



Attention. If you need free help interpreting this document, call 952-967-7029 or 1-888-820-4285.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم 952-967-7029 أو 1-888-820-4285.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅតាមទូរស័ព្ទមកលេខ 952-967-7029 ឬ 1-888-820-4285 ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite 952-967-7029 ili 1-888-820-4285.

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 952-967-7029 los sis 1-888-820-4285.

ໄປຮອດຊາບ. ຖ້າທາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທໄປທີ່ 952-967-7029 ຫຼື 1-888-820-4285.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsi bilbiltu 952-967-7029 ykn 1-888-820-4285.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по телефону 952-967-7029 или 1-888-820-4285.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, wac 952-967-7029 ama 1-888-820-4285.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al 952-967-7029 o al 1-888-820-4285.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số 952-967-7029 hoặc 1-888-820-4285.

LB2-0005 (3-13)

This information is available in other forms to people with disabilities by calling 952-967-7029 (voice) or 888-820-4285 (toll free), 952-883-6060 (TTY), 800-443-0156 (toll free TTY), 7-1-1, or through the Minnesota Relay direct access numbers at 800-627-3529 (TTY, Voice, ASCII, Hearing Carry Over), or 877-627-3848 (speech to speech relay service).

MSHO 2013 LB
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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 enrollees 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.

- 2 If you have questions, please call HealthPartners at **952-967-7029** or **888-820-4285**, TTY/TDD **952-883-6060** or **800-443-0156**, **October 1 through February 14**, 8 a.m. to 8 p.m., **seven days a week**. From **February 15 to September 30**, call us 8 a.m. to 8 p.m. **Monday through Friday**. The call is free. For more information, visit **healthpartners.com/msho**. You also can ask for this information in other formats, such as Braille or large print.

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-713-8215. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-713-8215. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin:

我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-713-8215。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese:

您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-713-8215。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-713-8215. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-713-8215. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-713-8215 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-713-8215. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-713-8215 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-713-8215. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة مجانية فوري، ليس عليك سوى الاتصال بنا على 1-877-713-8215. سيقوم شخص ما يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-713-8215 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-713-8215. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-713-8215. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-713-8215. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-713-8215. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品
処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-713-8215 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

H2462 H2422_69964 CMS Accepted 7/13/2013

THIS IS A SUMMARY OF HEALTH SERVICES COVERED BY HEALTHPARTNERS MINNESOTA SENIOR HEALTH OPTIONS (HMO SNP) FOR 2015. THIS IS ONLY A SUMMARY. PLEASE READ THE MEMBER HANDBOOK (EVIDENCE OF COVERAGE) FOR THE FULL LIST OF BENEFITS.

- HealthPartners is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in HealthPartners depends on contract renewal.
- HealthPartners MSHO is for people 65 or 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.
- 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 see the Member Handbook (Evidence of Coverage).
- Limitations, copays and restrictions may apply. For more information call Member Services or read the Member Handbook (Evidence of Coverage).
- Benefits, List of Covered Drugs, pharmacy and provider networks and/or copays may change from time to time throughout the year and on January 1 of each year.
- Copays for prescription drugs may vary based on the level of Extra Help you receive. Please contact the plan for more details.
- You can speak to someone about this information in other languages. Call **888-820-4285**. The call is free.

THE FOLLOWING CHART LISTS FREQUENTLY ASKED QUESTIONS.

Frequently Asked Questions (FAQ)	Answers
What is a Minnesota Senior Health Options (MSHO) plan?	<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. 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>
What is a care coordinator?	A care coordinator is one main person for you to contact. This person helps manage all your providers and services and makes sure you get what you need.
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.
Will you get the same Medicare and Medicaid benefits in HealthPartners MSHO that you get now?	<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. 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>

