

# 2022 Summary of Benefits

## HealthPartners® Minnesota Senior Health Options (MSHO) (HMO SNP)

January 1, 2022 – December 31, 2022

MedicareRx  
Prescription Drug Coverage X



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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 HealthPartners MSHO. 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 HealthPartners MSHO. 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 HEALTHPARTNERS MINNESOTA SENIOR HEALTH OPTIONS (HMO SNP) FOR 2022. PLEASE READ THE *MEMBER HANDBOOK* FOR THE FULL LIST OF BENEFITS. YOU CAN VIEW THE MEMBER HANDBOOK ON OUR WEBSITE AT [HEALTHPARTNERS.COM/MSHO](https://healthpartners.com/msho). IF YOU WOULD LIKE A PRINT COPY, CALL HEALTHPARTNERS MSHO MEMBER SERVICES AT THE NUMBER ON THE BOTTOM OF THIS PAGE.**

- HealthPartners MSHO 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 HealthPartners MSHO you can get your Medicare and Medical Assistance (Medicaid) services in one health plan. A HealthPartners MSHO 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](https://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

The following chart lists frequently asked questions.

| Frequently Asked Questions (FAQ)  | Answers  |
|---|--|
| <b>What is a Minnesota Senior Health Options (MSHO) plan?</b>   | <p>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.</p> <p>Our MSHO program is called HealthPartners Minnesota Senior Health Options.</p>   |
| <b>Will I get the same Medicare and Medical Assistance (Medicaid) benefits in HealthPartners MSHO that I get now?</b> | <p>If you are coming to HealthPartners MSHO 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 HealthPartners MSHO. You will work with a team of providers who will help determine what services will best meet your needs. When you enroll in HealthPartners MSHO, 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 HealthPartners MSHO does not normally cover, you can get a temporary supply. We will help you get another drug or get an exception for HealthPartners MSHO to cover your drug, if medically necessary. For more information, call Member Services.</p> |

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| Frequently Asked Questions (FAQ)  | Answers  |
|---|--|
| <b>Can I go to the same health care providers I see now?</b>  | <p>That is often the case. If your providers (including doctors and pharmacies) work with HealthPartners MSHO and have a contract with us, you can keep going to them.</p> <ul style="list-style-type: none"> <li>Providers with an agreement with us are “in-network.” In most cases, you must use the providers in HealthPartners MSHO’s network.</li> <li>If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of HealthPartners MSHO’s network. You may also use out-of-network providers when HealthPartners MSHO authorizes the use of out-of-network providers</li> </ul> <p>To find out if your providers are in the plan’s network, call Member Services or read HealthPartners MSHO’s <i>Provider and Pharmacy Directory</i> on our website at <b><a href="http://healthpartners.com/msho">healthpartners.com/msho</a></b>.</p> <p>If HealthPartners MSHO is new for you, you can continue going to the providers you go to now for up to 120 days in certain situations. For more information call Member Services.</p> |
| <b>What happens if I need a service but no one in HealthPartners MSHO’s network can provide it?</b> | <p>Most services will be provided by our network providers. If you need a covered service that cannot be provided within our network, HealthPartners MSHO will pay for the cost of an out-of-network provider.</p> <p>A prior authorization may be required before getting services from out-of-network providers.</p>   |
| <b>What is a care coordinator?</b>  | <p>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:</p> <ul style="list-style-type: none"> <li>Assisting you in arranging for, getting, and coordinating assessments, tests, and health and long-term care supports and services</li> <li>Working with you to develop and update your care plan</li> <li>Supporting you and communicating with a variety of agencies and persons</li> <li>Coordinating other services as outlined in your care plan</li> </ul>  |
| <b>What are long-term services and supports?</b>  | <p>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.</p>  |
| <b>Where is HealthPartners MSHO available?</b>  | <p>The service area for this plan includes the following counties in Minnesota: Anoka, Benton, Carver, Chisago, Dakota, Hennepin, Ramsey, Scott, Sherburne, Stearns, Washington and Wright counties. You must live in one of these counties to join the plan.</p> <p>Call Member Services for more information about whether the plan is available where you live.</p>   |

