncture	\$0	For covered services. Authorization rules may apply.
	Care coordination	\$0	
	Chiropractic services	\$0	Covered services are visits for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).
	Diabetic supplies	\$0	Diabetic supplies and services are limited to specific manufacturers, products and/or brands when received through a pharmacy. Contact Member Services for a list of covered supplies.
	Family planning	\$0	
	Housing stabilization services	\$0	
	Prosthetic services	\$0	Authorization rules may apply.
	Services to help manage your disease	\$0	Diabetic supplies and services are limited to specific manufacturers, products and/or brands when received through a pharmacy. Contact Member Services for a list of covered supplies.



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SeniorCare Complete (HMO SNP): Summary of Benefits 2021

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
Wellness/Education	Tobacco Cessation Assistance	\$0	Members can access telephone-based and online help and education at no charge.
	Health club membership/fitness classes	N/A	Receive \$20 credit per month on memberships at a participating health club.
	Community Education Discount	N/A	Covers up to \$15 of the registration fee for most community education classes (up to five classes per calendar year).
	Health and Safety Benefit	\$0	Members receive an annual maximum of \$300 toward the purchase of bathroom safety devices that are not otherwise covered by benefit set. Members receive an additional annual maximum of \$300 for PERS (Personal Emergency Response System) that are not otherwise covered by benefit set. This medical alert system is intended to be used to support independent living.

This summary of benefits is provided for informational purposes and is not a complete list. Call Member Services or read the *Member Handbook* to find out about other covered services.

D. Services covered outside of SeniorCare Complete

This is not a complete list. Call Member Services to find out about other services not covered by SeniorCare Complete but available through Medicare.

Other services covered by Medicare	Your costs
Some hospice care services	\$0

If you have questions, please call SeniorCare Complete Member Services at 1-866-567-7242, TTY users call 1-800-627-3529 or 711. Hours of Operation are 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.



E. Services not covered by SeniorCare Complete, Medicare, or Medical Assistance (Medicaid)

This is not a complete list. Call Member Services to find out about other excluded services.

Services <u>not</u> covered by SeniorCare Complete, Medicare, or Medicaid
Services not considered “reasonable and necessary,” according to the standards of Medicare and Medical Assistance (Medicaid).
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 SeniorCare Complete, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Member Handbook*. Your rights include, but are not 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 (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed or public assistance status
 - Get information in other formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **You have a right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a 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
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP). You can change your PCP at any time during the year
 - See a women’s health care provider without a referral
 - Get your covered services and drugs quickly



If you have questions, please call SeniorCare Complete Member Services at 1-866-567-7242, TTY users call 1-800-627-3529 or 711. Hours of Operation are 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.

SeniorCare Complete (HMO SNP): Summary of Benefits 2021

- Know about all treatment options, no matter what they cost or whether they are 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. SeniorCare Complete 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 does not 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 urgently needed care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - See 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
- **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 (State Fair Hearing)
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the SeniorCare Complete *Member Handbook*. If you have questions, you can also call SeniorCare Complete Member Services.

G. What to do if you have a complaint or appeal a denied service or drug

If you have a complaint or think SeniorCare Complete should cover something we denied, call the number at the bottom of the page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the SeniorCare Complete *Member Handbook*. You can also call SeniorCare Complete Member Services.

You can also write to us. Please send it to:

SeniorCare Complete
South Country Health Alliance
Attn: Grievance and Appeals Department
2300 Park Drive, Suite 100
Owatonna, MN 55060

If you have questions, please call SeniorCare Complete Member Services at 1-866-567-7242, TTY users call 1-800-627-3529 or 711. Hours of Operation are 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.



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 health care provider, hospital or pharmacy is doing something wrong, please contact us.

- Call SeniorCare Complete Member Services. Phone numbers are at the bottom of the page.
- Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- Or, call the Minnesota Fraud Hotline at 1-800-627-9977. The call is free.

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

CALL 1-866-567-7242

Calls to this number are free. Days and hours of operation:

8 a.m. - 8 p.m., 7 days a week (*October – March*);

8 a.m. - 8 p.m., Monday – Friday (*April – September*)

Member Services also has free language interpreter services available for non-English speakers.

TTY/Relay Service 1-800-627-3529 or 711

Calls to this number are free. Days and hours of operation:

8 a.m. - 8 p.m., 7 days a week (*October – March*);

8 a.m. - 8 p.m., Monday – Friday (*April – September*)

email: members@mnscha.org

or visit our website: www.mnscha.org

If you have questions about your health:

- Call your clinic if it's open. Follow your clinic's instructions for getting care when the clinic is closed.
- If your clinic is closed, you can also call the **24 Hour nurse advice line**. This helpful service is staffed by experienced registered nurses who answer your health questions. They can help you decide what to do when you are sick or injured, and they are available 24 hours a day, 7 days a week. Call the number on the back of your member ID card.

The nurse advice line also has free language interpreter services available for non-English speakers.

If you need immediate behavioral health care, please call the Minnesota Mental Health Crisis Line

CALL

Call the number listed below for the county in which you live.

Calls to these numbers are free.

Calls are answered 24 hours a day, 7 days a week.

SeniorCare also has free language interpreter services available for non-English speakers.

Brown	1-877-399-3040	Sibley	1-877-399-3040
Dodge	1-844-274-7472	Steele	1-844-274-7472
Freeborn	1-877-399-3040	Wabasha	1-844-274-7472
Goodhue	1-844-274-7472	Waseca	1-844-274-7472
Kanabec	1-800-523-3333		