



2023 Summary of Benefits for AbilityCare (HMO SNP)

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

H5703_6311_M Effective January 1, 2023 – December 31, 2023

1-866-567-7242, TTY 1-800-627-3529 or 711

Attention. If you need free help interpreting this document, call the above number.

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

သတိ။ ဤစာ္ဂရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ် ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

請注意,如果您需要免費協助傳譯這份文件,請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

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.

ဟ်သူဉ်ဟ်သးဘဉ်တက္i. ဖဲနမ့်၊လိဉ်ဘဉ်တ၊်မၤစၢၤကလီလ၊တ၊်ကကျိုးထံဝဲဒဉ်လံ၁် တီလံ၁်မီတခါအံၤန္ဉ်,ကိုးဘဉ် လီတဲစိနီါဂ်ဴၤလၢထးအံၤန္ဉ်တက္i.

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

້ ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທຣໄປທີ່ໝາຍເລກຂ້າງເທີງນີ້.

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.

LB2 (10-20)

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

Email: 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 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 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

national origin

disability

religion (in some cases)

color

age

sex

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

Office for Civil Rights, U.S. Department of Health and Human Services

Midwest Region

233 N. Michigan Avenue, Suite 240 Chicago, IL 60601

Customer Response Center: 800-368-1019, TTY: 800-537-7697

Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

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

race

color

 national origin religion

creed

sex

sexual orientation

marital status

public assistance status

disability

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

Minnesota Department of Human Rights

540 Fairview Avenue North, Suite 201, St. Paul, MN 55104

651-539-1100 (voice), 800-657-3704 (toll-free), 711 or 800-627-3529 (MN Relay), 651-296-9042 (fax) Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

race color

national origin

 religion (in some cases)

age

physical or mental impairment)

disability (including • 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.

Introduction

This document is a brief summary of the benefits and services covered by AbilityCare. 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 AbilityCare. Key terms and their definitions appear in alphabetical order in the last chapter of the Evidence of Coverage.

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A. Disclaimers



This is a summary of health services covered by AbilityCare for 1/1/2022. Please read the Evidence of Coverage for the full list of benefits. You can view the Evidence of Coverage on our website at www.mnscha.org. If you would like a print copy, call AbilityCare Member Services at the number of the bottom of this page.

- AbilityCare (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 AbilityCare depends on contract renewal.
- AbilityCare (HMO SNP) is for people who:
 - Are at least 18 years of age and under age 65
 - Have a certified disability through the Social Security Administration or the State Medical Review Team or through the Developmental Disability Waiver
 - Live in the service area
 - Have Medicare Parts A and B and Medical Assistance (Medicaid)
- Under AbilityCare you can get your Medicare and Medical Assistance (Medicaid) services in one health plan. An AbilityCare 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.

B. Frequently asked questions (FAQ)

The following chart lists frequently asked questions.

Frequently Asked Questions (FAQ)	Answers
What is a Special Needs BasicCare (SNBC) plan?	Our plan is part of the Special Needs BasicCare (SNBC) program. This program was designed by the Minnesota Department of Human Services (DHS) to provide special care for people with disabilities ages 18 through 64. Our plan combines your Medicare and Medical Assistance (Medicaid) services. It combines your doctors, hospital, pharmacies, home health 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 SNBC program is called AbilityCare.
Will I get the same Medicare and Medical Assistance (Medicaid) benefits in AbilityCare that I get now?	If you are coming to AbilityCare 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 AbilityCare. You will work with a team of providers who will help determine what services will best meet your needs. When you enroll in AbilityCare, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs.
	When you join our plan, if you are taking any Medicare Part D prescription drugs that AbilityCare does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for AbilityCare to cover your drug, if medically necessary. For more information, call Member Services.