Frequently Asked Questions (FAQ)	Answers
<p>Can you go to the same health care providers you see now?</p>	<p>Often that is 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. Providers with an agreement with us are “in-network.” In most cases, you must use the providers in HealthPartners MSHO network. If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of HealthPartners MSHO network. You may also use out-of-network providers when HealthPartners MSHO authorizes the use of out-of-network providers.</p> <p>To find out if your providers are in the plan’s network, call Member Services or read HealthPartners MSHO Provider and Pharmacy Directory. You can also visit our website at healthpartners.com/msho for the most current listing.</p> <p>If HealthPartners MSHO 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>
<p>What happens if you need a service but no one in HealthPartners MSHO network can provide it?</p>	<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>Where is HealthPartners MSHO available?</p>	<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>Do you pay a monthly amount (also called a premium) under HealthPartners MSHO?</p>	<p>No. Because you have Medical Assistance (Medicaid), you will not pay any monthly premiums for your health coverage.</p>
<p>What is service authorization or prior authorization?</p>	<p>Service authorization or prior authorization means that you must get approval from HealthPartners MSHO before you can get a specific service or drug or see an out-of-network provider. HealthPartners MSHO 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.</p>

Frequently Asked Questions (FAQ)	Answers
What is a referral?	A referral means getting approval from your Primary Care Provider before you see a specialist. If you don't get approval, HealthPartners MSHO may not cover the services. There are certain specialists in which you do not need a referral, such as women's health specialists. For more information on when a referral is necessary, call Member Services or see the Member Handbook (Evidence of Coverage).
What is Extra Help?	Extra Help is a Medicare program that helps you pay for your prescription drug program costs such as copays. 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 800-772-1213 . TTY users should call 800-325-0778 . These calls are free.
Who should you contact if you have questions or need help?	<p>If you have general questions or questions about our plan, services, billing, or member cards, please call HealthPartners MSHO Member Services:</p> <p>CALL 952-967-7029 or 888-820-4285 Calls to this number are free. From October 1 through February 14, we take calls from 8 a.m. to 8 p.m., seven days a week. You'll speak with a representative. From February 15 to September 30, call us 8 a.m. to 8 p.m. 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. Member Services also has free language interpreter services available for people who do not speak English.</p> <p>TTY 952-883-6060 or 800-443-0156 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it. Calls to this number are free. Call us during the Member Services hours listed above.</p>

Frequently Asked Questions (FAQ)	Answers
	<p>If you have questions about your health:</p> <ul style="list-style-type: none"> • 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 CareLineSM. A nurse will listen to your problem and tell you how to get care. (Example: convenience care, urgent care, emergency room.) The numbers for CareLineSM are: <p>CALL 612-339-3663 or 800-551-0859 Calls to this number are free. Nurses are available 24/7, 365 days a year. HealthPartners MSHO also has free language interpreter services available for non-English speakers.</p> <p>TTY 952-883-5474 or 800-983-5474 Calls to this number are free. Nurses are available 24/7, 365 days a year.</p> <hr/> <p>If you need immediate behavioral health care, please call the Behavioral Health Navigators:</p> <p>CALL 952-883-5811 or 888-638-8787 Calls to this number are free. Monday through Friday 8 a.m. to 5:30 p.m. HealthPartners MSHO also has free language interpreter services available for non-English speakers.</p> <p>TTY 952-883-6060 or 800-443-0156 Calls to this number are free. Call us during the Member Services hours listed above.</p>

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 want to see a health care provider	Visits to treat an injury or illness	\$0
	Wellness visits, such as a physical	\$0
	Transportation to a health care provider	\$0
	Specialist care	\$0
	Care to keep you from getting sick, such as flu shots	\$0
	“Welcome to Medicare” preventive visit (one time only)	\$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 drugs to treat your illness or condition	Generic drugs (no brand name)	\$0/\$1.20/\$2.65 for a 30-day supply. Copays for prescription drugs may vary based on the level of Extra Help you receive. Please contact the plan for more details.

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

HealthPartners MSHO is not required to provide transportation to your primary care clinic 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.

There may be limitations on the types of drugs covered. Please see HealthPartners MSHO List of Covered Drugs (Drug List) 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, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on **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.

Health need or problem	Services you may need	Your costs for <i>in-network</i> providers
	Brand name drugs	\$0/\$3.60/\$6.60 for a 30-day supply. Copays for prescription drugs may vary based on the level of Extra Help you receive. Please contact the plan for more details.
	Over-the-counter drugs	\$0
	Medicare Part B prescription drugs	\$0
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0
You need emergency care	Emergency room services	\$0
	Ambulance services	\$0
	Urgent care	\$0
You need hospital care	Hospital stay	\$0
	Doctor or surgeon care	\$0

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

There may be limitations on the types of drugs covered. Please see HealthPartners MSHO List of Covered Drugs (Drug List) 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, formulary, printed materials, as well as on the Medicare Prescription Drug Plan Finder on **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.