(continued on next page)

| Frequently Asked Questions (FAQ)  | Answers   |
|---|---|
| What is service or prior authorization?   | <p>Service or prior authorization means that you must get approval from HealthPartners MSHO <b>before</b> you can get a specific service or drug or go to an out-of-network provider. HealthPartners MSHO may not cover the service or drug if you don't get approval. <b>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get approval first.</b></p> <p>Go to Chapter 3, of the <i>Member Handbook</i> to learn more about service or prior authorization. Go to the Benefits Chart in Section D of Chapter 4 of the <i>Member Handbook</i> to learn which services require a service or prior authorization.</p> |
| What is a referral?   | <p>A referral means getting approval from your primary care provider (PCP) <b>before</b> you can go to a specialist or other providers in the plan's network. If you don't get approval, HealthPartners MSHO may not cover the services. You don't need a referral to go to certain specialists, such as women's health specialists. For more information on when a referral is necessary, call Member Services or read the Member Handbook.</p>  |
| What is Extra Help?   | <p>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."</p> <p>Your prescription drug copays under HealthPartners MSHO 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 <b>1-800-772-1213</b>. TTY users should call <b>1-800-325-0778</b>. These calls are free.</p>  |
| Do I pay a monthly amount (also called a premium) as a member of HealthPartners MSHO?                             | <p>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.</p>  |
| Do I pay a deductible as a member of HealthPartners MSHO?   | <p>No. You do not pay deductibles in HealthPartners MSHO.</p>   |
| What is the maximum out-of-pocket amount that I will pay for medical services as a member of HealthPartners MSHO? | <p>There is no cost-sharing for <b>medical services</b> in HealthPartners MSHO, so your annual out-of-pocket costs will be \$0.</p>   |

### 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 <i>in-network</i> providers |
|--|--|--|
| You need hospital care                   | Hospital stay  | \$0  |
|  | Doctor or surgeon care                                 | \$0  |
|  | Ambulatory surgical center (ASC) services              | \$0  |
| You want to go to a health care provider | Visits to treat an injury or illness                   | \$0  |
|  | Specialist care  | \$0  |
|  | 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  |
|  | Urgently needed care                                   | \$0  |
| 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  |
| You need dental care                     | Dental services, including preventive care             | \$0  |



**Limitations, exceptions, and benefit information (rules about benefits)**

Except in an emergency, your health care provider must tell the plan of your hospital admission.

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 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.

| Health need or problem  | Services you may need  | Your costs for <i>in-network</i> providers |
|---|--|--|
| <b>You need eye care</b>  | Eye exams  | \$0  |
|   | Glasses or contact lenses  | \$0  |
|   | Other vision care including diagnosis and treatment for diseases and conditions of the eye | \$0  |
| <b>You have a mental health condition</b>                         | Mental or behavioral health services   | \$0  |
|   | Inpatient care for people who need long-term mental health services                        | \$0  |
| <b>You have a substance use disorder</b>                          | Substance use disorder services  | \$0  |
| <b>You need a place to live with people available to help you</b> | Customized Living (services provided in an assisted living setting)                        | \$0  |
|   | Skilled nursing care   | \$0  |
|   | Nursing home care  | \$0  |
|   | Adult Foster Care  | \$0  |
| <b>You need therapy after a stroke or accident</b>                | Occupational, physical, or speech therapy  | \$0  |
| <b>You need help getting to health services</b>                   | Ambulance services   | \$0  |
|   | Emergency transportation   | \$0  |
|   | Transportation to a health care provider for medical appointments                          | \$0  |
|   | Transportation to other health services  | \$0  |
| <b>You need drugs to treat your illness or condition</b>          | Medicare Part B prescription drugs   | \$0  |

10 **If you have questions**, please call HealthPartners Member Services at **952-967-7029** or **888-820-4285** (TTY: **711**), **Oct. 1 through March 31**, 8 a.m. to 8 p.m. Central Time (CT), **seven days a week**. From **April 1 through Sept. 30**, call us 8 a.m. to 8 p.m. CT, **Monday through Friday**. The call is free. For more information, visit [healthpartners.com/msho](https://healthpartners.com/msho).