Frequently Asked Questions (FAQ)	Answers
Can I use the same health care providers I use now?	That is often the case. If your providers (including doctors and pharmacies) work with AbilityCare and have a contract with us, you can keep using them.
	 Providers with an agreement with us are "in-network." In most cases, you must use the providers in AbilityCare's network.
	 If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of AbilityCare's network. You may also use out-of-network providers for open access services and in cases when AbilityCare authorizes the use of out-of-network providers.
	To find out if your providers are in the plan's network, call Member Services or read AbilityCare's <i>Provider and Pharmacy Directory</i> on our website at www.mnscha.org. If AbilityCare is new for you, you can continue using the providers you use now for up to 120 days in certain situations. For more information, call Member Services.
What happens if I need a service but no one in AbilityCare'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, AbilityCare 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:
	 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

Frequently Asked Questions (FAQ)	Answers
Where is AbilityCare available?	The service area for this plan includes the following counties in Minnesota: Brown, Dodge, 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 AbilityCare before you can get a specific service or drug or use an out-of-network provider. AbilityCare 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.
	Refer to Chapter 3, <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Section D of Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization.
What is Extra Help?	Extra Help is a Medicare program that helps people with limited incomes and resources reduce their Medicare Part D prescription drug costs such as premiums, deductibles, and copays. Extra Help is also called the "Low-Income Subsidy," or "LIS."
	Your prescription drug copays under AbilityCare already include the amount of Extra Help you qualify for. For more information 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 I pay a monthly amount (also called a premium) as a member of AbilityCare?	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 I pay a deductible as a member of AbilityCare?	No. You do not pay deductibles in AbilityCare.
What is the maximum out-of-pocket amount that I will pay for medical services as a member of AbilityCare?	There is no cost-sharing for medical services in AbilityCare, so your annual out-of-pocket costs will be \$0.

C. Overview of 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 use 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	
You need emergency care	Emergency room services	\$0	You may use 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. 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. Contact the plan for details.

Health need or problem	Services you may need	Your costs for in-network providers	Limitations, exceptions, and benefit information (rules about benefits)
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/	Hearing screenings	\$0	
auditory services	Hearing aids	\$0	Authorization rules may apply.
You need dental care	Dental services, including preventive care	\$0	
You need eye care	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
	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	Skilled nursing care	\$0	Authorization rules may apply.
	Nursing home care	\$0	
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	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	
	Transportation to a health care provider for medical appointments	\$0	Authorization rules may apply. AbilityCare is not required to provide transportation to your primary care clinic (PCC) if it is over 30 miles from your home. AbilityCare is not required to provide transportation to your specialty care clinic if it is over 60 miles from your home.
	Transportation to other health services	\$0	Authorization rules may apply.
You need drugs to treat your illness or condition	Medicare Part B drugs	\$0	Part B drugs include drugs given by your health care provider in their office, some oral anti-cancer drugs, and some drugs used with certain medical equipment. Read the <i>Evidence of Coverage</i> for more information on these drugs.
(continued on the next page)	Tier 1 Generic drugs (no brand name)	\$0/\$1.45/\$4.30 for a 30-supply. Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	There may be limitations on the types of drugs covered. Please refer to AbilityCare's List of Covered Drugs (Drug List) at www.mnscha.org for more information. AbilityCare may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from AbilityCare for certain drugs.

You need drugs to treat your illness or condition (continued)		When you reach the out- of-pocket limit of \$7,400 for your Part D prescription drugs, the Catastrophic Coverage Stage begins. 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.	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 . You may be able to get certain drugs in extended supply from the pharmacy. Cost sharing for an extended supply is the same as for a one-month supply. Important Message About What You Pay for Vaccines — Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.
(continued on the next page)	Tier 1 Brand name drugs	\$0/\$4.15/\$10.3 5 for a 30-day supply. Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details. When you reach the out-of-pocket limit of \$7,400 for your Part D prescription drugs, the Catastrophic Coverage Stage begins.	There may be limitations on the types of drugs covered. Please refer to AbilityCare's List of Covered Drugs (Drug List) at www.mnscha.org for more information. AbilityCare may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from AbilityCare for certain drugs. You must use certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, List of Covered Drugs (Drug List), and printed materials, as well as on the Medicare Plan Finder on www.medicare.gov.