There may be limitations on the types of drugs covered.

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 Member Handbook (Evidence of Coverage) for more information on these drugs.

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

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.

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

Urgent care is NOT emergency care. You do not need prior authorization and you do not have to be in-network. Urgent care services are NOT covered outside the U.S. and its territories except under limited circumstances. Contact the plan for details.

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

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	Rehabilitation Services	\$0
	Medical equipment for home care	\$0
	Skilled nursing care	\$0
You need eye care	Eye exams	\$0
	Glasses or contact lenses	\$0
	Other vision care including diagnosis and treatment for diseases and conditions of the eye	\$0
You need dental care	Dental services, including preventive care	\$0
You need hearing/ auditory services	Hearing screenings	\$0
	Hearing aids	\$0
You have a chronic condition, such as diabetes or heart disease	Services to help manage your disease	\$0
	Diabetes supplies and services	\$0
You have a mental health condition	Mental or behavioral health services	\$0
You need long-term mental health services	Inpatient care for people who need mental health care	\$0
You have a substance abuse problem	Substance abuse services	\$0

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

Referral or service authorization is required after 20 visits of physical therapy and/or occupational therapy.

Service authorization required.

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

Eyeglasses limited to one pair every 24 months unless medically necessary.

Certain eye procedures require prior authorization.

Certain dental procedures require prior authorization.

Diabetic supplies and services are limited to specific manufacturers, products, and/or brands. Contact the plan for a list of covered supplies.

Service authorization required for Mental Health Targeted Case Management (MH-TCM) and Intensive Residential Treatment Services (IRTS).

Service authorization required for residential non-hospital treatment.

Health need or problem	Services you may need	Your costs for in-network providers
You need durable medical equipment (DME) or supplies (NOTE: This is not a complete list of covered DME or supplies) Call Member Services or see the Member Handbook (Evidence of Coverage) for more information.	For example wheelchairs, canes, crutches, rollabout knee walkers, walkers, oxygen	\$0
You need help living at home	Home health 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
You need a place to live with people available to help you	Customized Living (services provided in an assisted living setting)	\$0
	Nursing home care	\$0
	Adult Foster Care	\$0
Your caregiver needs some time off	Respite care	\$0
You need help getting to health services	Emergency transportation	\$0
	Transportation to medical appointments	\$0
	Transportation to other health services	\$0
You need interpreter services	Spoken language interpreter	\$0
	Hearing interpreter	\$0

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

Certain DME and/or supplies require prior authorization.

Prior authorization required after 15 visits.

Prior authorization required.

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. Prior authorization required.

Prior authorization required.

State eligibility requirements may apply. Prior authorization required.

State eligibility requirements may apply. Prior authorization required.

Health need or problem	Services you may need	Your costs for <i>in-network</i> providers
Additional services	Acupuncture	\$0
	Care coordination	\$0
	Chiropractic services	\$0
	Family planning	\$0
	Hospice	\$0
	Orthotic services	\$0
	Podiatry services	\$0
	Prosthetic services	\$0

Limitations, exceptions, & benefit information (rules about benefits)	
	Prior authorization is required after the twelfth visit.
	Prior authorization may be required.
	You must get care from a Medicare-certified hospice provider. You must contact the plan before you select hospice. Prior authorization required.
	Prior authorization required.