## Limitations, exceptions, and benefit information (rules about benefits)

One pair of eyeglasses or contact lenses after each cataract surgery, or contact lenses for certain conditions when eyeglasses will not work.

State eligibility requirements may apply.

State eligibility requirements may apply.

There may be limits on physical therapy, occupational therapy, and speech therapy services. If so, there may be exceptions to these limits.

Ambulance services must be medically necessary. You do not need prior authorization for ambulance services and you do not have to be in-network.

HealthPartners MSHO is not required to provide transportation to your primary care clinic (PCC) if it is over 30 miles from your home.

HealthPartners MSHO is not required to provide transportation to your specialty care clinic if it is over 60 miles from your home

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 Member Handbook for more information on these drugs.

| Health need or problem                                    | Services you may need                | Your costs for <i>in-network</i> providers   |
|---|--------------------------------------|--|
| You need help getting better or have special health needs | Tier 1 Generic drugs (no brand name) | <p>\$0/\$1.35/\$3.95 for a 30-day supply.</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 \$7,050 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.</p> |
|   | Tier 1 Brand name drugs              | <p>\$0/4.00/\$9.85 for a 30-day supply.</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 \$7,050 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.</p>   |
|   | Over-the-counter (OTC) drugs         | \$0  |

### Limitations, exceptions, and benefit information (rules about benefits)

There may be limitations on the types of drugs covered. Please go to HealthPartners MSHO's List of Covered Drugs (Drug List) at [www.healthpartners.com/msho](http://www.healthpartners.com/msho) for more information.

HealthPartners MSHO 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 HealthPartners MSHO for certain drugs.

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, *List of Covered Drugs* (Drug List), and printed materials, as well as on the Medicare Prescription Drug Plan Finder on [www.medicare.gov](http://www.medicare.gov).

You can get up to a 90-day supply of your prescription drugs at select pharmacies or sent directly to your home through a mail order pharmacy. A 90-day supply has the same copay as a 30-day supply.

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You can get up to a 90-day supply of your prescription drugs at select pharmacies or sent directly to your home through a mail order pharmacy. A 90-day supply has the same copay as a 30-day supply.

There may be limitations on the types of drugs covered.

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| Health need or problem  | Services you may need   | Your costs for <i>in-network</i> providers  |
|---|---|---|
| You need drugs to treat your illness or condition (continued)         |   | 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 need help getting better or have special health needs             | Diabetes medications  | \$0/\$4.00/\$9.85 for 30-day supply.<br>Copays for diabetes medications will 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.<br>When you reach the out-of-pocket limit of \$7,050 for your Part D prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Stage until the end of the calendar year. During this stage, your copays for Part D will be \$0. |
| You need help getting better or have special health needs (continued) | Rehabilitation services   | \$0   |
|   | Medical equipment for home care   | \$0   |
| You need foot care  | Podiatry services   | \$0   |
|   | Orthotic services   | \$0   |
| You need durable medical equipment (DME) or supplies                  | Wheelchairs, nebulizers, crutches, rollabout knee walkers, walkers, and oxygen equipment and supplies, for example<br><br>(Note: This is not a complete list of covered DME or supplies. Call Member Services or read the Member Handbook for more information. | \$0   |

**Limitations, exceptions, and benefit information (rules about benefits)**

There may be limitations on the types of drugs covered. Please go to HealthPartners MSHO's *List of Covered Drugs* (Drug List) at [healthpartners.com/msho](https://healthpartners.com/msho) for more information.