		-	
You need drugs to treat your illness or condition (continued)		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.	You may be able to get certain drugs in extended supply from the pharmacy. Cost sharing for an extended supply is the same as for a one-month supply. Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.
	Over-the-counter (OTC) drugs	\$0	There may be limitations on the types of drugs covered.
(continued on the next page)	Diabetes medications	\$0/\$1.45/\$4.30 or \$0/\$4.15/\$10.3 5 for 30-day supply. Copays for diabetes medications wil I vary depending on whether they are Generic or Brand name and based on the level of Extra Help you get. Please contact the plan for more details. When you reach the out- of-pocket limit of \$7,400 for your Part D prescription drugs, the Catastrophic Coverage Stage begins.	There may be limitations on the types of drugs covered. Please refer to AbilityCare's List of Covered Drugs (Drug List) at www.mnscha.org for more information. AbilityCare may require you to first try one drug to treat your condition before it will cover another drug for that condition. Some drugs have quantity limits. Your provider must get prior authorization from AbilityCare for certain drugs. Important Message About What You Pay for Insulin – You won't pay more than \$10.35 for a one-month supply of each insulin product covered by our plan

You need drugs to treat your illness or condition (continued)		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.	
You need help getting better or have special health needs	Rehabilitation services	\$0	Authorization rules may apply.
nearin needs	Medical equipment for home care	\$0	Authorization rules may apply.
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 Evidence of Coverage for more information.)	\$0	Authorization rules may apply.
You need help living at home	Home health care services	\$0	Authorization rules may apply.
You need interpreter	Spoken language interpreter	\$0	
services	Sign language interpreter	\$0	
Additional services (Continued on next page)	Acupuncture	\$0	

Additional services (continued)	Care coordination	\$0	You will be assigned a care coordinator to help you coordinate providers, access available community resources, and make sure you get services you need.
	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).
			Authorization rules may apply.
	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 or visit our website at
	Family planning	\$0	
	Housing stabilization	\$0	State eligibility requirements may apply.
	services		Authorization rules may apply.
	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.
	Home Delivered Meals	\$0	Members can receive a single daily meal up to 4 weeks following an inpatient hospital stay, for up to two hospitalizations per year. Maximum allowed is 56 meals per year.
	At Home A1C Blood Glucose Monitoring	\$0	Members diagnosed with diabetes may complete A1C blood glucose monitoring from home. A doctor order is required. Authorization rules may apply.
	Tobacco Cessation Assistance	\$0	Members can access telephone-based and online help, education, and supplies at no charge.
Wellness Education	Health Club/Fitness discount	\$0	Receive \$20 credit per month on memberships at participating health clubs
	Community Education discount	\$0	Covers up to \$15 of the fee for most community education classes (up to 5 per calendar year)

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

D. Services covered outside of AbilityCare

This is not a complete list. Call Member Services to find out about other services not covered by AbilityCare but available through Medicare or Medical Assistance (Medicaid).

Other services covered by Medicare or Medical Assistance (Medicaid)	Your costs
Some hospice care services	\$0
Personal care assistant services	\$0
Home care nursing services	\$0

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

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

Services not covered by AbilityCare, Medicare, or Medical Assistance (Medicaid)

Services not considered "reasonable and necessary" according to 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 AbilityCare, 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 Evidence of Coverage. 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 the 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) and change your primary care provider at any time during the
 - o Go to a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they 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. AbilityCare 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.
 - O 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
 - Use an out-of-network urgent or emergency care provider, when necessary
- You have a right to confidentiality and privacy. This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private



- 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 (Medicaid Fair Hearing with the State)
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the AbilityCare Evidence of Coverage. If you have questions, you can also call AbilityCare Member Services.

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

If you have a complaint or think AbilityCare 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 AbilityCare Evidence of Coverage. You can also call AbilityCare Member Services.

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

AbilityCare South Country Health Alliance Attn: Grievance and Appeals Department 6380 West Frontage Road Medford, MN 55049

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 AbilityCare Member Services. Phone numbers are at the bottom of the page.
- Call AbilityCare Fraud Hot Line 1-877-778-5463.
- 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.

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

CALL 1-866-567-7242

The call is free. 8 a.m. to 8 p.m., 7 days a week from October through March, Monday to Friday from April through September.



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

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

The call is free. 8 a.m. to 8 p.m., 7 days a week from October through March, Monday to Friday from April through September.

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. Calls to this number are free.

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 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.

They also have 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

Goodhue 1-844-274-7472 Wabasha 1-844-274-7472

Kanabec 1-800-523-3333 Waseca 1-844-274-7472