OTHER SERVICES HEALTHPARTNERS MSHO COVERS

(This is not a complete list. Call Member Services or read the Member Handbook (Evidence of Coverage) to find out about other covered services.)	
Health Club Membership/ Fitness Classes	\$0 copay for Silver&Fit® Exercise & Healthy Aging Program, which offers membership at a large network of fitness facilities or a home fitness option for members who prefer to work out at home. Eligibility requirements may apply.
Transportation to/from Supplemental Benefit- Covered Services	\$0 copay for round trip transportation services to locations of covered supplemental benefits, including Silver&Fit® Exercise & Healthy Aging Program and health education classes. Transportation coordinated through RideCareSM. Eligibility requirements may apply.
Safety/Falls Prevention Kit	\$0 copay for one Safety and Falls Prevention Kit per member. Eligibility requirements may apply.
Light Therapy Lamp	\$0 copay for one light therapy lamp.
Health Education Classes	\$0 copay for health education classes, in which members receive tools and guidance in a group setting from licensed health professionals.
Additional Dental Coverage	<p>\$0 copayment for:</p> <ul style="list-style-type: none"> • Up to one oral exam • Up to one cleaning • Adult fluoride • Scaling and root planing • Periodontal maintenance • Root canals on molars • Tissue conditioning • Up to \$2,000 restorative services for porcelain crowns
Additional Vision Coverage	\$0 copay for tints and coatings on eyeglasses.
Additional Hearing Aid Coverage	\$0 copay for one hearing aid set or one hearing aid per ear.
Pocket Hearing Amplifier	\$0 copay for one pocket hearing amplifier to amplify sound, improve independent living skills and improve ability to hear and understand health care providers, caregivers and care coordinators.
First Aid Kit	\$0 copay for one first aid kit.
Food Scale	\$0 copay for one food scale.

20 If you have questions, please call HealthPartners at **952-967-7029** or **888-820-4285**, TTY/TDD **952-883-6060** or **800-443-0156**, **October 1 through February 14**, 8 a.m. to 8 p.m., **seven days a week**. From **February 15 to September 30**, call us 8 a.m. to 8 p.m. **Monday through Friday**. The call is free. For more information, visit healthpartners.com/msho. You also can ask for this information in other formats, such as Braille or large print.

Personal Emergency Response System	\$0 copay for personal emergency response system. Eligibility requirements may apply.
Home Delivery Meals	\$0 copay for home delivery of meals following an inpatient hospital stay. Meals may be offered for up to four weeks. Eligibility requirements may apply.
Foot Care Visits	\$0 copay for up to six routine foot care visits. Eligibility requirements may apply.
Wig for Hair Loss Related to Chemotherapy	\$0 copay for one wig for hair loss related to chemotherapy.
In-home Bathroom Safety Devices and Installation	\$0 copay for up to \$1,000 for in-home bathroom safety devices and installation. Eligibility requirements may apply.

HEALTHPARTNERS MSHO DOES NOT COVER ALL SERVICES. IF YOU HAVE QUESTIONS ABOUT A SERVICE, CALL MEMBER SERVICES OR SEE THE MEMBER HANDBOOK (EVIDENCE OF COVERAGE).

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 (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 race, ethnicity, national origin, religion, gender, age, mental or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English
 - The right to request information in other formats (for example, Braille and large print) free of charge
 - The right to be free from any form of 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. These rights include getting 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 you can change your PCP at any time
 - To see a women's health care provider without a referral
 - To get your covered services and drugs quickly
 - To know about all treatment options, no matter what they cost or whether they are covered
 - To refuse treatment, even if your health care provider advises against it
 - To stop taking medicine
 - To ask for a second opinion. HealthPartners MSHO will pay for the cost of your second opinion visit.
 - To 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 medical care timely
 - 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 urgent care when you need it.** This means:
 - You have the right to get emergency services without prior approval in an emergency
 - You have the right to 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
- The right to 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 fair hearing
- Get a detailed reason for why services were denied

For more information about your rights, you can read the HealthPartners Member Handbook (Evidence of Coverage). If you have questions, you can also call HealthPartners MSHO Member Services.

IF YOU HAVE A COMPLAINT OR THINK WE SHOULD COVER SOMETHING WE DENIED

If you have a complaint or think HealthPartners MSHO should cover something we denied, call Member Services at **888-820-4285**. 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 (Evidence of Coverage). You can also call HealthPartners MSHO Member Services.

Call us at **952-967-7029** or **888-820-4285**,
TTY **952-883-6060** or **800-443-0156**.

From **October 1 through February 14**, we take calls from 8 a.m. to 8 p.m., **seven days a week**. You'll speak with a representative.

From **February 15 to September 30**, call us 8 a.m. to 8 p.m. **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.

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 on the cover of this summary.
- HealthPartners Claims Fraud Hot Line **952-883-5099**
- Or, 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.



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