HealthPartners MSHO 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 service/prior authorization from HealthPartners MSHO for certain drugs.

| Health need or problem                    | Services you may need                                     | Your costs for <i>in-network</i> providers |
|---|---|--|
| <b>You need help living at home</b>       | Home care services  | \$0  |
|   | Personal care assistant                                   | \$0  |
|   | Changes to your home, such as ramps and wheelchair access | \$0  |
|   | Home services, such as cleaning or housekeeping           | \$0  |
|   | Meals brought to your home                                | \$0  |
|   | Adult day services or other support services              | \$0  |
|   | Services to help you live on your own                     | \$0  |
| <b>Your caregiver needs some time off</b> | Respite care  | \$0  |
| <b>You need interpreter services</b>      | Spoken language interpreter                               | \$0  |
|   | Sign language interpreter                                 | \$0  |
| <b>Additional services</b>                | Acupuncture   | \$0  |
|   | Care coordination   | \$0  |
|   | Chiropractic services                                     | \$0  |
|   | Diabetic supplies   | \$0  |
|   | Family planning   | \$0  |
|   | Housing stabilization services                            | \$0  |
|   | Prosthetic services                                       | \$0  |
|   | Services to help manage your disease                      | \$0  |
|   | Activity Tracker  | \$0  |
|   | Adult Day Services  | \$0  |
|   | Animatronic Support Pet                                   | \$0  |
|   | Dental  | \$0  |
|   | Electric Toothbrush                                       | \$0  |



**Limitations, exceptions, and benefit information (rules about benefits)**

State eligibility requirements may apply.

State eligibility requirements may apply.

State eligibility requirements may apply.

State eligibility requirements may apply.

State eligibility requirements may apply.

State eligibility requirements may apply.

One activity tracker.

For members with a dementia diagnosis. Available to members not on the Elderly Waiver. Care Coordinator identifies members with diagnosis and coordinates services.

One animatronic support pet. Member must have specific diagnoses to qualify. Health plan will identify members who qualify for this benefit.

Adult fluoride, Periodic Exams, Periodontal maintenance, Root canals on molars, Scaling and root planing, Up to \$2500 restorative services for porcelain crowns.

One electric toothbrush.

| Health need or problem                 | Services you may need  | Your costs for <i>in-network</i> providers |
|--|--|--|
| <b>Additional services (continued)</b> | Family Caregiver Services  | \$0  |
|  | First Aid Kit  | \$0  |
|  | Fresh Grocery Delivery (FarmboxRx)   | \$0  |
|  | Foot Care Visits   | \$0  |
|  | Health Education classes –<br>• Healthy Aging classes<br>• PowerUp cooking classes | \$0  |
|  | Home Delivery Meals  | \$0  |
|  | In-Home Bathroom Safety Devices and Installation                                   | \$0  |
|  | Night Light  | \$0  |
|  | Pedaler  | \$0  |
|  | Pocket Hearing Amplifier   | \$0  |
|  | Personal Emergency Response System   | \$0  |
|  | Psychotherapy for Caregivers   | \$0  |
|  | Readmission Prevention   | \$0  |
|  | Respite Care   | \$0  |
|  | SilverSneakers®  | \$0  |
|  | Health Engagement Tablet   | \$0  |
|  | Tints and Coatings   | \$0  |
|  | Transportation to/from Supplemental Benefit covered services                       | \$0  |

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## Limitations, exceptions, and benefit information (rules about benefits)

Services provide to caregivers for a member with a dementia diagnosis, including training, education, coaching, counseling, and Family Memory Care. Available to members not on the Elderly Waiver. Care Coordinator identifies members with diagnosis and coordinates services.

Members are eligible to receive up to two fresh produce boxes with nutrition education each month. Member must have specific diagnoses to qualify. Health plan will identify members who qualify for this benefit.

For services including: Soaking, Filing, Nail clipping, Debridement, Education around prevention and management.

For members to receive tools and guidance in a group setting for better eating, activity and thinking. Classes provided by a certified health educator or other qualified health professional.

Home delivery of meals immediately following surgery or an inpatient hospital stay. Available to members not on the Elderly Waiver.

Up to \$1,000 for In-Home Bathroom Safety Devices and Installation. Available to members not on the Elderly Waiver.

Two motion-activated night lights.

One pedaler that can be used to strengthen and tone leg and arm muscles and increase joint range of motion.

One Pocket Hearing Amplifier.

In-home device used to notify appropriate personnel of an emergency. Available to members not on the Elderly Waiver.

Psychotherapy for caregivers of members with a dementia diagnosis. Available to members not on the Elderly Waiver. Care Coordinator identifies members with diagnosis and coordinates services.

Includes an in-home safety assessment and medication reconciliation.

For members with a dementia diagnosis. Available to members not on the Elderly Waiver. Care Coordinator identifies members with diagnosis and coordinates services.

Basic gym membership access to 16,000+ participating fitness locations nationwide. Members can also stream live, online classes or use on-demand workout videos from the comfort of their homes. Or, join a SilverSneakers FLEX® class at a nearby park or community center.

Tablet for members with diabetes, heart disease, dementia or depression. The Tablet will:

- Be preloaded with health education, health engagement and wellness applications relevant for the member's conditions.
- Be preloaded with the HealthPartners application that transfers data/health information to the care team that may result in action needing to be taken by the physician or other health care professionals involved.
- Support engagement with the care team.
- Limited to one tablet per member every two years.

Coverage for upgrades for tints and coatings on eyeglasses.

Roundtrip transportation to locations of covered supplemental benefits including:

- SilverSneakers
- Health Education Classes
- Alcoholics Anonymous or Narcotics Anonymous meetings.

Transportation must be coordinated through RideCare.

| Health need or problem                     | Services you may need   | Your costs for<br><i>in-network</i> providers |
|--|---|---|
| <b>Additional services<br/>(continued)</b> | Transportation for Caregivers to Attend<br>Covered Caregiver Support Services | \$0   |
|  | Virtuwell   | \$0   |
|  | Weight Management Program   | \$0   |

**Limitations, exceptions, and benefit information (rules about benefits)**

Roundtrip transportation for caregivers to support services for caregivers of members with a dementia diagnosis. Transportation must be coordinated through RideCare. Care Coordinator identifies members with diagnosis and coordinates services.

24/7 online medical clinic. Certified nurse practitioners make a diagnosis, create a personalized treatment and send members a prescription if needed.

Coverage of a weight management program that offers weekly in-person or online programming.

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

#### D. SERVICES COVERED OUTSIDE OF HEALTHPARTNERS MSHO

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

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

#### E. SERVICES NOT COVERED BY HEALTHPARTNERS MSHO, 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 HealthPartners MSHO, Medicare or Medical Assistance (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 HealthPartners MSHO, 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 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 PCP at any time during the year
  - » 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. HealthPartners MSHO 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
  - » Go to 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 HealthPartners MSHO *Member Handbook*. If you have questions, you can also call HealthPartners MSHO 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 HealthPartners MSHO 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 HealthPartners MSHO *Member Handbook*. You can also call HealthPartners MSHO Member Services.

For information about filing a complaint, appeal or grievance, please call Member Services at **952-967-7029** or **888-820-4285**, TTY **711**.

## **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 HealthPartners MSHO Member Services. Phone numbers are at the bottom of the page.
- Call HealthPartners Claims Fraud Hot Line **952-883-5099**
- 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 **800-627-9977**. The call is free.



## PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **952-883-5050** or **877-713-8215** (TTY: **711**).

This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Additional requirements are as follows:

- You live in our service area; and
- You have both Medicare Part A and Medicare Part B; and
- You are a United States citizen or are lawfully present in the United States; and
- You are age 65 or over.

### Understanding the Benefits

The Member Handbook (Evidence of Coverage) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit [healthpartners.com/msho](https://healthpartners.com/msho) or call **952-883-5050** or **877-713-8215** (TTY: **711**) to view a copy of the Member Handbook (Evidence of Coverage).

- Review the Provider and Pharmacy Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the Provider and Pharmacy Directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the Formulary (List of Covered Drugs) to make sure your drugs are covered.

### Understanding Important Rules

- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2022.
- Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the Provider and Pharmacy Directory).

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

**952-967-7029 or 888-820-4285**

This call is free.

Member Services also has free language interpreter services available for non-English speakers TTY: **711**. This call is free.

From **Oct. 1 through March 31**, we take calls from 8 a.m. to 8 p.m. CT, **seven days a week**. You'll speak with a representative.

From **April 1 to Sept. 30**, call us 8 a.m. to 8 p.m. CT, **Monday through Friday** to speak with a representative. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day.

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